

# Multiple and Complex Needs

Chair | Gillian Clark, VAADA

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- 1. Expanding the toolbox for an ongoing challenge: the Comorbidity Project**
- 2. (Re)imagining integrated care: exploring barriers and opportunities through co-design**
- 3. Enhancing clarity in case management: the Windana case management manual**

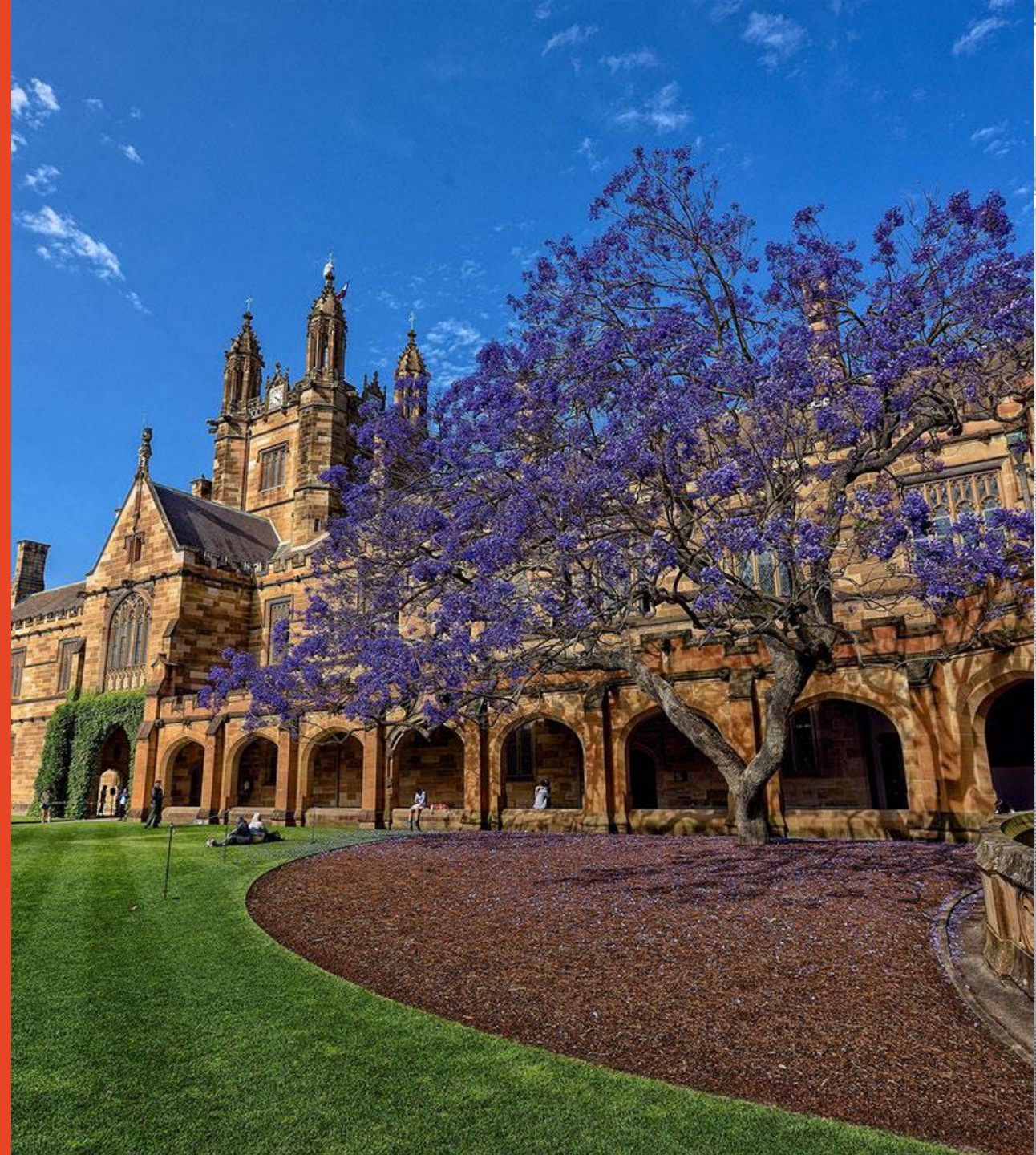
# Expanding the toolbox for an ongoing challenge: the Comorbidity Project

