Integrating Substance Use Screening for Adolescents into Mental Health Settings

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Screening and Brief Intervention for Alcohol Problems in Mental Health Settings: New Findings, New Challenges

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- Adolescents in Substance Use treatment (NIDA, NIAAA)
  - Comorbidity
  - Pathways to treatment
  - Outcomes
- Study of physician referral patterns among adolescents with Substance Use diagnoses (NIDA, NIAAA)
- Adolescent SBIRT effectiveness and cost-effectiveness trial (NIAAA)

Background

- Co-occurring substance use (SU) and mental health (MH) conditions are highly prevalent among adolescents with either disorder. (Sterling, 2005; Gee, 2007)

- In 2010, 2.9 million US youth aged 12 to 17 (12.2 %) treated in specialty mental health settings. The most common reason for adolescents to seek MH treatment was feeling depressed (47.6 percent). (NSDUH, 2012).

- Among youth 12 to 17, the prevalence of past year major depressive episode was 8.0 percent (1.9 million youths).
  - Of these teens with depression, 19.9 % had a substance use disorder in the past year (compared to 6.1 % without depression). (NSDUH, 2012).

- Stigma is frequently cited as a barrier to SU treatment for many adolescents and families (Wisdom, 2011), and they may be more amenable to entering the treatment system via mental health settings.

- Historical factors, ideology, training issues perpetuating the divides between MH and SU treatment and inhibiting training. (Sterling, 2011, 2012)

Staff-model integrated health care delivery system

Serves 3.4 million members (about 35% of insured population in the region)

~400,000 adolescent members

18 hospitals, 27 outpatient clinics, ~800 pediatricians

Integrated health care system (medical, psychiatry, AOD services)

Adolescents in SU Treatment Study
Data Sources

This study examined pathways to SU treatment for adolescents with SU problems, particularly factors influencing treatment referral and access.

- Interviews with adolescents (and a parent) entering SU treatment at Kaiser
- Follow-up interviews at 6 months and 1,3,5, 7 and 9 years.
- Diagnoses from clinical diagnostic database
- Health plan utilization and cost databases
- Matched cohort for comparison (age, gender, catchment area)

Adolescent SU Treatment Study

- 419 adolescents (143 girls, 276 boys) and parents
- Age ranged from 13 to 17 years (mean = 16.15)
- Ethnicity: 6% Native American
  16% African-American
  20% Hispanic
  49% White
- Mean age of initiation of use = 11.5
- Very high levels of self-reported SU in the 6 months pre-intake. Girls had significantly higher use than boys of alcohol, stimulant, sedative, cocaine, heroin and party drugs. (Sterling, 2004)
- High prevalence of medical conditions compared to matched cohort. (Mertens, 2007)

Psychiatric Conditions (%s)
2 years prior through 6 months following CD intake

	Tx Intakes	Controls	p-value
Depression	**36.3**	4.2	<.0001
Anxiety Disorder	**16.3**	2.3	<.0001
Eating Disorders	1.2	0.43	.07
ADHD	**17.2**	3.0	<.0001
Conduct Disorder	**19.3**	1.2	<.0001
Conduct Disorder (w/ODD)	**27.3**	2.3	<.0001
Any Psychiatric DX	**55.5**	9.0	<.0001

Sterling S, Weisner C. Chemical dependency and psychiatric services for adolescents in private managed care: Implications for outcomes. Alcoholism: Clinical & Experimental Research. May 2005;25(5):801-809.

Utilization Patterns during 24 Months prior to Treatment Intake

	24 months prior to intake (%)	12 months prior to intake (%)	3 months prior to intake (%)
Primary Care*	**89.5**	**79.2**	**48.7**
Psychiatry	**50.1**	**42.0**	**30.8**
ER	**26.3**	**17.9**	**11.7**

*Includes visits to the following departments: Family Practice, General Medicine, GYN, Medicine, Pediatrics, Physical Medicine and Urgent Care.

Only 49% of those who had a visit in Psychiatry in the year prior to their SU treatment program intake had received a diagnosis in Psychiatry related to alcohol or drug problems.

