From little things big things grow—an ANCD initiative for substance use and mental health in rural and regional settings

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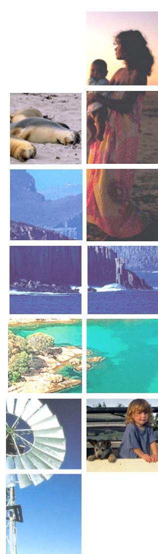


The ANCD was established by the Prime Minister in 1998 as a high level advisory body to government on drug policy and service issues. The Council is an independent body with diverse membership that includes leading experts and representatives from the non-government sector, treatment agencies, research, law enforcement, family-based services, schools, Indigenous organisations, government agencies and prevention centres.

The ANCD works with other bodies within the National Drug Strategic Framework's advisory structures, including the Intergovernmental Committee on Drugs (IGCD) and the Ministerial Council on Drugs Strategy (MCDS). The ANCD also receives advice from the various National Expert Advisory Committees. Importantly, the ANCD also has a direct relationship with the Prime Minister's office.

Since its establishment, the ANCD has committed a significant part of its annual budget to the conduct of research and other initiatives, in support of the Alcohol and other Drug (AOD) sector. A broad range of drug and alcohol issues are represented through the ANCD's research and other initiatives agenda, including research reports on Heroin Overdose, the Evidence Supporting Treatment, the Structural Determinants of Youth Drug Use and the Australian Approach to drug policy.

Within its dossier of research and other initiatives, the ANCD has three which are focused on rural and regional issues. The Rural and Regional Study Grants are an annual small grants program for rural and regional workers for professional development and networking opportunities. The Rural and Regional Consultations Report summarises the findings of consultations conducted throughout 2000 in a range of locations including places as diverse as Mt Isa (Qld), Launceston (Tas), Dubbo (NSW) and Broome (WA).

Thirdly, the ANCD has recently released its Rural and Regional Comorbidity Workshops report—which is the focus of today's presentation.

Throughout its consultations and other mechanisms, the ANCD has identified that alcohol and other drug workers based in rural and regional centres are generally less well supported and have fewer opportunities to access training and other development activities than their urban counterparts. This is essentially the principle behind the annual Study Grants program, and the Comorbidity Workshops.

In addition, the Council has also heard the concerns of both the mental health and alcohol and other drug workers that better relationships and processes are required to cater for clients who have substance abuse and mental health problems. It has been said that often, clients with mental health and substance use problems are referred to

and from mental health and drug and alcohol services without receiving comprehensive, co-ordinated care from either.

For these reasons, the ANCD considered an action-oriented strategy which would help to deliver access to information and training, assist collaboration between services and sectors, with the aim of improving services for people with co-existing mental health and substance use problems, within a modest budget.

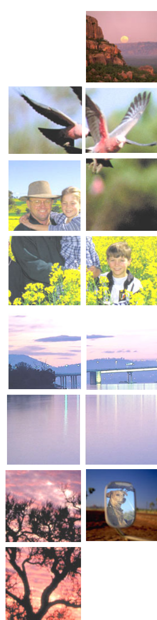
So, what is Comorbidity?

Comorbidity in simple terms means the co-occurrence of one or more diseases or disorders in an individual (e.g. heart disease and diabetes).

It is often used narrowly to define the complex interaction between substance use and mental health disorders (schizophrenia in particular). Comorbidity is sometimes referred to as dual diagnosis

Comorbidity is a significant problem—both in metropolitan areas, but possibly more so in rural and regional areas, given the limited number and range of services and the stigmatising nature of both mental health and drug and alcohol issues (which in many rural communities can mean a reduced willingness to seek treatment). Other issues which contribute to the seriousness of comorbidity include:

- some mental health disorders may increase the risk of substance use (e.g. self medication)
- persons who have comorbid substance use and mental disorders have a poorer treatment response, a poorer prognosis and suffer greater distress.
- mental health and substance use services are administratively separate in most states/territories and often have very different treatment philosophies and cultures.



Comorbidity is on the national agenda. A national workshop was held in March 2000 to discuss the issues and inform the development of a strategic approach to the issue, under the National Mental Health Plan and the National Drug Strategic Framework. That report, edited by Teesson and Burns is available through the Commonwealth Department of Health and Ageing.

