2013 Patient Outcomes for Mental Health Disorders

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Summary

Mental health disorders and addiction often go hand-in-hand, making both illnesses more severe. Research shows that integrated treatment which addresses mental health and substance use at the same time is the most effective for sustainable recovery (SAMHSA, 2005). Foundations Recovery Network (FRN) offers a nationally recognized integrated treatment program with proven results. The FRN system of care has been called the gold standard in the industry by Dr. Mark McGovern, PhD, a world renowned expert in the treatment of co-occurring disorders and a member of Dartmouth Psychiatric Research Center. Foundations is also noted for meeting best practice benchmarks in the Substance Abuse and Mental Health Services Administration (SAMHSA) Treatment Improvement Protocol (TIP) 42.

Based on data from 2013, patients with mental health disorders who were treated at FRN facilities experienced significant improvement in mental health symptoms and used substances fewer days per month. At intake, half of patients were extremely bothered by mental health problems, while only 11% reported being bothered at one year. Furthermore, at one year, nearly half of patients, 44%, weren’t bothered by any symptoms.

Foundations Recovery Network’s Internal Research

Foundations Recovery Network operates integrated treatment centers across three states: California, Georgia and Tennessee. From its Nashville, Tenn., headquarters, the FRN research department evaluates patient data, satisfaction surveys and outcome results, actively incorporating this information in the management and decision-making processes.

This paper discusses patient mental health outcomes and offers data collected at three of FRN’s residential facilities: The Canyon at Peace Park (Malibu, Calif.), Michael’s House (Palm Springs, Calif.)
and La Paloma (Memphis, Tenn.). The results track patients at intake through one-year post treatment. The information in this report is significant because historically, most substance abuse research is conducted in public treatment facilities, while FRN’s research is conducted in private, for-profit residential treatment centers. The research, therefore, offers information about a potentially different population.

**Mental Health Disorders Worsen Addiction**

Mental health disorders affect as many as 18.6% of the American population 18 years and older, and as many as 19.2% of adults with a mental illness also have a co-occurring substance use disorder. (SAMHSA, 2012c). The relationship between substance abuse and mental illness is significant; of the 20.7 million adults with a substance use disorder, 40.7% had a co-occurring mental health disorder (SAMHSA, 2012b).

Adequate treatment for co-occurring disorders is challenging to come by, and many people go without treatment altogether. Of the 3.2 million patients treated for mental health disorders, around 19%, or 615,600, were diagnosed with co-occurring mental health and substance use disorders (SAMHSA, 2010).

For people with more severe forms of mental illness, the necessity for integrated treatment is even greater. Patients with bipolar disorder are at a greater risk for developing an addiction than people with any other type of mental illness. Lifetime rates of addiction range from 40% to 60% of all people with bipolar disorder. When bipolar sufferers abuse substances, they often experience far worse psychological symptoms, especially manic symptoms (Ostacher, et al., 2009). Other serious co-occurring conditions are major depressive disorder combined with addiction and post-traumatic stress disorder combined with addiction (Najt, Fusar-Poli, & Brambilla, 2011).

**Treating Mental Health and Substance Use**

The ever-present need to intervene early and offer robust treatment to patients with co-occurring disorders spurs innovation. While no single treatment works on everyone, there are several integrated therapies that effectively reduce symptoms and lead to longer-term sobriety.

In the United States, an independent assessment of addiction treatment programs found that only 18% of addiction treatment centers and 9% of mental health programs meet the standards of a “Dual Diagnosis Capable” program (McGovern, Lambert-Harris, Gotham, Claus, & Xie, 2012). Despite multiple studies showing integrated treatment produces better outcomes, a minority of addiction treatment facilities, around 30%, offer any form of mental health services along with addiction treatment. Most of these services are offered at outpatient facilities, while only 19% of residential treatment programs offer them (SAMHSA, 2013a).

Various integrated treatments show promise in treating co-occurring conditions. Programs that offer Cognitive Behavioral Therapy (CBT) see both improved mental health symptoms and fewer days of substance use (Watkins, et al., 2011). CBT establishes a relationship between the patient and the therapist. Patients are encouraged to develop more positive beliefs about the events in their lives and are guided in ways to change negative behaviors through various actions. Many forms of CBT are useful when treating patients. CBT also may be used in a group setting to treat mental health disorders such as depression. Studies show that this strategy alleviates depression symptoms, improves mental health function and lowers days of alcohol and substance use (Watkins, et al., 2011).
Targeted services for people with co-occurring disorders improve outcomes. Since co-occurring disorders increase the severity of both conditions, it’s necessary to offer effective screening to ensure treatment professionals are aware of all of a person’s clinical needs.

Research shows individualized treatment plans produce the best results. Effective treatments work with the patient to develop readiness by promoting:

- Active engagement in offered services
- Motivation to accept change
- Skills that can be used in day-to-day living
- Development of support networks to aid recovery

Furthermore, patients who do not respond well to integrated treatment at an outpatient facility do see better results from integrated treatment in a residential facility, especially for long-term stays of one year or more (Drake, Mueser, Brunette, & McHugo, 2004).

**FRN Research Model**

Patients who enter treatment at FRN’s residential centers are offered the opportunity to participate in an ongoing study. Participants must sign Institutional Review Board approved consent prior to participation, and the follow-up study includes interviews at intake and again at 30 days, six months and one year post-discharge.

Data is collected using validated instruments, including the Addiction Severity Index, Treatment Service Review and the University of Rhode Island Change Assessment (URICA – Readiness for Change Instrument). Responses from the research instruments are designed to assess several aspects of a person’s mental and physical functioning and all other aspects affecting a person’s life, including alcohol use, drug use, psychiatric symptoms, legal issues, family/social relationships, medical issues and employment issues.

FRN is committed to scientifically-sound research. All results reported herein are independently verified by a third party. Both research enrollment and response rates exceed federal minimum standards, further adding to the validity of findings.

**Our Research: Mental Health Outcomes at Foundations Recovery Network Facilities**

FRN offers an integrated treatment model at all of its facilities. Patients receive individualized treatment plans developed in conjunction with their counselors, and treatment includes evidence-based therapies such as Cognitive Behavioral Therapy, Dialectical Behavior Therapy skills and Motivational Interviewing.

FRN’s research department analyses of follow-up data provided by 65% of patients at one year post-treatment show positive outcomes for patients with co-occurring disorders. The most dramatic results were shown for patients’ most serious symptoms. The percentage of patients who attempted suicide fell 89%, and the percent who had trouble controlling violent behavior fell 80%. As a group, patients experienced a lower percentage of all psychological symptoms.
Patients also experienced fewer monthly mental health symptoms a year after treatment. The percentage of patients who experienced mental health symptoms for eight or more days a month fell 51% (or 36 percentage points) to 36% of patients.

The percent of patients bothered by mental health symptoms during a month also fell considerably. At intake, half of patients were extremely bothered by mental health problems, while only 11% reported being bothered at one year. Furthermore, at one year, nearly half of patients, 44%, weren’t bothered any symptoms.
Conclusion

For patients with co-occurring mental health and substance disorders, enhanced forms of treatment are crucial. When a patient with a mental health disorder receives addiction treatment in conjunction with mental health counseling, medications or other appropriate interventions, the chance of achieving long-term recovery is increased. Foundations Recovery Network offers high quality integrated treatment that achieves positive outcomes consistently.

Foundations Recovery Network is committed to research that improves treatment for all addicted individuals. If you would like to speak with an admissions coordinator today or if you would like to learn more about our research methods and programs, please visit us online at http://www.foundationsrecoverynetwork.com or call us directly at 877-714-1318.
References


