

COVID 19 and digital health - AOD practice implications



VAADA Workshop Series - Zoom
Wednesday 6 May, 2-3pm
Gary Croton



**3. Managing increased presentations
of *people with* dual diagnosis &
experiences of mental distress.**

WELCOME

Introductions:



**About the
Victorian Dual Diagnosis Initiative
(VDDI)**



Click Here

About the Victorian Dual Diagnosis Initiative (VDDI)

Role description: Victorian Dual Diagnosis Initiative 9 Jan 2019

December 2016:
VICTORIA'S MENTAL HEALTH SERVICES
ANNUAL REPORT 2015-16

Dual Diagnosis services aim to improve treatment outcomes for individuals who have co-existing mental health and substance use issues. Services include:

- education and training for mental health, drug and alcohol and MHCTIS staff
- support to organisations to develop dual diagnosis capabilities, and
- clinical consultations in collaboration with primary care managers.

September 2018:
ALCOHOL & OTHER DRUGS
PROGRAM & SERVICE SPECIFICATIONS

4.1 The Victorian Dual Diagnosis Initiative

4.1.1 **Scope**

The VDDI program is designed to provide a coordinated response to the needs of people with co-occurring mental health and substance use issues. The program is designed to be a whole-of-government effort, involving all relevant government departments and agencies.

4.1.2 **Target group**

The VDDI program is designed to provide a coordinated response to the needs of people with co-occurring mental health and substance use issues. The program is designed to be a whole-of-government effort, involving all relevant government departments and agencies.

4.1.3 **Key service requirements**

The VDDI program is designed to provide a coordinated response to the needs of people with co-occurring mental health and substance use issues. The program is designed to be a whole-of-government effort, involving all relevant government departments and agencies.

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VDDI Inquiries: 03 9231 2083

Contacts: Victorian Dual Diagnosis Initiative **RURAL**

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Tip:



Most images, in the PDF version of this talk, hyperlink to the pictured resource



Click Here

CONTEXT

CONTEXT: dual diagnosis in AOD & MH services



CONTEXT: dual diagnosis in AOD & MH services

PREVALENCE

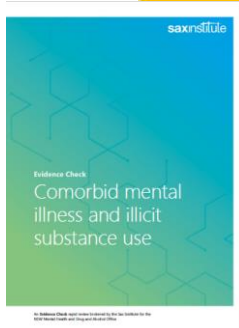
- Common in general population
- In people in treatment

the expectation not the exception

- **Risk:** If you have either a MH or a SU concern you're at much higher risk of also experiencing both concerns together...
(...for very good reasons)

Mental Health & AOD settings

(Deady, 2014)



Expectation NOT the Exception

Expectation NOT the Exception

Methamphetamine-Mental Health

(McKetin R, 2006)

The prevalence of psychotic symptoms among methamphetamine users

Rebecca McKetin¹, Jennifer McLaren¹, Dan I. Lubman² & Leanne Hides²



Prevalence of psychosis among methamphetamine users
11 times > than general population

Expectation NOT the Exception

Expectation NOT the Exception

AOD Settings:

3 IN 4

CLIENTS OF AUSTRALIAN AOD TREATMENT SERVICES MEET CRITERIA FOR AT LEAST ONE COMORBID MENTAL DISORDER ⁴⁻⁷



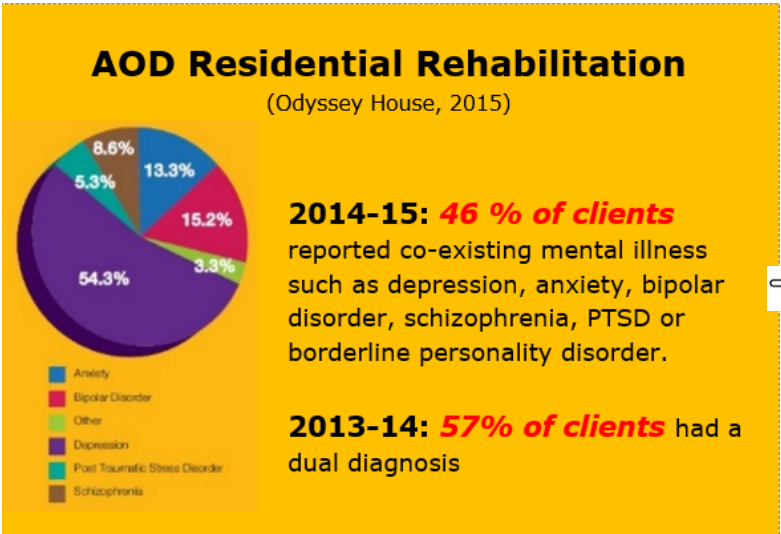
2020

[@TheMatilda Usyd](#) [@Uni Newcastle](#) CBMHR and [@PREMISE CRE](#) joint submission to the NSW Special Commission of Inquiry into the Drug 'Ice'

Expectation NOT the Exception

Expectation NOT the Exception

AOD Settings:



Expectation NOT the Exception

Expectation NOT the Exception

AOD Settings:



77%

of Residential Services clients had a co-occurring mental health issue

12% of clients in our Residential Services had more than one mental health diagnosis.