Referral Sources

- Parents - 83%
- Health care provider - 18%
- Legal system - 33% (20% Court Mandated)
- Friends - 19%
- **Mental health providers - 35%**
- Schools - 13%

Integrated SU and MH Treatment and Outcomes

Receiving **Dual SU and Mental Health Services** predicted:

- Total abstinence (excl. tobacco) ($p<.05$)
- Improvement in family problems as reported by parents ($p<.05$)

From Logistic Regression models adjusted for age, gender and ethnicity

Ongoing SU and MH treatment both predicted abstinence at 3 years. ($p<.05$)

Abstinence at 3 years predicted lower mental health symptoms. ($p<.01$) (Sterling, 2009)

Study of Physician Referral Patterns

This study compared the characteristics of adolescents with substance use disorders who are referred to SU Tx or MH to those who are not referred.

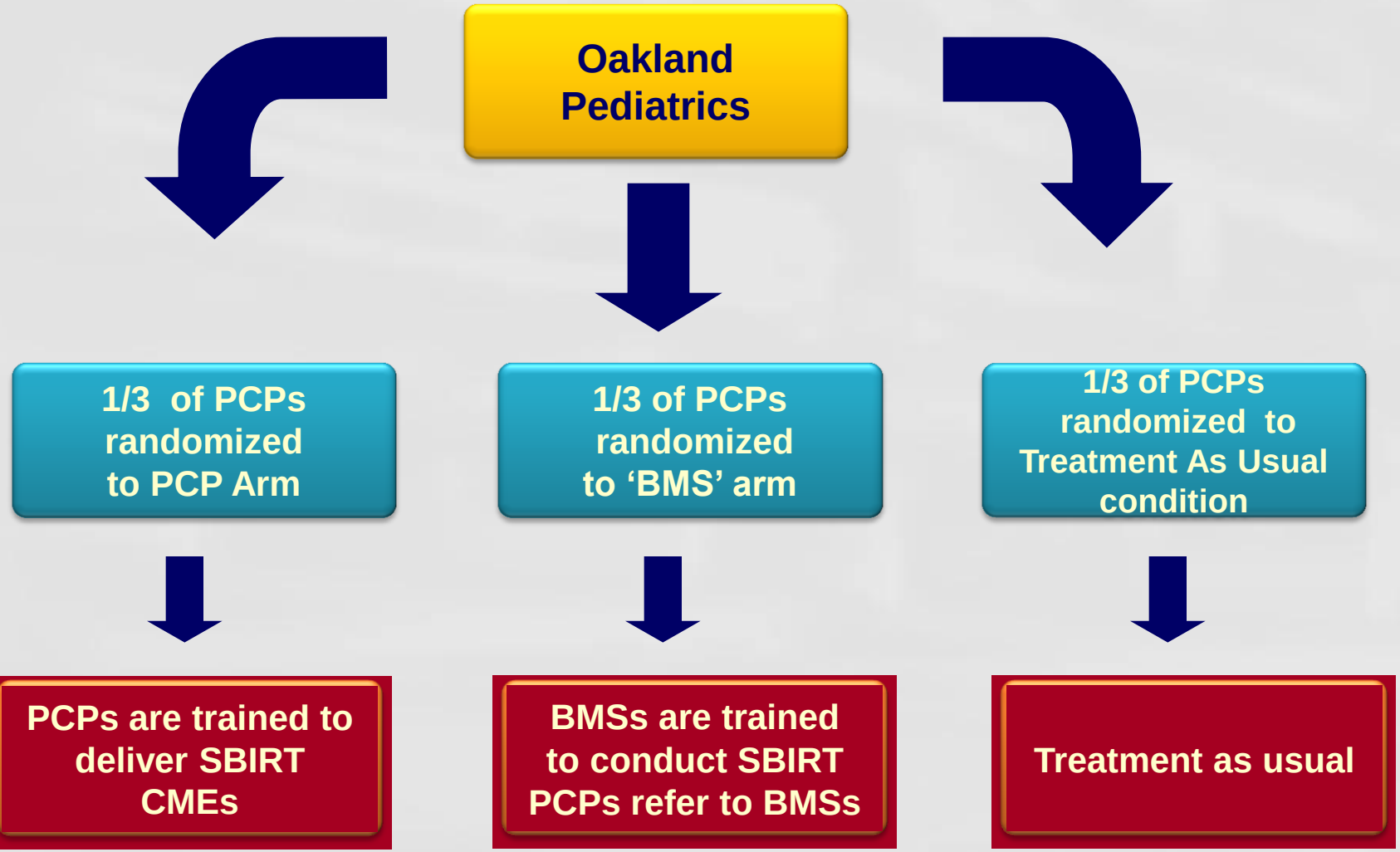
- **Study subjects:** Adolescent KP members aged 13-17 with a SU diagnosis within a 1-year window during 01/01/2000 – 12/31/2002 (n=400)
  - Represent 46% of all KPNC adolescents with SU diagnoses in the catchment area of the 4 clinics

- **Data sources:**
  - Chart review of outpatient charts (ER, medical or specialty clinic)
  - Diagnoses from any outpatient visits (ER, medical or specialty clinic)
    - SU diagnoses: alcohol and other drug, excluding tobacco misuse

- 16% of adolescents with SU diagnoses were referred to SU Tx; **30%** were referred to MH Tx.

