

MEASURING THE PROVISION OF EVIDENCE - BASED MENTAL HEALTH TRAINING:

IT'S NOT EASY!

Kim Wood MSc (hons) (NZ); PG Dip CT (Oxford); MAPS,
Member BABCP

Dual Diagnosis Coordinator, Gold Coast Drug Council

Beautiful Gold Coast



People come to play...



co-occurring mental health and alcohol and other drug problems

Leading to....



Co – morbidity stats

Australian National Survey of Mental Health and Wellbeing (2007):

- 35% of individuals with a substance use disorder (31% of men and 44% of women) have at least one co-occurring affective or anxiety disorder

Within AOD treatment....

- Mental disorders range from 51 –84% (Brems and Johnson 1997, cited in NDARC 2010)
- Most common are mood, anxiety and personality disorder
- Rates of trauma exposure and Post Traumatic Stress Disorder (PTSD) are high
- Increase in psychosis with increasing use of methamphetamine

Treatment stats

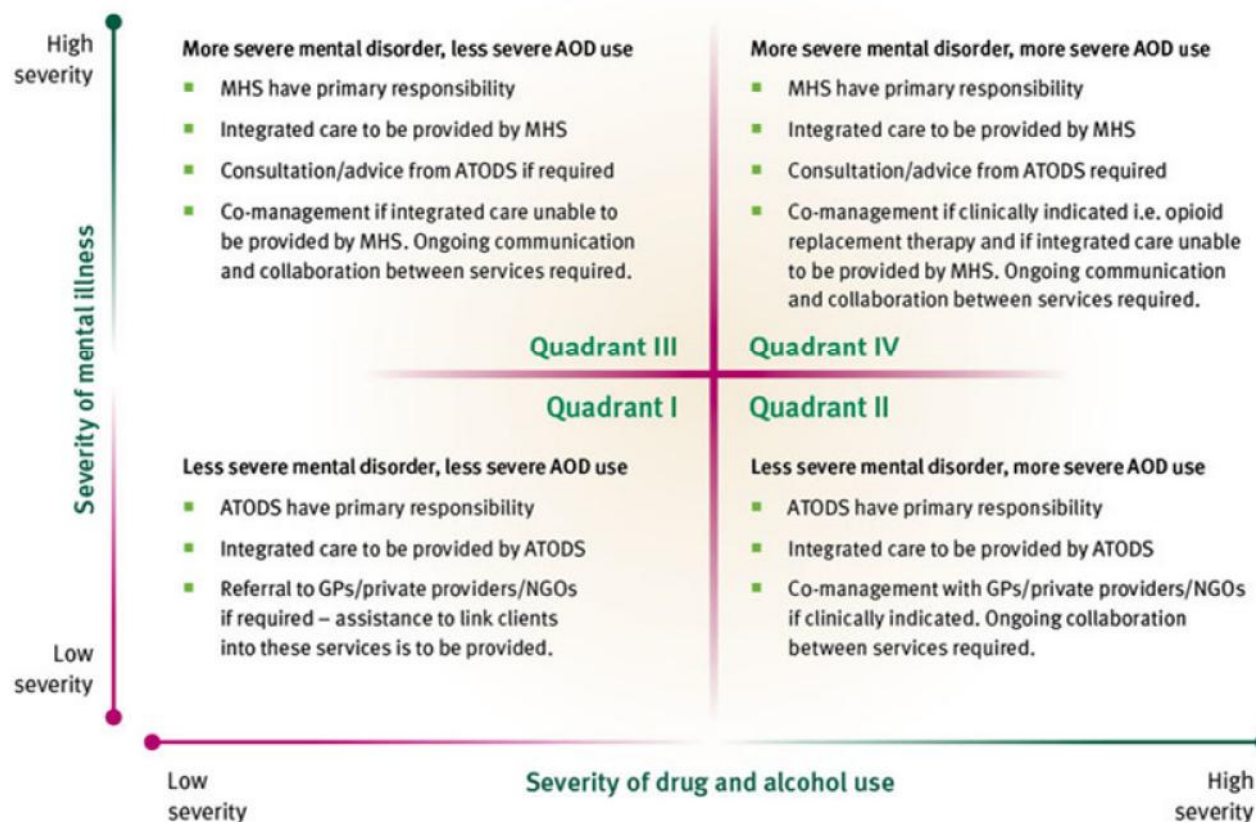
- Campbell et al. (2010), WHO's rehabs = average age of clients (33); 59% diagnosed mental health disorders.
- GCDC (2013) = average age (24); 48.8% mental health diagnosis.
- GCDC = 12% with Schizophrenia or Drug Induced Psychosis. WHOS = 9%.
- 2007-2008 National Minimum Dataset = amphetamine (11%); GCDC, 2013 = amphetamine/methamphetamine (36%)