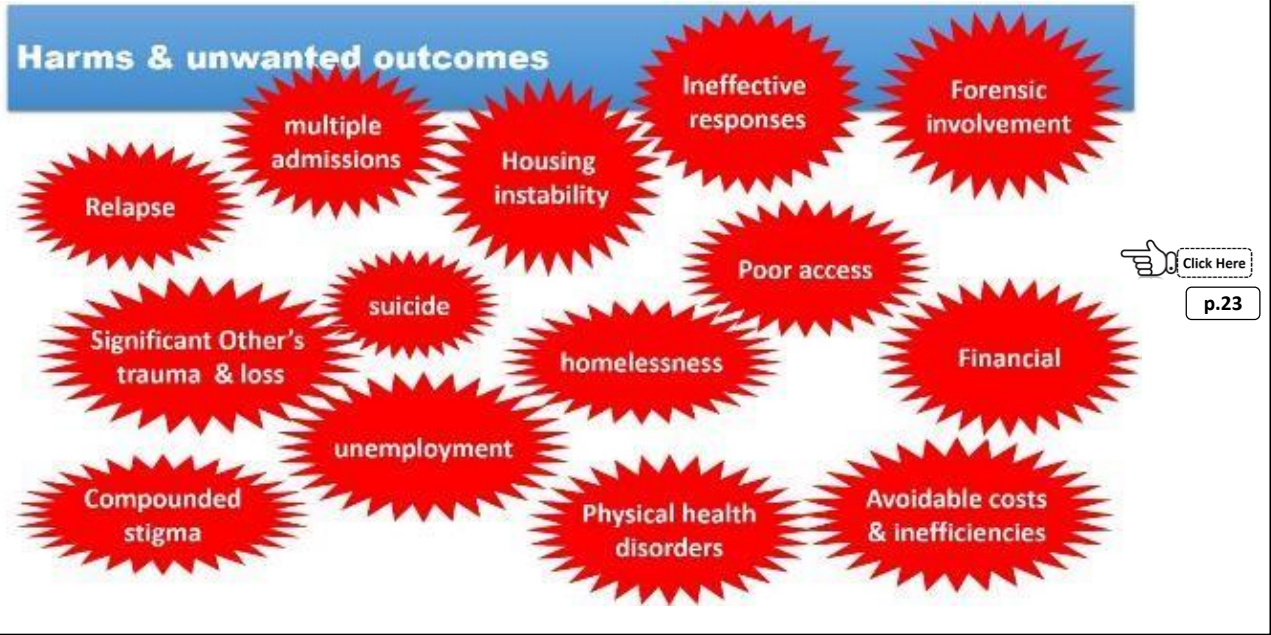
53% of Community Services clients had a co-occurring mental health issue

February 2020 *'We've never seen this level of co-occurring disorders at Odyssey House in our 42 years of operation. The trend just continues to rise and it's hard to predict how much further the numbers will go'*

