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Abstract

Population/Setting

Bay Area Addiction Research and treatment (BAART) utilizes this integrated care model in a medication assistance withdrawal program for opiate addiction in San Francisco's Tenderloin District. BAART began offering mental health services to its patients who suffer from substance abuse addiction. The company now offers psychiatric services, medication evaluation, medication management, individual and group therapy, and crisis intervention.

Problem

A systematic review found that there is a 43% prevalence of individuals with co-occurring mental health disorders in the substance abuse population. Psychological disorders such as anxiety and depression are very common for those with pain and addiction both have implications in opiate abuse. Depression among substance users has been associated with poorer treatment outcomes, increased risk of suicide, and a worse prognosis. In addition, the rate of anxiety among drug users is 29% while among the normal population it averages about 6%-10%.

Objective

To evaluate depression, anxiety, and drug use among clients in an effort to assess the attainment of goals for BAART patients.

Methods

Participants

The participants included 61 Methadone Maintenance Treatment (MMT) patients enrolled in the integrated mental health and MMT program at BAART Programs at the Turk and Market Street Clinics. The current analysis includes patients who have been enrolled in MMT for at least one year and who had been in the mental health program for at least six months.

Procedure

The evaluation was done through a retrospective chart review to collect information on three clinical outcomes including Urinary Drug Screens (UDS), symptoms of depression, and symptoms of anxiety.

Methods

Urinary Drug Screen

Urine drug screen data was extracted from the patients' electronic medical record for a period of six months before, and six months after, their admittance into the mental health program.

