



125
YEARS
ST VINCENT'S CARES.
ALWAYS HAS. ALWAYS WILL.



ST VINCENT'S
HOSPITAL
MELBOURNE

A FACILITY OF ST VINCENT'S HEALTH AUSTRALIA

CoviDD – A bad spell of COVID

Tuesdays with Nexus

22/9/20

Nexus Dual Diagnosis Consultation Service

UNDER THE STEWARDSHIP OF MARY AIKENHEAD MINISTRIES



Nexus Team

Chris Hynan – Manager

Kevan Myers – Team leader

Kah-Seong Loke – Psychiatrist

Simon Kroes – Dual diagnosis clinician

Ange Wallace – Dual diagnosis clinician

Sarah Officer – Dual diagnosis clinician

Mirella Rao – Dual diagnosis clinician

Adrienne Fitt – Administrative assistant

Aims

To highlight the impact of COVID-19 within the general and public mental health populations in relation to the mental health and substance use:

- challenges we are facing
- successes we are having
- resources, tools and changes to our practices
(enabling us to support the clients and families we work with)

“Dual Diagnosis” defined

“A dual diagnosis client is an individual who has a **co-existing mental illness and substance (use) disorder** without a determination of which disorder is causative or primary...”
Bradley & Toohey, 1999

Synonyms: Comorbidity;

Comorbid / Co-existing / Co-occurring / Concurrent

Mental health-Substance use [D&A / AOD / ATOD / ACTOD]
disorders / problems / conditions / concerns / issues

Complexity / Multiple and Complex Needs /
Dual Diagnosis and Other Complex needs

“individuals who experience various combinations of mental illness, intellectual disability, acquired brain injury, physical disability, behavioural difficulties,[forensic issues,] homelessness, social isolation, family dysfunction, and drug and/or alcohol misuse.” Margaret Hamilton, 2010]

COVID-19 and Mental Health

Impact upon general population

Lifeline:

- **25% increase** in calls answered in March compared to last year

Beyond Blue:

- **40% increase** in people contacting (cf. same time last year)
- **common themes –loneliness, exhaustion, job and financial worries, and family stress**

Family violence

- May 2020 survey of NSW family violence specialist service workers: **47% reported ↑ workload** vs 15% ↓ workload
- Perpetrators using **COVID-19 as a form of abuse**, telling partner they have the virus ⇒ can't leave the house / will infect visitor

Marriages

Number of couples planning to divorce has more than doubled since the outbreak

Federal Circuit Courts: between March and July **almost 200% ↑ in [complex and urgent] cases**

Family lawyer: social isolation and enforced proximity of 24/7 **lockdown**

- **removes outlets** for lowering relationship pressure, such as sport, going to work, or having a drink with mates
- spouses' "dirty secrets" are more likely to be exposed, such as **alcoholism, addiction to pornography or indiscreet communications from extra-marital partners**



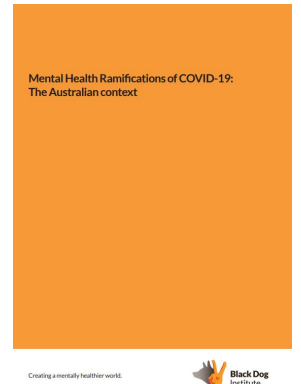
Populations groups at increased risk of mental health problems

People with pre-existing anxiety disorders and mental health problems

-> significant anxiety and distress

Health care workers (including nurses, doctors and auxiliary staff)

Unemployed and casualised workforce, business owners are at increased risk of poorer mental health during times of economic instability and during pandemics. High job insecurity is associated with stress, financial strain, poorer health and increased rates of depression and anxiety.



COVID-19 Work and Health Study



MONASH
University

125
YEARS
ST VINCENT'S CARES.
ALWAYS HAS. ALWAYS WILL.



ST VINCENT'S
HOSPITAL
MELBOURNE

A FACILITY OF ST VINCENT'S HEALTH AUSTRALIA

3-year, international study to understand the mental health and cognitive effects of COVID-19 on people diagnosed with the virus, and the general community dealing with the pandemic

Preliminary results:

- majority of participants registered **mild levels of anxiety and depression**
- about 30 per cent showed **moderate to high levels of anxiety and depression**

Interventions to help reduce anxiety and depression:

- limiting news consumption to under four hours a day
- staying connected to family and friends — even remotely
- positively reframing the situation to find positives
- not using overly negative language