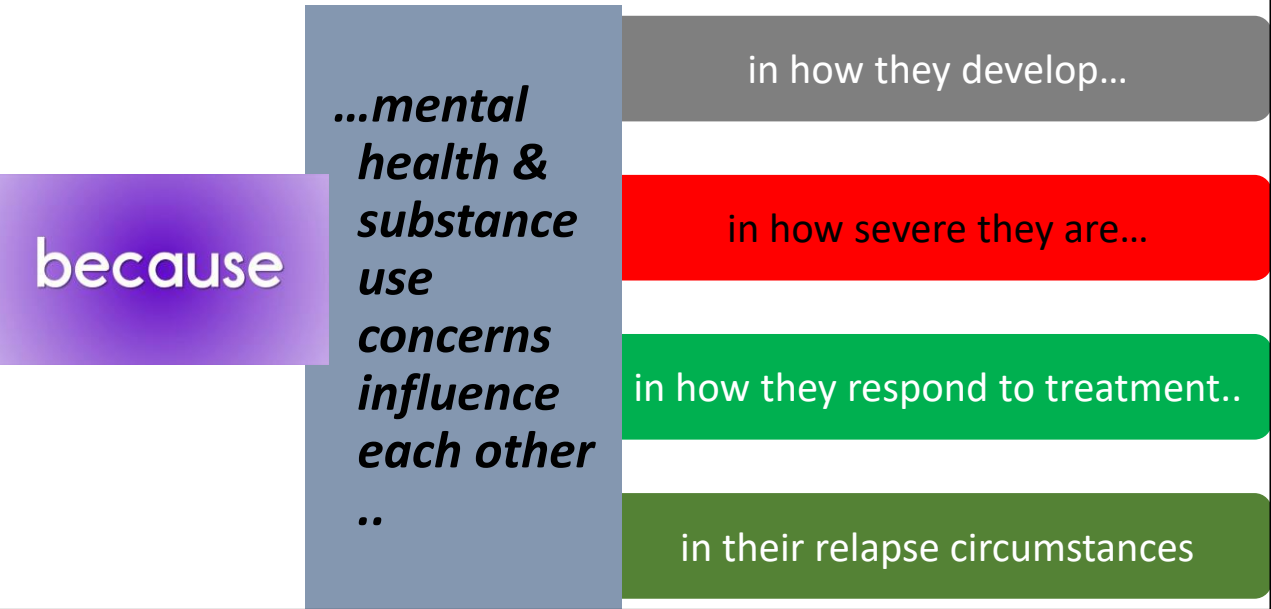
Expectation NOT the Exception

Expectation NOT the Exception

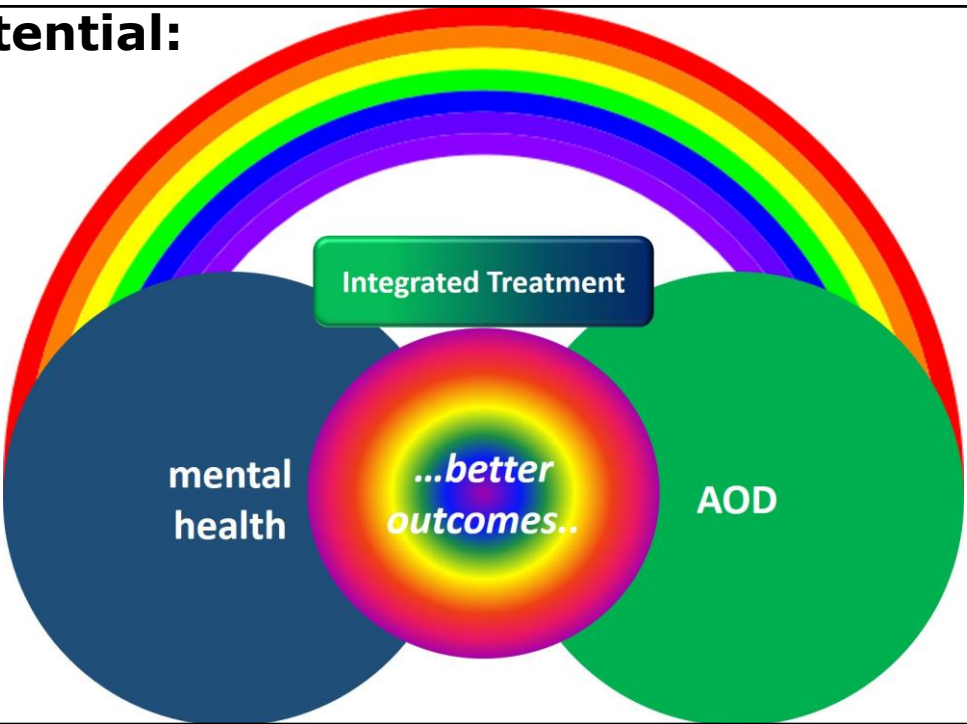
Harms:



Why does DDx matter? **3. Potential for better outcomes:**



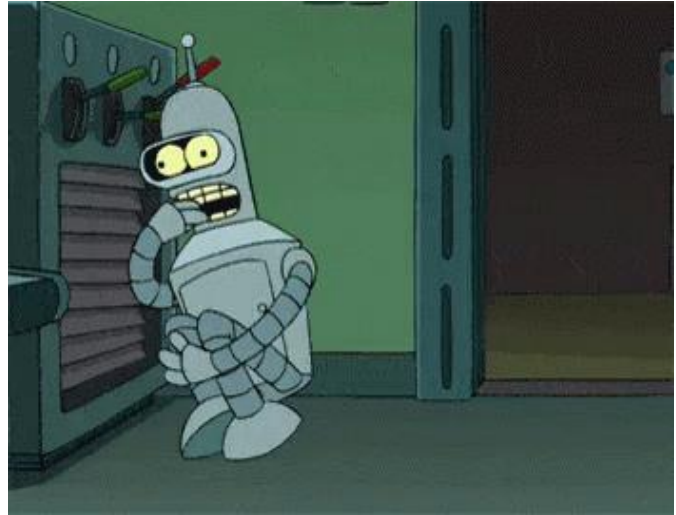
3. Potential:



COVID & MENTAL HEALTH

COVID & MH Impacts

- Rapid pace of change
- Fear & uncertainties ++.
- Dramatic news headlines
- Job losses - economic losses – security losses
- Loss of supports
- Loss of physical contact
- Isolation impacts
- DV



COVID & MH Impacts

- Working from home
- Home schooling
- Increased substance use – especially alcohol
- Changed drug supplies
- Emerging MH concerns & disorders
- Exacerbation of existing MH (& AOD) concerns & disorders
- Disproportionate impact on the already disadvantaged



AOD-MH Services- Changes due to COVID

AOD-MH Services- Changes due to COVID



AOD-MH Services- Changes due to COVID

MH services:

- Transition, wherever possible, from acute inpatient care to treatment in community.
- For community treatment to work, it has to be **genuinely strengths-based**.
- Greater focus on **working in partnerships**
- Increased **reliance on** and **recognition of significant others**
- **More frequent, briefer, phone & telehealth contacts**
- Rapid development of skills & capacity to work in **telehealth modalities**.

AOD-MH Services- Changes due to COVID

AOD services:

- Similar rapid shift to telehealth modalities
- Similar shift to more frequent, briefer, telehealth contacts
- Referral numbers about the same but increased no of contacts
- +ve feedback re being seen @ home / not having to attend
- Pharmacotherapy changes
- Increased demand for Family Drug Support
- Youth Outreach – prefer in person contacts

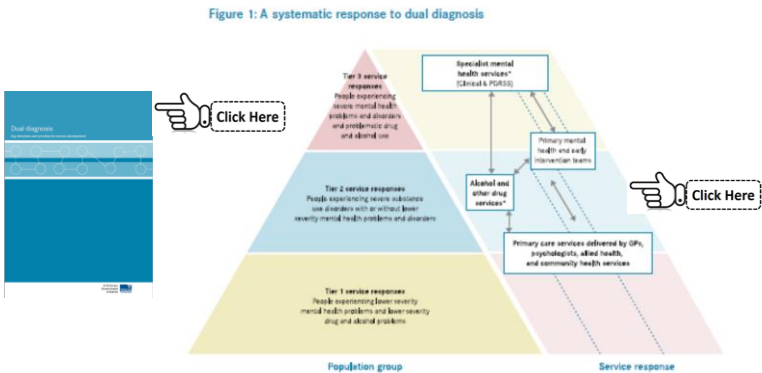
AOD Responses to people with co-occurring MH concerns

