Irish Journal of Psychological Medicine (2025), 1–4
doi:10.1017/ipm.2025.10128

CAMBRIDGE UNIVERSITY PRESS

Perspective Piece

International quality standards for the treatment of comorbid substance use and mental health disorders

Charlotte Migchels[1,2] and Marica Ferri[1]

[1]European Union Drugs Agency (EUDA), Praça Europa 1, Cais do Sodré, Lisbon 1249-289, Portugal and [2]Vrije Universiteit Brussel (VUB), Universitair Ziekenhuis Brussel (UZ Brussel), Department of Psychiatry, Laarbeeklaan 101, Brussels, Belgium

Abstract

Comorbid substance use and mental health disorders are highly prevalent and increase the risk of various adverse outcomes. Yet, treatment for comorbid substance use and mental health disorders is scattered and varies considerably between countries and regions. Quality standards are principles and sets of rules that can serve as a statement of expected requirements. They can be developed by (inter)national bodies and contribute to identification of shared ethical principles, harmonisation of care and implementation of evidence-based interventions. While in recent decades there has been an increase in the availability of quality standards in healthcare, and despite some national and regional efforts, international quality standards for the treatment of comorbid substance use and mental health disorders are lacking. Consensus over the development of such standards by international organisations could contribute to improved care for patients with comorbid substance use and mental health disorders globally.

Keywords: comorbidity; dual diagnosis; quality standards; mental health disorders; substance use disorders

(Received 31 March 2025; revised 31 March 2025; accepted 11 September 2025)

Introduction

Substance use disorders (SUDs) and other mental health disorders commonly co-occur and are often referred to as 'dual diagnosis' or 'comorbidity' (EMCDDA 2015). According to the Global Burden of Disease study, mental and substance use disorders are significantly correlated and contributed to more than one million years lived with disability in Europe in 2019 (Castelpietra *et al.* 2022). For example, recent data from the National Epidemiological Survey on Alcohol and Related Conditions conducted in the US indicated that 25.8% of all patients with any past-year psychiatric disorder had a dual diagnosis (Jegede *et al.* 2022). Studies from Spain report lifetime prevalence rates of comorbid mental health disorders in patients in treatment for SUD ranging from 62 to 67%, depending on the treatment setting, and in a multi-country study in patients diagnosed with schizophrenia, 19 to 35% was found to have a lifetime comorbidity of a SUD (Nocon *et al.* 2007; Carrà *et al.* 2012; Vergara-Moragues *et al.* 2012; Araos *et al.* 2014; EMCDDA 2015). A complex interplay exists between mental illness, substance use, homelessness, and physical health problems, with these factors interacting and potentially exacerbating one another (Coid *et al.* 2021; Barry *et al.* 2024). Patients with a dual diagnosis show a higher risk of suicide, more social disadvantages and lower quality of life (Szerman *et al.* 2012, Jegede *et al.* 2022). They are also frequently excluded from clinical studies, restricting the advancement of evidence-based treatment for these patients (Dennis *et al.* 2015; Zimmerman *et al.* 2016). Considering the high prevalence and negative consequences of comorbid substance use and mental health disorders, for the individual and society, adequate treatment of these disorders should be considered a public health priority (Whiteford *et al.* 2013). This need has also been recognised by international organisations and authorities, such as the council of the European Union (EU), the European Union Drugs Agency (EUDA), the World Health Organization (WHO), and the United Nations Office on Drugs and Crime (UNODC) (EMCDDA 2015; Volkow *et al.* 2020; General Secretariat of the Council of the European Union 2023).

