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Mental health nurses' attitudes towards consumers with co-existing mental health and drug and alcohol problems: a scoping review.

Consumers with co-existing mental health and drug\alcohol problems are exposed to more stigma than those with any other health problems. This scoping review aimed to systematically map the available literature regarding mental health nurses' attitudes, empathy, and caring efficacy towards consumers with dual diagnosis. Twenty studies reported outcomes regarding nurse attitudes; however, none reported nurses' empathy or caring efficacy towards consumers with dual diagnosis. Further research is required to advance the evidence on the impact of mental health nurses' attitudes, empathy and caring effectiveness, and the outcomes should lead to improved service delivery for consumers with dual diagnosis.

Keywords: Attitude; Caring Efficacy; Diagnosis, Dual (Psychiatry); Empathy; Psychiatric Nursing.

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Introduction

Substance use disorders are the most common causes of incapacity worldwide (World Health Organisation, WHO, 2014). Around 31 million people who consume illicit drugs endure substance use related illnesses, and in 2015, nearly 450,000 people perished due to drug use (United Nations World Drug Report, 2018). Approximately 37% of those deaths were directly associated with substance use disorders. In addition, mental health difficulties are severe among individuals who use illegal drugs (Australian Institute of Health and Welfare, AIHW, 2018). In 2014-15, more than half of emergency admissions in Australian hospitals had a principal diagnosis of psychological and behaviour problems due to psychoactive substance use (AIHW, 2016).

In mental health settings, dual diagnosis is a term applied to define co-existing mental health and alcohol/drug problems (co-morbidities) that can occur in the same person simultaneously (WHO, 2010). Dual diagnosis encompasses organic and mental illness, social and spiritual concerns (Russel, 2017). Consumers with a dual diagnosis have complex needs (Ortega & Ventura, 2013; Brener, Hippel, Kippaxn, & Preacher, 2010) and associated higher social and health risks including homelessness, behavioural issues, suicide, homicide and violent criminal activity (Brener et al., 2010). Social discrimination, negative attitudes and stigma of consumers with dual diagnosis still exists among mental health clinicians (Rassool, 2006), and these consumers are more stigmatised than those with any other health issue (Livingston, Milne, Fang, & Amari, 2012). These prejudices can have long-term consequences for consumers, such as hindering their life objectives, lessening societal involvement, hampering community relations and support (Lucksted & Drapalski, 2015). Consumers with a dual diagnosis do not receive adequate or comprehensive care in Australia,

and there are barriers to best service delivery (Canaway & Merkes, 2010). These consumers are at risk of deterioration of their mental health symptoms, and they pose a challenging concern to service providers and traditional treatment approaches (Brener et al., 2010).

Background

Nurse-patient rapport is the main human interaction that is vital in the basic approach of delivering nursing care (Peplau, 1997). Mental health nursing is an essential therapeutic interpersonal process (Tee, 2012). Mental health nurses (MHNs) promote mental health and wellbeing, and they work with the consumers in a way that explores, respects and values the approaches of dealing with consumers' distinct lived experiences of mental health difficulties (Tee, 2012). MHNs constitute most of the mental health workforce, and they play a vital role in the early identification, assessment and management of consumers with a dual diagnosis (Adams, 2008). Due to negative attitudes and perceived limited accountability, MHNs are hesitant to discuss substance use issues with consumers (Harris & Yu, 2016). Moreover, they generally have little knowledge about substance use problems and lack adequate skills in caring for consumers with substance use difficulties (Griffiths, Stone, Tran, Fernandez, & Ford, 2007).

The Australian National Practice Standards for the Mental Health Workforce (2013) asserts that a health professional's attitude and traditional ways of thinking are displayed in their behaviour. This behaviour involves the relationship between their beliefs, feelings, values and nature that prompts them to act in several ways. MHNs contrary beliefs and the stigma that surrounds consumers with a dual diagnosis affects therapeutic relationships (Farley-Toombs, 2012) and therapeutic outcomes (van Boekel, Brouwers, van Weeghel, & Garretsen, 2014). Previous research indicated community mental health nurses experience several encounters with consumers and have a significantly negative attitude when working

with consumers who have co-existing mental health and substance use issues (Coombes & Wratten, 2007).

Empathy is a person's capability to appreciate another individual's point of view, accept, and express passionate and compassionate responses to their circumstances (Gerace, Kane, & Muir-Cochrane, 2013). Empathy is a fundamental part of good quality mental health care (Gerace et al., 2013), and a therapeutic tool in improving rapport that has consequences for the wellbeing of consumers (Bas-Sarmiento, Fernández-Gutiérrez, Baena-Baños, & Romero-Sánchez, 2017). Empathy is essential in the process of developing therapeutic relationships and interactions among nurses and consumers (Gerace et al., 2013; Spandler & Stickley, 2011). Higher empathy levels of nurses are linked with positive consumer outcomes, such as decreased anguish and anxiety levels, and improved opportunity of achieving the apparent needs of consumers (Yu & Kirk, 2009). However, clinicians label consumers with dual diagnosis as challenging, and hence lead to staff frustration, feelings of powerlessness, and increase the danger of developing compassion fatigue (Schulte, Meier, Stirling, & Berry, 2010). Compassion fatigue is emotional tiredness coupled with the loss of coping skills and a deterioration in work performance (Fitzpatrick & McCarthy, 2016).

