

## Introduction

Service providers encounter challenges addressing issues facing individuals with complex alcohol and other drug (AOD) needs that impact on their ability to maintain good mental and/or physical health<sup>[1-2]</sup>.

Clients with complex needs include those with impaired cognitive functioning, co-occurring mental/ physical illness and limited psychosocial supports, impacting upon engagement and completion in AOD treatment<sup>[2-3]</sup>.

A psychoeducational program was designed for participants with complex support needs accessing Rendu House for treatment.

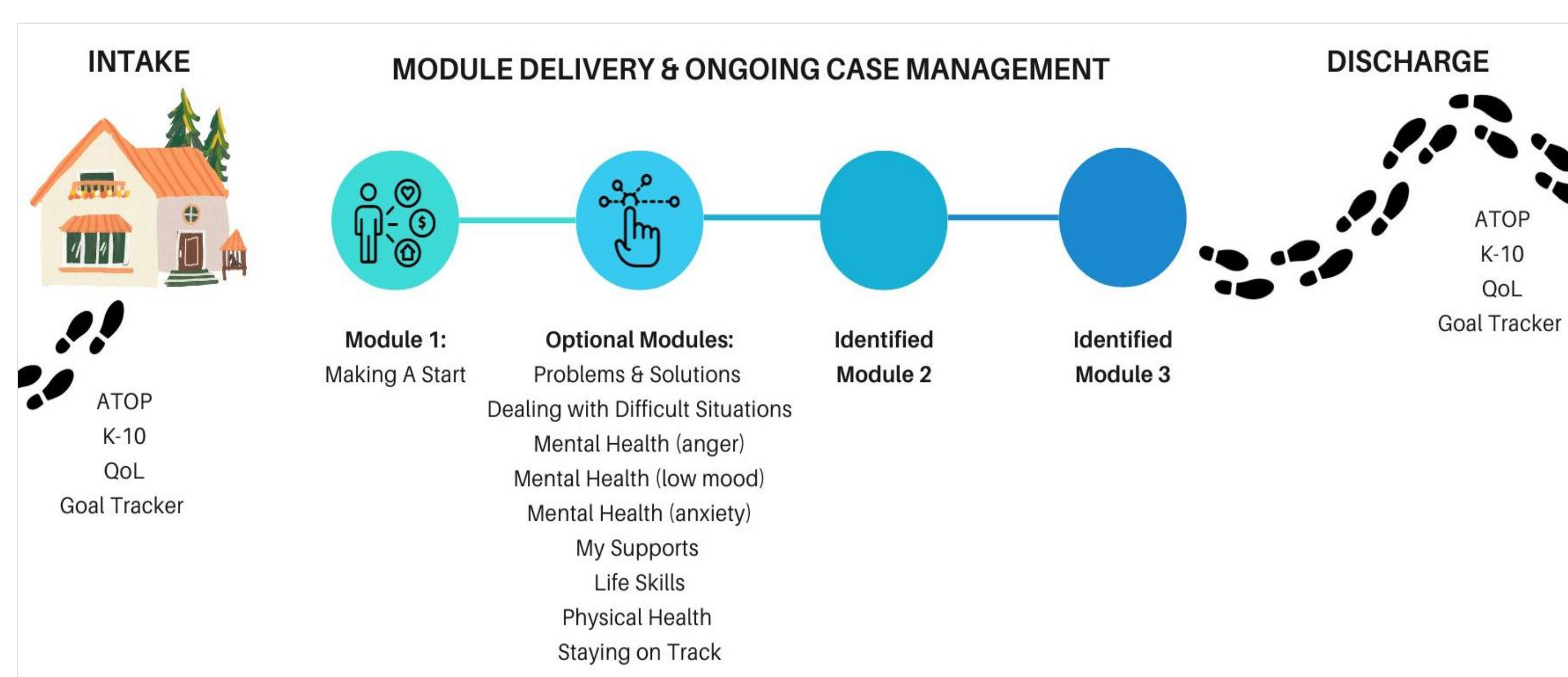


Figure 1: Participant Journey

## Aims

1. To explore the feasibility of implementing a psychoeducational program for participants with complex support needs.
2. To explore the impact of the program on participants' psychological distress and substance use.
3. To explore the acceptability of the program to staff and participants.

