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mhpn
Mental Health Professionals' Network

Webinar

Working Together to Manage Methamphetamine Use and Mental Health Issues

Wednesday, 25th November 2015

"Working together. Working better."

Supported by The Royal Australian College of General Practitioners, the Australian Psychological Society, the Australian College of Mental Health Nurses and The Royal Australian and New Zealand College of Psychiatrists

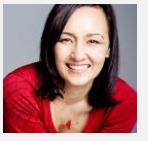
This webinar is presented by mhpn

Mental Health Professionals' Network

Tonight's panel

A/Prof Adrian Dunlop
Addiction Medicine Specialist (NSW)

Ms Vita Berghout
Social Worker (SA)



A/Prof Nicole Lee
Psychologist (VIC)

Dr John Reilly
Psychiatrist (QLD)

Facilitator

Dr Michael Murray
GP and Medical Educator (QLD)

Ground Rules

To help ensure everyone has the opportunity to gain the most from the live webinar, we ask that all participants consider the following ground rules:

- Be respectful of other participants and panellists. Behave as if this were a face-to-face activity.
- Post your comments and questions for panellists in the 'general chat' box. For help with technical issues, post in the 'technical help' chat box. Be mindful that comments posted in the chat boxes can be seen by all participants and panellists. Please keep all comments on topic.
- If you would like to hide the chat, click the small down-arrow at the top of the chat box.
- Your feedback is important. Please complete the short exit survey which will appear as a pop up when you exit the webinar.

Learning Outcomes

At the completion of the session participants will:

- Describe how to engage with people using methamphetamine to reduce harm, improve intervention and mental health symptoms
- Implement key principles of providing an integrated approach in the early identification of people with co-morbid methamphetamine use and mental health issues, increasing the likelihood of a successful course of treatment
- Identify challenges in providing a collaborative response to people with co-morbid methamphetamine use and mental health issues, and share tips to overcome these challenges

Addiction Medicine Perspective

What is methamphetamine?

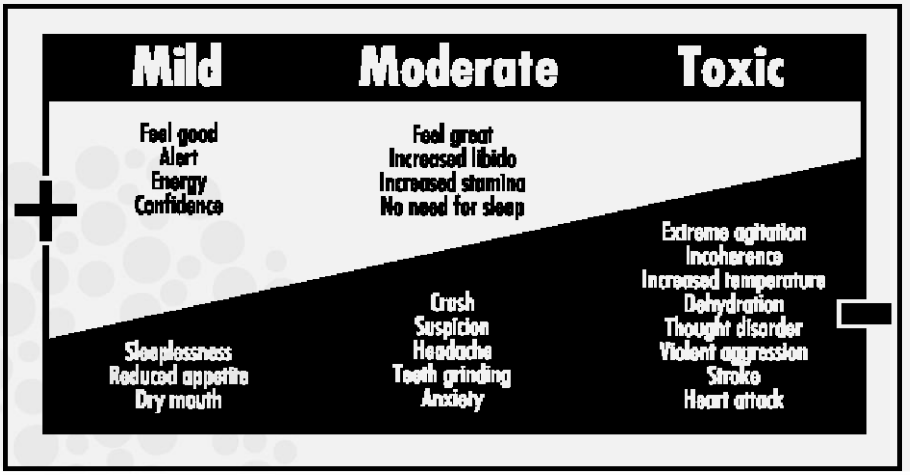
- Types: powder, crystal (“Ice”)
  - Purity increases

A/Prof Adrian Dunlop

Addiction Medicine Perspective

Amphetamine effects

Pead, Lintzeris, Churchill C of A 1996



Addiction Medicine Perspective

Mental state problems

- Common problems
  - Anxiety, depression
  - Thought disorder – spectrum
    - Suspiciousness, anger - delusions, jealousy
    - Misperceptions, magical thinking, hallucinations, psychosis
- Related effects
  - Social withdrawal/weapons/checking e.g. windows
- Timeframe
  - Transient/episodic/prolonged

