



Authenticity starts  
in the heart.

.....

**TheMHS Conference**  
23-26 August 2016. AUCKLAND

ISBN 978-0-9945702-1-5

Published 6 March 2017

Copies of TheMHS Conference Papers are available online at [www.themhs.org](http://www.themhs.org)

## **EDITORS' FOREWORD**

We hope you enjoy reading these papers from the 26<sup>th</sup> annual TheMHS Conference held in Auckland, New Zealand. The papers represent a wide range of mental health topics and a broad group of people involved in mental health services. Represented in these proceedings are service providers, consumers, carers (families), researchers, educators and managers.

All papers submitted to the Editors of this Book of Proceedings by conference presenters are read by two independent reviewers. Papers are reviewed on the criteria of innovation, clarity, relevance to mental health services, coherence of the topic, and evidence. The editors have again this year, decided to include a section of highly recommended papers. These are the papers rated highest by the reviewers, against the five criteria.

## **HOW TO REFERENCE THIS BOOK**

Cassaniti, M, Robertson, S, Dunbar, L, Orr, F, Everett, M, Prowse, L, Farhall, J, Lloyd, C, Christensen, D, *People: Authenticity starts in the heart*, Contemporary TheMHS in Mental Health Services, Auckland Conference Proceedings 2016, TheMHS Conference, Auckland, New Zealand.

## **DISCLAIMER**

Views expressed by the authors of papers in this Book of Proceedings, do not represent the views of the editors, or of TheMHS Learning Network. Whilst all papers were subjected to a review process, accuracy of information and the content of papers, remains the responsibility of the authors. Copyright remains with the author.

---

TheMHS Annual Mental Health Services Conference was held at The Langham Auckland New Zealand in August 2016. There were approximately 900 people attending and approximately 250 papers and workshops were presented by people from Australia, New Zealand and a number of other countries.

---

## **EDITORS**

Maria Cassaniti, Sadie Robertson, Lynne Dunbar, Fiona Orr, Michelle Everett, Liz Prowse, John Farhall, Chris Lloyd, Deb Christensen

## **CONFERENCE ORGANISING COMMITTEE**

Jenny Boyle, Deb Christensen, David Codyre, Maliaga Erick, Rob Gill, Kevin Harper, Denise Kingi-Uluave, Colleen Mantle, Ian McKenzie, Leigh Murray, Maureen O'Hara, Robyn Shearer, Mark Smith, Caro Swanson, Rob Warriner, Kevin Yoon, Tex and Tuahana Clarke-Kuama \_ tua, Te Pou o te Whakaaro Nui

---

## THE REASONS FOR USE PACKAGE: DEVELOPMENT RESEARCH AND IMPLEMENTATION LESSONS FOR THE FIELD

Kevan Myers, Simon Kroes, Sarah O'Connor, Melissa Petrakis,<sup>1</sup> VIC

---

### ABSTRACT

*Background: The Reasons for Use Package (RFUP) was designed by Nexus Dual Diagnosis Service, St Vincent's Hospital (Melbourne), to facilitate therapeutic conversations about dual diagnosis issues. It assists in collaborative treatment planning between staff and consumers. It includes the Reasons for Use scale, a menu of possible interventions and a staff mentoring process. Methods: From a 2012 Quality Improvement Pilot, Nexus, Neami National and Monash University have collaborated to build the evidence base. A national research comparison has taken place, with an intervention group of Neami National Victorian staff compared with a matched cohort in NSW. Groups were surveyed at 3 time points: baseline, training and mentoring. Consumers involved in the research were offered a feedback questionnaire, and further qualitative data was collected from focus groups. Results: Over 100 Neami National staff have participated, with findings that the RFUP resource significantly increased staff confidence and dual diagnosis knowledge.*

### REASONS FOR USE PACKAGE PARTNERSHIP

Simon Kroes and Kevan Myers designed the RFUP in response to a gap identified by the field as to how to effectively follow up initial screening for dual diagnosis issues. Consumers, carers and staff confirmed this through a needs analysis survey at the 2012 VIC SERV conference. After the successful initial Victorian pilot in 2012, Nexus, Neami National and Monash University agreed to collaborate in research partnership to evaluate and develop an implementation model for the RFUP.

### Nexus Dual Diagnosis Service

Nexus is auspiced by St Vincent's Hospital (Melbourne), Victoria. Established in 2000, as part of the Victorian Dual Diagnosis Initiative (VDDI), Nexus works with more than 40 agencies to improve their dual diagnosis capacity via training, consultation and resource development. In the Australian (Allsop 2008; Roberts 2013) and international service delivery literature (Minkoff & Cline 2004), the need to resource and support services to focus on comorbid or co-occurring mental health and substance use in an integrated manner is important since it is so common that a person presents with *both* a mental health and substance use problem or set of challenges (Teesson & Proudfoot, 2003).

