

Supporting people with mental health and addiction problems

Any door is the right door



College of Primary Care Nurses - NZNO

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Matua Raki
National Addiction Workforce Development



Te Pou
o Te Whakaaro Nui





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

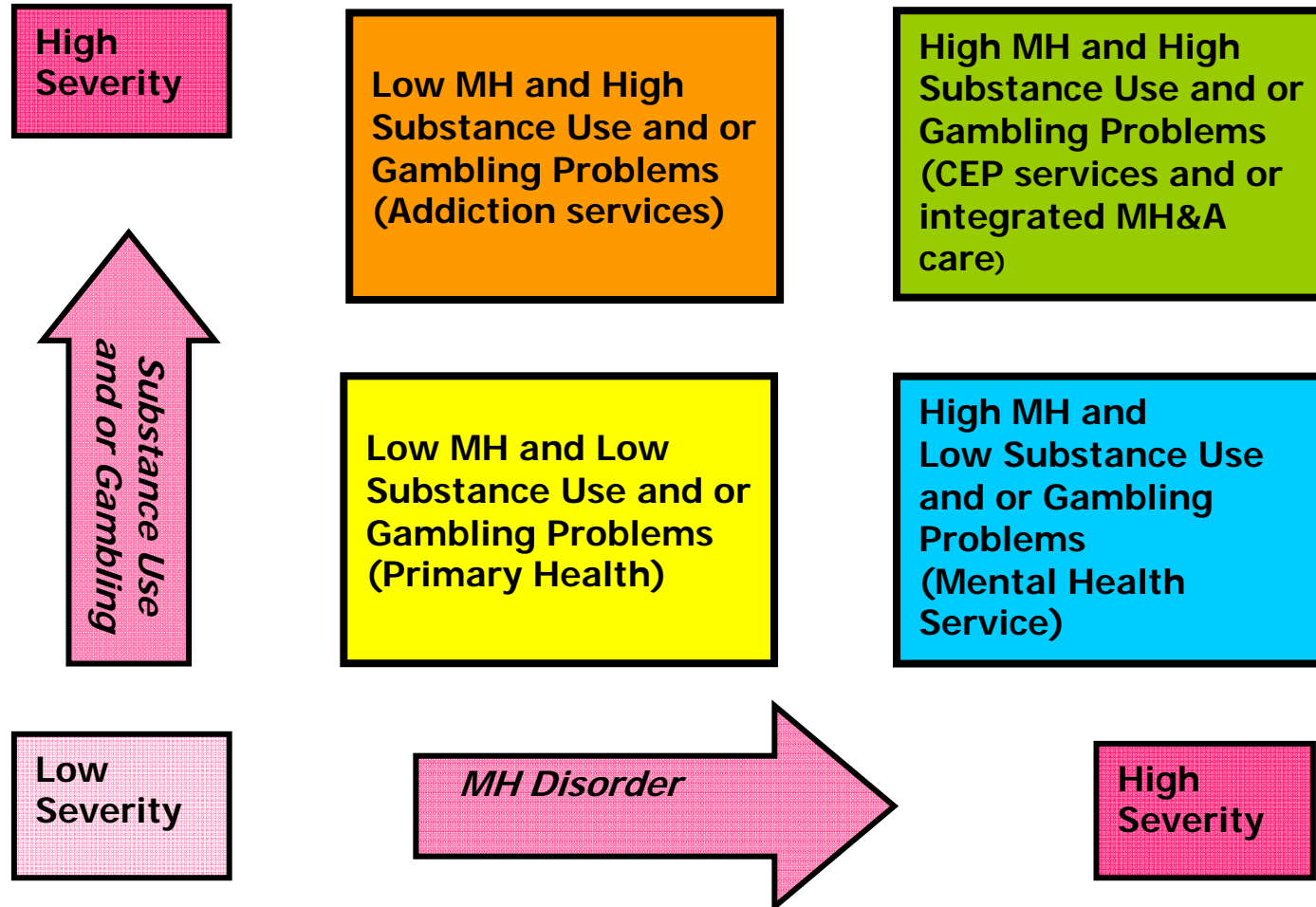


At least **50%** of people who attend mental health services are likely to have co-existing substance use disorders

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





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:



Te Ariari o te Oranga

The Assessment and Management of
People with Co-existing Mental Health
and Substance Use Problems 2010

