



Managing Comorbidity
Tips and Tricks for
Adapting Practice in a
Changing Environment



Presented by
Logan Harvey
Clinical Psychologist & PhD Candidate
The Matilda Centre for Research in Mental
Health & Substance Use



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**Acknowledgement of
Country**

I'd like to begin by acknowledging the
Traditional Owners of the land on which we
are all on during the webinar today. I would
also like to pay my respects to Elders past,
present, and emerging.



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Learning objectives:

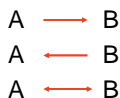
- To gain an understanding of high prevalence comorbid mental health conditions and the impact of these on substance use treatment.
- To develop knowledge in strategies to better engage consumers when face-to-face contact is limited.
- To increase confidence and strategies to assess and monitor risk when face-to-face contact is limited.

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Comorbidity

- Comorbidity refers to the presence of two or more conditions at the same time – not necessarily just substance use and mental health conditions
- These co-occurring conditions may have a causal relationship, or they may co-exist as a result of other factors.
- This can include fully diagnosed mental health conditions, but also symptoms of different mental health conditions



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Prevalence & Comorbidity

- Comorbidity is common in AOD service
- Up to 3 in 4 people have comorbid mental health issues
- 1 in 3 will have **multiple** comorbidities
- Anxiety, Depression, Post-Traumatic Stress Disorder (PTSD), and Personality Disorders are the most common comorbid disorders



Maree C, Mills KL, Kingston R, Gournay K, Deady M, Kay-Lambkin F, Baker A, Teesson M (2016). Guidelines on the management of co-occurring alcohol and other drug and mental health conditions in alcohol and other drug treatment settings (2nd edition). Sydney, Australia: Centre of Research Excellence in Mental Health and Substance Use, National Drug and Alcohol Research Centre, University of New South Wales.

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Comorbidity & Treatment



- Comorbidity complicates treatment
- People with comorbid disorders can benefit from substance use treatment
- Wherever possible integrated care is important – treating multiple issues in the same episode of care, with the same clinician.

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Comorbidity & COVID19




- Decreased activity
- Changes to diet, nutrition
- Financial pressure
- Social isolation
- Excess free time
- Loss of contact with services
- Increased sense of threat and danger
- Grief and loss issues

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Comorbidity & COVID19



Social isolation, Loss of routine, Poor self-care, Sense of threat or danger, Loss of supports

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How can we adjust our service delivery?

Re-assess

- Re-evaluate – don't make assumptions
- The situation has changed – so the treatment and support needs will change
- Speak with your clients – what are their concerns, expand your “check-in” to see if their priorities have changed
- Screen for common mental health symptoms

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How can we adjust our service delivery?

Be Flexible

- We will all be limited by service requirements, however flexibility is key
- A mix of modalities

Face-to-face care	Telephone
Video-calls (Zoom, Skype etc.)	Email or text based contact

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How can we adjust our service delivery?

Be Flexible

- Try to provide adjustments to maintain contact
 - This may mean a blended approach of different contact modalities
 - Change to frequency and duration of contact may also be beneficial
- Consider e-Health and technology based interventions to supplement, enhance, or replace other options
 - Even if you haven't used these before!
 - Guided/supported use of these tools is a great option

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How can we adjust our service delivery?

Be Creative

- Maintaining wellbeing now will require additional work
- How can we target these likely impacts:
 - Social isolation
 - Loss of routine
 - Poor self-care
 - Sense of threat or danger
 - Loss of supports

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How can we adjust our service delivery?

Be Creative

- Maintaining wellbeing now will require additional work
- How can we target these likely impacts:
 - Social isolation (reinforcing connection, or increasing connection)
 - Loss of routine (scheduling activities, setting tasks, homework)
 - Poor self-care (discuss this, highlight the importance of small actions)
 - Sense of threat or danger (reassure, find mechanisms of safety, skills)
 - Loss of supports (re-evaluate involved services, consider referrals)

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Recognise the limits of the situation

- This is not "treatment as usual"
- We need to do our absolute best, but also recognise the limitations we are facing
- This may mean being there for our clients, but that many things are put on hold or delayed
- We have to be kind to ourselves as clinicians in managing this

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Assessing and managing risk

- Risk assessment will be service/situation specific
 - Suicide/Self-Harm
 - Harm to others
 - Overdose/Substance related harms
 - Vulnerability to harms (Incl. D&FV)
 - Child Wellbeing
- Based on the *available* information, should be as safe as possible

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Assessing and managing risk

Assessing risk

- **Update** your risk assessment
- Ask more questions – you may not see the person
- Can you get collateral?
- Go over your safety plan with your client, are they still happy with it? Is there anything else they need to feel safe?

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Assessing and managing risk

- For phone or video sessions:
 - Always obtain the person's current address at the start of the call
"Where are you today, can I just check the address you're at?"
 - Always check they are alone, and safe to talk
 - (Particularly important in D&FV situations)
 - Have a plan for if the call disconnects/drops out

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Assessing and managing risk

- Explore safe people and supports
 - Is there a family member, friend, or other support that can be involved in their safety plan?
- Other services may not be available at present – check this
- Do you need to have more regular contact with the person in the short-term? (More frequent, shorter contacts?)

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Assessing and managing risk

- Should you see them in person?
- Conduct a brief screen prior to the meeting
 - Do you have any flu-like symptoms?
 - Have you been tested for COVID-19 recently?
 - Have you been around anyone with flu-like symptoms?
- Practice hand hygiene at the start of the meeting
- Meet outside or in a large room
- Maintain physical distance during the meeting

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Assessing and managing risk

- Review harm reduction information and strategies
- Substance use may have changed
 - Provide extra information to minimise substance related harm
 - Consider options such as take-home Naloxone

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A quick summary

This is not treatment as usual!

- Re-assess, be flexible, be creative
 - What might be impacting wellbeing
 - What additional strategies are needed
- Review safety plans, and get extra info around risk
 - Don't make assumptions, or rely on past knowledge/assessments
- Recognise your limits, and be kind to yourself and your clients


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Some useful resources

The National Comorbidity Guidelines

- Guidance on specific disorders, worksheets, interventions.
- Website, guidelines manual, and online training available
- <https://comorbidityguidelines.org.au/>




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Some useful resources

- Matilda Centre Comorbidity Booklets
 - Anxiety
 - Depression
 - Psychosis
 - Personality Disorders
 - Trauma

<https://www.sydney.edu.au/matilda-centre/resources/for-the-public.html>



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Thanks!

E: logan.harvey@sydney.edu.au

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