

The QuIHN COVID-19 Psychiatry Telehealth Project: Pilot study of case conferencing to improve outcomes for people with dual diagnosis

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Introduction and Aims: People with dual diagnosis experience barriers accessing appropriate treatment, which are exacerbated during COVID-19. Services operating within a harm reduction framework may reduce barriers but not always have capacity to address complex mental health needs. This study evaluated outcomes of telehealth case conferencing involving a consultant psychiatrist on clients' mental health and staff's confidence to support clients.

Design and Methods: We used a quasi-experimental intervention design at four QuIHN sites (Gold Coast, Brisbane, Sunshine Coast, and Cairns), conducted semi-structured interviews with clients, staff and stakeholders, and reviewed case notes. The Severity of Dependence Scale, DASS-21, Rosenberg Self Esteem Scale were administered at baseline and follow-up. Outcomes for clients discussed in case conferencing (n=27) were compared with outcomes of other clients. For this pilot study a threshold of $p < 0.1$ was used. Staff (n=24) were surveyed at baseline and follow-up about their perceptions and confidence.

Results: There was a no significant change in participating clients' dependence severity, but their DASS Anxiety ($t = -1.87$, $p = 0.073$), Depression ($t = -2.06$, $p = 0.050$) and Stress ($t = -2.10$, $p = 0.046$) scores declined. Staff members engaged in the project from its commencement were more willing to implement treatment plan suggestions from the psychiatrist ($t(22) = -2.11$, $p = .046$) and more likely to have implemented treatment plan suggestions with their clients ($t(22) = -2.16$, $p = .042$).

Conclusions: Changes were observed in staff diagnostic and treatment planning processes, which appeared to be associated with changes in client outcomes. Consideration should be given to extending this model of service development.

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