



Nexus Dual Diagnosis Service Product Launch

The Reasons for Use Package Online Straight Up Animations

Library at the Dock

Thursday 10 May 2018

UNDER THE STEWARDSHIP OF MARY AIKENHEAD MINISTRIES

House keeping

Mobiles off or on silent



Fire Alarm & Emergency Exits



Wellbeing check



© Can Stock Photo - csp35917970

Welcome

Bridget Organ

Office of the Chief Psychiatrist

Department of Health and Human Services

Context for today's launch

Brief Definition of Dual Diagnosis

- When a person experiences mental illness and substance use issues
- No 'typical' client – common themes and/or varying complexity
- Sometimes called comorbidity or concurrent disorders

Background

“Despite isolated examples of good practice, estimates show that only seven per cent of people with a co-existing mental illness and substance use disorder will receive treatment for both problems”

Thriving, not just Surviving – Australia's National Mental Health Report Card 2013 Ch.3

Driving Question

How do we improve outcomes for consumers, carers and staff?

Nexus Dual Diagnosis Service

Part of the Victorian Dual Diagnosis Initiative funded by Department of Health and Human Services to provide –

Workforce capacity building in dual diagnosis through a range of activities including:

- **consultation**
- **training**
- **resource development**
- **network support**
- **research**



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Reasons For Use Package

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.

Designed by Simon Kroes and Kevan Myers.

Acknowledgments – Lots!

Consumers, carers and staff from various agencies

Angela Nolan – St Vincent’s Hospital Melbourne, CEO

Professor David Castle – Professor of Psychiatry at St Vincent’s Health

Chris Hynan – Manager of Nexus

Neami National – Glen Tobias, Joe Cassar, Sarah O’Connor and numerous other staff

Dr Melissa Petrakis – Senior Research Fellow St Vincent's Mental Health and Senior Lecturer Social Work Faculty of Medicine, Nursing and Health Sciences, Monash University

Monash Art Design & Architecture – Dr Cameron Rose, Dr Indae Hwang, Mark Guglielmetti

...and more!

We could cover.....

- Started in 2011 with a basic prototype
- Put it out to consultation with consumers, carers and staff
- Built the 'proper' version and trained lots of staff, gathered evidence along the way
- National evaluation
- Won innovation award - \$ to build website
- Presented to local and international audiences

Tools

- Tools are extremely useful – for consumers, carers and staff
- We want to make tools that are user friendly and effective for staff to use

Complexity

- Staff need to know about MH, AD, stigma, housing etc be experienced in all these areas, all the while being able to apply all this knowledge to their work with consumers as well...and more!
- **Need tools that are practical and user friendly!**
- We seek to find the best ways to support staff to work in a complex environment
- Consumers shouldn't fail, staff shouldn't fail

What is the RFUP?

- Drug use can impact your mental health and vice versa
- The Reasons For Use Package (RFUP) can help you find out how and what to do about it
- It also assists in building agency dual diagnosis capacity in a straight forward manner

What is the RFUP? Cont'd

- Built to align with common health and welfare skills that workers already have. Rocket science free!
- Provides a user friendly, practical framework and approach for applying these skills
- Now a web-based resource

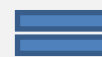
Reasons for
Use
Questionnaire



Options to
Consider



Training and
Mentoring



Reasons for
Use Package
(RFUP)

Why did you make it?

- Workers asking for resources to assist after they have done initial screening to detect dual diagnosis issues.
“I’ve done the screen, what do I do now”
- *What vs How* - Staff are often told what to do rather than how to do it
- When exploring DD issues using the right approach is crucial. A tool can assist this

Development of the RFUP

- The RFUP is a compilation of existing tools, interventions and information that incorporates the RFU scale
- The Reasons For Use scale (Spencer et al 2002) is a 26-item self-report instrument that explores mental health and substance use*. Consumers respond well to it. Many staff have used it. Quick, easy and useful!
- Nexus has drawn on practice wisdom to create the RFU Package

* Part of Collaborative Therapy

How is it used with consumers?