Caring is pivotal to the discipline of nursing (Reid, Courtney, Anderson, & Hurst, 2015). Caring efficacy is the confidence and capability of an individual to communicate a caring orientation and to improve caring relations with the consumers (Coates, 1997). The increasing influx of consumers with co-existing mental health and substance use issues in mental health settings contributes to the incidences of aggression towards MHNs (McKinnon & Cross 2008). MHNs experience work-related pressure, the recurrent experience of anxiety, and challenging behaviours from consumers (Von Hippel, Brener, & Von Hippel, 2008), resulting in decreased job satisfaction, and leading MHNs to modify or change their jobs. Given the complexity of care for consumers with a dual diagnosis and nurses' accountability

for the delivery of that care, nurses lose confidence, resulting in their disengagement from consumers (Ford, Bammer, & Becker, 2008). Due to this disengagement, MHNs may experience diminished self-worth or self-belief, which are essential components in maintaining their competence to achieve excellent consumer outcomes.

Maintaining a positive attitude, communicating through an empathetic point of view, and caring for persons with a dual diagnosis, with confidence is complex. Evidence is scarce in the extant literature regarding MHNs attitudes, empathy, and caring efficacy towards consumers with dual diagnosis.

Aims

The aim of this scoping review was to examine and systematically map the available literature regarding MHNs attitudes, including empathy and caring efficacy towards consumers with co-existing mental health and drug and alcohol problems.

Objectives

- (1) To assess the scope of extant literature and the available sources of evidence regarding MHNs attitudes, empathy and caring efficacy towards consumers with co-existing mental health and drug and alcohol problems.
- (2) To describe the fundamental concepts of MHNs attitudes, empathy and caring efficacy towards consumers with co-existing mental health and drug and alcohol problems.
- (3) To identify any significant theory explaining MHNs attitudes, empathy and caring efficacy towards consumers with co-existing mental health and drug and alcohol problems.

- (4) To identify any gaps in the extant literature regarding MHNs attitudes, empathy and caring efficacy towards consumers with co-existing mental health and drug and alcohol problems.

Methods

This scoping review was conducted utilising the Joanna Briggs Institute (JBI) approach for scoping studies (Peters et al., 2017). A charting table was created at the protocol stage (using the format: author & country, aims, population & sample size, the spectrum of care, methodology and key findings) relevant to the review question. An initial exploration of PROSPERO and the Cochrane Database of Systematic Reviews confirmed that there were no current protocols registered about the current research themes. A protocol was maintained regarding the method for this study, which focused on the central issues of the review; the research question, inclusion/exclusion criteria and use of the reporting format Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) (Moher, Liberati, Tetzlaff, & Altman, 2009). Table 1 presents the reporting framework designed by Arksey and O'Malley (2005). The following research question was formulated based on the population, concept and context model.

“What do we know about the mental health nurses’ attitudes, empathy and caring efficacy towards consumers with co-existing mental health and drug and alcohol problems?”

Search strategy, Data Extraction and Analysis

A comprehensive search was conducted using CINAHL, PsycINFO and Medline databases. The search criteria were limited to articles published in English; peer-reviewed papers, and reports published between 1999 and 2019. In this review, we used free text and MeSH terms for searching the extant literature. However, the keywords search for empathy (empathy OR

caring OR care OR empath* OR compassion OR emotion* OR (MH "Empathy") OR (MH "Compassion") OR (MH "Emotions") OR (MH "Caring") OR DE "Reaction Formation" OR DE "Empathy" OR DE "Caring Behaviors" OR (MM "Empathy") OR (MH "Emotions") and caring efficacy ("self-efficacy" OR confiden* OR capacity* OR attribute* OR competenc* OR characteristic* OR mastery OR "self-belief" OR "self-confidence" OR capab* OR "self-concept" OR efficacy) OR (MH "Self-Efficacy") OR (MH "Self Concept") OR DE "Self-Efficacy" OR DE "Caring Behaviors" OR DE "Professional Standards" OR DE "Adaptive Behavior" OR DE "Passion" OR (MM "Self Efficacy") OR (MH "Self Concept") OR (MH "Capacity Building") did not yield any existing literature.