- Teens were less likely to be referred to SU treatment if they had received prior MH treatment (OR=0.02, $p<.001$); by gender, this was still significant for girls, not for boys.

Adolescent SBIRT Trial (NIAAA)



KAISER PERMANENTE

TEEN WELL CHECK

created by Ralph Rigaud

Name

DOB

Parent Questionnaire | Teen Questionnaire | Private Teen Questions | Hist

20. During the past year did you drink any alcohol? YES NO

21a. During the past year did you use marijuana? YES NO

21b. During the past year have you used any other drug to get high (such as prescription drugs, meth, ecstasy, glue or cocaine)? YES NO

22. During the past few weeks, have you OFTEN felt sad, down or hopeless? YES NO

23. Have you seriously thought about killing yourself, made a plan, or tried to kill yourself? YES NO

24a. Have you ever had sex (including oral, vaginal, or anal sex)? YES NO

24b. If yes, do you or your partner always use a condom when you have sex? NO YES

25. Are you attracted to guys, girls, or both? Guys Girls Both

- Depression, Anxiety, school and family problems, and stress much more common than AOD as presenting problems.
- After further screening however, AOD use is frequently present and problematic.
- In the Treatment As Usual arm – of the 283 teens who endorsed any of the risk questions (188 mentions in notes), there were 54 referrals to Mental Health and **0** referrals to SU treatment.
- Even in the BMS arm, we have found that teens and families are much more open to trying Psychiatry than Substance Use treatment.

“15-year-old Latina 9th grader, referred by PCP for marijuana and alcohol use. She "parties" every weekend, drinks alcohol (3-5 drinks) and smokes marijuana. Parents aware of her substance use; father's stance is only that she not use substances while in the house and that she learn "her own lessons."

Assessed ambivalence towards AOD use. She is satisfied with current use, but would not want Q/F to increase. Red flags identified by the teen included a desire to use the substances and the drive to do so.

Hx of physical fights and identified decreased fighting as a goal. Coping strategies identified by the teen: walking away from conflict, engaging humor in the process, consulting with trusted others.

She would ultimately like to graduate, but needs to redo Freshman year due to failing grades.

EMR review determined that she was seen in Psych by xxx for an eating disorder. There were no AOD diagnoses given to her at any time during her treatment.”

“15-year-old Cauc 10th grader, referred by his PCP due to drug and alcohol use.

He reports steadily using drugs and alcohol (CRAFFT score of 4): *"I am able to get, like, into a different world, escape into my own world."*

Smokes marijuana (daily for last two and a half years) and will drink alcohol daily if available. He also enjoys popping Ecstasy pills, about six at a time. He is interested in trying cocaine.

Discussed ambivalence he might have regarding his SU. Psychoeducation on the effects of drugs on the developing brain, and services offered through the health system (mainly SU treatment, **as the teen is already being seen in Child and Family Psychiatry by Dr. xxx**).

Review of his EMR chart indicates no previous substance use diagnoses or mention. In addition, the notes by his therapist in Psychiatry do not mention AOD use.”

Implications and Questions

- Many teens with SU problems, both with and without co-occurring psychiatric problems, seek treatment in mental health settings first.
  - Families may be more comfortable with this approach.
  - Primary Care Providers may also prefer this approach, can avoid uncomfortable situations, so MH providers need to be prepared to screen.
  - True of both the more severe and sub-threshold cases.
- Many missed opportunities for identifying SU problems in adolescents because of inadequate SU screening and intervention in MH.
- Do some teens, especially girls, get "stuck" in MH treatment?
- Need:

  Routine, evidence-based screening and assessment for SU problems in MH settings,

  Better integration with and referral to SU programs,

  Treatment for SU problems in Psychiatry (MI and other brief interventions),

  Creative approaches to behavioral health problems in primary care (e.g., "Wellness" and "Transitions" groups for adolescents).

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Thank you!