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# Outline

- Co-occurring conditions:
  - An ongoing priority for the alcohol and other drug (AOD) workforce
- The Comorbidity Project 'toolbox'
  - Evidence-based resources to support the workforce in managing co-occurring mental health conditions

# Co-occurring conditions:

An ongoing priority for the AOD workforce



# ‘Comorbidity’ or ‘co-occurring conditions’

- Broad definition – the co-occurrence of two or more disorders in a person within a specified timeframe (i.e., lifetime, current)
- Our focus here: the co-occurrence of an AOD use disorder/condition with one or more mental health disorders/conditions

# ‘Comorbidity’ or ‘co-occurring conditions’

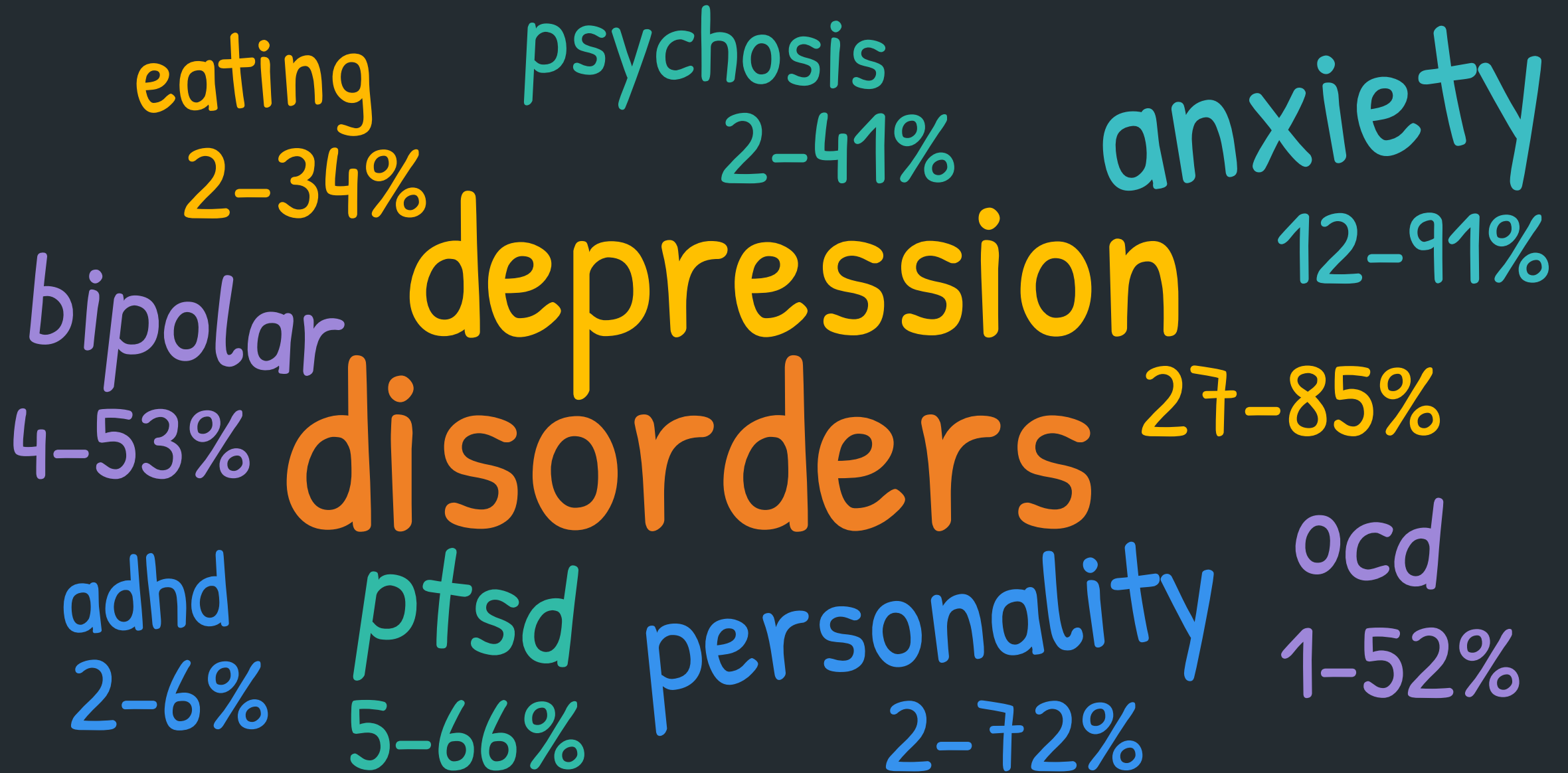
- Other types of comorbid/co-occurring conditions:
  - AOD use disorders (including smoking/vaping)
  - Physical health conditions (e.g., cirrhosis, hepatitis, heart disease, diabetes)
  - Intellectual and learning disabilities
  - Cognitive impairment
  - Chronic pain
- Often referred to as ‘dual diagnosis’ - misnomer

