

## part 3: practical tips for clinical care



**A suite of resources has been developed for clinicians working with young people who have co-occurring mental health and alcohol and other drug (AOD) problems.**

### **Part 1** focuses on:

- the context for adopting an integrated intervention approach, which is distinguished from parallel and sequential models of care,
- the evidence for integrated interventions.

### **Part 2** focuses on:

- the evidence for substance use screening and assessment,
- the currently available evidence-based interventions for young people with AOD issues.

### **Part 3 (this resource)** provides:

- practical tips for working with young people who have co-occurring mental health and AOD problems (hereafter termed co-occurring problems).



### **About this resource**

For the purpose of these documents the term 'young people' refers to individuals aged 12–25.

The integration of screening, assessment and treatment of substance use issues into primary mental health care should be considered from a funding, organisational, service delivery and a clinical level. These resources focus on addressing integration at the clinical level and are written from the perspective of general practitioners and mental health service providers working in primary care settings, rather than a specialised AOD treatment service provider. Therefore, interventions discussed are generally designed for young people with mild to moderate co-occurring problems and are primarily psychological rather than pharmacological interventions.

# practical tips for clinical care

## tips to help clinicians integrate screening, assessment and treatment for young people with co-occurring problems

The following clinical practice considerations provide guidance on how integrated principles can be applied across a service pathway. These tips are not exhaustive and should be viewed as additional to the youth-friendly engagement, assessment and treatment planning strategies typically employed in youth mental health settings. Here we focus on tips that have relevance to AOD use in young people, particularly those with co-occurring mental health issues, and are useful for both therapists and GPs.

- First, explain the way in which you work (typically in a holistic manner), and encourage the young person to involve family and friends to support them in decision-making and to be involved in their assessment and treatment. It is critical to use *hopeful language* and to make efforts to build rapport and engage the young person in the help-seeking and treatment process.
  - The young person should be empowered and encouraged to actively engage in their treatment decisions. Shared decision-making means that your recommended treatment choice is transparent and relayed in an accessible and defensible manner.<sup>1</sup>
  - A trauma-informed care approach is highly recommended when working with young people. Young people with AOD problems have often experienced trauma, either in direct association with using a substance or at some other time. For more information on trauma-informed care see [orygen.org.au/Training/Resources/Trauma](http://orygen.org.au/Training/Resources/Trauma)
- “To promote family-inclusive practise, explain to the young person the potential benefits of parental/caregiver involvement.”**
- It is inappropriate to use adult-focused treatment planning for the management of co-occurring issues for young people, who require specialised treatment.<sup>2</sup> The Australian comorbidity guidelines recommend that young people have follow-up for missed appointments, ease of accessibility, prompt screening and assessment, ‘drop-in’ capacity, flexibility, strong links with other services and provision of holistic coordinated care, and treatments that reflect different cognitive capabilities and developmental stage.<sup>2</sup>
  - For young people aged 14 and older with severe AOD problems and co-occurring psychosis, see the NICE guidelines on: community health and social care services, and assessment and management of coexisting severe mental illness and substance misuse.<sup>3,4</sup>
  - If a young person’s AOD problem is severe, or you believe treating the AOD problem is beyond your clinical expertise, enlist the support of a specialised AOD worker/service. To maintain a collaborative integrative approach, it is suggested to conduct joint sessions, involving the young person, family/friends, yourself/the therapist and AOD worker (where possible), in order to maximise coordination, collaboration and communication.
  - Screening for AOD problems should use measures validated for use with young people (see Part 2 for details on screening and assessment).



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When working with a young person who has endorsed using alcohol and or other drugs, key assessment information for each substance should include:<sup>5</sup>

- Age of first use
- Age of first regular use
- Usual method of use
- If the young person has ever used an intravenous method of use
- If applicable, age of first use via intravenous method
- Average daily use (including cost and amount; e.g., standard drinks, grams, bong, points, hits etc.)
- Days used in the past 7 days
- Days used in the past month
- Date and time of last use
- If applicable, duration for which use has been daily
- Periods of abstinence/previous quit attempts
- History of withdrawal symptoms and other physiological complications
- Extent to which use interferes with activities of daily living

- Screening and assessment should be deferred when the young person is intoxicated, distressed, in acute pain, in need of emergency treatment or when experiencing acute psychosis.<sup>5</sup>
- A young person's culture, diversity, language and background should be considered when conducting screening, assessment and treatment planning.<sup>6,7</sup>
- In addition to collecting information related to diagnostic criteria and severity of the problem, assessment should involve evaluating the young persons 'readiness for change' (see Figure 2), especially given that some young people may view their AOD use as a solution rather than a problem.<sup>5,8</sup> For further guidance on assessing readiness for change see Dovetail's youth alcohol and drug good practice guide.<sup>9</sup> [dovetail.org.au/media/1186/dovetail\\_gpg\\_1\\_framework-for-youth-aod-practice.pdf](https://dovetail.org.au/media/1186/dovetail_gpg_1_framework-for-youth-aod-practice.pdf)

