

Mind Matters ECHO

Module: Substance Use

Session 1: Engaging Patients and Families
in Destigmatized Substance Use Care

November 9, 2022



**Mount
Sinai
Health
Partners**

Welcome!

- ▶ Pre-survey: bit.ly/sudmeeting1
- ▶ Hub team introductions
- ▶ Disclosures
- ▶ Questions during presentations



Case Presentation



Annelisse Guillen, LMSW
Internal Medicine Associates

Patient Information

Demographic Information	<ul style="list-style-type: none">• 54 year old cis male• Dual eligible (Medicare and Medicaid)• Some college• Not currently employed• Lives alone• SSI, Food stamps, and Medicaid
Medical History	<ul style="list-style-type: none">• Elevated PSA• Dysuria• Repetitive UTIs• Acute Cystitis• Attends urology visits at Mount Sinai Union Square
Current Psychiatric Diagnoses	<ul style="list-style-type: none">• Paranoid schizophrenia• Anxiety
Current Treatment Plan	<ul style="list-style-type: none">• Patient attends group therapy, individual therapy and has medication management at Mount Sinai Hospital Adult Outpatient Psychiatry Clinic: 5th Avenue

Patient Information

Current Medications	<ul style="list-style-type: none">• Risperdal Consta 50 mg• Docusate sodium 100mg• Senokot 8.6 mg• Klonopin 0.5 mg• Clozaril 100 mg• Maalox• BactriumDS• Ditropan
Previous Psychiatric Hospitalization	<ul style="list-style-type: none">• 5/17-5/26/21 at NYP Westchester for +PI, involuntary• 2/17/21-3/3/21 at Metropolitan for paranoia and anxiety, voluntary• Hx of heavy ER utilization for anxiety/panic• 8/17/17-8/28/17 at MSH for anxiety/panic• Hx of hospitalizations in the 1990s, first 1993 for psychosis/stalking, no hx of state hospitalizations
History of Trauma	<ul style="list-style-type: none">• Brother assaulted him in the past and had order of protection against him• No longer has one because hasn't had issues in several years

Patient Information

Symptoms of Depression	<ul style="list-style-type: none">• None
Symptoms of Anxiety/Panic	<ul style="list-style-type: none">• Chest pain• Shortness of breath• Constant worry• Symptoms occur suddenly and last until he arrives at the ED
Suicidality	<ul style="list-style-type: none">• None
Areas of Support and Consultation Being Sought	<ul style="list-style-type: none">• Identify appropriate psychosocial referrals• Strategies for engaging the patient and/or their caregivers/family
Main Question	<ul style="list-style-type: none">• Strategies for engaging with patient and reducing ED visits

Engaging Patients and Families in Destigmatized Substance Use Care

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Prameet Singh, MD
Associate Professor, Psychiatry
VP Behavioral Health, MSHS



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Didactic Presentation



Prameet Singh, MD

Vice President, Behavioral Health

Mount Sinai Health System

Associate Professor of Psychiatry

Icahn School of Medicine at Mount Sinai

Learning objectives

- ▶ Understand the complexities of substance use as they present in clinical practice
- ▶ Learn strategies to assess the presence and severity of SUDs
- ▶ Develop effective strategies for engagement and collaboration with patients and families referred to or participating in substance use care

In other words....

- ▶ What is the prevalence?
- ▶ How to recognize and diagnose the disorder
- ▶ What to do once it's diagnosed
- ▶ How to treat patients once referred and engaged in treatment

Definitions

- ▶ ___ Use Disorder: DSM-5
- ▶ ___ Induced Disorders
 - Mania
 - Cognitive
 - Delirium
 - Sleep
 - Sexual Dysfunction
 - Psychotic
 - Depressive
 - Obsessive-Compulsive
 - Anxiety