# Co-occurring disorders are common

- Mental and substance use disorders are two of Australia's most common and burdensome health conditions, affecting 1 in 5 each year
- They frequently co-occur
- Estimated that **at least one in two** entrants to AOD treatment have a co-occurring mental health condition



How common are co-occurring disorders?

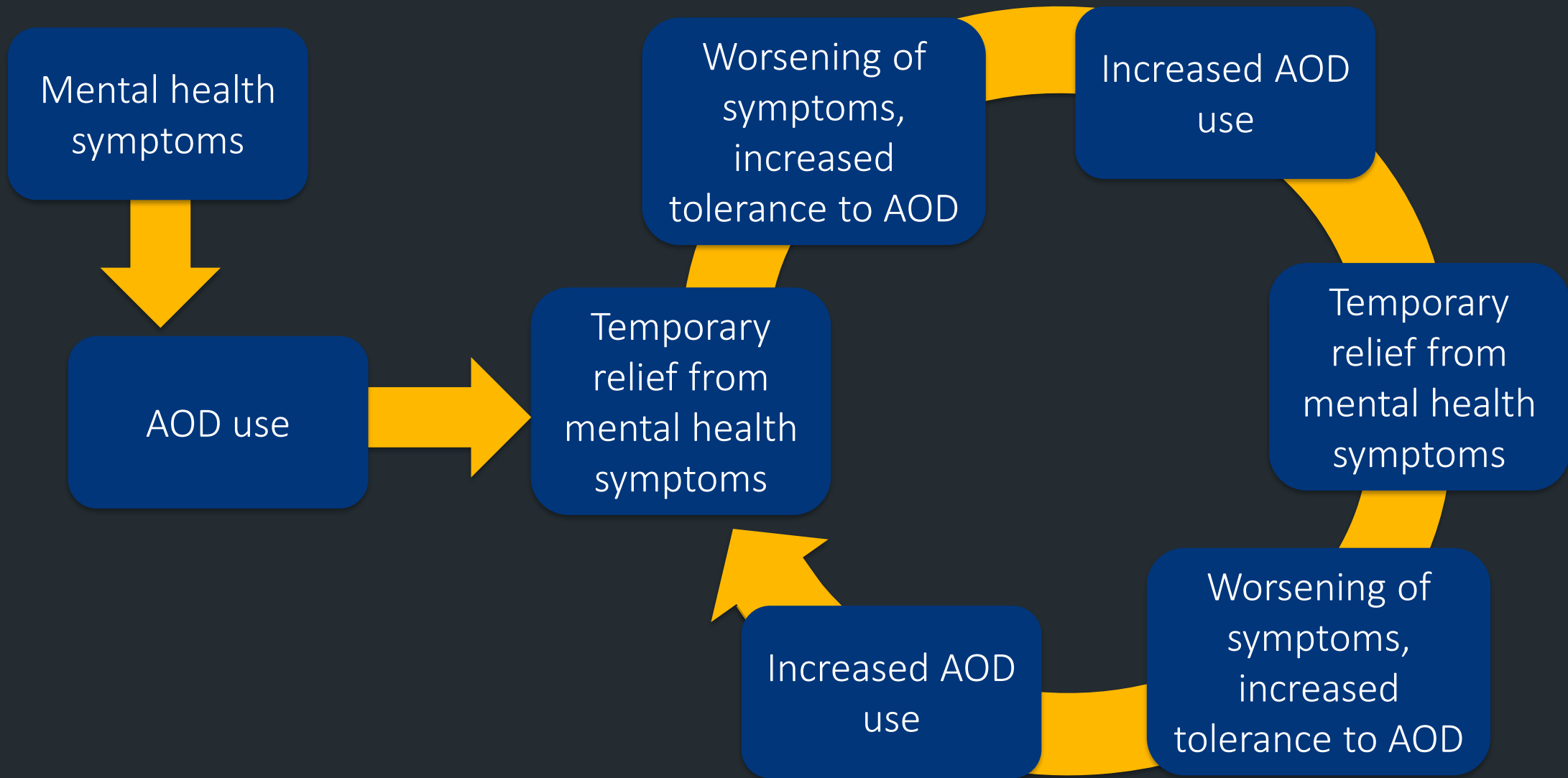




# How common are co-occurring disorders?

- Many people present to treatment experiencing *symptoms* of disorders while not meeting criteria for a *diagnosis* of a disorder
- So what?
  - May not meet full diagnostic criteria according to the classification systems, their symptoms may impact significantly on functioning and treatment outcomes





# Complex presentations



Complex trauma  
histories



Poorer physical &  
mental health



Poorer social, occupational  
