Challenges in Integrating Care for Mental Health and Substance Abuse: A Clinician’s Perspective

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Take home points

• Reframe co-occurring disorders as chronic illnesses

• Broaden goals of treatment beyond remission/abstinence

• Integration does not ensure great outcomes

• Avoid negating the good, in favor of the best
DMH- Mass Mental Health

• Team based care
• Most patients qualify for SSI or SSDI
• Access to:
  ➢ Community Supports – VinFen, BayCove
  ➢ Supportive shelters with nursing staff
  ➢ Integrated primary care
  ➢ Clozapine and Decanoate Clinic
  ➢ Group home placement
DMH- Mass Mental Health

• Not in the center........
  ➢ Dual diagnosis/substance partial program
  ➢ Buprenorphine/methadone clinic
  ➢ Dispensing of naloxone
  ➢ Pathway to section 35
Historical Timeline

Mental Health

Addiction
Past Year Substance Dependence or Abuse and Mental Illness among Adults Aged 18 or Older: 2012

- 35.6 Million Adults Had Mental Illness
- 43.6 Million Adults Had SUD
- 7.9 Million Adults had both SUD and Mental Illness
- 12.3 Million Adults had SUD, No Mental Illness
- 20.2 Million Adults Had SUD

United States NSDUH, 2012
Past Year Substance Dependence or Abuse and Serious Mental Illness among Adults Aged 18 or Older: 2012

United States NSDUH, 2012
Past Year Substance Use among Adults Aged 18 or Older, by Any Mental Illness: 2012

United States NSDUH, 2012
Past Month Cigarette Use among Adults by Any Mental Illness and Gender: 2009 to 2011

* Difference between those with any mental illness and those with no mental illness is statistically significant at the .05 level.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health (NSDUHs), 2009 to 2010 (revised March 2012), 2011.
Overlapping Illnesses

- Overlapping genetic vulnerabilities
- Overlapping environmental triggers
- Involvement of similar brain regions
- Drug abuse and mental illness are developmental disorders
a. Acute drug effects occur widely in dopamine terminal fields in the circuit shown in Figure 1. Neuroadaptations mediating the transition from recreational drug use to addiction endure for a finite period after discontinuation of repeated drug administration and initiate the changes in protein expression and function that emerge during withdrawal and underlie the behavioral characteristics of end-stage addiction, such as craving, relapse, and reduced ability to suppress drug seeking.
JOHNNY

- 30yo
- Some higher education
- Working
- Family involved
- Severe mental illness
- Multi-substance user
- Homeless

- All friends use substances
- Has been in and out of treatment for 15 years
- “righteous”
- On probation
Disease, Adaptive, and Integrative Models

- Psychiatric history
- Medical history
- Family and social history
- Substance History
- Medication history

- Trauma History
- Capacities and vulnerabilities in psychological structure
- Beliefs and cognitions regarding illness and use of substances
“I just need a letter for my probation officer so that he knows that I was here.”
probation

MY ANTI-DRUG.
What worked........

• Focus on urgent needs and patient requests

• Transparency and collaboration regarding treatment

• Treat what we are able to treat (and what he is willing to accept)

• Harm reduction with integration of services
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THANK YOU