The reference lists of all eligible papers for other items relevant to the aims of this scoping review were searched. An initial screening of papers was undertaken to identify those that met the inclusion criteria. Table 2 presents the inclusion and exclusion criteria used in this review. Eligible studies were downloaded into an Endnote™ database, and internal and external duplicates were identified and removed. Two independent reviewers assessed the full texts in detail. Any disagreements between the reviewers at each stage of the review and appraisal procedure were resolved through discussion. A third reviewer was involved as required. Figure 1 presents a summary of the work at each step of the selection process. An iterative team approach was used in all stages of the data extraction, and JBI tools were used for critical appraisal of the eligible studies. Table. 3 displays how the studies addressed the key themes of this scoping review. All the eligible papers were exported to NVivo™ Version 12 Plus. Auto coded themes were identified and grouped into conceptually similar items.

Results

This review yielded twenty articles. All publications were primary studies that reported original data from 20 independent study samples. All the studies were in English, published

in peer-reviewed journals and within the set search period. This review found that most studies (40%) were conducted in the United Kingdom (n=8). Other studies originated in Australia (n= 6, 30%), Europe (n=4, 20%), United States (n=1, 5%) and India (n=1, 5%), representing a wide geographical area. There were thirteen quantitative studies (eleven surveys, one quasi-experimental study and one randomised controlled trial), five qualitative studies (two interviews, two focus groups and one reflective dialogue) and two mixed methods study (one study used both survey and interview, and the other study used survey and field observations). There were thirteen studies (65%) published between 2000 and 2009. The remainder of the studies (35%) were published between 2010 and 2018. Data extracted from the eligible papers are provided in Table 4.

Attitudes towards Consumers with Dual Diagnosis

Much of the included literature explored mental health staffs' attitudes towards consumers with dual diagnosis. This review shown that high prevalence of dual diagnosis (Howard & Holmshaw, 2010; Pinderup, 2017, 2018; Wheeler, Crozier, Robinson, Pawlow, & Mihala, 2014 & Kavanagh et al.,) is common to psychiatric service settings (Howard & Holmshaw, 2010). In mental health settings, the problematic use of drugs and alcohol has frequently been observed as a complicating factor which escalates decline in consumer's wellbeing and results in a relapse of mental health problems (Graham, 2004). A rise in the number of consumers with a dual diagnosis in mental health settings can influence the quality of treatment provided (Wheeler et al., 2014). Pinderup (2018) stated that mental health clinicians' inadequate knowledge of dual diagnosis treatment and their inefficiency in assessing and treating dual diagnosis can hinder the outcome (Pinderup, 2018). Besides, negative behaviours displayed by consumers who use illicit drugs often provoke moralising and stereotyping attitudes in clinicians, and the communication between MHNs and

consumers is characterised by doubt, distrust and evasion on both sides (Richmond & Foster, 2003).

This review report that clinicians' therapeutic attitudes can predict the efficiency of consumer engagement. However, mental health clinicians attribute lower status to working with consumers who use illicit substance than supporting other consumer groups (Wheeler et al., 2014). Foster and Onyeukwu (2003) reported attitudes towards consumers with substance abuse to have a direct impact on the relationship clinicians have with consumers and the quality of care they deliver. Negative attitudes of clinicians (Foster & Onyeukwu 2003) can affect the level of engagement with consumers enduring co-morbidity issues (Howard & Holmshaw, 2010). Ralley, Allott, Hare, and Wittkowski (2009) stated clinicians' negative attitudes could affect the care and hinder the consumer's recovery from the illness. Moreover, clinicians' stigmatising attitudes towards consumers with substance use illnesses result in negligible care offered to the consumers (Wheeler et al., 2014), and these negative attitudes can be passed on to novice clinicians (Foster & Onyeukwu 2003).

A positive attitude towards treatment interventions is required to deliver competent nursing care for consumers with mental illness (Pinikahana, Happell, & Carta, 2002). Perseverance in the engagement activity is the vital component of working with these consumers (Foster & Onyeukwu, 2003). Previous studies have revealed that a lack of training in dual diagnosis harms nursing practice and relates to alarming attitudes and job tolerance. Training related to substance use has often been overlooked, and nurses may not have the knowledge to deliver proper care (Munro, Watson, & McFadyen, 2007). Richmond and Foster (2003) indicated that current post-graduate curricula comprise foundations that tackle and confront moralising attitudes of clinicians resulting in more positive attitudes and greater treatment optimism towards consumers who use illicit drugs. Fostering positive attitudes is essential, and clinicians' perceived attitude change as more crucial than their abilities or

knowledge (Richmond & Foster, 2003). Howard and Holmshaw (2010) identified staff who received training in dual diagnosis had a further positive attitude to these consumers. Though other researchers found that training in dual diagnosis increased clinicians' knowledge, they did not account for clinicians' improved engagement with consumers or increased clinicians' therapeutic attitudes after the training (Gilchrist et al., 2011). There were no significant conclusions when comparing attitudes with an overall training requirement. However, Moore (2013) reported that clinicians who reported training as highly crucial in issues relevant to dual diagnosis had considerably healthier attitudes in treatment intervention.

