Tampere University of Applied Sciences

Early Nursing Interventions for Patients with Both Substance Abuse and Mental Health Problems

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ABSTRACT

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Mental health problems and substance abuse should be addressed concurrently, and patients requiring this type of treatment can be encountered in various healthcare settings where nurses practice. Consequently, nurses need to be well-versed in early nursing interventions for patients dealing with both substance abuse and mental health problems, especially when one or both conditions have not yet been diagnosed.

This descriptive literature review was conducted using a systematic search approach to address the research question. The authors reviewed a total of eleven peer-reviewed articles and critically summarized their findings. The data extracted from these studies was organized into tables and subsequently analysed. The data was compared and categorized into the most relevant themes. Utilizing the evidence and identified themes, the authors addressed the research question.

The analysis of eleven peer-reviewed articles revealed several key categories related to early nursing interventions for patients with co-occurring substance abuse and mental health problems. These categories encompassed intervention themes such as the establishment of therapeutic nurse-patient relationships, support for patients' self-worth, utilization of strength-based techniques, holistic and medical treatment approaches, patient education and assessment, and the educational requirements and knowledge of nurses.

In conclusion, further research in the area of integrated management of substance abuse and mental health problems is warranted, given their frequent co-

occurrence. The insights gained from these studies are valuable for all nurses and healthcare professionals, as these patients may be admitted to any healthcare unit due to their somatic health concerns.

Key words: substance abuse, mental health problems, nursing interventions, dual diagnosis

CONTENTS

1 INTRODUCTION 7
2 THEORETICAL STARTING POINT 9
2.1 Mental health problems 9
2.2 Substance abuse 9
2.3 Dual diagnosis 10
2.4 Early nursing interventions 11
3 PURPOSE, TASKS, AND OBJECTIVES 13
4 METHODOLOGICAL STARTING POINTS 14
4.1 Literature review 14
4.2 Literature search 14
4.3 Data analysis 20
5 FINDINGS 23
5.1 Nurse-patient relationship 24
5.2 Clinical knowledge and skills 28
6 DISCUSSION 32
6.1 Ethics and reliability 32
6.2 Findings 33
6.3 Research suggestions 35
6.4 Conclusion 36
REFERENCES 37
APPENDICES 42
Appendix 1. Description of eligible studies 42

Table 1 Search.....15
Table 2 Concepts.....20
Table 3 Reduction process 21
Table 4 Categories.....24

1 INTRODUCTION

This thesis is a descriptive literature review about what nursing interventions can be used to help a patient with both substance abuse and mental health problems in the early stages. No matter where nurses work, they will meet patients with substance abuse and mental health problems. These nurses might not have the knowledge or training to know how to properly treat patients with possible dual diagnosis. Raising awareness on this topic and emphasizing healthcare workers education is very important as some patients have not gotten the treatment they should get because the healthcare workers have not been educated on the topic or they find it difficult to talk about substance use or mental health (Ladson, Kornegay & Lesane 2020).

In Finland, an amendment has been made to the laws concerning mental health and substance abuse treatment. The reformed law started at the beginning of 2023. The goal of the amendment was to make the services of treatment more available, improve their quality, and ensure the rights of the patients to get equal treatment (Sosiaali- ja terveysministeriö 2022).

Mental health problems and substance abuse were once treated separately, as they were seen as different things. Now it has been stated that substance abuse is a mental health problem (Kiviniemi & Mattila 2016). Diagnostically, substance abuse falls in the same category as mental health problems. Possible dual diagnosis patients are a weaker group and might have more complex needs (Ujhelyi, Carson & Holland 2018). Patients with mental health problems or other diseases at the same time as substance abuse are, in most cases, more prone to be left out of the treatment for these comorbidities (Kiviniemi & Mattila 2016).

In some places in Finland, the co-treatment of mental health and substance abuse has been seen as helpful (Kiviniemi & Mattila 2016). Patients with dual diagnoses need treatment in both the health care and social care. It is important to treat the problems together and see the patient and their needs as a whole. It has been noted that in some cases, patients with substance abuse problems are

still being completely left out of the mental health treatment because they are seen only as drug addicts (Kiviniemi & Mattila 2016).

The goal was to find and collect useful information about nursing interventions that can be done to help patients with both substance abuse and mental health problems in the early stages.

2 THEORETICAL STARTING POINT

2.1 Mental health problems

Mental health is not just mental wellbeing or not having problems at all. Sadness and disappointment, fear, and anxiety are part of everyone's life. It is hard to define mental health problems because many of the symptoms at times belong to normal life. Mental health problems are when a person’s mood, feelings, thoughts, and acts can control their life considerably, cause problems with their power to act, personal relationships, or cause suffering in the long term (Duodecim 2022).

There are different types of mental health problems, such as anxiety disorders, phobias, depression, other mood disorders, disorders caused by life situations, dissociative disorders, personality disorders, psychotic disorders, eating disorders, impulse-control disorder, and disorders that have started in childhood (Duodecim 2022). Studies have also indicated that people suffering from mental health problems are more prone to have substance abuse problems (Ujhelyi et al. 2018).

The authors in this thesis used patients suffering from mental health problems as a concept to define people who have been or could be diagnosed with mental health disorders ranging from less severe to severe, such as depression, anxiety, and schizophrenia (Ujhelyi et al. 2018). Mental health problems, as a concept in this thesis, were not about people who suffer from fluctuations of feelings in normal life.