### Neami National

Neami National commenced in Victoria in 1986 as a community mental health service supporting people living with mental illness to improve their health, live independently and pursue a life based on their own strengths, values and goals. They now provide services in diverse communities in Western Australia, Queensland, South Australia, Victoria and New South Wales (Neami National Australia 2014). They currently support over 4,000 Australians annually in their recovery.

---

<sup>1</sup>Kevan Myers, VIC, Team Leader, Nexus Dual Diagnosis Service, St Vincent's Hospital (Melbourne), [kevan.myers@svha.org.au](mailto:kevan.myers@svha.org.au)

Simon Kroes, VIC, Senior Clinician, Nexus Dual Diagnosis Service, St Vincent's Hospital (Melbourne) [simon.kroes@svha.org.au](mailto:simon.kroes@svha.org.au)

Sarah O'Connor, VIC, Research Officer & Projects Administration, Neami National [sarah.oconnor@neaminational.org.au](mailto:sarah.oconnor@neaminational.org.au)

Melissa Petrakis, VIC, Senior Research Fellow & Senior Lecturer, St Vincent's Hospital (Melbourne), Mental Health Service & Department of Social Work, Faculty of Medicine, Nursing and Health Sciences, Monash University [melissa.petrakis@monash.edu](mailto:melissa.petrakis@monash.edu)

## **Monash University**

Monash University is ranked in the top one per cent of world universities according to the Times Higher Education World University Rankings (2013-2014). The 2012-2013 rankings noted Monash as one of only six Australian universities in the world's top 100, and the 34th university in the world for Clinical, Pre-Clinical and Health. Monash is a member of the Group of Eight, an alliance of leading Australian universities recognised for excellence in teaching and research. The departments of Social Work and Art, Design and Architecture, based at Caulfield Campus (Melbourne), actively engage with industry to support mutually beneficial innovations for students the broader community.

## **THE REASONS FOR USE PACKAGE**

### **What Is It?**

The package is currently a Power Point file with links to other supporting documents. It can be used in WORD format also. It is a user friendly, package that can be applied in a number of circumstances to a wide range of consumers. It provides a framework for working with consumers with dual diagnosis issues. A web based platform is being developed in partnership with Monash University Art Design and Architecture with the aim of increasing availability.

### **Who Made It?**

Designed by Simon Kroes and Kevan Myers from Nexus Dual Diagnosis Service at St Vincent's Hospital Melbourne, building on the Reasons for Use Scale developed and researched by Professor David Castle and colleagues (Spencer, Castle & Michie, 2002).

### **Why Did You Make It?**

The Reasons for Use Package (RFUP) was designed in response to workers in the field asking for resources to assist them after they have done initial screening for dual diagnosis issues.

### **Is It User Friendly?**

The RFUP has been built to align with common health and welfare skills that workers already have. It provides a framework for applying these skills in a practical and user friendly manner. Workers from a range of disciplines, including psychology, occupational therapy and social work, who have used the RFUP found the package easy to use.

### **Quotes from workers that have used the RFU Package:**

"Simple, meaningful and related to work practice"

"Good for building dual diagnosis into core practice"

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

### **A Significant Contribution to the Field of Mental Health on a Local, State or National Level**

The RFUP research and implementation developed in this collaborative research partnership has added a new approach to building dual diagnosis capacity building. The RFUP assists workers to successfully create an atmosphere where consumers can explore the interaction between their mental health and substance use. This therapeutic conversation is in itself a useful process for building rapport however it is also an essential pre cursor to collaborative treatment when and if the consumer wishes to take the discussion to potential strategies.

Neami National staff in Victoria, have expressed strong support for its efficacy. Victorian Neami National management have committed resources and funds to ensure that the RFUP is rolled out across the organisation.

Thus far 19 Victorian sites including an aboriginal program and 4 youth residential services have been trained in the RFUP. The next stage will be to train and mentor Neami National staff across Australia

Furthermore the implementation strategy that has been developed through this partnership is now being used with St Vincent's Mental Health staff and CoHealth a Victorian community health service.

People: Authenticity starts in the heart - Proceedings of the 26th TheMHS Conference 2016

Nexus are also in negotiation with Asia Australia Mental Health to develop trial sites in Asia and have had preliminary discussions with 2 universities in the United Kingdom to do the same.