Caring for consumers with a Dual Diagnosis

Cleary et al. (2009) reported consumers with a dual diagnosis to remain a challenge for mental health service providers and treatment provisions. However, Johansson and Wiklund-Gustin (2016) stated nursing care is driven by a value base focussed on endorsing self-respect and health through the caring relationship. From a caring science viewpoint, the caring encounters confronted by nurses are supposed to provide the basis for nursing care, thus creating a space of closeness and trust (Johansson & Wiklund-Gustin, 2016). Nevertheless, the nature of the work of MHNs may constrain the caring process as no person can always maintain all caring ideals. Negative attitudes towards illicit drug users, as well as these consumers' behaviours, can give rise to negative feelings such as frustration and dissatisfaction among nurses. This frustration can add to a controlling attitude towards consumers (Johansson & Wiklund-Gustin, 2016). Undoubtedly, clinicians' negative and critical attitudes have been portrayed as an obstacle to gain entry to care or best treatment to consumers with dual diagnosis (Gilchrist et al., 2011; Pinderup 2017). As Ralley et al., (2009) stated, decreasing the obstacles among the clinicians and consumers may allow MHNs to comprehend the behaviours of consumers better and thus enhance the care.

Discussion

MHNs Attitudes towards Consumers with a Dual Diagnosis

This review found that all the twenty eligible studies reported on the attitudes of mental health staff towards consumers with dual diagnosis. This review revealed that various factors influence professionals' therapeutic attitudes towards consumers with co-existing mental health and drug and alcohol problems. These factors are role suitability, role authority, role support (Munro et al., 2007; Pinderup, 2017), staff enthusiasm, self-worth and work satisfaction (Pinderup, 2017). The presence of the first three components increases staff motivation to work, their self-esteem and their anticipations of pride in working with consumers with dual diagnosis (Pinderup, 2017). Nevertheless, negative attitudes of nurses towards these consumers can lead to the progression of prejudiced views, henceforth hindering the profession from carrying out genuine nursing care (Barry, Tudway, & Blissett, 2002).

MHNs have a substantial role to play when working with consumers who have dual diagnosis (Munro et al., 2007). Richmond and Foster (2003) reported that to work with these consumers, MHNs require adequate direction, awareness of dual diagnosis problems, a positive attitude, lack of stereotypical social views and a non-moralistic approach. This review highlighted treatment confidence and non-moralism were high among clinicians trained to a post-graduate level (Richmond & Foster, 2003). However, Foster and Onyeukwu (2003) reported no relationship between forensic MHNs post-graduate education and their years of practice on attitude towards consumers who use an illicit substance. MHNs working in a variety of mental health settings, and differences in their education level and years of experience may influence MHNs attitudes towards consumers with dual diagnosis. As Happell, Carta, and Pinikahana (2002) stated, nurses may have ample knowledge and problem-solving capabilities regarding alcohol and other drugs (AOD). However, there

appears to be a deficiency in self-confidence related to carrying out actual interventions. It can be argued that there is a lack of evidence or lack of follow up studies about MHNs' self-confidence related to caring for consumers with a dual diagnosis.

Howard and Holmshaw (2010) concluded that team attitudes, team communication, and a problem-solving approach are essential aspects of caring for these consumers. On the other hand, they stated there was a lack of ownership in the multi-disciplinary team. This paucity of ownership was demonstrated by a lack of consideration for consumers' experiences, and clinicians' reasonable frustrations in care offered to substance users in acute and residential inpatient units. Moreover, Deans and Soar (2005) found that the care provided by clinicians to these consumers was more trial and error procedures, and the clinicians felt anxious and overawed when first encountering a consumer with a dual diagnosis. These negative feelings and lack of knowledge contribute to a sense of inadequacy and frustration and place the clinicians in an embarrassing situation. If not resolved, these frustrations can lead to negative attitudes towards the consumer. Even after a decade, the situation remains unchanged, and there were no further rigorous studies reported to measure the attitudes of MHNs towards this consumer group.

MHNs Empathy towards Consumers with Dual Diagnosis

None of the studies reported the empathy of MHNs towards consumers with dual diagnosis. In their articles, Graham (2004); Howard and Holmshaw (2010); Johansson and Wiklund-Gustin (2016), briefly mentioned the importance of empathy towards consumers with dual diagnosis. Empathy is an essential feature in creating a trusting therapeutic rapport and working alliance (Graham, 2004) with consumers with co-existing mental health and drug and alcohol problems. However, Howard and Holmshaw (2010) reported that conversing with this consumer group through a non-confronting, and compassionate viewpoint has been

difficult. Clinicians find it more difficult to develop empathy when confronted with indications they perceive as being out of their scope of practice and knowledge (Graham, 2004). Johansson and Wiklund-Gustin (2016) indicated that MHNs' style of approach is vital for consumers' recovery from illness, and a lack of empathy and controlling attitudes can create conflicts. To accept and respond to consumers' views and behaviours, clinicians require expertise, tolerance and determination (Howard & Holmshaw, 2010). Through the empathetic approach, MHNs may boost therapeutic engagement and relationships with consumers. However, a lack of empathy and experience can create disappointment and uncertainty, which results in nurses potentially failing to see the caring needs of consumers (Johansson & Wiklund-Gustin, 2016). Overall, interacting with these consumers through empathy is somehow complicated. Evidence is scarce about MHNs empathy towards consumers with a dual diagnosis.