Living with COVID-19 restrictions in Australia



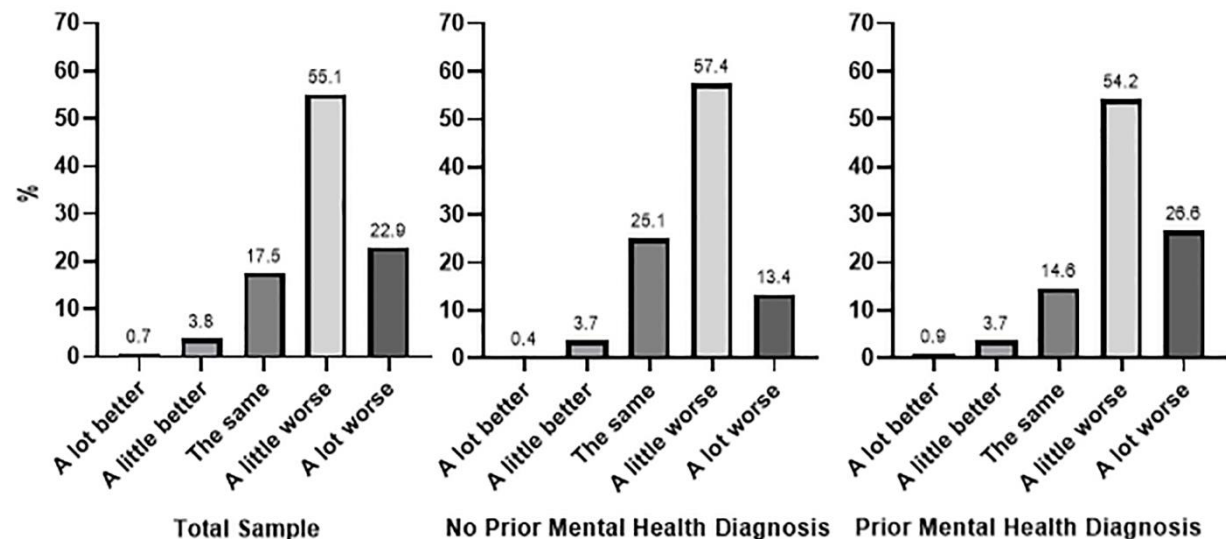
MONASH
University

- Anonymous online survey with 13,829 respondents; ~ April 2020 (3/4/20- 2/5/20)
- In the first month of restrictions, clinically-significant **depressive and generalised anxiety symptoms, thoughts of being better off dead or of self-harm, and irritability** were at least double those in non-COVID affected populations.
- One in four had **mild to moderate symptoms**. The **most vulnerable people had lost jobs, lived alone or in poorly-resourced areas, were providing care to dependent family members, were members of marginalised minorities, women or young**

Acute mental health responses during the COVID-19 pandemic in Australia

- Online survey of 5070 adults administered during 1st peak of the outbreak in Australia (27th March to 7th April 2020).
- 78% reported **worsened mental health**
- 26% were very or extremely **worried about contracting COVID-19**
- 52.7% were worried about family and friends contracting COVID-19.
- **Uncertainty, loneliness and financial worries** (50%) were common.
- 62%, 50%, and 64% of respondents reporting **elevated depression, anxiety and stress levels** respectively
- 25% reporting elevated **health anxiety** in the past week
- Participants with self-reported history of a mental health diagnosis had significantly higher distress, health anxiety, and COVID-19 fears than those without a prior mental health diagnosis.
- **Demographic** (e.g., non-binary or different gender identity; Aboriginal and Torres Strait Islander status), occupational (e.g., being a carer or stay at home parent), and psychological (e.g., perceived risk of contracting COVID-19) factors were associated with distress.
- **Precautionary behaviours** (e.g., washing hands, using hand sanitiser, avoiding social events) were common, although in contrast to previous research, higher engagement in hygiene behaviours was associated with higher stress and anxiety levels.

Since the outbreak, my mental health has been...



Isolation and Quarantine

Isolation: A person with coronavirus (COVID-19) or suspected to have it must enter mandatory isolation.

Quarantine: for when a person is well but may have been in contact with someone with COVID-19. Required to isolate from other people for 14 days from when you may have been in contact with the virus.

- **Prevalence:** As many as a quarter of patients in quarantine had trauma-related mental health problems
- **Potential effects:** depression, PTSD symptoms, confusion, anger, boredom and loneliness.
- **Duration:** Symptoms could last for a number of years.
- **Poorer outcomes following quarantine** associated with: Longer duration of quarantine, fears of infection (getting sick themselves, or infecting others), having inadequate supplies, inadequate information, experiencing financial loss, and stigma

Mental Health Ramifications of COVID-19:
The Australian context

Suicide 'epidemic' & Suicide clusters

Epidemic – an increase, often sudden, in the number of cases of a disease above what is normally expected in that population in that area. [CDC]

NATIONAL CLASS OF 2020

The Sydney Morning Herald

Give students hope amid coronavirus mental health crisis, experts urge

By Jordan Baker

August 23, 2020 – 12:01am

“Preliminary modelling by the Brain and Mind Centre suggests the COVID-19 crisis could cause up to **750 extra suicides a year, if the unemployment rate was around 11 per cent**; if unemployment were to peak at about 16 per cent, that could double to an additional 1500 additional deaths a year.

Suicides among year 11 and 12 students in northern Sydney and regional NSW this year, including two at one school in less than a month.

Ian Hickie from the Brain and Mind Research Institute has done modelling suggesting there might be a **12.5 per cent increase in suicides among 15- to 25-year-olds** due to COVID-19. ... "It's about the rites of passage, the [perceived] loss of their future.

THE AGE

No increase in Victorian suicide rate as calls to helplines surge in pandemic

By Rachel Eddle and Bianca Hall

Updated August 27, 2020 – 5:46pm, first published at 9:55am

Resilience!

