



ANCD NATIONAL REPORT

rural and regional

COMORBIDITY WORKSHOPS – SUPPLEMENTARY WORKSHOPS



AUSTRALIAN NATIONAL COUNCIL ON DRUGS



ANCD NATIONAL REPORT

rural and regional

COMORBIDITY WORKSHOPS – SUPPLEMENTARY WORKSHOPS

Report prepared by Linda Jenner on behalf of the training consortium
July 2003

Training consortium members:

- Linda Jenner, JenCo Consulting
- Associate Professor David Kavanagh, University of Queensland
- Professor Ernest Hunter, University of Queensland
- Dr Amanda Baker, University of Newcastle

Australian National Council on Drugs

© Australian National Council on Drugs 2003

This work is copyright. Apart from any use as permitted under the *Copyright Act 1968*, no part may be reproduced by any process without the written permission of the publisher.

Published by the Australian National Council on Drugs

PO Box 1552, Canberra ACT 2601

Telephone: 02 6279 1650

Fax: 02 6279 1610

Email: ancd@ancd.org.au

Web site: www.ancd.org.au

Acknowledgement:

This work has been supported by funding from the Commonwealth Department of Health and Ageing.

The opinions expressed in this publication are those of the authors and are not necessarily those of the ANCD or the Commonwealth Government.

Contents

Background to the supplemental workshops	1
Outcome, evaluation and follow-up from additional workshops	2
Wagga Wagga, NSW. 15th June, 2003	2
Bundaberg Queensland, 15th July, 2003	3
Skills required to work in the area and expectation of other services: workshop responses	4
Discussion	6
Conclusion	6

Background to the supplemental workshops

In 2002, the Australian National Council on Drugs (ANCD) funded a series of eleven workshops designed to address the training needs of clinicians from rural and regional areas of Australia about issues related to the co-occurrence of mental health and substance use disorders. A detailed report on the outcomes of the initial eleven workshops has been published by the ANCD and the reader is referred to that document for further information (Jenner et al, 2003).

In response to the success of the initial round of workshops, the ANCD commissioned an additional two workshops in 2003. The strategy for choosing the initial workshop locations entailed receipt of a list of nominations from both ANCD and Inter-governmental Committee on Drugs (IGCD) members. All nominated sites were considered by the ANCD membership at a Project Reference meeting in early 2003, and eleven sites were finally chosen. Due to the variation in interest and attendance at the initial workshops and non-attendance by registrants in some locations, the ANCD approved an additional step to the decision making process for the additional workshops. Personal contact with key clinical staff in the proposed sites was undertaken to assess the level of interest and perceived need for training and networking opportunities. Following this consultation process and consideration of the information gained, the sites chosen for the additional workshops were Wagga Wagga in NSW and Bundaberg in Queensland. This document details the outcomes of the additional workshops only.

Key agencies in both locations, 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 workshops¹. Flyers with background information and registration details were sent to the key services in each area, which were then disseminated by the services using their knowledge of local agencies to ensure a wide representation of clinicians at each workshop. In accordance with the previous workshops, a pre-reading manual was sent to each participant when his or her registration was received. The 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.

The areas addressed in the full-day workshops were:

- a) Introduction to comorbidity
- b) Indigenous issues
- c) Introduction to motivational interviewing for clients with comorbid disorders
- d) Development/ strengthening of partnerships

¹ See original report for workshop content.

Outcome, evaluation and follow-up from additional workshops

**WAGGA WAGGA, NSW,
15TH JUNE, 2003**

Number registered: 27

Number attended: 26

(Two guests from the Commonwealth Illicit Drug Section attended in addition to the 26 registrants)

Current situation: Wagga Wagga is located in the Greater Murray Area Health Service (GMAHS) as is Albury/Wodonga. The GMAHS have employed a Project Officer to oversee the development and implementation of a number of important strategies related to comorbidity. There was a high level of interest and support for the initiative evident among workshop participants. A comorbidity steering group meets monthly in both Wagga Wagga and Albury to plan service enhancement initiatives.

