



**Illawarra Health**  
Better Services, Better Health



# **GP Education in Dual Diagnosis: Development, implementation and evaluation of an interactive CD training resource**

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**Project Funded in part by the Commonwealth Department  
of Health and Ageing**

# Project Goal

To develop and deliver a GP led educational resource with the aim of improving the skills of GPs in the identification and management of patients with a dual diagnosis



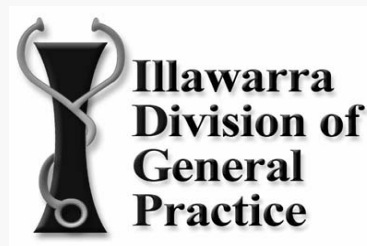
# Why GPs?

- Over 30% of patients presenting to GPs have a diagnosable mental disorder (*Andrews et al, 1999; Hall et al, 1999*)
- Depression & anxiety are the most common mental health conditions found in general practice (*Hickie et al 2001*)
- 30-50% go undetected (*Kessler et al., 2002, Mather et al. ,2000*)
- Poor GP education and training in mental health
  - 8.3% with formal post graduate training in mental health
  - Incomplete knowledge recognised as a barrier to effective management
  - In previous 12 months 42% indicated receiving 5 hrs or less training and mostly through journals

(*Richards et al., 2003*)

# Project Outcomes

- Collaboration
- Needs Analysis
- Resource Development
- Resource Implementation
- Evaluation



# Dual Diagnosis Project



# Needs Analysis

## Participants:

- GP Focus Groups (N=15)
- Practice Staff focus Groups (N=8)
- Consumer and Carer Interviews (N=6)
- Inter-Division Survey (N=148)

## Results:

- Comorbid substance abuse and mental health highly prevalent but estimates varied between GPs substantially
- GPs overwhelmingly reported difficulties in accessing and communicating with other service providers as the greatest hindrance to care provision.
- Preferred mode of delivery included workshop in combination with multimedia modes

# Division-wide baseline n = 148

- 44% of GPs indicated they "regularly" or "almost always" treated patients with dual diagnosis.
- 17% of GPs at least "regularly" used screening devices
- 42% of GPs at least "regularly" provided counselling
- 36% "moderate" use of a network of mental health and D&A support professionals
- 26% "regularly" took on a coordinating role in treating DD.
- Only 5% used EPC items in their management of patients with a Dual Diagnosis

Item	2001 Annual Survey (N=148)			2002 Annual Survey (N=114)		
	N	Mean	SD	N	Mean	SD
Note. Rating scale ranged from 1 "Almost Never" to 5 "Almost Always"						
<b>Inquiry into mental health and substance abuse problems</b>	143	3.94	.79	114	3.80	.76
<b>Provide counselling for DD</b> ↓	143	<b>3.34</b>	.97	113	<b>3.11</b>	.96*
<b>Use screening devices to assess mental health and substance abuse</b> ↓	145	<b>2.49</b>	1.05	109	<b>2.30</b>	.98*
<b>Use a network of mental health and D&amp;A support professionals</b> ↓	145	<b>3.12</b>	1.02	105	<b>2.63</b>	1.05*
<b>Undertake a coordination role in caring for dual diagnosis patients</b>	142	2.82	1.01	114	2.66	1.03
<b>GPs use of EPC items in managing patients with a dual diagnosis</b> ↓	145	<b>1.72</b>	.94	96	<b>1.54</b>	.86*

# Clinical Audit

## Current consultation: Screening

- 50% of 508 patients GPs asked at least one mental health screening question
- 38% indicated the possibility of at least one disorder (positive screen)
- 26% of those asked, screened positive for depression
- 25% screened positive for anxiety
- 16% screened positive for substance abuse
- Of all that screened positive only 7% involved further use of checklist or assessment tool

# Judgments about treatment need

- Of the 508 patients
- 14% Depression
- 12% Anxiety
- 7% Substance Abuse
- 3% were judged to be in need for treatment of dual diagnosis Dep/Anx and Substance abuse.

# Management

## Enhanced Primary Care

- No GP intended using these items for any patients

## Better Outcomes in Mental Health Care

- 34% patients eligible to have a 3 Step Mental Health Process undertaken
- Only one GP intended to use this for 2 of these patients

# Division-wide survey and audit

- Survey estimates 13% of patients have dual diagnosis
- Audit found 3% had dual diagnosis
- Audit found only 35% were screened for Substance Abuse (lowest disorder screen rate)
- Only 16% of these screened positive

# **Resource Development**

## **Demonstration**

# Implementation of Dual Dx Educational Resource

- 326 GPs across both Divisions
- 34% (n = 111) expressed an interest in training
- 26% (n = 83) requested copy of CD
- 22% (n = 70) participated in the evaluation (GPs received a copy of the CD, and were contacted for follow-up to determine use of resource)

# Implementation Model

- GP Education and Training workshops (n=5)
- Teams of Three (n=2)
- Stand Alone

# Participant characteristics

- On average slightly more confident than those in the division-wide surveys
- More frequently used appropriate assessment and treatment activities with patients who have dual diagnosis
- Pre-workshop ratings indicated they were highly motivated to learn
- Post-workshop 95% agreed the workshops motivated them to want to use the CD to learn more about dual diagnosis and same number intended to use CD

# CD Resource Utilisation

- 31% (22/70) reported actually using the CD Training Resource over the 5 week follow-up period
- Average of 71 minutes use
- 76% (32/42) of those who had not used the CD, reported an intention to do so

# Conclusions

- Without ongoing targeted interventions GPs counselling, use of screening devices, referral to specialist services, coordination and use of EPC items is not likely to improve and is at risk of declining
- GPs overestimate their ability to detect dual diagnosis in practice
- Focus on improving screening and assessment needed

# Conclusions

- About a third of all GPs likely to be interested in further education in Dual Diagnosis
- About a quarter would request a CD for further education in Dual Diagnosis

# Future Direction

- Continued refinement of CD
- Development of strategies to increase uptake (e.g., increased structure, programmed learning, CPD points etc)
- National roll out
- Evaluation of uptake and practice change
- Utilisation by Allied Health Professionals