### **Benefits Noted In the Evaluation**

RFUP has several benefits, including but not limited to:

- Increases confidence and knowledge around dual diagnosis interventions in a straight forward manner
- Recovery based and consumer friendly
- Staff friendly
- Highly cost effective to train and use the resource
- Can be used by a wide variety of services and professionals
- Aligns with current State and National mental health and alcohol and other drugs strategy

### **Innovation and recognised best practice**

In Victoria, Australia, in 2007 the state government released a report: 'Key directions and priorities for service development'. There are five Key Service Development Outcomes (SDO's)/priorities identified in this document:

1. Dual diagnosis is systematically identified and responded to in a timely, evidence-based manner as core business in both mental health and drug and alcohol services.
2. Staff in mental health and alcohol and other drug services are 'dual diagnosis capable', (DDC) that is, they have the knowledge and skills necessary to identify and respond appropriately to dual diagnosis clients and advanced practitioners can provide integrated treatment and care.
3. Specialist mental health and alcohol and other drug services establish effective partnerships and agreed mechanisms that support integrated treatment and care. Working with dual diagnosis as core business within each sector will ensure that people of all ages are not excluded from a service. Their needs will be addressed within the most appropriate service setting by suitably trained staff and treatment and care that they receive is of high quality.
4. Outcomes and service responsiveness for dual diagnosis clients are monitored and regularly reviewed.
5. Consumers and carers are involved in the planning and evaluation of service responses to dual diagnosis.

(Department of Human Services 2007)

The RFUP offers an innovative approach to addressing these issues particularly SDO 2.

The RFU scale was part of the Collaborative Therapy 'Managing mental health and substance use' program. Nexus has a long history of involvement in the development, training and use of this program. The RFUP is influenced by Motivational Interviewing Strengths and Recovery frameworks.

A key innovative aspect of the RFUP is that it provides a framework for meaningful engagement with the consumers' lived experience of dual diagnosis in a collaborative strengths based manner. Through RFUP training and mentoring the worker is able to facilitate therapeutic conversations with a consumer. If the consumer wishes to, this can lead to working collaboratively on treatment goals using a range of optional strategies.

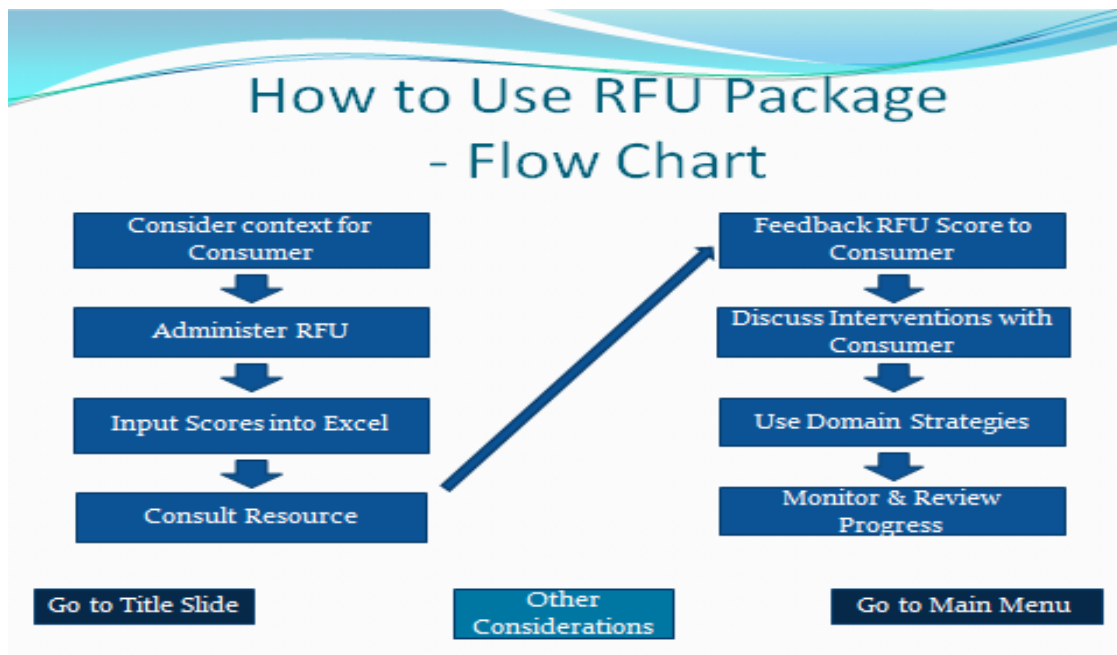
### **How to Use the RFUP**

The RFUP has a number of key steps as shown in the flow chart (Figure 1).

