



NATIONAL WORKSHOP: MANAGING ALCOHOL
AND MENTAL HEALTH COMORBIDITY
IN PRIMARY CARE

WORKSHOP REPORT

December 2004



Australian Divisions of **General Practice**



AER
Foundation Ltd



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Department of Health and Ageing



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Department of Veterans' Affairs

Managing Alcohol and Mental Health Comorbidity in Primary Care

An Australian Divisions of General Practice National Workshop

Report

December 2004

On 23 November 2004, the Australian Divisions of General Practice hosted a national workshop in Adelaide, South Australia. 66 people attended the one-day workshop, drawn from across the fields of research, policy and primary care, including strong representation from general practice. The workshop was funded by the Department of Health and Ageing Drug Strategy Branch.

The workshop centred around the launch by the Parliamentary Secretary for Health, Mr Christopher Pyne, of the new national project targeting co-existing alcohol misuse and common mental health problems *Mental Health and Alcohol: Managing the Mix*. This project is funded through the Alcohol Education and Rehabilitation Foundation (AERF) and in partnership with the Department of Health and Ageing (Drug Strategy, Rural Health and Palliative Care Branches) and the Department of Veteran's Affairs. The rural health and palliative care branches of the Department of Health and Ageing are making a substantial contribution to the project, specifically targeting people in rural and remote parts of Australia. The Australian Divisions of General Practice are responsible for overall management of the project.

Dr Rob Walters, as Chair of the Australian Divisions of General Practice welcomed participants and speakers to the workshop, acknowledging that general practitioners are the first port of call for many people experiencing alcohol misuse and mental health problems and that through *Your Mental Health and Alcohol: Managing the Mix*, general practitioners and allied workers will be better able to link with existing mental health developments (such as the *Better Outcomes in Mental Health Care Initiative*) to take a systemic approach to the identification, prevention and treatment of comorbidity.

Workshop participants spent the day exploring the future directions for this project in terms of primary care management of the complex mix of issues raised by the co-existence of mental health issues and alcohol misuse.

Aims

The aims of the workshop were to:

- Provide an overview of the current policy context for, and interface between primary care, drug and alcohol and mental health initiatives.
- Showcase existing resources available to general practice to assist with the identification, management and treatment of alcohol problems and common mental health co-morbidities.
- Examine the challenges and opportunities for enhancing capacity to general practice to respond more effectively to these problems.
- Recommends practical and systemic ways of enhancing capacity in general practice to respond more effectively to these problems.
- Showcase a series of national and local case studies and their good practice features.

Process

Prior to the workshop, participants were provided with a kit, including the program for the day and biographies of the presenters. As Divisional projects will implement initiatives aimed at improving the knowledge, skills and capacity of the general practice sector in the prevention and management of co-morbid alcohol misuse and high prevalence mental health problems, participants were also asked to prepare for the workshop by considering three key questions:

- *What are the critical success factors required to link up services to meet consumer needs?*
- *What mechanisms are required to enhance skill sharing and development of primary care to support the delivery of Divisional projects*
- *What needs to change for effective service delivery and how might these changes be achieved in Divisional projects?*

These three questions were brought to participant's attention throughout the course of the workshop, culminating in a think tank session at the end of the day to share views and prioritise actions against these three questions.

The day provided opportunities to gain insights from a range of experts about mental health, alcohol and other contextual issues including:

- Current political and policy perspectives.
- Research findings and the evidence base for effective engagement on these issues.
- The experience in primary care.
- Ways to build systems and pathways to facilitate good practice in primary care.
- Challenges and opportunities to meet the needs of people with co-morbid alcohol misuse and mental health concerns.

To ensure dialogue between participants and presenters two panel discussions were convened and time was also allocated for questions to individual speakers. Participants made good use of the morning tea and lunch break to follow up their questions with the relevant experts.

The workshop culminated in a session comprising small group discussions where participants were invited to re-assess the three questions put to them and to put forward their joint views on a way forward for primary care in the development of effective management of co-morbid alcohol misuse and mental health issues.

Participants were asked to complete a short evaluation proforma to assess satisfaction with the day.

