Working collaboratively to manage comorbid mental health and methamphetamine use

Thursday, 4th August 2016

“Working together. Working better.”

Supported by the Royal Australian College of General Practitioners, the Australian Psychological Society, the Australian College of Mental Health Nurses and The Royal Australian and New Zealand College of Psychiatrists

NSW Ministry of Health

This webinar has been made possible through funding provided by NSW Ministry of Health.

This webinar is presented by

Tonight’s panel

Associate Professor Adrian Dunlop
Dr Grant Sara Psychiatrist
Dr Hester Wilson General Practitioner
Professor Amanda Baker Clinical Psychologist

Facilitator

Dr Catherine Boland Psychologist

Ground Rules

To help ensure everyone has the opportunity to gain the most from the live webinar, we ask that all participants consider the following ground rules:

• Be respectful of other participants and panellists. Behave as if this were a face-to-face activity.

• Post your comments and questions for panellists in the ‘general chat’ box. For help with technical issues, post in the ‘technical help’ chat box. Be mindful that comments posted in the chat boxes can be seen by all participants and panellists. Please keep all comments on topic.

• If you would like to hide the chat, click the small down-arrow at the top of the chat box.

• Your feedback is important. Please complete the short exit survey which will appear as a pop up when you exit the webinar.

• Be mindful of self-care if you are dealing with any of the issues raised tonight.
Learning Outcomes

Through an exploration of comorbid mental health and methamphetamine use, the webinar will provide participants with the opportunity to:

- Recognise clinical effects and harms related to methamphetamine use and co-morbid mental health
- Increase skills and understanding of managing methamphetamine users and improve awareness of evidence based interventions
- Identify strategies to engage specialist services when treating someone using methamphetamine

Addiction Medicine Specialist

Methamphetamine intoxication

Andrew in the ED - clinical effects:
- Increased energy > can’t sit still, pacing
- Elevated pulse, BP, temperature, respirations
- Sweaty, dilated pupils
- Mental state – abnormal – social withdrawal?
  - Anxiety/agitation/paranoia, delusions/magical thinking/psychosis
  - Related effects
    - Repeated checking, weapons?
Addiction Medicine Specialist

Medical complications - methamphetamine

Common
- Injury – intoxication
- HCV, HBV exposure if injecting
- STIs

Less common but possible
- Cardiovascular
  - palpitations, sinus tachycardia, hypertension, arrhythmias - atrial and ventricular fibrillation, ischemia and infarction, cardiomyopathy, vasculitis, disseminated intravascular coagulation
- Brain
  - sub-arachnoid and cerebral haemorrhages, vasculitis - stroke, seizures: generalised tonic-clonic, risk Parkinson’s
- Hyperthermia
  - dehydration, seizures, rhabdomyolysis (muscle breakdown), renal failure
- Gastro-intestinal
  - GI haemorrhage, hepatic necrosis
Who else needs to be involved in care?

- Mental Health
  - Assessment and management of psychosis/other acute severe mental health problems
- Drug and Alcohol aftercare
  - Engagement in treatment
  - Low intensity: counselling
  - Higher intensity: day care/residential treatment & after care
- Addressing related social problems:
  - Housing, relationships, family, parenting, legal etc...
- DASAS (health professionals support)
  - 1800 023 687
Amphetamines trigger acute psychotic symptoms

- Experimental challenge
- High rates in recreational users
- Dose effect
- Effect on Dopamine systems?

“Drug induced psychosis”

- Poor reliability and validity as a diagnosis
- High proportion go on to other disorders

NSW data: 7,155 people admitted with brief, atypical or drug-induced psychosis
46% had later diagnoses of Schizophrenia

- Vital to understand the individual’s broader risk factors
Psychiatrist

Psychoses are developmental disorders

- Developmental risk factors: genetics / family history
- Early brain injury: in utero illness, early childhood trauma
- Learning, sensory and motor problems
- Brain changes in adolescence
- Substances

Psychiatrist

Psychoses have many dimensions

- **POSITIVE SYMPTOMS**
  - Hallucinations and delusions
- **DRIVE AND VOLITION**
  - Motivation, spontaneity
  - Social engagement
  - “Negative symptoms”
- **NEUROCOGNITION**
  - Memory, Attention
  - Executive functions
  - Organisation
- **MOOD**
  - Mania
  - Depression
**Psychiatrist**

