

# Effectiveness Of Psychosocial Interventions For Adults With Substance Use Disorder And Co-occurring Mental Health Disorder: An Umbrella Review

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M. Essat<sup>1</sup>, E. Simpson<sup>1</sup>, R. Wong<sup>1</sup>, K. Ren<sup>1</sup>, S-H. Kwon<sup>1</sup>, M. Stevenson<sup>1</sup>, E. Day<sup>2</sup> and S. Stacey<sup>3</sup>  
<sup>1</sup>SCHARR, University of Sheffield, Sheffield, United Kingdom, <sup>2</sup>University of Birmingham, Birmingham, United Kingdom, <sup>3</sup>Inclusion, Midlands Partnership University NHS Foundation Trust, St George's Hospital, Stafford, United Kingdom.

## INTRODUCTION

Individuals with substance use disorders (SUDs) such as alcohol or drugs, frequently have co-occurring mental health conditions such as depression, anxiety, and post-traumatic stress disorder (PTSD) or borderline personality disorder (BPD).  
  
For many individuals, psychological trauma and underlying mental health challenges are deeply intertwined with their substance use, often driving and sustaining patterns of drug and alcohol dependence.

In people with co-occurring diagnosis, each condition can intensify the other leading to heightened psychiatric symptoms, greater functional impairment, and a significantly reduced quality of life.

Despite the high prevalence of dual diagnoses, there remains a lack of consistent, evidence-based guidance on the most effective treatment strategies for this population.

## OBJECTIVE

To systematically review the evidence of the clinical effectiveness of psychosocial interventions/therapies or services in reducing substance use and improving mental health symptoms in adults with dual diagnosis of SUDs and common mental health disorder (CMD) or BPD).

## METHOD

- Five electronic databases\* were searched up to February 2024.
- Studies were assessed for inclusion using the criteria presented in Table 1.
- Study selection, data extraction, and critical appraisal were undertaken by one reviewer and checked by a second reviewer.
- Methodological quality was assessed using the Joanna Briggs Institute's critical appraisal checklist.
- Data were synthesised narratively.

Table 1. Review eligibility criteria

	Inclusion criteria
Population	Adults > 18 years with moderate to severe alcohol/drug use disorder and a co-occurring mental disorder <ul style="list-style-type: none"><li>Anxiety disorders</li><li>Depressive disorders, including major depressive disorder</li><li>Eating disorders</li><li>Obsessive-compulsive disorder</li><li>Phobias</li><li>Post-traumatic stress disorder</li><li>Borderline personality disorder and emotionally unstable personality disorder</li><li>Antisocial personality disorder</li></ul>
Intervention	Psychosocial interventions with or without pharmacological therapies
Comparator	Other psychosocial treatments, treatment as usual, wait-list, attention-control, no treatment
Outcomes	Substance use outcomes Mental health outcomes
Study design	Systematic reviews and meta-analyses of randomised controlled trials

\* MEDLINE, Embase, PsycINFO, Cochrane Database of Systematic Reviews, and Web of Science

## RESULTS

- Of the 5,420 citations identified, 30 systematic reviews met the inclusion criteria.
- The overall methodological quality of the reviews was generally good.
- Most reviews focused on co-occurring depression, anxiety, or PTSD (Fig. 1).
- Across the reviews, 18 types of intervention were identified (Fig. 2), with the most common being cognitive behaviour therapy, peer support, and motivational interview.
- Various psychosocial interventions, along with many active comparators, were associated with improvements in both mental health symptoms and substance use outcomes (Table 2).
- Integrated (co-ordinated) treatment approaches were generally more effective than uncoordinated parallel interventions. However, given the heterogeneity of the reviews and RCTs within these reviews, high drop-outs, short follow-up, and the positive effects observed across various psychosocial interventions, including active comparators, no single intervention could be recommended over others.