Participants came from Wagga Wagga, Tumut, Junee, and Albury. There were representatives from alcohol and drug services, mental health services, and the local Division of General Practice. The Comorbidity Project Officer also attended the workshop².

Evaluation of training: Of the 21 participants who completed the evaluations 20 reported that the information gained from the workshop was 'good' or 'very good'. Similarly, 18 stated that the pre-reading manual was 'good' or 'very good'. All but one participant thought the video addressing Indigenous issues was 'good' or 'very good', and all reported that it enhanced their understanding of the factors to be considered when assisting

Indigenous clients with comorbidity. Three participants reported that the Indigenous session was the most useful session. All participants reported that the introduction to motivational interviewing enhanced their understanding of how it applied to clients with comorbidity, and two participants stated it was the most useful session of the day.

All participants reported that the final exercise relating to partnerships was useful to them, while nine reported that the networking, liaison and understanding of the issues facing other services was the most important part of the workshop. All participants reported that the workshop at least somewhat increased their confidence to address issues related to comorbidity with their clients.

Partnership strategies generated: Participants agreed to 1) write an article for the local Drug and Alcohol quarterly newsletter to raise awareness of the issues that were raised in the workshop 2) expand the mailing list of the newsletter to include mental health services 3) discuss issues raised at the regular comorbidity steering group meetings.

Post-workshop initiatives, July 2003: The article for the newsletter has been drafted and will be completed in the near future. The comorbidity steering group has considered the issues related to assessment and intake procedures for clients with comorbid mental health and substance use problems, and plans to consider issues related to case management and integrated care, and discharge planning in the coming months. The Comorbidity Project Officer will produce a comprehensive report at the end of this period. Additional training for the Albury/Wodonga area is currently being planned as is a breakfast networking meeting with local general practitioners to discuss the implications of comorbidity in the primary care setting and discuss options for training and support.

² The Consortium wishes to thank Daniel Whiting for his valuable assistance with the organisation of this workshop.

BUNDABERG QUEENSLAND, 15TH JULY, 2003

Number registered: 16

Number attended: 11
(5 people who registered did not attend)

Current situation: Although there are no specific comorbidity workers in Bundaberg, the local mental health service has employed a part-time alcohol and other drug specialist to assist them to respond to clients with comorbidity.

All participants came from the local area. There were five mental health workers in attendance, three staff from the Salvation Army services, one from Saint Vincent's De Paul Society, one participant from the school system and only one alcohol, tobacco and other drugs worker.

Evaluation of training: Of the nine participants who completed the evaluations, all reported that the information gained from the workshop was 'good' or 'very good'. Similarly, most stated that the pre-reading manual was 'very good', while several rated it 'good'. All participants thought the video addressing Indigenous issues was 'good' or 'very good', and all rated the video's usefulness in enhancing their understanding of the factors to be considered when assisting Indigenous clients with comorbidity as 'good' or 'very good'. Three participants reported that the Indigenous session was the most useful. All participants reported the usefulness of the introduction to motivational interviewing for enhancing their understanding of how it applied to clients with comorbidity was 'good' or 'very good', and two people found that an understanding of the *readiness to change model* was most useful. All participants reported that the final exercise relating to partnerships was useful to them, while three reported that the network-

ing, liaison and understanding of the issues facing other services was the most important part of the workshop, and all participants reported that the workshop increased their confidence to address issues related to comorbidity with their clients.

Partnership strategies generated: The Bundaberg workshop participants agreed to continue to try to improve linkages between agencies, with particular emphasis on networking and collaboration with non-government agencies. To begin the process, participants agreed to organise an informal morning tea to be held at the Salvation Army premises to provide another opportunity for collegial networking.

Post-workshop initiatives, July 2003: The networking morning tea has been organised by the Salvation Army staff, and a reciprocal morning tea has been organised by mental health services. In addition, the staff training session for new Salvation Army welfare workers planned for the immediate future will now include a session on motivational enhancement as a result of participants' recent success with that style of communication in the clinical setting.

