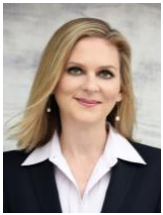




Greater Southern California Node Quarterly Digest Ask an Expert – Interview with Larissa Mooney, M.D.



Larissa Mooney, M.D., is an associate Professor and Director of the Addiction Psychiatry Division in the Department of Psychiatry and Biobehavioral Sciences at UCLA. She is also one of the principal investigators for the Greater Southern California Node.

Question How has the field advanced in understanding and treating co-occurring SUDs and mental health disorders, and what are some of the remaining gaps?

Answer We now have a better understanding of prevalence rates of co-occurring disorders, common risk factors that influence the development of SUDs and mental health disorders, and some of the impacts of co-occurring disorders on clinical course and treatment outcomes. However, the field would benefit from greater study of existing behavioral and pharmacological treatments in comorbid populations and development of treatment interventions that address co-occurring disorders, including polysubstance use.

Question What barriers do patients with co-occurring disorders experience that may prevent them from seeking or accessing treatment/care?

Answer Treatment barriers faced by individuals with co-occurring disorders include stigma and lack of consistent and standardized screening for comorbid SUDs and mental health disorders. Treatment for SUDs is often siloed from general healthcare settings, so integrated treatment settings and approaches are often unavailable. Evidence-based interventions that specifically address treatment of multiple SUDs or co-occurring mental health disorders are generally lacking.

Question What are ways in which research can support and promote the integration of treatment services for patients with co-occurring disorders?

Answer Approximately half of individuals with SUDs develop psychiatric disorders and vice versa. Integrated treatment approaches for co-occurring disorders yield improved outcomes compared to separate treatment of each diagnosis. Clinical trials have traditionally focused on treatment of specific disorders and have excluded individuals with comorbidity, however, yielding findings that may not be generalizable to more heterogeneous populations. We need more studies to develop and test integrated treatment interventions for individuals with co-occurring disorders, including combinations of medication and behavioral treatments that target polysubstance use in combination with mental health conditions. We also need to tailor treatment selection to more effectively target active psychiatric symptoms that may interfere with recovery and may elicit relapse to substance use.