**Co-occurring disorders are...**

**Common.**
Over 25% of adults in the U.S. who have serious mental illness also have substance use dependence. About 43% of adults in the U.S. who have substance use disorder also have co-occurring mental illness. *If you have one of these disorders, you may have the other too.*

**Under-detected.**
Few individuals get treatment for both types of disorders, often because they were never detected. *A short screening test can tell whether you may have co-occurring disorders.*

**Linked to serious life problems.**
People who have co-occurring disorders are more likely to have serious problems in life, such as frequent hospital visits, family and relationship conflicts, loss of housing and jobs, chronic diseases, trouble with the law, and difficulty staying in treatment.

*If you struggle with some of these problems over and over, you may have co-occurring disorders.*

**Co-occurring disorders interact.**

**If you have a mental illness, substance use may ...**
- Make your mental illness worse.
- Hide symptoms so your mental illness can’t be detected and treated.
- Seem to help reduce symptoms, but prevent them from really getting better.
- Reduce the effectiveness of your medication for mental illness.
- Keep you from getting the most out of counseling for mental illness.

**If you have a substance abuse problem, untreated mental health concerns may...**
- Result in uncomfortable symptoms that make it hard to stop drinking/using.
- Create potential relapse triggers.
- Make getting into recovery and staying in recovery more difficult.
- Make it hard to do the things you need to do to sustain recovery.
- Make it hard to have the social connections needed to support recovery.

*Effective treatment for co-occurring disorders addresses these interactions by focusing on both disorders at the same time, preferably with the same treatment team. This is called “integrated treatment.”*
Integrated treatment

Integrated treatment uses the best techniques from mental health and substance use treatment, and combines them into a unique approach specifically designed for co-occurring disorders. This approach includes:

- **Listening to what you want.** Only you can decide if you’re ready to begin treatment for co-occurring disorders. If you’re not ready yet, we will listen to your concerns and help you with any problems you’d like to work on first.
- **Trying a variety of techniques to find what works best for you.** Options include individual counseling, medications to treat mental illness or to help reduce substance use, informational materials, and groups specially designed to address co-occurring disorders.
- **Working with others you’d like to help support you.** We can work with your doctor, social worker, case manager or others who may be able to support your treatment. We can help your loved ones better understand your disorders and your treatment. We can also help you find a group of peers who understand the unique situation of people with co-occurring disorders.

Fairfax-Falls Church Community Services Board

*Providing vital services for people of all ages with mental illness, substance use disorders, developmental disabilities, and for young children with developmental delays.*

**Need emergency help?**

Emergency mental health services available 24/7:

703-573-5679  TTY 711

Or come directly to the **Merrifield Center**

8221 Willow Oaks Corporate Drive
Fairfax, Virginia 22031

To access CSB services, call

CSB Entry & Referral
703-383-8500  TTY 711

Mon. – Fri., 9 a.m. to 5 p.m.

Youth and adults can come directly to the Merrifield Center for a screening

Mon. – Fri., 9 a.m. to 5 p.m.

**www.fairfaxcounty.gov/community-services-board**

703-383-8500, TTY 711

*Fairfax County is committed to nondiscrimination on the basis of disability in all county programs, services and activities.*

*To request this information in an alternate format, call 703-324-7000, TTY 711.*

Acknowledgement: Much of this information originally appeared in a public information document produced by the Minnesota Department of Human Services.

May 2018