Guidelines and standards are widely used tools that translate evidence-based recommendations into practice, promoting effective interventions and harmonisation (Ferri and Griffiths 2015). Clinical guidelines provide a guide to recommended practice, while quality standards are principles and sets of rules that are typically set by recognised (inter)national bodies and can serve as a statement of expected requirements for the implementation of evidence-based interventions (Ferri and Griffiths 2015; EMCDDA 2021). Guidelines and standards may operate alongside each other, with guidelines providing a benchmark against which to evaluate the quality of services being delivered, and standards being used to implement interventions (EMCDDA 2021). Both international guidelines and quality standards in healthcare aim to improve the quality of patient care and facilitate global collaboration by bridging the gap between best evidence and clinical practice (Grol *et al.* 2003; De Leo *et al.* 2023). Two recent systematic reviews assessed the quality of clinical guidelines for dual diagnosis and

Corresponding author: Charlotte Migchels; charlotte.migchels@vub.be

Cite this article: Migchels C and Ferri M. International quality standards for the treatment of comorbid substance use and mental health disorders. *Irish Journal of Psychological Medicine* https://doi.org/10.1017/ipm.2025.10128

© The Author(s), 2025. Published by Cambridge University Press on behalf of College of Psychiatrists of Ireland. This is an Open Access article, distributed under the terms of the Creative Commons Attribution-NonCommercial-NoDerivatives licence (https://creativecommons.org/licenses/by-nc-nd/4.0/), which permits non-commercial re-use, distribution, and reproduction in any medium, provided that no alterations are made and the original article is properly cited. The written permission of Cambridge University Press must be obtained prior to any commercial use and/or adaptation of the article.

https://doi.org/10.1017/ipm.2025.10128 Published online by Cambridge University Press

found that there is a scarcity of comprehensive guidelines, noting that they generally rely on combinations of treatments for individual disorders (Hakobyan *et al.* 2020; Alsuhaibani *et al.* 2021). Moreover, the guidelines provide little recommendation for evaluating different models of treatment integration. These reviews show that, despite some limitations, several clinical guidelines developed worldwide are available to support clinical practice. Quality standards for the treatment of comorbid substance use and mental health disorders, however, are lacking. This article aims to explore the need for and availability of quality standards in the field of comorbid substance use and mental health disorders.

The need for quality standards in the treatment of comorbid substance use and mental health disorders

Having quality standards, that are operationalised into reliable, valid, and feasible quality measures, can help improve evidence-based care and reveal gaps and areas of poor performance (Hermann and Palmer 2002). Moreover, they can support the implementation and delivery of evidence-based interventions, a crucial step for the success of any intervention (Ferri *et al.* 2018). Having a multitude of heterogeneous standards, on the other hand, can lead to increased burden of data collection and reduced usefulness of results (Harris *et al.* 2015). In this regard, international quality standards, developed by relevant experts and authorities and adaptable to the local context, can be helpful in improving the quality of interventions and ensuring efficient use of limited resources.

In the field of drug demand reduction, several international organisations have developed quality standards, and quality assurance is recognised as a priority in many European countries and in the EU drug strategies (EMCDDA 2021). For example, in 2015, the Council of the European Union concluded over a set of 16 ´minimum quality standards for drug demand reduction´ inspired, among others, by the European financed project EQUS (Uchtenhagen and Schaub 2011; General Secretariat of the Council of the European Union 2015), and in 2021, a collaboration of international organisations published the ´key quality standards for service appraisal for treatment of drug use disorders´, based, among others, on the UNODC/WHO ´International Standards for the Treatment of Drug Use Disorders´ (UNODC/WHO 2020; Dale-Perera 2021). Although this last report includes the treatment of comorbid psychiatric and physical disorders as an essential part of treatment for drug use disorders, none of these drug demand reduction quality standards provide specific standards for the treatment of comorbid substance use and mental health disorders.

Yet, in the field of dual diagnosis, supporting the process of harmonisation and implementation of evidence-based interventions through the adoption of quality standards is especially relevant. The organisation of care for people with dual diagnoses in Europe varies widely between member states, with most countries maintaining separated mental health and SUD treatment networks (Carrà *et al.* 2015; EMCDDA 2015). The lack of consensus on optimal treatment setting and therapeutic approach contributes to considerable variability in clinical practice, and studies have shown that patients with dual diagnosis are less likely to receive effective treatment (Watkins *et al.* 2001; EMCDDA 2015; San *et al.* 2016; Coughlin *et al.* 2021). In addition to the available clinical guidelines, quality standards are needed to promote a common understanding of quality care for comorbid substance use and mental health disorders.