AOD Responses to people with co-occurring MH concerns

Predominant cohorts:

People with more severe substance use issues co-occurring with high prevalence mental health concerns or disorders

- Anxiety
- Depression
- Trauma related



AOD Responses to people with co-occurring MH concerns

Policy guidance:

- Core business
- No Wrong Door



Dual Diagnosis capability

All AOD workers:

- Screening
- Integrated Assessment
- Seek Secondary Consultation

Advanced: AOD workers

- Provide INTEGRATED treatment

Telehealth responses to people with MH concerns

Safety



At outset establish:

- Client location
- Their contacts
- Available support people & their contacts

Engagement & welcoming

Engagement... Engagement...Engagement....



- *As a journey is in the beginning, so it is in the middle & in the end...*
- Falling through the gaps
- Safety THE necessary pre-condition for change to be possible
- Trauma informed care principles

Trauma-informed:



<http://socialwork.buffalo.edu/social-research/institutes-centers/institute-on-trauma-and-trauma-informed-care/what-is-trauma-informed-care.html>

Engagement & welcoming

usual engagement strategies ..+++...PLUS:

- **Telehealth consent**
- **Assessment of:**
 - Access to telehealth
 - Comfort with & preferences about telehealth
 - Private space to talk
 - Preference for phone or online
 - Preferred times
- **Education re telehealth**
 - Pros & Cons
 - Significant Others



Screening & Assessment

U# Number:

HOW HAVE YOU BEEN FEELING DURING THE PAST 30 DAYS? (K10)

The following questions ask about how you have been feeling during the past 30 days. It's important to understand how you are feeling and where you are at. For each question, tick the box that best describes how often you had this feeling.

Click Here

DURING THE PAST 30 DAYS, HOW OFTEN DID YOU FEEL		NONE OF THE TIME 1	A LITTLE OF THE TIME 2	SOME OF THE TIME 3	MOST OF THE TIME 4	ALL OF THE TIME 5
1	...tired for no good reason?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	...nervous?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	...so nervous that nothing could calm you down?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	...hopeless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	...restless or fidgety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	...so restless that you could not sit still?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	...depressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	...so depressed that nothing could cheer you up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	...that everything was an effort?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	...worthless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for completing this form. Please hand it to the worker who will review your responses and will be able to address any questions you have.

FOR STAFF ONLY

Clinician name: Position: Agency: Date:

83301-0 83302-0 83303-0

K10 score:

10-19 low psychological distress

20-24 mild psychological distress

25-29 moderate psychological distress

30-50 high psychological distress

Screening & Assessment

U# Number:

4. MENTAL HEALTH

4(A) CURRENT DIAGNOSED CONDITIONS (Consider administering OPTIONAL, MODIFIED WIN SCREEN w/ OPTIONAL, MODIFIED 4-PT CHECK if possible, unassigned mental health issues suggested or indicated by K10)

CURRENT DIAGNOSED CONDITIONS (Tick as many as relevant)	History of conditions, who diagnosed it and when, investigations, and treatments where appropriate
Mood affected disorders <input type="checkbox"/> Depressive disorder <input type="checkbox"/> Bipolar affective disorder <input type="checkbox"/> Mood Disorder (Unspecified) <input type="checkbox"/> Other	
Anxiety disorders <input type="checkbox"/> Generalised Anxiety Disorder <input type="checkbox"/> Post-Traumatic Stress Disorder <input type="checkbox"/> Social phobia <input type="checkbox"/> Panic disorder <input type="checkbox"/> Specific phobias <input type="checkbox"/> OCD <input type="checkbox"/> Other	
Psychotic disorders <input type="checkbox"/> Schizophrenia /schizoaffective disorder <input type="checkbox"/> Psychosis <input type="checkbox"/> Drug-induced psychosis <input type="checkbox"/> Other	
Personality disorders <input type="checkbox"/> Borderline Personality Disorder <input type="checkbox"/> Anti-social Personality Disorder <input type="checkbox"/> Personality Disorder (other)	

FOR STAFF ONLY

Clinician name: Position: Agency: Date:

83301-0 83302-0 83303-0

U# Number:

CURRENT DIAGNOSED CONDITIONS

(Tick as many as relevant)

Behavioural Addictions <input type="checkbox"/> Pathological Gambling <input type="checkbox"/> Other	History of conditions, who diagnosed it and when, investigations, and treatments where appropriate
Eating disorders <input type="checkbox"/> Bulimia Nervosa <input type="checkbox"/> Anorexia Nervosa <input type="checkbox"/> Other	
Other disorders <input type="checkbox"/> Intellectual Disability <input type="checkbox"/> Dementia <input type="checkbox"/> Attention Deficit Hyperactive Disorder (ADHD) <input type="checkbox"/> Autism <input type="checkbox"/> Other Please Specify <input type="text"/>	

Client has a mental health case manager or other mental health worker? ☐ No ☐ Yes

If Yes, worker name and contact details

Client has a WHI care plan from CP? ☐ No ☐ Yes

If Yes, details

Current undiagnosed mental health concerns ☐ No ☐ Yes

If Yes, details

FOR STAFF ONLY

Clinician name: Position: Agency: Date:

83301-0 83302-0 83303-0

Screening & Assessment

OPTIONAL MODULE 3:
MENTAL HEALTH
(Modified Mini Screen)

FOR STAFF ONLY

U# Number:
Surname:
Given name:
Date of birth:
Please fill in to save website

PURPOSE OF MODULE
To ascertain whether the client might be experiencing some possible undetected mental health issues.