Harms associated with comorbidities



Figure 3

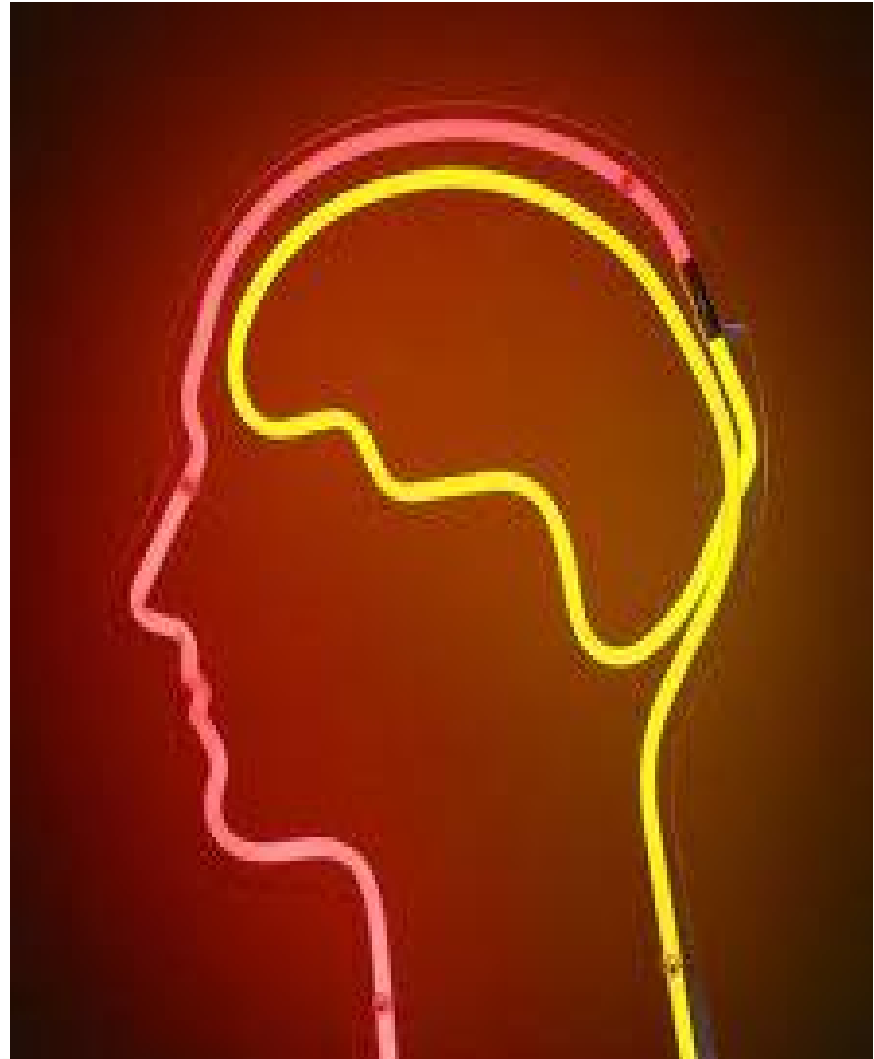
The Quadrant Model for understanding co-occurring mental health and alcohol and other drug use disorders (dual diagnosis)

