THREE STUDIES INVESTIGATING QUALITY INDICATORS FOR THE TREATMENT OF SUBSTANCE USE DISORDERS AND COMORBIDITY: CONTINUITY OF CARE, TREATMENT NEED AND PATIENT SATISFACTION

Stacey Lee McCallum

Bachelor of Psychology (Hons)

Thesis submitted for the degree of

Combined Master of Psychology (Clinical) / Doctor of Philosophy

School of Psychology

Faculty of Health Sciences

University of Adelaide

August, 2015

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

LIST OF APPENDICES

KEY TO ABBREVIATIONS

SUD	Substance use disorder
AUD	Alcohol use disorder
CoC	Continuity of care
DSM-IV	Diagnostic and Statistical Manual of Mental Disorders- Fourth Edition
DSM-5	Diagnostic and Statistical Manual of Mental Disorders- Fifth Edition
ICD-10	International Classification of Diseases- Tenth Edition
APA	American Psychological Association
DASS-21	Depression Anxiety Stress Scale- 21
NSMHWB	National Survey of Mental Health and Wellbeing
AIHW	Australian Institute of Health and Wellbeing
PTSD	Post Traumatic Stress Disorder
ECA	Epidemiological Catchment Area
WHO	World Health Organisation
CBT	Cognitive Behavioural Therapy
SSRI	Selective Serotonin Reuptake Inhibitor
RCT	Randomised Controlled Trial
NDARC	National Drug and Alcohol Research Council
NHMRC	National Health and Medical Research Council
MINI 6.0	Mini International Neuropsychiatric Interview- Sixth Edition
MMSE	Mini Mental State Examination
ASI-SR	Addiction Severity Index- Self Report
ASI	Addiction Severity Index
RTCQ-TV	Readiness to Change Questionnaire- Treatment Version
MHLC	Multidimensional Health Locus of Control Scale
SWLS	Satisfaction With Life Scale
TPQ	Treatment Perception Questionnaire

ABSTRACT

It has been suggested that existing standard treatments for substance use disorders do not adequately meet the complex needs of patients with comorbidity (co-occurrence of substance use disorders and mental disorders), thus subjecting patients to suboptimal treatment quality and outcomes. To date, there remains limited knowledge on the quality of treatments currently received by patients with comorbidity at existing services. The overarching aim of this thesis was to investigate three quality indicators in the treatment of substance use disorders and comorbidity: continuity of care, treatment need and patient satisfaction. The objective was to compare the quality of treatment received by patients with and without comorbidity at existing standard treatments, to identify the unique needs of patients with comorbidity, and to provide practical recommendations for future research, service delivery and healthcare policy.

The thesis was informed by a concurrent mixed-methods design, which included a series of three research studies. Each contributing study aimed to investigate a different aspect of the overarching thesis aim, and utilised a different methodological approach. The series of studies included a theoretical review of the literature, qualitative study using semi-structured interviews and quantitative study using survey research methods.

Continuity of care is considered critical in the treatment of comorbidity; yet there exists little agreement as to its meaning, application and measurement in this treatment context. Similarly, it is unknown whether patients with comorbidity experience poorer continuity of care when compared to patients with single diagnoses, and if improvements to continuity of care are associated with positive outcomes. A systematic search of the literature identified 18 studies (total *n*=199,442 participants) that investigated continuity of care in the treatment of comorbidity. Continuity of care was found to be variably defined, as both a singular or multidimensional construct. Five core types of continuity emerged as critical in

the treatment of this patient group. There was unclear evidence from four studies (total *n*=1,649 participants) that patients with comorbidity are subject to poorer continuity of care in treatment, when compared to patients with single diagnoses. However, this inconsistent data might be explained the variable measurement of CoC across contributing studies. Some consistent evidence from three studies (total *n*=1,451 participants) suggested achieving continuity of care improves patient and treatment-related outcomes for this patient group.

