Examining practices for screening and treating co-occurring substance use disorders and serious mental illness in a public specialty mental health clinic

Harminder K. Gill MD (hkg813@gmail.com)
UCSF Public Psychiatry Fellowship 2022-2023

Background:
Concurrent treatment of severe mental illness (SMI) and substance use disorders (SUD) results in overall improved health outcomes for individuals, however care is often fragmented which results in individuals with co-occurring SMI and SUD receiving little to no treatment for their dual diagnoses

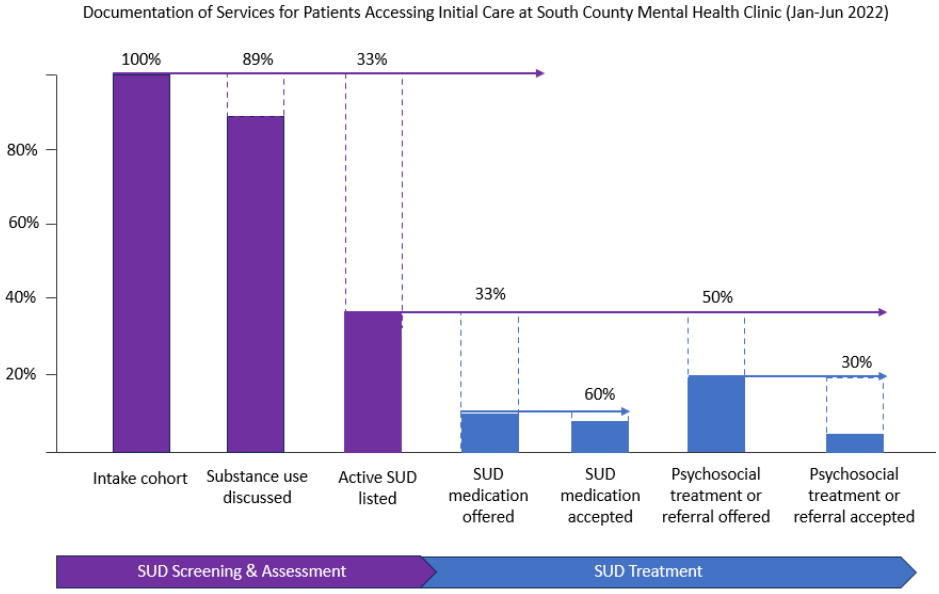
Objectives:
-Identify provider perspectives regarding barriers and enablers to assessing and diagnosis SUD during the intake process

-Identify barriers and enablers to providing MAT to individuals with SMI/SUD

Methods: *Mixed methods study design*

- Chart review: 46 intakes (Jan-Jun 2022)

  Highlights: Substance use is regularly discussed but formal screening for SUD is not clearly performed; Treatments are rarely offered during the intake; however, **when offered, patients are more likely to accept MAT than decline it**



- Survey: 14 clinicians (LCSW/MSW/MD)

  Themes: **Time** is a barrier across disciplines; **Infrastructure** for screening and assessing SUD is lacking; Some clinicians feel uncomfortable with **knowing** what to provide for MAT/resources

Key Findings	Recommendations
Clinicians know different resources	Provide handouts to clinicians and patients with all available resources for SUD treatment
Discomfort surrounding knowledge of MAT	Provide trainings around MAT for clinicians
Substance use is discussed informally, but structured tools are minimally used, with time and complexity of patients' cases cited as primary barriers	Identify a workflow that limits staff work burden (ex: offer questionnaires to patients in waiting room)
Discomfort in providing treatment for complex cases	Form regularly scheduled multi-clinic consultation groups for clinicians to discuss complex cases
Inconsistencies noted between what was reported on surveys and what is documented in sample of intakes reviewed	Ease documentation burden on providers to allow more time with patients (ex: transitioning to EPIC)