Consequences in four domains

- ▶ Physical dependence
 - Withdrawal
 - Tolerance
 - Cravings and urges to use
- ▶ Risky use
 - Use in hazardous situations
- ▶ Social problems
 - Spending most time obtaining, using, or recovering from
 - Impaired work, interpersonal, or school
 - Continued use despite relationship problems
 - Giving up social, occupational, or recreational activities
- ▶ Impaired control
 - Taking larger amounts or duration than intended
 - Use despite medical consequences
 - Unsuccessful efforts to cut down

Severity measure

- ▶ The DSM-5 allows clinicians to specify the severity of the SUD based on the number of symptoms

Severity classification	Number of identified symptoms
Mild	2-3
Moderate	4-5
Severe	6 or more

10 categories of substances

- ▶ Alcohol
- ▶ Caffeine
- ▶ Cannabis
- ▶ Hallucinogens
- ▶ Inhalants
- ▶ Opioids
- ▶ Sedatives
- ▶ Hypnotics, or anxiolytics
- ▶ Stimulants (including amphetamines, cocaine, and other stimulants)
- ▶ Tobacco

Prevalence of Alcohol Use Disorder (AUD)

- ▶ Lifetime Prevalence AUD - 29%
- ▶ 12 month prevalence AUD - 14%
- ▶ Only 20% are treated over lifetime

Prevalence of Drug Use Disorder (DUD)

- ▶ Lifetime Prevalence DUD is 10%
- ▶ 12 month prevalence DUD is 4%
- ▶ Only 26% of those with lifetime prevalence are treated

Mental illness and substance use disorders in the US in 2020 among adults

PAST YEAR, 2020 NSDUH, 18+

Among those with a substance use disorder:

4 IN 9 (44.4% or 17.2M) struggled with illicit drugs
7 IN 10 (71.4% or 27.6M) struggled with alcohol use
2 IN 13 (15.8% or 6.1M) struggled with illicit drugs and alcohol

Among those with a mental illness:

1 IN 4 (26.9% or 14.2M) had a serious mental illness

15.4%
(38.7 MILLION)
People aged 18
or older had a
substance use
disorder (SUD)

6.7%
(17.0 MILLION)
People 18 or older
had BOTH an SUD
and a mental
illness

21.0%
(52.9 MILLION)
People aged 18
or older had a
mental illness

In 2020, **29.3% (73.8M)** Americans had a mental illness and/or substance use disorder.

Barriers to treatment

- ▶ Lack of recognition
- ▶ Lack of reporting/acknowledgement
- ▶ Most never present to BH clinics
- ▶ Emergency rooms see people in a med-surg crisis and the emphasis is not on the SUD
- ▶ Few volunteer the information at their primary care visit

Barriers to recognition at medical visit

- ▶ Lack of time
- ▶ Stigma and judgment
- ▶ Provider lack of information regarding treatment options
- ▶ Skepticism about treatment effectiveness
- ▶ Lack of treatment options
- ▶ Complicated insurance/TPP issues
- ▶ Patient denial of problem or services
- ▶ Patient refusal of referral

Goals of enquiry

- ▶ Assess presence of SUD
- ▶ Assess stage of change
- ▶ Strengthen alliance
- ▶ Look for a collaborator in patient and family
- ▶ Provide options
- ▶ Leave the door open

Making the enquiry

- ▶ Start off with the right expectations
- ▶ Set a non judgmental tone
- ▶ Reinforce confidentiality

Tips to improve validity

- ▶ Reduce the shame/guilt associated with a positive response
- ▶ Make gentle assumptions
- ▶ Provide a range of expectations
- ▶ Make specific enquiries
- ▶ Find conversational opportunities to use the aforementioned strategies

Stages of change

- ▶ Pre-contemplation
- ▶ Contemplation
- ▶ Planning
- ▶ Action
- ▶ Relapse prevention/maintenance