Existing quality standards for treatment of comorbid substance use and mental health disorders

In 1998, Minkoff proposed national standards for best practices for treatment of patients with dual diagnoses in the United States, focusing on the system level (Minkoff 2001). These standards outline a set of principles aimed at guiding system design. One of these guiding principles is that "comorbidity should be expected, not considered an exception", meaning that the entire system of care should be designed to be accessible to patients with dual diagnoses (Minkoff 2001). Additionally, it is stated that both substance use and mental health disorders should be treated as primary disorders, requiring specific and appropriate care by expert professionals. Other principles include the adoption of a recovery and continuum of care model, inclusive and appropriate admission criteria, and an assertive care approach (Minkoff 2001). Some of these principles were also included in reports published many years later by the New South Wales Ministry of Health and Queensland Health in Australia (New South Wales Ministry of Health 2015; Queensland Health 2021). Notably, mirroring the standards proposed by Minkoff (2001), the first of the Queensland Health ´principles of care for co-occurring SUDs and other mental health disorders´ is "individuals with co-occurring SUDs and other mental health disorders are the expectation, not the exception" (Queensland Health 2021). Person-centred, holistic, and trauma-informed care, effective collaboration between health and other services, and the shared role of staff are other principles included in this report (Queensland Health 2021). Both the Queensland Health and the New South Wales Ministry of Health documents highlight the principle of the ´no wrong door´ approach, stating that all services should respond to an individual´s needs, providing appropriate services accessible through multiple points of entry (New South Wales Ministry of Health 2015; Queensland Health 2021). Referrals between services should only be made when needed and with a conscientious handover (Queensland Health 2021). In addition, the New South Wales Ministry of Health ´ effective models of care for comorbid mental illness and illicit substance use´ report includes recommendations on screening, assertive and coordinated care, workforce development, and regular evaluation of services (New South Wales Ministry of Health 2015). Some other countries, such as New Zealand and Ireland, also have national documents highlighting good practices and providing guidance on the commission and provision of effective treatment, but without specifying quality standards or principles (Department of Health 2002; Ministry of health 2010; Public Health England 2017; National Working Group for Dual Diagnosis 2023).

While the above mentioned documents outline general, aspirational standards and principles, the National Institute for Health and Care Excellence (NICE) in the UK in 2019 published the ´quality standards on coexisting severe mental illness and substance misuse´, consisting of a set of four specific, concise, and measurable quality statements: "people [. . .] with suspected or confirmed severe mental illness are asked about their use of alcohol and drugs", "people [. . .] are not excluded from mental health services because of coexisting substance misuse or from substance misuse services because of coexisting severe mental illness", "people [. . .] with coexisting severe mental illness and substance misuse have a care coordinator working in mental health services when they are identified as needing treatment from secondary care mental health services" and "people [. . .] with coexisting severe mental illness and substance misuse are followed up if they miss

https://doi.org/10.1017/ipm.2025.10128 Published online by Cambridge University Press

any appointment" (National Institute for Health and Care Excellence (NICE) 2019). Each statement is accompanied by specific quality measures, categorised into three levels: structure, process and outcome level, applying the three-level framework suggested by Donabedian (2005). Additionally, potential data sources are provided to assess each measure (National Institute for Health and Care Excellence (NICE) 2019).

In a quick review of the 2024 EUDA workbooks, which provide qualitative information on a range of drug-related topics and are submitted to the EUDA annually by each EU member state plus Norway and Turkey, no additional specific quality standards for dual diagnosis were identified. However, the workbooks only include questions about quality assurance in drug treatment services and an optional question about comorbidity, with no specific question on quality assurance in treatment of comorbidity, thus it is possible that other standards are available in the countries but were not reported in the workbooks. The EUDA is currently preparing the launch of EU-QUALITY, a project focused on developing and supporting the implementation of quality management systems in drug demand reduction services in Europe, which will also provide a comprehensive overview of quality standards.

As the aim of this article was not to perform an in-depth review of all available quality standards, it is possible that there are other national standards available that have not been identified or reported here.

