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Mental Health and Substance Abuse Treatment in Primary Care

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Abstract **Review Article**

Misuse of psychoactive chemicals and, more generally, issues related to mental health are major concerns in terms of public health around the world. It is not unusual for people to deal with both difficulties of mental health and substance addiction at the same time. The combined impacts of these disorders, both on the individuals who are affected and on society as a whole, can have a significant detrimental effect. To perform a literature review on the most recent advances affecting the key topics of this study was the objective of the current study, which aimed to answer the questions posed by the study. Using the principal research engines allowed for the collection of resources that were scientifically pertinent and related. The results of this investigation shed light on the magnitude of the problem as well as the damaging effects it has on people's lives and the communities in which they live. Both the myriad treatment choices that are available in primary care settings and the role that treating physicians play were topics of discussion during this event. When utilized in conjunction with one another, integrated therapy, evidence-based therapies such as SBIRT and CCM, as well as greater training and resources for primary care physicians, are all critical components of this strategy.

Keywords: Substance abuse, mental health, primary care, integrated therapy, alcohol.

1. INTRODUCTION

A literature review on the topic of the treatment of mental health disorders and substance misuse in primary care settings was carried out for the purpose of this study. This inquiry was carried out in the most efficient method possible by utilizing a number of different search engines. These search engines included Science direct, Google Scholar, PubMed, and Google. The bulk of this study is made up of summaries of research articles that were evaluated to determine their applicability and were then included in the study. The next parts will go over the several subtopics that are associated with this subject and will be explored.

2. The impact of mental health and substance abuse

Mental health and substance abuse are significant health concerns globally. The co-occurrence of mental health problems and substance abuse is common, and the impact on individuals and society can be significant. The integration of mental health and substance abuse treatment into primary care has been suggested as a potential solution to increase access to treatment and improve outcomes (Clark *et al*., 2014).

3. Comorbid substance use disorders (SUDs)

Watkins *et al*., (2022) conducted a study taking into consideration that comorbid substance use disorders (SUDs) and mental health disorders are a significant problem among veterans and service people who served in the military after 9/11. SUDs stand for substance use disorders; MHDs stand for mental health disorders. Historically, therapy for substance use disorders and comorbid disorders have been delivered one after the other. Even when they have been administered simultaneously, it has often been done in a weekly outpatient environment, which is associated with a high risk of dropout from treatment. An integrated intensive outpatient treatment (IOP) program that lasts for two weeks is referred to as having cognitive-behavioral therapy as its treatment modality in the current research. This treatment comprises extended exposure therapy (PET) for post-traumatic stress disorder (PTSD), unified protocol therapy (UT) for anxiety and mood disorders, and relapse prevention therapy (RPT) for drug use disorder (SUD). A total of forty-two patients were able to completely complete the concomitant treatment program. The patients' self-reported levels of substance use, PTSD symptoms, and

depressive symptoms all significantly decreased after getting treatment, while the patients' levels of happiness with their participation in social roles increased. An intensive outpatient treatment that lasts for a duration of two weeks may be beneficial in treating co-occurring substance use disorders and mental health problems, as indicated by these early effectiveness figures (Watkins *et al*., 2022).

Substance use disorders (also known as SUDs), which also include alcohol use disorders (sometimes known as AUDs), are illnesses that are persistent, relapsing, and create a considerable degree of suffering (Walitzer and Dearing, 2006). In addition to this, substance use problems frequently develop in tandem with other forms of mental illness (Seal *et al*., 2011). In the United States, people who have served in the military in the past or who are currently serving face an elevated risk of developing a substance use disorder (SUD) (Stein *et al*., 2017).

4. Substance use disorders (SUDs) and mental health problems among military members.

The incidence of substance use disorders (SUDs) and mental health concerns have been demonstrated to be two to four times higher among military members and veterans than they are in the general population, according to research. Comorbid substance use disorder and mental health disorders are associated with greater symptom distress, poorer psychosocial functioning, worse prognosis, and higher rates of attempted suicide in comparison to posttraumatic stress disorder (PTSD) alone (Ronzitti *et al*., 2019), the researchers found that mental health problems, such as post-traumatic stress disorder (PTSD), were associated with an increased risk of returning to substance abuse.

