



NOVA

University of Newcastle Research Online

nova.newcastle.edu.au

Baker, Amanda L.; Hides, Leanne; Kelly, Peter J.; Kay-Lambkin, Frances; Nasstasia, Yasmina; Birchwood, Max. "Motivational interviewing and CBT to improve health and well-being.", Published in *Innovations and Future Directions in the Behavioural and Cognitive Therapies*, Australian Academic Press, p. 171-175. (2016)

Available from:

https://www.australianacademicpress.com.au/books/details/287/Innovations_and_Future_Directions_in_the_Behavioural_and_Cognitive_Therapies

Accessed from: <http://hdl.handle.net/1959.13/1346192>

Motivational interviewing and CBT to improve health and well-being

Amanda L. Baker, Leanne Hides, Peter J. Kelly, Frances Kay-Lambkin, Yasmina Nasstasia, and Max Birchwood

Overview

Large epidemiological studies in the last two decades have shown that many people in the community experience mental health and substance use problems in their lifetime and, and they commonly co-occur. Although co-existing mental health and substance use problems are very common, psychological treatments for these problems have traditionally been delivered separately in different services. Consequently, many people with co-existing disorders do not receive adequate treatment, resulting in worse treatment outcomes, including increased rates of relapse, medication use and health care costs. In the longer term, mental health problems (e.g., depression) and substance use problems (e.g., smoking) are themselves associated with increased rates of cardiovascular and respiratory diseases and cancer. There is a life expectancy gap of around 20 years between people living with mental health and substance use problems versus those not experiencing such problems. The first National Mental Health Report Card in Australia in 2012 called the physical health status of people living with a mental health condition a 'national disgrace'. The report called upon researchers and clinicians to better address the physical health of people with mental health and substance use problems. Despite burgeoning research linking these comorbidities, treatment services remain siloed into separate delivery systems for mental ill-health, substance misuse and physical ill-health, and for young people versus adults.

Major Findings

Our group has begun to investigate how best we can apply healthy lifestyles approaches, motivational interviewing and cognitive-behaviour therapy (MI/CBT) to the settings in which we work. With special expertise in working with young people, Leanne Hides' research has found significant relationships between physical activity, mental well-being and psychological distress. She is also collaborating on a project with Amanda Baker and Yasmina Nasstasia and colleagues piloting MI and an exercise intervention among young people with major depressive disorder. Amanda Baker has led the development of a healthy lifestyles intervention for smokers with psychotic disorders and has found that a telephone delivered intervention was just as effective as face-to-face delivery. Peter Kelly, Frances Kay-Lambkin and their respective colleagues have furthered developed this MI/CBT healthy lifestyles framework applying it in substance abuse residential rehabilitation and online among people with mental ill-health.

Clinical Implications

MI/CBT using a healthy lifestyles framework for co-existing mental health and substance use issues represents an important new innovation in early intervention and treatment. A healthy lifestyles framework reduces stigma, is more appealing to people, as it encourages small changes across a number of health behaviours and avoids prematurely focusing on substance misuse, which

may elicit resistance. Self-efficacy for behaviour change is thus enhanced and as behaviour change accrues across health behaviours, the overall outcome may be reduction in risk for chronic physical ill-health and enhancement of well-being. Healthy lifestyles MI/CBT can be employed by health practitioners in various settings such as primary care, and youth and adult mental health and substance use treatment settings to address comorbidity.

Healthy lifestyles MI/CBT uses all the principles and concepts of MI/CBT, eliciting the person's presenting concerns, identifying values held most dearly and, with permission from the person, providing information and feedback about how various health behaviours might be linked with their presenting concerns. Health behaviours covered will depend on the time available. Where time is short, we suggest providing a rationale for screening the four key behaviours associated with most chronic diseases: smoking, alcohol misuse, low fibre diet and physical inactivity. For example, if the person is presenting with complaints of low mood and poor sleep, offering a rationale like "I can hear how much the low mood and poor sleep distresses you, especially as your studies are so important. I'd like us both to understand more about your mood and sleep before we consider how we might go about improving them. One of the things we might think about is to keep a diary this week to find out when you feel better, when you feel worst and what you are doing at those times. Can I tell you something about what many people I see find effects their mood and sleep? Well, things like your levels of activity, how well you eat, and also drinking coffee, and alcohol and smoking can have a big effect. Can we spend a little time just checking in about those things?" This approach places stigmatised behaviours such as smoking and alcohol consumption alongside more socially acceptable behaviours and places them within a context relevant to the person's values and goals. In this example, the person may choose to monitor their smoking and alcohol consumption along with their other activities in their diary, thus potentially linking these with mood and sleep problems along with low levels of pleasant activity. Fruit and vegetable consumption per day is an easy way to start people thinking about their diet, so asking them to monitor whether they have consumed the recommended levels of daily fruit and vegetables can be helpful. We have found that if people are not good diarists, a 24 hour snapshot taken at the beginning of each session can help the development of a formulation involving health behaviours.

When a collaborative formulation has been developed and if multiple sessions are planned, this can be further elaborated as more information is gained about health behaviours and how they link to presenting concerns. The intervention allows individuals to select their own goals and to work on one or more behaviours at any time. There is accumulating evidence that multiple health behaviour change is feasible, acceptable and effective and that it can have positive effects on mental health, substance misuse and physical health and well-being.

Future Directions

In summary, a healthy lifestyles MI/CBT approach to people with mental and substance use problems is promising. Face-to-face, telephone, group and internet

interventions appear potentially beneficial. Further research among larger samples including young people and people attending primary care, mental health or substance use treatment settings, are required to establish the efficacy of such an approach. Areas in which further research may be particularly beneficial, in which current evidence for treatment efficacy is limited, includes cannabis use among people with mental health and/or substance use problems and for people who use methamphetamine, who commonly experience distressing mental and physical health issues.

Recommended Reading

Baker, A. L., Turner, A., Kelly, P., Spring, B., Callister, R., Woodcock, K., Kay-Lambkin, F.J., Devir, H., & Lewin, T. J. (2014). 'Better Health Choices' by telephone: a feasibility trial of improving diet and physical activity in people diagnosed with psychotic disorders. *Psychiatry Research*, 220, 63-70. doi:10.1016/j.psychres.2014.06.035

Baker, A., Hiles, S., Thornton, L., Searl, A., Kelly, P., & Kay-Lambkin, F. (2013). From comorbidity to multiple health behaviour change. In W. Mistral (Eds.), *Emerging Perspectives on Substance Misuse*, (pp. 152-169). West Sussex, UK: Wiley Blackwell.

Baker, A., Callister, R., Kelly, P., & Kypri, K. (2012). 'Do more, smoke less!' Harm reduction in action for smokers with mental health/substance use problems who cannot or will not quit. *Drug and Alcohol Review*, 31(5), 714-717. doi:10.1111/j.1465-3362.2012.00461.x