

**Webinar**

# **An interdisciplinary panel discussion**

## **Collaborative Care in Mental Health & Substance Abuse Presentations**

**Tuesday 7<sup>th</sup> February 2012**

**“Working together. Working better.”**

Supported by The Royal Australian College of General Practitioners, the Australian Psychological Society, the Australian College of Mental Health Nurses and The Royal Australian and New Zealand College of Psychiatrists

# This webinar is presented by



## Panel

- Dr Benny Monheit
- Associate Professor Lynne Magor-Blatch
- Professor Dan Lubman

## Facilitator

- Dr Michael Murray

# This webinar is hosted by



- A Commonwealth funded project supporting the development of sustainable interdisciplinary collaboration in the local primary mental health sector across Australia
- Currently supporting over 450 local interdisciplinary mental health networks
- For more information or to join a local network visit [www.mhpn.org.au](http://www.mhpn.org.au)

# Learning Objectives

At the end of the session participants will:

- ***Better understand the key principles of intervention and the roles of different disciplines in providing integrated primary mental health care services to mental health and substance abuse presentations.***
- ***Better understand the merits, challenges and opportunities in providing collaborative care to people presenting with mental health and substance abuse issues.***

To find out more about your discipline's CPD recognition visit  
[www.mhpn.org.au](http://www.mhpn.org.au)

# Session outline



The webinar is comprised of two parts:

- Facilitated interdisciplinary panel discussion
- Question and answers fielded from the audience

# Session ground rules

- The facilitator will moderate the panel discussion and field questions from the audience
- You can submit question/s for the panel by typing them in the message box to the right hand side of your screen
- If your specific question/s is not addressed or if you want to continue the discussion, feel free to participate in a post-webinar online forum on MHPN Online

***For further technical support call 1800 733 416***

## Session ground rules (continued)

- Ensure sound is on and volume turned up on your computer. If you are experiencing problems with sound, dial (toll free) 1800 142 516 on your telephone landline & enter the pass code 40151365#
- If you are having bandwidth issues (sound or internet lagging or dropping out) you can minimise this by pausing the presenters webcams using the pause/play tool under their video screen. You will still be able to hear the presenters when you pause their webcams.
- Webinar recording and PowerPoint slides will be posted on MHPN's website within 48 hours of the live activity

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# GP Perspective

## Suzie – “A Frustrating Patient”

- Mostly came to see her doctor just to get a script
- Cycling in and out of treatment
- Death of sister led to heroin relapse. Still resistant to counselling.
- Suddenly wants counselling, urine screens for court. Involvement of psychologist.



Dr Benny Monheit



# GP Perspective

## Issues arising from Suzie's case

- Dual diagnosis is the norm rather than the exception in people with substance use dependence (SUD), so multiple issues to be dealt with
- Role of GP – different options
  - Do it all: family care, treat SUD, treat mental health issues
  - Outsource some of the care (e.g. counselling)
  - Be coordinator of care plan, or be one part of team but not coordinator
- Natural history of drug problems – do people 'mature' out of it?
- Brief intervention for alcohol problems – good evidence base. Who should do this?



Dr Benny Monheit

# GP Perspective

## Collaborative Care – How can it work best for people with dual diagnosis?

- Professional relationship between care team members
- Good initial assessment, then triage
- GP encounters for mental health issues in Australia in 2009-10 led to referrals in 6.3% of cases to psychologists and 1.7% to psychiatrists
- For simple problems – is one practitioner enough? – ‘One stop shop’
- Team care for complex patients only? (stepped care model)
- Communication between team members – letters, face to face, teleconference



Dr Benny Monheit

# Psychologist Perspective

## Family and Relationships

- Family of origin, taking family genogram, depression and mental illness – parents are post-war immigrants from Italy – what is their migration story? Issues of attachment?
- Suzie's older sister also a heroin user and died of OD when Suzie was 27 years old. What was their relationship and drug using history – separately and/or together?