WHO CAN ADMINISTER THIS MODULE?
This is a clinician administered module. If the client is under the influence of alcohol or drugs at the time of assessment this can affect results obtained in this module, and it's best to administer this module at a later date.

INTRODUCTION FOR CLIENT
"Now I'm just going to ask you a few more questions about your mental health and wellbeing."

INSTRUCTIONS
1. For each question, please circle the response that best describes how your client has been feeling.
2. Tick the number of "Yes" responses and compare to established cut-offs at the end of the module.
3. Consider intervention or referral to a mental health service if there is a moderate to high likelihood of mental illness. If item 4 is present, apply appropriate suicide risk measures.

	0	1
1. Have you been consistently depressed or down, most of the day, nearly every day for the past two weeks?	No	Yes
2. In the past two weeks, have you been less interested in most things or less able to enjoy the things you used to enjoy most of the time?	No	Yes
3. Have you lost sleep, how or depressed most of the time for the last two weeks?	No	Yes
4. In the past month, did you think that you would be better off dead or wish you were dead?	No	Yes
5. Have you ever had a period of time when you were feeling up, hyper or so full of energy or full of yourself that you got into trouble or that other people thought you were not your usual self? (Do not consider times when you were intoxicated on drugs or alcohol)	No	Yes
6. Have you ever been so irritable, grumpy or annoyed for several days, that you had arguments, verbal or physical fights, or shouted at people outside your family? Have you or others noticed that you have been more irritable or overreacted, compared to other people, even when you thought you were right to act this way?	No	Yes
7. Note: this question is in 2 parts. a) Have you had one or more occasions when you felt intensely anxious, frightened, uncomfortable or uneasy even when most people would not feel that way? <input type="checkbox"/> YES <input type="checkbox"/> NO b) If yes, did these intense feelings get to be their worst within 10 minutes? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>Interpretation: If the answer to 7(a) is YES and to 7(b) is YES, tick the question YES. If the answer to either or both is NO, tick the question NO.</small>	No	Yes
8. Do you feel anxious or uneasy in places or situations where you might have the panic-like symptoms we just spoke about? Or do you feel anxious or uneasy in situations where help might not be available or escape might be difficult? Examples include: being in a crowd, standing in a line, being alone away from home or alone at home, crossing a bridge, travelling on a bus, train or car.	No	Yes
9. Have you worried excessively or been anxious about several things over the past 6 months? <small>Interpretation: If YES to question 5, answer NO to question 10 and proceed to question 11. If answer NO to question 5, answer YES to question 10 and proceed to question 11.</small>	No	Yes
10. Are there worries present most days?	No	Yes

FOR STAFF ONLY

Clinician name: Position: Signature: Date:

FOR STAFF ONLY

U# Number:
Surname:
Given name:
Date of birth:
Please fill in to save website

11. In the past month, were you afraid or embarrassed when others were watching you, or when you were the focus of attention? Were you afraid of being humiliated? Examples include: speaking in public; eating in public or with others; writing while someone watches; being in social situations.	No	Yes
12. In the past month, have you been bothered by thoughts, impulses, or images that you couldn't get rid of that were unwanted, distressing, inappropriate, intrusive or disturbing? Examples include: Were you afraid that you would act on some impulse that would be really shocking? Did you worry a lot about being dirty, contaminated or having germs? Did you worry a lot about contaminating others, or that you would harm someone even though you didn't want to? Did you have any fears or superstitions that you would be responsible for things going wrong? Were you obsessed with sexual thoughts, images or impulses? Did you hear or collect lots of things? Did you have religious or spiritual obsessions?	No	Yes
13. In the past month, did you do something repeatedly without being able to resist doing it? Examples include: washing or cleaning excessively; counting or checking things over and over; repeating, collecting, or arranging; other superstitious rituals.	No	Yes
14. Have you ever experienced or witnessed or had to deal with an extremely traumatic event that included actual or threatened death or serious injury to you or someone else? Examples include: serious accidents; sexual or physical assault; terrorist attack; being held hostage; kidnapping; fire; discovering a body; sudden death of someone close to you; war; natural disaster.	No	Yes
15. Have you re-experienced the awful event in a distressing way in the past month? Examples include: dreams; intense recollections; flashbacks; physical reactions.	No	Yes
16. Have you ever believed that people were spying on you, or that someone was plotting against you, or trying to hurt you?	No	Yes
17. Have you ever believed that someone was reading your mind or could hear your thoughts, or that you could actually read someone's mind or hear what another person was thinking?	No	Yes
18. Have you ever believed that someone or some force outside of yourself put thoughts in your mind that were not your own, or made you act in a way that was not your usual self? Or, have you ever felt that you were possessed?	No	Yes
19. Have you ever believed that you were being sent special messages through the TV, radio, or newspaper? Did you believe that someone you did not personally know was particularly interested in you?	No	Yes
20. Have your relatives or friends ever considered any of your beliefs strange or unusual?	No	Yes
21. Have you ever heard things other people couldn't hear, such as voices?	No	Yes
22. Have you ever had visions when you were awake or have you ever seen things other people couldn't see?	No	Yes

TOTAL YES RESPONSES
Likelihood of mental illness
Score of 0-5 = low
Score of 6-8 = moderate
Score of 9-12 = high

FOR STAFF ONLY

Clinician name: Position: Signature: Date:

Screening & Assessment

OPTIONAL MODULE 4:
PSYCHECK

FOR STAFF ONLY

U# Number:
Surname:
Given name:
Date of birth:
Please fill in to save website

SELF REPORTING QUESTIONNAIRE
(CLIENT OR GUARDIAN TO COMPLETE)
The PsychCheck Screening Test is designed to be used in conjunction with the PsychCheck Clinical Treatment Guidelines.
1. Please tick the "Yes" box if you have had this symptom in the last 30 days.
2. Tick back over the questions you have ticked. For every one you answered "Yes", please put a tick in the circle if you had that problem at a time when you were NOT using alcohol or other drugs.

