

Whole of Practice Resources

Reception Staff

Reception staff are integral to the smooth running of any general practice setting. During the COVID-19 pandemic, you have demonstrated skill, resourcefulness, and personal resilience. You implemented telehealth, the roll out COVID-safe procedures and other strategies to protect the health and wellbeing of fellow practice staff, patients, and yourself.

General practices are managing an increase in the number of patients presenting with alcohol and other drug related harms and co-occurring mental health problems because of the COVID-19 pandemic. You are likely to see an increase in chronic disease and mental health condition item numbers and an increase in follow-up appointments and coordination of care requirements.

Reception staff play a vital role in helping GPs to support these patients. Patients who use alcohol and other drugs often face a “wall” of stigma, which can prevent them from getting the care and treatment that they need.

A welcoming general practice setting, free of judgement, breaks down this barrier to care and can have benefits for the whole practice. Patients are more likely to keep their appointments, positively interact with you at reception, and develop a therapeutic alliance with their GP and other clinical staff.

This resource for reception staff has been developed to provide information on patients who present with AOD related harms and how to best support them. This resource will introduce topics such as:

- overview of billing for treatment of alcohol or other drug use conditions
- common presentations of alcohol and other drug use
- language that can help reduce patients' feelings of shame and judgement
- trauma informed care – keeping you and patients safer
- dealing with difficult conversations with patients
- tips on scheduling appointments and coordinating care that can help patients
- boundary setting for patients who turn up without appointments or late attendance
- self-care management.

All the clinical resources mentioned on this page can be found at the [RACGP AOD GP Education Resource Library](#) webpage (“the Library”) which includes a searchable AOD Resource List located at the bottom of every page of the Library.

Overview of billing arrangements

Substance use disorders (mild, moderate, or severe) are chronic diseases and mental health conditions that typically involve multidisciplinary team care. Many patients with alcohol and other drug-related issues will be eligible for chronic disease Medicare item numbers such as GP Management Plans, Team Care Arrangements and Mental Health Care Plans. Other item numbers may also be applicable, including those for case conferences and health assessments.

Want to know more? Search for *Optimising the MBS for patients who use alcohol and other drugs* in the AOD Resource List.

What are the common problems that patients may present with?

Alcohol and other drug use is common. Most Australians use alcohol (85%), with 1 in 4 Australians drinking alcohol at risky levels.¹ Roughly 10% of Australians use cannabis although less than 5% use other illicit substances.¹

Most Australians will not develop a physical dependence to alcohol or other drugs. However, many patients are not aware of the ways in which their use may be impacting their health. A lot of patients will need time and support from their GP to feel ready to make changes.

Alcohol use (in particular), affects every organ in the body and can impact on a large range of chronic diseases. Common presentations can include:

- depression
- anxiety / stress
- insomnia / fatigue
- chronic pain
- hypertension
- reflux
- injuries/falls.

Want to know more? Visit the interactive websites [YourRoom](#), [Touchbase](#) or [Australian Drug Foundation](#)

Language that helps reduce patient feelings of shame and judgement

Dependence to alcohol or other drugs is a legitimate medical condition and not the result of a patient's lack of willpower or self-control. Patients who experience problems with alcohol in Australia are taking approximately 18 years to ask for help.² Fear of being judged contributes to this delay in asking for help.

GPs are often a patient's preferred first point of contact for help. Words, tone of voice and body language can determine how comfortable patients feel to discuss their problems with their GP.

That said, even medical terms can be tricky when it comes to alcohol and other drugs. A person who has developed a dependence on alcohol has an addiction, but the term "addiction" can contribute to a patient feeling shame and judgement. The table below outlines terms that are preferred and reduce stigma.

Stigmatising words	Stigmatising words in some contexts	Preferred neutral terms
<ul style="list-style-type: none"> • Drug habit 	<ul style="list-style-type: none"> • Alcoholic • Addict • Person with a substance use disorder 	<ul style="list-style-type: none"> • Person with a dependence on drugs • Person with a dependence on alcohol
<ul style="list-style-type: none"> • Complex patients • Challenging patients 		<ul style="list-style-type: none"> • Patients with complex/challenging needs • Patients with co-occurring needs
<ul style="list-style-type: none"> • Drug seeking • Manipulative • Attention seeking 		<ul style="list-style-type: none"> • Person whose needs are not met
<ul style="list-style-type: none"> • Non-compliant • Lacks insight • Resistant to treatment • Unmotivated 		<ul style="list-style-type: none"> • Treatment has not been effective • Patient disagrees with treatment

Table 1: Adapted from the Australian Drug Foundation's [Power of Words](#).

