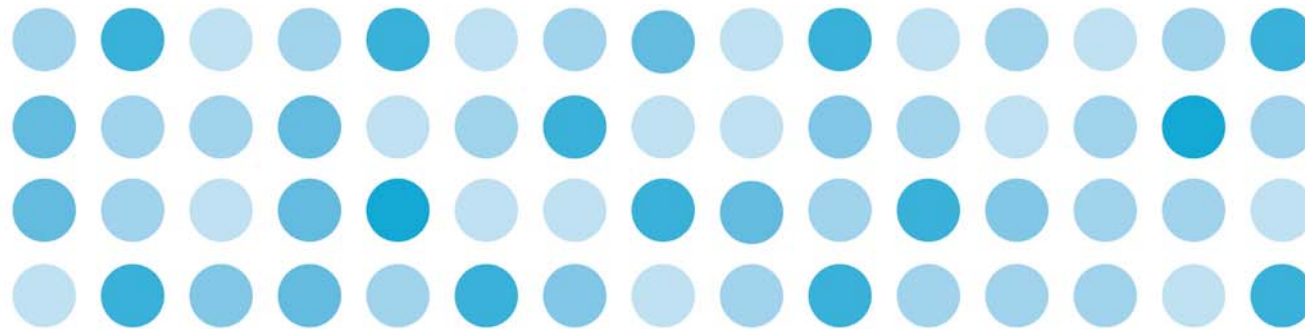


25-26 October 2010
Melbourne Cricket Ground



Anex 2010

AUSTRALIAN DRUGS CONFERENCE

Public Health and Harm Reduction

Shannyn Harrison



Principal Sponsor



Sponsor



DUAL DIAGNOSIS CAPABLE

Meeting the Needs of People with
Multiple and Complex Needs

Health

Outreach

Community

Employment

Education

Training

Shannyn Harrison
Dual Diagnosis Project Coordinator



Youth Projects - Living Room Primary Health Service

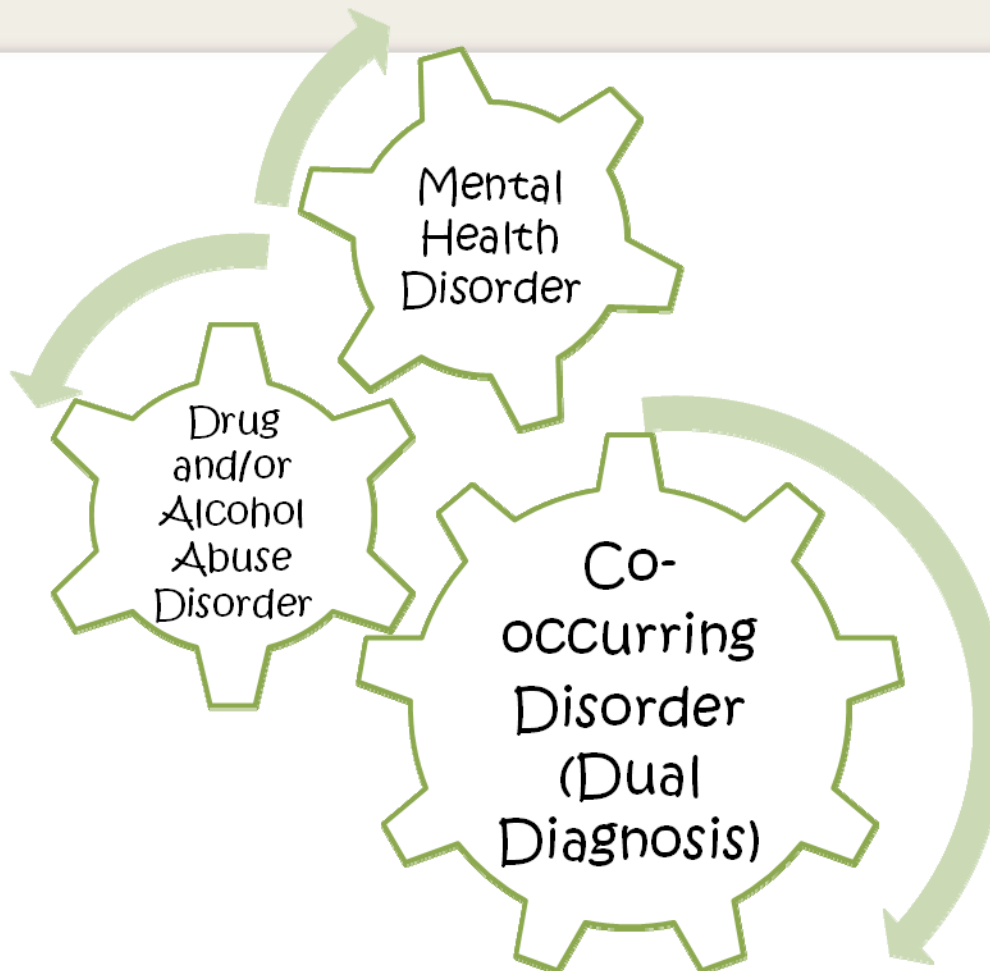
Provides free healthcare and support to improve the physical, mental and social wellbeing of individuals who are homeless or at risk of homelessness, disadvantaged or marginalised, with complex healthcare needs. Clients who access Living Room are:

