

<<Mandatory Certificate EPA>>

**ST3-ADD-FELL-EPA4 – Comorbid substance use and other mental health problems**

<b>Area of practice</b>	Addiction psychiatry	<b>EPA identification</b>	ST3-ADD-FELL-EPA4
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.11 (EC-approved 24/07/15)
The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.			
<b>Title</b>	<b>Management of comorbid substance use, including tobacco dependence, and other mental health problems.</b>		
<b>Description</b> Maximum 150 words	Integrated assessment and treatment of co-occurring substance use, including tobacco dependence, and other mental health problems. The trainee must demonstrate the ability to conduct appropriate physical and cognitive assessment, formulate, make accurate diagnoses, plan and implement integrated management strategies. The trainee must be able to explain the relationship between the substance use and mental health problems to patients, family and staff. The trainee demonstrates an awareness of the challenges posed by comorbidity/co-occurring disorders.		
<b>Fellowship competencies</b>	<b>ME</b>	1, 2, 3, 4, 5, 6, 7	<b>HA</b> 1
	<b>COM</b>	1, 2	<b>SCH</b> 2
	<b>COL</b>	1, 2, 3	<b>PROF</b> 1, 2
	<b>MAN</b>	2, 4	
<b>Knowledge, skills and attitude required</b> The following lists are neither exhaustive nor prescriptive.	<p>Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.</p> <p><b>Ability to apply an adequate knowledge base</b></p> <ul style="list-style-type: none"> <li>• Current theories explaining comorbid substance use and other mental health disorders.</li> <li>• In-depth knowledge of current literature regarding best practice models of treatment for comorbid disorders.</li> <li>• Understand the challenges of diagnostic clarification and methodology to resolve this.</li> <li>• Knowledge of services and resources available to facilitate integrated treatment, eg. local dual diagnosis/co-occurring disorder teams.</li> <li>• Knowledge of the epidemiology and consequences of tobacco use in people with mental illness.</li> <li>• Knowledge of the pharmacology of tobacco dependence and its treatments.</li> </ul>		

	<p><b>Skills</b></p> <ul style="list-style-type: none"> <li>• Ability to develop detailed formulation of interdependence of comorbid problems and diagnosis of substance-induced versus independent mental illness which is communicated to the patient.</li> <li>• Appropriate engagement of family and others in assessment and management.</li> <li>• Management plan shows appropriate use of services available to patients with comorbid problems.</li> <li>• Implementation of treatment, prioritising sequential, parallel and integrated interventions according to the patient's presentation.</li> <li>• Trains and educates junior medical staff and allied health professionals in the principles of integrated treatment in patients with comorbid problems.</li> <li>• Implementation of pharmacological and psychosocial therapies for tobacco cessation.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Welcoming engagement of patients with mental illness and substance use disorder regardless of service setting.</li> <li>• Advocates for patients with comorbidity who are often marginalised or excluded from services.</li> <li>• Patient-centred approach to care.</li> <li>• Advocates for the reduction and prevention of tobacco use in people with mental illness.</li> </ul>
<b>Assessment method</b>	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.
<b>Suggested assessment method details</b>	<ul style="list-style-type: none"> <li>• Case-based discussion.</li> <li>• Mini-Clinical Evaluation Exercise.</li> <li>• Observed Clinical Activity (OCA).</li> <li>• Professional presentation – of a specific dual diagnosis, eg. cannabis and psychosis, anxiety and alcohol, etc.</li> </ul>
<p><b>References</b></p> <p>Malhi G, Bassett D, Boyce P, Bryant R, Fitzgerald P, Fritz K, Hopwood M, Lyndon B, Mulder R, Murray G, Porter R &amp; Singh, A (2015) Royal Australian and New Zealand College of Psychiatrists clinical practice guidelines for mood disorders. <i>Australian and New Zealand Journal of Psychiatry</i> 49(12): 1-185.</p>	

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar