

orygen

JAMH SESSION: BRIEF INTERVENTIONS

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Orygen

ACKNOWLEDGEMENT

We would like to acknowledge the traditional owners of the land on which we meet, the **Wurundjeri people of the Kulin Nation**. We pay our respects to Elders past, present and emerging, and to any Aboriginal and Torres Strait Islander people present with us today.





BRIEF INTERVENTIONS FOR SUBSTANCE USE

SUBSTANCE USE IN YOUTH MENTAL HEALTH POPULATION

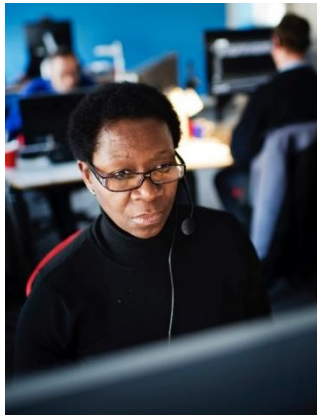
What are 'Brief interventions'?

Brief interventions “involve making the most of an opportunity to raise awareness, share knowledge and get a person thinking about making changes to improve their health and behaviours. The intervention can be brief and opportunistic”.

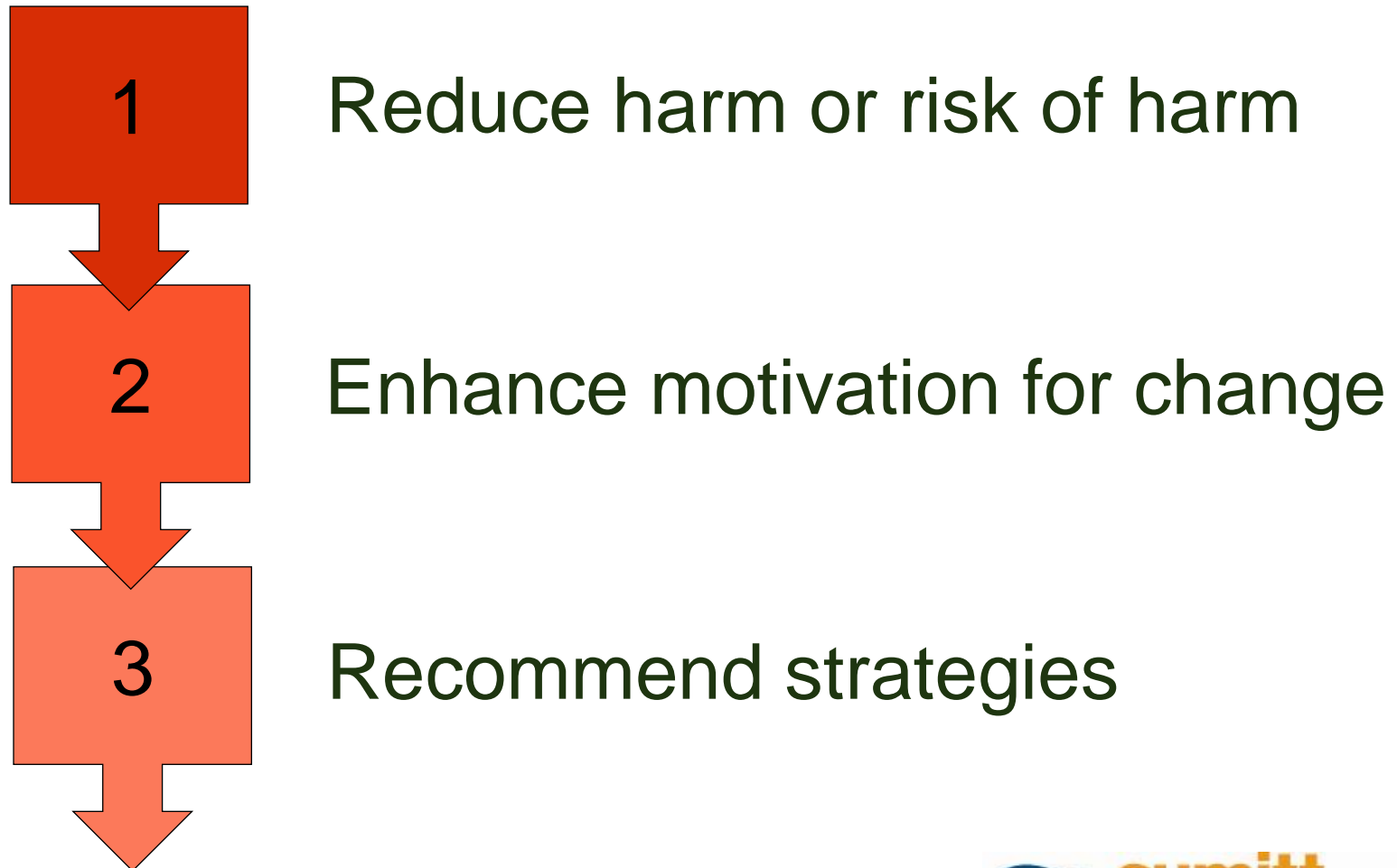
Australian Government Department of Health, (2004)

INDICATIONS FOR USING INTERVENTION

- Young person identifies substance use as problematic
- Negative impacts of substance use elicited during assessment/period of care
- Young person/family wants to work on this
- There are notable harms associated with individuals substance use



SUBSTANCE USE IN YOUTH MENTAL HEALTH POPULATION



WHAT BRIEF INTERVENTIONS MIGHT BE MOST SUITABLE?



