

Questions to Ask Any Dual Diagnosis Program

A quick list to help you find truly integrated care (mental health + substance use)

How to Use This List

- Ask these questions before you choose a program (phone, email, or intake call).
- Look for one team and one plan that treats mental health and substance use together (not separate referrals with unclear coordination).
- Tip: Ask if you can speak with a clinician (not just admissions) for five minutes.

1. Screening and Assessment (The First 48 Hours)

- ☐ How do you screen for both mental health and substance use at intake? Do you use standardized tools?
- ☐ Who completes the mental health assessment, and what are their credentials? How soon do you complete the assessment after admission?
- ☐ How do you distinguish a substance-related vs. a mental health condition, especially early in recovery?

2. The Treatment Model (What “Dual Diagnosis” Means Here)

- ☐ When you say “dual diagnosis,” what does that look like day to day? Can I expect groups, individual sessions, skills training, medication support, or other services?
- ☐ Will one coordinated treatment plan cover both mental health symptoms and substance use? If so, who leads it?
- ☐ Do you provide integrated care from the same team, or do you refer mental health out to another provider/agency?

3. Mental Health Services and Therapy

- ☐ What evidence-based therapies do you use for co-occurring needs? (Ask for plain-language examples: coping skills, emotion regulation, trauma-informed care, relapse prevention skills.)
- ☐ How often will I get mental-health-focused care each week? Will those be individual or group sessions?
- ☐ If I have panic, depression, trauma symptoms, or mood swings, what specific skills or supports do you teach and practice?

4. Psychiatry and Medications (If Relevant)

- ☐ Is psychiatric care/medication management available? If so, who provides it, and how often will I meet with them?
- ☐ How do you coordinate medications with therapy and recovery work to avoid siloes?
- ☐ How do you avoid or monitor medications with addiction risk when safer options exist?

5. Coordination, Communication, and Continuity of Care

- ☐ If I already have a therapist/prescriber, how will you coordinate with them, with my permission?
- ☐ What's your discharge plan for both mental health and substance use? Do you offer follow-up appointments, medications/refills, therapy, recovery supports, and other services?

6. Safety, Fit, and Who You Can Treat

- ☐ What mental health needs can you safely treat in-house, and what would require a higher level of care? (Ask for examples, not labels.)
- ☐ If I'm in crisis during treatment (severe anxiety, suicidal thoughts, psychosis symptoms), what happens immediately? Can I expect 24/7 coverage, protocols, step-up options, or other services?

How to Interpret Answers

Green Flags (What You Want to Hear)

- “We screen for **both mental health and substance use** at intake.”
- “You'll have **one integrated plan** and a team that treats both.”
- “We **coordinate medication care with therapy** and the treatment team.”
- “We **coordinate with outside providers** and plan transitions/discharge for both conditions.”

Red Flags (Concerning Answers)

- “We treat addiction. **Mental health is separate**, and we don't address that here.” Or, “We only offer a referral list.”
- “We require you to be fully stable before treatment, but do not offer a plan for assessment/triage or step-up care.”
- No clear answer on **who provides mental health assessments** or **how often mental health care occurs**.

Note: This is a comparison tool—not a clinical rating.

Simple Scoring

Give **1 point for each Green Flag** you confirm.

- **0–2:** Ask follow-up questions. This may be an “addiction treatment + referral” model.
- **3–5:** Some integration is available. Clarify coordination and frequency.
- **6+:** Strong signs of integrated dual diagnosis care.

For educational purposes only. This is not a diagnosis or medical advice. Call (988/911) if you need immediate help.