



Feedback from alcohol and other drug workers on the National Comorbidity Clinical Guidelines



Katherine L Mills¹ and Alison Bell²

¹ National Drug and Alcohol Research Centre, University of New South Wales, Australia

² Alison Bell Training Consultant

Introduction & Aim

In 2007, the Australian Government Department of Health and Ageing funded the National Drug and Alcohol Research Centre, University of New South Wales, to develop "Guidelines on the management of co-occurring drug and alcohol and mental health problems in alcohol and other drug treatment settings." The purpose of these Guidelines is to provide alcohol and other drug (AOD) workers with up-to-date, evidence-based information on the management of comorbid mental health conditions in AOD treatment settings.

The Guidelines were developed based on a comprehensive review of the best available evidence; the experience of an expert panel of academic researchers, clinicians, consumers and carers; and feedback from key-stakeholders. A draft of the Guidelines was then sent to AOD workers working in non-government organisation (NGO) AOD treatment services across Australia. These workers were surveyed and asked to provide feedback on the perceived utility of the Guidelines. This paper presents the findings from that survey.

Method

The study was approved by the Human Research Ethics Committee of the University of New South Wales.

An anonymous survey was designed to gather key demographic information about the respondents, their services and general and specific feedback on the Guidelines.

With the assistance of the peak non-government AOD agencies across Australia, the relevant NGO AOD services were identified. Emails were sent to identified personnel within over 200 agencies seeking an expression of interest to participate in reviewing the Guidelines and providing feedback via the survey.

A copy of the Guidelines, the survey and a reply paid envelop were sent to 77 NGO AOD services across Australia who expressed interest in participating in the study.

A period of 1-month was allowed for the respondents to complete and return the survey. Two reminder emails were sent to all participating agencies requesting their feedback.

Results

Respondent characteristics

Seventy-four surveys were returned. The mean age of respondents was 44.4 years (SD 10.2) and 59% were female. Eighty-five percent had educational qualifications at the level of university undergraduate degree or higher.

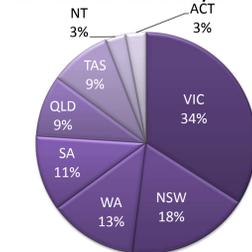
Respondents had been working within their current service for a median of 2.6 years (range 0.2 – 30.4). Respondents reported a median of 10.0 years experience working with AOD related issues (range 1 – 30) and 10.6 years working with mental health issues (range 0 – 42).

Respondents were employed in range of occupations, most commonly management roles (23%; ranging from team leader to CEO), counsellors (16%) and nurses (13%). Other occupations included social workers, case workers, support workers, and project officers. Close to one-half (46%) of those who completed the survey indicated that they were employed to specifically work with comorbidity. Three-quarters (78%) indicated that they were involved in developing policies within their service.

Service characteristics

The greatest proportion of respondents worked in services from Victoria (34%; Figure 1). The majority of services were located in major urban areas (59%), with 36% from other urban or country area (population between 1,000 and 99,999) and 4% from small country or rural areas. No responses were received from rural or remote areas.

Figure 1: % respondents working in services from each State/Territory



A range of service types were represented including outpatient counselling (64%), residential rehabilitation (39%), outpatient and inpatient detoxification (20% and 19% respectively), substitution therapies (11%), and other (57%; such as prisoner support, court diversion, NSP, education, family support and housing/accommodation support).

The services represented also attended to diverse client groups including adult men and women (80% each), youth (62%), Indigenous Australians (68%), culturally and linguistically diverse clients (CALD; 54%), parents with dependent children (65%), and other (13%; including families and forensic clients).

Feedback on the Guidelines

Overall, the feedback on the Guidelines was overwhelmingly positive. The majority of respondents thought that overall the Guidelines would be useful (Figure 2) and would assist with clinical decision making (Figure 3). Overall satisfaction with the Guidelines was also high (Figure 4). Respondents were asked to provide their level of agreement or disagreement with a series of statements related to the usefulness and relevance of the Guidelines (Tables 1 & 2 respectively).

The most common responses to each of these statements are highlighted. The most common response to all statements was "agree" with the exception of one negatively worded question: "The Guidelines are too removed from my experiences at my workplace to be useful". Respondents mostly responded to this question as either "strongly disagree" or "disagree".