5 STEPS OF BRIEF INTERVENTIONS

Consistent throughout intervention

1. Introducing the issues in the context of the client's health.
2. Screening, evaluating, and assessing.
3. Providing feedback.
4. Talking about change and setting goals.
5. Summarizing and reaching closure.

SUBSTANCE USE BRIEF ASSESSMENT (SUBA)



Brief interventions
based on an
assessment

A photograph showing a person's hands holding a 'Substance Use Brief Assessment' form. The form is from Northwestern University and includes sections for patient details, substance use history, and clinical assessment. The hands are positioned at the bottom corners of the form, holding it open.

Substance Use Brief Assessment

Northwestern University

ATTACH LABEL OR RECORD PATIENT DETAILS

LOCAL UR: _____ MH UR: _____

NAME: _____

ADDRESS: _____

PHONE: _____ DOB: _____ SEX: _____

| Order type used or add | Lifetime Use | | Use in Past Three Months | | | | | Recent Use | | | |
|--|--------------------------|-----|--------------------------|---------------|---------|--------|---------------------|---|-------------------------|--|---|
| | Ever Used? (Please tick) | Yes | No | Once or Twice | Monthly | Weekly | Daily or More Often | Quantity e.g. weight (grams, points), standard drinks, cost | Last Used (Date & Time) | Do they appear substance affected? (Please tick) | Risk of withdrawal if ceased? (Please tick) |
| F10x Alcohol | | | | | | | | | | | |
| F11x Opioids e.g. heroin, codeine, oxycodone | | | | | | | | | | | |
| F12x Cannabinoids incl. synthetic cannabinoids | | | | | | | | | | | |
| F13xx Sedative hypnotics incl. as prescribed e.g. Valium, Xanax, Zolpidem | | | | | | | | | | | |
| F14x Cocaine | | | | | | | | | | | |
| F15xx Other Stimulants e.g. caffeine, Ritalin, speed, Ecstasy | | | | | | | | | | | |
| F16xx Hallucinogens e.g. LSD, psilocybin, LSD, LSD | | | | | | | | | | | |
| F17x Tobacco Products incl. e-cigarettes | | | | | | | | | | | |
| F18x Volatile Solvents e.g. glue, petrol, paint, thinner | | | | | | | | | | | |
| F19x Other e.g. use of psychoactive substances, drugs | | | | | | | | | | | |
| Over used a substance by injection? (Please tick) | | | | | | | | | | | |
| Unsuccessful attempts to cut down or stop use? (Please tick) | | | | | | | | | | | |
| Related to substance use e.g. injury, respiratory or cardiac problems, infections, STDs, liver, complications of withdrawal, memory impairment, blood abnormalities, combining substances, loss of motivation, delirium, violence and accidents | | | | | | | | | | | |
| Personal Relevant Information | | | | | | | | | | | |
| Ever had a mental health problem? | | | | | | | | | | | |
| Previous AOD treatment? | | | | | | | | | | | |
| Used pharmacotherapies? | | | | | | | | | | | |
| Social impacts? | | | | | | | | | | | |
| Physical health? | | | | | | | | | | | |
| Change in employment? | | | | | | | | | | | |
| Are related to use? | | | | | | | | | | | |
| Substance Use Diagnosis (ICD-10) e.g. F10.10, F10.20, F10.30, F10.40, F10.50, F10.60, F10.70, F10.80, F10.90, F11.00, F11.10, F11.20, F11.30, F11.40, F11.50, F11.60, F11.70, F11.80, F11.90, F12.00, F12.10, F12.20, F12.30, F12.40, F12.50, F12.60, F12.70, F12.80, F12.90, F13.00, F13.10, F13.20, F13.30, F13.40, F13.50, F13.60, F13.70, F13.80, F13.90, F14.00, F14.10, F14.20, F14.30, F14.40, F14.50, F14.60, F14.70, F14.80, F14.90, F15.00, F15.10, F15.20, F15.30, F15.40, F15.50, F15.60, F15.70, F15.80, F15.90, F16.00, F16.10, F16.20, F16.30, F16.40, F16.50, F16.60, F16.70, F16.80, F16.90, F17.00, F17.10, F17.20, F17.30, F17.40, F17.50, F17.60, F17.70, F17.80, F17.90, F18.00, F18.10, F18.20, F18.30, F18.40, F18.50, F18.60, F18.70, F18.80, F18.90, F19.00, F19.10, F19.20, F19.30, F19.40, F19.50, F19.60, F19.70, F19.80, F19.90 | | | | | | | | | | | |
| How likely to do about your substance use? | | | | | | | | | | | |
| Assessment Code: 0-9 | | | | | | | | | | | |
| Yes | | | | | | | | | | | |
| Name (print): | Signature: | | Designation: | | Date: | | | | | | |

TOOL: FRAMES



Feedback



Responsibility



Advice



Menu



Empathy



Self-efficacy



THANK YOU