3 steps

1. Consumer completes Reasons For Use scale/questionnaire with worker to create a graph of their reasons for use
2. Worker and consumer discuss the graph & consult 'Options to Consider' - the brainstorming area
3. Worker and consumer collaborate on a treatment plan

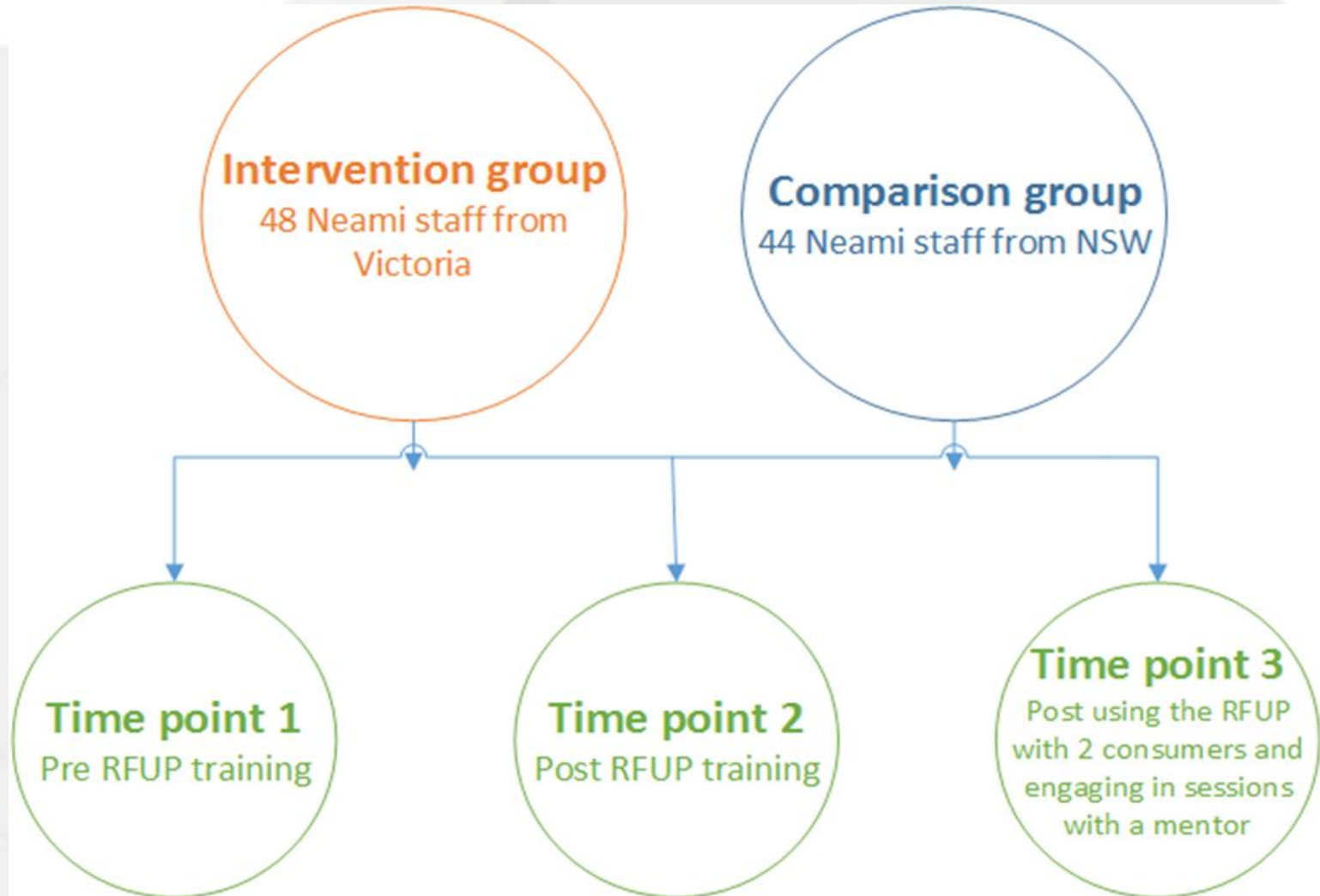
Emphasis

- Approach is supportive, curious, exploratory and collaborative. A “conversation NOT an interrogation” Pilot 1 Participant
- The consumer and the worker bring their expertise together to develop next steps in treatment