& interpersonal functioning



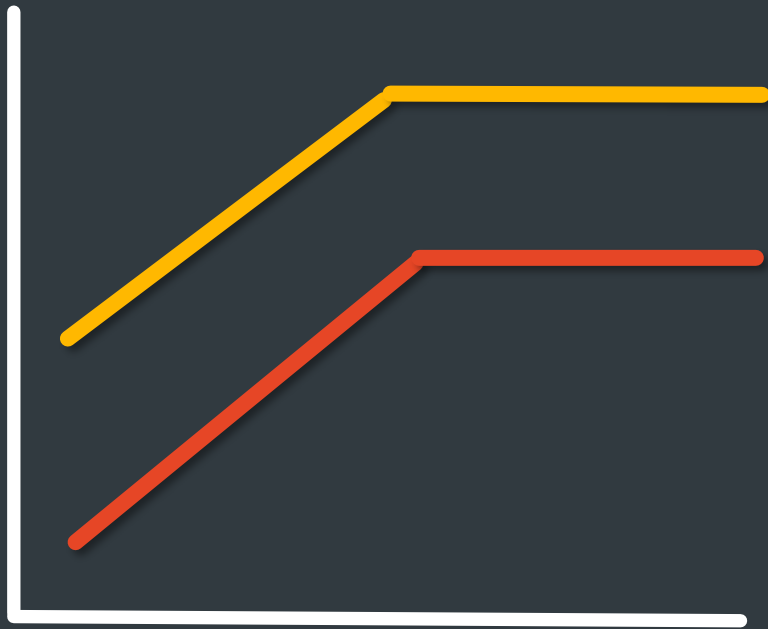
More severe & extensive  
drug use histories



Increased risk of self-  
harm & suicide



Reduced life  
expectancy



- With co-occurring conditions
- Without co-occurring conditions

*Research has shown that people with co-occurring mental health conditions can benefit just as much as those without from usual AOD treatment*

# Why the need for holistic health care?

- Consumers of mental health services have **more than double** the mortality rate of the general population
  - Cardiovascular disease
- Risk factors for CVD are also prominent among people with AOD and mental health conditions
- These risk factors place people at risk for metabolic syndrome
- 3+ risk factors: elevated waist circumference, raised triglycerides, increased BP, increased glucose, lowered high-density lipoprotein cholesterol

