Dual Diagnosis Consultation Service

Practical Integrated Treatment Tools made in Victoria

Acknowledgement of Country

Nexus acknowledges the traditional owners of the land, the Wurundjeri people of the Kulin Nations, on whose unceded lands our work in the community takes place. We respectfully acknowledge their Ancestors and Elders past, present and emerging.

Nexus

 Funded by DoH to build capacity of AOD and MH to respond to dual diagnosis (co occurring MH and AOD)

We have been working on integrated treatment for many, many years

 We have developed and tested workforce tools for staff in AOD and MH service

• I will discuss 3 of these tools today

Here's some examples of our work...

Victorian Dual Diagnosis Initiative

Capacity Building

Implementation

Change Management

Cross Sector Networks

NEDDY (North East Dual Diagnosis Youth network)

Yarra Mental Health Alliance

Boroondara Mental Health Alliance

North East Mental Health Service Coordinating Alliance

(NEMHSCA)

Yarra Drug and Health Forum (YDHF)

Building Up Dual Diagnosis in Youth Services (BUDDYS)

Building Up Dual Diagnosis in Aged Services (BUDDHAS)

Trauma Training

Dual Diagnosis Practice Tools

Reasons for Use Package (RFUP)

Carers Can Ask (CCA)

Before During After Harm Reduction Tool (BDA)

Dual Diagnosis Capability Audits

Dual Diagnosis Foundation Training

SAPP and SNAPP

Tuesdays with Nexus

The Panel with Nexus

Reflective Practice

Primary, secondary & tertiary consultations

Journal Articles

Develop Resources

Lived Experience - Straight Up

Identify Opportunities

Create Cross Sector Links

Support Service Delivery

Research

Advocate to Government

Support of CMHL

Nursing Graduates Training

Student Placement

Cross Sector Case Reviews

DD Information

Training & Consultation

Intersectorial Collaboration

Conferences & Events

MHCSS, MH & AOD

Motivational Interviewing

Policy & Procedure Advice

Mentoring

Sharing Relevant Articles

Reputation Counts

 Nexus have worked with many stakeholders (MH, MHCSS & AOD), for over 20 years and have an established reputation providing training, consultation, networks, reflective practice etc

• The tools we have made were <u>designed and tested</u> here, in Victoria, to fit the current service system. Tested in workplaces <u>NOT</u> a lab!

What the Evidence Says about implementation

• "Although training is widely assumed to be a key strategy in promoting implementation, its impact on fidelity is at best uncertain, and training at the expense of other implementation activities appears to be counterproductive" (Torrey et al 2012)

• Evidence based tools and practices need to be acceptable, practicable, and cost-effective (Powell, Proctor and Glass 2014).

Mental Health and Wellbeing Bill 2022

Principle 22 Health needs

"The medical and other health needs of people living with <u>mental</u> <u>illness or psychological distress</u> are to be identified and responded to, including any medical or health needs that are related to the use of <u>alcohol or other drugs</u>. In doing so, the <u>ways in which a person's physical and mental health needs may intersect should be considered</u>".

Why Use Tools/Why not use them?

 Tools, properly implemented, are a doorway to improved practice (in multiple domains). Each tool (RFUP, BDA and CCA) has an implementation focus

 The tools we have developed are based on supported decision making and are consumer and carer centred

Simple tools for complex conversations!

Reasons for Use Package (RFUP)

• A resource that facilitates therapeutic conversations with consumers to explore issues relating to the interaction between their mental health and alcohol and/or other drug use.

Been in use since 2012 by YRR, PARC, CCU, AOD, Counsellors etc etc

Staff Comments RFUP

 "The RFUP increased insight for me, the consumer and for our workplace"

"Simple, meaningful and related to work practice"

"Great way to build dual diagnosis into core practice"

The Before During After harm reduction tool (BDA)

 The BDA is a user friendly harm reduction treatment planning tool

The BDA has been extensively used at CCU, CYMHS,
 PARC and Youth Residential MH Services

Staff Comments BDA

"...this is such a practical and easy to use tool ..."

"The response from consumers, when using BDA & HR focus was more engaging, with consumers readily talking about their use, and it promoted empowerment, with consumers feeling more in control of decisions about their life"

Carers Can Ask (CCA)

- The CCA was co designed to assist carers to have an informed conversation with a service about treatment, discharge planning and post discharge support.
- The resource provides questions that may assist carers to find out about treatment and discharge planning.
- This resource is also assists services to understand the information needs of carers and to encourage carer engagement in treatment and discharge planning.

Carer Comments CCA

 "The resource provides many ideas to think about especially when carers can be distraught."

"Useful and practical and empowering."

Summary

These tools work!

 They are evidence based and tested in real world settings

Practical and cost effective

 Provide a more consistent response that is measurable and can be developed through QI processes

Relevant Link

• https://www.svhm.org.au/our-services/departments-and-services/n/nexus/resources

Contact: nexus@svha.org.au

Articles

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- Kroes, S., Myers, K., McLoughlan, G., O'Connor, S., Keily, E. and Petrakis, M., 2022. Coproduction in evaluating a dual diagnosis tool with youth in a residential mental health service. Advances in Dual Diagnosis, (ahead-of-print). Read the article: https://www.emerald.com/insight/content/doi/10.1108/ADD-06-2022-0017/full/html
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Thank You & Questions?

References

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- Powell, B.J., Proctor, E.K. and Glass, J.E., 2014. A systematic review of strategies for implementing empirically supported mental health interventions. Research on social work practice, 24(2), pp.192-212.



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