

Access and Equity

Chair | Dom Ennis, YSAS

1. A dual diagnosis partnership: filling a gap in psychiatric units
2. Nurse practitioners advancing decentralised Hepatitis C care in opioid treatment
3. Pre and post-natal care experiences of women who inject drugs

A DUAL DIAGNOSIS PARTNERSHIP - FILLING A GAP IN PSYCHIATRIC UNITS

A PARTNERSHIP BETWEEN
ANGLICARE VICTORIA AND
EASTERN HEALTH
PSYCHIATRIC IN-PATIENT
UNITS

20 February 2025



**BETTER
TOMORROWS**

Mental Health and Wellbeing Reform

Recommendation 35

Improving outcomes for people living with mental illness and substance use or addiction

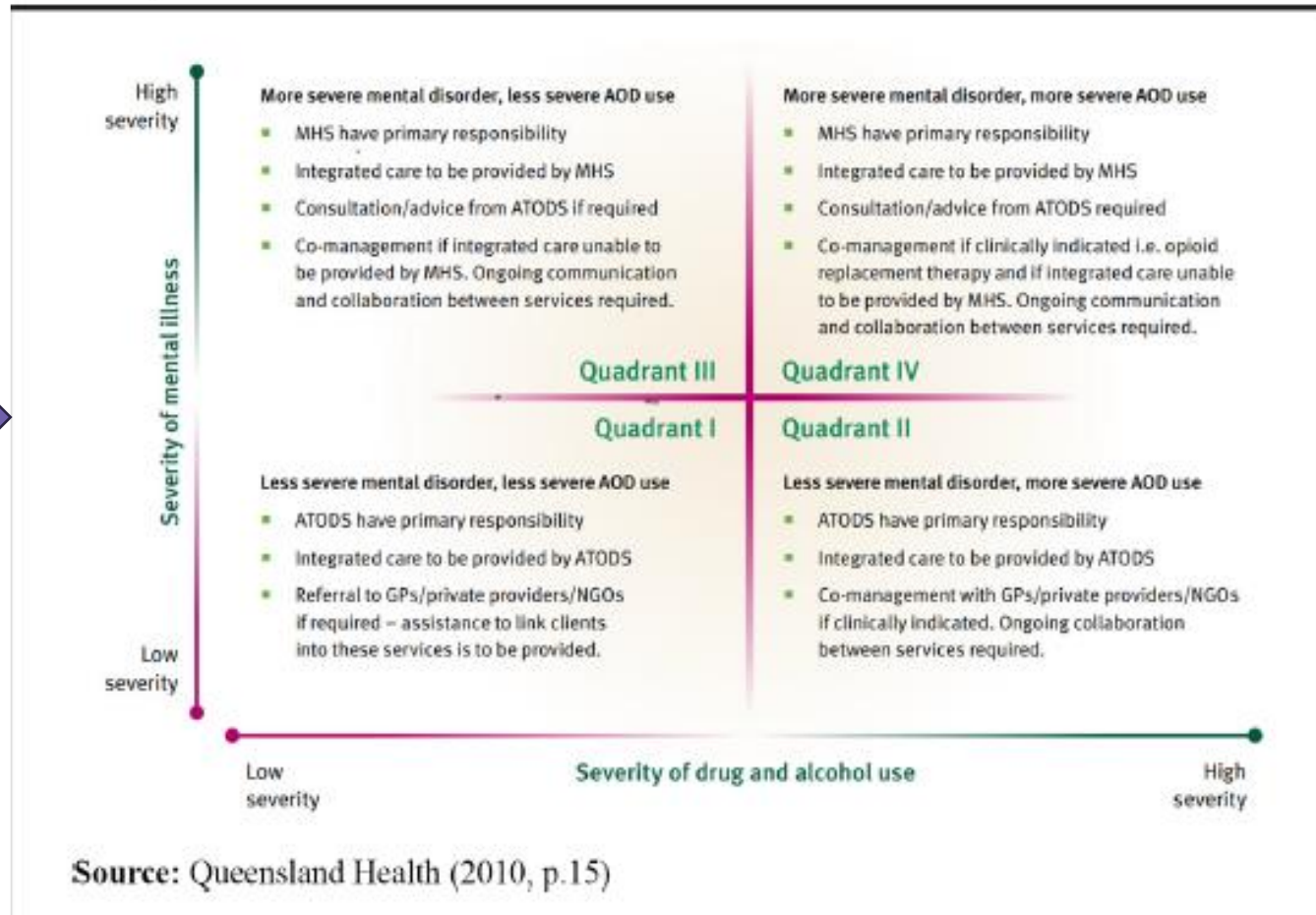
Implementing recommendation 35 will mean that people with co-occurring mental illness and substance use or addiction and their families and supporters have access to integrated treatment, care and support in a variety of settings consistent with their needs, strengths and preferences.