Evidence Base

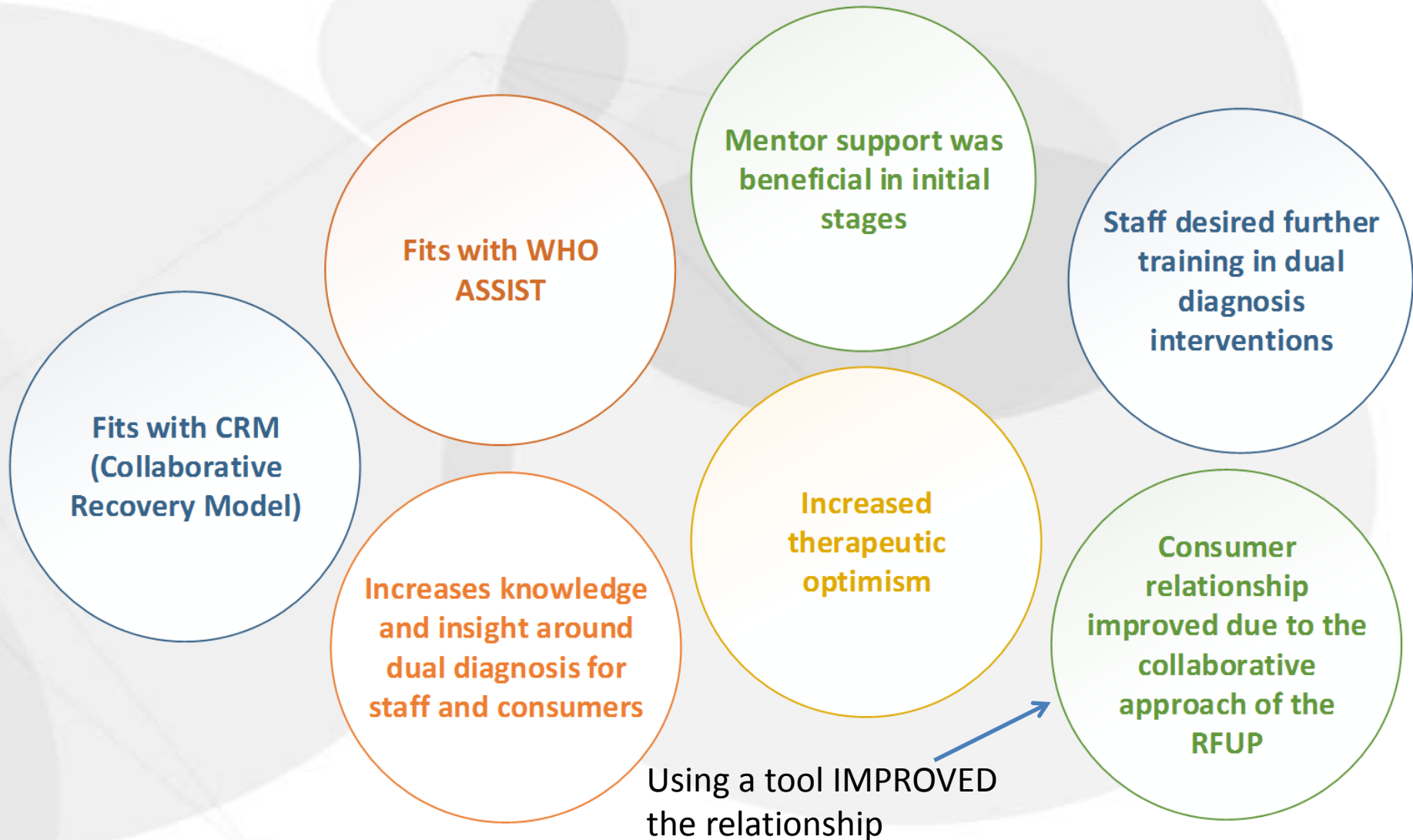
- Numerous small pilots with staff from a range of disciplines and services. The results were overwhelmingly positive
- We then collaborated with Neami National (NN) and Monash University on a national evaluation
- Throughout we have collected data each time we train and mentor staff – and we continue to do so - the Quality Improvement (QI) process is ongoing!