2.2 Substance abuse

Using different substances has been part of the culture all over the world. Some of the substances can be used in moderation like alcohol. Sometimes the usage becomes problematic. In substance abuse, either alcohol or drugs are being misused. The substances start to control the person’s day-to-day life. It can create

social, financial, or health problems, and quitting feels impossible (Päihdelinkki.fi N.d.).

How easily a person gets addicted to substances depends on the substance that is being used and about the individual. With substance abuse, there is compulsive and uncontrollable behaviour (Strain 2022). The patient's life starts to only consist of getting and using substances. In substance addiction the usage continues even though it causes problems, in your life; for example, heavy usage can create serious physical problems (Päihdelinkki.fi N.d.). It has also been stated that over half of the people suffering from substance abuse have mental health problems as well (Ujhelyi et al. 2018).

There is a possibility of creating a physical or psychological dependency (Strain 2022). In physical dependency, the patient's body has gotten used to the substance, and stopping the usage can create different types of withdrawal symptoms. With psychological dependency, the patient can have a craving or obsessional need to use substances. The reliance can be because of a need to numb their feelings. There is also a social dependency where their social relationships have been built around using substances (Päihdelinkki.fi N.d.).

2.3 Dual diagnosis

Substances can cause mental health problems, but usually after quitting the substance, those symptoms can disappear. In dual diagnosis, there are mental health problems that are not directly caused by the substance abuse. The problem may be a mood-, anxiety-, personality- or psychotic disorder. The mental health problems do not disappear even after a long time of sobriety (Aalto 2017).

Having dual diagnosis is not rare. 40% of people with an alcohol problem have suffered some type of mental health problem unrelated to substance abuse. For drug users, that amount is 50%. Also, of people with mental health problems, approximately 30% have had some type of substance abuse problem during their lives (Aalto 2017).

When caring for a patient with a dual diagnosis, you need to consider both substance abuse and mental health problems. Long enough sobriety is needed to confirm the mental health problem is not caused by the substances. Many mental health problems cannot be treated when the substance abuse problem is not under control. There have been two types of treatment: periodic treatment and parallel treatment. In periodic treatment, one of the problems is treated first, and when there have been enough results, the treatment for the other problem can be started. In parallel treatment, both problems are treated at the same time. This integrated treatment model is starting to get more used as the same collaboration team treats both problems (Aalto 2017).

2.4 Early nursing interventions

Nursing profession and work revolve around the nursing care plan. It is a structured manual that consists of nursing diagnosis, desired outcomes, interventions, and the result assessment. Nursing interventions are actions taken by nurses to treat, improve, preserve, or rehabilitate patients'/clients' well-being or illnesses. Nursing interventions are done based on the care plan that has been structured to achieve the end goals (Nightingale College 2022).

In order to perform nursing interventions, you need to make the assessment of the patient's current state and their history. You can take the vitals, and other measurements, interview the patient or the family, read previous medical text from the records, and conduct other questionnaires to help you see the patient as a whole (Nightingale College 2022).

After the situation is assessed, a nursing care plan is developed in a nursing diagnosis. Every nursing plan is done based on each patient, so it is individualized for everyone's own needs. The needed nursing interventions are planned to benefit the patient in their current state (Nightingale College 2022).

There are different types of nursing interventions that can be performed, such as community, family, behavioural, physiological, safety, and health system nursing

interventions. When treating a patient with a possible dual diagnosis, some nursing interventions that could be needed are patient education, providing coping mechanisms, actions to assist physical health, complex physiological interventions like administering IV fluids, and collaborative nursing with other healthcare professionals (Nightingale College 2022).

Early stages of treatment are considered to be the first interventions provided for patients when they are presenting any of the early signs or symptoms of substance abuse and/or mental health problems. When giving early interventions for the patient's possible dual diagnosis, it can have an important or even life-changing effect on them and their health (Health.vic 2021).

With early interventions, it is possible to achieve enhanced diagnosis and treatment, more specific and faster referrals to targeted specialists, and trustful, committed, and better patient–healthcare workers relationships. Nurses need to have proper knowledge and tools to address delicate matters with their patients, for example, considering depression to achieve getting them a diagnosis and early intervention to ensure their well-being (Health.vic 2021).

Patients with a possible dual diagnosis are also more prone to adverse health problems such as, increased hospitalization, blood-borne infections, higher rates of suicide, homicide, violence, and victimization (Ujhelyi et al. 2018). Because of the somatic problems, nurses can meet these patients in different types of places where they work, and that is why they need to know how to notice and give early nursing interventions for potential dual diagnosis patients.

3 PURPOSE, TASKS, AND OBJECTIVES

The purpose of this study was to conduct a descriptive literature review to find out how to help and motivate patients in the early stages of substance abuse and mental health problems.

The objective of this study was to give registered nurses and other professionals working in healthcare settings different intervention tools and knowledge to help patients suffering from substance abuse and mental health problems. The main goal of this study was to give nurses and other healthcare professionals tools to help, understand, and motivate patients with or without both diagnoses. This is important because every nurse comes across patients with a dual diagnosis, but with the right knowledge and tools, a nurse can motivate and help their patients.

The authors research question to conduct the study was “What nursing interventions can be done for a patient with both substance abuse and mental health problems in the early stages?”

4 METHODOLOGICAL STARTING POINTS

4.1 Literature review

A comprehensive study and the interpretation of literature on a given topic combined form a literature review. In a literature review, a research question is selected, and using a systematic approach, the answer is established. Evaluating the quality of the literature and providing a description of the literature searched is a qualitative descriptive literature review. The authors of this thesis did not conduct a systematic literature review; only used a systematic search approach for the research question while forming a descriptive literature review (Aveyard 2014; Buchholz 2022).

