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Treatment Access Barriers and Disparities Among Individuals with Co-Occurring Mental Health and Substance Use Disorders: An Integrative Literature Review☆

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ABSTRACT

The purpose of this integrative review is to examine and synthesize extant literature pertaining to barriers to substance abuse and mental health treatment for persons with co-occurring substance use and mental health disorders (COD). Electronic searches were conducted using ten scholarly databases. Thirty-six articles met inclusion criteria and were examined for this review. Narrative review of these articles resulted in the identification of two primary barriers to treatment access for individuals with COD: personal characteristics barriers and structural barriers. Clinical implications and directions for future research are discussed. In particular, additional studies on marginalized sub-populations are needed, specifically those that examine barriers to treatment access among older, non-White, non-heterosexual populations.

1. Introduction

An estimated 8.9 million adults in the United States have co-occurring mental health and substance use disorders (Substance Abuse and Mental Health Services Administration [SAMHSA], 2015). An individual is determined to have COD if they meet clinical criteria for both a mental health disorder and at least one substance use disorder (Center for Substance Abuse Treatment, 2005a, 2005b). Divergent etiological theories exist regarding how these disorders may interact, but a diagnosis of COD requires that at least one mental illness and one substance use disorder (SUD) must be able to be diagnosed independently (Mueser, Drake, & Wallach, 1998; SAMHSA, 2002). (See Fig. 1.)

The Institute of Medicine (IOM) defines healthcare access as "the timely use of personal health services to achieve the best possible health outcomes" (Millman, 1993, p.4). Research suggests that individuals with COD access mental health and substance use treatment at disparate rates compared to individuals without such co-morbidities (Harris & Edlund, 2005; US Department of Health and Human Services, 2002). Twenty percent of individuals with a severe mental health disorder will develop a substance use disorder during their lifetime (SAMHSA, 2015). Only 7.4% of these individuals receive treatment for both disorders, and 55% receive no treatment at all (SAMHSA, 2015).

The integrated treatment model has been identified as a best practice for providing treatment to persons with COD. Recognizing the complex nature of COD and the multitude of combinations of mental and substance use disorders, a number of treatment modalities have emerged to address specific manifestations of COD. For example, McGovern et al. (2009) have adapted and evaluated a cognitive behavioral therapy program (CBT) for posttraumatic stress disorder (PTSD) for use in addiction treatment programs. Findings suggest that patients who received CBT for PTSD experienced significant reductions in substance use, substance use severity, and PTSD symptoms (McGovern et al., 2009). There is also evidence that modified therapeutic community (MTC) is a promising intervention for persons with COD. A meta-analysis examining the effectiveness of modified therapeutic community (MTC) for persons with COD (offenders, outpatient, homeless) found that MTC was associated with significant treatment effects in substance abuse, mental health, employment, crime, and housing domains (Sacks, Banks, McKendrick, & Sacks, 2008; Sacks, McKendrick, Sacks, & Cleland, 2010). The integrated dual disorder treatment model (IDDT) for addictions services has identified a bio-psychosocial approach, motivation enhancement, time-unlimited services, substance use counseling,

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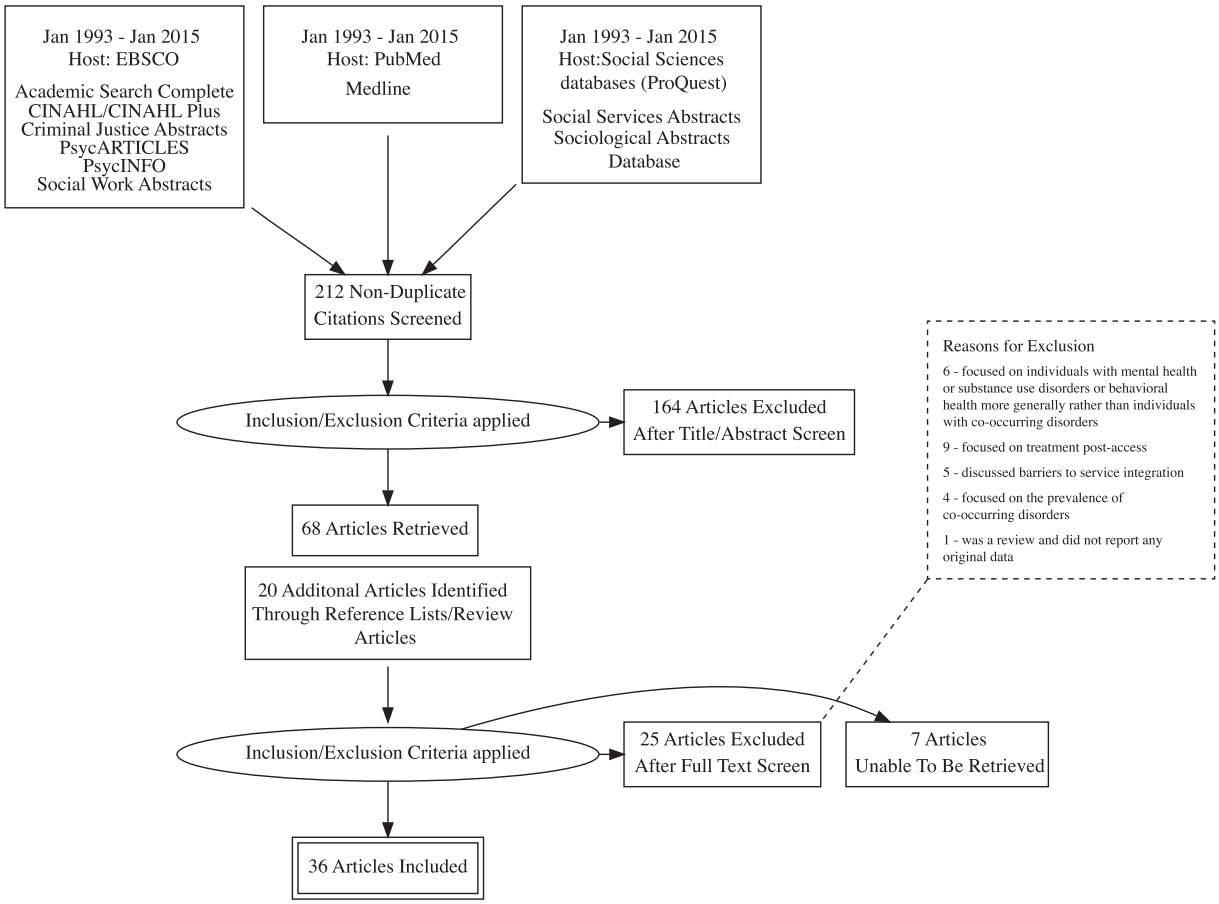