A/Prof Adrian Dunlop

Addiction Medicine Perspective

Other medical complications

- Hyperthermia
  - dehydration, seizures, rhabdomyolysis (muscle breakdown), renal failure
- Cardiovascular
  - palpitations, sinus tachycardia, hypertension, arrythmias - atrial and ventricular fibrillation, ischaemia and infarction, cardiomyopathy, vasculitis, disseminated intravascular coagulation
- Brain
  - sub-arachnoid and cerebral haemorrhages, vasculitis - stroke, seizures: generalised tonic-clonic, risk Parkinsons
- Gastro-intestinal
  - GI haemorrhage, hepatic necrosis
- Pregnancy
  - Ante-partum haemorrhage, abruption, prem, low birthweight

Cruickshank 2009, White 2002, Oei 2012, Richards 2015

A/Prof Adrian Dunlop

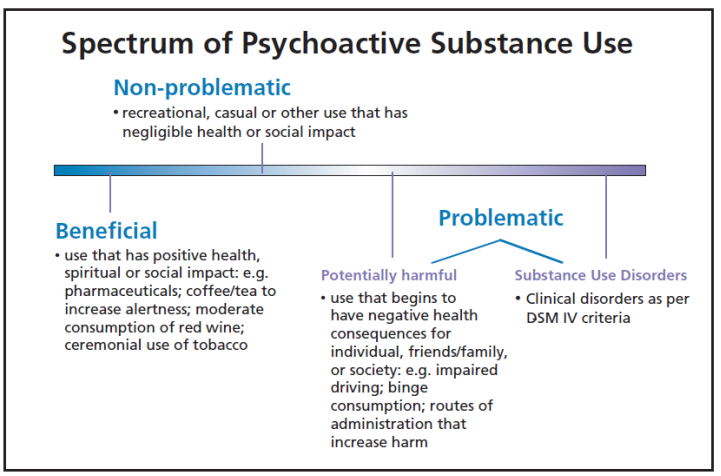
Addiction Medicine Perspective

Other health

- Health
  - Injecting: HCV, HBV, HIV
  - Sexual health: STIs
- Social impacts
  - Relationships
  - Employment
  - Housing
  - Legal: crime, driving
  - Violence, Partner violence
  - Parenting, child development

A/Prof Adrian Dunlop

Addiction Medicine Perspective



Reference: Adapted from Government of BC, Canada, *Every door is the right door: a planning framework to address problem substance use and addiction*, 2004, p8
Slide: A/Prof Nadine Ezard

A/Prof Adrian Dunlop

Addiction Medicine Perspective

Screening – Assist lite

- In the past 3 months
  1. Did you use an amphetamine-type stimulant, or cocaine, or a stimulant medication not as prescribed? Yes [1] No [0]. If Yes:
  2. Did you use a stimulant at least once each week or more often? Yes [1] No [0]
  3. Has anyone expressed concern about your use of a stimulant? Yes [1] No [0]
- 2 +: positive for stimulant use disorder

Ali et al 2013 Drug and Alcohol Dependence 132 352– 361

A/Prof Adrian Dunlop

Addiction Medicine Perspective

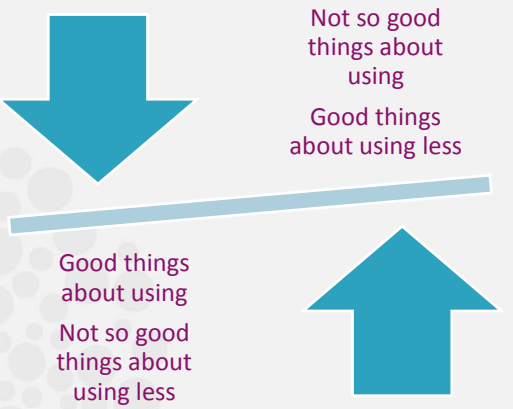
Common presentations

- Methamphetamine use not disclosed
  - E.g. presentation for BZDs
- Related health problem
  - Depression, anxiety
  - Mild mental health problems
- Amphetamine use disclosed
  - Assessment/referral