NN Evidence Base – Research Design



+ Focus groups with staff

NN Staff Feedback



Staff Quotes

“Simple, meaningful and related to work practice”

“Good for building dual diagnosis into core practice”

“Gives loads of treasures to dig for”

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

“Sometimes you go to training and you can't put it into practice straight away but with this you can”

“...very personal approach to their (the consumer's) situation”

“Creates new energy”

Key Messages from NN Evaluation

RFUP partnership has developed an implementation strategy that is replicable

RFUP aids capacity building

RFU can be used by a wide variety of services and professionals

Attracts resources and energy (i.e. won \$50k innovation grant from St Vincent's Hospital)

RFUP is one of the simplest ways to build dual diagnosis into core practice

Aligns with state and national mental health and alcohol and other drugs strategy

The Gum Story

MHCSS Outreach

Woman using large quantities of Nicotine Replacement gum in relation to anxiety. One risk issue - she was falling asleep at night with gum in her mouth

Exploring this person's mental health and nicotine use assisted in developing insight around a number of issues, increased her level of safety and led to a review of symptoms and changes to her treatment plan

Assisted in other staff and the organisation to have a broader view of dual diagnosis

The Caffeine Story

MH CCU Residential Facility

Staff used the RFUP with woman suffering anxiety and using caffeine
Discovered that consumer may be highly sensitive to caffeine and this may increase her anxiety

This was a great discovery for the consumer and staff member who had not previously considered this

Changed the way the staff and consumer met – ie. NO COFFEE!
Staff member also advocated for changes to the way the organisation interacted with people, advocated for exercise as an engagement tool rather than coffee

‘Moral of these stories’: The RFUP can be used with any drug and any mental health issue.

NN Consumer Feedback

73.7% The RFUP helped me to explore my use of substances

78.9% The RFUP

68.4% The

Answer to the comment: "I've done the screen, what do I do now"

develop goals to work on

The process of feeding back results was clear

73.7% The process of completing the RFU scale was straightforward

To the website!

<https://reasonsforusepackage.com/>

- MH and AOD are highly stigmatised conditions
- Collects non-identifiable demographic data to assist service development – no consumer data is identifiable

Demographics


Please enter Consumer Details (no identifiable information stored).

Video
Guide



**How many times have
you used RFUP?**



Next 


Choose Path

What do you want to do today?

I want to do the questionnaire

Go 

I have done the questionnaire and wish to go to the treatment planning section

Go 

Questionnaire – 26 items

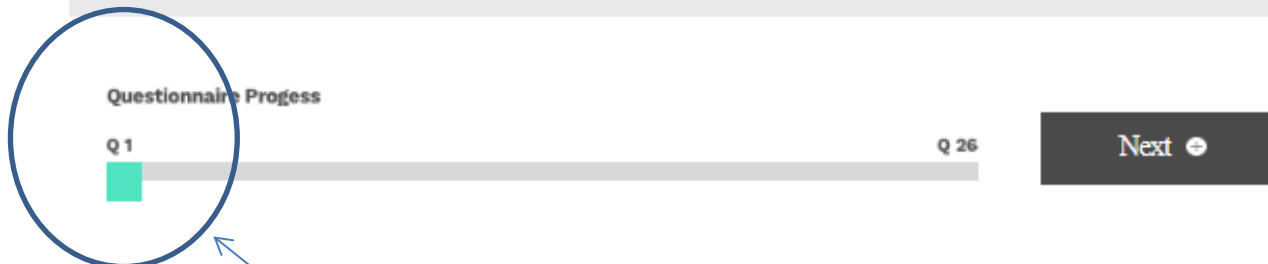
1. How often do you use Alcohol
To relieve boredom ?