Discussion

Quality standards and quality assurance have gained importance in all healthcare areas, including substance use disorder treatment, over the past decades. They facilitate the implementation of evidence-based interventions, support harmonisation of care, and help guide appropriate allocation of limited resources. Although comorbid substance use and mental health disorders are highly prevalent and are associated with various adverse outcomes, the field of dual diagnosis appears to be lagging behind when it comes to quality standards. This might in part be due to the historical separation between mental health and SUD care networks, leading to unclarity not only on who is clinically responsible for the care of patients with comorbid substance use and mental health disorders, but possibly also to hesitancy from international organisations on both sides to take on this subject. Yet, as has been mentioned in some of the existing national standards and as evidenced by epidemiological studies, comorbidity should be expected, not considered an exception. Therefore, it is imperative to ensure adequate attention to dual diagnoses on the international stage. The EUDA has published a comprehensive overview of the situation in Europe and is in the process of establishing routine monitoring of data on comorbidity within the framework of the Treatment Demand Indicator (EMCDDA 2012, 2015), and UNODC, for the Commission on Narcotic Drugs in 2022, published a discussion paper on comorbidities in drug use disorders (UNODC 2022). These efforts show a willingness and commitment from these organisations to improve the care for people with comorbid substance use and mental health disorders, and the development of international quality standards could be the logical and necessary next step in this endeavour.

Financial support. This research received no specific grant from any funding agency, commercial, or not-for-profit sectors.

Competing interests. The authors declare none.

Ethical standards. The authors assert that all procedures contributing to this work comply with the ethical standards of the relevant national and institutional committee on human experimentation and with the Helsinki Declaration of 1975, as revised in 2008.

References

Alsuhaibani R, Smith DC, Lowrie R, Aljhani S, Paudyal V (2021). Scope, quality and inclusivity of international clinical guidelines on mental health and substance abuse in relation to dual diagnosis, social and community outcomes: a systematic review. *BMC Psychiatry* **21**, 209.

Araos P, Vergara-Moragues E, Pedraz M, Pavón FJ, Campos Cloute R, Calado M, Ruiz JJ, García-Marchena N, Gornemann I, Torrens M, Rodríguez de Fonseca F (2014). Psychopathological comorbidity in cocaine users in outpatient treatment. *Adicciones* **26**, 15–26.

Barry R, Anderson J, Tran L, Bahji A, Dimitropoulos G, Ghosh SM, Kirkham J, Messier G, Patten SB, Rittenbach K, Seitz D (2024). Prevalence of mental health disorders among individuals experiencing homelessness: a systematic review and meta-analysis. *JAMA Psychiatry* **81**, 691–699.

Carrà G, Bartoli F, Brambilla G, Crocamo C, Clerici M (2015). Comorbid addiction and major mental illness in Europe: a narrative review. *Substance Abuse* **36**, 75–81.

Carrà G, Johnson S, Bebbington P, Angermeyer MC, Heider D, Brugha T, Azorin JM, Toumi M (2012). The lifetime and past-year prevalence of dual diagnosis in people with schizophrenia across Europe: findings from the European Schizophrenia cohort (EuroSC). *European Archives of Psychiatry and Clinical Neuroscience* **262**, 607–616.

Castelpietra G, Knudsen AKS, Agardh EE, Armocida B, Beghi M, Iburg KM, *et al.* (2022). The burden of mental disorders, substance use disorders and self-harm among young people in Europe, 1990-2019: findings from the global burden of disease study 2019. *The Lancet Regional Health – Europe* **16**, 100341.

Coid J, Zhang Y, Bebbington P, Ullrich S, de Stavola B, Bhui K, Tsai AC (2021). A syndemic of psychiatric morbidity, substance misuse, violence, and poor physical health among young Scottish men with reduced life expectancy. *SSM – Population Health* **15**, 100858.

Coughlin LN, Pfeiffer P, Ganoczy D, Lin LA (2021). Quality of outpatient depression treatment in patients with comorbid substance use disorder. *American Journal of Psychiatry* **178**, 414–423.

Dale-Perera A (2021). Quality assurance in treatment for drug use disorders: key quality standards for service appraisal. Available at: https://www.unodc.org/documents/QA_OCTOBER_2021.pdf (accessed 24 March 2025).