A/Prof Adrian Dunlop

Addiction Medicine Perspective

Motivational interviewing



Motivation and confidence change over time

A/Prof Adrian Dunlop

Social Worker Perspective

Engagement

- Non-judgemental
- Empathic
- Keeping the humanity in the midst of the medical/building rapport in 5 minutes
- Confidentiality
- Factual/biological VS moral/legal/ethical
- Acknowledge benefits of use
- If you're unsure – don't be afraid to ask

Ms Vita Berghout

Social Worker Perspective

Assessment

- Drug & Alcohol Assessment - Key Components:
  - What substance/s
  - How much/quantity/amounts
  - Route of administration
  - Frequency/Pattern
  - Duration/Periods of abstinence
  - Last use/Withdrawal status
  - Past treatment history – what worked, what did not
- Alcohol, Smoking & Substance Involvement Screening Test - ASSIST

Ms Vita Berghout

Social Worker Perspective

Assessment

- Mental Health Assessment:
  - MSE
  - Risk Assessment
    - Homicidal ideation, Suicidal ideation & Self Harm
    - Misadventure, Vulnerability & neglect
    - Child protection concerns, Weapons, Driving
- "…previously felt very down but never like now"
  - Drilling down to establish: onset, duration and severity of symptoms.
  - How do these differ from now?
  - Importance of context
- Family psychiatric history
- Past treatment history

Ms Vita Berghout

Social Worker Perspective

Assessment

- Psycho-social Assessment:
  - Finances
  - Isolation
  - Relationships – inclusive of exploration of behaviours of concern, both toward Jess & children. ? Child protection
  - Employment
  - Housing
  - Forensic issues
  - Identifying Strengths/resilience to build hope

Ms Vita Berghout

Social Worker Perspective

Diagnosis/Formulation

- Remember possible underlying medical aetiology also needs to be considered
- Comprehensive, holistic assessment across multiple domains assists in clarifying diagnosis and formulating care and treatment plans
- Also informed by:
  - Functional purpose/underlying reasons for use
  - Ascertaining readiness for change
  - An individual's personal circumstances – financial, work, caring responsibilities, pets
  - An individual's personal capacity and limitations – Intellectual/Physical disability, ABI, etc.

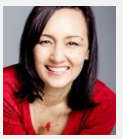
Ms Vita Berghout

Psychologist Perspective

mhpn Mental Health Professionals' Network

70%	15%	15%
Irregular users *< once a month*	**Occasional users** *Once a month+*	**Regular users** *Once a week+*
Not dependent **Mild health issues** **Mild sleep problems** **Acute harms**	Low dependence Moderate mental health issues Moderate sleep, nutrition issues Acute harms	Significant dependence Smoking or injecting Severe mental health issues Severe sleep, nutrition issues Acute and long term harms
Secondary intervention / harm reduction	Early intervention	Tertiary intervention

