

Recovery-oriented systems of care—new approach to integrated treatment for people with substance use, mental disorders

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Recovery-oriented systems of care (ROSC) offer a promising approach to improving care for the millions of individuals who have substance use disorders and, very frequently, co-occurring mental health disorders. An update on recovery, recovery management (RM), and ROSC for the comprehensive, integrated management of substance use and psychiatric disorders is presented in the June issue of *Journal of Addictions Nursing*, the official journal of the International Nurses Society on Addictions.

The special issue provides a "state of the discipline" look at the emerging role of ROSC to provide coordinated, patient-centered services of substance abuse and psychiatric disorders, including the critical role of primary care providers. The Guest Editors are Katherine Fornili, MPH, RN, CARN, of University of Maryland School of Nursing, Baltimore, and Mary D. Moller, DNP, ARNP, PMHCNS-BC, CPRP, of Pacific Lutheran University School of Nursing, Tacoma, Wash.

Overcoming Obstacles, Experts Share Experiences with Recovery-Oriented Care

The need for integrated treatment of substance use and psychiatric disorders is at an all-time high. An estimated 7.9 million Americans—three percent of the population—have both a mental and a substance use disorder. "Combined with an extremely reduced addictions nursing and psychiatric-mental health workforce, it is clear that the

ability of this population to access specialized care and achieve and sustain recovery requires a sea change in the health care delivery system," Mary Moller comments.

Substance use disorders have traditionally been treated in acute care settings—with brief treatment episodes focusing on abstinence, and an expectation that the problem will be permanently resolved after "graduation." The ROSC approach supports the "triple integration" of mental health, substance use disorder, and somatic health care. The idea is to provide a coordinated network of acute and chronic care services that help sustain recovery and improve the health and well-being for people with or at risk of alcohol and drug problems.

The nine original articles in the special issue—contributed by leading clinicians from addictions nursing and other specialties—provide an update on progress in recovery-oriented care. A paper by Carlo DiClemente, PhD, of the University of Maryland, Baltimore County and colleagues highlights the need for comprehensive, community-based care, focusing on wellness lifestyles and risk reduction.

Other topics include lessons from a unique citywide ROSC effort in Houston, studies of recovery interventions to reduce repeat admissions to inpatient psychiatric units, an experience with introducing comprehensive health assessment at an outpatient opioid treatment center, and recovery-oriented approaches for two often-neglected populations: adolescents, and mother-infant pairs in opioid recovery.

This special issue also includes a discussion of the screening, brief intervention, and referral to treatment (SBIRT) model, which has shown promise in terms of helping primary care providers identify patients with substance use disorders and connect them with effective treatment services. Most researchers agree that traditional SBIRT works well for individuals with unhealthy alcohol use—although not as well for those

with more serious substance use disorders.

However, two recent studies in *The Journal of the American Medical Association* discounted the importance and value of brief interventions for drug problems, potentially slowing the adoption of SBIRT. In response, Katherine Fornili proposes a new "SBIRT Plus Recovery Management" (SBIRT + RM©) model, which defines provider roles for long-term recovery management and continuing care services, beyond the provision of traditional SBIRT.

In SBIRT + RM, all providers play a key role in ensuring that referrals to specialty care are successful. The focus is on both helping patients to overcome obstacles to accessing and benefiting from substance use disorder treatment, as well as sustaining positive outcomes long after treatment completion. Primary care clinicians remain actively involved in treatment and follow-up—just as they do with patients who have other conditions requiring specialist care, such as heart disease or cancer.

The Guest Editors hope their special issue will increase awareness of a recovery-oriented approach to care, and support efforts to increase the availability of effective, integrated, patient- and family-centered care for substance use and psychiatric disorders. They conclude, "We look forward to the day when all clients with substance use disorders and psychiatric-mental health disorders have access to modern, recovery-oriented services and quality of life enhancements."

More information: Mary D. Moller et al. Recovery and Recovery-Oriented Systems of Care, *Journal of Addictions Nursing* (2016). [DOI: 10.1097/JAN.000000000000116](https://doi.org/10.1097/JAN.000000000000116)

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