# Behavioural risk factors

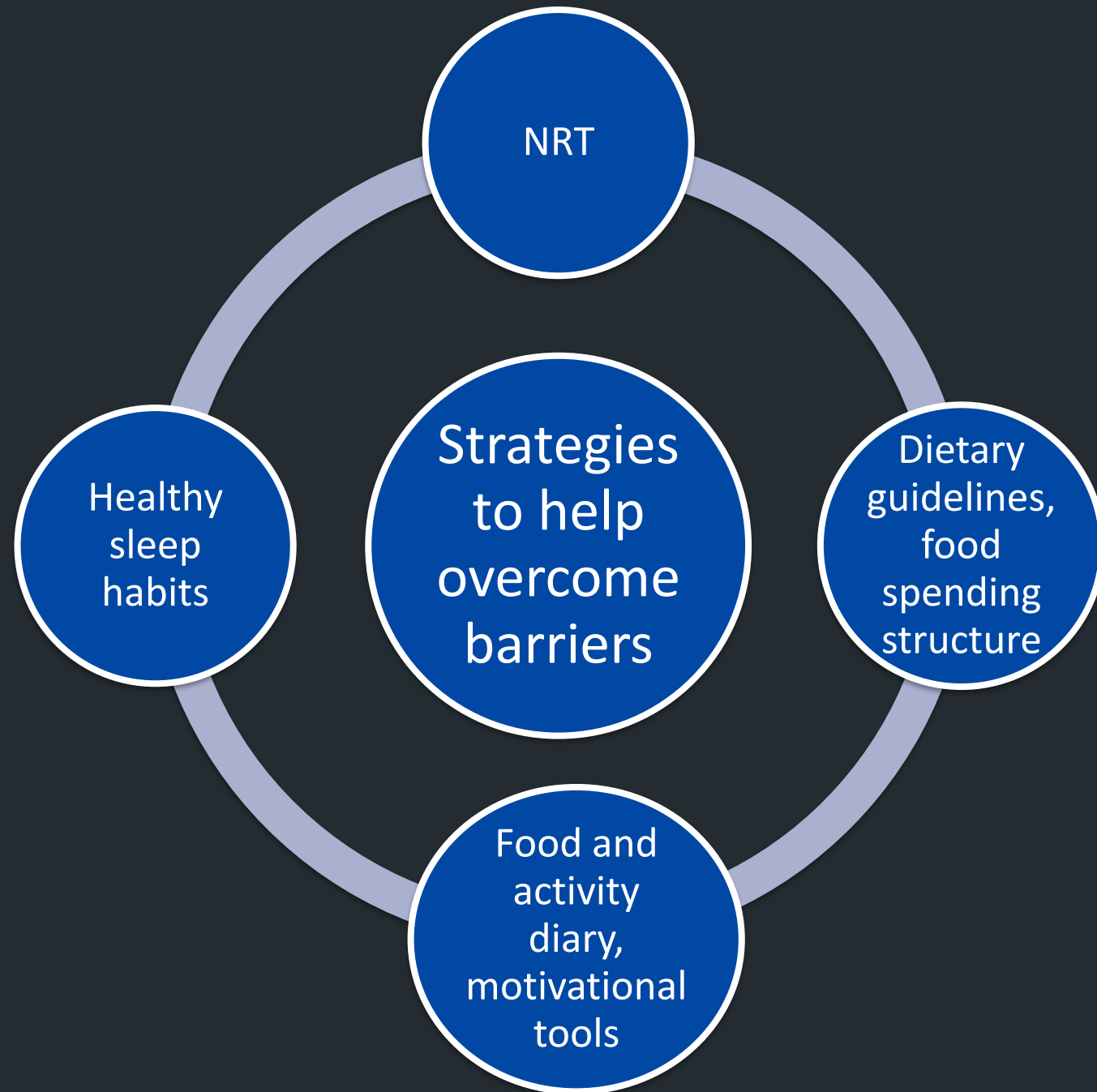
- Smoking rates: Substantially higher than the general population
  - Smoke more cigarettes, more likely to be dependent, highest rate of mortality
    - treatments usually on substances **other than nicotine**
- Poor dietary habits: Nutrient-poor, energy-dense, excessive portions
- Physical activity: Increasing evidence to support **benefits of exercise** in AOD and mental health treatment
  - Improved health, depression and mood, reduced anxiety and effects of withdrawal; safe when properly tailored
- Insufficient sleep: Linked to poor outcomes
  - Chronic disease, obesity, diabetes, CVD, **premature mortality**
  - Ideal amount of sleep varies with age: 18-64yrs between 7-9 hours