- Homeless
- Injecting drug users
- Have dual diagnosis or long term mental health concerns
- Have a range of psychosocial issues
- Have poorly managed general health and hygiene
- No longer engaged or linked in with other support services (“fallen through the cracks”)

The Living Room is staffed by a team of doctors, nurses, a psychologist, mental health nurse, podiatrist, dietician, and four full time community development workers. This makes up a multi-disciplinary team with a wide range of skills and experiences.

The logo for Youth Projects, featuring the words "youth" and "projects" stacked vertically in a bold, green, sans-serif font. The text has a white outline and a slight drop shadow, giving it a 3D appearance.

Dual Diagnosis, What Is It?



Drug and alcohol use can imitate a mental health condition, it can also hide signs of a mental health disorder.

Symptoms of mental health disorders can also be the result of drug and alcohol use/abuse.

Those clients experiencing both disorders tend to have a difficult time engaging in services and treatment. Therefore a long-term care plan has shown to provide the best results for recovery.

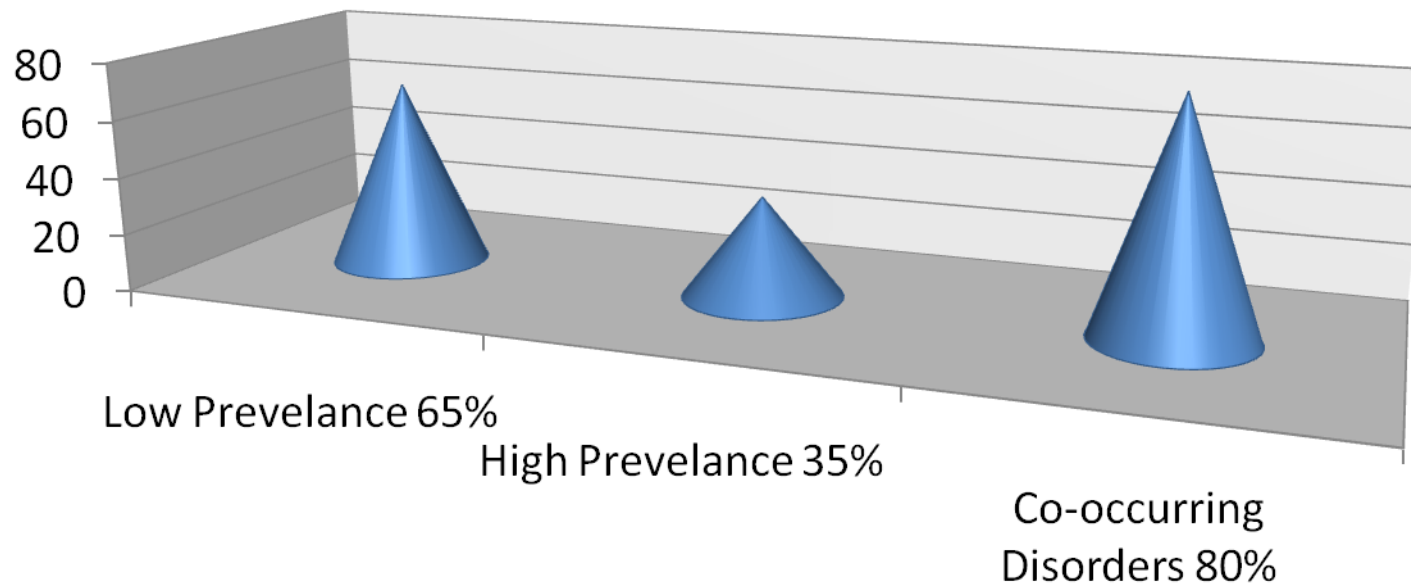
Often mental health disorders are missed diagnosed or not at all due to substance use.