To achieve this, the mental health and wellbeing and the AOD systems will remain distinct but will work more closely together, based on a shared understanding of best practice for integrated treatment, care and support.



MH and AOD Service Settings – Integrated Treatment

Figure 1 Quadrant model



One

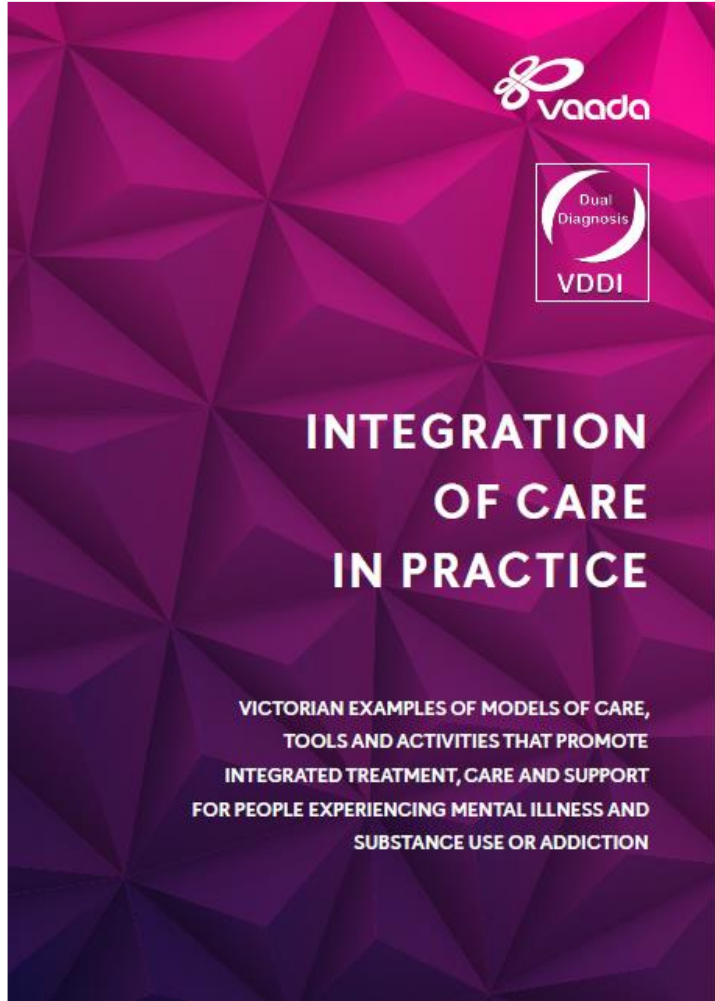
Size

Does not

Fit

All

Integrated Practice Examples - Partnership



Example 2

Eastern Health Mental Health Program and Angicore Victoria Inpatient Psychiatric Unit Dual Diagnosis 'In reach' Model developed in 2016. Also known as Dual Diagnosis Program.

SETTINGS/SAMPLE	<p>The model is now in its 6th year of operation and is well embedded in Adult Inpatient Psychiatric Units and is now being replicated in the Adolescent Inpatient Unit with Youth Substance Advisory Service (YSAS).</p> <p>The Dual Diagnosis (DD) Program is a specialist program, which offers one to one short and long term therapy to individuals experiencing problematic substance who also have a formal diagnosis or self-reported mental health condition. The Dual Diagnosis Program aims to support individuals and their families to address both substance use and mental health simultaneously. Working from a harm reduction and trauma informed model of therapy, the program offers intake and assessment for individuals in the community who have been in-patients at Marondah Inpatient Psychiatric Units 1 & 2 and Upton House. In addition, the program completes comprehensive biopsychosocial assessments and delivers intensive one to one counselling. Working from a step up step down approach the program will also support referrals to additional support programs for case v, primary health, pharmacotherapy and family support.</p>
COMPONENTS	<p>Angicore Alcohol and Drug workers (identified as Dual Diagnosis Counsellors) provide 'in reach' into IPUs to engage with AOD services post discharge. Referrals identified by IPU multidisciplinary teams, and includes:</p> <ul style="list-style-type: none">- Stage appropriate treatment;- Integration of mental health and substance use treatment;- Individual and group modalities;- Provision of brief interventions;- Harm reduction and- Time-unlimited services;- Assertive engagement and support for families/careers.
KEY PHILOSOPHICAL UNDERPINNINGS	<p>Welcoming approach to dual diagnosis supported by interagency collaboration.</p>
INCLUSION, ACCESS AND CAPABILITY	
ASSESSMENT	<p>Measured against 28 day IPU readmission, impact on AOD identification by IPU staff and engagement with AOD services post discharge (Croton and Foster 2018)</p>
OUTCOMES	<p>Early work found the program was associated with increased identification of AOD problems in IPUs (from 6 - 30% improvement within 12 months), increased engagement in alcohol and drug interventions and a halving of 28 day re-admissions in this group as per the benchmark of 14%.</p> <p>Client Outcomes of the comparable KIO data gathered, 70% of clients had an improvement in their KIO scores during the time they were engaged in counselling. This was recorded over the 2020-2022 financial years.</p> <p>Readmission rates for the period Jan - Jun 2022 identified that 84.94% of consumers referred from inpatient units were not readmitted at any time during or at the conclusion of an episode of care after referral and engagement with Angicore Dual Diagnosis services.</p> <p>For the 2020-2022 financial year 87.47% of consumers referred from inpatient units were not readmitted at any time during or at the conclusion of an episode of care after referral and engagement with Angicore Dual Diagnosis services.</p>
EVIDENCE TYPE	<p>Partnership evaluation of 28 day readmission data, referral and follow up with service data.</p>
LEVEL OF EVIDENCE	<p>Moderate</p>
RESOURCES REQUIRED TO DELIVER THIS MODEL	<p>Alcohol and drug counsellors (identified as Dual Diagnosis capability) delivering 'in reach' two sessions a week with capacity to deliver follow up services.</p> <p>Access to reciprocal specialist mental health and alcohol and other drug training.</p>
CONTACT FOR FURTHER INFORMATION	<p>Dual Diagnosis and Service Development Administration EDDS@easternhealth.org.au</p>