1. Do you often have headaches?	No	Yes	
2. Is your appetite poor?	No	Yes	
3. Do you sleep badly?	No	Yes	
4. Are you easily frightened?	No	Yes	
5. Do your hands shake?	No	Yes	
6. Do you feel nervous?	No	Yes	
7. Is your digestion poor?	No	Yes	
8. Do you have trouble thinking clearly?	No	Yes	
9. Do you feel unhappy?	No	Yes	
10. Do you cry more than usual?	No	Yes	
11. Do you find it difficult to enjoy your daily activities?	No	Yes	
12. Do you find it difficult to make decisions?	No	Yes	
13. Is your daily work suffering?	No	Yes	
14. Are you unable to play a useful part in life?	No	Yes	
15. Have you lost interest in things?	No	Yes	
16. Do you feel that you are a worthless person?	No	Yes	
17. Has the thought of ending your life been on your mind?	No	Yes	
18. Do you feel tired all the time?	No	Yes	
19. Do you have uncomfortable feelings in the stomach?	No	Yes	
20. Are you easily tired?	No	Yes	

Total score (add circles only):

FOR STAFF ONLY

Clinician name: Position: Signature: Date:

PsychCheck

FOR STAFF ONLY

U# Number:
Surname:
Given name:
Date of birth:
Please fill in to save website

INTERPRETATION SCORE

Score of 0* No symptoms of depression, anxiety and/or somatic complaints indicated at this time.
Action: No screen using the PsychCheck Screening Test after 4 weeks if indicated by prior mental health questions or other information. Otherwise monitor as required.

Score of 1-4** Some symptoms of depression, anxiety and/or somatic complaints indicated at this time.
Action: Use the first session of the PsychCheck Information and screen again in 4 weeks.

Score of 5-6** Considerable symptoms of depression, anxiety and/or somatic complaints indicated at this time.
Action: Offer Sessions 1-4 of the PsychCheck Intervention.

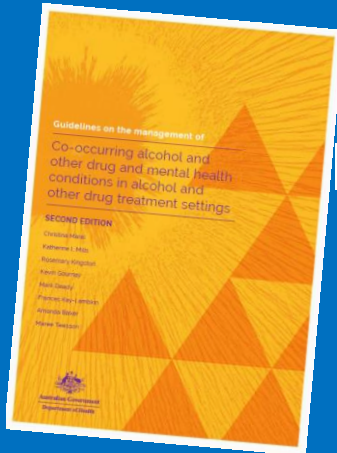
No screen using the PsychCheck Screening Test at the conclusion of four sessions.
If no improvement in scores evident after re-screening, consider referral.

* Regardless of the client's total score on the SHC, consider intervention or referral if in significant distress.

FOR STAFF ONLY

Clinician name: Position: Signature: Date:

Screening & Assessment



The Primary Care PTSD Screen (PC-PTSD)

The **Primary Care PTSD Screen (PC-PTSD)** [326] is a very brief 4-item screen designed for use in primary care and other medical settings to screen for PTSD [326]. The screen includes an introductory sentence to cue respondents to traumatic events; however, it does not include a list of potentially traumatic events. Among patients with AOD use disorders, a score of three or above has been shown to indicate the presence of PTSD [327]. Among people with AOD use disorders, the PC-PTSD has been shown to be a reliable and valid measure to use when screening for PTSD [327, 328]. This scale is included in Appendix M.

Trauma Screening Questionnaire (TSQ)

The **Trauma Screening Questionnaire (TSQ)** [329] is a 30-item screening tool for PTSD which has shown promising results in preliminary investigations. Respondents endorsing at least six items should be assessed for the presence of PTSD [329]. The TSQ has been shown to be superior to a range of other PTSD screening measures [320]. At present, the TSQ has not been validated among individuals with AOD use disorders. The scale is included in Appendix N.

The Psychosis Screener (PS)

The **Psychosis Screener (PS)** [321] is an interview-style questionnaire rather than self-report and is therefore administered by the AOD worker (Appendix O). It uses elements of the Composite International Diagnostic Interview (CIDI) to assess the presence of characteristic psychotic symptoms. The PS has been shown to have a moderate ability to discriminate between those who meet diagnostic criteria for psychotic disorders and those who do not in community and prison samples [321, 322]. The PS consists of seven items; the first six items cover the following features of psychotic disorders: delusions of control, thought interference and passivity, delusions of reference or persecution, and grandiose delusions. The final item records whether a respondent has ever received a diagnosis of schizophrenia.