Key findings from the day's speakers, a summary of the outcomes from the group sessions and the results of the workshop evaluation are outlined below.

Professor Ian Webster and Dr Rob Walters opened discourse with key note addresses that outlined the prevalence of comorbidity and its contribution to the burden of disease and the presentation of comorbidity in general practice, including the issues facing general practitioners. Ms Jenny Hefford contributed a third keynote address that scoped the policy context for work in the area of comorbidity.

The key note addresses covered the following aspects of alcohol misuse and associated mental health comorbidity:

Historical profiles:

People with comorbidity.

Commonly present with:

- multiple vulnerabilities
- a history of psychosis/schizophrenia
- a lack of personal privacy and personal space
- aggression
- complex life stories
- complex underpinning epidemiology
- disempowerment
- social exclusion

The typology of people with comorbidity is complicated by:

- many special needs groups eg
 - prisoners
 - polydrug users
 - homeless people
 - young people.

Political

The primary care sector is seen by Government as a leader in good practice and innovation in mental health and drug and alcohol prevention and treatment.

General practice settings are the primary vehicle for delivery of prevention and care.

A national survey conducted by the Mental Health Council of Australia in 2003 indicated that the prevention and management of comorbid substance misuse and mental illness was the highest community priority for mental health reform.

Policy

- The national drug strategy recognises the need for innovation to meet the needs of people with multiple health issues and to minimise harm.
- There is a strong opportunity for intersectoral action and collaboration through the implementation of the National Alcohol Strategy.
- Comorbidity is a key plank in current drug strategy and divisions of general practice are well placed to work in partnership with government departments to improve outcomes for those with alcohol and mental health comorbidity.
- The time is right for action. The health system is now engaging with the issue of comorbidity.
- Law enforcement and the judiciary recognise the need to shift to a treatment focus rather than instigating punitive measures – eg through drug court diversion programs.
- There is a place for international consultations and action, similar to those achieved for tobacco control.
- The Australian Government is particularly committed to working on improved and relevant legislation, enhanced international effort, the issue of alcohol use in public places and on alcohol and comorbidity issues. Young people are a particularly important target group, especially for preventive strategies.

- There is public acceptance of the problem and a genuine interest
- Time to pursue the development of a health system that offers a '*chain of care*' to the benefit of those with comorbidity.

The Primary Care Sector

- Is at the forefront of efforts to improve the treatment of comorbid alcohol misuse and mental health problems.
- Medical care is science based. Science concentrates on the body and organ system. But people with comorbidity present with complex histories. Practitioners need to be encouraged to explore and treat comorbidity as a product of both body and mind.
- The comorbidity statistics indicated the size of the problem.
- GPs are well placed to undertake assessment, early intervention and treatment.
- There is recognition of the increasing difficulty of effective action where substance use is involved as well as a mental health problem.
- The primary health care sector is well placed to undertake (GP-based) research.
- Much is already happening and can be built on – this is not a tabula rasa situation.

Research

Professor Saunders drew on his own work to outline the research evidence for screening and brief intervention, especially when harmful or hazardous alcohol use is occurring. Professor Saunders noted that brief intervention is known to have long term beneficial effects (up to 2 years). He drew attention to the development and use of AUDIT as a useful tool for general practice and to the systematic approaches developed with the World Health Organization, acknowledging the strong evidence for screening and brief intervention where hazardous or harmful alcohol use is present.

Dr Baigent acknowledged the evidence presented by Professor Saunders in favour of brief intervention strategies for hazardous or harmful levels of alcohol use and tied this to the role of the general practitioner, noting the need for common sense approaches and some '*thoughtful palm reading*'. The complexities of comorbidity indicate that work over time is required and that more research is needed. Many studies to date have concentrated on serious mental health disorders, and in practice comorbidity has tended to be viewed as a 'new' occurrence requiring 'new' approaches. In reality, dealing with multiple health concerns has been part of the GPs role for a very long time.

Dr Baigent suggested that the GP should think of *mutual influence* when working with patients with alcohol and mental health comorbidity and seek ways to combine the two treatments. He noted that successful outcomes are more likely where planning occurs *with* the patient, both issues are managed simultaneously, and long-term strategies are developed that recognise that successful outcomes need a step-by-step approach.