COVID-19 impact upon MH service delivery

- Drop in the number of mental health services being accessed during the pandemic \Rightarrow many Australians not getting the support they need.
- Fear of going out and catching the virus \Rightarrow \downarrow attendance at GPs, EDs, MH clinics

Telehealth (videoconferencing) and telephone consultations

- \uparrow calls to Beyond Blue, ReachOut, Lifeline and Kids Helpline
- Psychiatrists and Psychologists: COVID-19 Temporary MBS Telehealth Services item no's

COVID-19 impacts upon SVMH consumers

Anecdotes from SVMH clinicians

AIS

- Fewer presentations to ED in general
- Fewer VAHS/Koori Unit admissions
- Stress of 24-hour isolation on newly admitted consumers
- ECU isolation with Suspected COVID (SCOVID) patients
- Increased GHB use (accidental overdose) noticed amongst ED presenters (referred to psychiatry registrars)

C-L Psychiatry

- ↑↑ referrals: usually exacerbation of pre-existing mental disorders
- ↑ GHB use

CMHCs

- Fair uptake of telehealth video(conferencing) calls (~40%) vs telephone calls (~60%)
- Difficulties with telehealth (Healthdirect) related to bandwidth with poor audio, leading to aborted video calls changing to phone calls
- Possibly greater impact on those with higher pre-COVID-19 functioning, e.g. loss of employment, changes in family dynamics

Directories of “digital mental health resources”



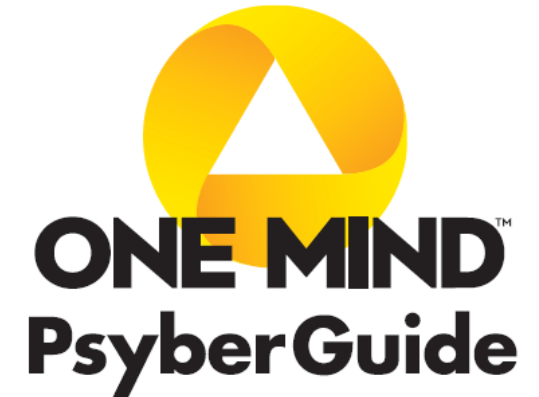
<https://beacon.anu.edu.au/categories>



Australian Government
Department of Health

Head to Health

- [Alcohol](#)
- [Asthma](#)
- [Attention deficit hyperactivity disorder](#)
- [Autism Spectrum Disorder](#)
- [Bipolar Disorder](#)
- [Borderline Personality Disorder](#)
- [Cardiovascular disease](#)
- [Carers](#)
- [Depression](#)
- [Diabetes](#)
- [Disruptive Behaviour Disorders](#)
- [Eating Distress \(Body image, Anorexia, Bulimia\)](#)
- [Encopresis and Enuresis](#)
- [Epilepsy](#)
- [Gambling](#)
- [Generalised anxiety disorder](#)
- [Infertility](#)
- [Nutrition](#)
- [Obsessive compulsive disorder](#)
- [Pain](#)
- [Panic disorder](#)
- [Phobias](#)
- [Physical Health](#)
- [Physical activity](#)
- [Positive psychology](#)
- [Post traumatic stress disorder](#)
- [Psychosis](#)
- [Relationship issues](#)
- [Resilience](#)
- [Self Injurious Behaviour](#)
- [Sleep / insomnia](#)
- [Smoking](#)
- [Social anxiety](#)
- [Stress](#)
- [Substance abuse](#)
- [Suicidal ideation](#)
- [Support](#)
- [Tinnitus](#)
- [Traumatic brain injury](#)
- [Weight and Obesity](#)



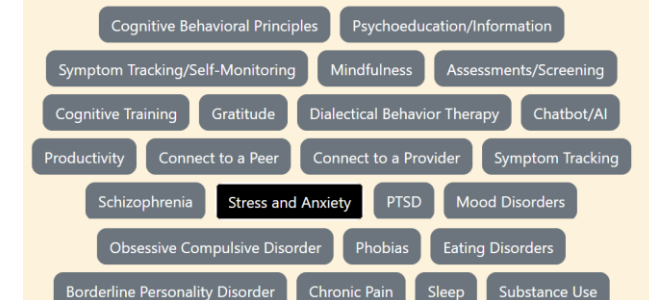
<https://onemindpsyberguide.org>

Help me find an App

Click the buttons to search for apps related to the specified condition, or treatment type.
The results will appear below.

You can click multiple search terms to narrow down the app results by the conditions and/or treatment types that you've clicked.

Once the results have appeared, use the toolbar on the left to filter the results by platform, audience, or cost. You can also sort the results by score or app name using the "sort by" menu in the left toolbar.

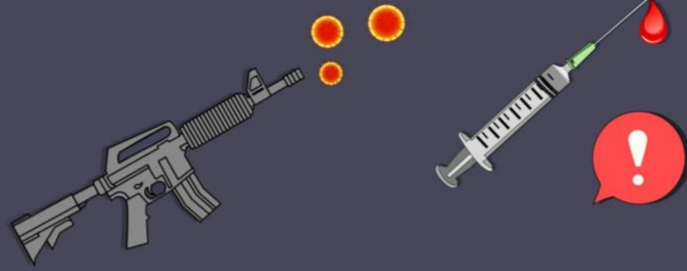


DSM-6? – Hoarding Disorder; toilet paper type



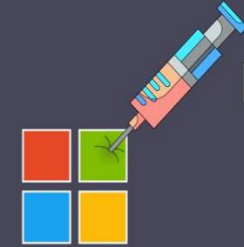
DSM-6? – Delusional Disorder; conspiracy theory type