The Indigenous Risk Impact Screen (IRIS)

The **Indigenous Risk Impact Screen (IRIS)** [323] was developed by an expert group of Indigenous and non-Indigenous researchers in Queensland to assist with the early identification of AOD problems and mental health risks. This screen has been shown to be reliable, simple, and effective [324]. It has also been

Adult ADHD Self-Report Scale (ASRS)

The World Health Organisation developed the **Adult ADHD Self-Report Scale (ASRS)** [325] for assessing symptoms of ADHD in adults. The full version of the scale contains 18 items, but the short screener version contains 6 items and has been shown to outperform the original 18-item scale [326]. The 6-point scale involves respondents assessing the frequency of ADHD symptoms over the past six months, on a 5-item scale ranging from 'never' to 'very often'. The 6-item screener has been validated for use in AOD populations [327], demonstrating that it is an appropriately sensitive tool for screening for the presence of ADHD in this population group. The ASRS is included in Appendix Q.

The Eating Disorder Examination (EDE) and Questionnaire (EDE-Q)

The **Eating Disorder Examination (EDE)** [328] is a diagnostic interview, which has been modified to reflect current DSM-5 diagnoses. The **EDE-Q** is the questionnaire form of the EDE, and both are considered the 'gold standard' measures of ED psychopathology [329, 330]. As an interview, the EDE is designed to be administered by a clinician, and the developers recommend clinician training to ensure all concepts being

Integrated Support & Treatment



Victorian definition:

May be provided by a clinician who **treats both the client's substance use & mental health problems.**

*Best practice
in many
situations*

- Integrated treatment **can also occur** when clinicians from separate agencies agree on an **individual treatment plan addressing both disorders** and then provide treatment.
- Needs to **continue after any acute intervention** by way of **formal interaction** and co-operation between agencies in reassessing and treating the client.

No Wrong Door



- Every door in the healthcare delivery system the right door.
- *When clients appear at a facility not qualified to provide some type of needed service, those clients are welcomed and carefully guided to appropriate, cooperating facilities, with follow-up by staff to ensure that clients receive proper care.*
- What works in engaging Clinical MH services?

No Wrong Door



Effective practices


- Joint ISP's
- Case conferencing
- Secondary consultation

1:1 Relationships Critical - Maximise formal & informal contacts b/t workers, sectors:

- Orientation procedures
- Joint education
- Bus trips
- Randomised Coffee Trials
- Secondary consultation policies

Other Resources


Resources: Dual Diagnosis



dual diagnosis and other complex needs

Search

HomeAbout Dual DiagnosisPublicationsCapability ToolsClinical GuidelinesPoliciesContacts



Home


Welcome to Dual Diagnosis Australia & New Zealand


This website offers information and resources for people with an interest in dual diagnosis and other complex needs.

Featured Resources and Initiatives

Latest Tweets

Tweets by @dual_dx_ANZ

 DualDiagnosisANZ Retweeted

 David Caldwell

@ACTIVOSProject


"Reflection rates in young children are a lower than the population average level"

Nexus

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Located at St Vincent's hospital, NEXUS is a component of the Victorian Dual Diagnosis Initiative (VDI). Our role is to enhance dual diagnosis capability across the AOD (Alcohol and Other Drug) and MH (Mental Health) sectors. Nexus supports integrated AOD and MH treatment through service development, education and clinical leadership. NEXUS is not a direct clinical service provider.


News



News and Events

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Our services



The Nexus model, services, catchment and service area.

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Our team




Team contacts

Read more >


Resources



Training



Tuesdays with Nexus

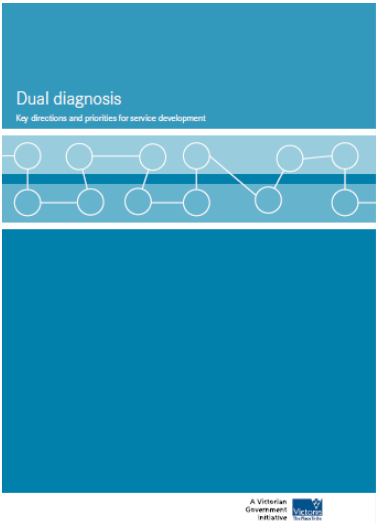
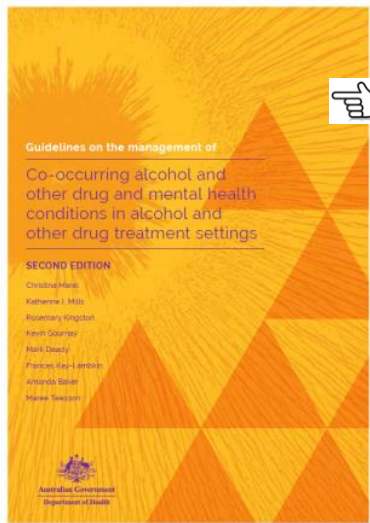


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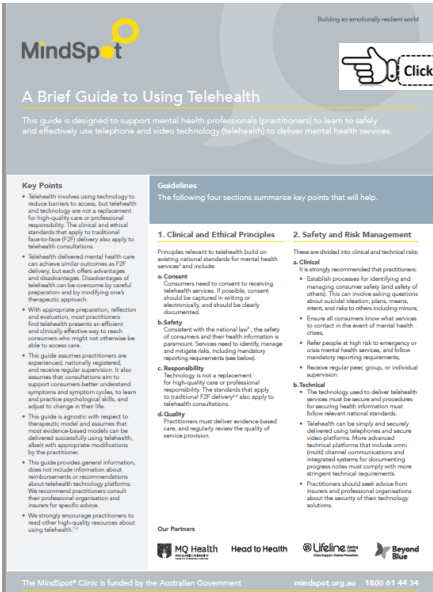
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Resources: Dual Diagnosis



Resources: Telehealth



Clinician Information

Telehealth: Readiness assessment

This readiness assessment is designed to consider the key features that enable the successful implementation of telehealth.