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2013- Anglicare Victoria and Eastern Health History and Collaboration



**Eastern Drug and Alcohol
Program
Dual Diagnosis Program**



**Inpatient Services - IPU1 & IPU2 &
Upton House**

2017- Research Expansion – Pilot

2017- Anglicare Victoria and Eastern Health identified the gap in service being addressed through ***In Posting*** in Maroondah IPU 1 &2

But all evidence hadn't been collated or explored in depth



Expansion of the collaboration was desired- expansion to Upton House (Inner East Psychiatric unit) and additional days in both locations was explored



Unfortunately, at that point in time AV only had 1 clinician and contractual requirements limited the scope of ***In Posting*** across 3 wards.

Resourcing Barriers Broken down



Development of a Pilot model



Sourcing short term funding



Identifying appropriate measures for research and data collection



Collaboration with funders for transparency of project objectives

Sep-Dec 2017 –Baseline Data- Pre- Co-location at Upton House

Snapshot Data from September to December 2017 of IPU admissions were collated and it was identified that:



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graph TD; A[Snapshot Data from September to December 2017 of IPU admissions were collated and it was identified that:] --> B[There was 158 admissions for the quarter]; B --> C[Of those 158 people admitted to the IPU's data suggested that 80% presented with co-occurring substance use]; C --> D[Of those 80% of consumers only 13% were referred to an AOD support service prior to discharge];
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Of those 80% of consumers only 13% were referred to an AOD support service prior to discharge

Pilot Objectives



The Pilot aimed to:



Improve staff identification of AOD concerns and have immediate AOD expertise through in posting of AV Dual Diagnosis program



Increase referrals for AOD services



Reduce 28 day re-admissions of consumers/ stay times via offering a “step up step down model” of Dual Diagnosis support

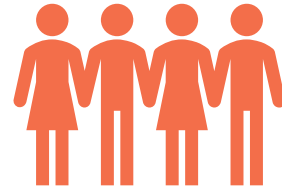


Offering immediate harm reduction strategies and relapse prevention support to individuals to increase probability of engaging in ongoing treatment

Control Vs Experimental



The Control Group was Maroondah IPU 1 & 2 who already had a clinician attending once per week



The Experimental Group was Upton House, where a clinician was to attend two times per week



It was hoped having these differences would allow us to identify and compare if more in-posting resulted in higher rates of referrals and engagement of consumers

The Dual Diagnosis Clinician would provide;

Brief Interventions to DDx consumers

Family Member consultation & referral

Staff consultation

Outcomes- Jan 2017- April 2017 “Pulse Check” Sample data

01

Of the 154 consumers admitted across the 3 IPU's 35% were referred to the Dual Diagnosis In Posting clinician

