National Comorbidity Guidelines

Face-to-Face Training Program

Module 1: Understanding Comorbidity

Participant Workbook

Funded by

Australian Government
Department of Health

Delivered by

THE UNIVERSITY OF SYDNEY
Matilda Centre

The training development team

Paula Ross, 360Edge

Nicole Lee, 360Edge

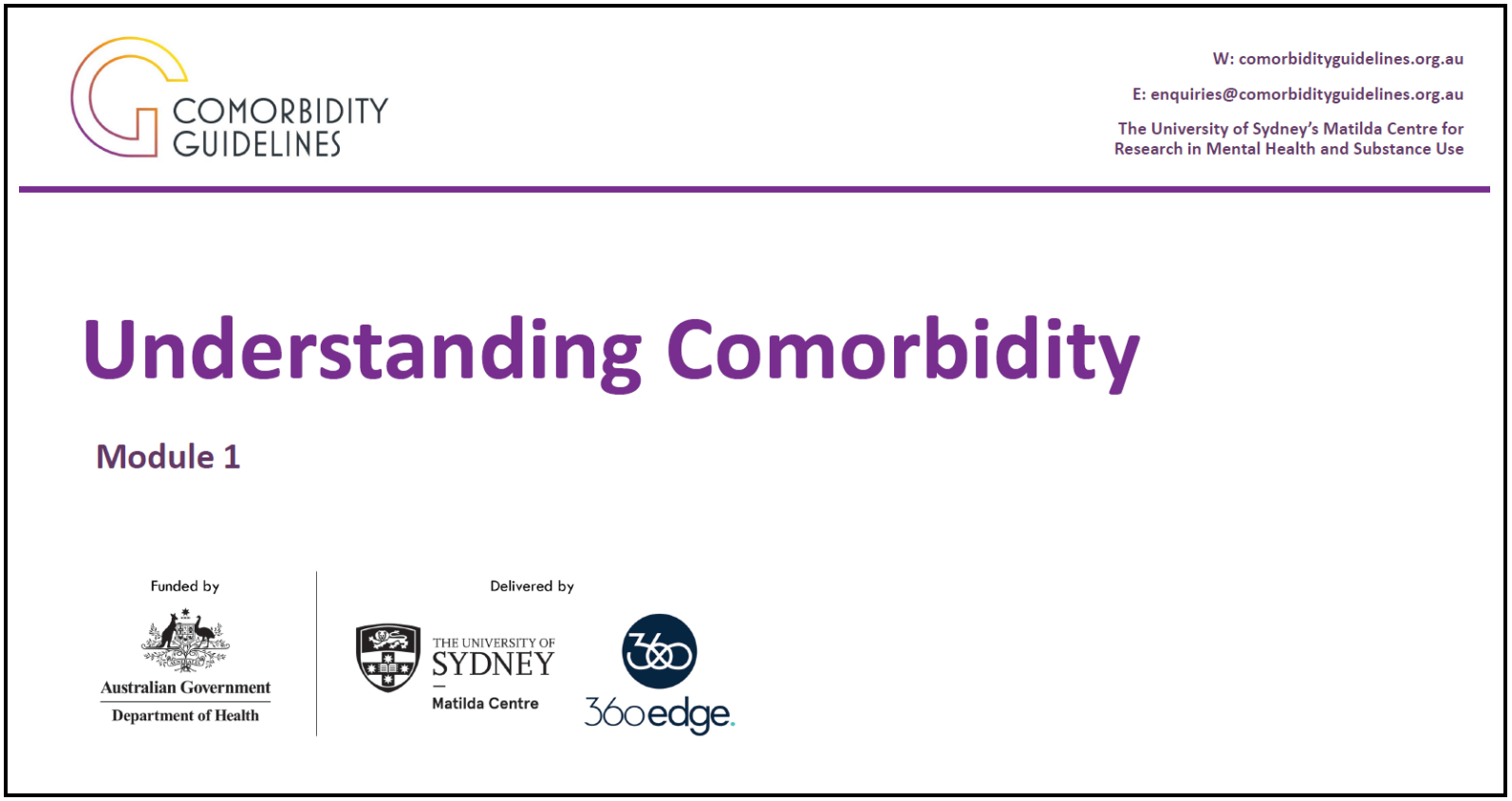
Christina Marel, the University of Sydney's Matilda Centre for Research in Mental Health and Substance Use, University of Sydney