4.2 Literature search

The type of study the authors conducted was qualitative and used different reliable sources to form a descriptive literature review. The data search was systematic, but the thesis is not a systematic literature review because it does not fill the requirements (Aveyard 2014). After deciding on the research question and establishing the search words, MeSH was used in databases. As a tool, MeSH (Medical Subject Heading) is used to form terms that produce more accurate results when searching databases (Buchholz 2022). The authors studied eleven peer-reviewed, reliable sources and used other sources from databases and textbooks.

The authors used MeSH key concepts to limit the results of the articles found (Aveyard 2014; Buchholz 2022). These concepts were used in the CINAHL and MED-LINE databases. In both databases, the main search words were “nursing intervention” and “substance abuse and mental health”. Other key concepts used were “dual diagnosis”, which includes both substance abuse and mental health together, and “hoito”, which found one match for substance abuse. The databases, search phrases, and limitations that were used in the search are shown in Table 1. The search words that were formed with MeSH are shown in Table 2.

The authors found further information on other key concepts by using “nursing actions” and “assessment”, and “diagnosis”, with substance abuse and mental health illnesses. Using MeSH and the search words helped in finding the information needed.

The literature search was global, excluding third-world countries. The authors decided to expand the literature search globally to find more useful articles. Despite the global search, the articles chosen were from the United States of America, the United Kingdom, Ireland, Canada, and Finland. The study was limited to nursing interventions to patients with substance abuse and mental health problems. The search was also limited to the working age population.

The authors critically examined the articles and chose the best-suited ones that answered the research question. The used peer-reviewed articles have been limited to the last ten years to gather information that is current at this time. The language of the literature found was limited to English and Finnish.

Table 1 includes the databases, search phrase, limitations, results and evaluation of the articles found.

Table 1 Search

Date	**Database**	**Search phrase**	**Limitations**	**Results**	**Evaluation**
02.02.2023	CINAHL (Ebsco)	‘’Nursing interventions’’ AND ‘’substance abuse’’ AND ‘’mental health’’	Peer-reviewed, Date 2013-2023, Language English, Full text	16	One relevant was chosen

02.02.2023	CINAHL (Ebsco)	''hoito''	Peer-reviewed, Date 2013-2023, Language Suomi, Full text	11	One relevant was chosen
02.02.2023	CINAHL (Ebsco)	''nursing diagnosis'' AND ''dual diagnosis''	Peer-reviewed, Date 2013-2023, Language English, Full text	3	One relevant was chosen
02.02.2023	CINAHL (Ebsco)	''nursing interventions'' AND ''dual diagnosis''	Peer-reviewed, Date 2013-2023, Language English, Full text	3	One relevant was chosen
02.02.2023	Nursing & Allied Health database	''nursing interventions'' AND ''dual diagnosis''	Peer-reviewed, Date 2013-2023, Language English, Full text	11	Zero relevant was chosen

02.02.2023	CINAHL (Ebsco)	''early interventions'' AND ''substance abuse'' AND ''mental health''	Peer-reviewed, Date 2013-2023, Language English, Full text	23	Zero relevant was chosen
02.02.2023	Medline (Ebsco)	''Early interventions'' AND ''substance abuse'' AND ''mental health''	Peer-reviewed, Date 2013-2023, Language English, Full text	57	One relevant was chosen
07.02.2023	Medline (Ebsco)	''Nursing assessment'' AND ''dual diagnosis''	Peer-reviewed, Date 2013-2016, Language English, Full text	1	One relevant was chosen
07.02.2023	Medline (Ebsco)	''SBIRT''	Peer-reviewed, Date 2022-2023, Language English, Full text	9	Zero relevant was chosen

07.02.2023	CINAHL (Ebsco)	‘’START’’ AND ‘’assessment tools or assessment method or assessing'' AND ‘’substance abuse or substance use or drug abuse or drug addiction or drug use’’	Peer-reviewed, Date 2013-2023, Language English, Full text	16	Zero relevant was chosen

02.06.2023	CINAHL (Ebsco	'' nursing intervention or nurse intervention'' AND '' substance abuse or substance use or drug abuse or drug addiction or drug use'' AND '' mental health or mental illness or mental disorder or psychiatric illness''	Peer-reviewed, Date 2013-2020, Language English, Full text, Age groups: Adult: 19-44 years	6	One relevant was chosen
07.06.2023	Medline (Ebsco)	"addiction" AND "recovery" AND "nurse-led"	Peer-reviewed, Date 2013-2023, Language English, Full text	5	One relevant was chosen

08.06.2023	CINAHL (Ebsco)	''substance abuse'' AND ''primary health care'' AND ''health screening''	Peer-reviewed, Date 2013-2023, Language English, Full text	29	Three relevant were chosen

Table 2 Concepts

Dictionary / thesaurus	**Concept 1 – Nursing interventions**	**Concept 2 – Substance abuse**	**Concept 3 – Mental health**
MeSH	nursing assessment	substance-related disorders	mental health
CINAHL	nursing interventions	substance abuse	mental health
Free word	nursing diagnosis	dual diagnosis	mental health problems

4.3 Data analysis

The authors used a thematic analysis approach for data analysis. For the thematic analysis approach, the authors went through all eleven peer-reviewed articles and critically summarized the content used. The authors used different tables to organize the data collected. In these tables, reductions of the original phrases and themes were made from the main results of each article. Using the research question, the authors determined what specific themes were used to connect the different data collected from the results. The data within these themes were com-

pared to each other, structured, and sectioned into the best-fitted themes (Aveyard 2014). Table 3 contains an example of the authors original, reduction, subcategory, and category process.