5. Treatment of SUD and mental health problems

Treatment of substance use disorders (SUDs) as well as therapy for mental health problems may be required in order to maintain rehabilitation and functional progress for veterans and active duty military personnel who battle with SUDs. The paradigm of self-medication has garnered the greatest amount of support from empirical research (Straus *et al*., 2018). Despite the fact that numerous potential causal processes may link substance use disorders and other mental health illnesses, this is the case (such as shared vulnerability). The self-medication paradigm postulates that individuals use substances to assist with the mitigation of the symptoms associated with their mental health illness, and the subsequent decrease in distress supports their ongoing and growing substance usage. This paradigm was developed in the 1960s and has been widely used in research and clinical practice. When a patient has both a substance use problem and a comorbid mental health issue, it is possible for the two disorders to both support and intensify one another, which is why it is important to treat both conditions (Straus *et al*., 2018). For example, an individual may first consume substances in order to alleviate the symptoms of a mental health issue, such as negative feelings; but, ongoing use may interfere with the individual's natural ability to recover from the condition. According to the self-medication model and the mutual maintenance of substance use disorders and mental health problems, individuals will have the greatest potential outcomes if they receive treatment that is successful for both of their comorbid diseases. This is the case even if they receive treatment for only one of their comorbid diseases.

6. Women's mental health in primary care

If primary care physicians apply the findings of recent studies on the physiology of women and the psychosocial development of girls and young women, they will be able to provide better therapy for the female patients in their care. As a result of new developmental theories that place a greater emphasis on the part that relationships play in women's sense of self and their overall well-being, effective psychotherapies for conditions such as depression, eating disorders, anxiety, and substance abuse have been developed. These theories have also contributed to the development of these psychotherapies. A significant portion of these treatments are capable of being delivered in condensed forms that are suitable for use in primary care settings. New biological treatments for mental health conditions, such as the use of estrogen, thyroid hormone, and bright light for depression, as well as refeeding to increase metabolic rate in eating disorders, hold the promise of expanding the range of mental health problems that generalist physicians can treat successfully. These new biological treatments for mental health conditions include the use of these treatments for depression (Frank *et al*., 1998).

7. Prevalence and risk factors for substance use among children receiving care at primary health care facilities.

Soberay *et al*., (2022) conducted a study to provide a concise summary of the significance of doing substance abuse screenings in pediatric primary care settings in order to identify adolescents who have a need for assistance and to do so in a timely manner. The experiment's objective was to implement Screening Brief Intervention Referral to Treatment (SBIRT) for adolescents ages 12-21. An approach known as mixed-effects modeling was used in order to investigate whether or not there was a correlation between the various demographic, clinical, and procedural features of adolescents and their claims of substance use. The findings showed that a total of 10,813 teenagers were evaluated between the months of December 2017 and May 2019, with 17% reporting that they had used substances during the previous year. 11% of these individuals were considered to be at a decreased risk, whereas 6% were considered to be at a high risk for the development of a substance use disorder. Individuals

who did not have a co-occurring mental health problem were shown to have a lower likelihood of reporting substance use in the previous year. This was also the case for females, Hispanics, Black/African Americans, heterosexuals, non-primary English speakers, and patients whose first language was not English. Moreover, this was the case for patients who did not speak English as their primary language. Patients who were screened by a staff member were associated with reporting overall greater frequencies of use than patients who completed self-administered screens; however, the rates of disclosing any substance use in the past year were comparable between patients who were screened by a staff member and those who completed self-administered screens. Patients who were screened by a staff member were associated with reporting overall greater frequencies of use than patients who completed self-administered screens. Patients who were checked by a member of the staff in the presence of a parent had a reduced likelihood of disclosing any substance use in the preceding year. Patients who were not checked in the company of a parent had a higher risk of disclosing any substance use. Although while the total rates of disclosure of any substance use in the previous year were lower (17.2%) than those reported in research settings, a considerable proportion of participants (6.3% of participants) had test results indicating a high risk for substance use disorder (Soberay *et al*., 2022).

