

Co-Occurring Disorders in Child Welfare Fact Sheet

Every year, around 55 million Americans experience mental health disorders¹ and 46 million have a substance use disorder (SUD).² Among those with an SUD, an estimated 2.5 million people are living with an Opioid Use Disorder (OUD).³

Mental health disorders that occur at the same time with an SUD are known as co-occurring disorders (COD). Approximately, one in four adults—about 21.5 million people— experience COD.⁴

In terms of COD, the most common mental health disorders that occur alongside of an SUD, include but are not limited to: Anxiety, Attention-Deficit Hyperactivity Disorder (ADHD), Bipolar Disorder, Depression, Personality Disorders, PTSD, and Schizophrenia. Specifically, for those 2.5 million people living with an OUD, 27% also have a serious mental illness (e.g., Bipolar Disorder, Major Depressive Disorder, and Schizophrenia), 64% have any type of mental illness, and up to 26% also live with an alcohol use disorder.⁵

In 2017, roughly 2.2 million children were affected in some way by opioids.⁶ Thirty-six percent of children entered the foster care system due to parental opioid use, with 60% being under the age of five.⁷ Children living with a parent with an SUD are twice as likely to develop depression, three times more likely to develop an alcohol or SUD, and 30% more likely to be arrested.⁸ Among parents with COD, over 80% had their own childhood trauma exposure, with more than half reporting a parent who struggled with substance use.⁹ The more exposure to childhood trauma, the more likely COD will be present. Women tend to be exposed more to childhood sexual abuse and emotional neglect and are more likely to have mood and anxiety disorders as a result.¹⁰ Therefore, it is important to consider the role that unresolved trauma may play for families in the courtroom.

While there are no current data on the prevalence of COD related to child welfare cases, studies have found that up to 90% of cases may involve families impacted by substance use,¹¹ and that 35% of removals in 2022 were due to parental substance use.¹²

Risks remain for children in the care of parents with an SUD; however, child removal also imposes risk contributing to complex trauma, which contributes to short- and long-term academic, behavioral, and physical health issues. Taking such implications into consideration, a harm reduction approach seeks to improve quality of life and well-being, keep families intact, prevent out-of-home placement, and center child safety. In terms of COD, harm reduction strategies aim to intervene early to get families the services needed for mental health and an SUD. For more information on harm reduction strategies see:

There are three known pathways to the development of COD:¹³

1. Genetic and environmental risk factors can contribute to both mental health disorders and an SUD.
2. Addiction and an SUD can contribute to the development of a mental health disorder.
3. Mental health disorders may contribute to addiction and substance use.

Despite COD being fairly common, it can be difficult to disentangle whether mental illness or substance misuse came first. However, opioid use over long periods of time presents an increased risk in developing various mental health disorders.



Pathways to recover from or manage COD are unique, but there are research-based recommendations that have shown promise. It is crucial that courts collaborate with clinical providers to appropriately screen and treat COD, as well as work alongside organizations that address homelessness, vocational skills, and physical health. Important factors for family courts to consider when addressing COD within a family system are the importance of helping families identify supportive environments within their family, schools, and community. In addition, the following table shows treatments (either alone or in combination with medication management) that have been shown to be effective for those living with COD.¹⁴

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| Cognitive Behavioral Therapy (CBT) | Targets managing harmful beliefs and behaviors | Effective for SUD and children/adolescents with anxiety and mood disorders. |
| Dialectical Behavioral Therapy (DBT) | Designed to reduce self-harm, suicidal ideation, and drug use | Effective for borderline personality disorder |
| Therapeutic Communities (TC) | Long-term residential treatment for SUD—focuses on resocialization | Effective for COD that are justice involved |
| Parent-Child Interaction Therapy (PCIT) | Effective for all caregivers: biological, foster, adoptive, kin | Effective for children aged 2-12, includes treatment for caregiver and child together and reduces child maltreatment |

Additional Resources:

Trauma-Informed Courtroom Practices: A Bench Card for Judges:
<https://www.ncjfcj.org/wp-content/uploads/2025/08/AcesInfographic.pdf>.