The two speakers reconvened as a panel with Dr McCauliffe from ADGP, who added the need for openness and honesty on the issue of comorbidity from GPs and patients alike. That is, engagement between GPs and patients and agreement on a course of action will improve treatment outcomes for these comorbid conditions.

The panel discussion identified that brief interventions help in the treatment of Comorbidity. The instruments are available for GPs to utilise, but many GPs remain

reluctant to *'do what they know to do'*. Physicians' behaviour needs to change if effective brief interventions are to be universally used in the treatment of alcohol misuse and mental health comorbidity in the primary care setting.

Three key questions were raised:

- What strategies are required to affect a change in physician (and other primary health care workers) uptake and delivery of brief interventions?
- How can health care culture change be implemented (in relation to the prevention and treatment of alcohol and mental health comorbidity)?
- What strategies are required to tackle youth issues where alcohol misuse and mental health comorbidity occur?

Some possible solutions included:

- Funding for screening and for brief intervention.
- Simplification of the assessment and brief intervention processes.
- Development of memoranda of understanding between alcohol and drug, mental health and GP services regarding treatment protocols and processes.
- More work on systemic change (smoking strategies demonstrate that, with the aid of political will and commitment, it is possible to get generational changes on issues such as this).
- Developing long-term strategies that facilitate behaviour change (including the delivery of brief interventions by the primary health care workforce).
- Prioritising the implementation of evidence-based prevention strategies for young people.
- Broadening the scope of treatment options to include a focus on the needs of families and carers.
- Continuous improvement in increased access to treatment and support.
- Trying *'fear and financial incentives'* with GPs – ie a carrot and stick approach to training, practice and incentive payments.

Experience in Primary Care

Professor Andrews, Professor Kavanagh, Ms Kelly Marshall and Dr Litt presented four examples of primary health care strategies for treating alcohol and mental health comorbidity.

- Introduction of CLIMATE as a planning tool in primary health care.
- Comorbidity and the Australian Integrated Mental Health Initiative.
- The Illawarra and Shoalhaven Divisions of General Practice Education in Dual Diagnosis Project.
- Treating alcohol misuse under the SNAP program in general practice.

These examples highlighted:

- The integral role of primary health care in delivery of prevention and early intervention strategies as part of a Chronic Disease framework for Australia.
- Current policy, effectiveness studies and prevention initiatives.
- The evidence for GP suitability to deliver patient education and opportunities to extend delivery to allied health professionals.
- The importance of providing *'lifestyle advice'* to patients.
- The opportunities for collaborative effort in working on alcohol and mental health comorbidity.

- Examples of programs that have worked in the primary health care sector.
- The availability of planning tools (eg CLIMATE) for effective interventions in primary health care.
- The use of case stories to accurately demonstrate the realities of patients' experiences to primary health care workers.
- The importance of the development of '*one stop shops*' for early interventions where a number of comorbid conditions can be tackled in a single setting.
- The need for renewed and heightened attention for the rural and regional primary health care sector.
- Recognition of the particular needs of the Indigenous population.
- The use of incentives in general practice service delivery.
- Opportunities for raising awareness with general practitioners about effective strategies and new tools and instruments to assist their work with patients experiencing alcohol/mental health problems.
- The need for adequate national funding of primary health care prevention and early intervention initiatives.

Building systems and pathways

Ms Margaret Cooke and Ms Ginger Gordy presented a telling account of how life unfolds for people with alcohol and mental health comorbidity and provided valuable consumer perspectives. Key issues raised included:

- The stigma of comorbidity.
- Issues of personal safety.
- Recognition that the 'dual diagnosis' label doesn't fit the reality - comorbidity is more about critical life circumstances than about a medical diagnosis.
- Comorbidity affects the whole community and the whole of community needs to engage in support for those affected.
- The importance of peer support networks.
- The need for recognition of peer support as a Medicare item.