The authors critically assessed the evidence found, which fit the literature criteria. Using the themes and evidence found, the authors answered the research question. This descriptive literature review contains references to the eleven research articles used, information, and findings (Aveyard 2014).

Table 3 Reduction process

Original phrase	**Reductions**	**Sub-category**	**Main category**
Rauhallinen työskentely, avoin ja kannustava ilmapiiri sekä potilaan lohduttaminen ja kuulluksi tuleminen koettiin tukevan asiakaslähtöistä hoitosuhdetta.	Patient-centered treatment included peaceful working. Patient-centered treatment included open and supportive atmosphere. Patient-centered treatment included comforting the patient. Patient-centered treatment included hearing the patient.	Therapeutically built relationships	Nurse-patient relationship

Lack of understanding was observed when the patient asked for and explanation, posed a follow-up question, or the patient switched subject.	Nurses noticed if the patient is not understanding by them asking for an explanation Nurses noticed if the patient is not understanding when the patient asked more questions. Nurses noticed if the patient is not understanding when they tried to switch the subject.	Patient education	Clinical knowledge and skills

5 FINDINGS

Eleven peer-reviewed articles were found between 2013 and 2023 and can be seen in Appendix 1. Articles were from the United States of America, Finland, Canada, the United Kingdom, and Ireland. The articles included interventions done by nurses in various settings and for different types of patients suffering from both substance abuse and mental health problems.

Early nursing interventions for patients with both substance abuse and mental health problems formed two main categories: the nurse-patient relationship and clinical knowledge and skills. Nurse-patient relationships included intervention sub-categories such as therapeutically built relationships, patient interview and communication, supporting self-worth, strength-based techniques, and patient observation and safety. Clinical knowledge and skills included intervention sub-categories such as everyday health promotion, nurse's education and knowledge, holistic and medical treatment, other professionals, family work, patient education, patient assessment, follow-up, and referral to treatment, as seen in Table 4.

Table 4 Categories

Main category	**Sub-category**
Nurse-patient relationship	- Therapeutically built relationships - Patient interview and communication - Supporting self-worth - Strength-based techniques - Patient observation and safety
Clinical knowledge and skills	- Everyday health promotion - Nurse's education and knowledge - Holistic and medical treatment - Other professionals - Family work - Patient education - Patient assessment - Follow-up and referral to treatment

5.1 Nurse-patient relationship

Nurse-patient relationships included therapeutically built relationships (1, 2, 4, 6, 9). Forming a therapeutic relationship is a care need (1). In helpful care, compassion is important in the way nurses work (1). It was reported that combining the nurse's presence, availability, attentiveness, empathy, understanding, and supportiveness was a factor in positive patient outcomes (1). Empathy is also a part of the BRENDA (Biopsychosocial evaluation, Report of findings, Empathy, Needs addressed, Direct advice provided, and Assessing patient reaction and treatment plan) approach that nurses can use (9). Nurses should work with their own personalities while sustaining their professionalism in order to build a relationship with trust (6). Nurses approaching in an affectionate, honest, and straightforward way, is used in developing relationships (6). To be able to connect with a patient individually is crucial (6). Respecting the patient and their situation, as well as

understanding the patient in a way that they weren't accused, was connected to the treatment (2).

Patient-centred treatment included peaceful working, an open and supportive atmosphere, comforting the patient, and hearing the patient (2). Nurses being proactive made it possible to work patient-centred (2). Nurses can give support and comfort by talking in a way that the patient understands and not in a hurried way (4). With not rushed actions it was possible to prevent the patient from getting provoked (2). Nurses can start providing structure by making the patient feel safer (4). Nurses ended the interaction by behaving as has been planned with the patient or even agreeing to stay in contact with the patient even though there was no joint agreement (4).

Patient interview and communication are part of the nurse-patient relationship (2, 4, 6, 8). Respecting the patient's own will was connected to the patient being their own life expert through therapeutic and professional communication (2). Nurses having enough time to get to know the patient or nurses getting to treat patients they have been treating before made treating the patient and asking about substances easier (2). In the emergency department, it was also seen as important to talk about substance use (2). It is important that in every interview, the nurse knows how to ask every patient about their usage of substances so that it helps facilitate the interaction (2). In a peaceful atmosphere, it was possible to pay attention to the quality of the interaction (2). The encounter with the patient was accompanied by a nurse being calm and unhurried (2). Nurses trusted the patient to behave appropriately after their intoxication so that they could communicate better (2).

One communication method that nurses used is providing structure, which includes the beginning of an interaction, the intervention part, and the end of the interaction (4). Providing structure intervention started when the nurse or the patient started a contact (4). Nurses started an intervention by asking the patient a general question or by asking something specific (4). Patients initiated contact by hinting at a will to speak or asking for something (4). Nurses used interventions

such as a focused discussion (8). Nurses achieved good quality interactions by asking simple questions (2). Any questions asked by patients should be answered by the nurses as well (6). Nurses explained to the patient in that moment what they needed to know (4). Nurses used explicit sentences to address the patient's behavior or asked for more specific information from the patient (4). Nurses communicated in nonverbal ways to indicate to the patient that they are supporting them (4). Nurses used nodding and looking the patient in the eyes as nonverbal communication (4). Nurses ended the interaction by reflecting on the situation with the patient (4).