*People with mental or substance use disorders die an astonishing 20 to 30 years earlier than the general population, and spend the last ten years of life living with disabling chronic illnesses*

*[co-occurring] mental health and alcohol/other  
drug use disorders are one of health's most  
significant challenges*

*Mental Health Commission National Report Card, 2012*

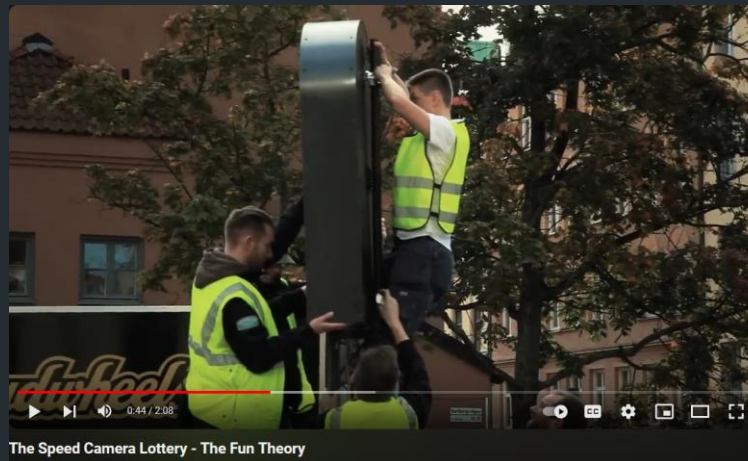


# Overcoming barriers: the fun theory



Piano stairs

Speed camera  
lottery



Bottle bank

# Healthcare workers' role in holistic health care

- Holistic approaches focus on delivering the **right** services to the **right** person at the **right** time
- Involve multiple services in coordinated, client-centred approach
- Be prepared to address mental and physical health, as well as partner with other services to deliver complete individualised care

# The Comorbidity Project 'toolbox'

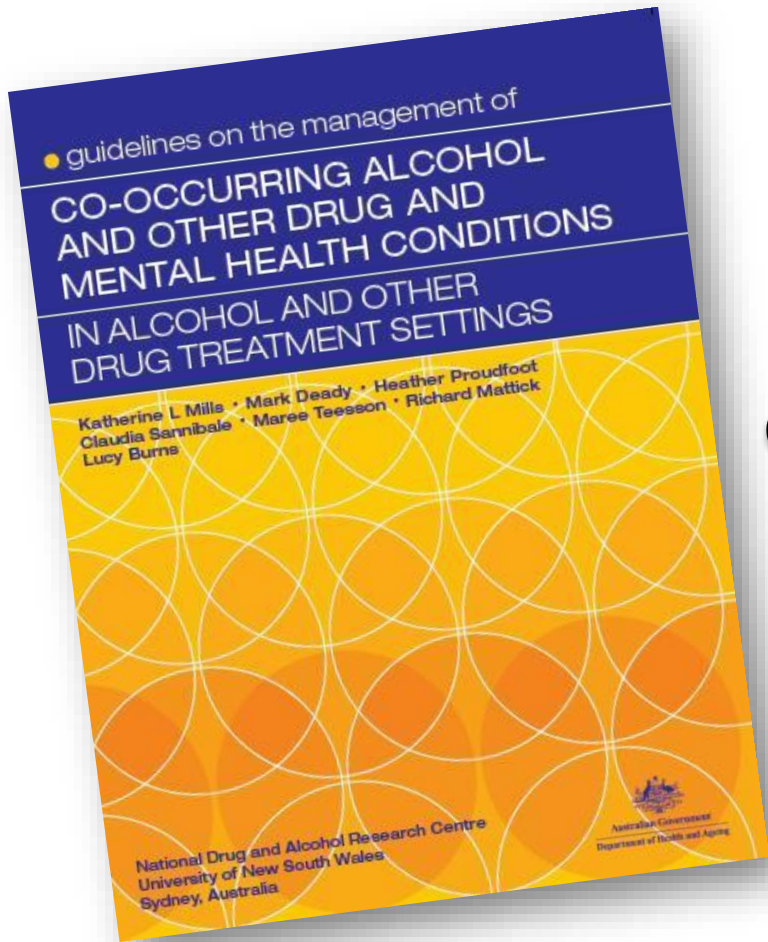
Evidence-based resources to support the AOD workforce in managing co-occurring mental health conditions