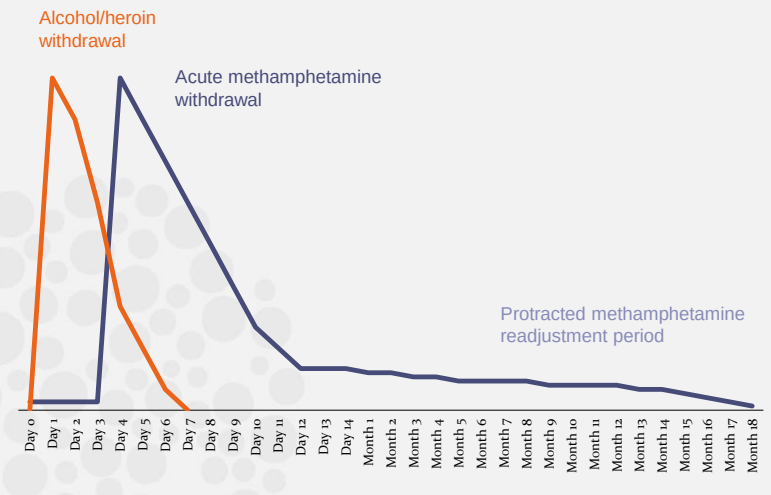
NDSHS, 2014

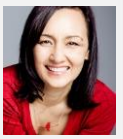


A/Prof Nicole Lee

Psychologist Perspective

mhpn Mental Health Professionals' Network





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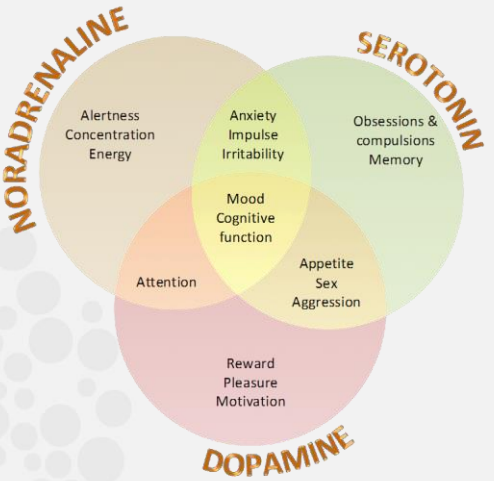
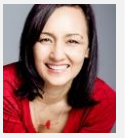
Psychologist Perspective





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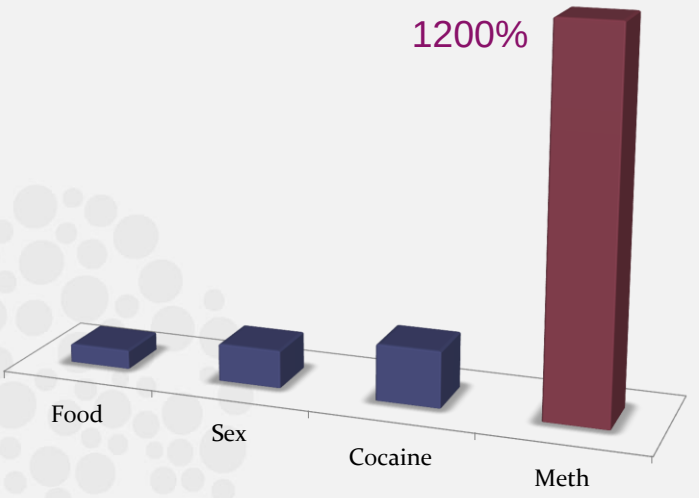
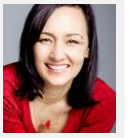
Nicole Lee

Psychologist Perspective





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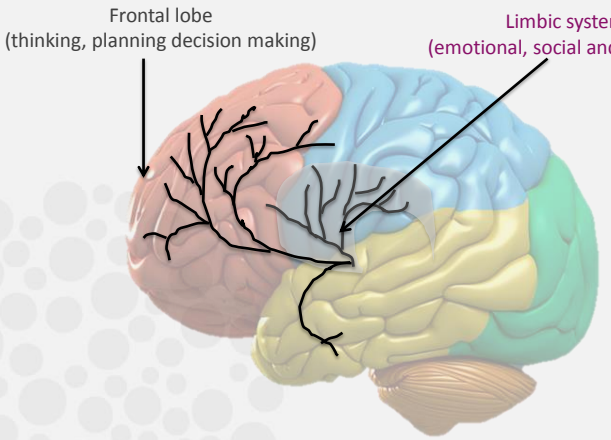
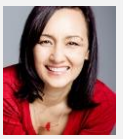
Psychologist Perspective