To date, efforts to assess the quality of available treatments for comorbidity have involved quantitative objective methods. These methods may be considered limited in this context, as they fail to capture the quality of care received by patients. In addition, there is a common belief that patients with comorbidity are less satisfied with standard treatments when compared to patients with single diagnoses. However, studies conducted to date have failed to control for a number of variables which have shown importance in single diagnoses samples. A series of two studies were designed to address these aforementioned gaps in the literature. A qualitative study was designed to explore patients' perceptions of treatment for alcohol use disorders, in relation to the quality indicators: continuity of care, treatment need and patient satisfaction. Responses from semi-structured interviews were examined using the framework method of analysis, and data were compared among patients with (*n*=15) and without (*n*=19) comorbidity. Similarly, a cross-sectional quantitative study was conducted using survey methods. This study assessed patient satisfaction with treatment for an alcohol use disorder, in a properly powered sample of 89 patients. Patient satisfaction with treatment was compared among patients with (*n*=40) and without (*n*=49) comorbidity. This study also assessed and controlled for treatment setting, treatment readiness, locus of health control and general life satisfaction.

Unexpectedly, the series of studies found that patients with comorbidity did not report global deficits in the quality of treatment received, when compared to patients with single

disorders. Results produced from the qualitative study found that the major themes relating to continuity of care, treatment need and patient satisfaction were comparable between the groups. Similarly, results from the quantitative study found no differences in patient satisfaction with treatment amongst patients with (M= 25.10, SD = 8.12) and without (M= 25.43, SD= 6.91) comorbidity (p= 0.56), even after controlling for the impact of treatment setting, treatment readiness, locus of health control and general life satisfaction (p= 0.75). In the context of this research, existing standard treatments appear to be suitable in meeting the overall needs of patients with comorbidity. However, an item-by-item comparison of the satisfaction instrument found patients with comorbidity were significantly more dissatisfied with staffs' understanding of the type of help they wanted in treatment. In addition, data produced from the qualitative study unveiled five basic themes which were uniquely valued by patients with comorbidity, when compared to patients with single diagnoses. Unique themes related to patients' desire for services to target psychological symptoms through effective medications, psychological treatments, dependable relationships with staff and better coordination of care with services for mental illness.

Clinicians, services directors and policy makers are encouraged to consider the suggestions outlined in this research, to improve the treatment of patients with comorbidity in existing services. Improvements to treatment quality might be achieved through staff education and training in the treatment of mental illness, staff selection criteria, better management of staff rostering, improved coordination between addiction and services for mental illness and best practice service provision frameworks. Findings highlight the importance of achieving uniformity in the application and measurement of continuity of care, using multidimensional validated instruments. However, findings produced from this thesis are limited, in that patients included in the sample had been engaged in treatment for at least five days. Thus, findings do not reflect the experiences of patients who were unable to access

treatment, those who prematurely dropped out of treatment and patients who had been engaged in lengthy treatment periods. Next, research should look to examine the impact of treatment quality on accessing treatment, ongoing treatment prognosis and long-term outcomes for patients with comorbidity.

DECLARATION

I, Stacey McCallum, declare that this submission for the degree of combined Master of Psychology (Clinical) and Doctor of Philosophy is my own work and that, to the best of my knowledge, it contains no material previously published or written by another person, except where reference has been made. I accept that this work contains no material that has been accepted for the award of any other degree or diploma in my name in any university or tertiary institution. No part of this work will, in the future, be used in a submission in my name for any other degree or diploma, in any other university or tertiary institution, without approval from the University of Adelaide and any partner institution responsible for the joint award of this degree.

I give consent for a copy of this thesis to be made available for loan and photocopying through the University of Adelaide Library, subject to the provisions of the Copyright Act 1968.

I also give permission for a digital version of my thesis to be made available via the University's digital research repository, the Library Search and also through web search engines, unless permission has been granted by the University to restrict access or a period of time.

I acknowledge that copyright of published works contained within this thesis resides with the copyright holder(s) of those works.

Published works:

Chapter three: Study one

McCallum, S.L., Mikocka-Walus, A.A., Turbull, D.A., & Andrews, J.M. (2015). A literature review of continuity of care in the treatment of dual diagnosis: Definitions, applications and implications. *Journal of Dual Diagnosis.* Accepted May 27, 2015.

