nomic implications. Patterns of symptoms (for example, negative versus positive symptoms), premorbid adjustment, gender, age of onset, and involvement or intactness of nuclear families may be some of the determinants of the financial independence of these patients. The degree to which participation in vocational and cognitive rehabilitation programs, compliance with medication and aftercare, and family psychoeducation programs reduce the need for public assistance requires active ongoing investigation. ♦

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A County Survey of Mental Health Services in Drug Treatment Programs

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Forty-five administrators of drug treatment programs in Los Angeles County were surveyed about the adequacy of mental health services within their program and the drug treatment system. Approximately half agreed that dually diagnosed clients are not served within the system, and the majority noted that their programs restrict admission of such clients. Administrators of outpatient drug-free programs and methadone maintenance programs were more likely to characterize their mental health services as inadequate or unavailable than were administrators of other types of programs. The findings suggest the need to increase awareness of the treatment needs of dually diagnosed clients in drug treatment programs. (*Psychiatric Services* 48: 950–952, 1997)

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Increasing attention has been paid in recent years to the mental health needs of clients in treatment for drug abuse. Psychiatric impairment has been associated with poor treatment outcomes among individuals who abuse opiates (1), cocaine (2), and alcohol (3).

Several barriers have been identified to providing mental health services to dually diagnosed individuals in drug treatment programs. Treatment services for substance abuse and for mental illness are typically separated into distinct service systems and often have competing hierarchies, funding mechanisms, and treatment approaches (4–7). Program administrators often feel constrained from broadening their treatment approaches to encompass dually diagnosed clients because of limited resources to expand training and services and the lack of a plan for how to combine treatment (8,9).

This paper reports the results of a survey of drug treatment program administrators in Los Angeles County. The survey sought their assessment of the availability and quality of mental health services within drug treatment programs.

Methods

Programs included in the study were sampled from respondents to the University of California, Los Angeles, drug

Table 1

Responses of 45 drug treatment program administrators in Los Angeles County to a survey about mental health services, by the treatment modality of their program

Survey item	Total (N=45)		Hospital inpatient (N=6)		Residential (N=8)		Outpatient drug free (N=15)		Methadone maintenance (N=10)		Day treatment (N=6)	
	N	%	N	%	N	%	N	%	N	%	N	%
Administrator agrees that dually diagnosed clients are not served within the drug treatment system	23	51	3	50	7	88	5	33	3	30	5	83
Program admission is restricted for dually diagnosed clients	31	69	4	67	4	50	13	87	5	50	5	83
Mental health services are either below average or unavailable within the program	17	38	2	17	2	25	8	53	5	50	1	17
Dually diagnosed clients are the least successful clients in the program	10	22	1	17	2	25	5	33	1	10	1	17
Psychotropic medication is provided by the program or by contract with another provider	16	36	6	100	4	50	2	13	2	20	2	33
Individual psychotherapy is provided by the program or by contract with another provider	30	67	5	83	5	63	11	73	4	40	6	83
The program receives referrals from mental health agencies	10	22	0	—	4	50	4	29	0	—	2	33
The program has one or more licensed mental health professionals on staff	18	40	2	33	5	63	6	40	3	30	2	33
The program administrator is a licensed mental health professional	7	16	0	—	2	25	3	20	2	20	0	—
The program administrator feels it is important for counselors to get training in dual diagnosis issues	13	29	2	33	3	38	4	27	1	10	3	50
The program administrator wants training in dual diagnosis issues	9	20	1	17	1	13	3	20	3	30	1	17

treatment program survey, which was a mail survey conducted in 1993–1994 (10). A comprehensive review of other program surveys, databases, and directories identified all drug treatment programs in the county. A total of 354 drug treatment programs were identified; 294 responded to the survey, for a return rate of 83 percent.

The sample of programs for the administrator study was obtained by randomly selecting programs from each of five treatment modalities. The number of programs selected within each modality was proportional to their representation within the total survey, with a minimum of 10 percent of programs selected from each modality. Program administrators were contacted and invited to participate in the study; those who refused and programs no longer in operation were replaced through additional random selections. Administrators were assured that both their individual and their program identities would be kept confidential.

The final sample consisted of 45 drug treatment programs, including 15 outpatient drug-free programs, six hospital inpatient programs, eight residential treatment programs (including therapeutic communities), ten methadone maintenance programs, and six day treatment programs. In-depth face-to-face interviews were conducted between December 1994 and October 1995. The interview had a structured format, with some open-ended questions, and it focused on program-level policies, service provision, staff training and qualifications, and client characteristics.