A/Prof Nicole Lee

Psychologist Perspective

Focus, attention and concentration

Memory

Planning ability

Decision making

Emotion regulation

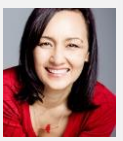
Flexible thinking

Impulse control

Energy levels

Mood

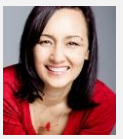
Threat sensitivity



A/Prof Nicole Lee

Psychologist Perspective

- Getting to appointments
- Completing tasks
- Taking on new information
- Thinking about consequences
- Goal setting and working towards goal
- Stopping inappropriate behaviour
- Switching from one topic to another
- Unexpected outbursts



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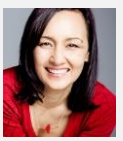
Psychologist Perspective

After 6 months abstinence, cognition worse than current users

No significant improvement 9-12 months

Simon et al. 2004; Ludicello et al. 2010



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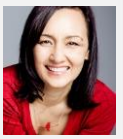
Psychologist Perspective

- Withdrawal
- Harm reduction
- Pharmacotherapy
- Psychosocial interventions
  - Brief MI and CBT/RP
  - Intensive CBT/RP and CM
  - ACT
  - Resi rehab



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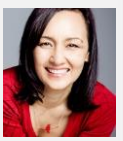
Psychologist Perspective

Highest success in treatment

Lubman et al 2014



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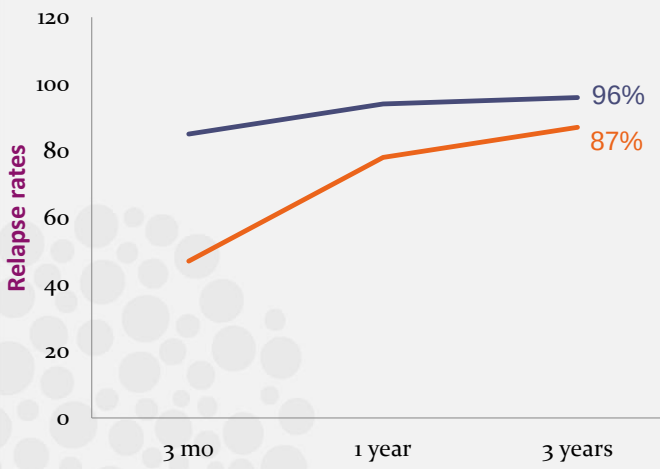
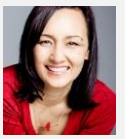
Psychologist Perspective



McKetin et al., 2012



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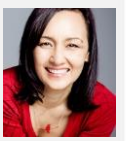
Psychologist Perspective

Easier to get off
than to stay off



A/Prof
Nicole Lee

Psychiatrist Perspective

Possible amphetamine related mental health problems

- Presenting problem: focus of initial assessment
- Awareness of need to screen for possible associated problems, esp.:
  1. Substance use: amphetamine or other
     a. Screen other substances as appropriate & feasible
  2. Physical health problem
  3. Other psychological or behavioural problems

Dr John Reilly

Psychiatrist Perspective

Other psychological or behavioural problems

Screening consider

a) Mood symptoms:
   i. Depression and on occasion mania
   ii. Suicidal ideation/behaviour
   iii. Sleep, appetite and diet, weight

b) Psychotic symptoms:
   i. ideation/delusions: referential, persecutory, infidelity
   ii. hallucinations: tactile, auditory, visual, olfactory
   iii. family history of psychotic disorder (up to 5x ↑risk of psychosis among MA users)

c) Impulsivity & risky behaviours (driving, sexual, aggression, work)
   i. Attention deficit hyperactivity disorder

d) Functional impact: relationships including parenting capacity, finances, previous or pending charges

