COMORBIDITY GUIDELINES

How are services providing care for people with co-occurring AOD and mental health needs?

Webinar attendee questions with answers from presenters

Question: It has been established through research that a majority of people with AOD have co-occurring mental health conditions. However, we still lack services that meet the needs of these individuals. Just like Ben's story. I am a case manager at CCCP, I work relentlessly with clients to help them move from precontemplation to action and to access services like rehabs. Unfortunately, we do not have enough residential rehabs that accept clients with co-occurring mental health conditions. Which further stigmatises clients and strengthens their belief that '*There is something wrong with me and I don't belong, no one wants me*.' I am wondering what has been done about this, and what can we do to further support clients when all the doors seem to be closed?

This is certainly an issue and we share your frustration. From a Uniting MSIC perspective the advocacy team are doing work around this exact issue with the Fair Treatment Campaign – whilst it won't be a quick solution, if you felt comfortable sharing your valuable insights with the team and highlighting the need for rehabs that are able to support people with co-occurring needs, it may help for service advocacy for the future: https://www.fairtreatment.org/

There is a specialist dual diagnosis unit at Macquarie Hospital (Henley Unit) who may be able to advise around inpatient support. They can be contacted via phone on (02) 9887 5500. Additionally, Triple Care Farm for young persons (16-24 years) is also available:

P: (02) 4885 1265 E: tcf@missionaustralia.com.au

The support your service is providing is invaluable and often continuing community support is key for people leaving a mental health unit or completing a period of residential rehabilitation.

Question: What is the best way to support a client with complex mental health, ice addiction and autism?

There certainly are diverse needs for people living with a disability and supporting their access to, and engagement with, AOD treatment.

Speaking from Central and Eastern Sydney PHN, many services we work with have relationships with relevant organisations such as Autism Spectrum Australia (Aspect). With brokerage funding for example, services can support their clients to access assessment through organisations such as Aspect, which can support a person's NDIS package. Additionally, that can provide assessments for

autism but also provide support for clients with autism. Ongoing training and workforce capacity in disability are also key for workforce development.

Question: Inadequate interaction between hospital and community services is often a problem in working with these clients. Do you have avenues to improve this?

Central and Eastern Sydney PHN certainly acknowledge the difficulties in continuity of care and coordination across different health settings. One of our key objectives is increasing the efficiency and effectiveness of services for individuals and aiming to improve coordination of care. We work to achieve this by working directly with key players including general practitioners, allied health, nurses, secondary care providers, local health districts and specialty health networks, local communities and non-government organisations to ensure improved health outcomes for people living and working in our region.

There are different strategies and activities running to help strengthen links, for example, Clinical Nurse Consultants working as GP Liaisons; funded Mental Health staff within hospital settings to support referral to community organisations; professional development opportunities; practice management support and ongoing discussions with relevant stakeholders. It's certainly a work in progress.

Question: Is there a place where we can see all services available? Access to services is difficult. I work with health care workers who have mental health and AOD concerns which affects their registration and employment.

Web-based portals such as HealthPathways can give an overview of available services in certain locations. The portal provides access to clinical management pathways and referral advice into local health services. By using this information, clinicians are equipped to make informed decisions about patient treatment. Currently, there are 10 HealthPathways regions that cover the state of NSW (depending on your location), and 33 across Australia.

More information on Australian HealthPathways can be found here:

https://www.healthpathwayscommunity.org/Home/Access-to-HealthPathways

And NSW here: https://www.health.nsw.gov.au/integratedcare/Pages/health-pathways.aspx

Access to HealthPathways can be requested, and all health professionals can obtain access to HealthPathways. HealthPathways are designed to be quick and simple to use and include:

- Management and treatment options for clinical conditions;
- Educational resources for patients;
- Referral information for local services and specialists.

Additionally, HealthPathways South Eastern Sydney are developing come pathways targeted to comorbidity.

Question: In our workplace setting (mental health and suicide prevention) at time we have clients presenting to our service that we observe may be under the influence and may not be able to get the most out of our service at that time (risk always considered of course). We are always trying to work on the best non-judgmental approach to ask if someone is under the influence so that we can have a casual chat about access to our service. It's a hard question to ask and sometimes can be met with an automatic "No, I haven't used today" and we can find ourselves a bit unsure how to chat about it. Any advice?

This can be tricky, but agree that it is dependant on the service provision, and you will need boundaries around levels of intoxication. It can be helpful to reframe the questioning around the service boundaries rather than at an individual level. For example:

'*To get the most out of our time today, our service has client agreements that if you have used drugs or alcohol and it will make it difficult for you to take part in* [groups/other service or program/other service provision]. *We ask you to return on a day where you haven't recently used or are very intoxicated, this is just for safety and so that we can offer you the best possible service. Do you feel you are in the headspace to take part today?*'

Alternately, if the person is obviously intoxicated:

'*Hey* [name], *I can see you are very drowsy and while I'm really keen to continue our conversation, can we arrange another time when you have been able to have a proper rest? What days and times are better for you? Do you have somewhere safe to go, can we help arrange anything for you* [etc]*?*'

At Uniting MSIC we got great feedback from our Consumer Group who were really in agreement around group boundaries and not turning up to groups 'on the nod' or very intoxicated. Our consumer representatives helped us review our 'client code' and group work terms of reference. If you have peers or consumer representatives at your service, their advice can be really helpful in this space.