

Family-inclusive approaches in the context of a dual diagnosis:

A systematic review of relational and individual wellbeing outcomes

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Who is this research relevant to?



This research is relevant to practitioners working across:

- Alcohol and other drug (AOD) services,
- Mental health services, and
- Child, youth and family services.

It is also relevant to family members supporting someone with a dual diagnosis (co-occurring mental health and substance use conditions).

What did we do?

We conducted a systematic search of evidence to better understand family-inclusive approaches in the treatment of dual diagnosis. We looked at research from **2000-2026**, specifically exploring:

- Family-inclusive interventions available for treatment of dual diagnosis,
- How families are involved in care,
- What effect family-inclusive approaches have on relational wellbeing, mental health, and substance use outcomes.

What did we find?

Our search found **28 studies involving family-inclusive treatment** of clients with a dual diagnosis, generally focusing on adolescent and adult client populations.

Family-inclusive models were varied across studies, with examples including structured family therapies, behavioural family approaches, integrated family interventions, psychoeducation combined with skills-building, and multidimensional family approaches.

Across both groups (adolescents and adults), family-inclusive approaches generally performed **as well as or better than treatment-as-usual**, with reported benefits including improved:

- mental health and substance use outcomes,
- global and family functioning,
- family communication,
- family conflict,
- parenting and caregiver skills (particularly in adolescent studies).

What does this mean?



The review highlights the **value of family-inclusive** practice as a meaningful component of dual diagnosis treatment, and points to a **need for greater prioritisation** and further research into it.



It shows that **family-inclusive practice can contribute** both to improvements in individual symptoms and stronger relational wellbeing within families.



Service models should **consider strengthening integration across mental health and AOD sectors**, **building workforce capacity** in family-inclusive practice and **actively engaging families** in assessment, treatment and recovery planning.

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