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How to identify and bridge gaps between current practice and key recommendations in clinical guidelines for persons with concurrent mental disorders and substance use disorders?

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Background: There is a lack of experience in implementing clinical guidelines in Norway. This presentation outlines a pilot project dealing with developing knowledge-based strategies for implementing clinical guidelines for persons with concurrent mental disorders and substance use disorders (SUD). One of the first steps in our implementation process has been to conduct an analysis of current practice among clinicians in mental health services and in substance misuse services.

Purpose

- 1) To identify gaps between current practice and key recommendations in the guideline,
- 2) To identify which changes in current practice are most needed, and which aspects of care should the implementation strategy target

Methods: A nationwide survey with a representative sample of clinicians in psychiatric out-patient units (n=776) and in substance misuse out-patient units (n=271) was conducted.

Results: There are large gaps in psychiatric outpatient units with regard to practice, attitudes and knowledge towards persons with mental disorders and SUD, using the recommendations in the guideline as a gold standard. The staff rarely offers treatment

to persons with SUD, there is a lack of systematically screening for SUD and integrated treatment is not offered. Clinicians in substance misuse services are offering treatment to persons with mental disorders and regard it as their duty to treat them. According assessment routines, they could do better in assessing mental problems. The clinicians report that they need more knowledge and skills regarding assessment and integrated treatment.

Discussion: How can we bridge these gaps and where should we start? Clinicians in both systems are in need of training both for assessing and treating people with mental disorders and SUD, but the biggest gap is among clinicians in psychiatric services. An important question is to prioritize our effort, ie. in settings where change is most needed or where the attitudes to change is recognized the most.