Integrated Behavioural Health Approaches in Substance Use Disorder (SUD) Prevention, Treatment and Recovery: Bridging Gaps in Service Delivery

Presented by:
Dr. Mohammed Audu

Introduction

- Substance Use Disorder (SUD) poses a major public health challenge globally and in Nigeria.
- Integrated Behavioral Health (IBH) is a response to fragmented systems that fail to meet holistic patient needs.
- This presentation explores models, strategies, and innovations to bridge service delivery gaps.

Concept of Integrated Behavioral Health (IBH)

- IBH systematically coordinates mental health, substance use, and primary care services.

- Principles:
- - Whole-person and person-centered care
- - Shared decision-making
- - Team-based collaboration
- - Continuous quality improvement

- Framework Levels:
- 1. Coordinated Care
- 2. Co-located Care
- 3. Fully Integrated Care

Global and Nigerian Landscape of Mental Health and SUD

- Globally: 1 in 8 people have a mental disorder (WHO, 2023). 35 million live with drug use disorders.
- Nigeria: 14.3 million people (NDLEA, 2022) use psychoactive substances.
- High comorbidity of depression, anxiety, and trauma among SUD patients.
- Limited treatment coverage and severe workforce shortages.

Why Integration is Critical

- - Many SUD patients have untreated mental health conditions.
- - Fragmented systems delay recovery.
- - Integration reduces stigma, improves access and cost-effectiveness.
- - Promotes sustainable recovery through biopsychosocial approaches.

Practical IBH Models for Low-Resource Settings

- 1. Collaborative Care Model (CoCM)
- 2. Screening, Brief Intervention, and Referral to Treatment (SBIRT)
- 3. Stepped Care Model
- 4. Task-Shifting and Task-Sharing

- These models enhance early intervention and optimize limited resources.

The Role of Multidisciplinary Teams

- Core Members: Psychiatrists, Psychologists, Nurses, Addiction Counselors, Peer Providers.
- Functions: Shared assessments, team-based care, regular reviews.
- Example: Integrating counselors into Primary Health Centres for early mental health support.

Leveraging Digital Health Innovations

- - Tele-counseling and telepsychiatry for underserved areas. Hence we welcome the integrated healthcare for community wellness limited for championing the tele-health platform
- - Mobile health (mHealth) tools for screening and follow-up.
- - Data-driven care coordination.
- - AI-assisted relapse prediction and monitoring. patient history, behavioral patterns, speech, sleep, mood, or physiological signals, to **identify early warning signs** of a potential relapse. The system can then alert clinicians, caregivers, or even the individual, prompting **early intervention**.

Strengthening Collaborative Care for Co-Occurring Disorders

- Embed mental health screening into SUD programs.
- Use standardized tools (PHQ-9, AUDIT, DAST).
- Establish referral pathways between primary care and rehabilitation.
- Encourage partnerships between hospitals, NGOs, and community centers.

Tackling Fragmentation and Improving Continuity

- - Shared care protocols and integrated directories.
- - 'No Wrong Door' approach for clients. Primary care clinic
- Emergency department .Counseling center .Social welfare office .Faith-based or community organization

- - Inter-sectoral coordination between health, welfare, education, and justice.
- - Case management systems for follow-up.

Expanding Routine Screening and Early Intervention

- Integrate behavioral assessments into all primary care visits.
- Train frontline workers for brief interventions.
- Normalize discussions around substance use to reduce stigma.

Integrating Trauma-Informed Practices

- Principles: Safety, trust, collaboration, empowerment, and cultural sensitivity.
- Applications: Screen for Adverse Childhood Experiences (ACEs), resilience-based interventions, avoid re-traumatization.

Ensuring Cultural Competence in SUD Care

- Recognize cultural beliefs around addiction and healing.
- Include faith-based and community structures.
- Use local languages and gender/youth-sensitive practices.
- Promote community inclusion and acceptance.

Monitoring and Evaluation of Integrated Systems

- Indicators: Service utilization, relapse reduction, recovery rates, patient satisfaction.
- Tools: Quality dashboards, data collection systems, participatory monitoring.
- Focus on measurable, person-centered outcomes.

Building a Skilled and Sustainable Workforce

- - Expand IBH-focused academic and clinical training to collaborate with integrated healthcare for community wellness limited for certification.
- - Develop competency standards.
- - Mentorship and supervision systems.
- - Incentives for rural service and community placement.

Leveraging Community-Based and Peer Support Systems

- - Strengthen local recovery networks.
- - Peer recovery coaching and mutual aid groups.
- - Integrate community resilience and prevention efforts.
- - Collaborate with NGOs and private partners.

Policy and System Strengthening

- - Embed IBH in National Mental Health Policy.
- - Include SUD within Universal Health Coverage.
- - Reform health financing and data systems.
- - Strengthen ISSUP, IHC-CWL and other istitutions.

Conclusion

- IBH is crucial for SUD prevention, treatment, and recovery.
- It bridges systemic gaps, improves outcomes, and sustains recovery.
- Nigeria must strengthen workforce, policy, and community structures for integrated care.

Call to Action

- Healthcare Providers: Adopt collaborative models.
- Policy Makers: Institutionalize and fund IBH.
- Communities: Support recovery, reduce stigma.
- Everyone: Be a champion for integrated, person-centered care.

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