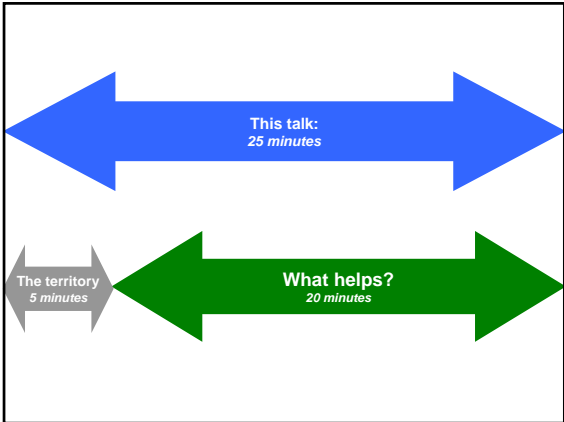


mental health-substance use

recognition and effective responses
from General Practice

Gary Croton
Eastern Hume Dual Diagnosis Service
www.dualdiagnosis.org.au





The territory: Terminology:

'Little traction' terms:

- CAMI
- MICA
- MISA
- SAMI
- MISUD
- ICOPSUD

The territory:

Terminology:

dual diagnosis



The territory:

Terminology:

comorbidity



The territory:

Terminology:

co-occurring disorders



The territory:

Terminology:

co-existing disorders



The territory:

Terminology:

concurrent disorders

The territory:

Terminology:

mental health – substance use

The territory: Terminology:

CAMI MICA MISA SAMI MISUD ICOPSUD

dual diagnosis

comorbidity

co-occurring disorders

co-existing disorders

concurrent disorders

mental health – substance use

The territory: Terminology:

any with any

mental health substance use

disorder disorder

The territory: Cohorts:

The territory:

Cohorts:

- Personality disorder with polydrug abuse
- Mood disorder with stimulant or depressant
- Schizophrenia with alcohol, cannabis or polydrug
- Amphetamine abuse with paranoid symptoms
- Opiate dependence with personality disorder
- Alcohol dependence with anxiety &/or depression symptoms or disorder
- Early psychosis with cannabis
- Anxiety with alcohol
- Depression with alcohol

The territory:

Cohorts:

MENTAL DISORDER CLINICAL STATE SUBSTANCE

Huge variety in:

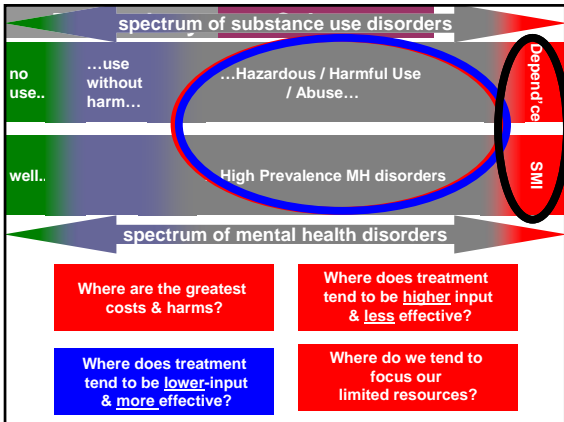
- **Combinations of disorders**
- **Severity of disorders**
- **Treatment needs**

The territory:

Cohorts: **Dependence**

DSM-IV Criteria for substance dependence:			
Maladaptive pattern of use leading to clinically significant impairment or distress as manifested by <u>three (3) or more of</u> (within a 12 month period)			
	Alcohol	Cannabis	Other (specify)
Tolerance			
Withdrawal			
Using larger amounts or for longer than intended			
Desire or unsuccessful efforts to cut down			
Time spent obtaining/ using/ recovering from substance			
Social /occupational recreational activities reduced or given up for substance use			
Use continues despite recurrent problems caused by or exacerbated by use			

The territory:	Cohorts:	Abuse	
DSM-IV Criteria for substance abuse:			
Maladaptive pattern of use leading to impairment or distress as manifested by <u>one (1) or more of</u> (within a 12 month period)			
	Alcohol	Cannabis	Other (specify)
Use results in a failure to fulfill obligations at work / school / home			
Recurrent use in hazardous situations			
Recurrent substance-related legal problems			
Use continues despite recurrent problems caused by or exacerbated by use			