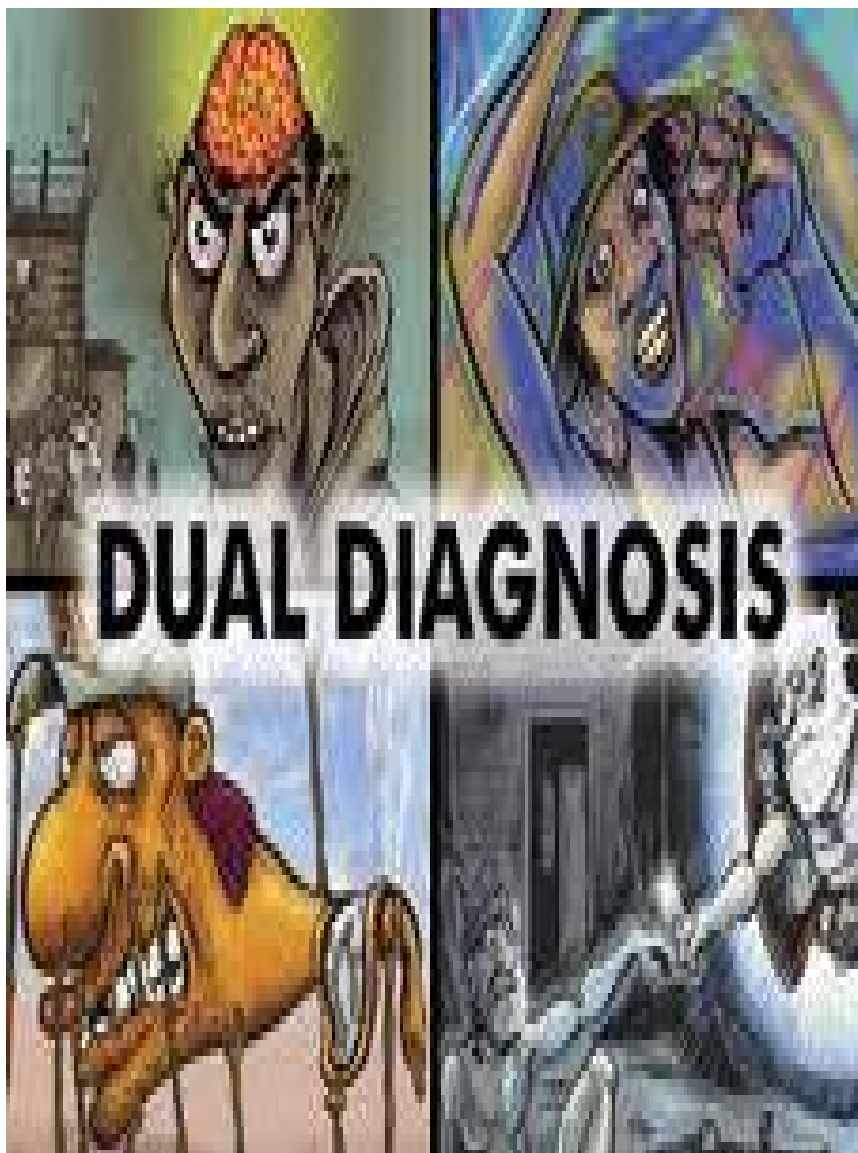


Heads Up DD Forum



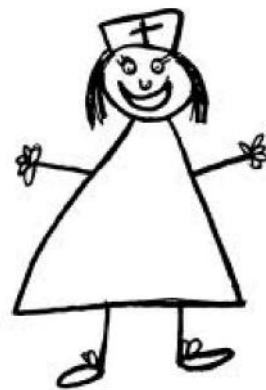
Content of program







Speakers



Advertising

