

# About this Resource Kit

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## Aim of the Kit

This Resource Kit brings together the resources, tools and models developed by divisions of general practice (divisions) throughout the course of the national alcohol and mental health comorbidity project, *Your Mental Health and Alcohol: Managing the Mix*.

In particular, the Kit provides practical information covering locally produced materials, the development of inter-agency partnerships, and better coordination of care for people with the comorbid problems described.

## Who the Kit is for

This Kit will be of interest to:

- Divisions of General Practice
- general practitioners
- allied health professionals
- mental health professionals
- drug and alcohol workers
- people working in health policy, planning and service delivery.

## How the Kit is structured



### Section 1: Introduction

This section describes the aim, structure and intended audience of the Resource Kit. It also sets the scene for the development of the Kit with study results and outcomes.



### Section 2: Project overview

This section summarises the Managing the Mix project, its objectives and components.



### Section 3: Resources

This section features some of the principal resources and models developed during the Managing the Mix project, including:

#### Consumer and carer resources

#### Education and training workshops and online package

#### Divisional resources

While the divisional resources were developed at a local level, they are useful documents for adaptation to other areas and include:

- *Divisional projects:* descriptions and highlights of the 19 divisional projects

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- *Systems development:* models of shared care and local partnerships and sustainability case studies

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- *Divisional training and professional development:* examples of divisional training activities and programs

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- *Resources and tools:* resources and tools produced and distributed by divisions, aimed at equipping GPs (and other clinicians) with materials to assist in the management of this client group. This section includes information and practical tools that enhanced shared care opportunities and provided GPs with support from other agencies

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- *Consumer and health professional awareness:* examples of divisional health promotion activities and means of engaging health professionals in comorbidity work, used to raise awareness of comorbidity among both consumers and health professionals.

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## Section 4: Appendices

The appendices include:

- Divisional research
- Divisional contact details
- References



## Section 5: full background details (CD-ROM)

The enclosed CD-ROM includes details about the Managing the Mix project as well as further details about the development of the resources that are included in Section 3.



# Setting the scene

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## Genesis

In late 2003, the Australian Divisions of General Practice (ADGP) developed a proposal for a national project, Managing Alcohol and Mental Health Comorbidity in General Practice, for funding as a 'policy partnership' by the Alcohol Education and Rehabilitation Foundation (AER Foundation).

The AER Foundation agreed to fund the project, with additional funding provided by the Drug Strategy Branch of DoHA and DVA. Further funding from the Rural Health and Palliative Care Branch of DoHA ensured sizeable representation of remote rural divisions. Funding totalled approximately \$2.5 million.

The project, which became known as *Your Mental Health and Alcohol: Managing the Mix*, was a government-general practice-community partnership. Managing the Mix aimed to implement initiatives to improve the knowledge, skills and capacity of the general practice sector in the prevention and management of comorbid alcohol misuse and high prevalence mental health problems. Through the course of the project and in this Resource Kit the term 'comorbidity' refers to co-existing mental health and substance misuse problems. In the context of this project, 'comorbidity' refers to common mental health problems (such as depression and anxiety), co-existing with alcohol misuse in particular.

While general practitioners were the focus of the project, Managing the Mix involved partnership initiatives with a range of other professions and health care providers, including the allied health, alcohol and drug agency services and mental health services.

## Prevalence of comorbid alcohol and mental health problems in Australia

The rates of alcohol misuse and mental health problems are significant in the Australian population. The National Survey of Mental Health and Wellbeing (NSMHWB) found that:

- almost one in five Australians (17.7%) have had an anxiety, affective, or substance use disorder in the past year
- anxiety was the most common (9.7%), followed by substance use (7.7%) and affective disorders (5.8%) (Andrews et al 1999)

Among substance use disorders, alcohol features most prominently. In the previous 12 months:

- 6.5% of Australian adults met criteria for an ICD-10 alcohol-use disorder and
- 2.2% had another ICD-10 drug-use disorder (Teesson et al. 2000).

This is indicative of the high rate of alcohol problems, which are about three times that of other drug use disorders.

According to the NSMHWB:

- about one in four persons with an anxiety, affective or substance use disorder also had at least one other disorder (Andrews et al. 1999).
- for those with a (primary) drug-use disorder (including alcohol), approximately two-thirds of people met criteria for an anxiety, affective or other mental health problem (Teesson et al. 2000).