Nurse-patient relationships included supporting self-worth (1, 2, 4, 6). Creating an environment that goes against the stigma and creates a feeling of acceptance is pursued by nurses (6). Different outcomes, such as stigmatization reduction and decreasing the feelings of social isolation, were connected to important nursing with attentive listening (1). The nurses implied that the way the patient is treated when coming into the emergency department, could be a break-through for the patient to try to get clean (2). Using and understanding the patient’s experiences and giving positive feedback felt important when bringing up the subject of substance abuse while motivating the patient to self-sufficiency and sobriety (2). If the patient had reduced their use of substances, it was important that nurses gave them positive feedback (2). Nurses supported and motivated the patient to keep up with the treatment that was planned or helped with managing the schedule and tasks (4). Nurses helped the patient by supporting and motivating them to see the advantages when they perform in a way that was planned (4).

Using strength-based techniques is part of the nurse-patient relationship (2, 4, 5, 9). Nurses highlighted that working patient-centred and strength-based was their aim (2). For the patient to experience a small success, nurses used brief interventions that extract even one measurable change in the recovery process (9). Nurses started providing structure by intervening to get the patient more motivated (4). Nurses used a motivational approach as an intervention (5). Assessing patients´ assets was connected to patient encounters (2). Modifying the treatment plan when needed is part of the BRENDA approach that nurses used (9). Nurses

can help the patient to quit their current actions and achieve cooperation in interventions when they get the patient to explain the reasoning behind their behaviour (4).

The nurse-patient relationship contained patient observation and safety (2, 4, 7, 8). Treating a restless patient required nurses continuous professional care and continuous presence to ensure safety (2). The nurse's close presence is needed to prevent a restless patient, for example, from harming themselves (2). Treating intoxicated patients was seen as difficult, as the changing situation needed constant observation and presence (2). Patients with bipolar disorder who have been using substances and have then been admitted to a unit are more prone to incidents of agitation that need extra precautions and treatment (7). Nurses planned more supportive interventions to manage the patient's agitation in a unit (7). Patients initiated a need for contact by behaving conspicuously to achieve attention (4). Nurses gave an intervention to the patient by stopping their negative behaviour or by ignoring them in that agitated state (4). Nurses gave interventions to stop the patient's behaviour by warning them of the consequences of their actions or by connecting the behaviour of the patient to the consequences of the treatment (4) for example, by using verbal enforcing of boundaries (8).

Nurses gave interventions to stop the patient's behaviour by prohibiting them from something (4); for example, use an intervention such as seclusion, limitation of contacts, or the freedom of the movement (8). Other interventions nurses used were applying mechanical or physical restraint (8). When problems arose, the patient could be led to their own room, or the patient could be held by their arm and purposefully guided away from one location to another (8). If room situations cause agitation, then changing the patient's room could help, or the patient can stay voluntarily in the seclusion room with the door unlocked (8). It is important that when the patient is agitated, frustrated, or aggressive, the nurse does not get provoked (2). With no rushed actions, it was possible to prevent the patient from getting aggressive (2).

5.2 Clinical knowledge and skills

Clinical knowledge and skills included everyday health promotion (1, 2, 4, 8). The nurses found it important that during patient care, the patient´s somatic and psychic problems should be considered, as well as the social aspects (2). Offering structured experiences promoted psychological health (1), and nurses provided structure by making the environment more comfortable (4).

Helping with hygiene, nutrition, and mobility are nursing approaches for physical needs (1). A visit home, daily activities, a walk outside, and sports (8) are daily health promotions, which is a care need (1). Nurses asked the patient a specified question, for example, about their daily rhythm, to help structure their day (4). Attending to a patient´s needs is part of the BRENDA approach. Professionalism was manifested in the comprehensive treatment of the patient (2).

Nurses´ education and knowledge are part of clinical knowledge and skills (1, 2, 3, 4, 6, 9, 11). Training is important for nurses working with possible dual diagnosis patients (3). To be able to assess a patient, skills are needed from the staff (6). Treatment optimism had been achieved by nurses going through informal training (3). Staff should have extensive knowledge on addiction, illness, and lifestyle that connect to substances (6), and managing mental health problems in tandem with substance abuse (1).

Training on subjects like medicating, physical examinations, and subjects like the Mental Health Act used as a tool are important for nurses working with possible dual diagnosis patients (3). Family work should also be more focused on the training for nurses working with possible dual diagnosis patients (3).

According to the nurses, early interventions and mini interventions fit the fast pace of the emergency department, as well as questions about general illnesses, allergies, and substance use (2). In the emergency department, it has been noted that even one intervention could help the patient change their ways to live healthier and could help the patient get sober (2). Nurses used an intervention called providing structure (4). In public health, nurses need to do substance and mental health screening as a broader part of holistic care (11).

Nursing models should address client needs, be nurse-led, be measurable and usable, consider the patient and the environment, have biopsychosocial aspects, and provide brief interventions (9). The broad conceptual model is carried out in nursing practice and is based on a logic model (9). A logic model is nurse-led and is a Healthy Addiction Treatment (HAT) Recovery model (9). A manual was made for The HAT recovery model for addiction nursing practice, which focused on mental health (9). The HAT recovery model manual includes a brief introduction about nursing models, examples, the logic model, and how to get started (9). Different approaches can be used for patients abusing substances, like motivational interviewing, the FRAMES model, and the Stages of Change model. These approaches are research-proven, brief interventions (9). The FRAMES approach consists of brief interventions and has been used by professionals working with substance abuse patients (9).

