Faith and Spirituality Integrated SBIRT Network

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SBIRT Newsletter

AZUSA PACIFIC UNIVERSITY

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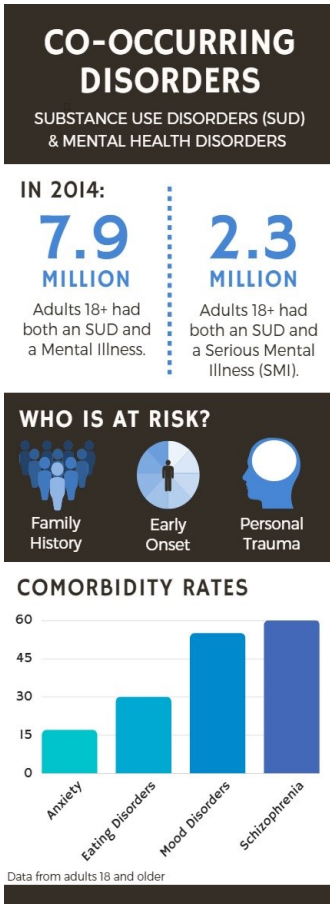
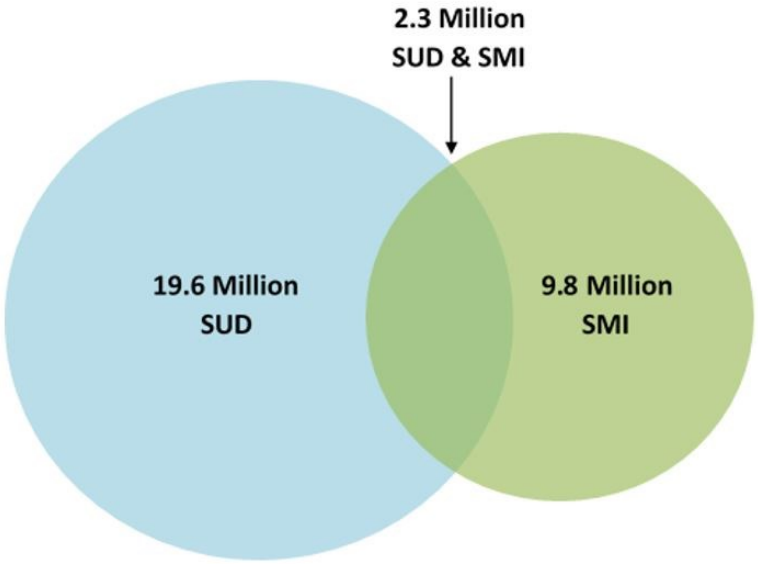


Source: *Behavioral Health Trends in the United States: Results from the 2014 National Survey on Drug Use and Health*

Co-Occurring Mental Health and Substance USe



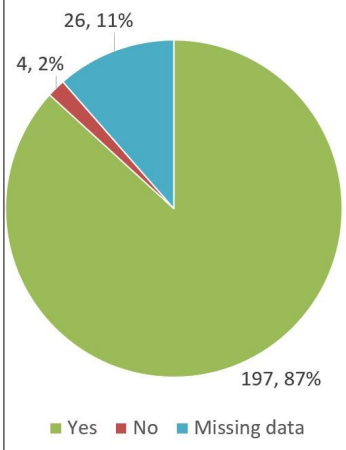
Past Year Substance Use Disorder (SUD) and Serious Mental Illness (SMI) among Adults Aged 18 or Older: 2015. Among the 19.6 million adults aged 18 or older who had a past year SUD, 2.3 million also had a SMI in the past year (NSDUH, 2016).

Co-occurring disorders are defined as the coexistence of both a mental disorder and a substance use disorder (SUD) (NSDUH, 2016). Research has found that people with mental health disorders are more likely to develop SUDs (SAMHSA, 2016). Due to the great variability in combinations of SUDs and mental illness, it is difficult to determine comorbidity rates. According to the Mental Health Epidemiologic Catchment Area (ECA) Study, 32% of individuals with a mood disorder also had a co-occurring SUD. NIDA's Research Report Series, Comorbidity: Addiction and Other Mental Illnesses also found mood disorders to have the highest comorbidity rates in overall drug use, followed closely by anxiety disorders. Among anxiety disorders, approximately 17% of individuals also had a co-occurring SUD. In most cases, anxiety disorders tend to precede the development of co-occurring alcohol use disorders (57%-80%) and other drug use disorders (68%-100%) (Back & Brady, 2008). Among those with bipolar, 56% also had a lifetime SUD (Quello et al., 2005). Research indicates that individuals diagnosed with schizophrenia present with a much higher rate of lifetime substance use than the general population. According to Volkow (2009), between 43%-65% of individuals with schizophrenia also met diagnostic [DSM] criteria for an alcohol use disorder. Furthermore, SUDs can often be found in individuals with eating disorders, such as Anorexia Nervosa, Bulimia Nervosa, or Binge Eating Disorder. Among those with Anorexia Nervosa, 27% had an SUD, and among Bulimia Nervosa, 36% had an SUD. Unfortunately, these co-occurring conditions are rarely identified and addressed in treatment centers.