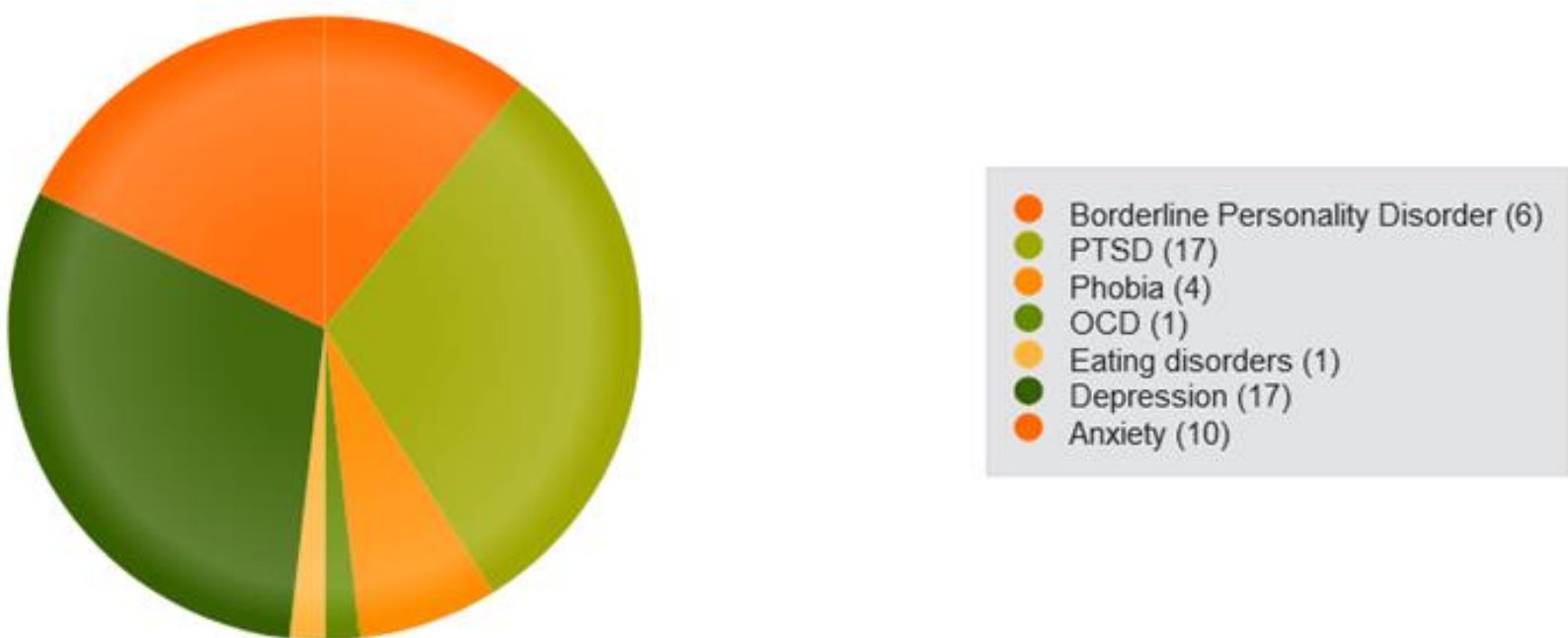


Fig 1. Common mental health disorders

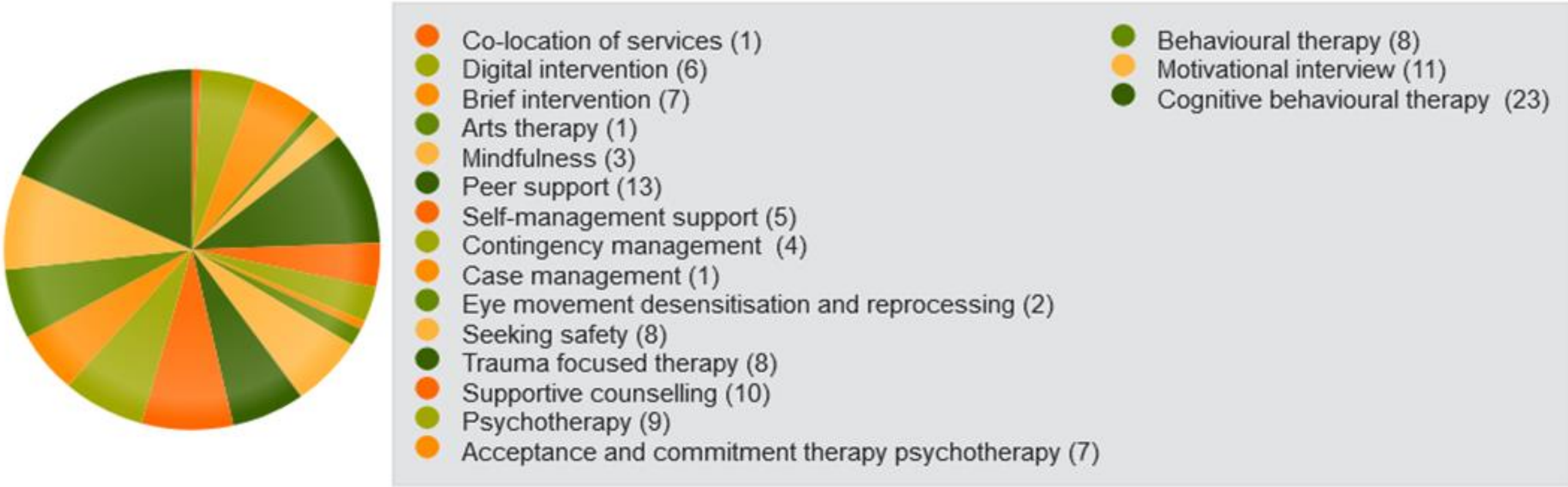
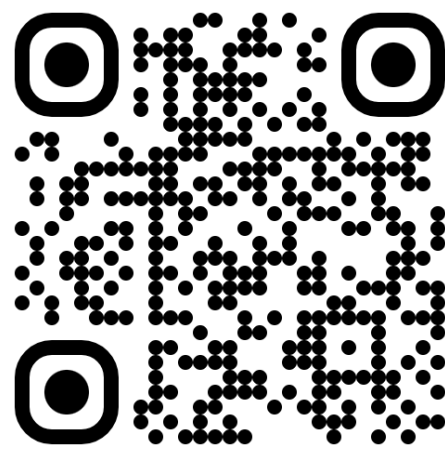


Fig 2. Psychosocial interventions

Table 2. Interventions showing a statistically significant advantage over treatment as usual for both CMD and SUD outcomes

	CBT	MI	Psychotherapy	Support	Peer Support	Behavioural therapy	Seeking safety	Trauma focused therapy	Eye movement desensitisation therapy	ACT	Contingency	Mindfulness	Brief support	Digital
Depression and SUD	Yes	Yes	Yes	Yes	Yes	No	No	No	No	Yes	No	NA	Yes	Yes
Anxiety and SUD	Yes	Yes	No	No	No	No	No	No	No	Yes	No	NA	Yes	Yes
PTSD and SUD	Yes	Yes	No	Yes	Yes	NA	Yes	Yes	Yes	Yes	No	Yes	No	No
Other CMD and SUD	Yes	Yes	NA	No	No	NA	No	No	No	Yes	NA	NA	NA	NA
BPD and SUD	No	No	Yes	No	No	No	No	No	No	No	No	Yes	No	No

Abbreviations: ACT, acceptance and commitment therapy; CBT, cognitive behavioural therapy; MI, motivational interviewing; NA, not available



Scan the QR code or visit <https://tinyurl.com/35pmhve2> to view the interactive evidence map showing availability of reviews by intervention

## CONCLUSIONS

The findings suggest an advantage for coordinated, integrated psychosocial services for individuals with dual diagnoses. Future research should prioritise direct comparisons of integrated versus parallel or sequential approaches, incorporate longer follow-up, and examine reasons for high dropouts.