

Translating research into practice:

PsyCheck Dissemination



Final Report

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Jacqui Cameron

Nicole Lee

Angela Harney

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EXECUTIVE SUMMARY

Among alcohol and drug treatment clients, mental health symptoms are common. Although psychosis has a large impact on services, by far the majority of clients have symptoms of one of the high prevalence disorders: depression or anxiety.

Mental Health services generally do not cater for people with the high prevalence disorders and there are few other options for referral for clients with co-occurring mental health and substance use problems. In addition, many people present with symptoms that are subclinical, making them ineligible for publicly funded mental health services. The new Medicare items for psychologists have opened up options for low cost or free treatment but relatively few private psychologists specialise in the area of co-occurring disorders and waiting lists are long.

Integrated treatment (i.e. same practitioner, same service) is recommended for the effective treatment of co-occurring mental health and substance use disorders. It is, therefore, imperative that alcohol and drug clinicians are able to effectively manage mental health symptoms among their clients.

It is also vital that the services and organisations within which these clinicians work actively support them by implementing appropriate policies and procedures, including effective clinical supervision.

This project continues work in the development and trialling of PsyCheck, which has resulted in the validation of the PsyCheck Screening Tool and the initial development of the PsyCheck resource package. PsyCheck was designed specifically as a basic screening tool and intervention for AOD workers who do not have a background in mental health treatment. The primary goal of this third phase of the PsyCheck projects was a national dissemination using a workforce development approach.

Alcohol and drug services across Australia were invited to nominate to participate in the PsyCheck dissemination. Thirteen sites were selected and trained over six months commencing in October in 2006. The sites covered a range of service types including

pharmacotherapy and counselling services, residential and outpatient services, youth and adult services, regional, outer metropolitan and metropolitan services, and government and non-government services.

There were three levels of training during the dissemination period. Managers received half a day focused on implementation strategies and the development of policies and procedures to support implementation. Managers were asked to nominate supervisors to participate in the second level, who either were providing clinical supervision or had the potential to provide clinical supervision to other staff. Supervisors received one day training covering general and PsyCheck-specific supervision skills. Clinicians received two days training on how to administer the PsyCheck tool, how to conduct further assessment and how to undertake the 4-session intervention. Guidelines were developed for each of the three groups.

Training was provided at Turing Point Alcohol and Drug Centre for Managers and Clinical Supervisors. Clinician training was conducted on site at each agency.

An extensive evaluation was undertaken. Site visits were conducted prior to the training and 6 months after. Two researchers visited each site to conduct interviews and collect various other data.

Results showed a number of positive outcomes for the implementation, including:

- A high level of satisfaction with the training course, particularly among managers and clinicians
- Increases in knowledge, skill and confidence
- Changes in detection and recording of mental health problems
- More positive attitudes to comorbidity

When sites that had effectively implemented the program throughout their organisation were compared to those who either partially implemented or minimally implemented the program, the effective implementers had more positive outcomes on all of these measures. This

suggests when fully integrated into routine practice, the effects on clinician and organisational capacity are greater.

The sites that had more successful implementation had a number of elements in common, a) they used the assessment tool at least in part, b) they had a single identifiable person at the site 'championing' the implementation and encouraging others to use it and c) they worked with the staff and persisted with the implementation even where there was initial worker resistance.

At sites where individuals used the program but it was not incorporated into routine practice (partial implementation), individual clinical practice outcomes were better, but there was little change on organisational capacity measures.

High turnover of staff hampered implementation efforts at all sites and ongoing training is required to maintain a whole of workforce approach to implementation within a service.

Effective clinical supervision emerged as potentially the key facilitator to implementation of a program of this type, and further work is required in the sector to improve supervision capacity. Adequate clinical supervision is required for any practice improvement and helps to assist clinicians to incorporate new concepts and knowledge into their existing practice.