8. Treatment of adolescents with SUD in primary care

As soon as feasible, treatment should be made available to adolescents who have been diagnosed with substance use disorders (SUD) in order to improve the long-term outcomes. This is done with the goal of enhancing the quality of life for the patients. The initiation and engagement in treatment (IET) performance measure that is included as part of the Healthcare Effectiveness Data and Information Set (HEDIS) was designed with the purpose of supporting quality improvement for patients who are battling with drug use disorders. On the other hand, a comparatively small number of research have been conducted to investigate the characteristics that predict the performance of measures among teenagers or other types of participation in mental health services. This is the case despite the fact that it is critical to have an understanding of the variations in the quality of treatment or the chances for strategically directed enhancements. The current study investigates the rates of IET among adolescents who have SUD, in addition to the determinants of those rates, as well as any mental health services that were received by the participants. Methods: The sample was comprised of teenagers who were enrolled in Medicaid in 14 different states, had a diagnosable substance use disorder throughout the time period covered by the study (2009-2013), and met the qualifying conditions for the HEDIS IET performance measure. Initiation of treatment for substance use disorder within 14 days of a qualifying diagnosis, engagement in treatment for substance use disorder (defined as two or more encounters) within 30 days of treatment initiation, and receipt of any mental health services (defined as one or more encounters) within 30 days of treatment initiation were the three outcomes that were evaluated. Initiation of treatment for substance use disorder within 14 days of a qualifying diagnosis was also evaluated. Logistic regression was carried out in order to determine which demographic and clinical characteristics were associated with the outcomes of the study. According to the findings, out of 20,602 adolescents who completed the criterion for eligibility, 49.5% started treatment for substance use disorder, 48.5% engaged in treatment for substance use disorder, and 70% received some sort of mental health assistance. Adolescents with higher levels of clinical need (e.g., medical complexity, mental health comorbidity, and multiple SUD diagnoses) had significantly higher odds of initiating treatment, but lower odds of engaging in treatment or receiving any mental health service at all. This was the case despite the fact that they had significantly higher odds of initiating treatment. Despite the fact that they had considerably higher likelihood of starting therapy overall, this was still the case. Conclusions: To improve the number of teenagers who receive treatment for substance use disorders, efforts should concentrate on adolescents who also have co-occurring mental health issues. This will allow for a greater number of adolescents to obtain treatment. After being diagnosed with a substance use disorder, a significant number of these teenagers are already participating in treatment for mental health conditions. The integration of treatment for substance abuse and mental health could be a solution to this problem of missed opportunities (Chavez *et al*., 2022).

9. Benefits of Integrated Treatment:

Integrated treatment combines mental health and substance abuse treatment into a single program. This approach is beneficial for several reasons. First, it reduces the stigma associated with seeking treatment for substance abuse and mental health problems, as patients can receive care in a primary care setting rather than a specialized clinic. Second, integrated treatment can improve patient outcomes, as it allows for a more comprehensive approach to treatment. Third, it can increase access to care, as patients can receive both mental health and substance abuse treatment in one location (Haber *et al*., 2021).

10. Evidence-Based Interventions:

Several evidence-based interventions have been developed for the treatment of mental health and substance abuse in primary care settings (Hameed *et al*., 2020). One such intervention is Screening, Brief Intervention, and Referral to Treatment (SBIRT). SBIRT is a brief intervention that consists of screening patients for substance use, providing brief intervention for those at risk, and referring those with substance

abuse disorders to treatment. SBIRT has been shown to be effective in reducing substance use and improving mental health outcomes (Babor *et al.*, 2000).

Screening, Brief Intervention, and Referral to Treatment, or SBIRT for short, is an approach to the delivery of early intervention and treatment services through universal screening for people who have substance use disorders as well as those who are at risk of developing such disorders. SBIRT is also an acronym for Screening, Brief Intervention, and Referral to Treatment, which is an acronym for Screening, Brief Intervention, and Referral to Treatment. The SBIRT approach is both comprehensive and comprehensively integrated. This article discusses the research that has been done on the many aspects of SBIRT during the past quarter of a century, such as the development of screening tests, clinical trials of brief intervention, and research on the implementation of SBIRT. Specifically, this article focuses on the research that has been done on SBIRT's implementation. Beginning in the 1980s, both the United States of America and the World Health Organization began making concerted efforts to establish an evidence base for alcohol screening and brief intervention in primary health care settings. Both organizations worked together to coordinate their efforts in this regard. More than one hundred clinical trials were conducted in order to evaluate the efficacy and cost effectiveness of alcohol screening and brief intervention in primary care settings, emergency departments, and trauma centers. The purpose of these clinical trials was to determine whether or not these interventions are beneficial and whether or not they are cost effective. The introduction of alcohol screening tests that were dependable and accurate made this possibility a reality. Following the accumulation of positive evidence, implementation research on alcohol SBI was begun in the 1990s. This was followed by trials of similar methods for other substances (such as illicit drugs, tobacco, and prescription drugs), as well as by national demonstration programs in the United States and other countries. The results of these efforts indicate the cumulative benefits that can be obtained from conducting translational research on substance addiction policies and health care delivery systems. Yet, the long-term effects of SBIRT on population health have not yet been demonstrated; however, simulation models predict that the advantages could be significant. It is indisputable that SBIRT leads to short-term improvements in the health of people (Babor *et al.*, 2007).

