Mental Health Professionals Network Ltd

Tel. 03 8662 6600
Fax. 03 9639 8936
Add. Emirates House,
Level 8 251-257 Collins St
Melbourne VIC 3000
Email. info@mhpn.com.au
Web. mhpn.org.au

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Mental Health Professionals' Network

Webinar

Working Together to Manage Substance Use and Mental Health Issues

Wednesday, 25th March 2015

"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 mhpn

Mental Health Professionals' Network

Tonight's panel

A/Prof Adrian Dunlop
Addiction Medicine Specialist (NSW)

A/Prof Richard Clancy
Nurse (NSW)

Ms Margarett Terry
Psychologist (NSW)

Dr Enrico Cementon
Psychiatrist (VIC)

Facilitator

Dr Michael Murray
GP and Medical Educator (QLD)

Ground Rules

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To help ensure everyone has the opportunity to gain the most from the live webinar, we ask that all participants consider the following ground rules:

- Be respectful of other participants and panellists. Behave as if this were a face-to-face activity.
- Post your comments and questions for panellists in the 'general chat' box. For help with technical issues, post in the 'technical help' chat box. Be mindful that comments posted in the chat boxes can be seen by all participants and panellists. Please keep all comments on topic.
- If you would like to hide the chat, click the small down-arrow at the top of the chatbox.
- Your feedback is important. Please complete the short exit survey which will appear as a pop up when you exit the webinar.

Learning Outcomes

Through an exploration of Doug's experience, the webinar will provide participants with the opportunity to:

- Recognise the core components of the featured disciplines' approach in screening, diagnosing and treating people with co-morbid substance use and mental health issues
- Better understand the key principles of providing an integrated approach in the early identification of people with co-morbid substance use and mental health issues, increasing the likelihood of a successful course of treatment
- Better understand the challenges in providing a collaborative response to people with co-morbid substance use and mental health issues, and share tips to overcome these challenges

Addiction Medicine Perspective

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What is a standard drink?

A middy of beer
285ml

=

A nip (30ml)
of spirits

=

A small glass
(100ml)of wine

=

A small glass
(60ml) of fortified
wine such
as sherry

=

A/Prof Adrian Dunlop

Addiction Medicine Perspective

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Australian Alcohol Guidelines

	Men	Women
Long term risk	2	2
Short term risk	4	4
Pregnant/breastfeeding women	0	0
Young people (<18)	0	0

Australian Alcohol Guidelines

www.alcohol.gov.au

A/Prof Adrian Dunlop

Addiction Medicine Perspective

Assessing alcohol use

- Risky drinking common in GP settings (1/4)
  - Caution: the ‘social drinker’

- Clinically assess
  - Quantity – standard drinks / day
  - Frequency – drinking days / week
  - Pattern – ‘binge’ use
    - Risk increases– > 4 standard drinks

A/Prof Adrian Dunlop

Addiction Medicine Perspective

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AUDIT-C

Questions	Scoring system					Score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2 – 4 times per month	2 – 3 times per week	4+ times per week	
How many standard drinks of alcohol do you drink on a typical day when you are drinking?	1 – 2	3 – 4	5 – 6	7 – 9	10+	
How often do you have 5 or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

Scores:

Risky drinking: >5 men, >4 women

Dependence: >9 (men and women)

A/Prof Adrian Dunlop

Addiction Medicine Perspective

What else to look for

- Other substance use
  - Tobacco, other drugs
- Medical
  - Acute problems: injuries, violence, assault
  - Medium long term: neurological, GI, metabolic & endocrine, cardiac, lung, blood, nutritional, cancers
- Mental health
  - Anxiety, depression, suicidal thoughts
  - Impulsive behaviour: unwanted sex, aggression
- Social
  - Relationship, work, parenting, MVAs

A/Prof Adrian Dunlop

Addiction Medicine Perspective

ICD-10 dependence

- ≥ in last 12 months
  - Unable to control
  - Desire/compulsion to drink alcohol
  - Use despite problems
  - Neglect of other priorities
  - Tolerance
  - Withdrawal symptoms

A/Prof Adrian Dunlop

Addiction Medicine Perspective

Assessing alcohol problems II

- Examination
  - Current intoxication/withdrawal
  - Blood pressure, chronic liver disease, neurological problems
- Investigations
  - Full blood examination, liver function tests (~1/3 at-risk drinkers ↑)