Almost never Some of the time Half of the time Most of the time Almost always

Questionnaire Progress

Q 1 Q 26

Next ➔



Progress Bar

Questionnaire

3. How often do you use Alcohol

To slow down racing thoughts ?

Almost never Some of the time Half of the time Most of the time Almost always



Next ➔

Progress Bar

Questionnaire

4. How often do you use Alcohol
To be sociable ?

Almost never Some of the time Half of the time Most of the time Almost always



Progress Bar

Questionnaire

11. How often do you use Alcohol
To reduce side effects of medication ?

Almost never Some of the time Half of the time Most of the time Almost always

Questionnaire Progress

Q 1 Q 26



A horizontal progress bar with a green segment on the left and a grey segment on the right. The green segment represents the progress made, and the grey segment represents the remaining questions.

Next ➔

Progress Bar

Questionnaire

14. How often do you use Alcohol

To get away from the voices ?



Almost never



Some of the time



Half of the time



Most of the time




Almost always

Questionnaire Progress

Q 1

Q 26

Next 

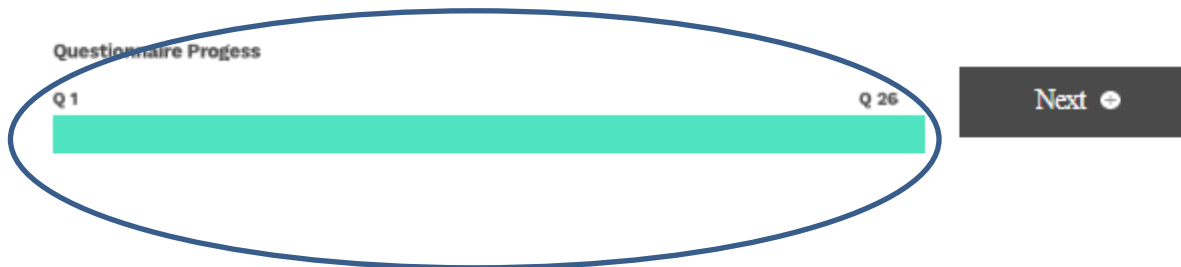
Progress Bar

Questionnaire

26. How often do you use Alcohol

Because it makes you feel good ?

Almost never Some of the time Half of the time Most of the time Almost always



↑
Progress Bar

Other Reasons for Use


Well done on completing the RFUP. Are there any additional reasons for use?

+ Other Reasons

- Pain
- Addiction
- Habit
- Avoidance of withdrawal
- To experiment/curiosity
- To self harm
- To satisfy curiosity
- Eating disorders

Before we look at results are there any immediate concerns that need to be discussed?

Write additional comments here

Next 

Graph

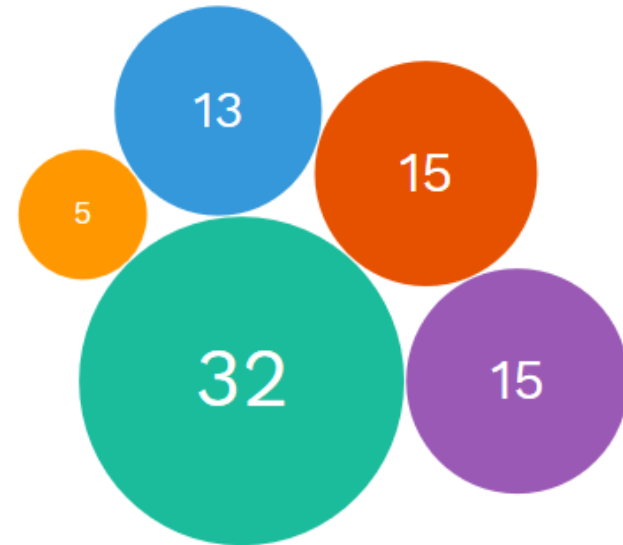
Suggested end of Session One.