MHNs Caring Efficacy towards Consumers with a Dual Diagnosis

None of the studies reported the caring efficacy of MHNs towards consumers with dual diagnosis. Applying a caring paradigm and value-based nursing care for consumers with a dual diagnosis can be challenging, and occasionally it conflicts with traditional views of nursing (Johansson & Wiklund-Gustin, 2016). Hughes et. al., (2008, as cited in Moore, 2013) reported that previous training in dual diagnosis might assist in improving retention of knowledge and self-efficacy of the clinicians; however, any improvements from training can be eroded over time. Regular follow-up points are essential to slow this erosion. Clinician training is a vital aspect, and pre-training in dual diagnosis may improve the attitudes of MHNs and self-confidence to work with and care for individuals experiencing co-existing mental health and drug and alcohol problems. However, the evidence is scarce about MHNs caring efficacy towards consumers with a dual diagnosis.

Theoretical Perspectives

To address clinicians' attitudes and beliefs, Pinderup (2018) incorporated Diffusion of Innovation Theory and Social Learning Theory (both theories describe how people modify their performance through interaction with other people). Ralley et al., (2009) used Personal Construct Theory (various individual interpretations individuals cultivate from their own experiences, and such considerations regarding the world are identified as 'constructs'). Johansson and Wiklund-Gustin (2016) used the Theory of Caritative Caring (caring is considered an interactive procedure focused on easing misery, rather than being problem resolving and chore oriented).

Gaps in the Research

This scoping review revealed multiple gaps in the existing literature regarding MHNs' attitudes, empathy and caring efficacy towards consumers with a dual diagnosis. The use of small sample sizes in the reported studies increases concern regarding representativeness, such as participants' professional circumstances, years of practice and geography of their work area. Unbalanced study designs, selection bias, high participant attrition, low response rates, absence of follow-up after training and lack of a control group, all contribute to methodological issues. The lack of representativeness in the study population contributes to limiting the generalizability of findings including lower representation of MHNs, the inclusion criteria of at least of six-months working experience with consumers, exclusion of drug/alcohol workers, samples entirely of white British inpatient unit staff, modest representation of inpatient-based MHNs and community mental health nurses.

This review found only two mixed-methods studies investigating the attitudes of mental health professionals. However, these studies had several limitations in terms of a lack of a control group, relying on self-reports, lack of long-term follow-up, and there was a lack

of representation in terms of selection of mental health settings. Some studies focused on inpatient units within only one sector of a mental health service. Many of these studies were conducted more than a decade ago, and there were no follow-up studies to validate whether MHNs have a positive or negative attitude to consumers with a dual diagnosis. There were no studies conducted regarding the empathy and caring efficacy of MHNs towards consumers with co-existing mental health and drug/alcohol problems in the current literature, which warrants further studies in this area.

Conclusion

This scoping review was the first on this topic to our knowledge. It contributes to the current literature on mental health nurses' attitudes, empathy and caring efficacy towards consumers with co-existing mental health and drug and alcohol problems. In doing so, we note that all 20 included studies reported outcomes regarding clinicians' attitudes; however, none reported MHNs empathy or caring efficacy towards consumers with a dual diagnosis. Thus, in answer to our research question, there is a lack of empirical data. This review was focused on English literature, limiting the year, and limiting the database suggests that the other possible studies may be missed. Use of iterative team approach during the data extraction and appraisal stage and the use of JBI protocols for critical analysis of the eligible papers was the strength of this review.

Recommendations

As the largest profession within the mental health workforce, MHNs have a vital role in caring for people with a dual diagnosis. Therefore, it is essential to understand these issues, and there is a need for future studies incorporating rigorous methodologies and multiple theoretical frameworks. There remains a need for research using a larger sample of qualified MHNs from a more mixed group of participants from other multi-centre mental health

settings and services. Future research requires comparisons among MHNs working in open/closed mental health units, secured mental health units, community mental health settings, capturing various sub-specialities in mental health settings and across various age groups of MHNs. Given the global occurrence of dual diagnosis, future research may assist in developing educational strategies and targeting tailored and support services to MHNs to strengthen their self-efficacy, empathy and attitudes towards consumers with dual diagnosis. The outcome should lead to better service delivery to consumers with dual diagnosis.