Holistic and medical treatments are part of clinical knowledge and skills (1, 4, 7, 8, 9). The BRENDA model is provided by a nurse, based in primary care, and designed to improve the quality of medication and treatment compliance (9). Giving medication as symptom management should include assessing alternative or additional interventions (1) and changes in medication (8). Nurses used interventions such as PRN-medication per os (pro re nata, given as needed orally), medication given earlier than prescribed, and i.m. (intramuscular) medication with consent (8). Nurses can give medication as needed for agitation (7) and administer i.m. medication without consent when needed (8). Nurses can ask specific questions, for example, about the patient's medication, while the patient can indicate contact by asking anything about the medication and/or request medication (4).

Clinical knowledge and skills included contact with other professionals (2, 5, 8). Nurses implemented and evaluated patient guidance in cooperation with other professionals (2), like having a discussion with the doctor or social worker (8). Nurses consulted other supplemental staff when needed (8). A nurse working as an addiction worker can take on a case load, communicate, and share knowledge with other services and community partners (5). Additional staff members have been trained to offer addiction services (5).

Family work is part of clinical knowledge and skills (2). Patient-centred actions included talking with the family and answering the contact requests of the family (2). Nurses found it important that the family is offered a chance to discuss topics if needed, and supporting the family was included in patient-centred interventions (2). For the follow-up care plan to work at home, the patient's close acquaintance was given a verbal and written care plan to make sure they understood (2).

Clinical knowledge and skills included patients' education (1, 2, 4, 6, 9). Different kinds of methods were used for giving patient guidance, for example, orally or in writing (2). A composed and peaceful nurse supported the success of patients' guidance (2), and offering resources promoted psychosocial health (1). Nurses provided insight into the complex relationship between substance abuse and mental health (1). Giving direct advice is part of the BRENDA approach (9). Nurses discussed with the patient the effects of substances and their overall health (6). The nurse noticed if the patient is not understanding when the patient asked more questions or tried to switch the subject; also, the nurse asked for an explanation (4). Results of the evaluation were given to the patient as part of the BRENDA approach, and a recovery plan was offered to the patient after assessments (9).

Clinical knowledge and skills included patient assessment (1, 2, 5, 7, 8, 9). For a nurse to develop an understanding of patients and their situation, focusing on their feelings during observation, exploration, and accompaniment was identified as helpful nursing; furthermore, this helped to learn about the patient (1). Nurses paid attention to the patients overall outward manner and mental state (2). Patient assessment of the reaction to the given advice is part of the BRENDA approach (9). Nurses used screening and detection with standard tools, formal procedures, and systematic approaches (5). Biopsychosocial evaluation is part of the BRENDA approach (9). Nurses gave a structural self-assessment instrument (like the Beck depression inventory) to be filled in by the patient (8). If the patient is acting agitated, the nurse makes a PANSS-EC (Positive and Negative Syndrome Scale-Excited Component) assessment so the nurses can better assess the risk of managing the patient's agitation in a unit (7).

Follow-ups and patient referrals are part of clinical knowledge and skills (2, 5, 10, 11). Professionalism was manifested in organizing follow-up care (2). The nurses gave patients guidance on getting detoxification treatment (2). The nurses used mini interventions to guide patients to self-help services (2); this includes outpatient detoxification, internal or external referral with formal procedures, psychosocial follow-up treatment, and psychosocial and medical follow-up for methadone maintenance (5).

Nurses conducted motivational interviewing on the phone as SBIRT (Screening, Brief Intervention, and a Referral to Treatment) workers to avoid booking times for patients in person and get services to patients faster (10). Utilizing telemedicine helps with brief interventions, and that would allow the SBIRT process to move faster and reach patients who have not received services yet (10). Nurses used integrated SBIRT services that are for substance abuse as well as mental health problems (11). During the SBIRT process, the patient should receive services involved in the Addictions Programme like intake or psychosocial services (5).

6 DISCUSSION

6.1 Ethics and reliability

A permit for this study has been approved by Tampere University of Applied Sciences. A contract between the authors and the university was signed, and all parties were aware of their obligations, rights, and responsibilities. The authors of this study have respectfully acknowledged, used the work, and correctly cited the other researchers from the data collected within the literature. The authors have noted the reliabilities of the articles at the end of the report, asserting what reduces the reliabilities (Finnish national board on research integrity TENK 2023). The authors were new researchers and were aware of preconceptions.

The collected data has been evaluated and is ethically sustainable scientifically by peer-review. Since the literature review is a data collection of already published articles, the authors did not need to get an ethics approval. (Aveyard 2014). The data and results obtained in this study met the standards. The authors have not given false information or presented other researchers research as their own (Finnish national board on research integrity TENK 2023). The authors of this study have knowledge of plagiarism (Aveyard 2014) and the study went through a plagiarism identification system. The plagiarism identification system was used throughout the study (TAMK 2022).

The results of this study are reliable since they are sourced from critically chosen peer-reviewed articles. Factors affecting the reliability of the results can be that this was the authors' first research, some of the articles were in Finnish, and the authors translated the results, and the research plan and context were not always completely clear. Results can be generalized to work all around the world by all nurses, despite their working environment. The authors researched articles only to answer their research question, which was interventions for nurses. The results can be used by all healthcare workers as generalized information, but the collected data was about nursing.

6.2 Findings

Nurses using questionnaires and different screening tools is important as it helps all healthcare workers assist in the diagnostic process by assessing symptoms and preventing missed diagnoses (Ladson et al. 2020). A screening tool like the PANSS-EC scale and a questionnaire like the BDI (Beck Depression Inventory) scale arose in the results. The PANSS-EC scale measures the patient's agitation level and consists of five parts, which then gives an overall score (Zeller, Zun, Cassella, Spyker & Yeung 2017). Whereas the BDI scale measures depression and is a longer questionnaire, the higher the score, the more severe the depression symptoms are (Tuisku, Kivekäs & Vuokko 2023).