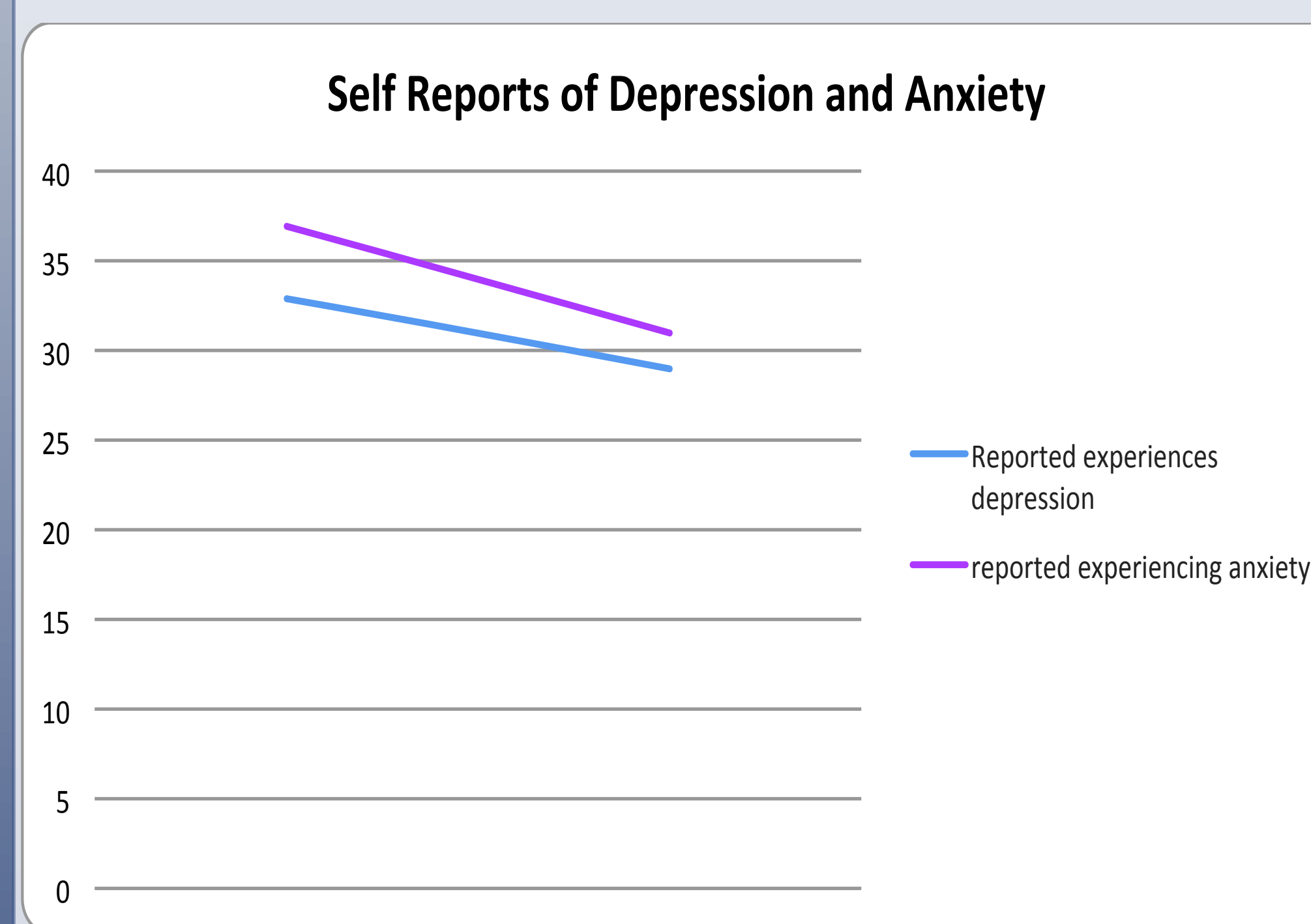
Anxiety/Depression

To measure the rates of depression and anxiety among the BAART population, the Addiction Severity Index (ASI) was used. The ASI is a self reported assessment that is conducted annually with the client and their counselor. There are 14 items in this scale and the following two items in the analysis ('Experiences serious depression-sadness hopelessness, loss of interest, difficulty with daily function?' and 'Experienced serious anxiety/tension, uptight, unreasonably worried, inability to feel relaxed?'). Items are rated on a five-point scale (0 - Not at all; 1 - Slightly; 2 - Moderately; 3 - Considerably; 4 - Extremely).

Results/Findings

Number of Participants (N = 61)	
Variables	
Age in years, mean (SD)	44.7
Gender, (n)	
Women	29
Men	31
Transgender	1
Race/Ethnicity, (n)	
Non-Hispanic White	44
African American	9
Other	8

