

Alcohol and other drugs & mental health: use of IRIS as tool for screening

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In behalf of the research partners

Other members of research team

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- Tauto Sansbury - CEO CKAHS
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Social and emotional distress

'Recent aggregated statistics (South Australian Aboriginal Health Partnership, 2005) and other research (e.g. Kreger & Hunter 2005; Mental Health Council of Australia, 2005) confirm that Aboriginal and Torres Strait Islander people carry a higher burden of social and emotional distress than other Australians' (Kowanko, de Crespigny et al 2009 In Press)

Considerations for health practitioners

- General health - poor
- Social and emotional well being - challenged
- Mental health - poor
- Alcohol, tobacco & other drugs – damaging
- Comorbidities - complex
- Individual, family and community - inseparable
- Culturally respectful and accessible services - essential
- Timely screening for risk, identifying problems, treating holistically - essential
- Coordinating and sharing care - essential

Research - 2000 to 2003

Better medication management for Aboriginal people with mental health disorders, their family and other carers

Funding - National Quality Use of Medicines Evaluation Program (QUMEP) and Rotary

Mixed methods – quantitative and qualitative:

- Analysis multiple concurrent diagnoses in ABS Hospital Separation of Aboriginal people in SA [5 year period] -
- Interviews, focus groups with clients, carers, workers
- Survey of Service providers
- Literature review

Conducted with

- Muna Paiendi – Northern Adelaide
- Umoona Tjutagku – Coober Pedy
- Pika Wiya
- PLAHS
- Other Aboriginal service providers and community groups
- Mainstream service providers

Some findings

1. Impact on families and community – unsafe medication use, stress, grief, shame
2. Need for community education on MH and AOD; safe medication management
3. Recognition for timely, holistic assessment and response based on client need
4. Need for accessible, local services and support for acute and ongoing problems – for clients and families
5. Need for effective workforce development – Aboriginal and non Aboriginal health work force
6. Improved internal and external referral pathways of services
7. Improved service systems, liaison and collaboration
8. Need for Coordinated Aboriginal MH (And AOD) care

Aboriginal people admitted with a primary MH and/or AOD condition –between **1 and 25 co-existing** diagnoses (ICD -9-CM Chapter 5 and ICD – 10 – Chapter V) (Kowanko, de Crespigny et al 2003)

More recent analysis shows up to **33 co-existing comorbidities** (Moller 2003)

Kowanko I, de Crespigny C, Murray H. 2003. *Better medication management for Aboriginal people with mental health disorders and their carers* . Final Report. Flinders University Adelaide, South Australia. P. 100.

South Australian Aboriginal Health Partnership, 2005. *Aboriginal health, everybody's business: Knowing the business*. SA Aboriginal health indicators. SAAHP, Adelaide.

Research – 2004 to 2009

Coordinated Aboriginal Mental Health Care (CAMHC)

Funded by Flinders University and the CRC AH.

Goal:

‘developing pathways and protocols of care that are client-focused and holistic, culturally appropriate and sustainable, and embedded in collaborative and integrated systems within and between Aboriginal and mainstream services, rather than relying on particular personalities or individual relationships’ (Kowanko, de Crespigny et al AJPB 2009 In Press).

CAMHC

Response to broad recommendations from QUMEP project

Methodology

- PAR – in partnership with PLAHS and CKAHS

Broad findings need for:

- ‘No wrong door’ approach (triage for risk, no internal silos, coordinated holistic care, effective information flow and documentation, agreed feedback systems)
- A systemised MH / AOD risk assessment, problem identification and response
- ‘Across’ team work
- Interagency liaison and client advocacy
- Strong interagency collaboration, referral pathways and two way communication
- Workforce development
- Communicare upgrade to include MH and AID diagnoses and care plans

CAMHC

Outcome: A model for coordinated care in a rural ACCHS - 'no wrong door'

Elements:

- Triage with standardised screening for MH and AOD
- Appropriate and timely assessment
- Tailored interventions
- Effective documentation, reporting and handover
- Coordinated care
- Consistent and effective internal and external referral pathways
- Collaboration strategies
- Reliance on systems not individuals
- Workforce development
- potential use of IRIS screening for risk of MH and AOD
- Communicare upgrade to include IRIS data possible

Screening for risk

Screening for any health condition, including MH and AOD is the **first step** to identifying problems

- Assessment follows screening for effective problem identification (diagnosis)

Screening for MH and AOD = **core component** of health assessment wherever an Aboriginal client presents e.g. ACCHS, GP, MHS, AOD etc

- Adult Health Check
- Chronic disease management
- AOD or MH problems
- S&EW support and counselling
- Ad hoc

Indigenous Risk Impact Screen & Brief Intervention (IRIS)

'There is good evidence that health care providers can effectively screen for and intervene in risky drinking. Three quarters of high-risk drinkers would not be detected without the use of specific screening techniques. Screening for risky alcohol consumption should be encouraged in an increasing range of health care settings'. RACP (2005).

IRIS - screening and brief intervention tool

Developed in response to recommendations from national and state reports where alcohol and other drugs are the cause and symptom of health and environmental factors affecting lives of Aboriginal and Torres Strait Islander peoples.