## Methods

A mixed method evaluation including qualitative and quantitative data was conducted. Semi-structured interviews were recorded verbatim, with open coding techniques used to identify narratives. Quantitative data were analysed with paired t-test where possible or using descriptive statistics.

## Results

### Participants

Of the 185 intakes to Rendu House, 31 (17%) met the complex case criteria and were referred to the program. 13 consented to the evaluation.

- Mean age: 39 years
- 29% cisgender or transgender women
- 36% First Nations heritage
- 43% primary income was Job Seeker or Disability Support Pension

Module	% participants completed
Module 1: Making a start	92
Module 2: Problems & solutions	0
Module 3: Dealing with difficult situations	30-39*
Module 4: Looking after your mental health (anger)	<19*
Module 5: Looking after your mental health (low mood)	20-29*
Module 6: Looking after your mental health (anxiety)	20-29*
Module 7: My supports	30-39*
Module 8: Life needs & life skills	0
Module 9: Looking after your physical health	<19*
Module 10: Staying on track	54

Table 1: Percentage of participants completing each psychoeducation module during the project timeline

Note. N = 13. \*Presented as a percentage range as cell size is <5. Rounded to the nearest whole percentage where full percentages are presented.

The most common reason for exiting the program were successful completion, followed disengagement, other health needs taking priority, or because immediate needs were addressed.

### Feasibility & impact

Of the 7 participants completing the K-10 and EUROHIS-QOL outcome measures at intake and discharge, psychological distress significantly decreased.

Of the 8 participants completing the ATOP substance use measure at intake and at discharge, the median number of substance used in the 28 days leading up to the program was 1.5 (IQR =0.75-2).

- the number of days alcohol was used decreased by a mean of 6 (SD = 10.1) between intake and discharge
- the number of days cannabis was used decreased by a mean of 12 (SD = 14.4) between intake and discharge

### Acceptability

Nine clients and two staff participated in interviews.

#### Staff themes

- The psychoeducation modules were acceptable to Facilitators
- The psychoeducation modules could be tailored to need (person-centred)
- Facilitators noticed positive outcomes for participants

*"A lot of the clients have been progressing towards the goals and they're reflecting on that as well. Like when they look back at it, they'll be like, hey, at the program, I didn't know anything about anxiety. I didn't know anything about anger management. And now I've got all these tools in place and I've been using it outside of the treatment session. So that's been really, really positive." Staff #1*

#### Participant themes

- The psychoeducation modules were acceptable to participants
- Participants appreciated having flexible delivery options
- Participants noticed building skills around mental health and AOD

*"I really hope this (program) stays because it's really worked for me." P#9*

*"They helped me big time with my anxiety, mental health, physical health and not to go back onto drugs and alcohol." P#4*

*"I had a great experience, taught me how to manage my anxiety, our goal was to try and get me to try and stop smoking a cone from when I walk out the front door. I'm probably about 60% there, not 100% there. But with my anxiety I am very in control of it now." P#7*

## Implications

- ✓ The psychoeducational program provides promise as an approach to overcome issues facing clients with complex support needs.
- ✓ The program successfully supported participants to reduce their psychological distress, manage mental illness and to decrease reliance on substances.

### References

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2. Farnbach S, Fernando J, Coyte J, Simms M, Hackett ML, Smith J. "It's hard for me to tell my story" the experiences of Aboriginal and Torres Strait Islander male clients at a residential drug and alcohol rehabilitation centre using primary health care. *Health Promot J Austr*. 2021;32(S2):87-94.
3. Osborne B, Kelly PJ. Substance use disorders, physical health and recovery capital: Examining the experiences of clients and the alcohol and other drug workforce. *Drug Alcohol Rev*. 2023;42(6):1410-21.

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Ethics approval: UNSW HREC HC220331.