De Leo A, Bloxsome D, Bayes S (2023). Approaches to clinical guideline development in healthcare: a scoping review and document analysis. *BMC Health Services Research* **23**, 37.

Dennis BB, Roshanov PS, Naji L, Bawor M, Paul J, Plater C, Pare G, Worster A, Varenbut M, Daiter J, Marsh DC, Desai D, Samaan Z, Thabane L (2015). Opioid substitution and antagonist therapy trials exclude the common addiction patient: a systematic review and analysis of eligibility criteria. *Trials* **16**, 475.

Department of Health (2002). *Mental Health Policy Implementation Guide: Dual Diagnosis Good Practice Guide/Department of Health*. London: Department of Health. Available at https://www.drugsandalcohol.ie/17764/1/DOH_Dual_diagnosis_good_practice_guide.pdf (accessed 24 March 2025).

Donabedian A (2005). Evaluating the quality of medical care. *The Milbank Quarterly* **83**, 691–729.

EMCDDA (2012). *Treatment Demand Indicator (TDI) Standard Protocol 3.0.* Luxembourg: Publications Office of the European Union.

EMCDDA (2021). *Implementing quality standards for drug services and systems: a six-step guide to support quality assurance.* Publications Office of the European Union: Luxembourg.

EMCDDA, Torrens M, Mestre-Pintó M, Domingo-Salvany A (2015). *Comorbidity of Substance Use and Mental Disorders in Europe.* Luxembourg: Publications Office of the European Union.

Ferri M, Dias S, Bo A, Ballotta D, Simon R, Carrá G (2018). Quality assurance in drug demand reduction in European countries: an overview. *Drugs: Education, Prevention and Policy* **25**, 198–204.

Ferri M, Griffiths P (2015). Good practice and quality standards. In N el-Guebaly, G Carrà and M Galanter(ed), pp. *Textbook of Addiction Treatment: International Perspectives*. Milano: Springer Milan, pp. 1337–1359.

General Secretariat of the Council of the European Union (2015). Council conclusions on the implementation of the EU Action Plan on Drugs 2013-2016 regarding minimum quality standards in drug demand reduction in the European Union, Brussels. Available at: https://data.consilium.europa.eu/doc/document/ST-11985-2015-INIT/en/pdf (accessed 24 March 2025).

General Secretariat of the Council of the European Union (2023). Council conclusions on people having drug use disorders that co-occur with other mental health disorders. BrusselsAvailable at https://data.consilium.europa.eu/doc/document/ST-16112-2023-INIT/en/pdf (accessed 24 March 2025).

Grol R, Cluzeau FA, Burgers JS (2003). Clinical practice guidelines: towards better quality guidelines and increased international collaboration. *British Journal of Cancer 89* **Suppl 1**, S4–8.

Hakobyan S, Vazirian S, Lee-Cheong S, Krausz M, Honer WG, Schutz CG (2020). Concurrent disorder management guidelines. *Systematic Review. Journal of Clinical Medicine* **9**, 2406.

Harris AH, Gupta S, Bowe T, Ellerbe LS, Phelps TE, Rubinsky AD, Finney JW, Asch SM, Humphreys K, Trafton J (2015). Predictive validity of two process-of-care quality measures for residential substance use disorder treatment. *Addiction Science & Clinical Practice* **10**, 22.

Hermann RC, Palmer RH (2002). Common ground: a framework for selecting core quality measures for mental health and substance abuse care. *Psychiatric Services* **53**, 281–287.

Jegede O, Rhee TG, Stefanovics EA, Zhou B, Rosenheck RA (2022). Rates and correlates of dual diagnosis among adults with psychiatric and substance use disorders in a nationally representative U.S sample. *Psychiatry Research* **315**, 114720.

Ministry of Health (2010). Service delivery for people with co-existing mental health and addiction problems: integrated solutions. Wellington: Ministry of Health. ISBN: 978-0-478-35919-0 (online).

Minkoff K (2001). Developing standards of care for individuals with co-occurring psychiatric and substance use disorders. *Psychiatric Services* **52**, 597–599.