- 1) Consider the context for consumer, i.e. what is their current mental state, stage of change for both mental health and substance use, literacy, cultural issues etc.? How and when will the RFUP be introduced to the consumer?
- 2) Consumer completes the 26 item RFU questionnaire with support as required.
- 3) Scores are entered into Excel to create a graph based on the five reasons for use domains.

- 4) Worker reviews graph and consults domain strategies and considers which strategies might be offered as an initial menu of options.
- 5) The Consumer is given feedback based on graph results. This followed by a collaborative exploration of the Consumers thoughts about the graph and optional strategies from the RFUP. This may lead to a treatment plan.
- 6) In the event that a treatment plan is developed this would be trialled then reviewed as appropriate. Other strategies may be trialled over time.

**Figure 1**



Another innovative aspect of the RFUP is the mentoring model which is an essential aid to implementation and has been shown to maintain gains in confidence and knowledge.

### **Participation of Mental Health Consumers in Planning, Implementation and Evaluation**

Nexus and Monash SW Department created a Needs Analysis Survey for the 2012 VICSERV Conference VICSERV is the peak body for the Victorian community managed mental health support sector. This survey gathered data at a workshop ran by Nexus on the RFUP which included Consumers and Carers The results of the survey endorsed the need for the development of a dual diagnosis resource to assist workers to successfully engage consumers in therapeutic conversations.

Nexus held Stakeholder Forum's in 2013 and 2015 which included Consumer and Carer representatives. Carer and consumer consultants from St Vincent's and Austin Hospital as well as Tandem, the Victorian peak mental health Carer body, gave positive feedback on the RFUP and research design.

Direct consumer feedback on their experience of the RFUP was collected as part of the National comparison trial involving Neami National staff from Victoria and NSW.

The data from the Consumer feedback questionnaire has added another level endorsement of the programs efficacy. Consumers overwhelmingly felt that the RFUP helped them explore areas of their life in relation to substance use; helped them and their worker develop goals to work on.

### **Partnerships and Linkages (Collaboration for Continuity between Organisations)**

Nexus Dual Diagnosis Service, Neami National and Monash Social Work Department set up a research partnership in 2013 to build on the successful pilot initially developed by Nexus in consultation with Monash in 2012.

This partnership has since met on a monthly basis for over 4 years and has collaborated on training, research design and evaluation, student placements (to support the research), conference presentations, creating and sharing resources.

Staff from Neami National for example made up the largest contingent at the focus group scoping exercises with MADA (Monash Art Design and Architecture) in the development of an online version of the RFUP.

### **Building an Evidence Base**

Three pilots with a range of health, welfare and housing staff in 2012, 2013 and 2014 have overwhelmingly endorsed the RFUP for its utility in building staff confidence and knowledge of dual diagnosis interventions. Indirect reports from consumers indicated that they found the RFUP a useful way to explore their dual diagnosis issues. The first pilot in 2012 included 6 Neami National Staff in October 2012 who enthusiastically called on Neami National management to support a wider roll out within their organisation.

The RFUP research partnership aimed to developing an evidence base, increase the number of Neami National staff able to use the RFUP and developing an implementation strategy which could be replicated for similar agencies. In 2014 due to the Victorian State Government reform of the PDRSS sector, research design including ethics applications was the main focus of activity

In April 2015 10 senior practice leaders from Neami National were trained and mentored in the RFUP by Nexus. This group then went on to provided mentoring to their Victorian colleagues who received training in June 2015 as part of a national comparison trial.

### **Research Design for National Comparison Evaluation 2015**

- Two groups of 40+ Neami National staff from comparable sites. Similar consumer and staff profiles matched by Neami National.
- Ethics Approval gained from St Vincent's Hospital HREC –A, Monash University Ethics and Neami National Research Committee
- Control group: NSW sites.
- Intervention sites in Victoria received 5 hours training and 2 x one hour mentoring sessions on how to use the RFUP.
- Neami National mentors in Victoria recorded de-identified notes from their mentoring sessions using a Mentoring Template.
- Matched survey of both staff groups to coincide with 3 time points; Pre Training, Post Training and Post Mentoring
- Staff Survey involved 12 Questions on knowledge and confidence in Dual Diagnosis interventions. These were based on the domains of the RFU Scale.
- Focus groups of Mentors and Mentees were held in order to gain qualitative data

Consumers who consented to participate in the RFUP evaluation were offered a Feedback Questionnaire.

The efficacy of the RFUP as a dual diagnosis capacity building resource has been verified by both quantitative and qualitative data collected through the National comparison between staff in NSW and Victoria. The quantitative evidence from staff surveys showed that training and mentoring in the RFUP

significantly increases both confidence and knowledge of dual diagnosis interventions across all domains.