Erin Madden, the University of Sydney's Matilda Centre for Research in Mental Health and Substance Use, University of Sydney

Katherine Mills, the University of Sydney's Matilda Centre for Research in Mental Health and Substance Use, University of Sydney

Acknowledgements

We would like to acknowledge and thank the following people who have made contributions to this program: Louise Bezzina, Logan Harvey, and Ashling Isik. We would also like to acknowledge and thank all those who so generously contributed their time and expertise to the Comorbidity Guidelines, the content of which this training program is based. Our sincere thanks also go to the Australian Government Department of Health, for funding the development of this training program.


COMORBIDITY GUIDELINES
W: comorbidityguidelines.org.au
E: enquiries@comorbidityguidelines.org.au
The University of Sydney's Matilda Centre for Research in Mental Health and Substance Use
Understanding Comorbidity
Module 1
Funded by
Australian Government
Department of Health
Delivered by
THE UNIVERSITY OF SYDNEY
Matilda Centre
360edge.

Comorbidity Guidelines Project

Australian Government Department of Health

More one third of people with substance use disorders have at least one co-occurring mental health disorder (up to 75% among people in alcohol and other drug [AOD] treatment)

AOD workers faced with responding to complex mental health symptoms despite lack of training

To address this gap, the Australian Government Department of Health funded researchers from the University of Sydney's Matilda Centre for Research in Mental Health and Substance Use to develop the Comorbidity Guidelines

Further funding developed an accompanying online training program, and this face-to-face training package

GUIDELINES CITATION

Marel C, Mills KL, Kingston R, Gournay K, Deady M, Kay-Lambkin F, Baker A, Teesson M (2016). *Guidelines on the management of co-occurring alcohol and other drug and mental health conditions in alcohol and other drug treatment settings (2nd edition).* Sydney, Australia: Centre of Research Excellence in Mental Health and Substance Use, National Drug and Alcohol Research Centre, University of New South Wales.

Aims and objectives

Increase knowledge and awareness among the AOD workforce of comorbid mental health conditions

Improve the confidence and skills of AOD workers to manage comorbid mental health conditions

Increase the uptake of evidence-based care

Improve the outcomes for people with comorbid AOD and mental health conditions

7 modules

Module 1.	Understanding Comorbidity
Module 2.	Screening and Assessment
Module 3.	Applying Motivational Enhancement, Cognitive and Behavioural Approaches To Co-Occurring Disorders
Module 4.	Anxiety, Depression and Bipolar Disorder
Module 5.	Personality Disorders
Module 6.	Post Traumatic Stress Disorder (PTSD)
Module 7.	Psychosis, Eating Disorders and Obsessive-Compulsive Disorder

Understanding comorbidity

Agenda

What is comorbidity?

Prevalence and harms

Guiding principles

Models of care

Coordinated care

Self-care

Funded by
Australian Government
Department of Health

Delivered by
THE UNIVERSITY OF SYDNEY
Matilda Centre
360edge.

What is comorbidity?

NOTES

Funded by

Australian Government

Department of Health

Delivered by

THE UNIVERSITY OF SYDNEY

Matilda Centre

360edge.

Disorder versus condition

Mental health disorder - a diagnosable mental health disorder as defined by one of the diagnostic classification systems (e.g., the Diagnostic and Statistical Manual of Mental Disorders; DSM or International Classification of Diseases; ICD)

Mental health condition - applies to many people who present for AOD treatment who display symptoms of disorders while not meeting the diagnostic criteria for a mental health disorder, or may meet the criteria but due to limited or no contact with the mental health system may not have a formal diagnosis

NOTES

Funded by Australian Government Department of Health

Delivered by The University of Sydney Matilda Centre, 360edge

AOD use disorder

Significant impairment or distress

Continues to use despite significant substance-related problems

Impaired control

Risky use

Craving

Failure to fulfil major role obligations

Social impairment

Tolerance and withdrawal

NOTES

Substance-induced disorder

Mental disorders that occur as a consequence of AOD intoxication or withdrawal

Symptoms of the mental disorder must only be present following intoxication or withdrawal

If symptoms of mental disorder occur in absence of intoxication or withdrawal, possibly an independent mental health disorder

Symptoms of substance-induced disorders tend to reduce over time with a period of abstinence

NOTES

Funded by Australian Government Department of Health

Delivered by The University of Sydney Matilda Centre, 360edge

Why does comorbidity occur?