In the results, nurses used different interventions and nursing models. Some of the contents covered the same subject. For instance, stages of change, the motivational approach, and the FRAMES model all consist of changes in one's behaviour and motivation. Communication between the patient and healthcare professional is important, as the patient needs to know that the healthcare professional is listening. The aim is that the patients find their own motivation through questions, solutions, and communication with the healthcare professional. Motivating the patient to want the change and to maintain the change (Tan, Lee, Lim, Leong & Lee. 2015). During this discussion, the problem is confronted, positive and negative feedback on the problem is given, as is self- efficacy, what the solution is and how to maintain the solution (Taylor, Bury, Campling, Carter, Garfied, Newbould & Rennie 2006; Comiskey, Galligan, Flanagan, Deegan, Farnann & Hall 2021; NHS 2011). Providing structure (PS) as a nursing intervention can also be seen as a treatment tool. PS includes the beginning of an interaction, the intervention part, and the end of the interaction. In addition, it provides structure to the patient's daily life by setting limits, making the patient feel safe, and making the environment comfortable (Voogt, Goossens, Nugter & Achterberg 2013, 2020). One of the models included medication and treatment compliance, the BRENDA model. The BRENDA model is nurse-led in primary care. The approach has six sections: In the biopsychosocial evaluation of the patient, the results of the evaluation were given to the patient, having empathy towards the patient, attending to the patient's needs, giving the patient direct advice, modifying the

patient's treatment plan, and patient assessment of the reaction to the given advice. These six sections provide an intervention (Comiskey et al. 2021).

One of the results had two models in one. The logic and HAT (Healthy Addiction Treatment) recovery model is nurse-led and focus on the patient's individual needs. The presentation of an idea is a logical model. It informs how a program will operate and the relationships among the elements within the program (Petersen, Taylor & Peikes 2013). It illustrates the outcome of an intervention or program. During a session, the patient and nurse go through the patient's needs and care plan after the assessment and focus on the patient's mental health. The care plan can be short- and long-term (Comiskey et al. 2021).

SBIRT stands for Screening, Brief Intervention, and a Referral to Treatment. This was the only result that had different interventions at the same time. To identify any level of substance, brief validated questions are carried out. A brief intervention conversation to provide feedback, enhance motivation to change substance use, and negotiate next steps with the patient. Referral to treatment is initiated when screening identifies high-risk alcohol or drug use that may meet diagnostic criteria for a substance use disorder (Rutter, Novakovic, Ainsworth, Hudson, Cullum, Canning & McSloy 2016; Singh, Hernandez, Damon & Hayashi 2017).

Within a model the mental health act was mentioned. The Mental Health Act legislation is about the rights, assessments and treatments for patients with mental health problems (NHS 2022).

When doing the research for the question, the authors thought that interventions would revolve heavily around subjects such as questionnaires for patients, patient assessment, nursing models, and medical treatment as described above. They thought that clinical knowledge and skills would play a bigger role, but the results showed that forming a nurse-patient relationship and paying attention to how you encounter the patient were more elevated by nurses working with possible dual diagnosis patients.

When caring for a patient with a possible dual diagnosis, some different interventions or demeanours might be needed from the nurse, such as effective communication with different types of ways to improve the environment and alleviate

symptoms (Perry & Dilks 2023). These are things that play a role in the nurse-patient relationship, which can be built with trust and empathy.

Therapeutically built relationships are needed when caring for patients who have both substance abuse and mental health problems because they fear discrimination and stigmatization. It was reported in a survey that nurses have been discriminating and showing stigmatization (Perry & Dilks 2023). Not knowing enough or fearing confrontation can be factors affecting stigmatization and deficient patient care (Ladson et al. 2020).

Nurses´ education and knowledge play a big role when caring for dual diagnosis patients. It is emphasized that education and mentoring increase nurses´ confidence in substance and mental health nursing (Perry & Dilks 2023). Treatment optimism has been achieved with nurses doing more training. Even one encounter with a nurse or a healthcare worker can have an effect on the possible dual diagnosis patient and their treatment, so knowing how to behave and treat in the early stages is crucial.

6.3 Research suggestions

There is still a lack of data on managing substance abuse and mental health problems in tandem, which the authors noticed while doing research for their question. Dual diagnosis management should be further researched in different kinds of settings to gain more data on early-stage interventions. The importance of early-stage interventions can be seen in the prognosis of symptoms and the development of co-occurring disorders (Ladson et al. 2020). The authors also noticed that most of the articles briefly touched on the topic of family nursing interventions when it came to patient needs but didn’t quite investigate enough. The authors suggest that family nursing and its importance should be researched further when it comes to a possible dual diagnosis patient.

The results of this study can be used in further studies revolving around mental health and substance nursing and when considering managing the problems together. The results of this study briefly touch on multiple areas of nursing interventions, and deeper research should be done to better the data.

6.4 Conclusion

It is important for nurses and other healthcare professionals to have knowledge about different interventions and how to conduct an intervention for the patient. Nurses and other healthcare workers need knowledge and skills for interventions while also being able to form a nurse-patient relationship. Furthermore, evidence-based research is needed on this topic so that interventions can be studied and implemented in the future by healthcare professionals.

