C-DIAS
Center for Dissemination & Implementation At Stanford

How Often Are Mental Health Diagnoses Recorded in Addiction Treatment?

The Public Health Problem

An estimated 20 million U.S. adults had a co-occurring mental health and substance use disorder in 2023, but fewer than one in five received treatment for both at the same time. Most who got any care were treated for their mental health condition alone, while their substance use disorder went unaddressed.

Background

Co-occurring mental health and substance use disorders are associated with worse outcomes than either condition alone. Treating both at the same time, rather than separately, is considered the most effective approach. Despite this, most existing research on this population has relied on a single yes/no measure of mental health comorbidity, rather than looking at specific diagnoses.

What This Article Addresses

This study takes a more detailed approach, examining four specific diagnoses: anxiety, bipolar, depressive, and schizophrenia or other psychotic disorders. It looks at how often each was reported among people in addiction treatment, and whether reporting patterns changed over time.

What They Did *(Methods)*

Researchers used joinpoint regression to examine annual data from the Substance Abuse and Mental Health Services Administration's Treatment Episode Data Set–Admissions (TEDS-A), a national dataset of state-reported addiction treatment episodes, from 2006 to 2022. Cases with a primary substance listed and one of these four diagnoses were examined for annual counts, percentages, and trends.

What They Discovered *(Findings)*

Recorded mental health diagnoses represented only a small fraction of addiction treatment episodes.
Just 224,051 of 31.2 million treatment episodes (0.7%) included one of the four mental health diagnoses examined, highlighting possible gaps in identification or reporting.

Depression was the most common diagnosis reported.
Among cases with a diagnosis, depressive disorders were most common (43.4%), followed by bipolar disorders (30.3%), schizophrenia and other psychotic disorders (13.3%), and anxiety disorders (13%).

Most diagnoses were recorded less frequently over time.
Bipolar, depressive, schizophrenia, and other psychotic disorder diagnoses all declined significantly over the study period, most sharply for depressive disorders (-16.69% from 2019 to 2022). Anxiety disorders showed no significant trend. Researchers caution this likely reflects shifts in treatment admissions, not fewer people with these conditions.

Opportunities for Action

The study findings highlight opportunities for:

Health Systems
- Offer integrated treatment that addresses mental health and substance use disorders at the same time.
- Invest in provider training and screening protocols; the study notes limited staff expertise is a barrier to identifying co-occurring conditions.

Payors
- Improve national surveillance systems like TEDS-A to track specific mental health diagnoses.
- Expand funding for screening, diagnosis, and reporting at the state and local level.

Researchers
- Study mental health conditions not captured in current addiction treatment data like anorexia nervosa.
- Examine how treatment programs screen for and document diagnoses.

Patients
- Ask whether your treatment program screens for and treats co-occurring mental health conditions.
- Explore case management and other support services, like childcare or legal assistance, that can help you stay in treatment if you have a co-occurring condition.

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Ware, O. D., Fiellin, D. A., & McGovern, M. P. (2026). Anxiety, Bipolar, Depressive, and Schizophrenia Diagnoses Among Patients Receiving Addiction Treatment in the United States, 2006-2022: A Descriptive Study. *Substance Use & Addiction Journal.* https://doi.org/10.1177/29767342261445244