02

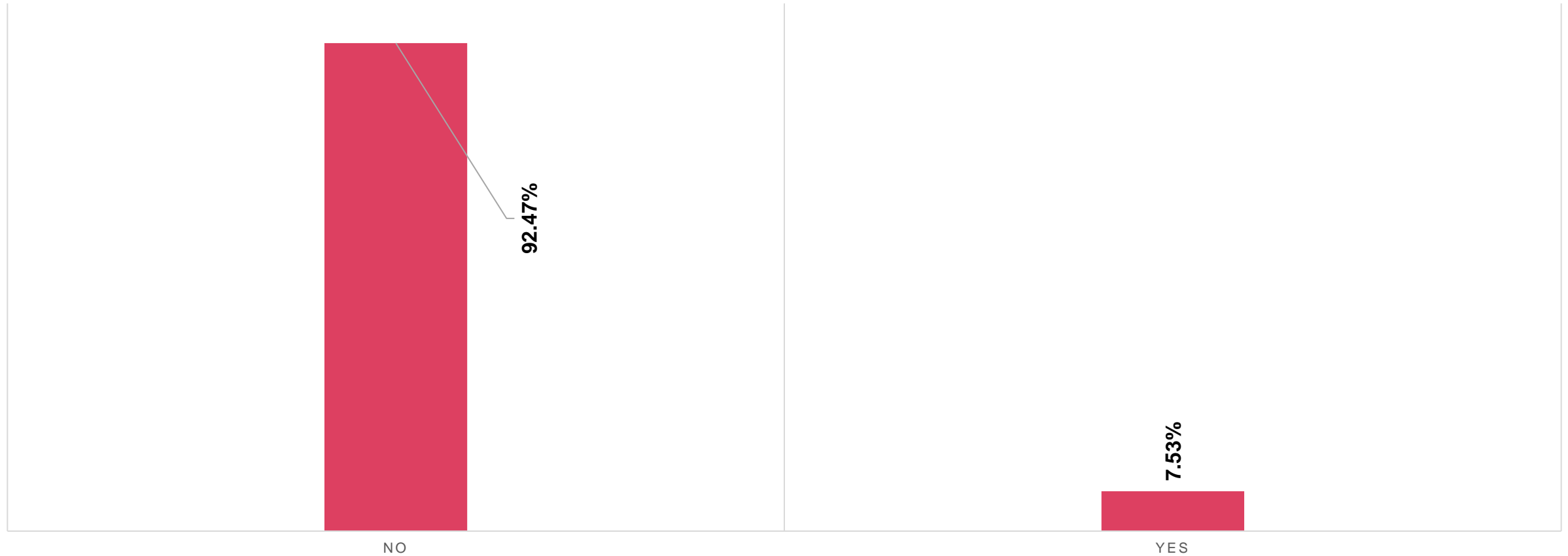
That is an increase of referrals to AOD from 13% to 54%

03

That's in increase of 41% over a 4 month period

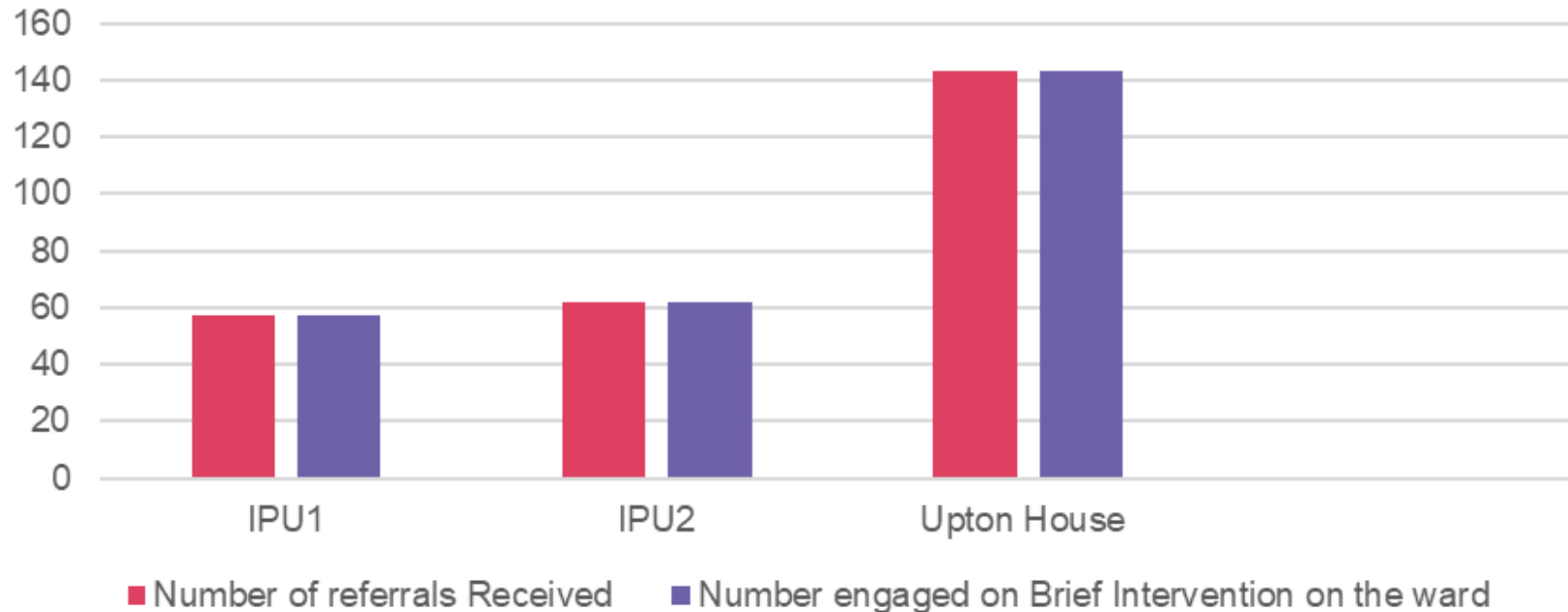
Jan 2017-April 2017 Re-admission rates with 28 days of discharge