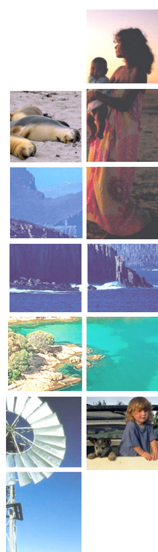
The outcomes of this initial workshop helped to inform the ANCD's approach to comorbidity. Two of the identified areas for future action from the workshop were *training* and the need for *collaboration between services*.

THE PROJECT

At its consultation forums and via other avenues, the ANCD was made aware of the need for training and opportunities for networking and liaison in non-metropolitan areas. After significant consideration of how best to meet this need, the ANCD invited tenders from qualified consortia who could provide a series of workshops to be facilitated at various rural and regional locations throughout Australia.

The workshops were intended to provide an opportunity for staff working with people with complex needs to develop new (or strengthen existing) sustainable partnerships and to facilitate the strengthening or development of networks among clinicians.

Membership of the successful training consortium comprised Linda Jenner (JenCo Consulting), Associate Professor David Kavanagh (University of Queensland), Professor Ernest Hunter (University of Queensland), and Dr Amanda Baker (University of Newcastle). Linda Jenner from JenCo consulting facilitated all of the workshops and authored the report, enabling the ANCD to deliver a consistency in the quality of the workshops as well as having access to Linda's comprehensive experience in the writing of the report.



In preparation for the workshops, representatives from key agencies in each of the chosen sites, including Alcohol and Other Drug Services, Mental Health Services and Non-government agencies, were contacted to establish an appropriate date and venue for the event and to provide information about the content of the workshops.

Flyers with background information and registration details were sent to key services in each area, which were then disseminated by the services using their knowledge of the local area agencies to ensure a wide representation of clinicians at each workshop. In addition, the workshops were advertised on the ADCA Update email list and on the Australian Drug Information Network (AIDN) website.

Due to the diverse information needs of the likely participants (i.e. mental health staff requiring alcohol and drug information, and alcohol and other drug clinicians requiring mental health information), a pre-reading manual that comprised three sections was developed. The first section dealt with mental health disorders and treatment, the second section dealt with alcohol and other drug problems and treatment and the third section addressed the intersection between the two.

A manual was sent to each participant and participants were encouraged to familiarise themselves with the material prior to the workshop so the foundation material did not need to be covered during the limited time available for the face-to-face component.

WORKSHOP LOCATIONS

Eleven training sites were chosen by the ANCD (in collaboration with the IGCD):

- Warrnambool (Victoria)
- Sale (Victoria)
- Launceston (Tasmania)
- Port Augusta (South Australia)
- Berri (South Australia)
- Albany (Western Australia)
- Tamworth (NSW)
- Alice Springs (Northern Territory)

- Roma (Queensland)
- Charters Towers (Queensland)
- Orange (NSW).

WORKSHOP CONTENT

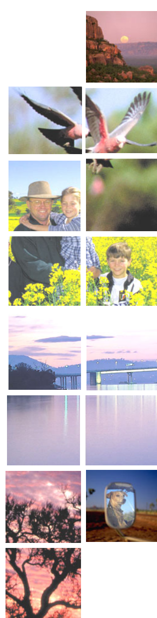
The content areas addressed in the full-day workshops were:

- introduction to comorbidity
- Indigenous issues
- introduction to motivational interviewing for clients with comorbid disorders
- development/strengthening of partnerships.

An important aim of the project from the ANCD's perspective was to improve the understanding of each professional group about the other professional groups' area. Accordingly, the ANCD stipulated that the workshops address the information needs of staff from both mental health and substance use treatment settings

Possibly the most important aspect as viewed by the ANCD was the degree to which the actions or strategies generated by the group in section D of the workshop were followed-up after the workshop. The ANCD requested that through the workshop, the training consortium facilitate the development of collaborative working relationships and functional liaison between agencies that care for the needs of comorbid clients.

WORKSHOP STRUCTURE



In an attempt to both facilitate action and to enable follow up by the training consortia, the following strategies were implemented:

- final session of the day, 4 groups worked on the following areas
  - formal interagency links
  - partnerships
  - joint assessment and co-case management
  - formal processes of networking and liaison
- groups discussed what already existed in the local community (for the 4 areas) and what could be done to improve these aspects
- groups contained both mental health and drug and alcohol clinicians.