**Figure 2.** Stages of change individuals with AOD issues typically experience (adapted from Prochaska and DiClemente 1983).<sup>10</sup>



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- It is important for clinicians to normalise AOD use and to use non-judgemental language<sup>11, 12</sup> (for more information see [adf.org.au/resources/power-words](http://adf.org.au/resources/power-words)). Although awareness campaigns have begun to address the issue of stigma of mental ill-health, personal, social and professional stigma remain major barriers for young people seeking help. Illicit drug use in particular continues to be heavily stigmatised by the general population, young people, and family and friends.

- Key non-judgemental open-ended questions during assessment might include:<sup>8</sup>

- How do you feel about your use of [insert substance/s]?
- Are you worried about your use of [insert substance/s] at the moment?
- Is anyone else worried about your use?
- What do you like about using [insert substance/s]?
- What are the less good things about using [insert substance/s]?
- Tell me about what you do on a typical day and how your drug use fits into this?
- People often use alcohol and other drugs because they help in some way, how have they helped you?
- What would you miss if you were to stop using [insert substance/s]?
- What things wouldn't you miss if you were to stop using [insert substance/s]?
- How has [insert substance/s] affected your mental health [if the young person's co-occurring mental health issue is known, specify this]?
- How has your mental health [specify problem if known] interacted with your use of [insert substance/s]?

**“Not all young people who use AODs will meet diagnostic criteria for a substance use disorder, however they may meet criteria for harmful use.”**

- Do not overlook sub-threshold AOD issues. Not all young people who use AODs will meet diagnostic criteria for a substance use disorder, however they may meet criteria for harmful use, defined as a pattern of psychoactive substance use that is causing damage to physical and/or mental health;<sup>5</sup> this includes binge drinking.

- Treatment planning should be done in collaboration with the young person and their family/friends (if applicable), and should include evidence-based practices (see Part 2 for details of recommended AOD interventions).
- The widely used 'harm reduction' approach is recommended.<sup>2, 9, 13</sup> This approach is frequently used because a goal of abstinence may not be realistic or achievable for many young people.
- For young people who are reluctant to change the way they use substances, a first step might be to discuss the advantages and disadvantages of changing the frequency or the way they use (for change tool see [getselfhelp.co.uk/docs/Change.pdf](http://getselfhelp.co.uk/docs/Change.pdf)).
- Age appropriate written and verbal psychoeducation about substance use should be given to young people and their family/friends at an appropriate time and with consideration for the context of the young person's family history and mental state (see [headspace.org.au/young-people/alcohol-and-other-drugs](http://headspace.org.au/young-people/alcohol-and-other-drugs)).
- When working with families it is important to include them in goal setting and treatment planning, and to include sessions for siblings where appropriate. Five general steps for clinicians have been suggested to enhance coping abilities of families:<sup>14</sup>
  - Listen, reassure and explore concerns
  - Provide relevant, specific and targeted information
  - Explore strengths and coping strategies, including current coping responses
  - Discuss social supports
  - Discuss and explore further needs

For detailed guidance on how to include families in the treatment of young people, see <https://headspace.org.au/assets/clinical-toolkit/headspace-handbook-Family-and-friends-inclusive-practice.pdf>

**“Be mindful that young people may not readily disclose and may have fears about parents or police being notified of their substance use.”**

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- Be transparent about confidentiality requirements of your organisation and regulatory body from the outset of the assessment. Be mindful that young people may not readily disclose and may have fears about parents or police being notified of their substance use.
- Consider 'safety' from a developmental perspective, where one level of use by a young person aged 24 may not warrant breach of confidentiality, while the same level of use in a 13-year-old might. Safety considerations should include risky AOD use as well as vulnerability and risk-taking behaviours, such as dangerous driving, unsafe sex, aggression, self-harm and suicidal ideation.
- To promote family-inclusive practice, explain to the young person the potential benefits of parental/caregiver involvement. However, where safety is not a concern and the young person prefers to keep their use private, it is best practice to respect the young person's wishes.
- It is important that tobacco not be overlooked when screening/assessing and planning treatment.<sup>15</sup> Of young people attending a mental health service who were current regular smokers, 75 per cent believed that they should quit in the future but only around a quarter had plans to do so within the next 30 days.<sup>16</sup>
- For young people with mild-moderate AOD problems, consider eHealth interventions where the young person prefers this mode of treatment or where access to in-person therapy is limited.<sup>2, 17, 18</sup>