A/Prof Adrian Dunlop

Addiction Medicine Perspective

Management

AUDIT C score	Risk of harm	Advice
0-3	Low	• Positive reinforcement
4-8	Medium	• Advice to reduce drinking to low risk levels • May require period of abstinence • Controlled drinking strategies
9+	High	• Referral - management of dependence

A/Prof Adrian Dunlop

Nurse Perspective

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Doug Issues

- Engagement
- Doug's perceptions
- Transference
- Consistent messages
- Assessment

A/Prof Richard Clancy

Nurse Perspective

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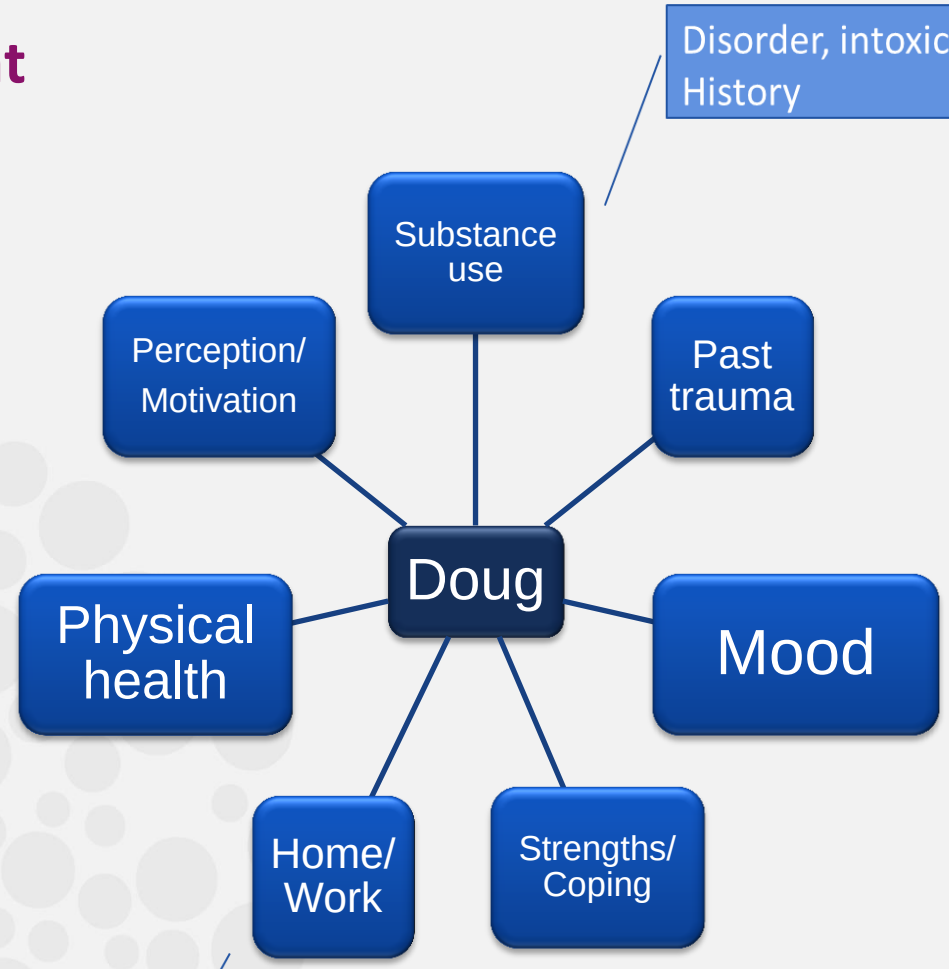
Assessment



A/Prof Richard Clancy

Nurse Perspective

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DSM–5 Substance Use Disorder

2-3 = mild 4-5 = moderate >5 = severe

1. failure to fulfil major role obligations	**7.** persistent desire or unsuccessful efforts to control substance use
2. physically hazardous	**8.** excessive time spent obtaining, using or recovering from effects
3. recurrent social or interpersonal problems	**9.** reduced social, occupational, or recreational activities
4. tolerance	**10.** continued use despite physical or psychological problem
5. withdrawal	**11.** craving or a strong desire to use a specific substance
6. using more or over a longer period than intended	