Twenty-seven (60 percent) of the 45 program administrators were female. Approximately half were white, 12 (27 percent) were African American, four (9 percent) were Asian–Pacific Islanders, four were Hispanic, and two (4 percent) were in the category "other." The mean age of the administrators was 43 (range, 29 to 63).

Results

Availability and evaluation of services

As Table 1 shows, approximately half of the program administrators agreed that dually diagnosed clients were not served within the drug treatment system. Agreement was highest among administrators of residential and day treatment programs and lowest among administrators of outpatient drug-free programs and methadone maintenance programs. About 70 percent stated that admission of dually diagnosed clients to their program was restricted either entirely or in part. Exclusion was most common within outpatient drug-free and day treatment programs.

When asked to evaluate the quality of mental health services within their own program, 38 percent characterized their program's services as either below average or unavailable. As Table 1 shows, approximately half of the administrators of outpatient drug-free and methadone maintenance programs characterized their program's mental health services as inadequate, compared with a quarter or less of administrators of hospital inpatient, residential, or day treatment programs.

Despite the limited availability or low quality of mental health services in many programs, only 22 percent of the administrators agreed with the statement that "dually diagnosed clients are the least successful clients

within my program." Agreement was most common among outpatient drug-free program administrators (33 percent) and least common among methadone maintenance program administrators (10 percent).

Administrators were asked about the availability of specific services provided either on site or through a contract with another provider. The availability of psychotropic medication for dually diagnosed clients varied widely across modalities. This service was provided within all hospital inpatient programs, by half of the residential programs, by a third of the day treatment programs, by a fifth of the methadone maintenance programs, and by 13 percent of the outpatient drug-free programs. In contrast, individual psychotherapy was more widely available, ranging from a high of 83 percent of the hospital inpatient and day treatment programs to a low of 40 percent of the methadone maintenance programs.

Programs also varied widely in whether they received client referrals from mental health programs. Half of residential programs received mental health referrals, as did approximately a third of day treatment and outpatient drug-free programs. In contrast, no hospital inpatient or methadone maintenance programs reported receipt of mental health referrals.

Staff qualifications and training

Programs varied in whether they reported having individuals on staff who were "licensed mental health professionals" (psychologist, social worker, nurse, or a counselor with a professional degree or license in the area of mental health). Residential programs were most likely to have such individuals on staff (63 percent), while methadone maintenance programs were least likely (30 percent). A quarter of the administrators of residential programs and a fifth of outpatient drug-free and methadone maintenance administrators were licensed mental health professionals, whereas none of the administrators of hospital inpatient or day treatment programs were.

Despite administrators' acknowledgment of the inadequacy or nonexistence of mental health services within their programs, less than a third agreed that it was important for counselors in their program to receive training in dual diagnosis issues. Agreement was highest among day treatment program administrators (50 percent) and lowest among methadone maintenance program administrators (10 percent). Moreover, even fewer of the administrators expressed an interest in receiving training on dual diagnosis issues themselves.

Discussion and conclusions

Administrators of drug treatment programs within Los Angeles County generally provided a picture of unavailable or inadequate mental health services within the drug treatment system. Yet despite this poor assessment, administrators expressed only mild support for providing additional training in this area either for themselves or for their counselors. Administrators may not perceive a need to enhance their mental health services if severely mentally ill clients are restricted from entering their programs. Drug treatment programs were most equipped to provide nonmedical mental health services, such as psychotherapy, and less so to provide psychotropic medication.

Administrators of outpatient drug-free and methadone maintenance programs had contradictory assessments of service availability and quality in their own programs and in the drug treatment system generally. These administrators were most likely to characterize the mental health services within their programs as inadequate or unavailable and were least likely to endorse training counselors in dual diagnosis issues. However, these same administrators agreed only weakly with the statement that dually diagnosed clients are not served within the drug treatment system. This incongruity may stem from the fact that outpatient programs typically treat clients with less severe mental illness than clients treated in other modalities, and thus outpatient administrators may be less concerned about issues pertaining to clients with more severe disorders.

The current shift in emphasis from inpatient or residential programs to outpatient programs to save costs may only increase the numbers of dually diagnosed clients attempting to gain access to services from outpatient drug treatment programs. To reduce the barriers to service delivery for this population, mental health professionals and advocacy organizations should make it a priority to raise the awareness of drug treatment program administrators about the importance of treatment for dually diagnosed clients within their programs. ♦

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