Another evidence-based intervention is the Collaborative Care Model (CCM). CCM is a team-based approach to care that involves a primary care provider, a mental health provider, and a care manager. The team works together to develop a treatment plan and monitor patient progress. CCM has been shown to be effective in improving mental health outcomes, reducing substance use, and increasing patient satisfaction (Emerson *et al*., 2019).

When it comes to gaining access to mental health care services, people who are suffering from mental illness have a substantial barrier to do so. In 2016, only 43.1% of the 44.7 million people aged 18 or older who reported suffering from a mental disorder also reported having therapy for their condition. The remaining 66.9% did not report receiving any treatment for their ailment. When integrated and collaborative techniques are implemented, there is a better possibility for individuals who are in need of mental health care to be recognized and to receive treatment for their condition. The purpose of this paper is to accomplish three things: (a) to describe the process of implementing a hybrid-collaborative care model (hybrid-CCM) in a practice setting; (b) to discuss the similarities and differences in a hybrid-CCM when compared to a traditional collaborative care model; and (c) to discuss practical considerations for nurse practitioners who are fulfilling the psychiatric consultant role in either a hybrid-collaborative care model or a traditional collaborative care model There are challenges that must be overcome in order to put collaborative care into action. It is feasible that having a better grasp of implementation efforts may make it simpler to adopt collaborative types of care, which will likely result in these techniques being more effective. This might be made possible by having a better understanding of what goes into implementation. Within these models of care delivery, nurse practitioners have the ability to operate as psychiatric consultants; however, they must first complete the requisite training in order to guarantee that they are adequately prepared to carry out their duties in this capacity. We need to keep exploring for new ways that we can broaden the adoption of collaborative models or hybrid forms of collaborative care models, and we also need to study these choices (Babor *et al*., 2007; Emerson *et al*., 2019).

11. Challenges and Opportunities:

Implementing mental health and substance abuse treatment in primary care can be challenging. One of the biggest challenges is the lack of training and resources for primary care providers to provide evidence-based treatment for mental health and substance abuse. This challenge can be addressed by providing training and support for primary care providers and increasing funding for mental health and substance abuse treatment in primary care settings (WHO, 2018).

Another challenge is the stigma associated with mental health and substance abuse. Patients may be hesitant to seek treatment in a primary care setting due to the perceived stigma associated with these conditions. This challenge can be addressed by educating patients about the benefits of integrated treatment and reducing the stigma associated with

mental health and substance abuse et (Douglass *et al*., 2022).

12. CONCLUSION

Treatment of mental illness and substance misuse as part of general care is a promising strategy with the potential to improve both accesses to care and results for patients. Integrated therapy, evidence-based therapies such as SBIRT and CCM, and greater training and resources for primary care physicians are all significant components of this strategy. Even if there are still obstacles to overcome, working to overcome these obstacles gives a chance to improve the health and well-being of both individuals and communities.

