

Rural and Regional

Chair | Craig Harvey, Salvation Army

1. Exploring the need for an academic regional and rural addictions network (ARRAN)
2. The Hub: a walk-in solution for timely intervention and harm minimization in AOD services
3. Implementing an integrated model for mental health and AOD treatment

STEP *THRU* CARE

Regional Care Partnerships - Mental Health and AOD

Implementing an integrated model
for mental health and AOD
treatment

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The funding is structured to deliver the Service Model in partnerships with expertise in Mental Health and AOD support

Priority Populations

- People on low income (hold a healthcare or other concession card)
- People living in rural and remote communities who don't have access to other appropriate services
- People experiencing short-term displacement or homelessness
- People who identify as LGBTQIA+
- Aboriginal and/or Torres Strait Island people
- People in areas impacted by natural disaster, e.g., drought
- People from multicultural backgrounds
- Children under the age of 12 years
- People experiencing prenatal depression
- People with an intellectual disability who are experiencing AOD and/or mental health issues who encounter barriers when accessing care
- People experiencing or at risk of domestic violence
- Young people who don't have access to other appropriate services such as headspace

WVPHN Catchment



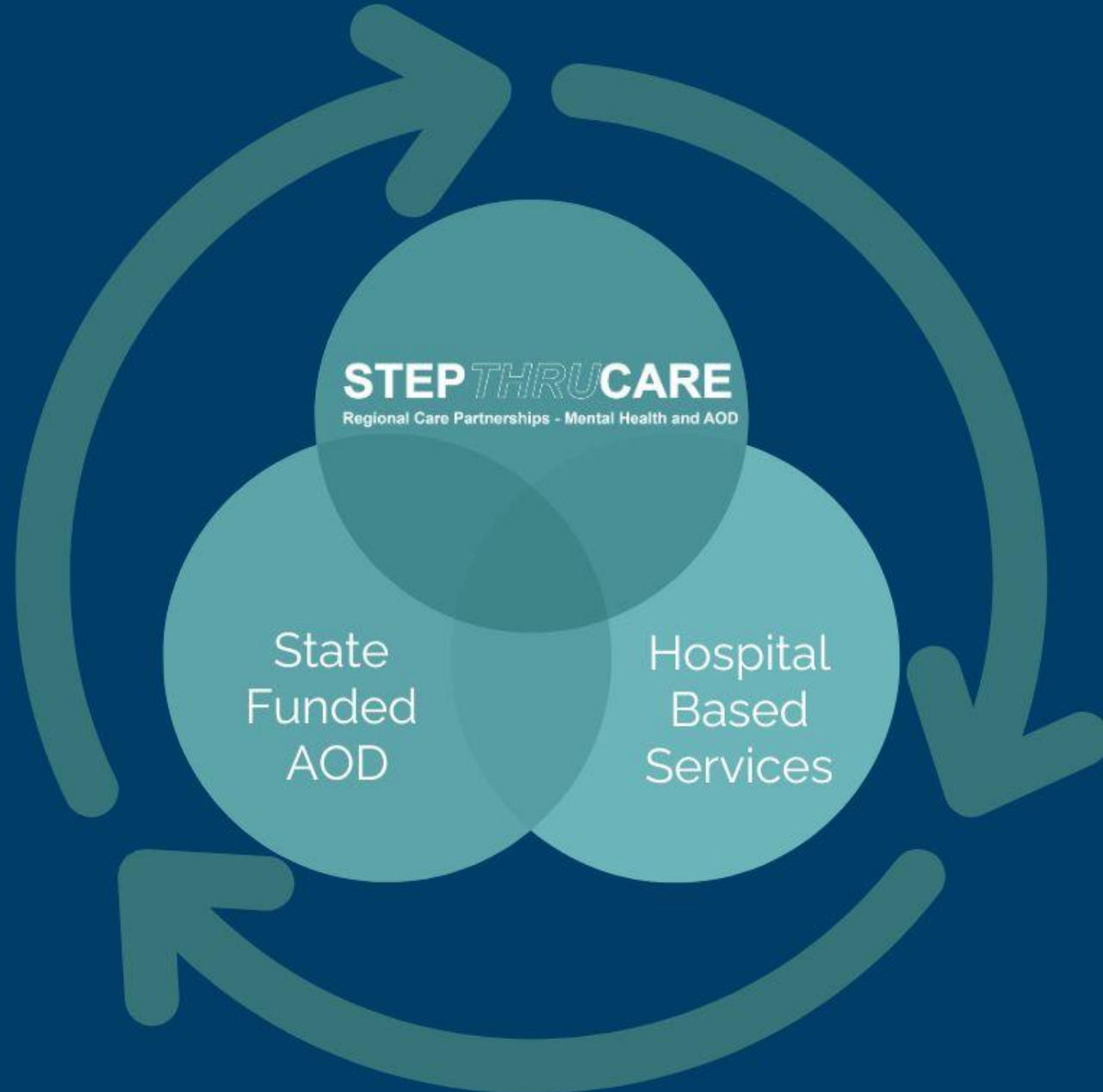
Referral and Assessment



Step Thru Care Journey Map



Integration with State Funded AOD Services



Multidisciplinary Workforce

Psychologists – Providing evidence-based therapy and treatment for complex cases

Peer Workers – Bringing their lived experience of living with mental health and/or AOD challenges

AOD Workers – specialists in AOD treatment and support

Nurses – providing medical care, medication management and health monitoring

Mental Health Social Workers – Offering psychosocial support and coordinating care for consumers

Dual Diagnosis Clinicians – skilled in the delivery of both Mental health and AOD support needs



Upskilling for a Dual Diagnosis Workforce

Providers have developed training plans to upskill their workforce including:

- AOD Skill Set (Odyssey House Victoria)
- AOD Essentials for Mental Health workers (360 Edge)
- Various Trauma informed practice trainings (Blue Knot and 360 Edge)
- ASSIST (Applied Suicide Intervention Skills Training)
- EMDR (Eye movement desensitization and reprocessing) Training
- DBT (Dialectic behavior training)





Partnership Development

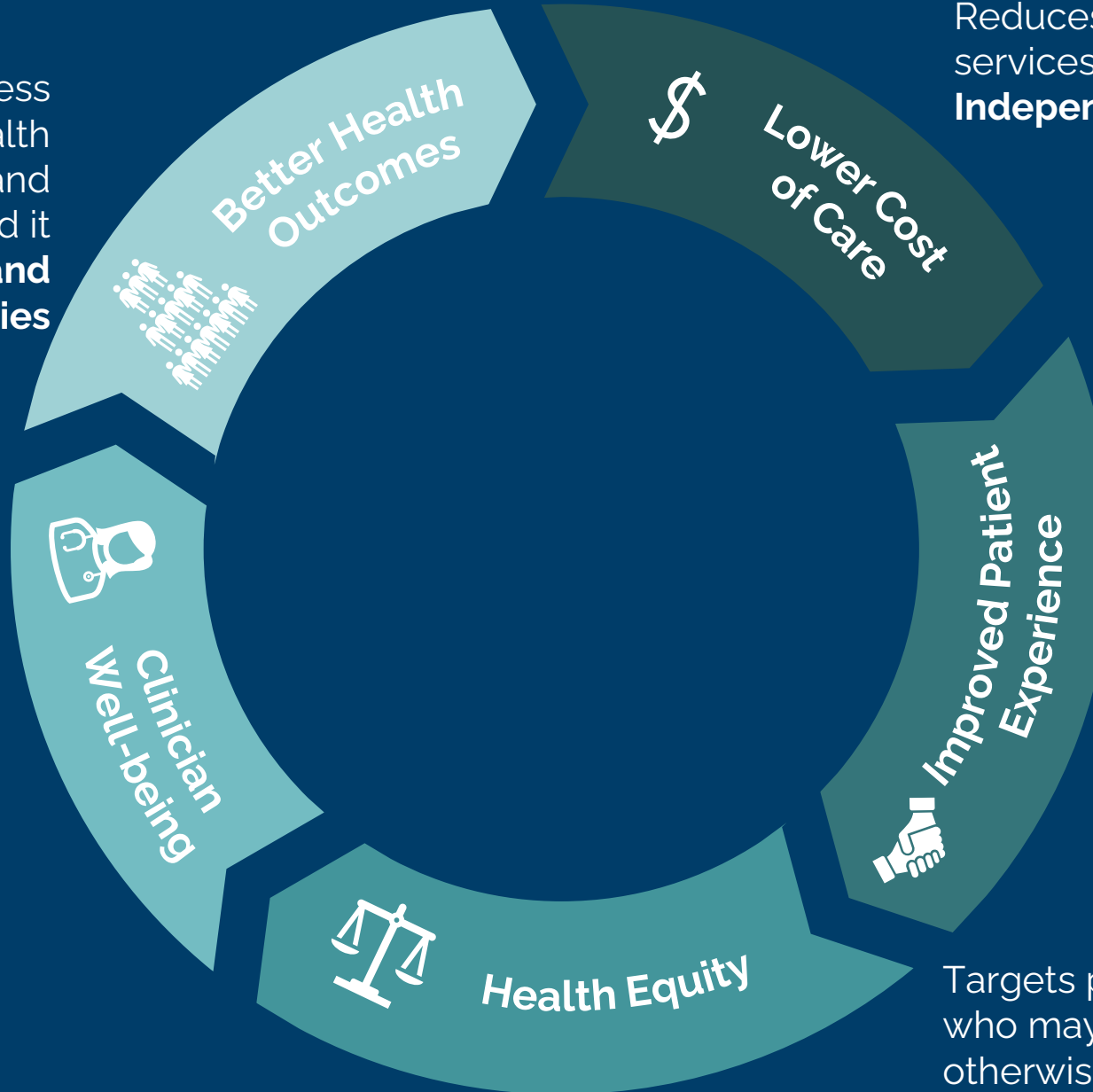
A new way of working presented both challenges and opportunities:

- Partnership governance
- Clinical governance and oversight
- Data governance and information sharing
- Intake, assessment and allocation procedures
- Development of partnership workforce models
- Opportunities for shared learning
- Opportunities for collaborative practice between MH and AOD workforce
- New data reporting systems

Outcomes Focused Care

Enables consumers to access the right blend of mental health and AOD support when and where they need it
K10/K5, AUDIT, DUDIT and consumer stories

Upskilling a dual diagnosis workforce to better meet consumer needs
Provider satisfaction surveys



Reduces the need to access multiple services and multiple intakes
Independent evaluation

Easier access to services through streamlined intake, less need to retell their story to access service
YES Survey

Targets priority population who may be unable to otherwise access services
Independent evaluation

Demonstrating Impact – By the Numbers

23083

Occasions of service delivered

885

Unique AOD Clients

330

AOD clients also received MH support

3361

Total mental health clients

Demonstrating Impact - Consumer Story

42-year-old male, diagnosis of bipolar with extensive history of admission into acute MH services and binge drinking during episodes of mania.

Has been attending weekly sessions with clinician to address concerns around management of mania/depressive periods, along with alcohol use.

Weekly sessions have been focused on safety planning for these episodes and adaptation of regular routine to effectively manage this cyclic pattern (every 5-6 weeks).

Strategies discussed with client around urge surfing and identification of triggers in relation to alcohol which has resulted in client having a reduction in amount of alcohol consumed and periods where cravings are effectively managed.

Client is more confident in their ability to manage these episodes associated with bipolar and has a strong commitment to attending weekly sessions.

Client has not needed to access acute MH services recently and case management work is being undertaken with the client to link in with a psychiatrist for medication review.



Demonstrating Impact - Consumer Story

A young client self-referred to Step Thru Care for relapse prevention and mental health support. They reported ongoing decline in mental health during Covid, dropped out of university, isolated from family and their occasional substance use in social settings increased to regular substance use on their own, which led them to experience of drug induced psychosis.

The client's initial goal was to gain confidence accessing support services, improve mental health, develop relapse prevention strategies and explore employment and education opportunities.

During the support period the client relapsed due to feelings of loneliness and was supported to attend detoxification and rehabilitation.

Following successful completion of rehabilitation, the consumer is looking to engage in a Cert IV In AOD with a goal of becoming a Peer Worker for Youth Mental Health and AOD



Questions?



Step Thru Care