Your service may not yet meet all of these requirements, but this shouldn't be a deterrent for using telehealth. This readiness assessment should help guide your approach to improve telehealth services offered.

This tool can be completed at any stage of telehealth implementation, both during initial set-up to identify key areas for inclusion, and once services are established to identify areas for improvement.

For further information, please refer to [ACI Telehealth in Practice guide](#).

Checklist	Yes	No	Comments
Considerations for the IRFIS			
The service has identified opportunities and a need for telehealth to support IRFIS service provision	<input type="checkbox"/>	<input type="checkbox"/>	
The service has engaged with the Telehealth Manager/Lead regarding implementing telehealth, including: <ul style="list-style-type: none">Identifying the appropriate modalities and telehealth equipment and technology (as per L143 recommendations). Modalities may include:<ul style="list-style-type: none">telephonevideo conferenceremote monitoringstore and forwardensuring local policies, procedures and requirements are met with regard to telehealth	<input type="checkbox"/>	<input type="checkbox"/>	
The service is correctly set up for telehealth both on-site and at the patient site including: <ul style="list-style-type: none">an agreed telehealth modelappropriate facilities (e.g. private and quiet location, lighting)telehealth equipment in a convenient location for use in patient careas a minimum technology requirement, a portable camera is available for patient consultations	<input type="checkbox"/>	<input type="checkbox"/>	
The service has considered standardised data capture including a standardised and consistent method of: <ul style="list-style-type: none">capturing consultation notes for patients medical records at both ends of telehealth consultationscapturing accession of service/activity at both ends of telehealth consultations	<input type="checkbox"/>	<input type="checkbox"/>	

Resources: e-Mental Health



Managing Your Mental Health Online During COVID-19

COVID-19 has brought rapid changes to our daily life, together with uncertainty and dramatic news headlines. Some people may be feeling worried or depressed at the moment, especially if they already have some mental health problems.

There are many services that can help without leaving home. During this crisis, Australians can use Medicare to talk to health practitioners about mental health.

There are also other ways to get help on a phone, computer or tablet. These include crisis and counselling services, and mental health treatments that have been converted into web programs or apps. Some services link users to a practitioner who acts as a coach or guide and tracks their progress as they use a web program. Others—"self-guided" ones—are for people who prefer to work on their own. Most of these programs and services are free. We have listed them below.

A great thing about these services is that most are available over extended hours. Crisis services, programs and apps can be used at any time. And they are not just for people with mental health diagnoses—they are for anyone who is facing some problems.

Head to Health

A good place to start looking is the Australian Government's digital mental health gateway.

Head to Health

Head to Health is the Australian Government's searchable portal that brings together information, apps, online programs, webinars, and phone services from Australian mental health providers.

Whether you're looking for mental health information for yourself or someone else, or just wanting to know how to maintain your self-care and wellbeing, Head to Health is the place to start.

MindSpot

Australia's free national online mental health clinic. Assessment and treatment that is supported by psychologists.

MindSpot

MindSpot is the Australian Government's free online mental health clinic for Australian adults who are experiencing difficulties with anxiety, stress, depression and low mood.

MindSpot provides assessment and treatment courses, or they can help you find local services that can help.

Ph: 1800 01 46 46

Beyond Blue

Coronavirus mental health wellbeing support service. Supporting you through the coronavirus pandemic.

Beyond Blue

A key initiative of the Australian Government's Coronavirus mental health support package is a dedicated Coronavirus mental health support package provided by Beyond Blue, to provide the information, advice and strategies prepared to help people manage their mental wellbeing and support.

Some other services are on the next page.

*DISCLAIMER

We are not responsible for any loss or damage to your data or information that may occur as a result of using our services. We are not responsible for any loss or damage to your data or information that may occur as a result of using our services. We are not responsible for any loss or damage to your data or information that may occur as a result of using our services.


www.emhprac.org.au

Head to Health

SEARCHCHATBOTSAVEDI need help now!

AboutCOVID-19 SupportMeaningful lifeMental health difficultiesSupporting yourselfSupporting someone elseService providersHealth professionals resources

Feeling impacted by the recent bushfire crisis? Search for resources




Click Here

Resources: Self care

Pandemic Kindness Movement

Spreading only kindness

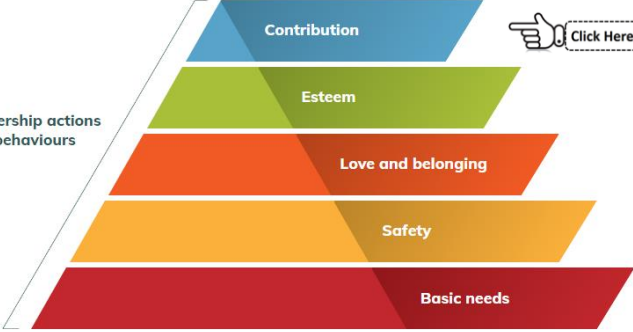


The Pandemic Kindness Movement was created by clinicians across Australia, working together to support all health workers during the COVID-19 pandemic. We have curated, respected, evidence-informed resources and links to valuable services to support wellbeing of the health workforce.

Health worker wellbeing

Leadership actions and behaviours

Connecting health workers and communities



Click Here

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www.dualdiagnosis.org.au



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