Queensland Health
dual diagnosis
initiative



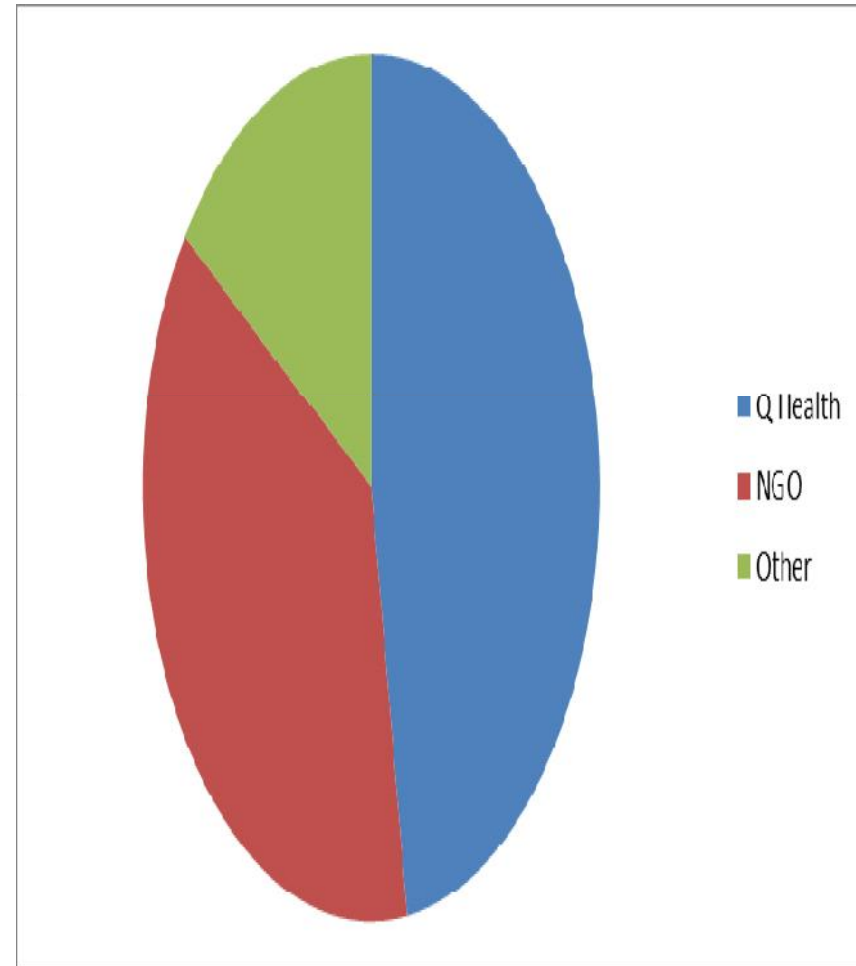
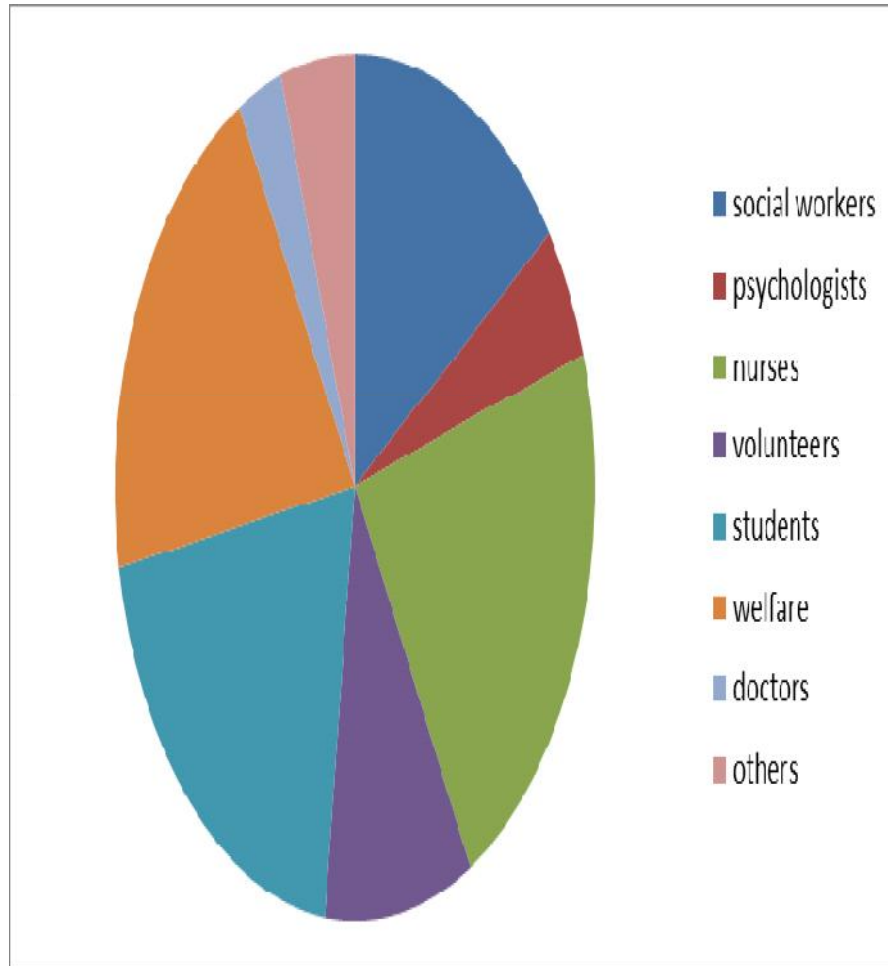
**Introducing Lives Lived
Well**