At the conclusion of the group work, the workshop participants discussed each of the four areas. The facilitator then worked the group through a prioritisation of the list, asking participants to develop one of the ideas into a strategy.

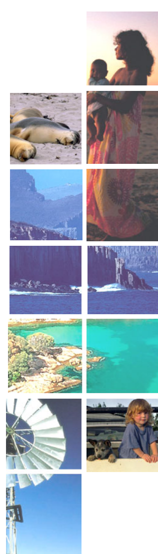
The group was then asked to:

- agree to implement the strategy post-workshop
- nominate a "key participant" who would take on the role of working with others to implement the strategy.

The facilitator (Ms Jenner) undertook to contact the key contact person to follow up on any progress since the workshop, 1–2 months afterwards.

OPPORTUNITIES

The workshop provided a number of opportunities for both the ANCD and the workshop participants.



The workshops enabled the ANCD to:

- provide an opportunity for staff working with people with complex needs to develop new (or strengthen existing) sustainable partnerships and to facilitate the strengthening, or development, of networks among clinicians
- inform itself of the views and perspectives of participants on the nature of working on the issue of comorbidity in rural and regional settings
- provide advice about the usefulness of this strategy and input into other processes at the national level in relation to comorbidity
- increase the level of awareness of both the alcohol and other drug and mental health sectors about the ANCD and its role.

The workshops also provided the participants with the opportunity to:

- meet other clinicians from the local area;
- access information (via the manual as well as at the workshop) on a subject area not as familiar to them
- practice skills (e.g. motivational interviewing)
- input into functional suggestions to improve working relationships between agencies
- discuss a range of issues related to caring for clients in the local area.

CHALLENGES

The clear and obvious challenge for the ANCD and the consortia was in running the workshops was attempting to meet the needs of a variety of clinicians with diverse professional backgrounds, localised difficulties and differing expectations.

From the feedback, the careful planning of the content and workshop format seemed to largely meet this challenge.

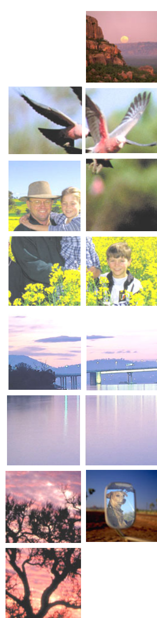
Given the one day format, time was also a major challenge, in a few cases stifling discussion. Keeping the training to one day had advantages though. Firstly in terms of cost—the ANCD paid for the workshop and participants attended free of charge. Secondly, it was felt that a two day workshop may limit numbers as workloads may have prohibited some clinicians from attending more than one day.

Aside from the challenges associated with conducting the Workshops, a number of comments were made throughout the initiative about the challenges associated with comorbidity. From the clinician perspective, a number of issues were raised, including:

- dissatisfaction with the way services collaborate (or do not, as the case may be) and a genuine desire to see the development of generic guidelines for management to enable clinicians to "speak the same language"
- a desire to see comorbidity priortised in the clinical setting
- a lack of managerial support for networking, liaison and partnerships, creating a considerable barrier as informal links between individual clinicians at an agency level was not always enough to ensure optimal outcomes for clients
- "artificial" geographical barriers imposed across areas, regions or health service districts, inhibiting effective partnerships and therefore interventions for clients.

POST WORKSHOP FOLLOW UP

Immediate feedback from participants indicated that the workshop materials (pre-reading) and the workshop experience itself were highly valuable. A great deal of information was collected via the evaluation form, including:



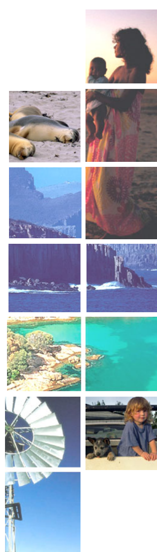
- 94% of attendees ranked the information from the Workshop as "good" or "very good"
- vast majority of attendees ranked the information provided through pre-reading materials as "very good" or "good"
- more information desirable—Indigenous issues
- most useful component of the Workshops—motivational interviewing and networking/inter-agency liaison.

In keeping with the importance the ANCD placed on sustainable outcomes arising from the workshop, the consortia were encouraged to follow up the key contact person at each workshop to ascertain the success of this aspect of the initiative.