Fig. 1. Search strategy.

multidisciplinary teams, and outreach programming as key components of evidence-based treatment across different types of interventions for persons with dual disorders (Kola & Kruszynski, 2010). However, as demonstrated by this review, just as each subpopulation of individuals with COD has specific treatment needs, these subpopulations face unique barriers that may prohibit their ability to access such specialized treatment.

Untreated and/or un-identified COD have been associated with increased difficulties with treatment engagement, developing a therapeutic alliance, and adhering to treatment regimens (Center for Substance Abuse Treatment, 2005b). Individuals with untreated COD have increased odds for medical illness, suicide, and early mortality (Chi, Satre, & Weisner, 2006; Rush & Koegl, 2008; SAMHSA, 2015). They frequently present with anxiety, depression, personality disorders, have a history of homelessness or incarceration, and are women (Bassuk, Buckner, Perloff, & Bassuk, 1998; Brooner, King, Kidorf, Schmidt, & Bigelow, 1997; Regier et al., 1990; Robins, Locke, & Regier, 1991; Rush & Koegl, 2008; Watkins et al., 2004).

Extant studies utilizing national population survey data have examined patterns of treatment utilization among persons with COD (Hatzenbuehler, Keyes, Narrow, Grant, & Hasin, 2008; Kessler et al., 1994, 1996; Mojtabai, Chen, Kaufmann, & Crum, 2014). Kessler et al. (1994) examination of National Comorbidity Survey data illustrated that of those with lifetime mental disorders and SUD, less than 40% have ever received professional treatment and less than 20% of persons recently diagnosed had received treatment in the previous 12 months. An examination of National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) revealed that treatment entry and utilization may be mediated by race/ethnicity, and mental disorder type (Hatzenbuehler et al., 2008). Mojtabai et al. (2014) suggest that perceived barriers to treatment among persons with COD may be related to mental disorder type. While there are numerous studies documenting high service utilization and costs among persons with COD, other studies suggest that this population has markedly lower treatment entry and utilization than those with only substance use or only mental disorders (Curran et al., 2003; Simon & Unützer, 1999; Verduin, Carter, Brady, Myrick, & Timmerman, 2005). The high prevalence of COD, low treatment entry among this group, known risk factors, and the complexity of the relationship between disorder type, structural challenges, and treatment utilization indicate a need for increased access to treatment for this vulnerable population.

The Mental Health Parity and Addiction Equity Act and the Affordable Care Act have mandated increased availability for behavioral health and addiction treatment services (Mental Health Parity and Addiction Equity Act, 2008; Patient Protection & Affordable Care Act, 2010). However, unique barriers to treatment access among individuals with COD may make such service delivery challenging (Druss & Mauer, 2010). Further, barriers to treatment access lead to low treatment entry, underutilization of services, and poorer outcomes (Millman, 1993). A greater understanding of barriers to treatment may facilitate increased treatment access and, therefore, enhanced outcomes for individuals with COD.

Empirical work suggests that individuals with COD access treatment at disparate rates compared to individuals without co-morbidity. In order to gain an extensive understanding of barriers to treatment access for individuals with COD, an integrative review strategy was undertaken. An integrative review strategy allows for the simultaneous examination of diverse methodologies to gain a more comprehensive