# National Guidelines

- In 2007, the Australian Government Department of Health and Ageing funded development of the Guidelines as part of the Comorbidity Initiative, published in 2009
- Growth in research - in 2014, funded to develop second edition, published in 2016
- Growth in research - funded in 2020 to develop third edition to reflect the most recent evidence, published in 2022





First  
edition  
2009

## Why the need?

- Lack of resources for AOD workers
- AOD workers were found to be overwhelmed and fearful
- Numerous reviews and policy documents identified need for educational resources for AOD workers as a priority, and by AOD workers themselves
- In terms of AOD workforce development, the management of co-occurring mental health conditions been described as:

*“the single most important issue... a matter akin to blood-borne viruses in the 1980s”*

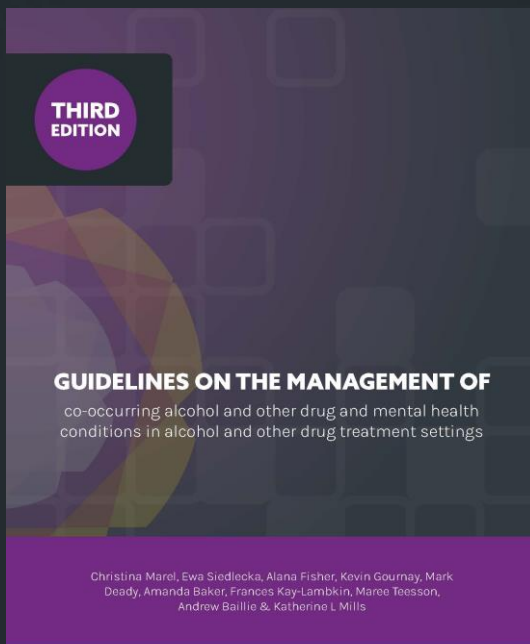
# Development and aims

- Development based on:
  - Expert panel & discussion forums
  - Online survey & direct submissions
  - Synthesis of best available evidence
- Aims:
  - Increase the knowledge and awareness of co-occurring mental health conditions in AOD treatment settings
  - Improve the confidence and skills of AOD workers
  - Increase the uptake of evidence-based care

# Guidelines structure and content

- Part A: About co-occurring conditions
- Part B: Responding to co-occurring conditions
- Part C: Specific population groups
- Appendix: Screening tools
- Worksheets section







# 1. Distribution

- PDFs
- Online version on accessible website (audio and translated version available)
- Printed hardcopies

>15,000 copies to date

[www.comorbidityguidelines.org.au](http://www.comorbidityguidelines.org.au)