Coronavirus is a bioweapon



It was designed to promote mandatory vaccination

COVID-19 is an economic plot against older population



Bill Gates funds the pandemic to sell his own vaccine

Coronavirus is just a flu and there is no need for extra measures



The outbreak is a Zionist plot

Disease is caused by 5G networks

5G NETWORK



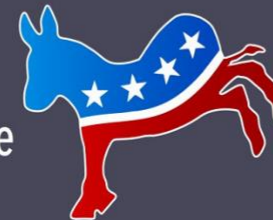
COVID-19 is a ploy by governments to install police state

Coronavirus is EU's revenge for Brexit



The outbreak was orchestrated by pharmaceutical companies to raise profits

Democratic Party caused virus to depose Trump



Pandemic was created to stop climate change

THE LANCET

STATEMENT IN SUPPORT OF THE SCIENTISTS, PUBLIC HEALTH PROFESSIONALS, AND MEDICAL PROFESSIONALS OF CHINA COMBATING COVID-19

Charles Calisher · 11 · Dennis Carroll · Rita Colwell · Ronald B. Corley · Peter Doshi · Christian Drosten · et al.

Published: February 25, 2020 · DOI: [https://doi.org/10.1016/S0140-6736\(20\)30303-5](https://doi.org/10.1016/S0140-6736(20)30303-5)

UKRAINE CRISIS media center

DSM-6? – Toilet Paper Use Disorder

Excessive type



Restricting type



Nexus Q&A Panel

- What are you noticing amongst consumers/clients?
- What are you noticing amongst yourselves?
- What might you be doing differently to respond to people with SUDs/dual diagnosis?

COVID-19 and AOD

Impact upon general population

Research [Clinical & Economic]

Alcohol

- “Essential services”: bottle shops, supermarkets, petrol stations, pharmacies, convenience stores
Relaxed liquor licensing restrictions for restaurants/cafes/small bars to sell take-away/home delivered alcohol
- Increased spending on packaged liquor
- Boom in online sales/home delivery & take-away (↑ 50-500%)
- Panic buying / stockpiling [‘scarcity messaging’]
- Some individuals drinking more, some drinking less (18%/17%, 14%/10%, 20%/27%)
- 20% of households buying more alcohol than usual
 - 70% drinking more alcohol than usual
 - 32% concerned with the amount of alcohol either they or someone in household is drinking
 - **28% report drinking alcohol to cope with anxiety and stress**
 - 34% now drinking alcohol daily
 - 28% have been drinking on their own more often
 - 24% have started drinking and ended up drinking more than planned
 - 20% started drinking earlier in the day



Alcohol	▲ 34%
Alcohol goods (bottle shops)	▲ 86%
Alcohol services (pubs, hotels, etc)	▼ 49%

CBA credit and debit card spending over the week ending 27 March 2020 is compared to the results from a year earlier



COVID-19 and AOD

Impact upon general population

Actual and potential impacts of increased alcohol use in some households

- Family violence (30% of cases – NSW 2019; risk factor for ↑ frequency and severity of FV)
- Child abuse & neglect (21-54% of cases in Aust., esp'ly more severe cases)
- ↓ personal functioning [WFH...]
- ↑ financial stress

COVID-19 and AOD

Impact upon general population

Research

COVID-19 impacts on:

- **Drug use** (↓/↑ use, substitution/polysubstance use, in/voluntary cessation/withdrawal, using alone, relapse; ?safer use)
- **Drug procurement** (online purchasing, stockpiling, ?↑ crime)
- **Drug markets** (changes in availability, purity, price)
- **Access to/engagement with treatment & harm reduction services**

via non-essential business closures, mobility restrictions ('lockdowns'), state/national border closures, ↓ international travel/freight

Drugs mainly sourced overseas: heroin, cocaine, methamphetamine, MDMA & fentanyl analogues

Online purchasing via: cryptomarkets ('dark net' in 'deep web') and 'surface web' markets, web forums, social media, messaging apps; Tor/I2P; cryptocurrencies

Dietze PM, Peacock A. Illicit drug use and harms in Australia in the context of COVID-19 and associated restrictions: Anticipated consequences and initial responses. Drug Alcohol Rev. 2020 May; 39(4): 297–300.

Dunlop A et al. Challenges in maintaining treatment services for people who use drugs during the COVID-19 pandemic. Harm Reduct J. 2020 May 6;17(1):26.

COVID-19 and AOD

Impact upon general population

- **↑ risks of contracting COVID-19 and ↑ morbidity/mortality in event of transmission** (PWID older cohort, higher prevalence of chronic medical conditions, poorer health literacy; sharing equipment, social non-distancing/prioritising drug use above other health concerns; socially vulnerable, stigma and discrimination)
- typical means of treatment and harm reduction provision (e.g. in-person for receipt of most pharmacotherapies).
- negative effects of COVID-19 restrictions on health and well-being of substance-using population
- negative effects of unemployment/economic depression
- extra support for the provision of housing for the homeless
- Melbourne Injecting Drug User Cohort Study (MIX) and SuperMIX, 5/2020:
heroin prices stable, but ↓ purity

Dietze PM, Peacock A. Illicit drug use and harms in Australia in the context of COVID-19 and associated restrictions: Anticipated consequences and initial responses. *Drug Alcohol Rev.* 2020 May; 39(4): 297–300.