RE-ADMISSION RATES OF CONSUMERS POST DISCHARGE DATE JAN 17-APRIL 17



12 Month Data January 2018-January 2019

Number of referrals Received and Engagement of consumers in initial Brief Intervention Jan 2018-Jan 2019



**From January 2018 to January 2019 Eastern Health referred 262 consumers for Brief Intervention support with Anglicare Victoria Dual Diagnosis and Families Pilot Program at Maroondah IPU 1&2 and Upton House.*

Outcome of the Pilot



Whilst the Pilot continued, a report was formulated for the first sample set of data



This was provided to Anglicare Victorias funders in conjunction with their standard reporting



We were lucky enough to be granted one off funds for an additional 0.6 position for 12 months for the 2018-2019 FY

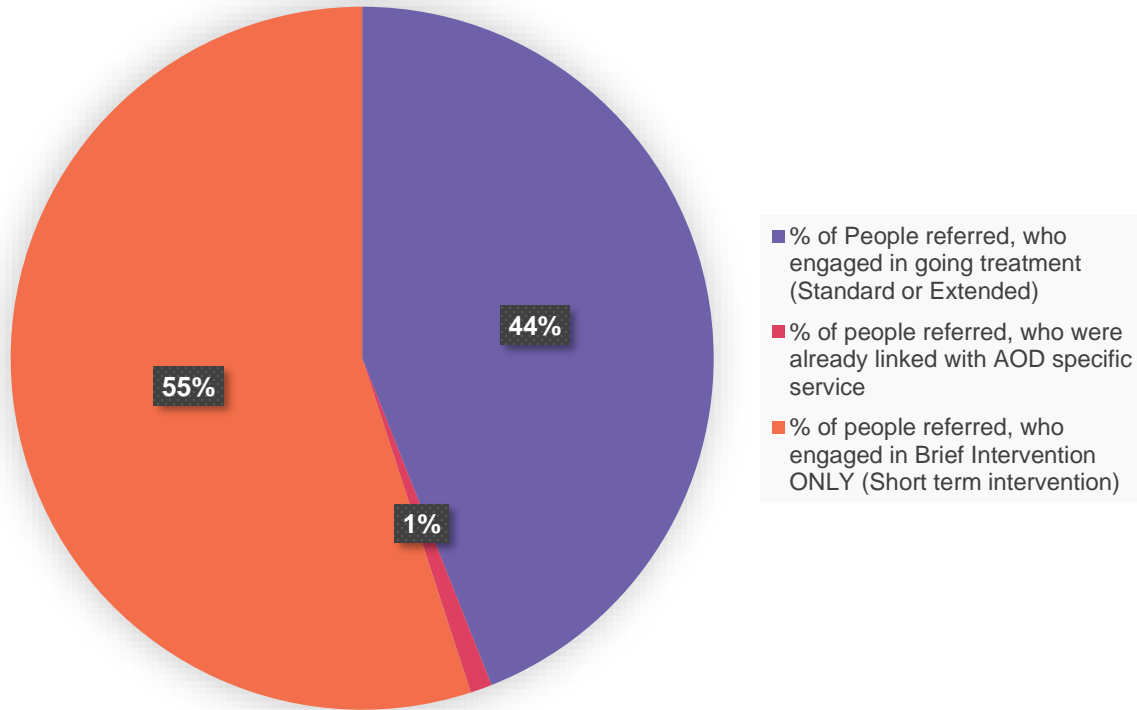


We gathered data for the full 12 months and the outcomes mirrored the initial sample data, with no significant differences identified