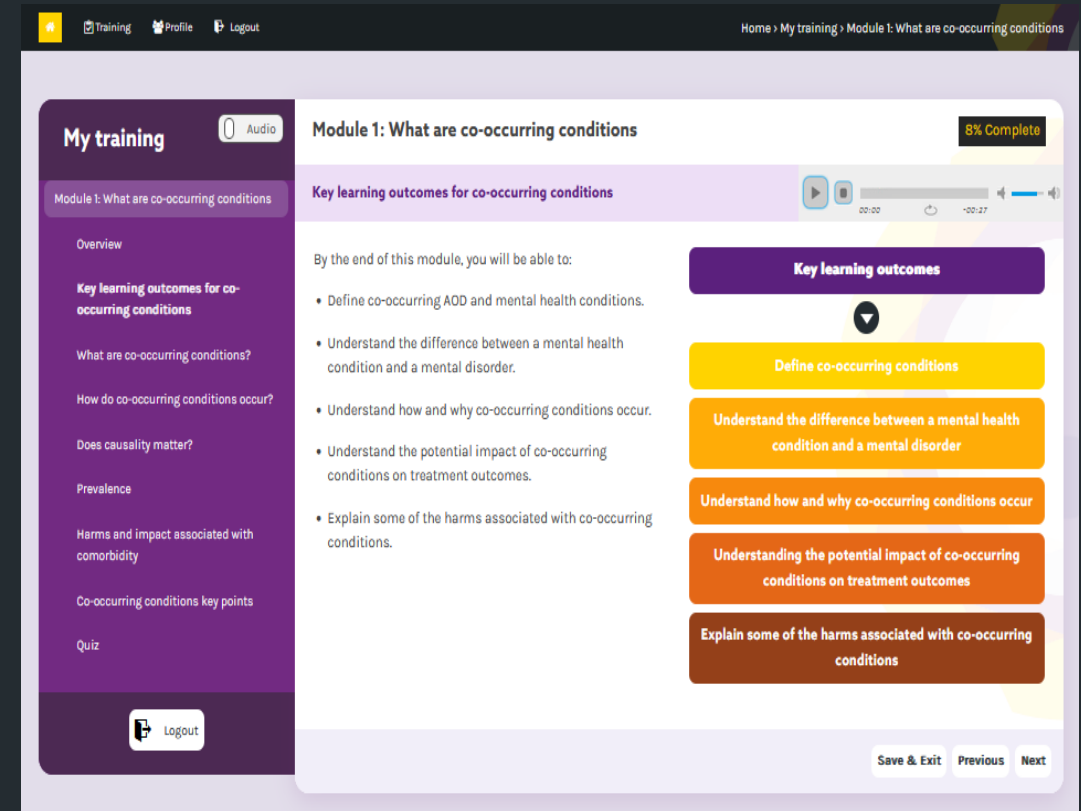
Hardcopy distribution Australia-wide: March 2024



## 2. Translation: Online training

### ○ Aims

- Support the Guidelines content
  - Increase awareness of commonly presenting mental health conditions within the AOD context
  - Increase confidence of AOD workers to identify, work with and appropriately refer to mental health services as necessary
- ### ○ Support uptake of Guidelines and facilitate translation into practice



# Skills-based training

- Train-the trainer program
- Skills-based training
  - Customisable 7 x half-day module program
  - Online or in-person delivery



# Webinars

- On demand
- Evidence-based
- Recent webinars include:
  - Alcohol use in older adulthood: physiological impacts and effective treatment options
  - Depression and alcohol or other drug use: what clinicians need to know
  - Neurodiversity and substance use: what clinicians need to know



More info at [www.comorbidityguidelines.org.au](http://www.comorbidityguidelines.org.au)

# Are these resources worth your time?

- We hope so!
  - Developed in collaboration with the field to make clinicians' lives easier
  - Consolidation, knowledge, skills, confidence

# Are they worth your time? Evaluation

- Evaluation of online training underway. Findings from evaluation of the 2<sup>nd</sup> edition showed:



95%

gained skills



94%

greater  
confidence



94%

found training useful/  
very useful

87%



used what they had learned  
in clinical practice



59%

improved client  
outcomes

# Are they worth your time? Evaluation

- Train-the-trainer evaluation → participants' knowledge, skills and confidence increased by an average of 30% after program completion.
- Skills-based evaluation underway.
- Webinar series → 85% of attendees found the webinars useful.





## Guidelines on co-occurring conditions (3<sup>rd</sup> edition)



Website



Train-the-trainer



Skills-based training



Online training



Coming soon:  
Implementation toolkit



Webinar library



Coming soon:  
Community of practice



Coming soon:  
National practice standards

# Guidelines for the mental health workforce

- Aim: To develop an evidence-based practical guide for the mental health workforce on the management of alcohol and other drug (AOD) use and use disorders
- It is hoped that the Guidelines will:
  - Improve the literacy of the mental health workforce in relation to AOD
  - Provide the mental health workforce with guidance on the identification, management and treatment of comorbid disorders which may present while a person undergoes treatment for their mental health condition

# Framework

- Will be developed based on:
  - Synthesis of best available evidence
  - Consultation with panels of multidisciplinary experts (clinicians, consumers/lived experience, carers, academics)
  - Public feedback on draft document

# Summary: Key take homes

- Co-occurring conditions are common
- Complex presentations, complicate treatment and recovery
- Holistic approach to management and treatment that focuses on treating the person, not the illness
- Not an insurmountable barrier
- Evidence-based resources that can support the workforce to manage co-occurring mental health conditions

Thank you!

Questions?



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