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Table 1. Reporting Framework: (Arksey & O'Malley, 2005)

Identifying the research question
Clarifying and linking the purpose and research question
Identifying relevant studies
Balancing feasibility with breadth and comprehensiveness of the scoping process
Study selection using an iterative team approach to select studies and extracting data
Charting the data incorporating a numerical summary and qualitative thematic analysis
Collating, summarizing, and reporting the results identifying the implications of the study findings for policy, practice, or research
Consultation (optional) Adopting consultation as a required component of scoping study methodology

Table 2. Inclusion and Exclusion Criteria

Criterion	Inclusion	Exclusion
Time period	January 1999 to March 2019	Any study beyond these dates
Language	English	Non-English
Type of article	Original full text research articles published in peer reviewed journals	Any publication that was not original research, peer-reviewed, poster presentations journal article and/or unpublished
Study focus	Studies that reported about attitude, empathy and caring efficacy of mental health nurses towards consumers with co-existing mental health and drug and alcohol problems	Studies that did not report the attitude, empathy and caring efficacy of mental health nurses towards consumers with co-existing mental health and drug and alcohol problems
Setting	All mental health settings in urban, rural and regional areas	Non-mental health settings.
Geographical place of study	International	Nil
Population and sample	Mental health nurses working with consumers who have co-existing mental health and drug and alcohol problems	Other health professionals

Table 3. Studies Addressed the Key Themes of the Scoping Review

Author(s) and year	Attitude	Empathy	Caring efficacy
(Barry et al., 2002)	✓	✗	✗
(Carey, Purnine, Maisto, Carey, & Simons, 2000)	✓	✗	✗
(Cleary, Hunt, Maheson, & Walter, 2009)	✓	✗	✗
(Deans & Soar, 2005)	✓	✗	✗
(Foster & Onyeukwu, 2003)	✓	✗	✗
(Gilchrist et al., 2011)	✓	✗	✗
(Graham, 2004)	✓	✗	✗
(Happell et al., 2002)	✓	✗	✗
(Howard & Holmshaw, 2010)	✓	✗	✗
(Johansson & Wiklund-Gustin, 2016)	✓	✗	✗
(Kavanagh et al., 2000)	✓	✗	✗
(Moore, 2013)	✓	✗	✗
(Munro et al., 2007)	✓	✗	✗
(Phillips, 2007)	✓	✗	✗
(Pinderup, 2017)	✓	✗	✗

(Pinderup, 2018)	✓	✗	✗
(Pinikahana et al., 2002)	✓	✗	✗
(Ralley et al., 2009)	✓	✗	✗
(Richmond & Foster, 2003)	✓	✗	✗
(Wheeler et al., 2014)	✓	✗	✗

Table 4. Overview of the Articles Included in the Scoping Review

Authors & Country	Aims	Population and Sample Size	Spectrum of Care	Methodology	Key Findings
(Barry et al., 2002) UK	To understand staff beliefs and attitudes towards alcohol/illicit substances and mental illness.	n=98/144 (35 Nurses (36%), 29 Care Assistants & 34 Non-clinical staffs).	A medium secure psychiatric hospital: containing 55 medium secure beds and 10 rehabilitation beds.	Pre and Post-test The Drug Knowledge Questionnaire Survey.	Clinicians may benefit from wide-range drug training programme. However, this training should cover attitudes and beliefs since the knowledge of drugs and their properties, and the related legal consequences, may not translate to helpful attitudes and views around illegal drug use and mental health problems.
(Carey et al., 2000) USA	To understand clinicians' approach in managing people with dual diagnosis. To address effective and ineffective treatment approaches.	n=12/12: Nursing (n = 3 (25%)), Counselling Staff (n = 2) and Social Workers (n = 3), Rehabilitation Staff (n =1), and Psychiatrist (n = 3)	Clinician administrators working in psychiatric service clinics (working with dually diagnosed consumers).	Four focus groups consisted of three participants and lasted approximately 90 minutes.	Clinicians tend to answer to consumer's ambiguous motivational states by talking the drawbacks of behaviours in a non-confronted style. Clinician's views are consistent with the values of harm reduction strategies. Some clinicians referred to negative attitudes of persons, treatment options, and society.
(Cleary et al., 2009) Australia	To find out the opinions of Australian mental health service providers on staff education, training, consumer contact and management, assessment and	n= 66/171 RN (n= 33,19%) Response Rate 39%	Public mental health service directors, in-patient and community teams and non-government agencies affiliated with mental health.	A cross-sectional self-reported mail-out survey.	68% of respondents had undertaken specific training in the drug and alcohol field. 64% of clinicians reported that more than 50% of consumers they work with also misuse alcohol/drugs. Over 85% of clinicians believed they had a role in the review, management and referral of consumers with dual diagnosis.