- For young people who take medication, be sure to involve their GP or prescribing doctor in assessment and treatment planning. Substance use (and withdrawal) can interact significantly with medications used to manage mental health disorders (e.g., mood stabilisers, antidepressants).
- It is important to monitor progress and regularly check-in with the young person. Routinely administering validated measures that assess outcomes, such as changes in symptoms, quality of life (for example 'my life tracker'),<sup>19, 20</sup> is helpful for treatment planning and providing feedback to the young person.<sup>21, 22</sup> If the young person has not benefited from treatment, re-evaluate treatment goals and consider revising the treatment plan.

## Summary and Conclusions

Alcohol and other drug use is common among young people, and even more so among those with mental health issues. There is widespread support for integrated care as the preferred treatment model in the broad health, including mental health sector. To date, evidence for the efficacy of specific integrated interventions in the treatment of young people with co-occurring mental health and substance use issues is lacking. Despite this, efforts should be made by youth mental health services and clinicians to integrate screening, assessment and treatment for AOD problems into routine clinical practice.

### More from this suite

See [Part 1](#) for details of why an integrated approach is preferred, and a summary of the research that has used integrated interventions to treat co-occurring issues in young people.

See [Part 2](#) for recommendations on screening, assessment and treatment of young people with co-occurring problems.

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**Useful resources****Guidelines**

**A framework for youth alcohol and other drug practice:** youth alcohol and drug good practice guide.

[dovetail.org.au/media/1186/dovetail\\_gpg\\_1\\_framework-for-youth-aod-practice.pdf](https://dovetail.org.au/media/1186/dovetail_gpg_1_framework-for-youth-aod-practice.pdf)

**Comorbidity Guidelines**

[comorbidityguidelines.org.au/guidelines](https://comorbidityguidelines.org.au/guidelines)

**NICE guidance:** Coexisting severe mental illness (psychosis) and substance misuse: assessment and management in healthcare settings.

[nice.org.uk/guidance/cg120](https://nice.org.uk/guidance/cg120)

**NICE guidance:** Coexisting severe mental illness and substance misuse: community health and social care services.

[nice.org.uk/guidance/ng58](https://nice.org.uk/guidance/ng58)

**Screening and assessment tools**

**Alcohol Screening and Brief Intervention for Youth:** A Practitioner's Guide

[niaaa.nih.gov/alcohols-effects-health/professional-education-materials/alcohol-screening-and-brief-intervention-youth-practitioners-guide](https://niaaa.nih.gov/alcohols-effects-health/professional-education-materials/alcohol-screening-and-brief-intervention-youth-practitioners-guide)

**AUDIT:** Alcohol Use Disorders Identification Test

[auditscreen.org/translations](https://auditscreen.org/translations)

**Get the CRAFFT** [craftt.org/get-the-crafft](https://craftt.org/get-the-crafft)

**headspace Psychosocial Assessment for Young People**

[headspace.org.au/assets/Uploads/headspace-psychosocial-assessment.pdf](https://headspace.org.au/assets/Uploads/headspace-psychosocial-assessment.pdf)

**Screening & Assessment** [worryworkforce.org/cep/screening#Screening](https://worryworkforce.org/cep/screening#Screening)

**Screening to Brief Intervention (S2BI)**

[drugabuse.gov/ast/s2bi/#](https://drugabuse.gov/ast/s2bi/#)

**Management of substance abuse:** The ASSIST screening test version 3.0 and feedback card

[https://www.who.int/substance\\_abuse/activities/assist\\_v3\\_english.pdf](https://www.who.int/substance_abuse/activities/assist_v3_english.pdf)

**GAIN Instruments** [gaincc.org/instruments](https://gaincc.org/instruments)

**Interventions**

**Evidence Summary:** How effective are brief motivational interventions at reducing young people's problematic substance use?

[headspace.org.au/assets/download-cards/Motivational-Interviewing-for-problematic-substance-use-Evidence-Summary.pdf](https://headspace.org.au/assets/download-cards/Motivational-Interviewing-for-problematic-substance-use-Evidence-Summary.pdf)

**The Adolescent Community Reinforcement Approach for Adolescent Cannabis Users:**

Cannabis Youth Treatment (CYT) Series

[chestnut.org/resources/aa707cb4-976c-41c2-b503-f7e059a4246b/acra\\_cyt\\_v4.pdf?trackid=acra\\_cyt\\_v4.pdf](https://chestnut.org/resources/aa707cb4-976c-41c2-b503-f7e059a4246b/acra_cyt_v4.pdf?trackid=acra_cyt_v4.pdf)