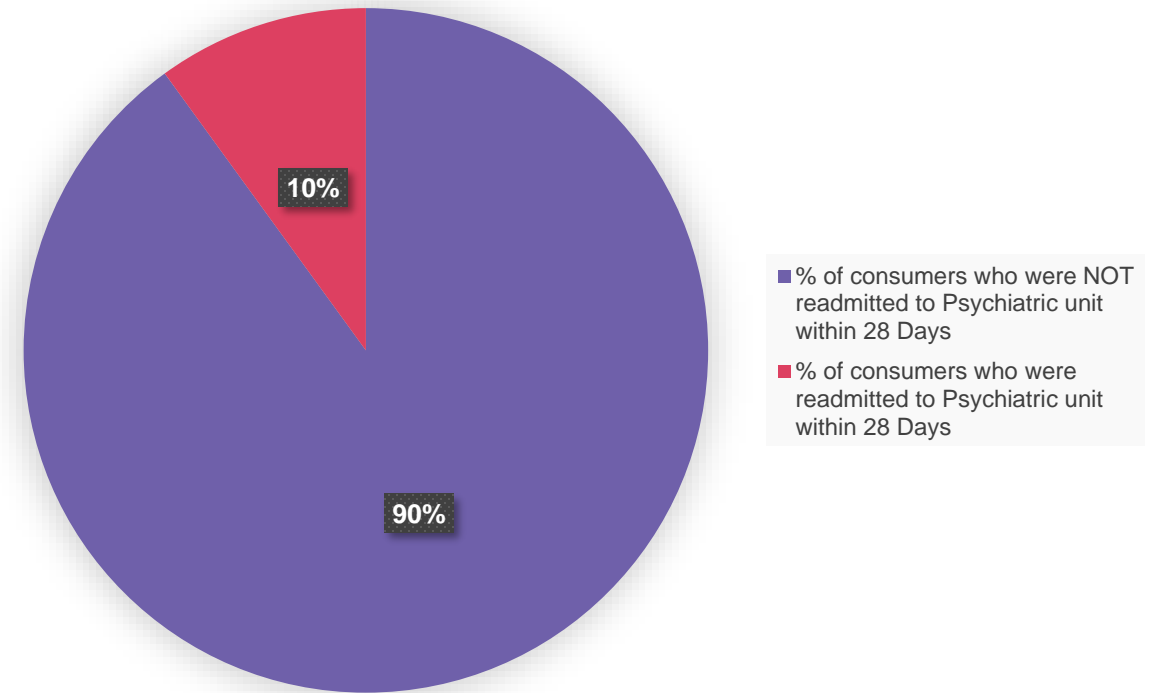
Engagement with DDx Clinician and 28 Day Re admission rates

Engagement

% of consumers referred who engaged in Brief, Short term and Long term treatment



% of consumers who engaged in Brief Intervention on the ward who were NOT readmitted within 28 days of discharge



Pilot Expansion Phase 2- Introducing Family Support Service within the IPU's



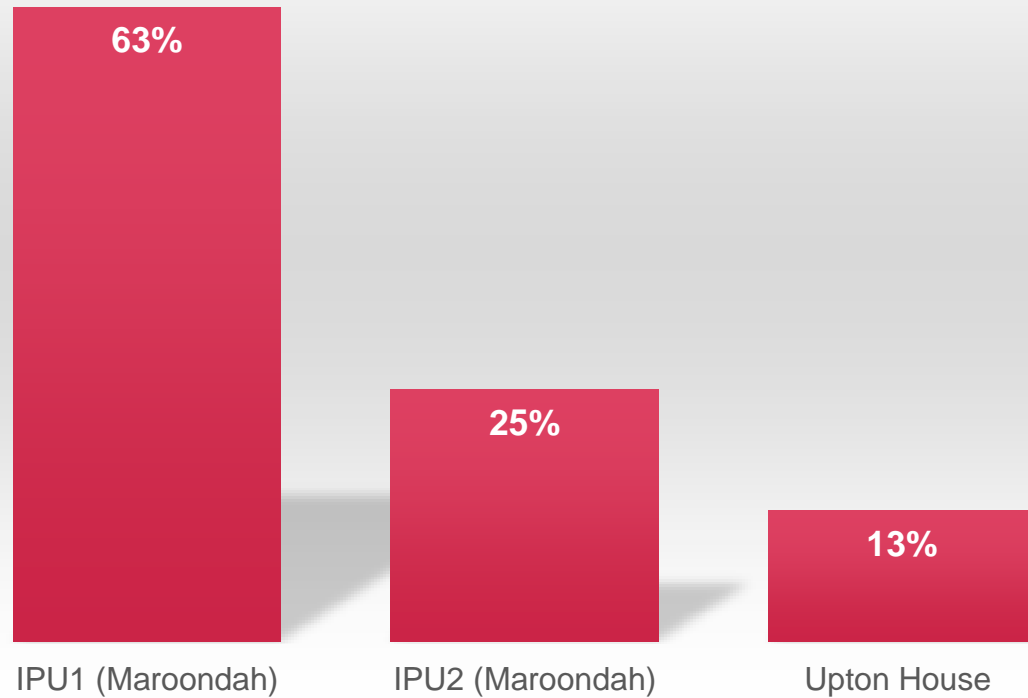
2019 - Anglicare Victoria's FADS- Family Alcohol and Drug Service was incorporated into the Pilot (addressing another recommendation that came out post this pilot in the 2019-21 MH Royal Commission)