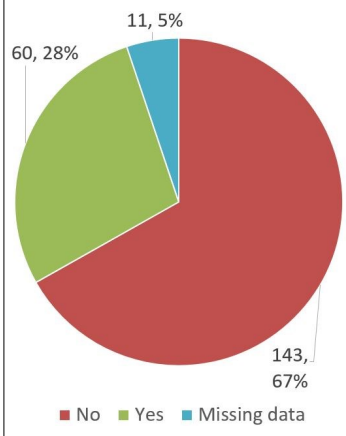
Source: https://www.samhsa.gov/data/sites/default/files/NSDUH-FRR1-2014/NSDUH-FRR1-2014.pdf

FEEDBAK FROM DMH TRAININGS

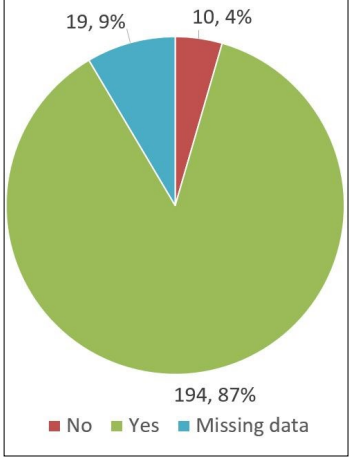
SBIRT USEFUL IN CURRENT WORK WITH TAY



ARE THERE CHALLENGES WITH UTILIZING SBIRT?



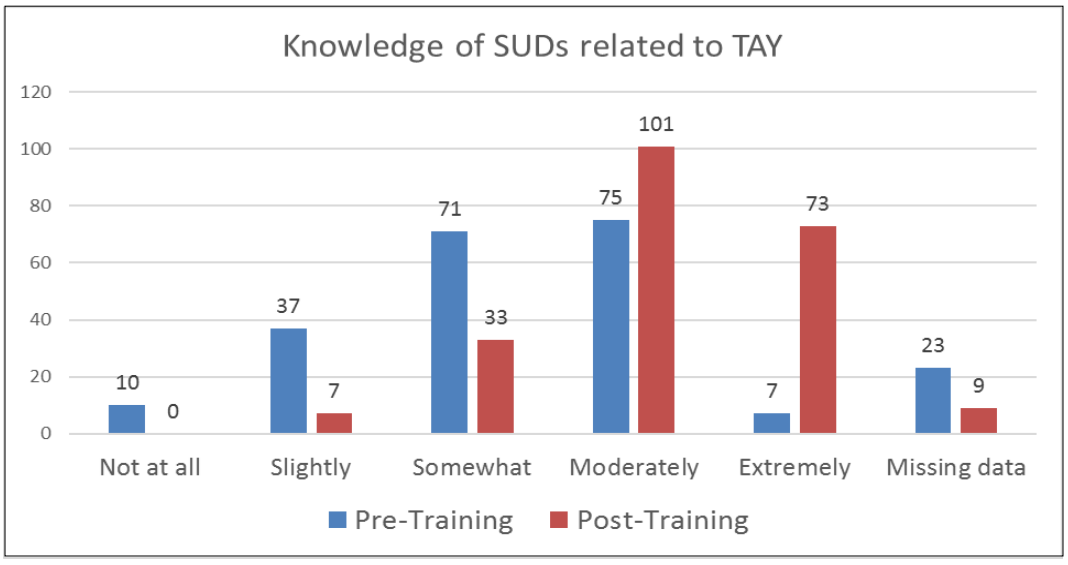
POSSESS THE NECESSARY SKILLS & KNOWLEDGE TO PRACTICE SBIRT WITH TAY



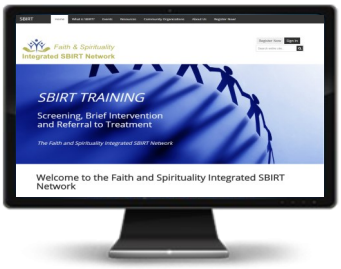
Oftentimes, one of the disorders goes untreated or undiagnosed due to the complexity of the symptoms. The consequences of undiagnosed or untreated co-occurring disorders are an increased likelihood of experiencing homelessness, incarceration, medical illness, suicide, or even early death (SAMHSA, 2016). Hence, the identification of co-occurring disorders is an important step to addressing the high prevalence of comorbidity among individuals with substance use. To identify co-occurring disorders, practitioners across SUD and mental health systems of care should adopt broad assessment tools that integrate valid screeners for all patient populations (adults and youth) as well as for both substance use and mental illness at intake admission. These screening strategies, along with continual monitoring and observation of the individual substance use and mental health symptoms during service delivery, should allow for more accurate diagnoses of co-occurring disorders. Treatment for individuals with co-occurring disorders are best served through integrated treatment, where practitioners can address both the mental health and the substance use needs at the same time. Furthermore, increasing awareness and building capacity for co-occurring integrated services within both systems of care is important for ensuring patients have access to effective care and for improving treatment outcomes and the quality of life for those who suffer from co-occurring disorders (SAMHSA, 2016).