¹ Alcohol and Drug Foundation 2021. Accessed 19 May 2022. [Why do people use alcohol and other drugs?](#)

² Chapman C, Slade T, Hunt C Teesson M. [Delay to first treatment contact for alcohol use disorder](#). J Drug Alcohol Depend 2015;1;147:116-21.

Want to know more? The Australian Drug Foundation's [Power of Words](#) is a short document outlining useful phrases that can reduce patients' feelings of shame and judgement, with the associated explanations.

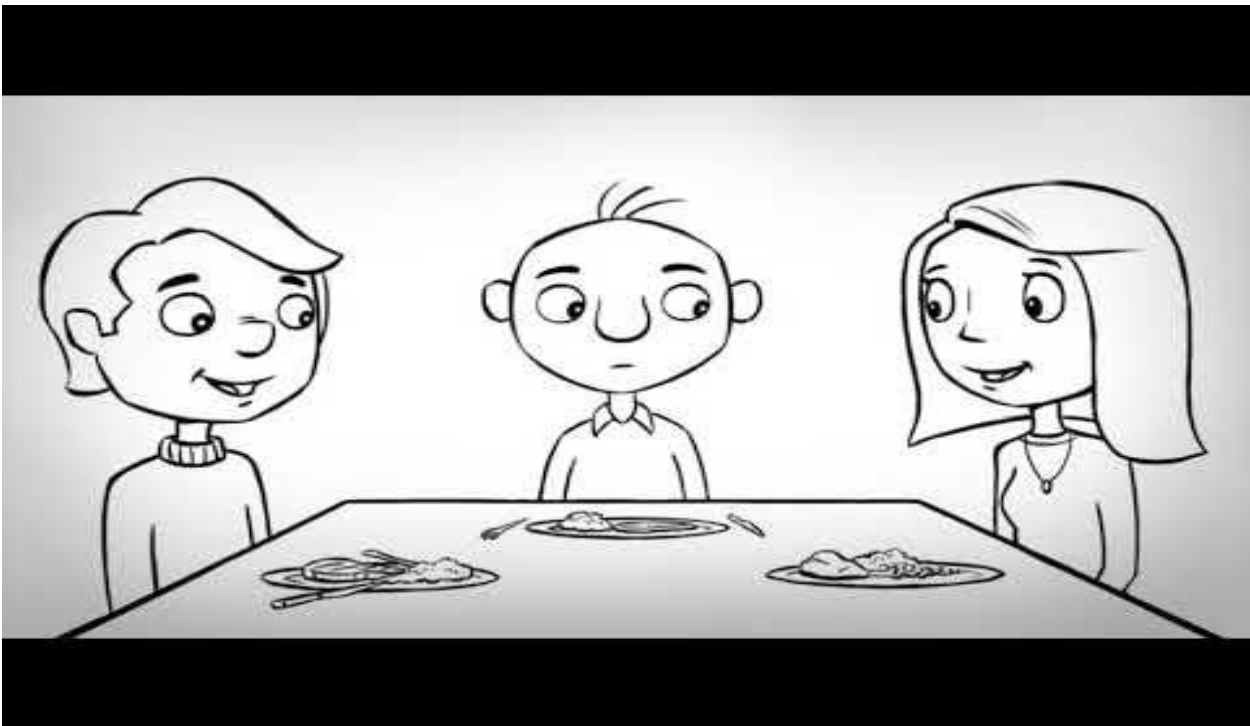
Trauma informed care – keeping you and patients safer in your clinic

Many patients who have developed a dependence on alcohol or other drugs have a history of trauma. Potentially traumatic events include accidents, natural disasters but also witnessing or experiencing violence, abuse, and neglect. The more frequent the exposure to potentially traumatic events, the more likely someone is to develop a dependence on alcohol or other drugs.

Those who experienced trauma in childhood have long-lasting effects on their sense of safety and ability to trust others. Vicarious trauma can also affect those whose job it is to support patients who have experienced trauma (i.e., paramedics, police, social services, GPs, and other medical and AOD services).

Medical settings can be stressful places that can evoke memories of trauma and individuals will respond differently in those circumstances. This short video describes trauma and how it may affect our patients.