Direct causal hypothesis - either the substance use disorder or the mental health condition causes the other (e.g. substance use disorder as a result of trying to relieve or cope with mental health symptoms, or mental health condition results from repeated or prolonged substance use)

Indirect causal hypothesis - one condition has an effect on factors that increase the likelihood of developing the second condition (e.g. depression leads to difficulties in completing school, which leads to difficulties in finding employment, which results in substance use)

Common factors hypothesis – both conditions come about due to the presence of shared biological, psychological, social or environmental risk factors (e.g. lower socioeconomic status, cognitive impairment, genetic vulnerability)

NOTES

Funded by Australian Government Department of Health

Delivered by THE UNIVERSITY OF SYDNEY Matilda Centre, 360edge

Module 1 Activity 1: Relationship between mental health and substance use

The facilitator will assign you one substance use condition and one mental health condition. Write the condition you've been assigned below.

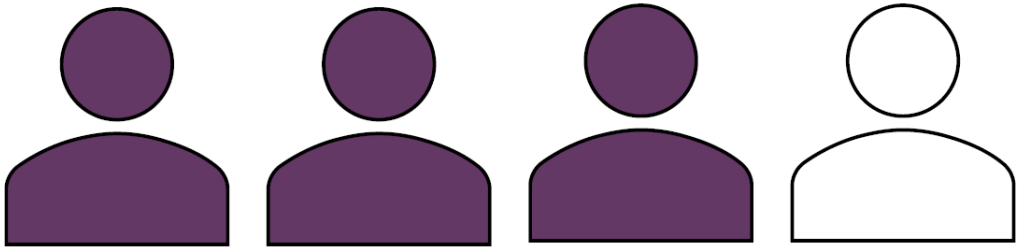
Substance use condition: _____

Mental health condition: _____

Discuss the relationship between the two conditions according to all three hypotheses below.

Direct Cause	Common Factors	Indirect Cause
NOTES	**NOTES**	**NOTES**
_____	_____	_____
_____	_____	_____

Prevalence and harms



NOTES

Australia – lifetime data

50% develop a mental disorder

41% experienced substance use, anxiety or mood disorder

10% experienced two of these

4% experienced three of these

Marel C et al (2016)

NOTES

Comorbidity data

35% of people with a substance use disorder have an affective or anxiety disorder
31% men, 44% women

50-76% of clients of AOD treatment services have one comorbid mental disorder
1/3 have multiple comorbidities

Marel C et al (2016)

NOTES

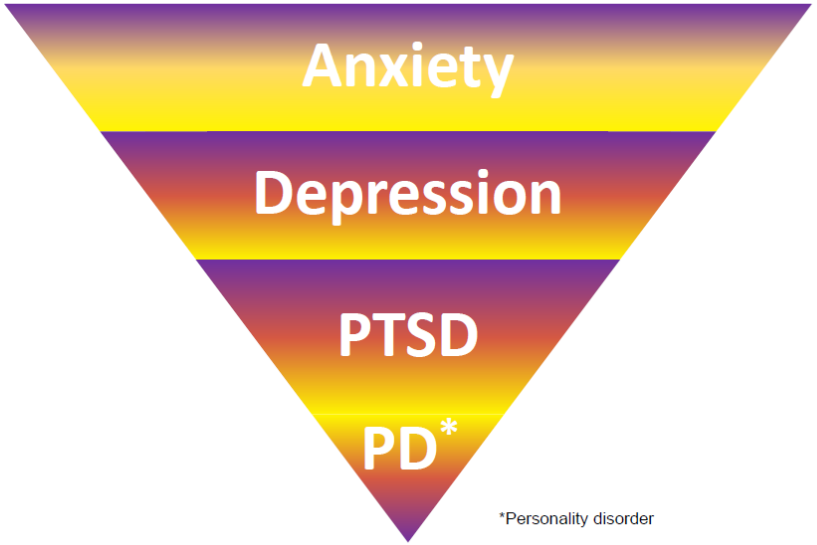
Most common mental disorders in Australia