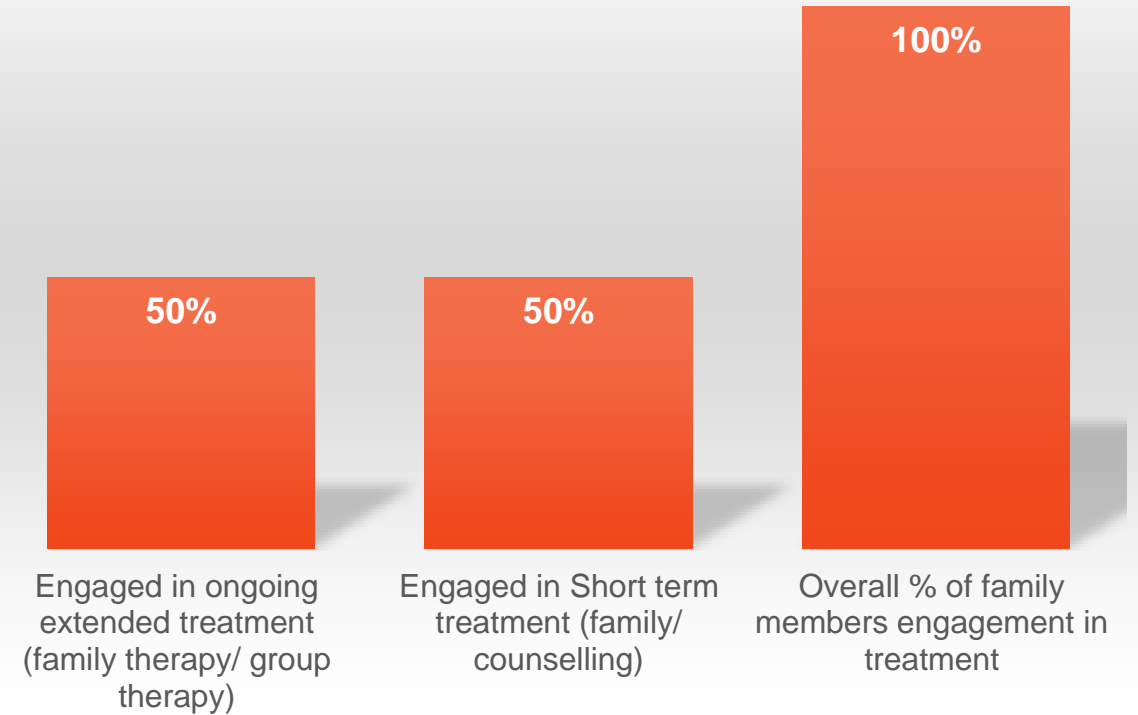
The FADS program provided a Family Therapist on the wards one afternoon per week. The FADS clinician could attend family sessions, offer one to one sessions to family members, offer immediate information regarding the family support services accessible to them and consent to follow up with family members in the coming weeks.

Family Member Referrals and Engagement

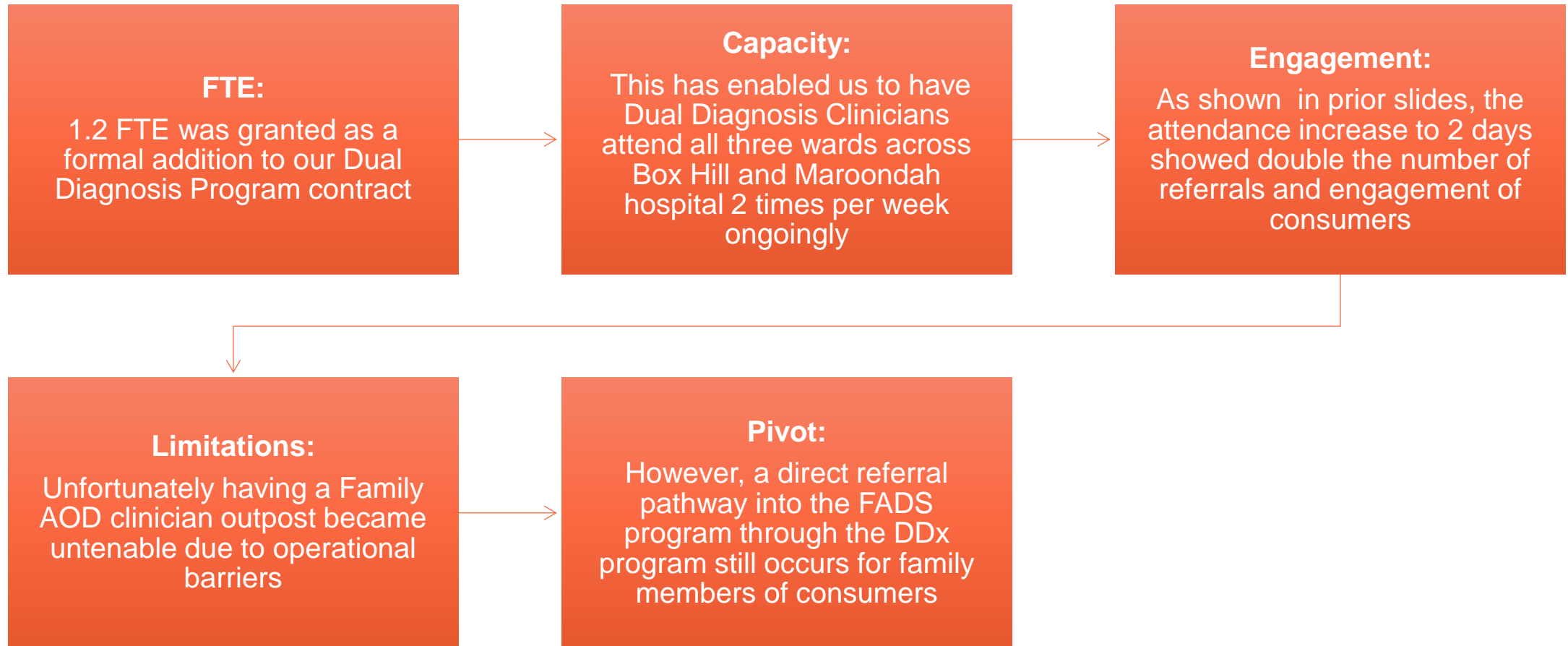
Family Member Referrals for Family Support