	treatment efficacy and service delivery.				68% of clinicians acknowledged to finding dealing with consumers who have dual diagnosis more problematic than dealing with other consumers with one or the other mental illness or substance misuse.
(Deans & Soar, 2005) Australia	To explore and describe the experiences of health professionals working with dual diagnosis consumers.	n= 13 (Nursing n=10, Psychiatrist n=1. Social worker n= 1 and Psychologist n=1).	Mental health professionals working in Grampians Psychiatric Services/Ballarat Health Services.	Phenomenology/ In-depth Interviewing.	Health professionals have negative experiences and approaches towards consumers with a dual diagnosis.
(Foster & Onyeukwu, 2003) UK	To examine the attitudes of forensic nurses towards substance abusing consumers.	n=63/120 (Response Rate 53%).	Nurses working in a medium secure psychiatric unit.	Substance Abuse Attitude Survey.	The attitudes of forensic nurses towards substance misuse in forensic clients are less than the highest quality compare to the other groups of community mental health workers.
(Gilchrist et al., 2011) Bulgaria, Greece, Italy, Poland, Scotland, Slovakia, Slovenia & Spain.	To compare regard for working with different consumer groups (including substance users) among different professional groups in different health-care settings.	n= 886 (26.4% Nurses, 25.9% Physicians, 20.9% Psychiatrists, 16.6% Psychologists and 7.7% Social Workers).	Clinicians from Primary Care, General Psychiatry and Specialist Addiction Services.	A multi-centre (253 services), cross-sectional comparative study Medical Condition Regard Scale.	Regard for working with substance users, specifically drug users, was lower than working with other consumer groups.
(Graham, 2004)	To assess training issues and	Cohort 1 (3 teams n=41), Community	Multi-disciplinary staff of assertive	A quasi-experimental research design. Confidence	Teams and clinicians tend to hold difference in attitudes and views to diverse substances.

UK	implementation of integrated treatment method for consumers with dual diagnosis.	Psychiatric Nurse n= 15 (37%). Cohort 2 (2 teams n=28), Community Psychiatric Nurse n= 13(46%).	outreach teams.	and Skills' Questionnaire.	This also appeared to reveal their confidence to work with consumers using certain substances.
(Happell et al., 2002) Australia	To understand the nurses' level of knowledge, attitudes, beliefs, and skills concerning consumers' difficult alcohol and substance use. To create baseline data and to develop a broad training package for nurses in Victoria.	n=134/302 Registered nurses. (response rate = 44.3%)	Clinicians from 13 Crisis and Assessment Treatment Teams (CATT) in Metropolitan Melbourne and 8 in Rural Victoria.	Substance Abuse Attitude Survey	Overall, nurses were found to have adequate levels of both knowledge and problem-solving abilities regarding alcohol and other drug use. It is evident that competence in dealing with drug and alcohol clients is modest.
(Howard & Holmshaw, 2010) UK	To explore the opinions and experiences of inpatient mental health staff in supporting consumers with co-occurring mental health problems and illicit	Survey n=84/270 Nurses: n=41 (49%) Nurse specialist: 11 (13%) Other n= 32 (49%) Interview n=10 Nurses: n=2 (20%)	84 Multidisciplinary staff members working in nine mental health inpatient units.	Drug and Drug Problems Perceptions Questionnaire. Semi Structured Interview.	Staff who had received training held fewer negative attitudes towards illicit substance users regardless of their length of clinical work experience or type of work setting.

	substance use.	Others: n=8 (80%)			
(Johansson & Wiklund-Gustin, 2016) Sweden	To describe nurses inpatient psychiatric care experiences and caring encounters with consumers suffering from substance use disorders.	n=6. Four reflective dialogues during a period of 3 months. Each dialogue lasted for approximately 90 minutes	Registered nurses working in inpatient psychiatric care.	Reflective Dialogues. Inductive Qualitative Content Analysis.	The multifaceted vigilance', being watchful could be assumed as a power that allows nurses to protect caring values and use their ability to uphold consumers' health and ease distress.
(Kavanagh et al., 2000) Australia	To determine views and experiences of health professionals about the managing people with co-morbid substance misuse and mental health disorders.	Alcohol and drug staff (n=112/186, 79% return rate). Number of mental health services (n=380/1081, 42% return rate). Nurses n=45% Others n=55%	Mental health professionals from mental health services and alcohol and drug services across Queensland. (Community mental health centres, alcohol and drug services or inpatient psychiatric units).	Self-reported Survey Questionnaires.	Needs for bigger facilities and services for dual diagnosis consumers. Need for adolescent dual diagnosis services and after-hours alcohol and drug sessions. Need for synchronization of client care across all settings, as well as managing disagreements over duty of care and inter-sectoral collaboration are required.
(Moore, 2013) UK	To evaluate staff's training requirements and attitudes towards dual diagnosis.	n=70/230 (Response rate 30%) Nurses and support workers.	Nine inpatient wards in an NHS forensic mental health service in England.	Substance Abuse Attitudinal Scale. Training Needs Assessment Scale.	Previous informal training had significantly improved attitudes, suggesting more vigorous training package is required.
(Munro et al., 2007)	To assess the impact of a tailored training	n=49/176 (Response rate	Randomised controlled trial (pre-	Knowledge Questionnaire. Comorbidity Problems	The training was an effective way in improving the therapeutic attitudes of

