

## **World first survey to assess the needs for information and decision-making support among people with problematic alcohol use and co-occurring depression**

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Problematic alcohol use and depression are common, highly burdensome, and frequently co-occur, affecting ~ 2.5 million+ Australian adults<sup>1</sup>. Despite a number of effective treatment options available<sup>2</sup> and fact that alcohol continues to be the most common main drug of concern for Australians seeking treatment<sup>3</sup> most people have significant unmet treatment needs<sup>4</sup>.

To guide the development of patient decision-support resources that promote shared decisions and the informed, timely uptake of guideline-consistent treatments in this setting, researchers at the Matilda Centre for Research in Mental Health and Substance Use conducted a world-first comprehensive decisional needs assessment of people with problematic alcohol use and co-occurring depression from key stakeholder views of patients, clinicians, and families.

For this online survey study, the research team recruited a total of 56 patient-consumers, 65 clinicians, and 16 families (aged 18+) with experience of making decisions about treatment for their own/a patient's problematic alcohol use and co-occurring depression. Recruitment occurred via ads on social media, e-newsletters, and websites of leading Australian-based professional societies, as well as consumer-

and carer-based mental health and substance use organisations.

Key results from this online survey include:

- Patient-consumers face a range of difficult decisions early-on in their treatment seeking, such as decisions about starting medications, starting counselling or psychotherapy, and whether to focus their treatment more on their issues with alcohol use or depression.
- When facing these decisions, patient-consumers also report feeling uninformed, unsupported, unclear about what's important, and what matters in their treatment, uncertain about which option/s to choose, and unable to make an effective decision which they can implement (i.e., high decisional

Patient-consumers have **unmet needs** for **information, involvement** and **decision-support** when deciding on early interventions and treatments for their

conflict). Clinicians report even

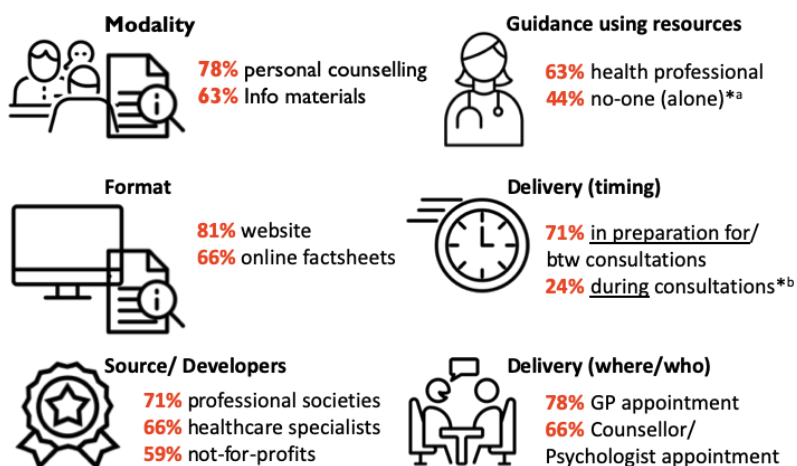
higher decisional conflict in their patients than do patient-consumers themselves.

- Most participants report preferences for, and experience of patients-consumers sharing or leading decisions about their treatment with clinicians. However, a larger proportion of patient-consumers than clinicians reported that treatment decision-making was clinician-led.
- Majority of participants report that patient-consumers were involved in treatment decision-making to the extent preferred; about 1/3 of patient-consumers report not experiencing their preferred involvement. Greater proportion of clinicians than patient-consumers report that patient-consumers experienced their preferred involvement.
- As seen in the graphic, patient-consumers' decision-support preferences incl. online information from reputable organisations, delivered in preparation for decision-making in-consultations, by a GP and/or counsellor/psychologist. Most patients would like a health professional to guide them through using these resources but a large proportion would also prefer to use these independently.

use issues. Based on these findings, there is a clear need for decision-support resources (e.g., a patient decision-aid) to assist people to be better informed and participate actively in early treatment decisions for problematic alcohol use and co-occurring depression.

By engaging patient-consumer, clinician and patient perspectives, we were able to compare and contrast needs amongst the core decision-making members. This approach forms the basis for promoting shared decision-making in this setting. These stakeholder-identified needs will guide future resource development have potential to enhance the acceptability, feasibility, usefulness and uptake of these resources amongst end-users.

#### DECISION-SUPPORT PREFERENCES (>50% PATIENTS ✓ \*)



\* NB. Overall high level of congruence between patient, clinician, and family ratings

<sup>a</sup> Compares with 20.4% clinicians and 0% family members preferring this option

<sup>b</sup> Compares with 37.0% clinicians and 10% family members preferring this option

This study is the first to assess decision-making support priorities in amongst people with co-occurring mental health and AOD

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