Give consumer and staff time to think about next steps and gather information etc.

Evidence from the NN evaluation suggested this is a useful approach for staff and consumers.

These are your results

- Coping with Unpleasant Affect
- Social use
- Conformity / Acceptance
- Enhancement
- Coping with Positive Symptoms & Medication Side Effects



The diagram above represents your self rated reasons for using the particular drug and is not a representation of problematic use.

Other reasons for use:

Does this accurately represent your reasons for use?

You can send these results before continuing to a treatment plan.

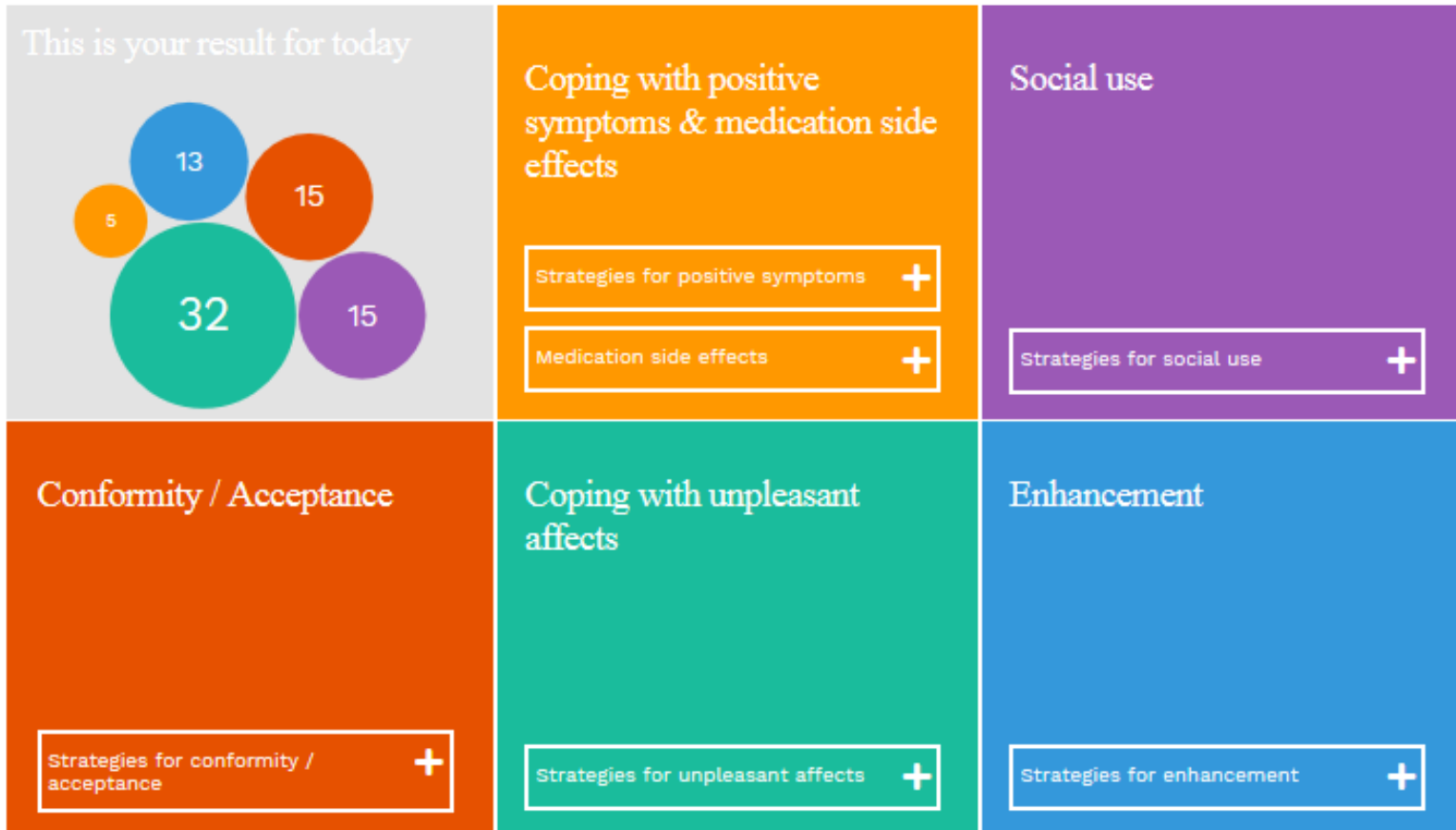
Evidence shows that it is useful to take a break to reflect upon these reasons and what you want to do.