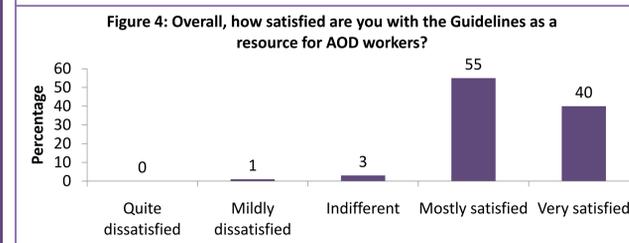
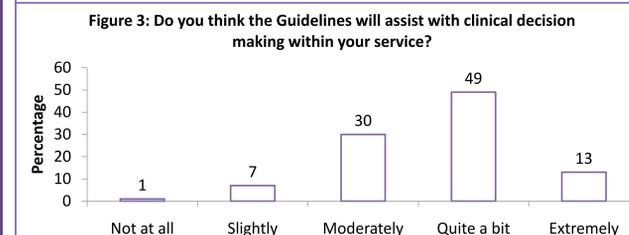
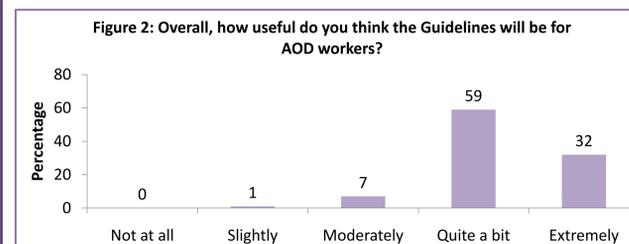


Table 1. Perceived usefulness of the Guidelines

| Usefulness of the Comorbidity Guidelines | Strongly disagree | Disagree | Unsure | Agree | Strongly agree |
|---|-------------------|----------|--------|-------|----------------|
| The Guidelines will enable me to respond to comorbidity related issues with greater confidence. | 0 | 7.1% | 8.6% | 71.4% | 12.9% |
| I gained skills or knowledge from the Guidelines that will enable me to work more effectively with comorbidity issues. | 0 | 11.4% | 8.6% | 62.9% | 17.1% |
| The Guidelines effectively illustrated links between the theory of responding to comorbidity and the practical aspects of responding. | 0 | 7.1% | 7.1% | 54.3% | 31.4% |
| The information/materials provided in the Guidelines will improve the quality of comorbidity related responses in my workplace. | 0 | 4.3% | 14.3% | 61.4% | 20.0% |
| All in all, the Guidelines will improve my responses to comorbidity in my workplace. | 1.4% | 4.3% | 11.4% | 64.3% | 18.6% |
| The Guidelines addressed practical constraints of responding to comorbidity. | 1.5% | 7.2% | 11.6% | 63.8% | 15.9% |

Table 2. Perceived relevance of the Guidelines

| Relevance of the Comorbidity Guidelines | Strongly disagree | Disagree | Unsure | Agree | Strongly agree |
|--|-------------------|----------|--------|-------|----------------|
| The Guidelines effectively incorporated relevant workplace issues. | 0 | 2.9% | 20.3% | 65.2% | 11.6% |
| The content of the Guidelines is appropriate for my current work needs. | 0 | 4.3% | 12.9% | 60.0% | 22.9% |
| The Guidelines encouraged me to pursue further learning 'on-the-job'. | 2.9% | 12.9% | 28.6% | 40.0% | 15.7% |
| The Guidelines are consistent with my job requirements. | 0 | 5.8% | 13.0% | 58.0% | 23.2% |
| The Guidelines are too removed from my experiences at my workplace to be useful. | 41.4% | 38.6% | 8.6% | 11.4% | 0 |
| I will use some of the things I learnt from the Guidelines in my work. | 0 | 0 | 7.4% | 64.3% | 28.6% |

Discussion & Conclusion

The feedback received from AOD workers who participated in this pilot process has been invaluable. The feedback received was overwhelmingly positive, indicating that the resource is acceptable to the AOD field. Of primary importance, the vast majority AOD workers perceived that the Guidelines would be both useful and relevant in their clinical practice.

Respondents comprised AOD workers from a variety of roles and service types from across Australia, providing services to diverse client groups. Thus, it is likely that these findings are generalisable across the NGO sector. As the study was limited to NGO AOD workers however, it is unclear to what extent these views reflect those of AOD workers from the public sector. Given the high levels of tertiary education among the sample, it is also unclear to what extent these views reflect those of AOD workers with lower levels of education.

While the feedback was largely positive, a number of areas were identified where improvements could be made. Based on this feedback revisions have been made to the final version of the Guidelines which, once finalised, will be distributed to AOD treatment services across Australia.

Questions

Email: k.mills@unsw.edu.au

Acknowledgements

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