REFERENCES

- Babor, T. F., & Higgins-Biddle, J. C. (2000). Alcohol screening and brief intervention: dissemination strategies for medical practice and public health. *Addiction*, *95*(5), 677-686.
- Babor, T. F., McRee, B. G., Kassebaum, P. A., Grimaldi, P. L., Ahmed, K., & Bray, J. (2007). Screening, Brief Intervention, and Referral to Treatment (SBIRT) toward a public health approach to the management of substance abuse. *Substance abuse*, *28*(3), 7-30. doi: 10.1300/J465v28n03_03. PMID: 18077300.
- Chavez, L. J., Steelesmith, D. L., Bridge, J. A., & Fontanella, C. A. (2022). Predictors of substance use disorder treatment initiation and engagement among adolescents enrolled in Medicaid. *Substance Abuse*, *43*(1), 1260-1267. doi: 10.1080/08897077.2022.2074603. PMID: 35670769.
- Clark, T. C., Johnson, E. A., Kekus, M., Newman, J., Patel, P. S., Fleming, T., & Robinson, E. (2014). Facilitating Access to Effective and Appropriate Care for Youth With Mild to Moderate Mental Health Concerns in N ew Z ealand. *Journal of Child and Adolescent Psychiatric Nursing*, *27*(4), 190-200. doi: 10.1111/jcap.12095. Epub 2014 Oct 31. PMID: 25358829.
- Douglass, C. H., Lim, M. S. C., Block, K., Onsando, G., Hellard, M., Higgs, P., ... & Horyniak, D. (2022). Exploring stigma associated with mental health conditions and alcohol and other drug use among people from migrant and ethnic minority backgrounds: a protocol for a systematic review of qualitative studies. *Systematic Reviews*, 11(1), 12. https://doi.org/10.1186/s13643-021-01875-3
- Emerson, M. R. (2019). Implementing a hybrid-collaborative care model: practical considerations for nurse practitioners. *Issues in Mental Health Nursing*, *40*(2), 112-117. doi: 10.1080/01612840.2018.1524533. Epub 2019 Jan 4. PMID: 30608889.
- Frank, J. B., Weihs, K., Minerva, E., & Lieberman, D. Z. (1998). Women's mental health in primary care: Depression, anxiety, somatization, eating disorders, and substance abuse. *Medical Clinics of North America*, *82*(2), 359-389. doi: 10.1016/s0025-7125(05)70611-8. PMID: 9531930.
- Haber, P. S., Riordan, B. C., Winter, D. T., Barrett, L., Saunders, J., Hides, L., ... & Morley, K. C. (2021). New Australian guidelines for the treatment of alcohol problems: an overview of recommendations. *Medical Journal of Australia*, *215*, S3-S32. doi: 10.5694/mja2.51254. PMID: 34601742.
- Hameed, M., O'Doherty, L., Gilchrist, G., Tirado-Muñoz, J., Taft, A., Chondros, P., ... & Hegarty, K. (2020). Psychological therapies for women who experience intimate partner violence. *Cochrane database of systematic reviews*, 7(7), CD013017. doi: 10.1002/14651858.CD013017.pub2. PMID: 32608505; PMCID: PMC7390063.
- Ronzitti, S., Loree, A. M., Potenza, M. N., Decker, S. E., Wilson, S. M., Abel, E. A., Haskell, S. G., Brandt, C. A., & Goulet, J. L. (2019). Gender differences in suicide and self-directed violence risk among veterans with post-traumatic stress and substance use disorders. *Women's Health Issues*, 29, S94–S102. https://doi.org/10.1016/j.whi.2019.04.010.
- Seal, K. H., Cohen, G., Waldrop, A., Cohen, B. E., Maguen, S., & Ren, L. (2011). Substance use disorders in Iraq and Afghanistan veterans in VA healthcare, 2001–2010: Implications for screening, diagnosis and treatment. *Drug and Alcohol Dependence*, 116, 93–101. https://doi.org/10.1016/j.drugalcdep.2010.11.027.
- Soberay, A., Levy, S., Cheung, F., Pietruszewski, P., DeSorrento, L., Garney, S., ... & Bame, C. (2022). Rates and predictors of substance use in pediatric primary care clinics. *Substance Abuse*, *43*(1), 1094-1099. doi: 10.1080/08897077.2022.2060443. PMID: 35442865.
- Stein, M. B., Campbell-Sills, L., Gelernter, J., He, F., Heeringa, S. G., Nock, M. K., Sampson, N. A., Sun, X., Jain, S., Kessler, R. C., Ursano, R. J., & Army STARRS Collaborators. (2017). Alcohol misuse and co-occurring mental disorders among new soldiers in the U.S. Army. *Alcoholism: Clinical and Experimental Research*, 41, 139–148. https://doi.org/10.1111/acer.13269.
- Straus, E., Haller, M., Lyons, R. C., & Norman, S. B. (2018). Functional and psychiatric correlates of comorbid posttraumatic stress disorder and alcohol use disorder. *Alcohol Research: Current Reviews*, 39, 121–129.
- Walitzer, K. S., & Dearing, R. L. (2006). Gender differences in alcohol and substance use relapse. *Clinical Psychology Review*, 26, 128–148. https://doi.org/10.1016/j.cpr.2005.11.003.
- Watkins, L. E., Patton, S. C., Drexler, K., Rauch, S. A., & Rothbaum, B. O. (2022). Clinical Effectiveness of an Intensive Outpatient Program for Integrated Treatment of Comorbid Substance Abuse and Mental Health Disorders. *Cognitive and Behavioral Practice*. https://doi.org/10.1016/j.cbpra.2022.05.005.
- World Health Organization. (2018). Mental Health. Retrieved from https://www.who.int/mental_health/en.