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APPENDICES

Appendix 1. Description of eligible studies

Authors, year, country	Aim of the study	Method & number or participants	Results/outcomes
(1) Ould Brahim, L., Hanganu, C. & Gros, C. 2020. Canada	To investigate what did the patients view helpful in nursing interventions, their attitudes, behaviours, and actions in a psychiatric ward.	By using positive sampling twelve adult patients that were inpatients and have a dual diagnosis were interviewed. A qualitative-descriptive design was used. Content analysis was used to analyse the interviews.	Three themes came as a result that are: promoting health in everyday living, managing substance use together with mental health problems and building therapeutic relationships.

(2) Noppari, E., Koivunen, M., Mäkelä, K. & Hakala, T. 2020. Finland	A viewpoint of nurse's work to get information on how to care for an intoxicated patient in emergency care.	Data collected from 4 ED nurses between December 2016 and January 2017. A web-based training about treating and encountering patients that are intoxicated was taking place that the nurses at-tended. The data was collected at the same time as this. The research was conducted by using qualitative case-study and data collected was from recollection essay-type diaries.	Management and training for nurses improved care.
(3) Moore, J. 2020. UK & Ireland	Aim of the study was to collect information for already existing competency frameworks with staff training plans.	A questionnaire and assessment scales were used on a substantial number of mental health services.	Staff's attitude towards substance users was improved by training. 'Managing family members' subject's importance on training differed on care settings.

(4) Voogt, L., Goossens, P., Nugter, A. & Achterberg, T. 2020. UK & Ireland	For better understandment on providing structure as a nursing intervention, psychiatric nurses were observed.	Data of 52 events were collected from a dual diagnosis ward and a crisis intervention ward in healthcare where providing structure intervention was used.	Three parts were recognized in providing structure, start of the interaction, interaction phase and the end of the interaction.
(5) Maynard, S., Campbell, E., Boodhoo, K., Gauthier, G., Xenocostas, S., Charney, D. & Gill, K. 2017. Canada	In addiction treatment in Quebec, services including SBIR (screening, brief interventions and referral) was issued to use by Quebec Ministry of Health and the study examined the level of implementation after one year of the mandate.	With 45 participants a structured interview was done from 21 health and social service centres. To evaluate the success a qualitative analysis was done.	Limited success was recognized in Quebec health and social services. The results revealed that there were factors such as organizational- and staff level.

(6) Sorsa, M., Hohenthal, M., Pikulinsky, M., Sellergren, H. & Puura, K. 2023. Finland	The aim was to report how to establish relationships and engagement with pregnant women with a substance use disorder within an outreach and low threshold service encounter tailored for them.	Thematic analysis was used for data analysis. Participants were 11 workers participating in the program and feedback from 504 families. The families are in the recovery process and had 228 open-ended answers. The data consists of online written narratives.	The way to approach families in the program is with flexibility. Themes for better relationships and engagement are acceptance and attitude, being sensitive, giving space and a trustful atmosphere, being available and building connection together.
(7) Johnson, J., Wu, C., Winder, G., Casher, M., Marshall, V. & Bostwik, J. 2019. USA	The aim of the study was to study the relation between cannabis use and patients admitted who have schizophrenia, schizoaffective disorder or bipolar disorder and their course of stay.	Agitation was measured with PANSS-EC assessment with (N=201) who had diagnosis and use of cannabis.	Shorter length of stay was linked to cannabis but also agitation that needed PANSS-EC assessment and oral medications as needed.

(8) Kaunomäki, J., Jokela, M., Kontio, R., Laiho, T., Sailas, E. & Lindberg N. 2019. Finland	Aim of the study was to examine the interventions applied on an identified high-risk patient and how often these interventions were used and what effect they had.	During 6 months, 331 patients on a psychiatric ward were observed who had mood and substance use disorders.	From 64 patients it was noted that 217 times with high violence assessment score at least one intervention was used. The most used interventions by nurses were as needed medication, seclusion and focused discussion.
(9) Comiskey, C., Galligan, K., Flanagan, J., Deegan, J., Farnann, J. & Hall, A. 2021. USA	Develop an evidence-based addiction nursing model and addressing what is missing within addiction nursing was the aim.	A cross-sectional study was done using the survey instruments that mapped key features and establish models that were relevant and practical in an addiction nursing context. From a sample frame of 17, 131 clients from clinics specializing in methadone treatment were interviewed in 2017 May to November.	Clients who went to the addiction nursing services needed psychological needs.

(10) Agley, J., McIntire, R., DeSalle, M., Tidd, D., Wolf, J. & Gassman, R. 2014. USA	Suitable patients were prevented from getting services that were provided through the SBIRT project. This paper describes the decisions made in the planning of the Indiana SBIRT project and what problems preventing patients getting services.	To provide preliminary quantitative evidence on how the effectiveness of the solutions for the problems were applied. Qualitative mechanisms were used to point out solutions for the problems.	The lessons learned by Indiana SBIRT could be beneficial for other SBIRT projects in the USA so that other programs can improve.

(11) Singh, M., Gmyrek, A., Hernandez, A., Damon, D. & Hayashi, S. 2017. USA	After ending of the start-up funding, how the continual of screen was assessed in Brief Intervention and Referral to Treatment (SBIRT).	Six sites that were previously funded by a large federal support for the SBRIT program. Participants were from these 103 sites and were 34 staff members. A descriptive study and the data collect was quantitative and qualitative.	In some capacity 69 sites continued to provide services which modified the delivery of SBIRT services after the grant funding. After the funding ended, new sites were added, making it 88 sites. The presence of champions, funding availability, systemic change and SBIRT practitioner characteristics were four primary factors that affected the continual of SBIRT.