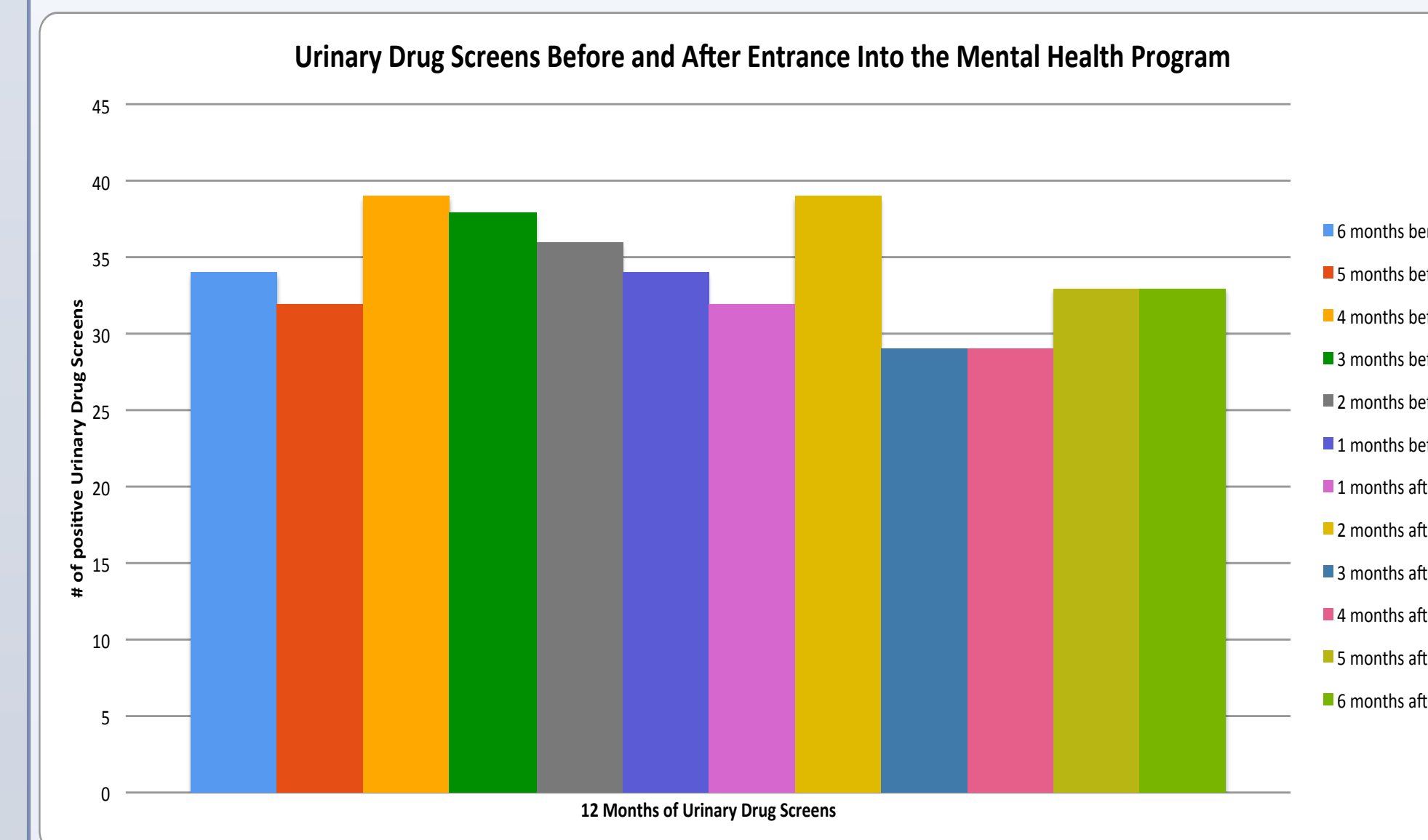
Anxiety/Depression



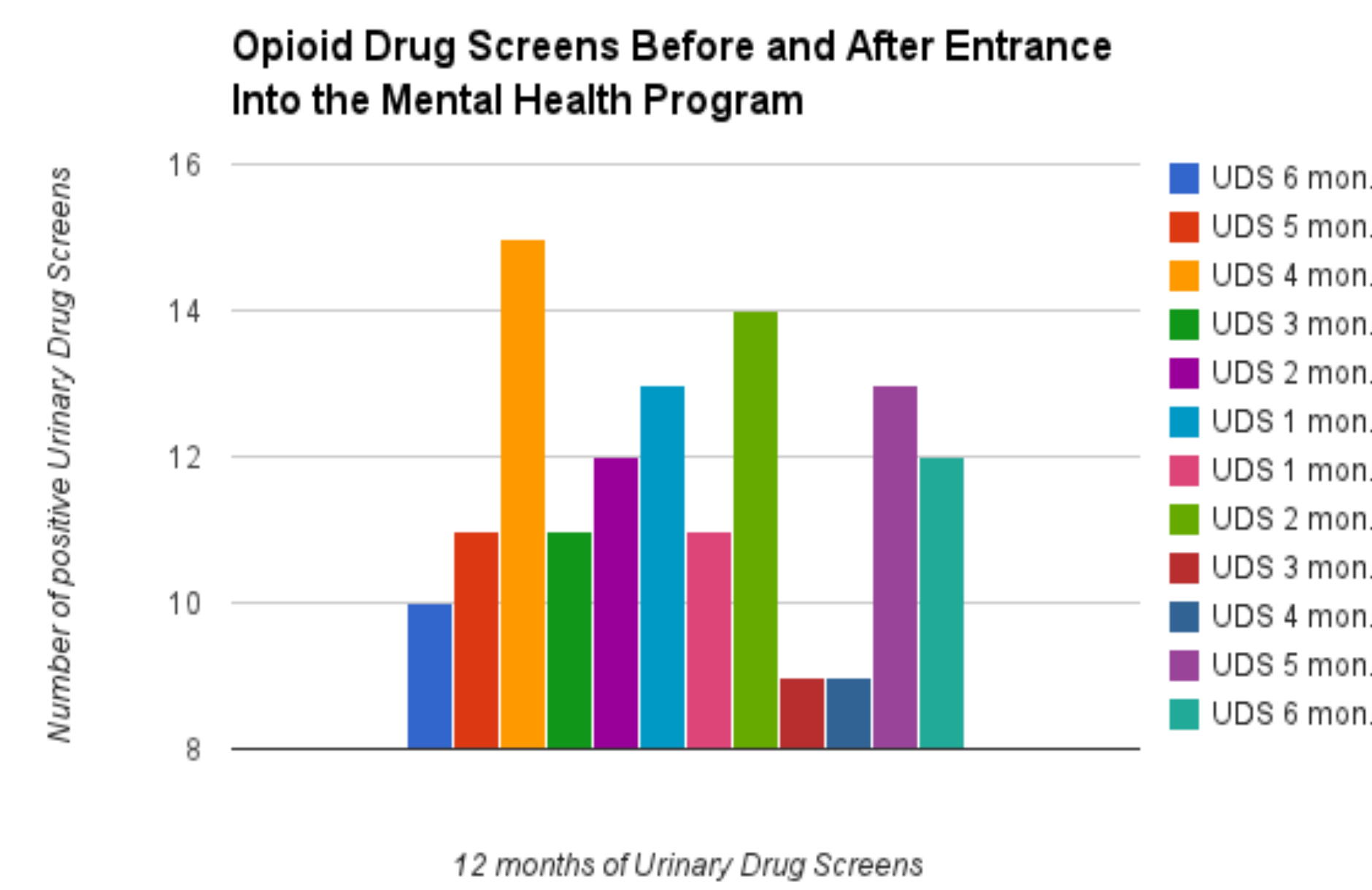
A Chi Square analysis revealed that there was not a significant decrease in the pre and post assessment responses.