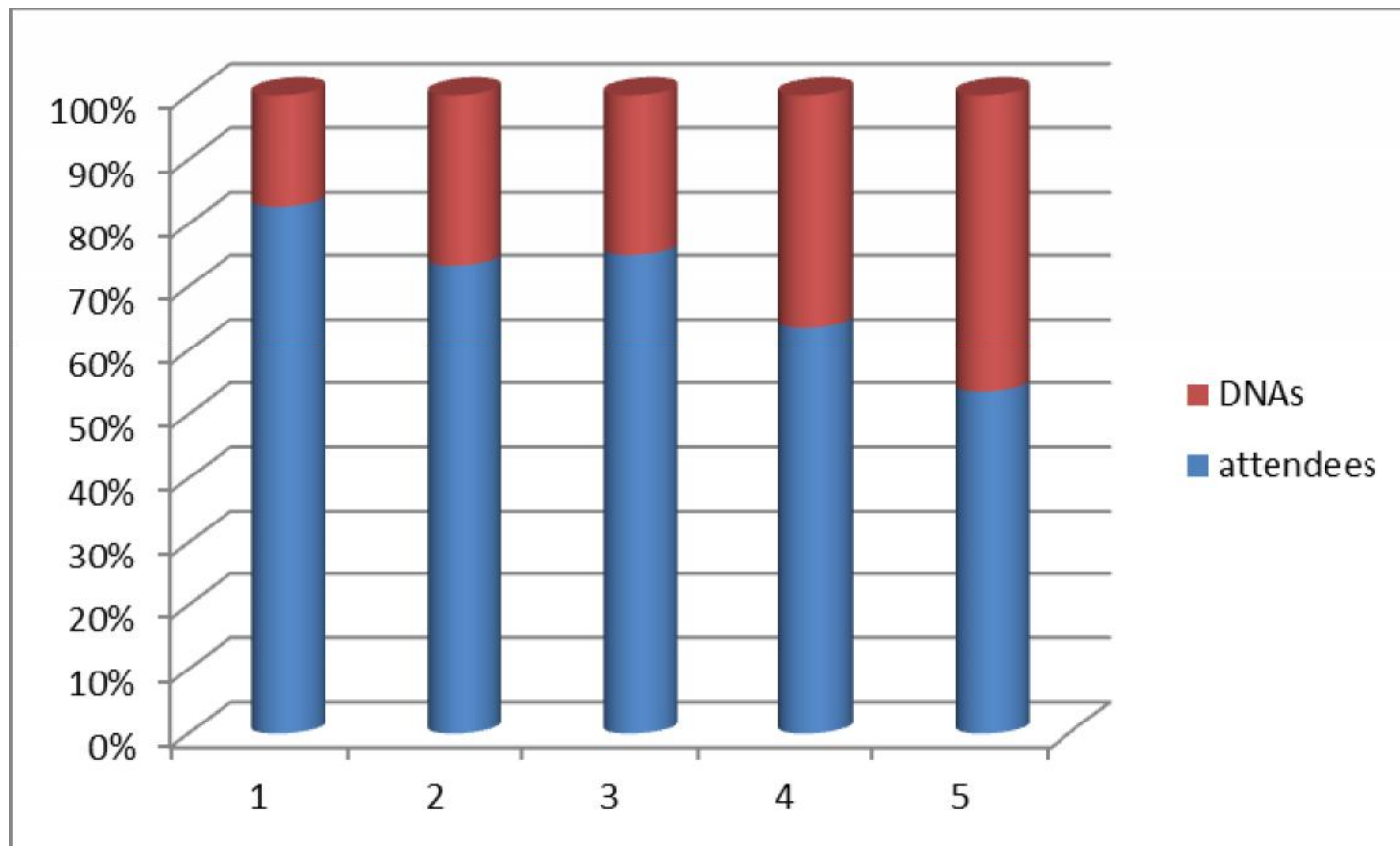
Queensland Government
Queensland **Health**

