

# MHPN WEBINAR

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Tuesday, 4 October 2022

## Complexities in working with co-occurring mental health and alcohol and other drug presentations



# Tonight's panel



**Bill Buckley**  
AOD Mental Health  
Educator and Lived  
experience



**Dr. Hester Wilson**  
General Practitioner



**Dr. Mary Emeleus**  
Psychiatrist



**Facilitator:**  
**Prof. Stephen Trumble**  
General Practitioner

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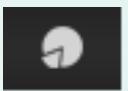
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## Learning outcomes

Through an exploration of co-occurring mental health and alcohol and other drug presentations the webinar will provide participants with the opportunity to:

- Discuss the difference between harm reduction and abstinence and how these approaches relate to mental health.
- Outline how to work with people experiencing mental health challenges, who are currently using or have used AOD in the past.
- Discuss stigma and the importance of language and communication when providing care to people seeking assistance for AOD use.
- Identify strategies to engage specialist services when supporting people who are experiencing mental health challenges due to their current or past use of AOD.

# AOD Mental Health Educator and lived experience perspective

## Mike's scenario

As it seems that Mike has already embraced the concept of abstinence, I would strongly encourage him to:

- have a full mental health assessment
- attend weekly counselling appointments
- explore and explain the potential benefits of a life skills program, e.g. emotional literacy, assertiveness
- explore options to develop new social circles
- explain the difference between a lapse and a relapse.



Bill Buckley



# AOD Mental Health Educator and lived experience perspective

## I would strongly encourage Mike to:

- Explore the option of attending weekly meetings of a community-based peer support network, at least in the initial stages of recovery.  
*(Smart recovery – Harm Min or 12 Step - Abstinence based)*
- Explore options for new or historical recreational pursuits (not associated with drinking).
- Explore presenting and/or potential obstacles/barriers to continued abstinence, if that is his predetermined goal.
- Develop strategies to overcome each identified obstacle.



Bill Buckley



# AOD Mental Health Educator and lived experience perspective

## Working with clients struggling with AOD and/or mental health issues

- Encourage ownership and responsibility for their recovery and treatment outcomes.
- Explain the difference between abstinence vs harm minimisation (problematic vs disorder).
- Let the client choose which fits for them.
- Thorough assessment of other life domains e.g.: accommodation, relationships, employment, legal.
- Utilise a strength based, recovery focused approach
- Treat people as individuals and avoid labels e.g.:
  - Jack is struggling with/or in recovery from problematic alcohol/substance use.
  - Alice is struggling with schizophrenia, rather than Alice is schizophrenic.
- Do not use the term addict or alcoholic unless the client identifies themselves as one.



Bill Buckley



# AOD Mental Health Educator and lived experience perspective

## Working with clients struggling with AOD and/or mental health issues cont'd....

- Many clients will not have a formal diagnosis of substance use disorder.
- Generally, clients attempting to make significant changes to their historical use of substances will experience some depression and/or anxiety ongoing post detox.
- For a variety of reasons, it can take 3-5 years to achieve sustainable emotional stability in recovery.

Recovery is a lifelong journey.



Bill Buckley



## General Practitioner's perspective

- Discuss the difference between harm reduction and abstinence and how these approaches relate to mental health.
- Outline how to work with people experiencing mental health challenges, who are currently using or have used AOD in the past.
- Discuss stigma and the importance of language and communication when providing care to people seeking assistance for AOD use.
- Identify strategies to engage specialist services when supporting people who are experiencing mental health challenges due to their current or past use of AOD.



Hester Wilson



# General Practitioner's perspective

## Harm reduction and abstinence

- What is harm reduction?
- NSP, treatment, reducing use, reducing risky use, access to overdose management, safe consumption rooms.
- Not everyone wants abstinence.
- Offer options and choice.
- Build self efficacy.



Hester Wilson



# General Practitioner's perspective

## AOD and mental health

- Chicken and egg.
- Chemical coping.
- Substance use relieving distress.
- Exacerbating illness.
- Is dependency/addiction a mental health issue?



Hester Wilson



# General Practitioner's perspective

## Stigma

Stigma causes harm, leads to rejection, exclusion and discrimination, decreases access, decreases engagement, leads to poorer outcomes, causes illness itself.

