THE BALANCE

Dual Diagnosis (Mental Health and Addiction)

Private treatment

A guide for individuals and families

Dedicated to one client at a time

MALLORCA / ZURICH

English / September 2026

01 / WHAT TO KNOW BEFORE TREATMENT

What to know before treatment

01 Dual diagnosis describes a mental health condition occurring alongside substance-use disorder or another addictive behavior, with each potentially intensifying or obscuring the other.

02 Assessment prioritizes immediate safety and examines mental state, substance use, medication, sleep, physical health, risk, and symptoms during periods of reduced use.

03 Integrated care coordinates mental health and addiction treatment through one formulation, while continuing care defines clinical responsibilities, family boundaries, and relapse or crisis pathways.

One client

A private residence and a team organized around you.

Coordinated care

Clinical disciplines work within one individual plan.

Continuity

The next steps are considered throughout treatment.

02 / UNDERSTANDING YOUR NEEDS

Understanding your needs

Understanding dual diagnosis

Dual diagnosis is not one specific combination. It may involve depression and alcohol dependence, anxiety and sedative misuse, bipolar disorder and stimulant use, PTSD and opioid use, or another clinically supported pairing. Each component requires proper assessment.

How dual diagnosis May Present

Co-occurring conditions may create cycles in which distress leads to use, use produces short-term relief, and the consequences then deepen distress or instability.

• Repeated return to alcohol, substances, or compulsive behavior during anxiety, depression, trauma symptoms, or conflict

• Psychiatric symptoms that intensify during intoxication, withdrawal, or attempts to stop

• Difficulty maintaining gains when addiction and mental health care are delivered separately

• Several diagnoses or medication changes without a shared timeline or formulation

• Use of sedatives, stimulants, pain medication, or alcohol to regulate sleep, energy, attention, or emotion

• Periods of impulsivity, isolation, self-neglect, or risky decision-making

• Family and professional networks divided over which problem is primary

• Repeated emergency, detoxification, residential, or outpatient episodes with incomplete continuity

The relationship may change over time. A substance can begin as coping, become an independent disorder, and later obscure the symptoms it was intended to manage. Treatment needs to follow the current interaction rather than one origin story.

03 / ASSESSMENT BEFORE A RECOMMENDATION

Assessment before a recommendation

Assessment builds a timeline across mental state, substance use, medication, sleep, health, and periods of abstinence or reduced use. It determines which risks require action before a longer-term diagnosis or residential plan can be trusted.

Substances, medications, dose, pattern, route, last use, tolerance, and withdrawal history

Overdose, seizures, delirium, blackouts, emergency care, and prior stabilization

Mood, anxiety, psychosis, trauma, attention, sleep, cognition, and self-harm risk

Consent, capacity, goals, readiness, and the care available after intensive treatment

Safety and the appropriate setting

Overdose, severe intoxication, dangerous withdrawal, delirium, psychosis, mania, suicidal intent, or medical instability requires emergency, hospital, or specialist care. International travel and private residence should not precede the required stabilization. The residential setting must never be described as a medical detoxification unit unless that exact license, staffing, monitoring, and emergency capability is verified for the location and engagement.

04 / CARE BUILT AROUND YOU

Care built around you

Integrated care means that relevant mental health and addiction work is coordinated rather than delivered as two unrelated tracks. It does not mean that every intervention starts at once or that the same professional treats every issue.

Manage withdrawal, overdose, self-harm, psychosis, or medical risk at the appropriate level Develop one shared timeline and formulation across disciplines

Clarify psychiatric diagnosis and medication after substance effects are considered Understand the function, cues, rewards, and consequences of use or behavior

Build alternative regulation and recovery strategies before removing every coping mechanism Address trauma only at a pace compatible with stability and relapse risk

Include family or trusted professionals with consent and clear roles Establish continuing addiction and mental health care in the home environment

Abstinence, harm reduction, medication, psychotherapy, peer support, family work, and environmental change may each be relevant depending on the case. The plan should state its goals and rationale rather than using integrated as a vague promise.

From assessment to a shared plan

The recommendation explains the proposed setting, priorities, team and pace, and how the plan will be reviewed with you.

05 / THE EXPERIENCE OF CARE

The experience of care

A calm private setting can create room for treatment, rest and reflection. The residence, schedule and practical support are organized around one client at a time.

A private place to pause

Personal space, discreet coordination and a daily rhythm shaped around clinical needs.

Care with room to recover

Individual appointments are balanced with rest, meals, movement and time to process.

Practical support

A personal care manager helps coordinate the schedule and everyday arrangements.

Care and residence imagery from THE BALANCE admissions guide. The residence is confirmed individually.

Mallorca

Private residential care in a restorative island setting.

Zurich

Private residential care with Swiss clinical coordination.

London

Selected assessment, transition and continuing-care support.

06 / FROM ASSESSMENT TO EVERYDAY LIFE

From assessment to everyday life

01

A confidential conversation

Admissions listens to your circumstances and explains the clinical review process.

02

Assessment and a recommendation

The team considers suitability, priorities, setting and the individual plan.

03

Personalized treatment

Care is reviewed and adjusted as your needs and capacity change.

04

Transition and continuing care

A handover connects treatment with the people, routines and support needed at home.

Preparing for home

Continuing care should connect addiction treatment, psychiatric responsibility, medication, therapy, family boundaries, recovery supports, and response to relapse or symptom recurrence. A fragmented handover recreates the original problem. Progress may include fewer episodes of use, improved mental stability, safer medication, more honest communication, better recognition of triggers, reduced emergency care, and a support system able to respond before risk escalates.

07 / CONSIDERING THE NEXT STEP

Considering the next step

What does dual diagnosis mean?

It generally means that a mental health condition and a substance-use disorder or other addictive behavior occur together. The exact combination and relationship require assessment.

Which condition should be treated first?

Immediate safety comes first. After that, relevant mental health and addiction needs are usually coordinated, although interventions may be sequenced rather than started simultaneously.

Can substance use cause psychiatric symptoms?

Yes. Intoxication, withdrawal, sleep loss, and medication interactions can affect mood, anxiety, perception, cognition, and behavior. An independent psychiatric condition may also be present.

Is detoxification part of dual-diagnosis treatment?

Withdrawal assessment and stabilization may be necessary, but the appropriate setting depends on risk and verified capability. Detoxification is one phase, not the complete treatment.

Begin with a conversation

Speak privately with Admissions about your circumstances and the options available. An enquiry carries no obligation to proceed.

+41 44 500 5111

admissions@thebalance.clinic

Full condition page

If you or someone else is in immediate danger, seek local emergency care. Do not wait for routine admission or travel.

General information; individual care follows assessment.