**Andrew**
- Needs careful assessment
  - Symptoms of psychosis (CAARMS)
  - Risk factors: family, developmental
  - Other symptom dimensions
- Corroborative history: Amy, parents
- Reasons for recent decline
  - Drug effects
  - Depression / anxiety
  - At risk state
- Strengths, supports, usual strategies for coping
- **Positive prognosis should not lead to benign neglect**
- Substances (amphetamines, cannabis) are risk factors which can still be influenced

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**General Practitioner**

**Who is using methamphetamines?**
- More likely to be employed
- Don’t see themselves as coming to harm
- May not use often
- Don’t access traditional AOD services
- Prefer self treatment
- Don’t see that they need help
  - 50% classified as methamphetamine-dependent;
  - 46% using methamphetamine >weekly;
  - 50% primarily injected methamphetamine;
  - 62% experienced methamphetamine-related financial problems last 6 months;
GPs are seeing people who use ‘Ice’

In study of 200 psychostimulant users

• Many patients identified problems with dependent use as prompt to seek help
• Many reported high levels of satisfaction with treatment received from a general practitioner
  – Drug use, often not presenting issue,
  – psychological problems
  – physical health problems
  – dependence
  – financial problems


How do people present in General Practice?

• Poor nutrition
• Skin problems (ulcers, infections, facial sores)
• Engaging in high-risk behaviours (injecting, unsafe sexual activity, binge drinking, drug driving etc)
• Blood borne viruses (BBVs) and sexually transmitted diseases (STDs)
• Psychosis, paranoia, misperceptions
• Depression, anxiety, panic reactions, sleep disorders
• Cardiovascular complications
• Cerebrovascular complications
• Serotonin toxicity
• Family and relationship problems
• Financial difficulties
• Work and study effects
• Accidents
• Violent incidents
General Practitioner

Motivational interviewing and BI

The 5 As
- Ask, permission, Ask directly, normalise
- Assess, mode and level of use, toxicity, dependence, problematic use
- Advise/agree, give information, brief advice
- Assist, develop management plan, self monitoring, medications
- Arrange, follow up, relapse prevention, referral

- SNAP-D
- Do need drug specific info
- Stages of change
- Motivational techniques

General Practitioner

The GP role
- Early intervention
- Locus of care
- Working with specialist services
- Aftercare
General Practitioner

Clinical Psychologist

Methamphetamine users as people

Professor
Amanda Baker
Clinical Psychologist

Effective responses
[Degenhardt et al., 2013]

- Counselling interventions are effective
- Needle & syringe programs
- HIV antiretroviral therapy

Professor Amanda Baker

Clinical Psychologist

People who use MA

Brief cognitive behavioural interventions for regular amphetamine users: a step in the right direction

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ABSTRACT

Aims: The present study sought to replicate and extend a small pilot study conducted by Baker, Beggs & Lewis (2004) which demonstrated that brief interventions consisting of motivational interviewing and cognitive-behavioural therapy (CBT) were feasible and associated with better outcomes compared with a control condition.

Design: Randomized controlled trial (RCT).
Clinical Psychologist

Distress associated with psychosis

Empathic and optimistic counsellors

- Empathic
- Compassionate
- Respectful
- Optimistic

Professor Amanda Baker
Clinical Psychologist

Brief MI/CBT is effective for MA

- Even 1-2 sessions
- MA use

More sessions improve mental health outcome

- Depression
- Overall psychiatric severity

Baker et al. 2005; Polcin et al. 2014
Clinical Psychologist

Mutual aid groups

Risk assessment = estimation of the magnitude of risk
Risk control = management of risks

Safe Work Australia provides Guidance Material

Professor Amanda Baker

Q&A session
Thank you for your participation

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• Please ensure you complete the exit survey before you log out (it will appear on your screen after the session closes). Certificates of attendance for this webinar will be issued within two weeks.
• Each participant will be sent a link to online resources associated with this webinar within one week.

Future webinar

• The Department of Veterans’ Affairs has engaged MHPN to produce a series of six webinars focussed on supporting the mental health of veterans. The first webinar in the series, Understanding the military experience: from warrior to civilian will be held on Tuesday, 16th August 2016.

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Thank you for your contribution and participation

Good evening