**Welcome to the EBTx Center!** [ebtx.chestnut.org](https://ebtx.chestnut.org)

**Guidance on training providers**

Industry Based AOD Providers of Nationally Accredited AOD Training

[vaada.org.au/education-training/industry-based-aod-providers-of-nationally-accredited-aod-training](https://vaada.org.au/education-training/industry-based-aod-providers-of-nationally-accredited-aod-training)

**Resources for family and friends**

**Alcohol and other drug use in young people:**

for family and friends [https://headspace.org.au/assets/Reports/HSP10860-AOD-Evidence-Summary\\_FA01.pdf](https://headspace.org.au/assets/Reports/HSP10860-AOD-Evidence-Summary_FA01.pdf)

Helping people to help themselves recover from addiction. [sharc.org.au](https://sharc.org.au)

**Family Drug Support Australia** [fds.org.au](https://fds.org.au)

**The Authentic Voice Of and For Victorians Who Use Drugs:** Harm Reduction Victoria

[hrvic.org.au](https://hrvic.org.au)

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## Working with diverse populations

**Cultural cues:** working with cultural diversity in AOD Intake and Assessment settings.

[yaada.org.au/wp-content/uploads/2018/05/RES\\_CALD-AOD-Project-tip-sheet-sheet-Intake-Assessment\\_13112015.pdf](https://yaada.org.au/wp-content/uploads/2018/05/RES_CALD-AOD-Project-tip-sheet-sheet-Intake-Assessment_13112015.pdf)

**Working with diversity in alcohol & other drug settings**

<https://cracksintheice.org.au/health-professionals/inclusive-practice/working-with-diversity-in-alcohol-other-drug-settings>

**Clinical practice points:** Working safely and inclusively with sexuality diverse young people.

[orygen.org.au/Training/Resources/Physical-and-sexual-health/Clinical-practice-points/Working-safely-and-inclusively-with-sexuality-diverse](https://orygen.org.au/Training/Resources/Physical-and-sexual-health/Clinical-practice-points/Working-safely-and-inclusively-with-sexuality-diverse)

## Further Information

**Australian Government Department of Health:**

Young people's health

[health.gov.au/health-topics/young-peoples-health](https://health.gov.au/health-topics/young-peoples-health)

**Dovetail:** Supporting the youth alcohol & other drug sector in Queensland.

[dovetail.org.au](https://dovetail.org.au)

**Turning Point:** Treating Addiction

[turningpoint.org.au/treatment/about-addiction/treating-addiction](https://turningpoint.org.au/treatment/about-addiction/treating-addiction)

**Youth Support and Advocacy Service:** For professionals

[ysas.org.au/for-professionals-1](https://ysas.org.au/for-professionals-1)

**Insight:** We are a leading provider of alcohol and drug training and workforce development services.

[insight.qld.edu.au](https://insight.qld.edu.au)

**Youth Drug & Alcohol Advice (YoDAA) Line VIC**

[nmsupport.org.au/accessing-support/find-a-service/youth-drug-alcohol-advice-yodaa-line-vic](https://nmsupport.org.au/accessing-support/find-a-service/youth-drug-alcohol-advice-yodaa-line-vic)



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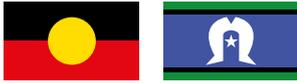
We would like to recognise individuals who responded to our online survey which informed the development of this resource.

Date approved: May 2021

Version 1.0



headspace centres and services operate across Australia, in metro, regional and rural areas, supporting young Australians and their families to be mentally healthy and engaged in their communities.



headspace would like to acknowledge Aboriginal and Torres Strait Islander peoples as Australia's First People and Traditional Custodians. We value their cultures, identities, and continuing connection to country, waters, kin and community. We pay our respects to Elders past and present and emerging and are committed to making a positive contribution to the wellbeing of Aboriginal and Torres Strait Islander young people, by providing services that are welcoming, safe, culturally appropriate and inclusive.



headspace is committed to embracing diversity and eliminating all forms of discrimination in the provision of health services. headspace welcomes all people irrespective of ethnicity, lifestyle choice, faith, sexual orientation and gender identity.

headspace National Youth Mental Health Foundation is funded by the Australian Government Department of Health

**For more details about  
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#### **Acknowledgements**

This resource was produced by Orygen for headspace National Youth Mental Health Foundation, and funded by the Australian Government Department of Health. The series aims to highlight for service providers the research evidence and best practices for the care of young people with mental health and substance abuse problems. The content is based on the best available evidence that has been appraised for quality. Experts on the topic have reviewed the summary before publication. The authors would like to thank all consultants for their input on this resource.

#### **Disclaimer**

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