Dunlop A et al. Challenges in maintaining treatment services for people who use drugs during the COVID-19 pandemic. *Harm Reduct J.* 2020 May 6;17(1):26.

COVID-19 and AOD

Impact upon AOD service delivery

AOD treatment & harm reduction services

- some services closing/reducing some operations, e.g. closing some rehab beds to allow social distancing
- ceasing accepting new clients
- moving to electronic systems of service provision

Melbourne Supervised Injecting Room:

- reduced the number of active injecting booths to support physical distancing measures
- some needle/syringe programs moved to outreach distribution (e.g. mailing or home delivery of equipment) to minimise face-to-face contact with clients

Primary care, MATOD

- longer prescription duration
- third-party (e.g. carer) collection of unsupervised doses
- more unsupervised dosing [with naloxone nasal spray (Nyxoid) for opioid overdose on hand]
- major shortage of naloxone supply
- monthly IM depot buprenorphine (Buvidal & Sublocade)
[St Vincent's DoAM 'Rapid Access Long-Acting Injectable Buprenorphine (LAIB) Clinic']
- home delivery of methadone and buprenorphine to people with confirmed COVID-19 infections

Australians' Drug Use: Adapting to Pandemic Threats'



ADAPT STUDY

Australians' Drug use: Adapting to Pandemic Threats

125
YEARS
ST VINCENT'S CARES.
ALWAYS HAS. ALWAYS WILL.



ST VINCENT'S
HOSPITAL
MELBOURNE

A FACILITY OF ST VINCENT'S HEALTH AUSTRALIA

- Online survey
- 702 eligible participants; mostly young, well-educated capital city dwellers
- Wave 1 survey from 29 April to 15 June 2020



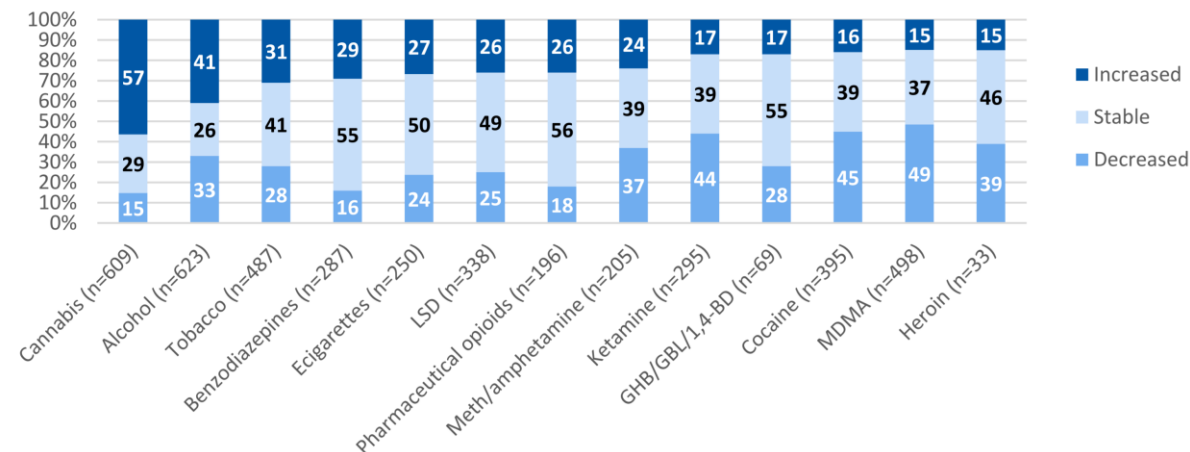
Cannabis & alcohol



MDMA, cocaine, ketamine



pharm. opioids, GHB, BZs, e-cig's



Sutherland, R., Baillie, G., Memedovic, S., Hammoud, M., Barratt, M., Bruno, R., Dietze, P., Ezard, N., Salom, C., Degenhardt, L., Hughes, C. & Peacock, A. Key findings from the 'Australians' Drug Use: Adapting to Pandemic Threats' (ADAPT) Study. NDARC, UNSW, Sydney June 2020.



UNSW
SYDNEY



Australians' Drug Use: Adapting to Pandemic Threats'



ADAPT STUDY

Australians' Drug use: Adapting to Pandemic Threats

125
YEARS
ST VINCENT'S CARES.
ALWAYS HAS. ALWAYS WILL.



ST VINCENT'S
HOSPITAL
MELBOURNE

A FACILITY OF ST VINCENT'S HEALTH AUSTRALIA

TREATMENT ACCESS & ENGAGEMENT

Drug Treatment since March 2020

Treatment engagement was low. Of those who answered (n=593):

4%

Had accessed drug treatment in the past four weeks

3%

Tried but were unable to access drug treatment

Mental health services since March 2020

Of those who answered (n=577):