National Institute for Health and Care Excellence (NICE) (2019). Coexisting severe mental illness and substance misuse quality standard. London: NICE. ISBN: 978-1-4731-3502-4.

National Working Group for Dual Diagnosis (2023). Model of care for people with mental disorder and co-existing substance use disorder (Dual diagnosis). Health service executive. ISBN: 978-1-78602-225-7.

New South Wales Ministry of Health (2015). Effective models of care for comorbid mental illness and illicit substance use: evidence check review. NSW Ministry of Health. ISBN: 978-1-76000-262-6.

Nocon A, Bergé D, Astals M, Martín-Santos R, Torrens M (2007). Dual diagnosis in an inpatient drug-abuse detoxification unit. *European Addiction Research* **13**, 192–200.

Public Health England (2017). Better care for people with co-occurring mental health and alcohol/drug use conditions, London. Available at: https://assets.publishing.service.gov.uk/media/5a75b781ed915d6faf2b5276/Co-occurring_mental_health_and_alcohol_drug_use_conditions.pdf (accessed 24 March 2025).

Queensland Health (2021). Co-occurring substance use disorders and other mental health disorders: policy position statement for mental health alcohol and other drug services 2021. Available at: https://www.health.qld.gov.au/__data/assets/pdf_file/0023/1118246/qh-gdl-964.pdf (accessed 24 March 2025).

San L, Arranz B, Arrojo M, Becoña E, Bernardo M, *et al.* (2016). Expert group dual pathology clinical practice guide, clinical guideline for the treatment of dual pathology in the adult population. *Adicciones* **28**, 3–5.

Szerman N, Lopez-Castroman J, Arias F, Morant C, Babín F, Mesías B, Basurte I, Vega P, Baca-García E (2012). Dual diagnosis and suicide risk in a Spanish outpatient sample. *Substance Use & Misuse* **47**, 383–389.

Uchtenhagen A, Schaub M (2011). Minimum quality standards in drug demand reduction EQUS. Available at: https://op.europa.eu/en/publication-detail/-/publication/e83f98c2-4523-4e13-a5c0-caf25d12c6f1 (accessed 24 March 2025).

UNODC. (2022). Comorbidities in drug use disorders. Available at: https://www.unodc.org/documents/drug-prevention-and-treatment/UNODC_Comorbidities_in_drug_use_disorders.pdf (Accessed 24 March 2025).

UNODC/WHO. (2020). International standards for the treatment of drug use disorders. Available at: https://www.unodc.org/documents/drug-prevention-and-treatment/UNODC-WHO_International_Standards_Treatment_Drug_Use_Disorders_April_2020.pdf (accessed 24 March 2025).

Vergara-Moragues E, González-Saiz F, Lozano OM, Betanzos Espinosa P, Fernández Calderón F, Bilbao-Acebos I, Pérez García M, Verdejo García A (2012). Psychiatric comorbidity in cocaine users treated in therapeutic community: substance-induced versus independent disorders. *Psychiatry Research* **200**, 734–741.

Volkow ND, Torrens M, Poznyak V, Sáenz E, Busse A, Kashino W, Krupchanka D, Kestel D, Campello G, Gerra G (2020). Managing dual disorders: a statement by the informal scientific network, UN commission on narcotic drugs. *World Psychiatry* **19**, 396–397.

Watkins KE, Burnam A, Kung FY, Paddock S (2001). A national survey of care for persons with co-occurring mental and substance use disorders. *Psychiatric Services* **52**, 1062–1068.

Whiteford HA, Degenhardt L, Rehm J, Baxter AJ, Ferrari AJ, Erskine HE, Charlson FJ, Norman RE, Flaxman AD, Johns N, Burstein R, Murray CJ, Vos T (2013). Global burden of disease attributable to mental and substance use disorders: findings from the global burden of disease study 2010. *Lancet* **382**, 1575–1586.

Zimmerman M, Clark HL, Multach MD, Walsh E, Rosenstein LK, Gazarian D (2016). Variability in the substance use disorder exclusion criterion in antidepressant efficacy trials. *Journal of Affective Disorders* **198**, 39–42.

https://doi.org/10.1017/ipm.2025.10128 Published online by Cambridge University Press