Levels of care

- ▶ Detox: Short-term admission to manage withdrawal syndromes
- ▶ Rehab: 14-28 days to start behavioral change, enhance motivation and jump-start recovery
- ▶ Outpatient rehab and intensive outpatient treatment (IOP): 3-12 months
- ▶ MAT: medication-assisted treatment

Opioid (methadone) treatment programs

- ▶ Uniquely regulated
- ▶ Useful for a niche patient
- ▶ Buprenorphine is a far better option for most

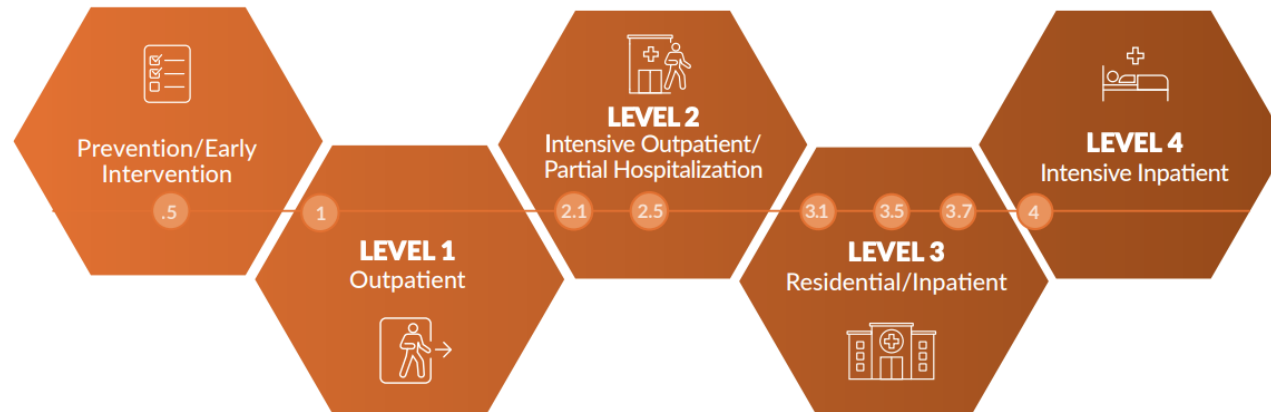
ASAM CONTINUUM OF CARE

▶ ADULT



- .5 Early Intervention
- 1 Outpatient Services
- 2.1 Intensive Outpatient Services
- 2.5 Partial Hospitalization Services
- 3.1 Clinically Managed Low-Intensity Residential Services
- 3.3 Clinically Managed Population-Specific High-Intensity Residential Services
- 3.5 Clinically Managed High-Intensity Residential Services
- 3.7 Medically Monitored Intensive Inpatient Services
- 4 Medically Managed Intensive Inpatient Services

▶ ADOLESCENT



- .5 Early Intervention
- 1 Outpatient Services
- 2.1 Intensive Outpatient Services
- 2.5 Partial Hospitalization Services
- 3.1 Clinically Managed Low-Intensity Residential Services
- 3.5 Clinically Managed Medium-Intensity Residential Services
- 3.7 Medically Monitored High-Intensity Inpatient Services
- 4 Medically Managed Intensive Inpatient Services

Source: [American Society of Addiction Medicine](#)

Self-help modalities

- ▶ AA/NA and other 12 step groups
- ▶ Al-Anon
- ▶ SMART recovery: Self Management and Recovery Training

Level of care determination

- ▶ Consider 6 domains
 - Acute intoxication or withdrawal potential
 - Biomedical conditions and complications
 - Emotional/behavioral/cognitive conditions
 - Readiness to change
 - Relapse potential
 - Recovery environment

Summary

- ▶ Be aware of the prevalence
- ▶ Avoid stereotyping in either direction
- ▶ Set the stage for openness and transparency
- ▶ Collaborate rather than direct
- ▶ Learn about the options that exist
- ▶ Assess stage of change and match accordingly



THANK YOU!

**ANY
QUESTIONS?**