SBIRT Training for the Department of Mental Health

Last Fall, the Faith and Spirituality Integrated SBIRT Network teamed up with the Los Angeles County Department of Mental Health (LAC DMH) to provide SBIRT training to mental health providers working within DMH with transitional aged youth (TAY) with and without justice involvement throughout the Los Angeles County Service Planning Areas (SPAs). The aim of the trainings were to enhance the capacity of the DMH workforce in understanding and addressing substance use disorders (SUDs) among TAY population presenting with co-occurring mental health and legal issues. A total of 223 mental health providers were trained. The figures below and to the left reflect post-training data on the providers' knowledge and attitudes towards substance use among TAY and the use of SBIRT for this population.



VISIT OUR WEBSITE:



WEBSITE URL:

sbirtfaithandspirituality.org

EMAIL:

healthpsychlab@apu.edu

RESOURCES

FOR MORE INFORMATION ON CO-OCCURING DISORDERS, PLEASE VISIT:

SAMHSA:
https://www.samhsa.gov/disorders/co-occurring

National Survey on Drug Use and Health:
https://www.samhsa.gov/data/sites/default/files/NSDUH-FRR1-2014/NSDUH-FRR1-2014.pdf

Comorbidity: Addiction and Other Mental Illnesses:
https://www.drugabuse.gov/sites/default/files/rrcomorbidity.pdf

TIPP 42:
https://store.samhsa.gov/product/TIP-42-Substance-Abuse-Treatment-for-Persons-With-Co-Occurring-Disorders/SMA13-3992

Clients with Substance Use and Eating Disorders
https://store.samhsa.gov/shin/content/SMA10-4617/SMA10-4617.pdf

Quello et al., 2005:
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2851027/

Volkow, 2009:
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2669586/

Back & Brady, 2008:
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2921723/

PUBLICATION FLASH

Differences Between Older and Younger Adults in Residential Treatment for Co-Occurring Disorders

The population of older adults over 50 in the United States has been steadily increasing. Over the past decade, illicit drug use among adults aged 50 to 64 more than doubled from 3.4% to 7.2%. However, not enough is known about treatment differences between older and younger adults. The present study found that older adults differed from younger adults on pretreatment characteristics, such as greater problem severity medically, while younger adults had more problems with legal and family/social domains. In terms of treatment, older adults remained enrolled in treatment for shorter periods of time than younger adults and treatment retention for older adults was influenced by internal factors versus the external factors that influenced younger adults. The researchers concluded that age-based differences exist in general and that these factors need to be taken into consideration during treatment for substance use disorders.

Morse, S. A., Watson, C., MacMaster, S. A., & Bride, B. E. (2015). Differences between older and younger adults in residential treatment for co-occurring disorders. *Journal of Dual Diagnosis, 11*(1), 75-82. doi:10.1080/15504263.2014.993263 **Read full article here:** http://0-search.ebscohost.com.patris.apu.edu/login.aspx?direct=true&db=aph&AN=100935687&site=ehost-live

HIGHLIGHTS & FUTURE ACTIVITES

This Fall, the Faith & Spirituality Integrated SBIRT Network:

- Continued to provide SBIRT Training to students in Nursing, Social Work, Psychology, Athletic Training, and Pastoral Counseling/Ministry.
- Provided SBIRT trainings to medical residents and social workers at Kaiser Permanente and Citrus Valley Health Partners.
- Provided SBIRT trainings to mental health workers in Los Angeles County in partnership with CIBHS.
- Updates to the SBIRT Training website were made to include supplemental sections on Medications for Addiction Treatment, Integrating Faith & Spirituality, and Information for Supervisors and Preceptors.
- The training LMS website now also has a Faculty Forum for faculty and staff to post their questions or concerns about the SBIRT Training,
- A Refresher Course for students who have previously completed the online SBIRT Training was developed.

Future Activities of the Faith & Spirituality Integrated SBIRT Network include:

- Continue to train and expand SBIRT training to athletic training, pastoral/ministry, nursing, psychology and social work students at partner universities, as well as faculty and supervisors/preceptors in Spring 2018.
- Continue to provide SBIRT Training to members of the community, including the Department of Mental Health interns, clergy and faith leaders, and medical staff at local hospitals.