Disorder	% Men	% Women	% Total
Major depression	16.1	20.3	17.4
Dysthymia	7.5	7.9	7.6
Generalised Anxiety Disorder	11.5	10.7	11.3
Social Phobia	10.9	14.7	12.1
PTSD	9.3	19.8	12.6
OCD	9.1	10.2	9.5

Marel C et al (2016)

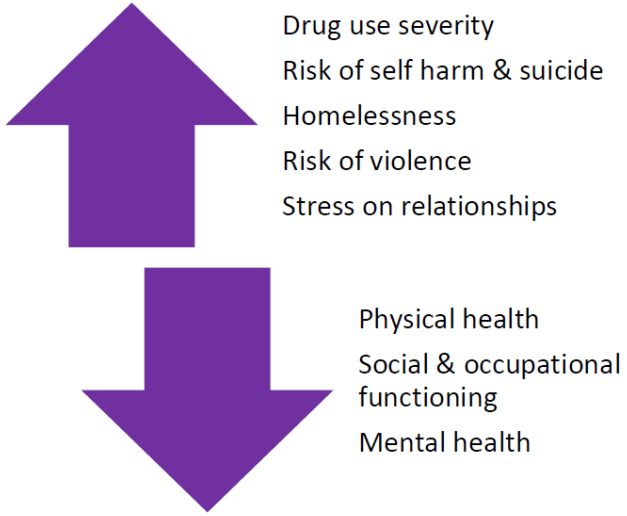
NOTES

Most common mental disorders in people seeking AOD treatment



NOTES

Harms



NOTES

Funded by
Australian Government
Department of Health

Delivered by
THE UNIVERSITY OF SYDNEY
Matilda Centre
360edge.

Treatment outcomes

Clients with comorbidity benefit as much as those without in terms of:

AOD use

Physical and mental health

General functioning

NOTES

Module 1 Activity 2: Harms associated with comorbidity

The facilitator will assign you two harms associated with comorbidity. Write the harms you've been assigned below.

Harm 1: _____

Harm 2: _____

Discuss how each harm impacts the client with comorbidity, the treatment outcomes, significant others and you as a worker.

_____

_____

_____

_____

_____

_____

_____

_____

Guiding principles

Guiding principles

First, do no harm

Work within your capacity

Engage in ongoing professional development

Recognise that the management of comorbidity is part of AOD workers' core business

Provide equity of access to care

Adopt a 'no wrong door' policy

Guiding principles

Recognise that comorbidity is common and that all clients should be routinely screened for comorbid conditions

Conduct ongoing monitoring of symptoms and assessment of client outcomes

Adopt a holistic approach

Adopt a client-centred approach

Emphasise the collaborative nature of treatment

Have realistic expectations

Guiding principles

Express confidence in the effectiveness of the treatment program

Adopt a non-judgemental attitude

Adopt a non-confrontational approach to treatment

Involve families and carers in treatment

Consult and collaborate with other health care providers

Ensure continuity of care

Module 1 Activity 3: Guiding principles

The facilitator will allocate you one set of principles below. For your set of assigned principles only, discuss the following:

How do your guiding principles benefit clients, family and significant others?

_____

What are the risks to these stakeholders of not applying the guiding principles?

_____

Which principles are hardest to adhere to?

_____

Guiding principles (Set 1)	Guiding principles (Set 2)	Guiding principles (Set 3)
- First, do no harm. - Work within your capacity. - Engage in ongoing professional development. - Recognise that the management of comorbidity is part of AOD workers' core business. - Provide equity of access to care. - Adopt a 'no wrong door' policy.	- Recognise that comorbidity is common and that all clients should be routinely screened for comorbid conditions. - Conduct ongoing monitoring of symptoms and assessment of client outcomes. - Adopt a holistic approach. - Adopt a client-centred approach. - Emphasise the collaborative nature of treatment. - Have realistic expectations.	- Express confidence in the effectiveness of the treatment program. - Adopt a non-judgemental attitude. - Adopt a non-confrontational approach to treatment. - Involve families and carers in treatment. - Consult and collaborate with other health care providers. - Ensure continuity of care.

