Help-seeking in association with alcohol treatment: Using visual mapping to understand service use pathways

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Acknowledgements: Project team, Commonwealth Department of Health and Ageing

The issue

- Marginalisation (unstable housing, uncertain income) is a strong predictor of being in alcohol and other drug (AOD) treatment
- Clients use many other services and systems, but to what effect?

The study

- Interviews with almost 800 people at entry to AOD treatment from two states in Australia
- Seeking to understand their pathway to AOD treatment
  - What services
  - What referral sources
  - What combinations and sequences of service and system use

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Data collection

- Structured interviews at entry to an episode of AOD treatment
  - client characteristics, drug use and dependence, quality of life
  - service use and criminal justice contact in the year prior to entering the current treatment episode, etc
- Estimated number of GP visits in the past year
- Estimated number of employment service attendances in the past year
- Adapted version of the Lifetime Drug Use History (LDUH) instrument
  - Have you been to this service, how often, when (month)
  - What referral source (AOD, mental health, hospital and ambulatory, social welfare)

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Data analysis on past service use

- The usual
  - Frequencies (use/no use/lots of service use)
  - Variations by primary drug of concern
- But what about the participant journey, how to analyse at 'person' level?

Visual mapping ~ allows an exploration of patterns in service and system use over time at person level

- For our work, this includes:
  - Health (GP visits, hospital and ambulatory, mental health, AOD treatment)
  - Welfare (employment, housing/homelessness, legal aid etc)
  - Community (self-help and mutual aid meetings)
  - And criminal justice encounters (e.g., court, community based order, prison)

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The sub-sample

- We focused on 16 'high end' service users with alcohol as their PDOC
  - 9 males, 7 females, 45 years on average
  - Hazardous drinkers (AUDIT-C)
  - Reduced quality of life (WHO-QOL BREF)
- **466 instances of health and welfare service use** in the preceding 12 months (detail to follow)
- **20 criminal justice encounters** (mainly court appearances or being locked-up)
- A mix of formal and informal referral sources (49.0%, 41.7%), **GP referrals very low** (7.9%)

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Health and welfare service use in 12 months prior to an episode of alcohol treatment (1)

Service type	Service use (n=466)	Median	Range
GP	33.7%	9.5	1-30
Hospital and ambulatory	17.8%	5	0-15
AOD treatment	7.9%	2.5	0-6
Mental health	4.3%	0.5	0-6
Total health	*59.6%*		
Employment	33.9%	0.5	0-104
Social welfare	2.4%	0	0-7
Total welfare	*36.3%*		

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Health and welfare service use in 12 months prior to an episode of alcohol treatment (2)

Service type	Service use (n=466)	Median	Range
GP	**33.7%**	9.5	1-30
Hospital and ambulatory	17.8%	5	0-15
AOD treatment	**7.9%**	2.5	0-6
Mental health	4.3%	0.5	0-6
Total health	*59.6%*		
Employment	**33.9%**	0.5	0-104
Social welfare	2.4%	0	0-7
Total welfare	*36.3%*		

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Representing the data visually

- Each participant's service use was plotted on a timeline.
- Service use was coded by colour.
- Referral source was coded by shape.
- Eg In AOD treatment, with a referral from self / family etc

  In hospital / ambulatory care, with a referral from a health / welfare service or from justice

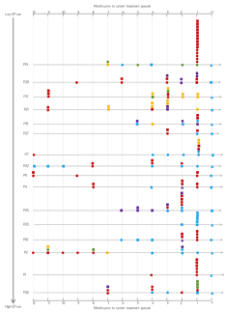
We constructed:

16 timelines

Across 12 months Ordered by low to high GP visits

Showing all instances of service use

And referral sources



We saw:
Lots of **variation** in the **patterns and combinations** of services used.

Spikes in service use and periods of no service use.

Different levels of continuity in alcohol and other drug treatment.

We identified: Three types of care pathways ….

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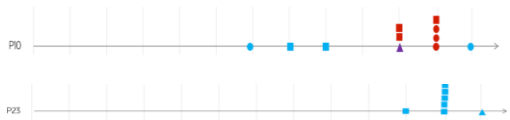
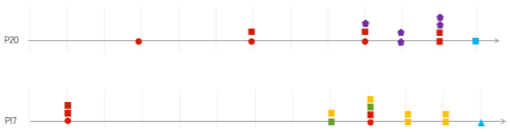
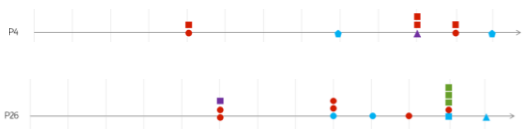
Pathway 1: Continuity in alcohol and other drug treatment (across at least 3 consecutive months)



Pathway 2: No / very little AOD treatment



Pathway 3: Health service use, occasional AOD tx



And also…

- No discernable pattern in type and extent of service use re low / high GP visits
- A spike in service and system use prior to the current treatment episode
- More questions; treatment naïve, frequent flyers, offending and treatment, low vs high prevalence of AOD treatments

Two areas of insight

- Visual mapping provided increased clarity on types of service use pathways
  - Typology in development but needs testing
  - Variation by PDOC?
- With scope to identify points for quantitative analysis and qualitative research
  - Eg. Service use pre AOD, CJS and welfare sub-groups, referral supports

- For participants in this study
  - Continuity of care in AOD seems lacking
  - GPs are still not referring
  - There is lots of employment service use. Are complementary models in place?
  - Do we need different models of service delivery that account for variations in service and system use?

Conclusions

- Visual mapping with a small case study from the original data set was a useful way to find meaning in the data - at person not variable level
- The QUAN (data collection) ⟶ QUAL (data analysis) ⟶ QUAN (data analysis) design appears to combine strengths of each approach
- So called 'AOD clients' are clients of other systems and they have needs beyond AOD, so we need to think of access, treatment models, and outcomes through a broader lens

Questions? Comments?

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