Supporting people with mental health and addiction problems

*Any door is the right door*

College of Primary Care Nurses - NZNO
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What does CEP mean?

Other terms:
• Dual Diagnosis
• Co Morbidity
• Co-existing Disorders

CEP means:
Co-occurrence of mental health and substance use or gambling problems in the same person at the same time

Physical Health
Our Vision

Tangata whai ora and their whānau are:
• Welcomed
• Responded to – **any door is the right door**
  ➢ Needs and goals are recognised – care is person centred
  ➢ Treatment/interventions are provided – based on screening and goals of person
  ➢ Brief interventions are provided – as part of stepped care

• Receive **Integrated Care**
  ➢ Workers and tangata whai ora have a shared plan and shared goals
  ➢ Care across services is collaborative and coordinated
Co-existing mental health, substance use and gambling problems are the rule not the exception

- At least 50% of people who attend mental health services are likely to have co-existing substance use disorders.
- At least 70% of people who attend alcohol and drug services are likely to have co-existing mental health disorders.
- At least 70% of people who attend a problem gambling service are likely to have a co-existing mental health or substance use disorder.
Quadrant of Care

High Severity
- Low MH and High Substance Use and or Gambling Problems (Addiction services)
- High MH and High Substance Use and or Gambling Problems (CEP services and or integrated MH&A care)

Low Severity
- Low MH and Low Substance Use and or Gambling Problems (Primary Health)
- High MH and Low Substance Use and or Gambling Problems (Mental Health Service)

MH Disorder
- High Severity
Impact

• More frequent relapses or admissions to hospital
• Worse physical health
• Greater levels of financial problems
• Housing problems and increased risk of homelessness
• Overall poorer quality of life
• Greater risk of violence, both as perpetrator and as victim
• Higher rates of suicide
• Higher rates of offending
• Poorer relationships with family and whānau

And as a consequence:

• Poorer treatment outcomes
• Poorer adherence to medication
Interactions between substances and common MH problems

- Anxiety
  - Alcohol
  - Cannabis

- Depression/Low Mood
  - Alcohol
  - Cannabis
  - Amphetamine Type Stimulants

- Bipolar Affective Disorder
  - Alcohol
  - Cannabis

- Psychosis
  - Alcohol
  - Cannabis
  - Amphetamine type stimulants
  - Inhalants
Te Ariari o te Oranga
(Todd 2010)

Clinical framework - 7 key principles:

- Cultural considerations
- Well-being
- Engagement
- Motivation
- Assessment
- Management
- Integrated care
Te Whare o Tiki: Co-existing problems knowledge and skills framework

- Foundation
- Capable
- Enhanced
Person-focused Care

• It is about a person not a patient/consumer/client
• Treats problems always in the context of the persons own values and vision of wellbeing
• Empowers the person – partnership, participation, protection
• Includes whānau
• Person focused care leads to better:
  ➢ engagement
  ➢ motivation
  ➢ treatment compliance
  ➢ service satisfaction
Engagement

Treatment success linked to quality of the relationship between tangata whaiora and worker

• It starts with first contact
• Invest time to prepare well for the first meeting
• Take time to connect and build rapport
• Demonstrate respect and incorporate cultural protocols into the therapeutic approach
• Draw from cultural and family support/expertise where appropriate
• Ensure good communication
• Actively partner with tangata whaiora and family/whānau in goal setting and recovery plan development
• Regularly seek feedback

Principles for engagement (Te Pou 2011)
Motivation

Wheel of Change: Prochaska and DiClemente 1983
Motivational Interviewing is not:

- Giving information without permission
- Using logic to persuade
- Giving advice
- Confronting
- Warning
Integrated Care

• Person and whānau focussed
• Care is based on needs identified in a comprehensive assessment that draws upon multiple sources of information
• A single documented treatment plan is developed in consultation with tāngata whai ora and whānau
• One case manager or team provide and or coordinate treatment and support for people with co-existing problems
• Services collaborate with the person at the centre
Management

- Integrated treatment
- Relapse prevention
- Harm reduction and self harm reduction
- Crisis management
- Assessing & managing intoxication
- Managing substance withdrawal
- Co-existing physical health conditions
How do we support change

• Community of practice-
  – Enhanced practitioners
• CEP service checklist workshops with service leaders
• CEP education and training
  – Workshops and E learning
  – New graduates nurses, mental health support workers
• Provide and or present at forums
We all have the potential to be a nurse that has the right values and attitudes to respond to people experiencing CEP who knock on our door
Your thoughts on what is happening and what could happen to support people with CEP in the primary sector
Thank you

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