A/Prof Richard Clancy

Nurse Perspective

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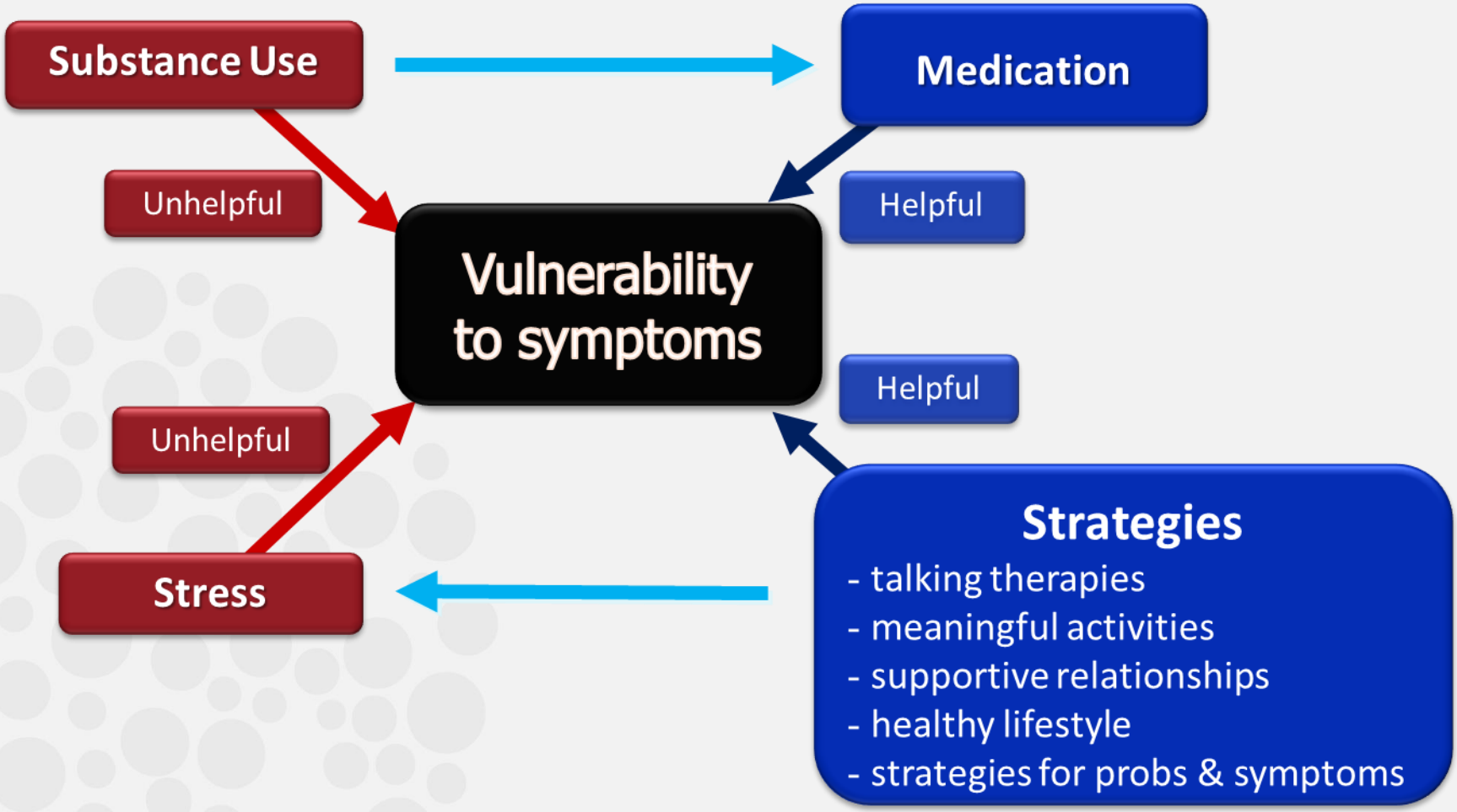
Stress-Vulnerability Model



Psychologist Perspective

Epidemiology & prevalence

- We should maintain a high index of suspicion regarding the likelihood of co-morbidity in treatment seeking clients presenting at mental health, drug and alcohol and general health settings

Ms Margarett Terry

Psychologist Perspective

Health Professional Roles

High Prevalence of co-morbidity in treatment seeking clients:

- Is dealing with substance use / mental health issues my job?
- Do I have the skills to work in this area?
  - Competency
  - Confidence
- Does treatment make a difference?