[Understanding Trauma | Phoenix Australia](#)



The principles of trauma informed care are designed with the safety of frontline staff (medical and non-medical) and patients in mind. The trauma-informed practices can operate in ways that can prevent the triggering of trauma symptoms, making it easier to support patients who behave in unexpected ways.

Want to know more? Visit [Phoenix Australia](#)'s website and read through their fact sheets and booklets.

Dealing with difficult conversations with patients

Whilst most patients with AOD issues are help-seeking and 'blend in' with the rest of the clinic patient population, conversations with some patients can be challenging due to a range of factors, including:

- histories of life trauma
- AOD use
- high health needs
- mental health problems
- stigma and difficulties outside of their medical treatment.

Anger or challenging behaviours are unlikely to be personal. They may be a symptom of their experiences with health systems or of their AOD use. Outward displays of anger or challenging behaviours may result from emotions such as

fear, shame, loneliness, poor self-worth, and fear of abandonment. Patients may unconsciously transfer negative emotions from past experiences to their current situation.

In dealing with these challenging conversations, consider the following:

- Step back and look at the bigger picture.
- Ask yourself what the reason behind their attitude and behaviour is.
- Remember that it is normal for people to have emotions and it is important to handle a patient who is emotional with compassion
- Portray your actions as being in the patient's best interest.
- Use a sequence of 'yes' questions. It is very hard to remain angry with someone who you keep agreeing with. e.g., 'Have I got that right?' or 'Is that what you mean?'
- Inform the treating doctor promptly, so that a safety/urgency assessment can be performed
- Assess any safety concerns and put safeguards in place for support
- Flag any behavioural concerns to the treating doctor.

Appointment scheduling – tips to make the patient's (and your) life easier

Some patients who have developed a dependence on alcohol or other drugs may miss appointments, or turn up late, intoxicated or agitated/in withdrawal. Planning regular scheduled appointments for patients who use alcohol and other drugs may require careful consideration.

For those who miss appointments

For patients who you know miss appointments, consider systems to help minimise this occurrence. This might involve liaising with the GP and patient about appointment timing or setting up appointment reminders. As AOD patients experience stigma, they might be expecting blame or judgement. If you raise these issues by being curious and non-judgmental, they are less likely to be defensive.

Some helpful phrases could include:

"When should I schedule your regular appointments? Are you at your best earlier in the day, or later in the day?"

"Do you have a script with you? When does it expire? Let's make sure you have an appointment before then."

Welfare checks

When a patient misses a scheduled appointment, consider arranging a welfare check (by phone initially). These calls can foster a patient's trust with the clinic, contributing to patient's feelings of safety, being welcome and supported by all staff, and can help prevent evoking of trauma symptoms.

For those who arrive late

How we approach late-attendees is equally important to foster a helpful relationship for the patient and to ensure the clinic runs efficiently. There will be times where the circumstances dictate the patient will need to be seen at a particular time (e.g., the GP needs to review the clinical progress of the patient). At other times, rescheduling will be the most appropriate action.

Helpful phrases could include:

"Unfortunately, you've missed today's appointment time. I want to make sure you have adequate time with your GP, so let's find a suitable time to reschedule"

For patients who arrive intoxicated or agitated

For patients who attend intoxicated or agitated, please inform the GP early. The safety of the clinic and yourself is paramount, as is the safety of the patient. Discuss policies and approaches with the clinic, such as zero tolerance to violence (verbal and physical). If appropriate, consider a quiet space for the patient to wait, you may need to enlist the help of a clinic nurse.

Want to know more? RACGP's [General Practice a safe place](#), page 17 and 18 provide helpful tips on de-escalating patient behaviours, or see the tips provided on [how to communicate in challenging times](#).

Care for yourself

General Practice reception work is often high-stress, hectic and draws upon numerous skills at one time. Everyone deals with these challenges differently. Consider ways you can ensure your own health is optimised and not impacted by the important work you do every day.

Things that can help maintain good health include strategies to optimize the physical activity in your life, eating and sleeping well, finding ways to mentally wind down and investing in healthy social relationships.

Once you finish work, if you find your mind unable to 'let go', remaining focused on the working days' events, or if you find yourself using alcohol or other drugs as a manner to cope with the stress, seek further support. Your own GP can be a great source of help.

Want to know more? Access the [AOD toolbox](#) for those who work in the health sector or [healthdirect](#).

Resources and links on this page are accurate as of May 2022.