co-occurring mental health and alcohol and other drug problems

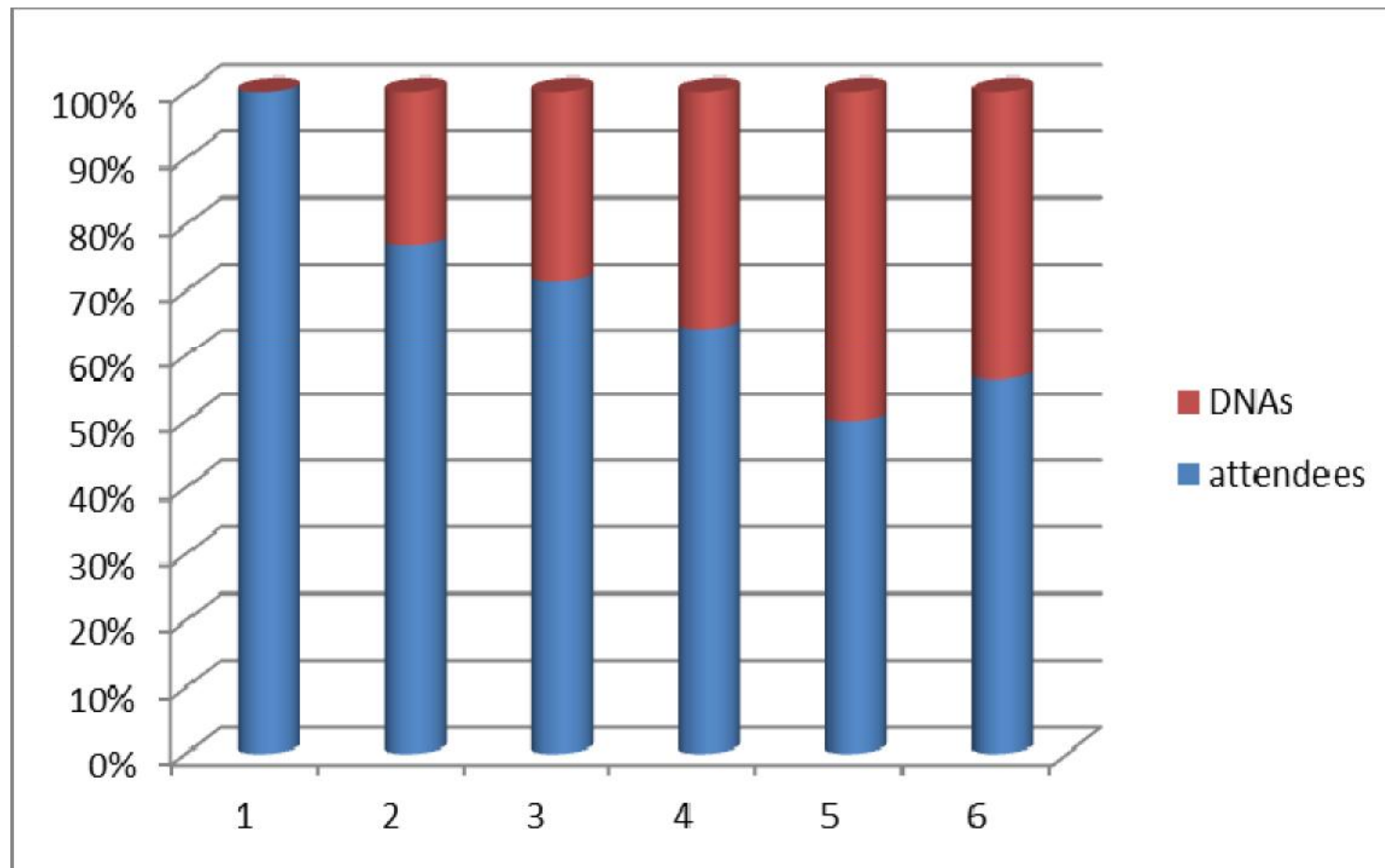
Participants 2012



Attendance – GCDC 2012



Attendance – BIC 2012



Evaluation Methodology

- Pre and post test measure of knowledge
- Satisfaction questionnaire
- Qualitative feedback from participants
- Feedback gathered post sessions from ‘word of mouth’ discussions

Findings – 1st attempt

- T- Score analysis - cohort and individual - no changes at 95% Confidence level.
- Consistent trend of improvement. No reverse trend. If chance, both present.
- People learnt of services they had not known about and how to refer into them

However.....

OBSERVED DOMAIN IMPROVEMENTS

- more at ease with people with DD
- More confident in ability to assess presence of DD
- Knowledge of substances and their effects.
- Ability to provide appropriate mental health information
- Ability to work holistically
- Knowledge about severe mental illness and its symptoms
- Ability to communicate, irrespective of problems
- Knowledge of housing accessibility
- Where to obtain support and help
- Provide drug treatment information
- Referral networks
- Overcoming ambivalence and reluctance