Models of care and approaches

NOTES

Models of care and approaches

- Sequential
- Parallel
- Integrated
- Stepped Care

NOTES

Funded by
Australian Government
Department of Health

Delivered by
THE UNIVERSITY OF SYDNEY
Matilda Centre
360edge.

Case study

John is a 34 year old single male with a long standing history of cannabis and alcohol use

John was diagnosed with schizophrenia when he was 23 yrs-old. He is treated under the Mental Health Act and has an allocated Mental Health Case Manager (MHCM)

John is wanting to reduce his cannabis use as this will support his outcome for a pending court hearing relating to an aggravated assault

NOTES

Funded by

Australian Government

Department of Health

Delivered by

THE UNIVERSITY OF SYDNEY

Matilda Centre

360edge.

Approaches

Psychological

Pharmacological

Self help

E-health

Physical Activity

Complementary and Alternative

NOTES

Coordinated care, collaboration and communication

NOTES

Common issues

Physical health
Housing
Employment
Education
Legal
Family
Comorbidity roundabout (bounced between services)

NOTES

Coordinated care

client retention increases
treatment satisfaction increases
quality of life increases
use of community based services increases

distress at retelling story
confusion from multiple inputs

NOTES

Key elements

Comprehensive assessment
Development of comprehensive care plan
Client-centred interdisciplinary approach
Facilitation of engagement with services
Coordination of communication between providers, client & significant others
Organisation capacity (staff & resources)
Delivery (right services, person, time)

NOTES

Types of referral

NOTES

Funded by
Australian Government
Department of Health

Delivered by
THE UNIVERSITY OF SYDNEY
Matilda Centre
360edge.

ISBAR

Identify: self and role and client details

Situation: current situation with client

Background: clinical context and relevant history

Assessment: problems and risks

Recommendations: actions required

NOTES

Module 1 Activity 4: Case study Crystal. Coordinated care scenario

- Crystal, 22 year-old female.
- Seven-year history of AOD use, currently seeking assistance to withdraw from methamphetamine.
- Crystal is a mother to a five year-old girl diagnosed with severe learning disabilities, who is under the care of Crystal's mother – the family is from an Aboriginal background.
- Crystal was diagnosed with Major Depression and Borderline Personality Disorder in her mid-teens.
- Crystal is currently residing in emergency accommodation following a recent release from jail eight months ago.
- Crystal served 18 months for aggravated assault and possession of an illicit substance, currently under a community order as a condition of her release.
- Crystal recently began treatment for Hepatitis C.

Self care

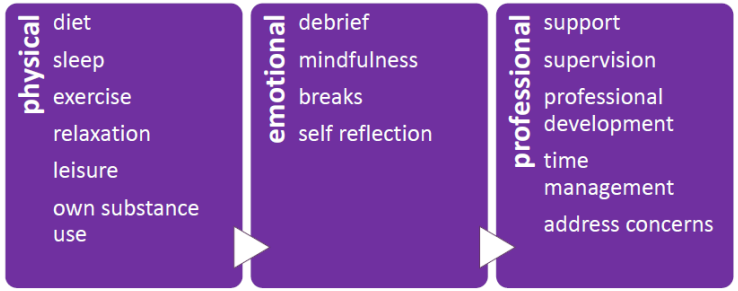
NOTES

Workplace stress

Workload & time pressures
Concerns about making a difference, having necessary skills, work being valued
Lack of supervisory & collegial support
Job uncertainty and financial concerns
Burnout
Vicarious traumatisation (secondary traumatic stress)

NOTES

Essential elements



NOTES

Module 1 Activity 5: Self-care practice

The facilitator will guide you through a mindfulness-based self-care exercise.

www.comorbidityguidelines.com.au