

# Current practices and support needs of healthcare providers in CESPHN in relation to addressing patients' co-occurring mental health and alcohol and other drug issues

## BACKGROUND

Research has documented the high prevalence of co-occurring substance use (alcohol and/or other drug, AOD) and mental health conditions among clients of healthcare services, who often present to services with a more severe clinical profile. In addition, clients with AOD and mental health issues often present with a variety of other medical and social issues (e.g., physical health, housing, employment, education and training, legal issues, and family situations). As such, people with co-occurring disorders frequently come to the attention of a diverse range of services (e.g., health, social welfare, educational, and criminal justice systems) and present a significant challenge to service providers.

As part of a needs assessment conducted in 2016, the Central and Eastern Sydney Primary Health Network (CESPHN) identified comorbidity between AOD and mental health conditions as a priority area, with low levels of service provision. To further inform how best to address this priority area, the CESPHN funded the NHMRC Centre of Research Excellence in Mental Health and Substance Use (CREMS), National Drug and Alcohol Research Centre (NDARC), UNSW to undertake a scoping exercise to evaluate the current practices and support needs of healthcare providers in the CESPHN in working with co-occurring mental health and AOD issues among their clients.

The scoping exercise was undertaken to improve understanding of these issues at the level of the PHN, with a view to providing recommendations for workforce development and capacity building. By improving the capacity of healthcare providers to identify, intervene, and provide appropriate referrals and coordinated care for this population, the standard of care, and the lives of people with co-occurring substance use and mental health conditions may be improved.

The scoping exercise aimed to identify:

1. the knowledge, attitudes, confidence, and capability skills of healthcare providers in relation to the identification and management of co-occurring mental health and AOD use among their patients.
2. the perceived challenges, difficulties, and rewards associated with working with patients' AOD and mental health issues.
3. strengths and weaknesses in current practices in relation to identification, intervention, referral and the provision of coordinated care.

## METHODS

The project involved 3 stages:

**Stage 1:** An expert panel meeting with 14 invited experts and key stakeholders from CESPHN, who represented a range of occupations and population groups including: psychologist, nurse, pharmacist, psychiatrist, addiction medicine specialist, GP, youth worker, Indigenous worker, LGBTI advocate, families and carers worker, and consumer representative.

**Stage 2:** Focus groups and interviews with 23 consumers, carers, and healthcare providers.

**Stage 3:** An online survey of 50 healthcare providers in the CESPHN.

Ethical approval to conduct the project was obtained from the University of New South Wales (UNSW) Human Research Ethics Committee (HC17650).

## RESULTS

Key findings are summarised below.  
The full report and results can be accessed at [bit.ly/aodfindings2018](https://bit.ly/aodfindings2018)

Specific client factors, including financial barriers and access to peer support, affect the ability of consumers to access healthcare services for their AOD and/or mental health and prioritise their health over other competing factors.

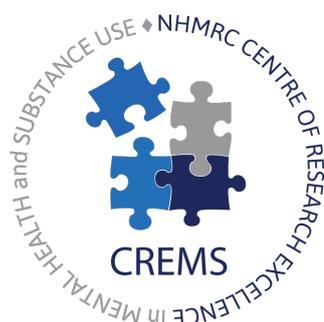
Family/carer factors, including their exclusion from treatment planning, can limit the ability of practitioners to deliver care within a holistic framework, and address clients' needs across multiple levels.

Healthcare provider factors, including knowledge about comorbidity, and personal values and attitudes about AOD and mental health, impact the extent to which consumers perceive their healthcare needs are being addressed, and the extent to which they feel able to ask for help.

Factors at the health system level, including access and availability of providers, models of care, collaborative and cohesive care, impact the broader context in which consumer, family/carer, and healthcare provider factors interact.

## RECOMMENDATIONS

1. Provision of education and training opportunities for healthcare workers in mental health and AOD comorbidity
2. Improved access to up-to-date evidence-based information on mental health and AOD use: Development of evidence-based resources for practitioners, clients and carers, and communication of evidence-based information via online and social media
3. Provision and ongoing support of clinical supervision for healthcare providers in mental health and AOD comorbidity
4. Development and maintenance of an online service directory
5. Development and pilot testing of innovative services and enhancement of existing services to address areas of unmet need
6. Development and pilot testing of an accreditation program for peer workers to legitimise and ensure that peer workers have the skills necessary to undertake these valuable roles
7. Provision of specialist training scholarships and subsidised placements in AOD and mental health services
8. Development and pilot testing of a model of coordinated care



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