Improving the integration of mental and drug health care within primary health care settings: how do we do this?

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Components of integrated care

- Culturally appropriate
- Prevention and care of physical health, mental health and drug health issues
- Team approach incorporating strengths of GPs, AHWS, RNs and allied health staff
- 'Seamless' at points of entry and exit onto other programs
- Family and community inclusion in treatment approach

Origins of an OST program in primary care

- Core primary care staff a trio of disciplines: AHW, GP, RN
- Patient led initiative: no primary health care possible without OST prescribing
- Training of staff driven by patient need
- Frame non-attendance for healthcare as 'what is our service not providing or doing wrong?'

Objectives of program

- Increase screening assessment, brief interventions and other treatments for people with substance use disorders
- Increase recognition of, and provide appropriate treatment framework for patients with dual diagnoses
- Provide evidence based culturally appropriate holistic integrated care
- Increase liaison and effective partnerships with external AOD and MH services
- Facilitate improved health care for families of clients receiving treatment
- Increase capacity in AOD/SEWB workforce via training to internal staff, GPRs, medical & nursing students

One Stop Shop Model of Care

- Preventative health and biomedical screening
- Health care plans
- Usual GP care e.g. care of chronic conditions
- Mental health: assessment, screening, meds, MHCP, case management, liaison with other services, referral.
- Drug health: brief interventions including stages of change, M.I, FRAMES, Harm minimisation, pharmacotherapies, referral to NSP, psychosocial supports including referral to Legal Aid and provision of WDOs. Case management.

Synergism in integrated care

- Examples:
- Brief interventions and motivational interviewing across the service
- Development of Hepatitis C treatment program

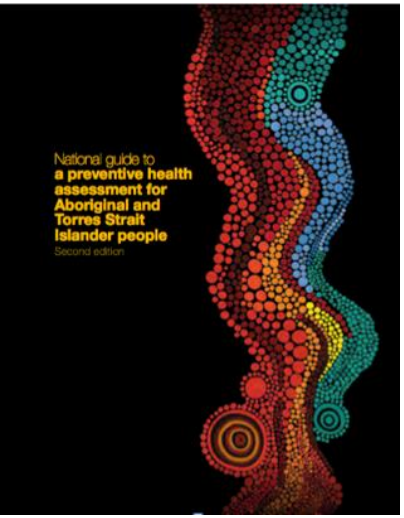
What is program 'success?'

Definition of Aboriginal Health:

Aboriginal health is not just the physical well-being of the individual but is the social, emotional and cultural well-being of the whole community. This is a whole-of-life view and includes the cyclical concept of life- death-life.

From: National Aboriginal and Islander Health Organization (NAIHO) in 1979.

Measuring program success



- Numbers on OST & episodes of Care
- Time in treatment
- Self report anonymous survey regarding crime, drug use mental health, relationships & housing
- NACCHO/RACGP preventative health screening performance e.g. Pap smear rates Vascular screening (BP, glucose, lipids.) Immunisation rates, contraceptive advice, smoking and alcohol assessment and interventions,
- M'ment of schizophrenia according to BPG
- BBV screening and treatment success
- Engagement with health system e.g attendance with SEWB team members
- Adverse events

National guide to a preventive health assessment for Aboriginal and Torres Strait Islander people, second edition

Barriers & solutions

- Barriers to accessing health care for Aboriginal people with opioid dependency can be huge & culturally sensitive approaches are necessary to dismantle these barriers
- Create cultural safety
- Understand how health determinants play out in practice
- Aboriginal health issues are different and management approaches are different: NACCHO/RACGP preventative health guidelines.
- Know where to access knowledge about health funding CTG entitlements
- Know about local Aboriginal support organisations
- Ask about Aboriginality
  http://www.mja.com.au/public/issues/192_10_170510/sc010

Barriers & solutions

- LACK OF GP PRESCRIBERS:
  Make GP training for OST a part of practicing good social justice medicine.
- All permanent GPs train in OST as part of General Practice duties
- One week placements in drug health for GP Registrars
- Cover drug health issues in registrar orientation
- Encourage medical student interest in drug health.

Barriers & solutions

- Provide seamless care & avoid gaps in treatment entering and exiting program: avoid waiting lists and act opportunistically:
- Maximise teamwork both internally & with external agencies:
- But establish clearly who is the conductor

* *Effect of prison-based opioid substitution treatment and post-release retention in treatment on risk of re-incarceration* ***Addiction***
Volume 107, Issue 2, February 2012, Pages: 372–380, Sarah Larney, Barbara Toson, Lucy Burns and Kate Dolan

Barriers & solutions

- Decrease stigma & widen the focus of patients' possible goals
- Offer a broad range of treatment options
- Promote the individual as much as possible within the health system
  Public: 'junkie,' 'drug addict,'
  Health system: 'methadone patient,' 'these people'
- Give patients a fresh assessment

Barriers & solutions

Retelling your story over and over….

- Pay attention to good team use of the clinical record
- Trio of team care
- Shared clinical record with other services

- Utilise opportunity from 'prescriber review' consult to the max.

Ongoing challenges to provision of OST

- Mixed messages from other treatment services
- Stigma
- Challenging behaviour episodes
- General software made for GP practice in non-Aboriginal non-AOD setting (MD & Cat)
- Politicisation of drug health

Advantages of providing OST in a primary health care setting

- All the benefits of integrated physical, mental & drug health care
- Decreased stigma
- Can help widen focus of patients' goals
- Chance to build community contacts
- Continuity of care building trusted relationship with GP, AHW & RN
- Offers choice to group of patients who often have little choice

In Summary…

- Grass roots
- Offer evidence based treatments people want
- Create objectives by a desire to integrate care
- Dismantle barriers to healthcare access as much as possible
- Use pre-existing strengths of teams
- Understand what outcomes you wish to achieve
- Keep listening and learning - always