THE BALANCE

Complex and Co-Occurring Conditions

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 Complex presentations can involve interacting mental health symptoms, substance use, trauma, medication, physical health, sleep, relationships, and external pressures.

02 THE BALANCE uses multidisciplinary assessment to establish shared priorities, sequence interventions safely, and coordinate psychiatric, addiction, medical, and psychological decisions.

03 Some risks require hospital or specialist care, while continuing-care planning clarifies local coordination, medication responsibility, family roles, warning signs, and professional communication.

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

What Co-Occurring Can Mean

The presence of several labels does not automatically require several simultaneous treatments. Priorities and timing matter.

- A mental-health condition occurring with alcohol, drug, prescription-medication, or behavioral dependence
- Trauma-related symptoms occurring with addiction, depression, anxiety, eating difficulty, or chronic stress
- Several psychiatric diagnoses with overlapping symptoms and medication considerations
- Physical illness, pain, sleep disruption, or nutritional compromise affecting mental health
- Relationship, family, legal, professional, or security pressures affecting engagement and risk
- Unclear symptoms following intoxication, withdrawal, medication change, or prolonged sleep loss

Why Fragmentation Can Persist

Different providers may use different records, language, goals, and assumptions. A medication change may occur without the therapist understanding it. Trauma work may begin before substance use is stable. A discharge plan may not account for the person’s actual work or family environment.

Fragmentation is not always a sign that earlier clinicians acted incorrectly. It can reflect system boundaries, geography, confidentiality, access, or changes that became visible only over time.

03 / ASSESSMENT BEFORE A RECOMMENDATION

Assessment before a recommendation

The team reviews symptom timing, substance use, medication, sleep, physical health, trauma, relationships, function, and previous response. Chronology can help distinguish what preceded, followed, worsened, or temporarily relieved another concern.

The resulting formulation remains provisional. Withdrawal, nutrition, sleep, and safety may need attention before diagnosis becomes clearer. Existing records and authorized input from family or clinicians can reduce unnecessary repetition.

The process belongs to Assessment and Treatment Planning.

Safety and the appropriate setting

Some combinations of need require an acute hospital, medically supervised withdrawal, secure care, specialist eating-disorder service, or another setting with continuous observation or specialist capability. THE BALANCE should not imply that a private residence can absorb every complexity. A hospital or specialist phase may make later residential treatment possible. The handover should clarify the current diagnosis, medication, remaining risk, and the conditions required for transfer.

04 / CARE BUILT AROUND YOU

Care built around you

Priorities Protect the Person From Too Much Treatment

A complex case can attract a large team and an exhausting schedule. The model instead identifies what is urgent, what is foundational, what can be addressed together, and what should wait.

Medical or withdrawal stabilization may come first. Sleep and routine may create enough capacity for psychological work. Trauma processing may be delayed. Family or professional decisions may need temporary boundaries.

Dual Diagnosis Requires Integrated Responsibility

When substance use and mental-health symptoms coexist, each can affect the other. Substance use may be an attempted solution to distress, a contributor to symptoms, an independent disorder, or several of these at once.

Treating only the substance can leave the underlying distress unaddressed. Treating only mood or trauma can miss withdrawal, craving, access, and relapse risk. Psychiatric, addiction, medical, and psychological decisions therefore need one coordinated plan.

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

Complexity often returns when support is transferred across countries or divided among providers. Continuing-care planning identifies a local coordinator, medication responsibility, family roles, warning signs, and how different professionals will communicate. The goal is a workable network, not indefinite replication of the residential team. The person should gradually carry more responsibility without again becoming the sole coordinator of incompatible plans.

07 / CONSIDERING THE NEXT STEP

Considering the next step

What is a co-occurring condition?

It means two or more clinically relevant concerns occur together, such as addiction with depression or trauma, or psychiatric symptoms with medical, sleep, eating, or relational factors.

Is dual diagnosis the same as complexity?

Dual diagnosis often refers to mental-health and substance-use conditions together. Complexity is broader and may include several diagnoses, physical health, medication, trauma, relationships, and environmental pressures.

Can all conditions be treated at the same time?

Not necessarily. The team prioritizes safety and foundational needs, then sequences care. Some concerns can be addressed together, while others should wait until stability improves.

Will I receive a new diagnosis?

Assessment may confirm, refine, or question existing diagnoses, but certainty is not guaranteed. The immediate goal is a useful working formulation and safe plan.

Begin with a conversation

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

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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.