Associate Professor Moira Sim built on this presentation from a GP perspective, outlining examples of service linkage, especially those between mental health and drug and alcohol services, noting some of the barriers to successful management and linked services as:

- The continuing myths about how comorbidity affects people.
- A fear among general practitioners of opening the floodgates: ie too much to handle.
- The fact that Drug and Alcohol is still the '*forgotten sector*' – remaining very disconnected and isolated in health care compared with other facets of health care and still working predominantly from a '*traditional medical model*' perspective.
- There a place for GPs to educate other practitioners about '*today's medical model*'.
- Issues of market segmentation and the need for sector clarification.

Dr Tom Paterson's presentation concerned shared care between psychiatry and general practice, offering a presentation based on two principles:

- Stop 'boxing' people into meaningless categories.

- 'Make it simple' (ie comorbidity is not as complex as some make it sound) *and* by posing three simple questions to guide the primary health care sector's effective treatment and support of people with alcohol and mental health comorbidity :
- What's wrong with them?
- Why is this?
- What can I do?

The panel discussion that followed raised interesting questions from the floor including: *'If you were Minister for Health, which three things would you do in order to improve outcomes for people with an alcohol and mental health comorbidity?'*

Responses from the panel included:

- Changing (reducing) the red tape that surrounds GP management of this complex issue.
- Front-loading the primary care sector with sufficient funds and resources to act effectively.
- Developing an education process.
- Introduction of peer support and leadership as part of service provision.

Developing the way forward

In the final session of the day participants worked in small groups to consider practical ways of enhancing capacity in general practice and other health care services to respond more effectively to comorbid alcohol misuse and mental health problems. The recommendations from the discussions are intended to aid Divisions of General Practice in their implementation of *Managing the Mix* at a local level. In addition, it is anticipated that responses will encourage funding bodies and health care organisations to consider these issues for taking action in the future.

Participants were asked to draw on their own knowledge, the presentations provided during the day, the question and answer sessions and the panel discussions and to revisit the three questions posed at the beginning of the workshop:

- 1 List the critical success factors required to link up services to meet consumer needs.
- 2 Identify the mechanisms to enhance skill sharing and development in primary care to support the delivery of the Divisional Projects.
- 3 Identify changes needed for effective service delivery and the way in which these might be achieved in Divisional projects.

A summary of selected priorities for future action is tabled below.

A Summary of Selected Priorities for Future Action by Divisions of General Practice.

Critical success factors for linking up services to meet consumer needs (for those with an alcohol and mental health comorbidity).	Mechanisms to enhance skill sharing and development in primary care to support delivery of Divisional projects.	Changes required for effective service delivery
Ready access to Divisional services that offer common pathways of care and support for both mental health and drug and alcohol issues.	<p>Primary health care sector and patients informed about service availability (eg through a national directory).</p> <p>Improved infrastructure support for the development of joint services.</p>	<p>Sustainable funding for services that offer preventive services and care for patients with alcohol and mental health comorbidity.</p> <p>Co-location of services.</p>
A skilled and motivated primary care workforce.	<p>A developed network of general practitioners who are skilled and motivated to work together with patients with alcohol and mental health comorbidity.</p> <p>Enhanced opportunities for knowledge transfer and skill sharing at the service level.</p> <p>Enhanced opportunities for education, mentoring and buddy systems.</p> <p>Peer education among GPs.</p> <p>Improved information accessible to GPs.</p>	<p>Improved, funded training modules and curriculum at all levels of primary health care training.</p> <p>Cross sectoral, group education and skills development for all interested health and allied professionals (eg primary care, AOD, mental health and allied health fields).</p> <p>Advertised opportunities for increased cadetships, placements, clinical attachments.</p> <p>A defined career structure for Divisional staff, working with patients with multiples and complex needs. Outreach education, academic detailing, clinical attachment.</p> <p>Development of mentoring schemes and peer education programs.</p> <p>Development of a data base of general practitioners and allied primary health care workers with specialised knowledge and interest in comorbidity</p>
General identification, acknowledgement and action to meet consumer needs.	<p>A developed network of peer support for patients as part of service delivery</p> <p>Community wide education to raise awareness, knowledge and 'health literacy'.</p> <p>Consumer input to planning, delivery and evaluation of services.</p>	<p>Commitment to fund, develop, integrate and evaluate peer support or mentoring services to guide patients through both (AOD and mental health) systems. Trial and evaluate peer support programs for patients, as part of service delivery.</p> <p>Community-based education campaign.</p>