Chapter four: Study two

McCallum, S.L., Mikocka-Walus, A.A., Gaughwin, M.D., Andrews, J.M., Turbull, D.A. (2015). "I'm a sick person, not a bad person": Patient experiences of treatment for alcohol use disorders. *Health Expectations.* Accepted May 22, 2015.

Chapter five: Study three

McCallum, S.L., Andrews, J.M., Gaughwin, M.D., Turnbull, D.A., Mikocka-Walus, A.A. (Patient satisfaction with treatment for alcohol use disorders: Comparing patients with and without severe mental health symptoms. *Patient Preference and Adherence.* Accepted Novermebr 10, 2015.

Stacey McCallum

Signed: Date: 12/08/2015

ACKNOWLEDGEMENTS

First and foremost I would like to thank each of my supervisors, Deborah Turnbull, Antonina Mikocka-Walus, Jane Andrews and Matthew Gaughwin. Each of you have nurtured my learning, experiences and skills in many different ways. I am so grateful to have had such a great panel of supervisors who not only supported me academically and personally, but also worked so cohesively as a team. Thank you for all of your time and hard work you have provided me over the last three and a half years, I appreciate everything you have all done for me, and hope we will work together in the near future.

I would also like to thank the Lions Medical Research Foundation for providing me with added financial support to complete this research.

Thank you to Isy, Cass, Elise, Rachel and most importantly my office buddy Emmi, without you this journey would have been stricken of laughter and fun.

Lastly, I would like to thank my each of my family members, Mum, Phoebe, Daniel, Dad, Nana and Papa. You have no idea how much I appreciate and love each of you, and the support you have given me over the last seven and a half years. Phoebe and Daniel, thank you for all our late night study sessions and for the active competition for who was the smartest child. Nana and Papa, thank you for all of your love, particularly in looking after me during my three months in Mount Gambier. Dad, thank you for all of the support and encouragement you have given to me, my education and goals. Finally, thank you to my dearest mum, the person who always believed I could achieve anything I set out to do in life. Not many people are lucky to have an inspirational woman in their life. Words cannot express how much your work ethic has influenced me over these years and I truly look up to you as my role model every day. This thesis is dedicated to you.

OVERVIEW

Outline of Thesis

This research investigated the quality of treatment received by patients with and without comorbidity (co-occurrence of substance use disorders and mental disorders) in existing standard care. More specifically, the research targeted three indicators of treatment quality: continuity of care, treatment need and patient satisfaction. This research represents a novel attempt to compare the quality of treatment received by patients with and without comorbidity, using a mixed-methods approach to better understand patients' experiences of treatment. Chapter one of the thesis provides an introduction to the field of treatment for comorbidity, and includes a review of the current literature. Chapter two provides an exegesis, which aims to contextualise the research and present a rationale for the decisions made throughout the research process. Chapters three to five contain the three independent studies that were undertaken to address the overarching thesis aim. Chapter six provides a critical discussion of the research findings, and their implications for service delivery and healthcare policy. Chapter seven includes the references made to the literature. An appendix is presented in chapter eight, which includes supplementary documentation used throughout this research and thesis.

Outline of Candidature

This thesis was undertaken to fulfil the requirements of the combined Master of Psychology (Clinical) and Doctor of Philosophy degree, undertaken at the University of Adelaide, South Australia, Australia. This program *(4 years full-time)* combines a full Psychology Master's (Clinical) course load *(equivalent 2 years full-time)* and a full program for a Doctor of Philosophy *(equivalent 3 years full-time)*, and specifies that research must adopt a clinical psychology focus. The three papers that form this work, along with nine Master's subjects and three clinical placements (a total of 1,116 placement hours) were completed within the period of 3.5 years of full-time study. A total of $2,400 in funding was received over and above the standard support provided to Doctor of Philosophy students from the School of Psychology, to fund data collection and conference travel. An additional $1,000 was provided by the Adelaide University Rural Health Alliance to assist with relocation to Mount Gambier, South Australia, for a rural clinical placement. All subject and practical requirements of the Psychology Master's (Clinical) program have been fulfilled. The following thesis is submitted for the requirements of the Doctor of Philosophy program.