37%

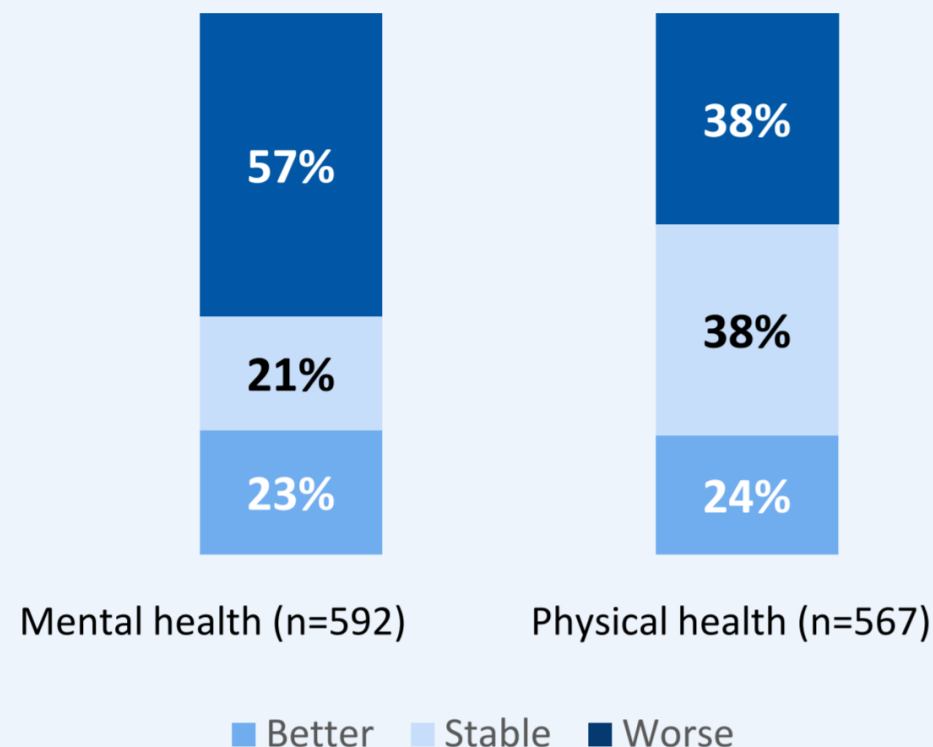
Had accessed help for mental health reasons in the past four weeks

8%

Tried but were unable to access mental health services

CHANGES IN HEALTH RATINGS

Participants' mental health and physical health ratings in the past month vs February 2020 (pre COVID-19 restrictions)



Ecstasy and Related Drugs Reporting System 2020 – Victoria



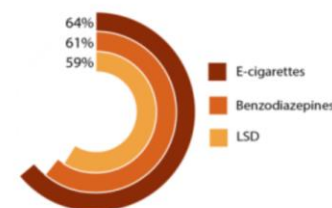
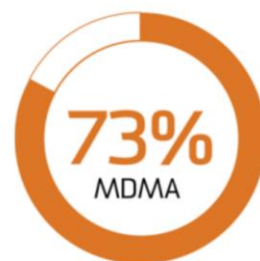
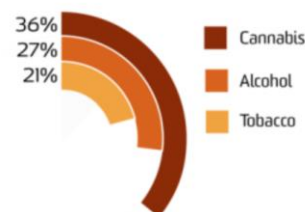
EDRS

DRUG
TRENDS

100 interviews undertaken in Melbourne ~May 2020 (28/4/20 and 4/6/20)

CHANGES IN DRUG USE DURING COVID-19

MDMA > Alcohol
MDMA > Cannabis



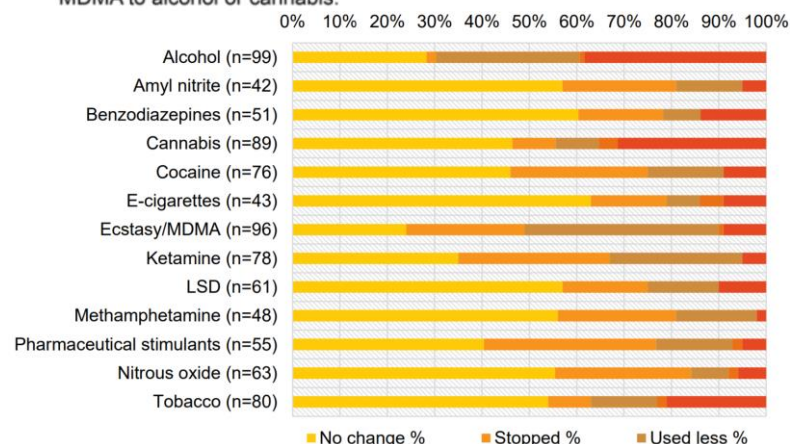
One-third (35%) reported the main drug they used in the past month was different to that in February. Most common was swapping from MDMA to alcohol or cannabis.

Drugs most frequently endorsed as increased in use (i.e. used more or started using).

MDMA was the most frequently endorsed drug that decreased in use (i.e. used less or stopped using) since COVID-19 restrictions.

Drugs most frequently endorsed as no change in use since COVID-19 restrictions.

Almost half (44%) reported their mental health has been worse in the past 4 weeks as compared to February.