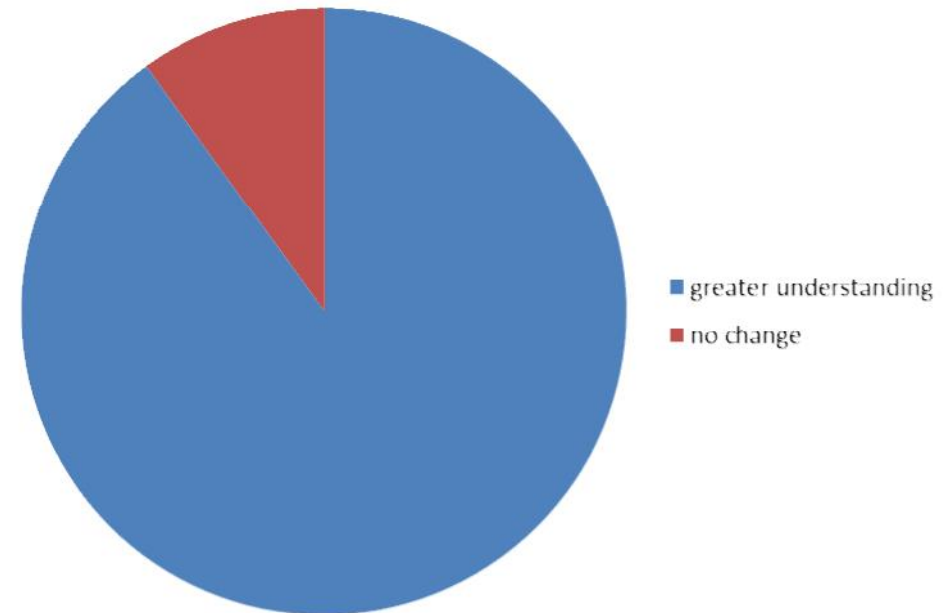
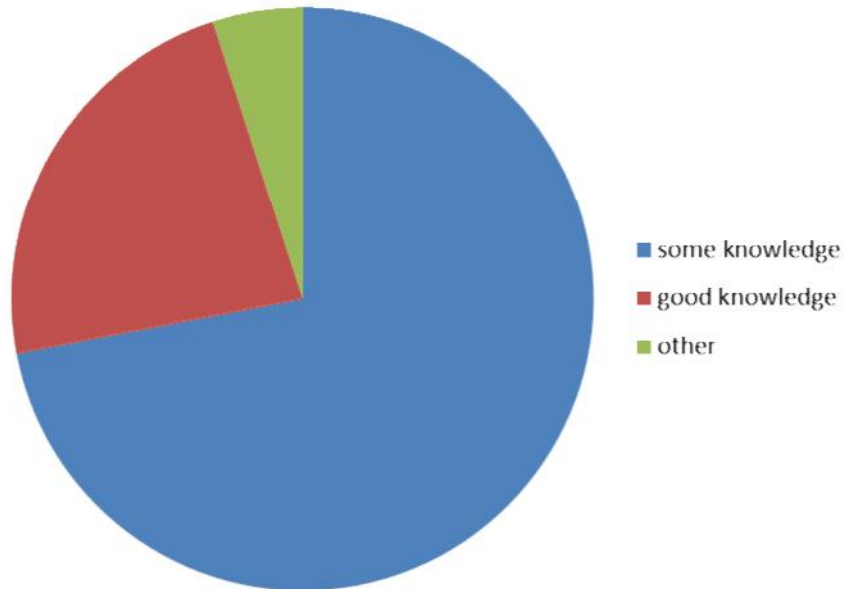
And later.....

- Discovery that some items needed to be reverse scored!

In Workshops 1 & 3:

- 100% - training very relevant/ relevant.
- 100% - very professionally/ professionally delivered and
- 100% - content easy to understand

Results!



Knowledge Change 2013

Pre- and Post-Workshop Competency Questionnaire Scores for Each Workshop.

Competence Questionnaire	Pre-Workshop		Post-workshop	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Workshop One	18.22	3.83	24.55	3.04
Workshop Two	20.25	4.96	25.95	3.66
Workshop Three	22.50	5.61	26.83	4.39
Workshop Four	22.29	4.56	26.83	4.41
Workshop Five	23.67	5.26	28.93	4.39
Workshop Six	25.35	4.55	29.22	5.12

Conclusions:

- Each workshop increased participants' competency.
- Competency increased over each successive workshop - effects are cumulative.
- Competency did not vary as a function of years of experience
- Participants with fewer years of experience did not benefit significantly more or less from the workshops than participants with over five years of experience

Our Learnings

- Don't loose your data!!! Makes it hard to do further analyses that you hadn't considered initially!
- Have someone who understands numbers and statistical analysis (if you don't)!
- Devise an evaluation framework that is specific in terms of its outcomes

Suggestions for Others?

- Time
- Other professionals
 - interprofessional and interagency collaboration is possible!
- Clear 'advertising' and booking procedure
- Pre and post test measurement
 - thesis or doctorate anyone??!
- Satisfaction surveys
 - evidence base/ psychometric robustness?
 - Link with local universities to improve?

Benefits to Clients

- Improved outcomes, less harm
- More confident Workers – better questions asked, better knowledge of sources of support for self and client, increased knowledge of possible interventions.
- ‘No wrong door’

Final Words

- Outlined a dual diagnosis training methodology ('implementing evidence based practice');
- Discussed our attempt to develop an evaluation methodology ('what to measure')
- Shared our learning from this experience ('improving data quality').

Contact Information

kimw@gcdrugcouncil.org.au