

Reducing care needs of teens with substance-abuse disorders

April 24 2019



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Kaiser Permanente researchers find long-term benefits for patients and

health organizations that employ screenings, interventions, and referrals.

Screenings, interventions, and referrals can help [adolescent](#) teens overcome [substance abuse](#) in the short-term. Less is known about the long-term effects of those efforts. A new study from Kaiser Permanente, published in the journal *Pediatrics*, suggests that the benefits can last for many years and can include sustained reductions in [mental health conditions](#).

In a new study titled "Health Care Utilization Over 3 Years After Adolescent SBIRT," researchers led by Stacy Sterling, DrPH, MSW, of Kaiser Permanente's Division of Research in Northern California, found that adolescents with access to SBIRT—short for "screening, brief intervention, and referral to treatment"—were less likely to have [mental health](#) or chronic medical conditions after 1 year.

Substance abuse is "closely associated with the top three causes of mortality and morbidity among adolescents—injuries, suicide and homicide," write the authors. And, they note, adolescent substance use often goes hand-in-hand with other medical and mental health conditions and can lead to higher use of health care services.

In this new study, they found that those with access to SBIRT services had fewer psychiatry visits over 1 and 3 years, and fewer total outpatient visits at 3 years, leading to lower costs and utilization of health care.

"The fact that we saw a difference in substance use problems even 3 years out was surprising," said Sterling, the study's lead author. "It suggests that providing access to SBIRT may plant a seed for patients and their care teams, creating awareness about substance use that may help kids avoid future problems."

The study used data from [electronic health records](#) to examine how

much health care was used among adolescents with access to SBIRT services, from a randomized clinical trial that compared usual care to 2 other methods of delivering SBIRT in pediatric primary care—delivered by a pediatrician or by an embedded behavioral clinician.

The study was conducted at Kaiser Permanente in Northern California, an integrated health care delivery organization. The sample was taken from the pediatrics department in Oakland, California, and consisted of 1,871 adolescents ages 12 to 18.

"We found that adolescents with access to SBIRT services, regardless of whether it was through their pediatrician or an embedded behavioral health clinician, were less likely to have mental health or chronic medical conditions after 1 year," Sterling said. "We also found that SBIRT likely leads to lower health care utilization."

The authors suggest that pediatric primary care and adolescent medicine clinics should consider implementing SBIRT, whether through training pediatricians or embedding SBIRT-trained behavioral health clinicians (or both) into the care team. Increased attention, training, and capacity to address substance use and other behavioral health problems can have a significant impact on future health problems and health care use.

"We need to increase resources and focus on the role of behavioral health on the overall health and well-being of children and teenagers in our care," added Sterling. "I think more research is needed on SBIRT and these important, long-term health impacts."

Provided by Kaiser Permanente

Citation: Reducing care needs of teens with substance-abuse disorders (2019, April 24) retrieved 26 April 2024 from

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