Fraser C. Todd

Cultural considerations

Well-being

Engagement

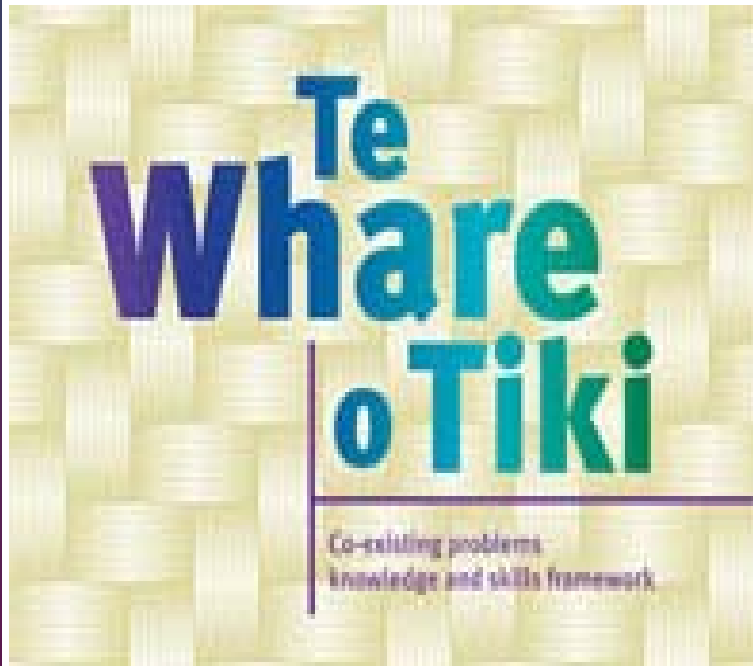
Motivation

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

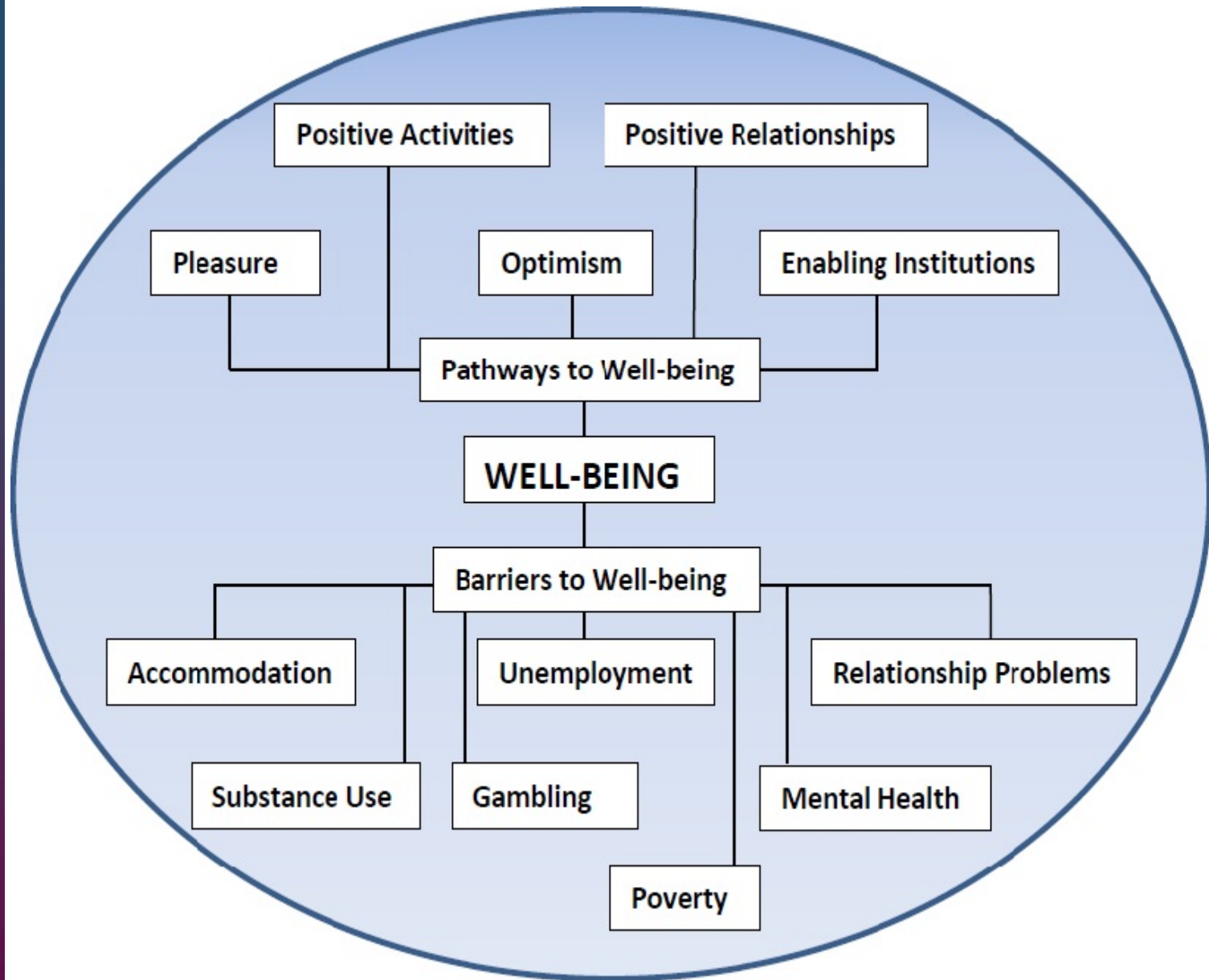
Engagement

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

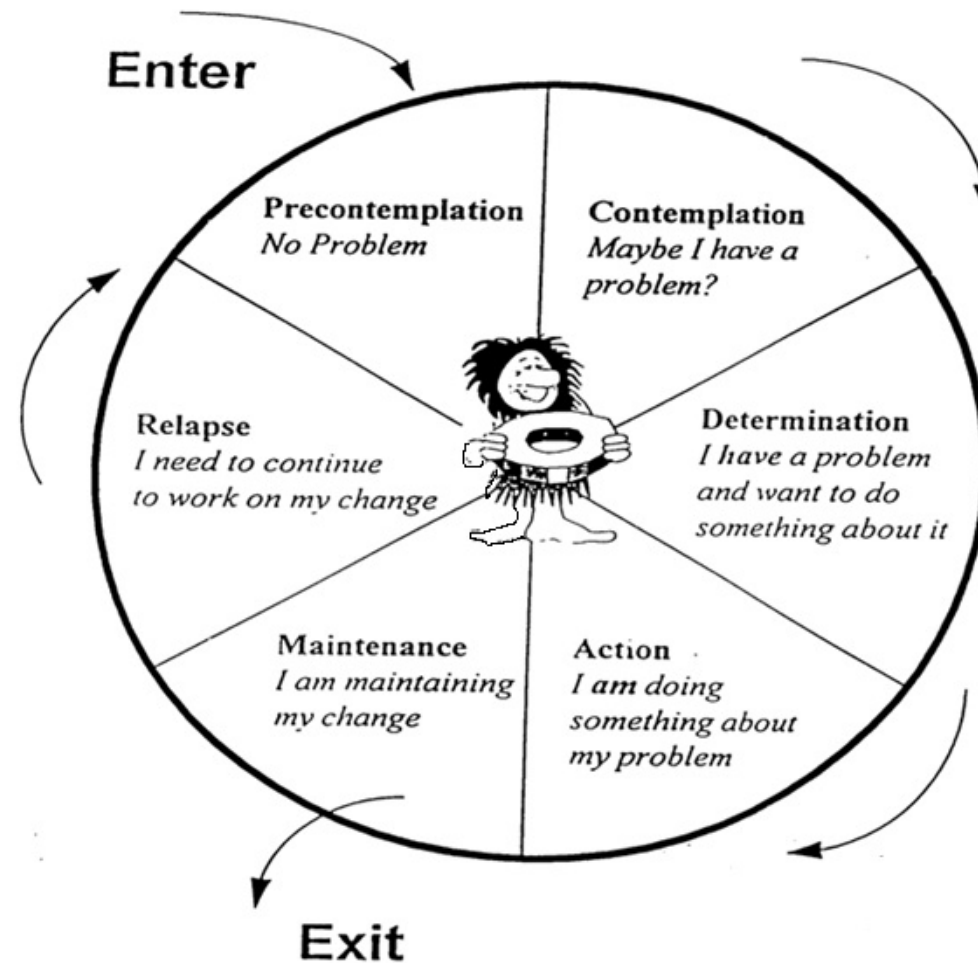
- It starts with first contact
- Invest time to prepare well for the first meeting
- Take time to connect and build rapport
- Demonstrate respect and incorporate cultural protocols into the therapeutic approach
- Draw from cultural and family support/expertise where appropriate
- Ensure good communication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

Principles for engagement (Te Pou 2011)

<http://www.tepou.co.nz/uploads/files/resource-assets/Principles-for-Engagement.pdf>



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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