**youth
projects**

Youth Projects

Living Room Primary Health

Living Room Primary Health Client Statistics



Approximately 85% Living Room Clients are homeless (including residing in unstable housing)

**youth
projects**

Barriers to Treatment

- Homelessness
- Access
- Stigma
- Service Savvy
- Lack of Resources

Improved Services Initiative Capacity Building Grants

3 year funding agreement with DoHA

National roll-out of the projects

5 Service Delivery Outcomes (SDO's)



Improved Services Initiative

Service Development

Outcomes

Policies and Procedures

- Writing new policies and procedures to support workers working with dual diagnosis clients

Networking and Linkages

- Mental health alliances
- GP Networks
- Community Health Services
- Housing
- RDNS



Improved Services Initiative

Service Development

Outcomes

Professional Development

- Training Needs Analysis
- Assess staff capabilities
- MTO gained the accredited MH and AOD Cert IV on their scope
- Project Coordinator attaining Training and Assessment accreditation

Data Collection

- Upgrade existing database
- Add on to ADIS (more cost effective)

**youth
projects**

Improved Services Initiative

Service Development

Outcomes

Quality Improvement

- Conduct the DDCAT annually (YP will continue to do this beyond the project)
- Embedding the successful outcomes of the project into the strategic plan of YP and making it core business
- Consumer participation (through the reference group)
- MH Screening Tool



Barriers and Obstacles faced during the Project

- Linkages with AMHS
- Holding clients without appropriate interventions/frameworks
- Staff turnover in initial stages of project
- Time constraints
- Sustainability



What does this mean for our clients and future service delivery?

Better Access

- Clients who present find a 'no wrong door' policy of operation.
- Partnerships with Melbourne and Melbourne East GP Networks allow the psychologist and the mental health nurse to co-locate at the service
- Clients who are already disengaged with services are able to have all health needs followed up at the one service in a holistic way

Comprehensive Assessment and Screening Process

- Staff can administer a assessment which screens for:
 - AOD
 - MH
 - Psychosocial Hx
 - Demographic Hx
 - Medical Hx
 - Legal Hx
 - Housing
 - Nutrition levels
 - Risk and immediate to long-term needs



What does this mean for our clients and future service delivery?

Shared Care Options

- Psychologist
- Mental health nurse
- GP's and community nurses
- Community development workers and
- Allied health

Staff Capacity

- AOD Community Development staff all currently commencing MH Cert IV qualifications

Data Collection

- Gather more recordable information, client issues, needs and progress
- Up-to-date statistics to report on current trends

Core Business

- Embedding successful outcomes into Youth Projects strategic plan



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