Skills required to work in the area and expectation of other services: workshop responses

Participants in the first round of workshops and the additional two, were asked to:

- a) determine what skills they believed were required to work effectively in the area of comorbidity.
- b) list what they expect from another service when referring a client with comorbidity to that service, (or when asking for general assistance) and what they would ask for from that service.

Responses from the initial workshop participants were detailed in the original report, while the responses from the additional two workshops were consistent with those of other clinicians across Australia. Responses included:

What skills are required to work effectively in the area of comorbidity?

- sound knowledge of both mental health and alcohol and other drug issues
- assessment skills and knowledge
- understanding of referral processes and availability of local services
- sound communication and listening skills
- established networking / liaison skills
- counselling skills
- ability to build rapport / treat clients with respect
- skills to be applied in a culturally and age sensitive/appropriate manner
- ability to maintain confidentiality
- ability to work in a multi-disciplinary team
- understanding / knowledge of policy and procedures
- ability to prioritise issues
- comfort with the 'grey' areas of client care

What do you expect from another service when you refer a client with comorbidity or ask for help?

- to consider the referral
- formalised, timely feedback
- timely response to the referral / request for assistance / triage
- an opportunity for co-case management
- an understanding / acknowledgment of comorbidity
- confidentiality of client information
- sharing of relevant information between services
- willingness to work together / partnership approach
- respect for professionalism / ability of the referrer
- case-conferencing opportunities
- consistency of other agency and continuity of care
- recognition of referrers service limitations
- joint problem solving
- family focus
- creativity in treatment planning

What would you like to ask for from the other service?

- client focus
- define roles of each agency in client care
- a willingness to collaborate / opportunity for co-case management
- identified case manager
- prompt feedback about the outcome of the referral
- regular communication opportunities / meetings / networking opportunities
- share knowledge / collaborative training / secondments to companion service
- joint assessment opportunities / ongoing evaluation of client progress
- responsiveness to all clients (including youth)
- respect for professionalism and ability of the referrer
- assistance with relapse prevention strategies to assist the client
- comprehensive discharge planning

Discussion

A total of 201 clinicians from eleven sites across Australia participated in the first round of workshops, and an additional 37 attended the supplementary workshops.

The added step of personally liaising with key clinicians in the proposed locations prior to the selection process did not significantly improve attendance, at least in Bundaberg, which is disappointing. An alternative strategy to ensure that any future workshops are well attended needs to be applied.

The issues facing the participants of these two workshops are consistent with those articulated by the previous workshop participants, including frustration with lack of feedback following client referral and few mechanisms for sharing relevant client information among agencies. All participants in the supplemental workshops found the opportunity for networking and developing informal links was valuable. The initiatives participants agreed to progress were mostly related to enhancing inter-agency collaboration.

Some comments from the participants regarding how the workshop could be improved in the future included:

Longer workshop

Follow-up workshops

Cover other treatment modalities such as CBT and Solution Focused therapy

Attract more clinicians from other agencies

More on motivational interviewing

Conclusion

It is the opinion of the Training Consortium that the series of 13 workshops have been a great success. They have provided a rare opportunity for interagency networking and frank discussion of the issues related to this complex field to practitioners from non-metropolitan areas. The workshops have also offered an equally rare chance for the workshop facilitator to gain valuable insight into the perspectives and day-to-day experiences of clinicians working in various settings and locations throughout Australia.

The workshop participants have made important recommendations regarding the development and enhancement of service delivery to clients and their carers, the consistency of which was quite remarkable despite vast differences in setting, local culture and available resources³. Among the challenges for services nationally are to reflect on the issues highlighted by clinicians as barriers to optimal care of clients with comorbid mental health and substance use problems and to generate practical strategies to overcome them.

Finally, the Consortium would like to thank the members and Secretariat of the Australian National Council on Drugs for their vision in conceptualising and commissioning these workshops and commitment to progressing sustainability in collaborative care.

³ See original report for these recommendations.