The ANCD were encouraged by the range and creativity of strategies identified by workshop participants. ANCD members felt that the strategies identified were achievable, realistic and generally had relatively little budgetary impact. Some examples of future activity arising from the workshops include:

EXAMPLES OF STRATEGIES IDENTIFIED AT WORKSHOPS

- Review the existing opportunities for co-case conferencing and increase clinical collaboration across services.
- Circulate an existing services resource manual to participants.
- Develop a group email list so the workshop participants could maintain the established network and ask for assistance or advice at a later date.
- Additional training in the area of comorbidity to clinicians from alcohol and other drug services and mental health services.
- Raise the issue of a "drop-in centre" for clients with co-existing disorders at the next Mental Health Advisory Group Council meeting.
- Convene an in-service session for all staff on the legal aspects of confidentiality with a view to developing a joint release of information form and a protocol on sharing of client information across services.
- Explore the possibility of including comorbidity into a local mental health TAFE course.
- Reciprocal placements to improve knowledge, networking and liaison.



Whilst it was encouraging to see such creative suggestions and a clear willingness to improve working relationships between services at the workshop, obviously any benefit depends on the implementation of the ideas. The ANCD was delighted to see that in the majority of cases, the workshop has translated into future action, with key contacts reporting follow up activity which includes:

EXAMPLES OF FOLLOW-UP ACTIVITIES

- Flowcharts outlining options for care have been developed with a focus on consultation and co case management where consent is obtained from clients (this includes not only AOD and Mental Health Services but also working in collaboration with GPs).
- Commencement of a MOU between mental health and drug and alcohol services.
- The group email list has been created and is available to participants. A Dual Diagnosis working party has been inaugurated and the first meeting was held in September 2002 to progress issues in this area.
- The idea of reciprocal placements has been raised with Managers of both [AOD and mental health] services and this has been warmly received, but will not be offered for some time as AOD Services are quite under staffed [at present].

7th

DISCUSSION

A total of 201 clinicians from 11 sites across Australia participated in the workshops.

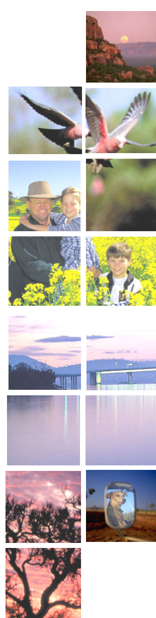
Whilst the ANCD was aware that a far more substantial and co-ordinated effort is required to bring about widespread improvements in these areas, it was also of the view that hosting 11 workshops could provide some indication of the degree to which this kind of initiative may facilitate closer working relations between the mental health and drug and alcohol workers. To this end, feedback given by these workers on the nature and usefulness of the workshops, as well as evidence of a continuing effect stemming from the workshops, is particularly valuable.

The workshops' main strength was in providing an opportunity not only for networking and liaison between clinicians from various services, but in offering dedicated time to examine local issues that were a barrier to collaboration in this area. The fragmentation of care in part stems from structural issues (such as separate funding, artificial geographical boundaries, etc) but is also due to differing professional perspectives.

The mental health and AOD treatment services available within Australia are excellent; however the lack of communication and co-operation between the two systems is a barrier to effective treatment of people with a dual diagnosis. In essence, the ANCD considered the workshops to be valuable—in part because of the opportunity to facilitate that communication.

Another beneficial aspect to the administration and facilitation of the workshops was that they were conducted by a presenter who was not affiliated with any agency, and as such was seen as an objective by the participants.

Whilst there is good evidence to support the effectiveness of interventions within both the mental health and drug and alcohol sectors, there is a lack of training and specialist education that assists the translation of these interventions into practice.

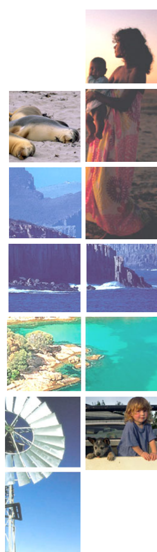


A significant issue arising from the workshops' was the inability to attract general practitioners to the events despite information being disseminated to local Divisions. This issue needs to be addressed in future with possible consideration being given to the development of specific GP training which would offer CME points and perhaps the opportunity for a Clinical Audit to make the training attractive to doctors working in a busy general practice.