**Associate Professor  
Lynne Magor-Blatch**

# Psychologist Perspective

## Family and Relationships (continued)

- What is Suzie's trauma story? Her parents were "very strict". No report of sexual abuse. Particularly important given both sisters' substance use history and high rates of trauma reported in the literature amongst drug using populations.
- History of intimate and personal relationships. Only know about one personal relationship – Suzie's ex-boyfriend.
- Report of supportive relatives in the country – a further relationship to explore



**Associate Professor  
Lynne Magor-Blatch**

# Psychologist Perspective

## Substance Abuse

### **In relation to her substance use history –**

- Suzie commenced cannabis and binge drinking at age 15 years, and “drifted” into heroin use by 17-18 years. Presented at GP clinic at age 25 years – indicating 10 years substance use history and 7-8 years heroin use by this time. How has she survived during this time?
- Suzie has apparently only accessed medical interventions – methadone and suboxone treatment, and although she has not been compliant with treatment, she has not entered other forms of treatment – such as a therapeutic community. Was this offered, would she have been suitable? May be worth exploring – particularly a family-based program which accepts parents with children.



**Associate Professor  
Lynne Magor-Blatch**

# Psychologist Perspective

## Substance Abuse (continued)

- The treatment process may assist Suzie in looking at some of the underlying issues (trauma, grief and loss etc). It may also provide the possibility of family therapy to work with the whole system in relation to past grief, loss, shame and abandonment.
- Noted that Suzie has, however, refused counselling until recently – where she has been referred to clinical psychologist who, she states, “has changed her life”.



**Associate Professor  
Lynne Magor-Blatch**

# Psychologist Perspective

## Strengths

- Suzie has managed to complete her book-keeping course, which provides her with the skills and opportunity to resume employment
- Family support
- Jack, her son. The opportunity for change is often initiated through external systems –may provide Suzie with the opportunity to examine and deal with her own past childhood issues, including attachment and possible abandonment.



**Associate Professor  
Lynne Magor-Blatch**

# Psychiatrist perspective

## Assessment

- **Understanding presentation**
  - Why here and what does she want out of this assessment?
- **Clarifying short-term and longer-term goals**
  - Especially regarding custody, health, drug use, treatment, support



Professor Dan Lubman



# Psychiatrist perspective

## Clarifying history

- **Developmental history**
  - Parental relationship during childhood
  - School and work experiences – bullying/exclusion/supports/achievements
  - Relationships – esp. experiences with males (father, partners, ex-partner, ?abusive relationships/prostitution)
  - Relationship with son and parenting experiences
- **Family history of mental illness or substance abuse**
- **Relationship with sister**
  - Level of connection
  - Explore drug use together
  - Explore whether unresolved grief issues
- **Current relationship with parents**
  - Level of emotional, financial and practical support
  - What issues remain unresolved?
  - Why not involved in treatment?



Professor Dan Lubman

# Psychiatrist perspective

## Substance use assessment

- Clarify current and past drug use
- Clarify previous treatment history and response
- Clarify motivations for use
- Clarify stage of change, readiness and confidence, current change plan
- Clarify barriers to stopping or ceasing use
- Explore Hep C situation and any other physical health issues



**Professor Dan Lubman**

# Psychiatrist perspective

## Mental health assessment

- Screen for depression/anxiety/PTSD/unresolved trauma/grief issues
- Assess for personality traits – esp. Cluster B
- Clarify any previous treatment and response
- Identify coping strategies
- Clarify relationship to drug use
- Conduct mental state examination



Professor Dan Lubman

# Psychiatrist perspective

## Initial management

- **Will depend on outcome of assessment, but should include:**
  - Simple formulation of findings back to Suzie
  - Psychoeducation related to findings
  - Encourage psychological approach, including a discussion of priority areas
  - Only commence pharmacotherapy if significant disorder or risk issues identified
  - Liaison with GP and psychologist regarding further management
  - Provision of further review appts if indicated



Professor Dan Lubman



















# Thank you for your participation

- **Please complete the exit survey before you log out**
- To continue the interdisciplinary discussion go to the online forum on MHPN Online
- **Each participant will be sent a link to online resources associated with this webinar within 48 hours**
- The next MHPN webinar is 'Perinatal Mental Health; working together, working better' at 6.30pm (AEDT) on Monday 19<sup>th</sup> March 2012
- **For more information about MHPN networks and online activities visit [www.mhpn.org.au](http://www.mhpn.org.au)**

# Thank you for your contribution and participation



Artwork (slide 21, 22, 23 & 24) courtesy of Arts Project Australia and Q Art Studio

**Miles HOWARD-WILKS**

*Not titled (landscape with waterfall, cross bridge and road)*

2009

MH09-0008

**Sonja Kan**

*'Secret Garden Series' 2011 QAS*

**Steven Perrette**

*In the bay, Port Philip Bay that is*

SP00-0017

**Ralph Dawson**

*'Stickmen with Yellow & Purple'*

-for Calendar 2011 QAS