Send Results ●

Or continue to the Treatment Planning Section

Continue ●

Domains and Strategies



Possible Options

Medication Side Effects

Drug use is sometimes used to manage unwanted side effects of psychiatric medication such as drowsiness and lethargy.

- Provide (further) psycho education about what the medication does and how it works, side effects, etc.
- Set up a medication review with the client's psychiatrist/GP to ask:
 - Is the client on the lowest possible effective dose?
 - Is the client on the right medication?
 - Are there any alternative medications that might be suitable?
 - Are there any things that have changed for the consumer since being prescribed that may affect how the medication works, e.g. stopped/started/increased/decreased smoking, taking herbal supplements, etc.?
 - Are there other ways/times of taking the medication that might be more effective?
 - What treatments are available to manage side effects, e.g. medications, behavioural strategies such as exercise, diet, meditation, relaxation, self-help/support groups, etc.?

Additional Notes

Other Reasons

Consult other domains

[Back To Domains](#)

[Prioritise Saved Strategies](#)

Build the Treatment Plan


Review Saved Strategies

At this point consider the practicality of the chosen strategies

Category	Strategy	Priority
Coping with Positive Symptoms & Medication Side Effects	<p>Set up a medication review with the client's psychiatrist/GP to ask:</p> <ul style="list-style-type: none">• Is the client on the lowest possible effective dose?• Is the client on the right medication?• Are there any alternative medications that might be suitable?• Are there any things that have changed for the consumer since being prescribed that may affect how the medication works, e.g. stopped/started/increased/decreased smoking, taking herbal supplements, etc.?• Are there other ways/times of taking the medication that might be more effective?• What treatments are available to manage side effects, e.g. medications, behavioural strategies such as exercise, diet, meditation, relaxation, self-help/support groups, etc.?	Up : Down : Delete
Coping with Positive Symptoms & Medication Side Effects	Provide (further) psycho education about what the medication does and how it works, side effects, etc.	Up : Down : Delete

[Develop SMART goals](#)

[Consider Harm reduction pdf](#)

Treatment Plan 

The Treatment Plan

The screenshot shows a web form titled "Treatment Plan". On the left, there are two sections: "Today's date" with a text input field containing "30/04/2018", and "Next Meeting" with an empty text input field and a calendar icon. The main area is a scrollable text box containing the following text:

Treatment Plan

Session date: Monday 30th April 2018

Gender: Male
Age: 46-55
Postcode: 3065
Substance: Alcohol

Results
Coping with Unpleasant Affect: 32
Social use: 15
Conformity / Acceptance: 15
Enhancement: 13
Coping with Positive Symptoms & Medication
Side Effects: 5

Strategies
Get on a medication regimen with the client's

At the bottom of the form are two buttons: "Back to Domains" and "Send and logout". A blue arrow points from the text "Additional notes can be added" to the scrollable text area.

Additional notes can be added

The website will be your guide...

- Website is custom built to guide you
- Tested with staff. All staff found it easy to navigate

How do I get access to it?