Results/Findings

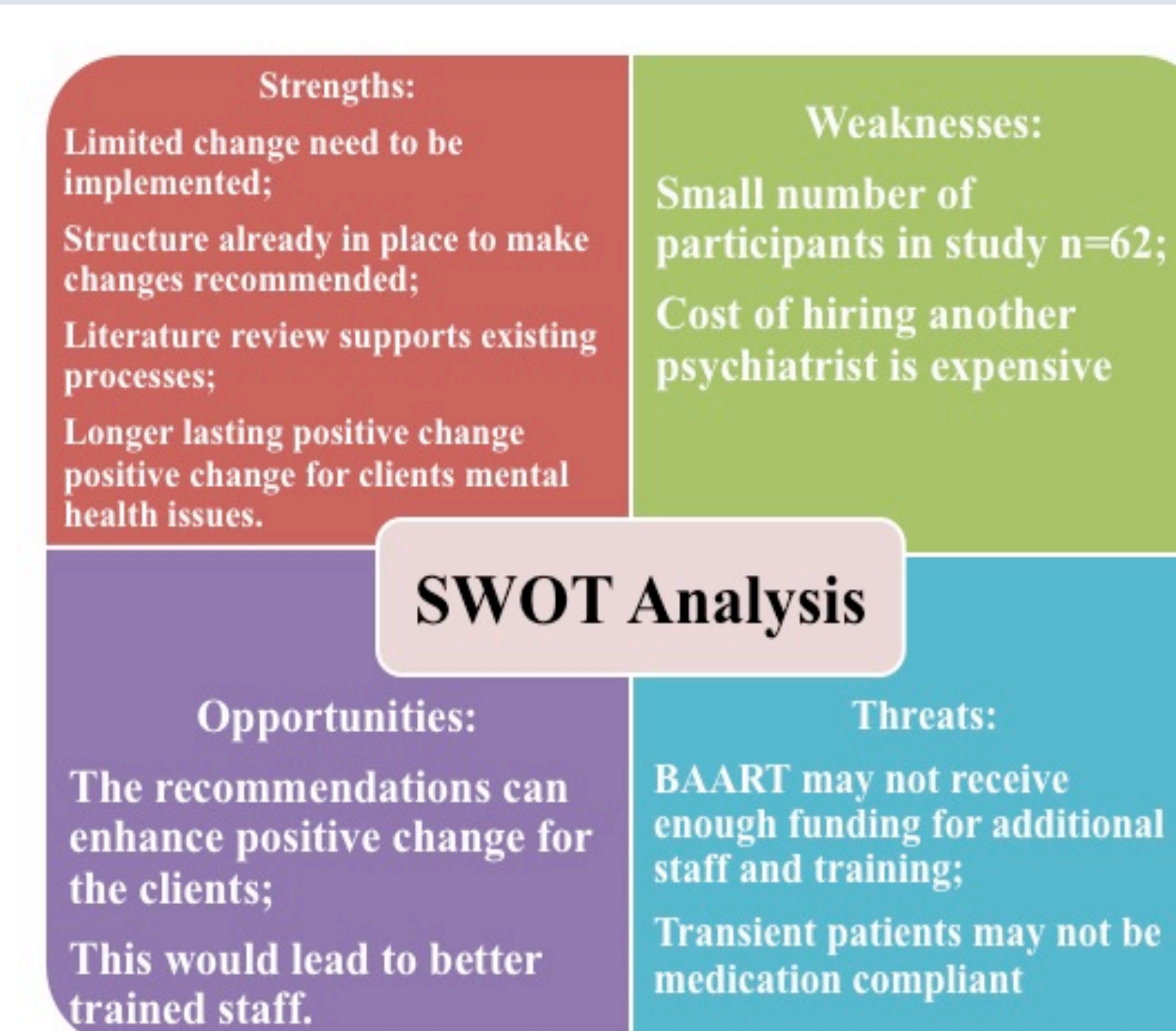
UDS



The average positive number of urinary drug screens before starting the mental health program is 3.49 and six months after the individual has been enrolled the number has gone down to 3.2. This test showed that there was not a significant change in the decrease of urinary drug screens before and after entrance into the mental health program at BAART



The graph shows no significant decrease in opioid use after participants enter into the mental health program



Recommendations

More patients have reported faith in pharmacotherapy to increase treatment satisfaction and positive outcomes. This calls for a better education for counselors and therapists so they can accurately recognize and diagnosis

patients. Pharmacotherapy with methadone is effective in reducing drug use and increasing retention. Cognitive-behavioral therapy treatments are effective for



higher functioning individuals and not as effective for lower functioning adults with psychiatric and substance abuse problems. This leads to the conclusion that more effective control over psychiatric disorders is necessary in order for integrated treatment to be treating the disorders concurrently. However not every patient with depressive symptoms is a good candidate for antidepressant pharmacological therapy. As such it is necessary for counselors and therapists to have the proper training in order to accurately identify patients who would be a good match

Conclusion

BAART has made great strides in treating addiction and having a positive effect in the SF Bay Area and surrounding communities BAART has begun to offer primary health care services for their clients and adding pharmacological therapy with methadone maintenance to some client's treatment modalities is a viable option available within the context of BAART's services BAART has a well-rounded approach to treating mental illness and substance abuse. Their techniques of integrating care are innovating the way treatment for substance abuse is administered. An analysis of the program is likely to help see where changes are necessary to help patients in the program receive even better therapeutic treatment.

References:

Center of Disease Control. (2011) Vital Signs: Overdoses of Prescription Opioid Pain Relievers 2011. *Center of Disease Control*. 60, 1-6

Substance Abuse and Mental Health Services Administration (2005). Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs. Treatment Improvement Protocol, *Center for Substance Abuse Treatment*. 43 (05) 40-48