RECOMMENDATIONS

Through the workshops report, the ANCD received recommendations from both the participants, as well as the training consortia. Many of the recommendations are echoed in the National Comorbidity Project report (Teesson and Burns 2001), which brings a level of consistency in the advice received by decision makers.

The report offers the following recommendations:



1. The development and dissemination of national standards to address the issue of comorbidity.

   Clinicians need the support of senior management to ensure collaborative partnerships are developed between clinicians of various services. Workshop participants felt that national standards might assist in the establishment of a common goal and a "common language" that would encourage uniformity of approach at a management and by extension, clinical level.

2. The development and dissemination of best practice clinical guidelines to address the assessment and treatment of comorbidity.

   The Commonwealth Monograph on comorbidity that is currently being written may help to provide advice on the development of guidelines, however the monograph will not provide the level of detail required for use by front-line workers. This is of critical importance and should inform management at a national level.

3. The development of a set of national standards for accreditation of services in the area of comorbidity.

4. The inauguration of an annual national comorbidity conference.

   To promote research and evaluation, to create a forum for disseminating information and a national profile/focus.

5. Ongoing opportunities for joint in-service training across sectors and services.

   This will provide ongoing opportunities for skills development and networking and liaison.

6. A co-ordinated, national approach to the issue of confidentiality and information sharing across service sectors.

   The author/s recommend shared, preferably electronic files across alcohol and other drugs and mental health sectors and, in the period before those can be developed, a clear directive from national and state health agencies that there should be free flow of relevant information between services. The privacy laws were specifically identified as more of a hindrance than a help in the proper treatment of comorbid clients.

7. The development of comorbidity training specifically aimed at the needs of general practitioners.

This may involve funding for locum GPs and the development of a Clinical Audit and CME points. Given the centrality of the role of GPs in rural area, training (in general as well as specifically about comorbidity) is a critical issue.

8. A co-ordinated, national approach to the collection of data from rural and regional areas.

   This will help to inform program development and delivery of services to people with co-existing disorders outside metropolitan areas.

9. Encouragement for universal screening of mental health disorders by alcohol and other drugs staff, and for alcohol and drug use by mental health staff.

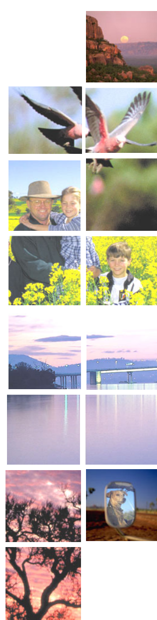
   It is proposed that universal screening will ensure that appropriate interventions are implemented and outcomes improved. This would also provide an opportunity for early intervention.

FROM LITTLE THINGS ...

The workshops formed a sound basis from which to progress some localised developments, but the issues related to comorbidity and the way in which services collaboratively respond will require ongoing attention and allocation of resources.

In fulfilling its advisory role, the ANCD has examined the outcome of the workshops and has submitted the report to Professor Beverley Raphael and Mr Keith Evans, Co-Chairs of the Mental Health and Substance Abuse Comorbidity Taskforce.

As mentioned previously, comorbidity is also on the agenda of the Ministerial Council on Drugs Strategy (MCDS)—comprising of the health and law enforcement Ministers of each State and Territory.



The ANCD is committed to ensuring that influential federal bodies are aware of the outcomes of these workshops, and note the underlying messages within the report, that is:

- training is well received and highly valued by rural and regional drug and alcohol and mental health professionals
- creativity and a willingness to collaborate exist
- there is a need to engage GPs in specialist training on this issue
- the current fragmentation of service provision across mental health and drug and alcohol services is unhelpful and ought to be proactively addressed
- some services are geographically isolated and in these instances, sharing of information and professional support is vital
- comorbid clients are complex and effective management/treatment of these clients sometimes cuts across jurisdictional controls
- support is needed to turn the good intentions into better practice.

ACKNOWLEDGMENTS AND MORE INFORMATION

Linda Jenner, David Kavanagh, Ernest Hunter and Amanda Baker (Training Consortium members)—ANCD Rural and Regional Comorbidity Workshops report, 2002.

Wayne Hall, Michael Lynskey and Maree Teesson (NDARC) University of New South Wales—"What is Comorbidity and Why Does It Matter"

Copies of ANCD reports can be obtained by:

1. Visiting the ANCD Web Site—www.ancd.org.au
2. Contacting the Secretariat—02 6279 1650