

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

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TABLE OF CONTENTS

LIST OF TABLES.....	iv
LIST OF FIGURES.....	v
LIST OF APPENDICES.....	vi
KEY TO ABBREVIATIONS.....	vii
ABSTRACT.....	viii
DECLARATION.....	xii
ACKNOWLEDGEMENTS.....	xiv
OVERVIEW.....	xv
CHAPTER ONE: INTRODUCTION AND LITERATURE REVIEW.....	1
1.1 Preamble.....	1
1.2 Outline of the studies contributing to the thesis.....	2
1.3 Key concepts.....	3
1.4 Prevalence of disorders	7
1.5 Causes, outcomes, models of care, treatment approaches and the importance of quality indicators.....	13
1.6 Theoretical and conceptual frameworks.....	30
1.7 Indicators of treatment quality.....	34
1.8 Summary and aims of the thesis	39
CHAPTER TWO: EXEGESIS.....	43
2.1 Preamble.....	43
2.2 Context of and rationale for the subject of the research.....	43
2.3 Choice of methodology: Rationale for mixed-methods approach.....	45
2.4 Traditional literature review	48
2.5 Fieldwork research.....	49
2.6 Qualitative research.....	54
2.7 Quantitative research.....	60
2.8 Additional analyses.....	74
CHAPTER THREE: PAPER ONE. A literature review of continuity of care in the treatment of patients with dual diagnosis: Definitions, applications and implications.....	76
3.1 Statement of authorship.....	76
Study one.....	78

CHAPTER FOUR: PAPER TWO. I’m a sick person, not a bad person’:	
Patient experiences of treatments for alcohol use disorders.....	112
4.1 Statement of authorship.....	112
Study two.....	114
CHAPTER FIVE: PAPER THREE. Patient satisfaction with treatment for alcohol use disorders: Comparing patients with and without severe mental health symptoms.....	138
5.1 Statement of authorship.....	138
Study three.....	140
CHAPTER SIX: DISCUSSION AND CONCLUSIONS.....	166
6.1 Preamble.....	166
6.2 Overview of findings.....	166
6.3 Implications for clinical practice, service delivery and healthcare policy.....	175
6.4 Strengths and limitations of the thesis.....	185
6.5 Future research directions.....	189
6.6 Concluding statement.....	192
CHAPTER SEVEN: REFERENCES.....	194
CHAPTER EIGHT: APPENDIX.....	247

LIST OF TABLES

Table 1. Overview of studies who investigated continuity of care (CoC) in the treatment of comorbidity ($n=18$).....	86
Table 2. The application and implementation of continuity of care (CoC) in the treatment of comorbidity.....	93
Table 3. Existing measures of the implementation of continuity of care (CoC) in the treatment of comorbidity.....	95
Table 4. Demographic and clinical characteristics of patients in the total sample ($n=34$).....	122
Table 5. Demographic, clinical and treatment-related characteristics of: the total sample ($n=89$); patients with coexisting alcohol use disorders (AUDs) and mental conditions ($n=40$); and patients with single AUDs ($n=49$).....	154
Table 6. Impact of having a mental condition on patient satisfaction with treatment, whilst accounting for the impact of treatment setting, treatment readiness, locus of health control and satisfaction with life.....	156
Table 7. Percentage of patients in the sample who responded ' <i>strongly disagree</i> ' to each item of the Treatment Perception Questionnaire (TPQ).....	157

LIST OF FIGURES

Figure 1. 12-month prevalence (%) of single and comorbid substance use disorders and mental disorders in the Australian population in 1997.....	11
Figure 2. Patient determinants and components of care associated with patient satisfaction with treatment, adapted from Sitzia & Wood (1997) and Ware et al., (1983).....	31
Figure 3. Andersen Behavioural Model of Health Service Use; Adapted from: Aday, L.A., & Andersen, R. (1974).....	33
Figure 4. Overarching aim of the thesis and aims of the contributing studies.....	38
Figure 5. Schematics of the concurrent mixed method approach to the present thesis..	40
Figure 6. Systematic search procedure according to the PRISMA statement.....	85
Figure 7. Framework analysis approach for the entire sample.....	120
Figure 8. Thematic network illustrating the qualitative data from the total sample ($n=34$).....	123
Figure 9. Process of recruitment.....	146
Figure 10. Findings, meta-inference and conclusions produced from the present thesis.....	169

LIST OF APPENDICES

Appendix 8.1. Full search terms.....	247
Appendix 8.2. Log of the electronic database search.....	248
Appendix 8.3. Article inclusion criteria checklist.....	249
Appendix 8.4. Article data extraction form.....	250
Appendix 8.5. Quality criteria assessment.....	253
Appendix 8.6. Examples of charting techniques.....	254
Appendix 8.7. Approval from the Royal Adelaide Hospital HREC.....	256
Appendix 8.8. Approval from the University of Adelaide HREC.....	257
Appendix 8.9. Research approval from Drug and Alcohol Services South Australia	258
Appendix 8.10. Site specific assessment approval from Research Governance Office.	261
Appendix 8.11. Patient information sheet.....	263
Appendix 8.12. Patient consent form.....	264
Appendix 8.13. Supportive organisation contact form.....	265
Appendix 8.14. Timeline of fieldwork research.....	266
Appendix 8.15. Screening instrument.....	267
Appendix 8.16. Sampling grid used in the interview recruitment process.....	269
Appendix 8.17. The semi-structured interview schedule.....	270
Appendix 8.18. The framework method approach.....	271
Appendix 8.19. Framework analysis stage I: Familiarisation	272
Appendix 8.20. Comparisons of codes assessed by primary and secondary reviewer..	273
Appendix 8.21. Framework analysis stage II: Development of the working thematic framework.....	275
Appendix 8.22. Framework analysis stage III: Indexing transcripts with the thematic framework.....	276
Appendix 8.23. Framework analysis stage IV: Charting.....	277
Appendix 8.24. Diagram illustrating all experiences reported by patients in qualitative interviews.....	278
Appendix 8.25. The survey.....	279
Appendix 8.26. Inductive content analysis of the open-ended item of the TPQ.....	284

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.

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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 November 10, 2015.

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Signed:

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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.