IRIS is listed in the Alcohol Treatment Guidelines for Indigenous Australians P.11.139. <http://www.alcohol.gov.au>

IRIS is listed in the Royal Australasian College of Physicians and the Royal Australian and New Zealand College of Psychiatrists' 2005 *Alcohol policy: Using evidence for better outcomes* as a low-cost, reliable, easy-to-use and effective screening resource for Indigenous Australians.

IRIS

Funding: Australian DoHA

Developed and validated in Queensland

Offers reliable way to identify risk; supports targeted assessment and interventions

IRIS - spectrum of severity by score:

- no risk
- low risk and brief intervention
- high serious risk, intensive intervention

According to score - IRIS enables

- early intervention and resolution
- improved treatment s/outcomes
- prevention of worsening mental health/AOD
- improved social and emotional well being of individual and family

Figure II.13: Indigenous Risk Impact Screen

Indigenous Risk Impact Screen (IRIS)		
Alcohol and drug risk		
1. In the last 6 months have you needed to drink or use more to get the effects you want?		
1. No _	2. Yes, a bit more _	3. Yes, a lot more _
2. When you have cut down or stopped drinking or using drugs in the past, have you experienced any symptoms, such as sweating, shaking, feeling sick in the tummy/vomiting, diarrhoea/runny nose, feeling really down or worried, problems sleeping, aches and pains?		
1. Never _	2. Sometimes when I stop _	3. Yes, every time _
3. How often do you feel that you end up drinking or using drugs much more than you expected?		
1. Never/Hardly ever _	2. Once a month _	3. Once a fortnight _
4. Once a week _	5. More than once a week _	6. Most days/Every day _
4. Do you ever feel out of control with your drinking or drug use?		
1. Never/Hardly ever _	2. Sometimes _	3. Often _
4. Most days/Every day _		
5. How difficult would it be to stop cut down on your drinking or drug use?		
1. Not difficult at all _	2. Fairly easy _	3. Difficult _
4. I couldn't stop or cut down _		
6. What time of the day do you usually start drinking or using drugs?		
1. At night _	2. In the afternoon _	3. Sometime in the morning _
4. As soon as I wake up _		
7. How often do you find that your whole day has involved drinking or using drugs?		
1. Never/Hardly ever _	2. Sometimes _	3. Often _
4. Most days/Every day _		
Mental health and emotional wellbeing risk		

IRIS Consultations - 2009

CAMHC team has presented IRIS and related concerns to:

- Aboriginal Mental Health, SA Department of Health, Aboriginal Health Division
- SA Country Health Aboriginal Health Forum
- Aboriginal Health Council of SA
- Aboriginal Health Partnership
- SA Rural/Remote MH Aboriginal team
- Country SA Mental Health SA
- SA Mental Health
- DASSA
- Northern AHAC
- Dr David Scrimgeour AHCSA

* Meeting on August 19th resulted in IRIS Action Group

IRIS training

- IRIS training and train-the-trainer programs now available to SA country / metropolitan Aboriginal health services, GPs, mainstream and specialist health service providers.
- Training team funded by Australian Government Department of Health and Ageing
- Training led by Coralie Ober and experienced team.
- Training comprises two days for health personnel plus two-day Train the Trainer program for local training to continue
- Possible link with Certificate 3 and 4 Health Worker training
- Iris and related practices could be in undergraduate medical, nursing, social work curricula

Working together

- Closing service gaps
- Closing practice gaps
- Closing knowledge gaps
- Improving MH / AOD health outcomes

Reliable resources for practice

Alcohol Treatment Guidelines for Indigenous Australians. Commonwealth of Australia. 2007.

www.alcohol.gov.au

Alcohol, Tobacco & Other Drugs Guidelines for Nurses and Midwives: Clinical Guidelines.. Version 2.

Flinders University. Bedford Park. 2003

http://www.dassa.sa.gov.au/webdata/resources/files/ATOD_Clinical_Guidelines-book2.pdf

Comorbidity of mental disorders and substance use: A brief guide for the primary care clinician.

National Drug Strategy. 2009.

<http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/mono71>

Protocols for the delivery of social and emotional wellbeing and mental health services in Indigenous communities: Guidelines for health workers, clinicians, consumers & carers. First Edition. University of Queensland and Queensland Health. 2009.

<http://www.uq.edu.au/nqhepu/index.html?page=110805&pid=0>

Alcohol Policy: Using evidence for better outcomes. Royal Australian College of Psychiatrists. 2005.

www.racp.edu.au/hpu/policy/index.htm

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<http://www.aboriginalhealth.flinders.edu.au/Newsletters/2008/Downloads/QUMfinalreport.pdf>

Better medication management for Aboriginal people with mental health disorders and their carers - survey of service providers 2003. Inge Kowanko, Charlotte de Crespigny, Helen Murray & Mette Groenkjaer (in partnership with the Aboriginal Drug and Alcohol Council (SA) ISBN: 0-646-33787-4

http://nursing.flinders.edu.au/research/reports/Pub_serviceproviders.pdf

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<http://www.aboriginalhealth.flinders.edu.au/Newsletters/2008/Downloads/Attachment%208b.pdf>

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- Australian Department of Health Alcohol and Indigenous Programs Section. *Alcohol Treatment Guidelines for Indigenous Australians* Australian Department of Health and Ageing Canberra. . 2007. [National Project Director de Crespigny C].
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