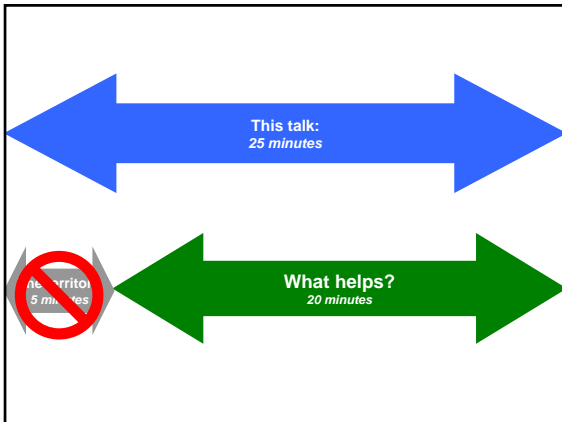
The territory: **Why does DDX matter?**

- Prevalence** ...*expectation not the exception*...
- Harms:** Relapse... Housing instability & homelessness... Unemployment... Financial... Physical health disorders... Forensic involvement... Carer trauma and loss ... suicide... multiple admissions ... treatment resistance....
- Potential:** More effective treatment of 'target' disorders

What are specialist AOD & MH services doing about DDx?

- Dual diagnosis capability
- Routine Sc & Ax
- Integrated treatment
- Carer & consumer involvement
- Rotations
- No Wrong Door service system goals





Broad definition of SUDs	
<ul style="list-style-type: none"> • Abuse / Harmful Use as well as Dependence 	<p>Barriers for GPs:</p> <ul style="list-style-type: none"> • too busy • not trained in AOD • Not encouraged • Lack counseling materials
<p>no use... ..use without harm... ..Hazardous / Harmful Use / Abuse...</p> <p>Prevention</p> <ul style="list-style-type: none"> • Brief Interventions 	<p>Dependence</p> <ul style="list-style-type: none"> • Don't identify harmful use clients • Not my responsibility • Disease rather than prevention orientation...

Welcoming:

- **Rationale:**
- **Stigma**
- **No Wrong Door**
- **..engagement engagement.... engagement...**

Engagement, engagement, engagement...

- **Length of time in Rx & client's perception of engagement** fundamental determinants of outcome
- **Empathy, respect, & confidence in treatment**
- Build **sense of collaboration** with client
- **Non-judgmental attitude** – (double stigma)
- **Non-confrontational**
- **Realistic expectations**


Detection of co-occurring disorders:

- **Disorders often not evident**
- **High index of suspicion**
- **Especially when 1 of the disorders is present**
- **Sensitive questioning** (normalising SU)
- **Routine screening**

Detection of co-occurring disorders:

MH disorders: **AUDIT** **ASSIST**

Tools for screening:



MH disorders: **K10** **PsyCheck**

Integrated treatment (where possible):

Sequential treatment

Parallel treatment

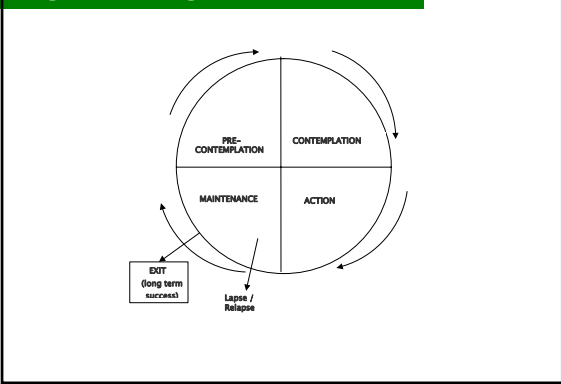
Integrated treatment

Stepped care

Stepped care means the flexible matching of treatment intensity with case severity.

The least intensive & expensive treatment is initially used & a more intensive or different form of treatment is offered only when the less intensive form has been insufficient.

Stages of change:



EB Rx's for all presenting disorders:

- Consider both disorders as primary
- Integrated treatment where possible
- BIs for Abuse / Harmful Use
- Motivational Interviewing for ambivalence

Brief Interventions:

- 5 to 30 mins of advice /counseling
- Target: **problematic/risky / abuse** rather than **dependence** (getting upstream)
- Evidence base
- Components= **FRAMES**

- F** Feedback ✓
- R** Responsibility ✓
- A** Advice ✓
- M** Menu of change options (drawn from client) ✓
- E** Empathy ✓
- S** Self efficacy ✓

Motivational interviewing / strategies:

MI framework