Qualitative data from both focus groups and mentor session notes add weight to the statistical data.

All participants agreed that their knowledge of Dual Diagnosis had increased since using the RFUP. Since the RFUP training, and after using the RFUP with consumers and in particular exploring the interventions, they had developed new insights into Dual Diagnosis:

*“RFUP allows us to step back and be comfortable with how little we know. The consumer is the expert in their own substance uses not us.”*

Participants found that the RFUP questionnaire was really useful to spark conversation with consumers. Participants found that the RFUP provided both themselves and the consumers with an increased vocabulary and understanding about Dual Diagnosis and their reasons for use. This allowed both the worker and the consumer to learn and define the difficulties they were having with appropriate understanding and terminology:

*“Think about Dual Diagnosis, it is like the chicken or the egg, it is not simply answering the question instead it looks at the area in which it impacts your mental health.”*

Furthermore, one participant described how their knowledge of the term addiction had developed. The participant stated that after completing the questionnaire themselves in training, they found that they were more aware and reflective of their own addictions and that sometimes workers forget that consumers are no different to anyone else. The participant reflected how this had made her more of an empathic worker:

*“Consumer’s use substances for the same reasons as we do”*

From the perspective of the worker, all were in agreement that the RFUP really helped develop rapport with the consumer. The RFUP allowed a conversation to stem from mentee to consumer in which the whole process was consumer led. Participants agreed that as the consumer completed the questionnaire with only support from the worker if needed, the RFUP provided consumers with full ownership of their own reasons for use.

Furthermore the evidence shows that mentoring assists to maintain gains made from baseline. All participants agreed that the mentor session allowed time to brainstorm and explore results prior to considering interventions.

Participants found that the mentor was normally more experienced and having someone aware of reasons for use and Dual Diagnosis allowed the worker to use their mentors experience as a guide to finding the most suitable intervention/s to offer to the consumer.

## Summary

- The research partnership established in 2013 has successfully built an evidence base for the RFUP
- The evidence collected demonstrates the usefulness of the RFUP in increasing staff knowledge and confidence about dual diagnosis interventions (see evidence section below)
- Consumer feedback strongly endorsed the use of the RFUP as being beneficial
- 19 out of 23 Victorian Neami National sites have been involved in the roll out to date. This includes Adult, Youth and Aboriginal Programs.
- Neami National management have committed to rolling out the RFUP nationally.

- Neami National staff continue to provide a valuable contribution to the development of an online version of the RFUP and the dissemination of research results.

A St Vincent's Catalyst Innovation fund has been granted to build an online version of the RFUP. This is through an extension of the current research partnership and includes Monash Art Design and Architecture

## CONCLUSION

Through its work with numerous stakeholders Nexus, in collaboration with Neami National and Monash University, identified an opportunity to build dual diagnosis capacity through the development and evaluation of an innovative and practical resource called the Reasons for Use Package.

The evidence collected thus far demonstrates that the Reasons for Use Package builds confidence and knowledge about dual diagnosis interventions in a practical and user friendly manner.

The strong partnership developed through this process will act as a springboard into the next phase of translating the package into an online platform that also includes online learning and data collection possibilities.

The partnership is committed to collaborating with local and international services to further promote evidence based practice in relation to addressing dual diagnosis issues gained through the Reasons for Use Package Project.

Moving on from the successful completion of the research trial Nexus is now working with Monash Art Design & Architecture (MADA) to develop an online version of the RFUP which will increase its accessibility nationally and internationally.

## REFERENCES

Allsop, S., 2008, *Drug Use and Mental Health*, IP communications, Melbourne.

Department of Human Services, 2007, *Dual diagnosis – key directions and priorities for service development*, State Government of Victoria. Melbourne.

Minkoff, K. & Cline, C., 2004, *Changing the World: The design and Implementation of Comprehensive Continuous Integrated Systems of Care for individuals with Co-occurring Disorders*, Psychiatric Clinics of North America. Vol 27.4

Neami National Australia, 2014, *Who is Neami National?*, viewed 12th May 2015 <http://guides.lib.monash.edu/content.php?pid=346637&sid=3021664#OrgAuth>

Roberts, B., 2013, *The seeds of Dual Diagnosis discourse in an Australian State*, Mental Health and Substance Use, Vol 6, 4.

Spencer, C., Castle, D., & Michie, P.T., 2002, *Motivations that maintain substance use among individuals with psychotic disorders*, Schizophrenia bulletin, 28, 2, 233-247.

Teeson, M. & Proudfoot, H., 2003, *Comorbid mental disorders and substance use disorders: epidemiology, prevention and treatment*, NDARC.