Family Member Engagement in Treatment



Outcomes and Ongoing Program Delivery 2020-today



Additional development and expansion of Dual Diagnosis Supports



The Eastern Health Dual Diagnosis Program has expanded and currently has a large team of DDX social workers and nursing staff, on the wards who provide short term transitional support across Box Hill, Maroondah IPU and Youth IPU.



They work collaboratively and have a formal partnership with the Anglicare Vic Dual Diagnosis program.



The EH DDx program holds great expertise and linkages for consumers in community based Mental Health support post discharge and the Anglicare Victoria Dual Diagnosis program supports the post discharge AOD service engagement



This is a symbolic and imperative working relationship between two specialist services having their specific lens

Stats from 2020- today



Since having the additional FTE we have ongoingly provided 2 half days per week across each of the 3 wards for the past 5 years.



From 2020- 2025 the Dual Diagnosis Program has supported the engagement of 962 consumers from IPU 1 & 2 and Upton House in ongoing Dual Diagnosis Counselling support



1790 episodes of care were provided to consumers referred to the program



75% of the referrals received by the program were specifically from the 3 wards.

Concluding Statements

The demand on the wards is ongoingly increasing- reviewing the program data we have seen an exponential increases in admissions to acute Mental Health settings

Acute psychiatric settings are increasingly experiencing Dual Diagnosis Presentations and the demand currently isnt fully being met with the in posting service provided

Learnings from the 12+ year collaborative partnership, we believe this is an area that needs to be prioritised and more vigorously funded to further imbed AOD expertise and services within Mental Health settings, it can't be expected that MH staff are experts in both

We also believe that acute tertiary mental health support services needs to be a priority area for not only the imbedding of AOD Dual Diagnosis experts, also Family AOD clinicians to support the systems surrounding consumers

Consumer Feedback -Tony

Tony was someone who was admitted to Maroondah IPU following many years battling significant mental health and subsequently self medicating with substances.

On interviewing Tony for his feedback on how he found the experience of having an AOD Dual Diagnosis clinician attend the ward, who he could meet and continue to connect with post discharge, these are some of Tony's reflections.

Tony expressed that by the time he was in the psychiatric unit, he had lost all faith in the Mental Health sector and system.

He had seen psychologists in the past and reportedly they were not helpful. He stated, 'By the time I was in IPU I had no hope and no desire to access support'

They the ward staff proposed the DDx clinician who attends the ward, already being on the ward he felt he had nothing to lose so agreed to meet the counsellor when she attended.

Tony reflected that It helped in making that connection, 'Counsellor X came across as genuine and she evoked a restored faith in accessing a service, which I wouldn't have looked for otherwise' 'It made all the difference, and I honestly feel I wouldn't be here if it wasn't for Anglicare'

Consumer Feedback- Tony

'Most impressive thing about Anglicare, they showed patience, validated my individual experiences and my own journey right from the beginning.

They also simultaneously address mental health and AOD, validating and acknowledging that AOD use was a self-medicating behavior.

I was so used to psychiatrists and psychologists telling me what I was feeling wasn't right and that it was a diagnosis causing it'

Tony also reflected, he wouldn't have reached out to AV, as he didn't know we existed, but he also was past seeking support due to disappointment in a sector.

On the topic of if we were to have this model available across psych wards, Tony reflected, 'Genuinely believe having the specialist service that in posts, that offers the transitional and post discharge support, will save lives"

'From my experience and going through what my partner went through before I lost her, the two sectors are very separate'. Tony reflected, the counsellors he has seen with AV are the first therapists to address both MH and AOD and acknowledge that substance use is a self-medicating symptom.

It wasn't until getting the co-existing treatment with Anglicare that the substance use and Mental health interchange was acknowledged and addressed