Global Drug Survey 2020

Encrypted online survey; May-June 2020; 10 languages; ~60K responses

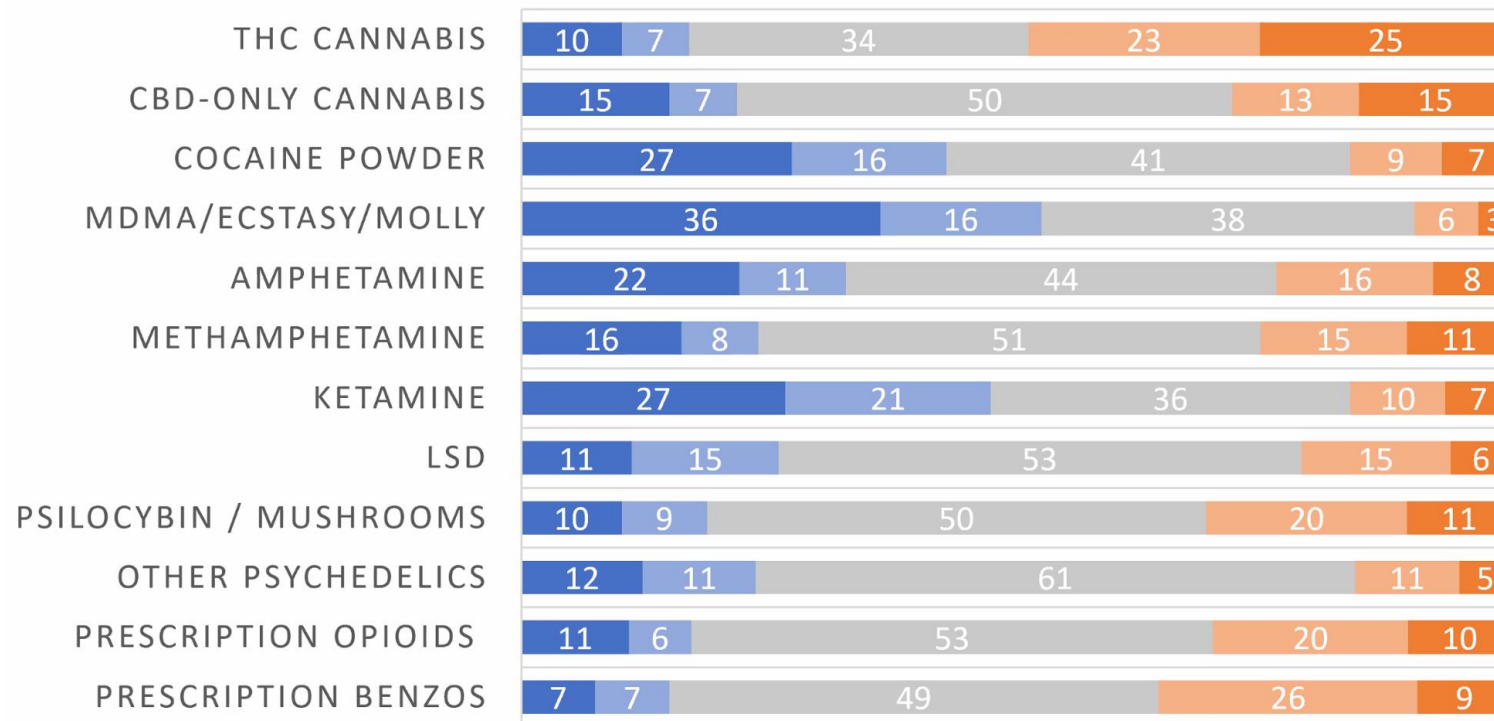
Included top 11 countries (DE, FR, IE, BR, CH, NL, NZ, UK, AU, AT, US) – 55,811 – AU (1,889)

Change in frequency by drug: Australia (%)

Compared to February—before the COVID-19 restrictions, has the number of days you use [drug] in a typical week changed?



GLOBAL DRUG SURVEY



THC cannabis	993
MDMA/Ecstasy/Molly	776
Cocaine powder	597
Ketamine	406
LSD	359
Prescription benzos	349
Psilocybin / mushrooms	257
Prescription opioids	240
CBD-only cannabis	235
Amphetamine	178
Methamphetamine	143
Other psychedelics	115