Trauma Fact Sheet for Working with Court-Involved Youth:
<https://www.publiccounsel.net/wp-content/uploads/2015/02/Trauma-Fact-Sheet-June-2016.pdf>.

Helping Traumatized Children: Tips for Judges:
https://www.nctsn.org/sites/default/files/resources/helping_traumatized_children_judges.pdf.

References:

- National Alliance on Mental Illness. (2023). *Mental health by the numbers*. <https://www.nami.org/about-mental-illness/mental-health-by-the-numbers/>.
- Substance Abuse and Mental Health Services Administration. (2022). *Key substance use and mental health indicators in the United States: Results from the 2021 National Survey on Drug Use and Health*. <https://www.cdc.gov/overdose-prevention/media/pdfs/2024/04/SAMHSA-Key-substance-use-and-mental-health-indicators-2021.pdf>.
- National Institute on Drug Abuse. (2023). *Only 1 in 5 U.S. adults with opioid use disorder received medications to treat it in 2021*. <https://nida.nih.gov/news-events/news-releases/2023/08/only-1-in-5-us-adults-with-opioid-use-disorder-received-medications-to-treat-it-in-2021>.
- Substance Use and Mental Health Services Administration. (2023). *Mental health and substance use co-occurring disorders*. <https://www.samhsa.gov/mental-health/mental-health-substance-use-co-occurring-disorders#:~:text=More%20than%20one%20in%20four,Anxiety%20Disorders>.
- Substance Abuse and Mental Health Services Administration. (2024). *Co-occurring disorders and other health conditions*. <https://www.samhsa.gov/substance-use/treatment/co-occurring-disorders>.
- National Institute of Mental Health. (2024). *Substance use and co-occurring disorders*. <https://www.nimh.nih.gov/health/topics/substance-use-and-mental-health>.
- United Hospital Fund. (2019). *National and state estimates of the U.S. opioid epidemic's impact on children*. <https://uhfnyc.org/publications/publication/ripple-effect-chartbook/>.
- American Psychological Association. (2019). *More kids in foster care*. <https://nida.nih.gov/news-events/news-releases/2023/08/only-1-in-5-us-adults-with-opioid-use-disorder-received-medications-to-treat-it-in-2021>.
- Evans, E. A., Goff, S. L., Upchurch, D. M., & Grella, C. E. (2020). Childhood adversity and mental health comorbidity in men and women with opioid use disorders. *Addictive behaviors*, 102, 106149. <https://doi.org/10.1016/j.addbeh.2019.106149>.
- Casey Family Programs. (2023). *How can the child welfare system support families affected by substance use disorder? Questions from the field*. <https://www.casey.org/substance-use-disorder-strategies/>.
- U.S. Children's Bureau. (2020). *The AFCARS Report (Report No. 28)*. U.S. Department of Health and Human Services, Administration for Children and Families. <https://www.acf.hhs.gov/cb/report/afcars-report-28>.
- Sankaran, V., Church, C., & Mitchell, M. (2018). A cure worse than the disease: The impact of removal on children and their families. *Marquette Law Review*, 102, 1161-1220. <https://scholarship.law.marquette.edu/cgi/viewcontent.cgi?article=5407&context=mulr>.
- Leung, J., Santo Jr, T., Colledge-Frisby, S., Mekonen, T., Thomson, K., Degenhardt, L., ... & Stjepanović, D. (2022). Mood and anxiety symptoms in persons taking prescription opioids: systematic review with meta-analyses of longitudinal studies. *Pain Medicine*, 23(8), 1442-1456. <https://pmc.ncbi.nlm.nih.gov/articles/PMC9340651>.
- Child Welfare Information Gateway. (2019) *Parent-child interaction therapy: A primer for child welfare professionals*. U.S. Department of Health and Human Services, Children's Bureau. <https://www.childwelfare.gov/resources/parent-child-interaction-therapy-primer-child-welfare-professionals>.

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