		Development of an agreed format for consumer participation on service and project delivery for people with alcohol and mental health comorbidity.
Open communication and regular feedback between patients and services, (including those external to Health).	Maximise existing communication flow eg through well developed referral pathways, IT support, streamlined 'red tape', team approaches.	Improved referral pathways. Increased IT support at Divisional level. Regular sharing of experiences through forums, mental health liaison meetings, PARC information services and NPMHC network.
Shared understanding, time and commitment to joint ways of working in primary health care, which may require substantial change processes.	Development of a formalised shared Charter of prevention and care for Divisions, focused on patient outcomes. Strengthening of existing networks. Formalised agreed partnerships for project and service delivery.	Development of an agreed Charter that sets out commitment to a core set of values and principles to guide primary health care prevention and treatment. Establish Medical Director positions at Divisional level that focus on comorbidity. Improve project management systems, protocols and provide additional training in project management.
Quality service delivery.	GPs knowledgeable about the health system, as it relates to people with alcohol and mental health comorbidity, and who are trained and confident in assessment and early intervention processes for patients with alcohol and mental health comorbidity. A national set of evidence based, quality service protocols and guidelines for primary care, using common language and understanding.	Establish special interest groups at Divisional level or as virtual interest groups. Improved clinical software/tools widely available. Enhanced opportunities for cross disciplinary case discussion. Development of agreed national protocols and common assessment processes/forms.
Good quality multi-level resources and sound service infrastructure.	Sustained Government support for infrastructure for services and projects that maximize prevention opportunities and improve outcomes for patients with alcohol and mental health comorbidity.	Increased resources, especially to services and projects in rural and regional areas.

Evaluation

66 people attended the workshop, of whom 11 were presenters. Evaluation forms were provided to the 55 participants and 40 forms were completed (a 73% response rate). Overall most responses rated: content, format, presentations, resource availability, examination of challenges and capacity, practical support, showcasing of innovative studies, networking and group discussion as either meeting their expectations to a great extent or to some extent. A breakdown of data is included in the table below.

Questions	To a great extent	To some extent	Not much	Not at all
1. Was the content of the day useful?	32	8	0	0
2. Was the format of the day suitable?	33	7	0	0
	Excellent	Good	Poor	Very poor
3. Overall how would you rate the quality of the presentations?	34	6	0	0
	To a great extent	To some extent	Not much	Not at all
4. Did the day provide an overview of the current policy context for and interface between primary care, drug and alcohol and mental health initiatives?	18	19	3	0
5. Did the workshop showcase resources concerning alcohol misuse/and or mental health problems?	15	24	1	0
6. Did the workshop examine the challenges and opportunities for enhancing capacity in general practice to respond more effectively to comorbid alcohol misuse and common mental health problems?	20	19	1	0
7. Did the workshop recommend practical and systemic ways of enhancing capacity in general practice to respond more effectively to these problems?	12	27	1	0
8. Did the workshop showcase national and local case stories and their good practice features?	13	27		
9. Did the day provide opportunities to network with others?	28	11	1	0
10. Did the group and panel discussions provide opportunities for you to interact with others and express your views?	19	18	3	0

Additional comments provided by participants included:

- An excellent day.
- Good organisation.

- Quality, informative workshop.
- High level of expertise among presenters.
- Great opportunity to hear from wide range of high level, expert presenters.
- Good opportunities for interaction with presenters/other participants.
- Domination of workshop by metro people/issues and limited focus on rural issues.
- Need for support for rural workers.
- Could have reversed the two days of (separate) workshops.
- Excitement that finally something concrete is happening about mental health/alcohol comorbidity in primary care.
- Consumer perspectives showcased well.
- If all presenters had stayed all day, then greater build-up of information may have resulted.
- More time needed for panel discussions and interaction with panel members.
- Need to find ways to engage others outside GP, drug and alcohol and mental health fields.