## Prognosis

Compared with the presence of one disorder alone, comorbidity invariably means a poorer prognosis. Comorbid substance misuse and mental health problems are linked with:

- greater likelihood of social problems
- a poorer prognosis for mental health conditions and worse physical health
- heightened risk of relapse
- an increase in risky behaviours (including offending, suicide attempts and binge consumption), and worsened physical health (McCabe and Holmwood 2003).



*Studies show that, even after treatment, comorbidity translates into poorer prognosis than the presence of a substance use disorder alone.*

An Australian study compared treatment-seeking patients with comorbid alcohol and anxiety and/or depressive disorders with patients who had alcohol problems alone.



*The study found that, although their position had improved at three-month follow-up, the comorbid group drank more heavily than the non-comorbid group (Burns et al. 2005). Indeed, patients with comorbid problematic drinking and depression or anxiety have been found to show higher temptation to drink and lower self-efficacy to abstain from drinking than non-comorbid patients (Grothues et al. 2005).*

Mental health generally may be poorer because of alcohol problems, and alcohol dependence in particular. The NSMHWB found that on symptom measures of mental

health and well-being, people who were alcohol dependent reported the poorest level of mental health. In addition, as the level of alcohol problems increased, so too did the prevalence of other drug use and other drug use disorders (Degenhardt et al. 2000).

## Treating alcohol and mental health problems in primary care

GPs are well placed to carry out interventions for alcohol problems, for a number of reasons:

- GPs are usually the first point of contact within the healthcare system, placing them in an excellent position to coordinate other service provision as required
- the majority (85%) of the Australian population see a GP at least once in any given year
- the general population expect GPs to be involved in delivering prevention and treatment initiatives and GPs consider prevention as an appropriate role for themselves
- GPs can be effective in modifying and managing patient behaviours with respect to substance misuse
- there is a need for the identification and management of lifestyle-related issues such as substance misuse in GP settings because of the importance of lifestyle factors in chronic illnesses (Degenhardt et al. 2005).

Moreover, problem drinking frequently presents in general practice. Research shows that, on the whole, heavy drinkers visit their GP more often than people drinking at safe levels (Sims and Iphofen 2003). Importantly, GPs can certainly play an effective role in their treatment, in particular through screening and advice.

Despite this, evidence suggests that, overall, GPs are either reluctant or face barriers and difficulties to treating alcohol problems. While there is evidence to suggest that the treatment of mental health problems has increased in Australian general practice (see Australian Institute of Health and Welfare [AIHW] 2005), the treatment of alcohol problems remains low, despite the high rates of alcohol-related harm and its connections with mental health.

*Depression accounted for 2.5% of total problems managed (as a percentage of all problems managed in general practice). This compares to 1.2% for anxiety, 0.3% for drug abuse and only 0.2% for alcohol abuse (AIHW 2005).*

While GPs reported a conviction that they *should* be working with alcohol issues, fewer perceived themselves as being effective in this work. The main barriers to brief alcohol intervention were given as insufficient time and training, and lack of help from government policy. The main incentives related to availability of appropriate support services and proven efficacy of brief interventions (Kaner et al. 1999).

The need for enhanced skills and confidence has been noted in other studies.



*An Australian study of GPs management of drug and alcohol-related problems found that more than a quarter of the 110 GPs surveyed were unaware of safe drinking levels for men and women or the appropriate treatment for patients consuming above such levels. GPs also reported suboptimal skills in the management of alcohol problems.*

The authors suggest that a more comprehensive approach to education and training is required to bring about a change in practice behaviour. The recommendations include the development and maintenance of strong relationships with specialist services, increased practice reward (incentives) and the maintenance of skills in current best practice (Fucito et al. 2003).



*An Australian study of alcohol problems presenting in general practice found that it was not possible to readily identify patient characteristics which accurately predict the presence of alcohol-related problems.*

This points to the need for GPs to screen all patients rather than concentrate on any one group. Binge drinking arose as a major issue, suggesting the need to ask about bingeing, rather than relying on average daily intake (Redman et al. 1987).

*In summary, while GPs are well placed to work with patients with alcohol and mental health comorbidity, various impediments include:*

- *time constraints*
- *skills and confidence*
- *difficulty recognising problem drinkers who do not present with obvious symptoms*
- *lack of support services and appropriate interventions.*

*Some solutions to these problems may include:*

- *incentives to undertake the treatment*
- *enhanced training and education opportunities*
- *improved relationships and joint working with other services*
- *the presentation of a range of intervention options*
- *consumer awareness strategies - which may increase the possibility of patients discussing these issues with their GP.*