- Language Matters
  - slang and idioms – ‘clean’
  - person-first language – ‘addict’ person with alcohol use disorder
  - specific medical language – ‘drug seeking’ ‘doctor shopper’ ‘abuse’ ‘misuse’ chronic relapsing medical condition not a moral failing
  - recovery-promoting language – ‘resistant’ non ‘compliant’.
- Language matters
- How do we ensure we do not discriminate or stigmatise?



Hester Wilson



# General Practitioner's perspective

## Working with specialist services

- Be aware of what is available in your area.
- Health pathways.
- Online options.



Hester Wilson



# Psychiatrist's perspective

## Substance Use Disorder DSM5. Four categories of symptoms:

- Dependence (cravings, tolerance, withdrawal symptoms etc)
- Risky use (taking more than you intend to, continuing even when you realise the harms etc)
- Social problems (continuing to use despite impacts on relationships, work, recreation etc)
- Impaired control (trying to stop but unable to).
- SUD can be a serious medical problem both acutely and chronically, and diagnosis may therefore be very important.



Mary Emeleus



# Psychiatrist's perspective

## Mike's symptoms through the DSM5-TR lens:

- He couldn't quit ten years ago despite trying, now he is drinking more including to cope with his day and to stop feeling shaky in the morning.
- Slow sperm count, escalating use, pancreatitis.
- Impacting his relationship, his work, there is no mention of anything that he does for fun.
- Always a heavy user (probably has a distorted perception of what “normal” drinking is, always drank in big sessions, has had years of being unable to stop it).



Mary Emeleus



# Psychiatrist's perspective

## Things I note in his story:

- Father's drinking: genetic risks, impacts of developmental trauma
- Multiple stressors (which also elevate MH risks): physical health, money, relationship breakdown, psychological (guilt and shame)
- Response of health professionals: shaming or empathic.



Mary Emeleus



# Psychiatrist's perspective

## My favourite tools for therapy with “Mikes” I meet:

- PERMA: Positive emotions, Engagement, Positive Relationships, Meaning, Accomplishment
- Healthy Mind Platter



Mary Emeleus

Rock and Siegel: *Healthy mind platter*. (2011).



# Psychiatrist's perspective

## Quitting is a marathon, not a sprint

- Harm reduction or abstinence?
- Medical assistance may be necessary, helpful or both for:
  - Prevention and early intervention opportunities
  - Initial detox
  - Relapse prevention strategies including medications.
- Addiction causes disconnection: having a supportive network and community seems from my chair to be the most important thing.



Mary Emeleus



# Ask a question

To ask the speakers a question, click on the speech bubble icon in the lower right corner of your screen.

# Q&A Session



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# Thank you for your participation

- Please ensure you complete the exit survey before you log out; either click the "Pie Chart" icon in the lower right corner of your screen (beside the speech bubble) or wait for a message to pop up on your screen after this webinar ends.
- A Statement of Attendance for this webinar will be issued within four weeks.
- Each participant will be sent a link to the online resources associated with this webinar within two weeks.

# MHPN Online programs

## **Podcasts:**

- Episodes released fortnightly on MHPN Presents.
- NOW LIVE: *In Conversation With... Mary O'Hagan and Dr Ruth Vine – Part 4*. Listen on Spotify, Apple Podcasts, or MHPN's website.

## **Upcoming webinars:**

Sign up through our portal on the MHPN website to be notified of upcoming webinars, podcasts and network activity.

- Navigating mental health challenges when living with physical disability, Monday 17<sup>th</sup> October
- Breaking the Silence: Improving inclusive practice for Aboriginal and Torres Strait Islander LGBTIQA+SB people (Black Rainbow Queeroboree Series), Thursday 3<sup>rd</sup> November 1pm
- It's never too late to diagnose ADHD, Monday 7<sup>th</sup> November
- Emerging Minds: Supporting social and emotional wellbeing of children with higher weight, Thursday 17<sup>th</sup> November
- PHN Series: Non-medical supports and programs for older Australians, Tuesday 6<sup>th</sup> December



## MHPN networks

MHPN supports over 350 networks across the country where mental health practitioners meet either in person or online to discuss issues of local importance.

Visit [www.mhpn.org.au](http://www.mhpn.org.au) to join your local network.

Interested in starting a new network? Email: [networks@mhpn.org.au](mailto:networks@mhpn.org.au) and we will step you through the process, including explaining how we can provide advice, administration and other support.



**Thank you for your contribution and participation.**

**Good evening.**