Dr John Reilly

Psychiatrist Perspective

Amphetamines & mood &/or psychotic symptoms

- If present, assess symptoms; type & severity, onset, duration; family history
- Clarify links between substance use & symptoms
  - Timeline and subjective understanding considering
    - substance use with mode of delivery, dose
    - symptoms: mood &/or psychotic with severity & type
    - how does patient understand link?
    - how have they managed symptoms to date
- Treatment plan needs to balance severity of and risk associated with symptoms, available support network and patient's level of co-operation
- Consider need for corroborative information especially if
  - significant risks identified or
  - patient is not co-operative in setting of possible risk

Dr John Reilly

Psychiatrist Perspective

Amphetamine associated psychosis or schizophrenia

- SHIP study (2012) Australian people with psychosis
  - lifetime use of stimulants: 73%;
  - heaviest use frequency: 27%<monthly; 32% 1-4 weekly; 42 % >weekly

Time period/Frequency	total	< monthly	weekly -monthly	daily-almost daily
past year	32%	18%	11%	3%
year before onset	48%	12%	18%	18%

- Dose related psychotic symptoms in chronic MA users (McKetin et al. 2013)
  - Likelihood of psychotic symptoms during use vs no use: odds ratio (OR) 5.3
  - Dose dependent: 1-15 days previous month OR 4.0; ≥16 days OR 11.2
  - Frequent (≥16 days previous month) cannabis &/or alcohol use further increased risk
    - OR cannabis 2.0; OR alcohol 2.1

Dr John Reilly

Psychiatrist Perspective

Amphetamine associated psychosis or schizophrenia (cont.)

- 198 MA users accessing NSP (McKetin et al. 2015)
  - 51% lifetime psychosis [80% substance induced psychotic disorder (SIPD); 20% primary (PPD)]
  - 31% current psychosis (79% SIPD); no difference SIPD vs BPD BPRS score or subscales
  - SIPD significantly less likely to be on anti-psychotic medications 6% vs 31%

Dr John Reilly

Psychiatrist Perspective

Principles of treatment of acute psychosis (including first presentation & SIPD)

1. Early detection and intervention
2. Comprehensive assessment
3. Information provision: consumer and family
4. Adherence to treatment plans
5. Harm minimisation
6. Establish therapeutic rapport

N.B. All necessary and all happening together

Dr John Reilly

Psychiatrist Perspective

Medication treatment issues: stimulants, ADHD, anxiety, mood & psychosis

- Factors associated with increased risk of psychosis in MA users:
  - higher dose, earlier use, premorbid ADHD, schizotypal/schizoid PD, antisocial PD, mood disorder, alcohol dependence
- ?changes presynaptic striatal DA: links with psychosis & salience
- Stimulants (dexamphetamine, methylphenidate) for ADHD in adults
  - Caution in all with focus on psychosocial approach
  - Red flags: history of SUD, psychosis, antisocial behaviour

Dr John Reilly

Psychiatrist Perspective

Medication treatment issues: stimulants, ADHD, anxiety, mood & psychosis (cont.)

- Management of psychosis
  - Referral to EPI equivalent
  - Initiation of anti-psychotic medications as needed
  - Standard approach with education for patient & family
- Cessation of anti-psychotic medications
  - Develop SMART relapse prevention plans for monitoring symptoms in context of cess persistent or recurrent MA use, involving relevant supports

Dr John Reilly

Q&A session

Thank you for your participation

- Please ensure you complete the *exit survey* before you log out (it will appear on your screen after the session closes). Certificates of attendance for this webinar will be issued within two weeks.
- Each participant will be sent a link to online resources associated with this webinar within one week.
- Our next webinar will be in 2016 with details to be announced soon.

Are you interested in leading a face-to-face network of mental health professionals in your local area?

MHPN can support you to do so.

Please fill out the relevant section in the exit survey. MHPN will follow up with you directly.

For more information about MHPN networks and online activities, visit www.mhpn.org.au

Thank you for your contribution and participation