UK	programme on the therapeutic attitudes and knowledge of mental health nursing towards people with dual diagnosis.	27.8%). Participant attrition rate 37%). Mental health nurses who were working in generic community mental health teams, generic hospital-based wards and addiction or dual diagnosis teams.	and post-intervention, four-day training programme). NHS mental health service in the West of Scotland.	Perceptions Questionnaire.	clinicians whom working with clients with dual diagnosis.
(Phillips, 2007) India	To explore clinicians' perceptions of consumers with substance misuse and mental health issues.	n=15 (Nursing, n = 3), Psychiatry n = 7, Public health n = 2), Psychology (n = 1), Social work (n = 2).	Substance misuse and mental health services professionals in Northern India.	Semi-structured interviews and Focus groups.	Dual diagnosis was a common problem reported by the clinicians. Types of substance use described were diverse than in western studies. Chances exist for informing mental health nursing practice regarding conventional substance usage.
(Pinderup, 2017) Denmark	To test impact of dual diagnosis training on mental health professionals' positive attitude.	First workshop n=35 Nurses (n=21) Others (n= 14) Second workshop n=31 Nurses (n=17) Others (n= 14)	Clinicians from 10 different psychiatric hospitals (Mental Health Centre Sct. Hans). 13-day dual diagnosis training program were distributed over 10 months.	Repeated Measure Design (Pre and Post training). Comorbidity Problems Perceptions Questionnaire.	Training is very effective to improve mental health clinicians' attitudes. There was an improvement in clinician's role adequacy, role legitimacy, role support, motivation, self-esteem, and work satisfaction.

(Pinderup, 2018) Denmark	To examine the knowledge, attitude, and practices of the colleagues of the program champions (who are trained in dual diagnosis) before and after the intervention.	n=151/254 (Survey) (response rate 77%, completion rate 74%) Nurses n=85/133 (46%) (Interview) 41 nurses (n=51%) in pre intervention stage and 44 nurses (n=55%) in post intervention stage	Clinicians from 8 Danish mental health centres. Four professionals from each centre were selected to be program champions (60 % of nurses) for supporting a new intervention.	Pre and Post Intervention Study Comorbidity Problems Perceptions Questionnaire. Interviews /Field observations.	Overall, there was a positive change in clinicians' knowledge and attitudes following the intervention. Clinicians reported that motivational interviewing as most suitable treatment approach for consumers with dual diagnosis.
(Pinikahana et al., 2002) Australia.	To study the mental health professionals' attitudes to drug and substance abuse.	n=173/378 (response rate 46%) Registered nurses n=134 (77.5%) Others n=39 (22.5%)	Mental health professionals employed in Crisis Assessment and Treating Teams (CATT) in metropolitan Melbourne and in rural Victoria.	A self-reported survey based on Substance Abuse Attitude Survey.	The attitude of mental health professionals to drug and substance abuse is generally a positive and this constructive attitude towards treatment interventions should allow nurses to deliver the essential care.
(Ralley et al., 2009) UK	To explore psychiatric staff beliefs about consumers with psychosis who also misuse substances.	n=12 (5 nursing assistants and 7 qualified mental health nurses)	Nurses from three long-stay low-secure inpatient wards in an inner-city NHS trust in North West England.	Case series of Repertory Grid Technique. Semi Structured Interview.	Highly individual nature of nurses construing of different consumers. Consumers who sustained misusing illicit drugs were construed negatively by nursing staff and those consumers who were thought to have surmount their abuse were interpreted more positively.

(Richmond & Foster, 2003) UK	To examine mental health professionals' attitudes to substance misusers.	n=56/103 (Over all response rate 54%). Community psychiatric nurses n=15 (27%) Ward nurse n=5 (10%) Others n=36 (63%)	Mental health professionals from Community Mental Health Team, acute ward, rehabilitation ward or a home treatment/rehabilitation team in outer London Borough.	Substance Abuse Attitude Survey.	There are elements of postgraduate courses that contribute to positive attitudes and a higher level of treatment optimism of clinicians towards substance misusers.
(Wheeler et al., 2014) Australia	To assess the knowledge, skills, attitudes and learning needs of mental health clinicians towards consumers with co-existing mental health and drug and alcohol problems.	n=104 /218 Response rate 47.7%. Nurses n=58 (55.8%) Others n=46 (44.2%)	Mental health clinicians employed in a public mental health service in Queensland.	Modified version of the Short Alcohol and Alcohol Problems Perception Questionnaire (SAAPPQ).	Clinicians reported high levels of therapeutic attitude and motivation towards working with people with comorbidity. The majority of the mental health clinicians reported absence of high levels of formal training, skill, or knowledge, however, clinicians think they can deal with AOD issues in their practice. Clinicians were self-confident with assessment and diagnosis of AOD difficulties than providing AOD-associated interventions themselves.

Figure 1. *PRISMA Flow Chart (Moher et al., 2009)*