Ms Margarett Terry

Psychologist Perspective

Good Practice Guidelines on the use of psychological formulation: BPS Dec 2011

- Summarises client's core problems
- Suggests how difficulties may relate to one another, by drawing on psychological theories and principles
- Aims to explain, on the basis of psychological theory, the development and maintenance of the client's difficulties, at this time and in these situations
- Indicates a plan of intervention that is based in the psychological processes and principles already identified
- Are open to revision and re-formulation

Ms Margarett Terry

Psychologist Perspective

Motivational Interviewing (MI)

Rollnick & Miller 1991

- MI was originally conceived as a method for evoking motivation to change in situations where the importance of change was more apparent to the counsellor than to the client
- Focus on how to enhance the client's perceived importance of change
- Also situation where client clearly recognises and acknowledges the importance of change but lacks confidence
- Role to
  - Build motivation
  - Strengthen commitment to change

Ms Margarett Terry

Psychologist Perspective

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No Wrong Door

- The 'no wrong door' principle clarifies the responsibility of providing care that addresses the range of client needs is the responsibility of the care provider/service where the client presents
- Acknowledges that this requires services to provide care, and/or facilitate access to service delivery that falls beyond their specific focus
- Removes the onus of negotiating different services and providers from the client and thereby aims to reduce the incidence of clients falling through the cracks of a complex service delivery system

Ms Margarett Terry

Psychologist Perspective

William Miller

In my early professional years I was asking the question: How can I treat, or cure, or change this person?

Now I would phrase the question in this way: "How can I provide a relationship which this person may use for his own personal growth?"

Ms Margarett Terry

Psychiatrist Perspective

Responding to Doug's presentation

- Integrated assessment of ALL issues: alcohol misuse, depression, PTSD
- Formulation
- Provisional or working diagnosis with differential diagnosis
- Individualised, integrated management plan
- Contingencies to manage challenges & dilemmas that arise

Dr Enrico Cementon

Psychiatrist Perspective

Integrated assessment

- Severity of alcohol misuse & depression/PTSD
  - Duration, risks & harms
  - Drinking patterns: binge, damaging, dependence?
  - Depression & PTSD functional impact
- Relationship between alcohol misuse/depression/PTSD
- Doug's internal & external strengths & resources
- Motivational assessment & engagement
- Mental status exam: including cognitive assessment
- Physical examination: focus on intoxication, withdrawal, harms

Dr Enrico Cementon

Psychiatrist Perspective

Formulation & diagnosis

- Understanding the relationship between alcohol misuse & depression/PTSD for Doug
- Motivational assessment including Doug's goals
- Establish initial working diagnosis
  - Alcohol use disorder Dx: DSM-IV v DSM-5 v ICD
  - Independent depressive/anxiety disorder or alcohol-induced?
  - Entertain broad differential Dx
- All are primary diagnoses
  - Prioritisation of risks

→ Framework for management plan

Dr Enrico Cementon

Psychiatrist Perspective

Individualised integrated management plan

- Engagement & therapeutic alliance
- Diagnostic clarification
  - Collateral information: investigations & informants
  - Longitudinal, integrated perspective
- Acute management & stabilisation of all primary problems
  - Intoxication and/or withdrawal
  - Risk management: physical & psychosocial
- Remission, relapse prevention, rehabilitation & recovery
  - Lower severity → brief interventions possible
  - Higher severity, longer duration → long-term interventions
  - Pharmacological & psychosocial

Dr Enrico Cementon

Psychiatrist Perspective

Dilemmas & challenges

- Matching management plan & interventions to Doug & one's competency
  - Stage of change e.g. Doug the precontemplator
  - Stage of treatment: Engagement, Persuasion, Active Treatment & Relapse Prevention
  - Mutually agreed treatment goals?
  - Know when to refer to other practitioners → collaboration, coordination

Dr Enrico Cementon

Psychiatrist Perspective

Dilemmas & challenges (cont.)

- Continuity of care balances:
  - Empathic detachment
  - Opportunities for choice, empowerment
  - Contracting
  - Contingent learning & contingency plans
- Ongoing alcohol misuse?
  - Role and efficacy of pharmacological treatment
  - Risk of alcohol-medication interactions
  - Closer monitoring rather than treatment discontinuation

Dr Enrico Cementon

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Q&A session

Thank you for your participation

- Please ensure you complete the *exit survey* before you log out (it will appear on your screen after the session closes). Certificates of attendance for this webinar will be issued within two weeks.
- Each participant will be sent a link to online resources associated with this webinar within two to three business days.
- Our next webinar will be **Working Together to Support the Mental Health of Older Adults in the Community**.
  Keep an eye on www.mhpn.org.au/upcomingwebinars for the date and registration information.

Are you interested in leading a face-to-face network of mental health professionals in your local area?

MHPN can support you to do so.

Please fill out the relevant section in the exit survey. MHPN will follow up with you directly.

For more information about MHPN networks and online activities, visit www.mhpn.org.au

Thank you for your contribution and participation