- The RFUP is an organisational capacity building tool that is widely applicable in a range of settings
- Usually train small staff groups from the one organisation Eg. 8 staff from the one team rather than a sprinkling of staff from various sites etc.
- Contact us and we will discuss how it can be implemented at your workplace

Org Guide/Terms of Use

- Organisation agrees to terms of use which covers data collection, fidelity, maintaining confidentiality, not sharing log in code etc.
- Staff need to be trained and mentored in the proper use of the RFUP. Maintain the fidelity of the RFUP i.e. use it in the way it is intended

Recap Key Messages

- The RFUP is a locally made, evidence based tool that empowers staff and consumers to explore dual diagnosis in their own settings and primary processes
- Aligns with common health and social care goals that organisations already have
- Consistent with national and local policies
- The RFUP is a simple and most cost effective ways to build the dual diagnosis capability in organisations
- The RFUP is user friendly for staff and consumers

It works!

Thank You

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Questions?



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Straight Up - Animation Project

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Straight Up

Lived Experience Animation Project

Kevan Myers, Nexus Dual Diagnosis Team Leader

Lynne Ruggiero, Forensicare Carer Consultant
(Nexus Consumer and Carer Steering Committee former member)

Dr Cameron Rose, Monash Art Design & Architecture (MADA)

Acknowledgements

Consumers and carers involved in the project - either through consultations and/or direct participation

Monash Art Design & Architecture (MADA) in particular Dr Cameron Rose who has used minimal funding to achieve great results

Victorian Department of Health & Human Service (DHHS)

Members of the Nexus Dual Diagnosis Consumer & Carer Advisory Group (DDCCAG) and Steering Committee

Association of Participating Service Users (APSU)

Self Help Addiction Resource Centre (SHARC)

Brief history to the Straight Up Project

- 2007 Dual Diagnosis Key Directions Service Development Outcomes called for input from consumers and carers in service design, workforce development and evaluation.
- 2013 DHHS specific funding aimed at increasing consumer and carer participation given to 12 Area Mental Health Services including St Vincent's Mental Health Service.
- 2013 Nexus Dual Diagnosis Consumer & Carer Advisory Group (DDCCAG) established

DDCCAG input leading to the Straight Up Project - Lynne Ruggiero

- Lived experience should have a central role in effecting service response & design
- Telling stories should avoid re-traumatising and empower participants
- People with a lived experience should be able to choose to be anonymous so that they can move on in the future rather than becoming the “face of dual diagnosis” (DDCCAG member, 2015)
- Animation could enhance the message and be used repeatedly for training and education
- Animations should be housed on their own website to be accessible to consumers, carers and workers alike
- Animations should also act as an avenue for support for people with a lived experience to find services

Straight Up: Steps to launch

- Project brief developed with DDCCAG
- Dr Cameron Rose, Monash Art Design & Architecture, engaged
- Ethics approval granted by Monash University
- Consultation with stakeholders, particularly consumers and carers
- Recruitment of lived experience participants through SHARC/APSU
- MADA students recruited to create animations
- Focus groups and review of material
- Sign off by six consumer and carer participants
- Straight Up website created

It's working !!!

“The straight up animations are a powerful advocacy resource. They have the capacity to be effective in a wide variety of applications. I was able to utilise two of the lived experience clips in a presentation I co-delivered to Mental Health graduate nurses. The feedback received demonstrated that the animations were key to the success of the presentation.”

Emma Bohmer, St Vincent's Mental Health Consumer Consultant

Dr Cameron Rose
Monash Art Design & Architecture



www.straightup.org.au

Straight Up Training Guides

We have developed some very brief training guides intended to stimulate discussions about dual diagnosis issues and practice

These can be can be found under the 'Resources' section of the NEXUS website

Other dual diagnosis resources we have developed can also be found on the Nexus website

<https://www.svhm.org.au/our-services/departments-and-services/n/nexus>



Closing remarks

Sincere thanks to:

- Consumers, carers and stakeholders who contributed to these projects
- Lynne Ruggiero
- Dr Cameron Rose and MADA
- Bridget Organ
- Library at the Dock
- You, the audience!

Please now join us for a light lunch and refreshments

- ✓ Email us at nexus@svha.org.au, or
- ✓ Approach a Nexus staff member

We look forward to working with you ~ the Nexus team