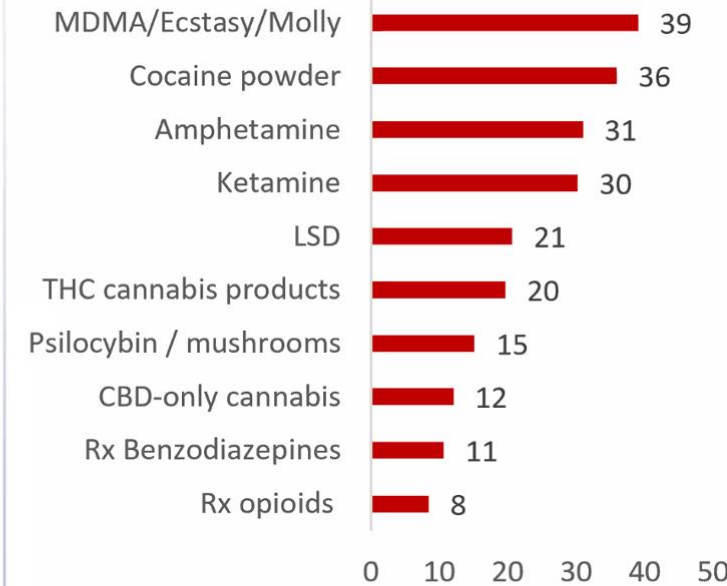
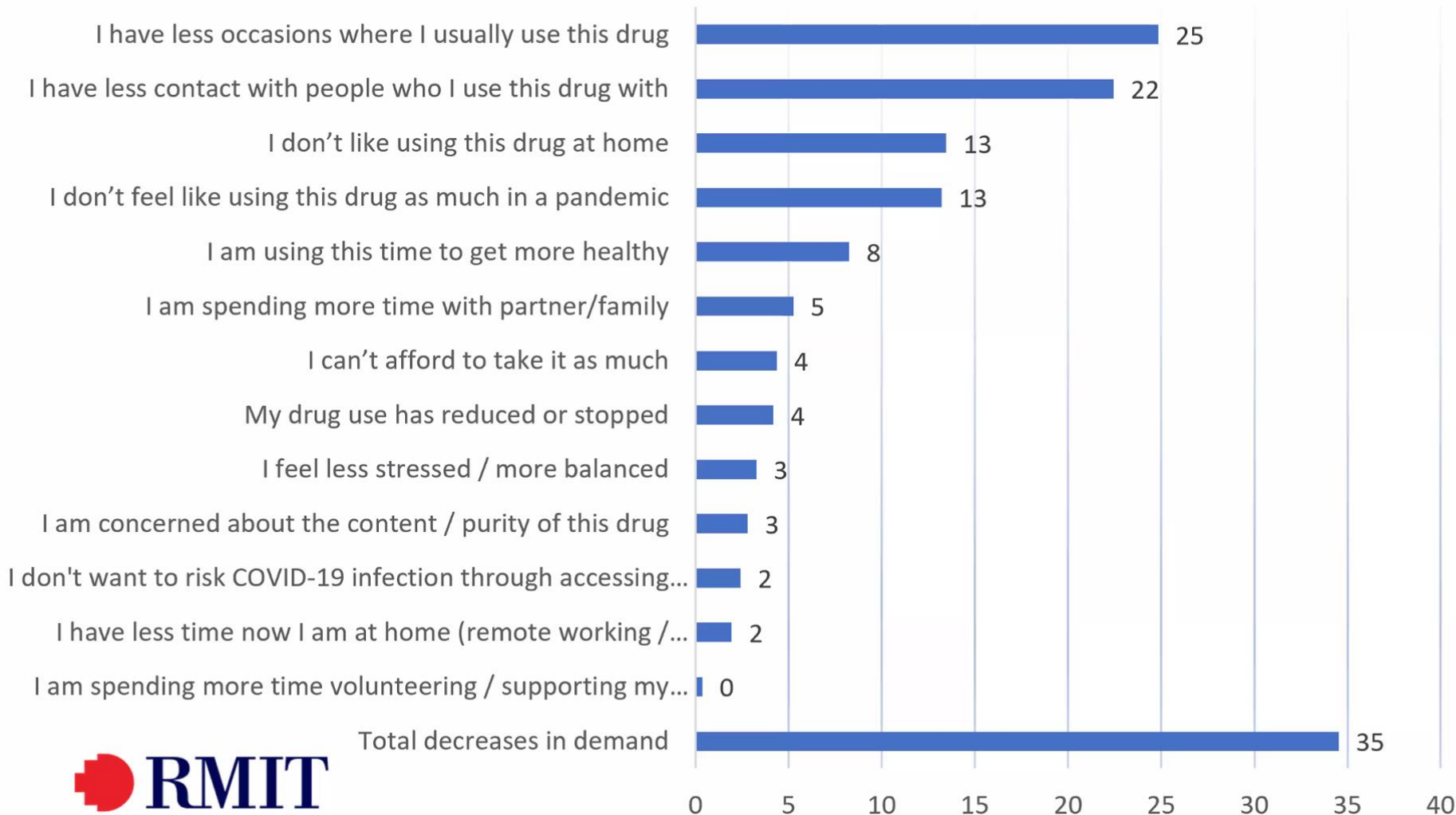
n<100 excluded

■ Decreased a lot ■ Decreased a little ■ Stayed the same ■ Increased a little ■ Increased a lot

Decreases in demand: Global (%)



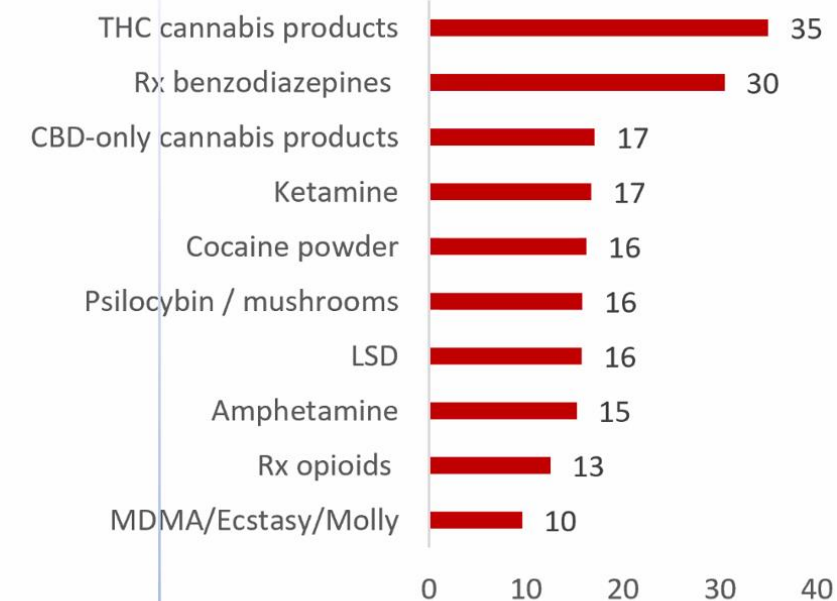
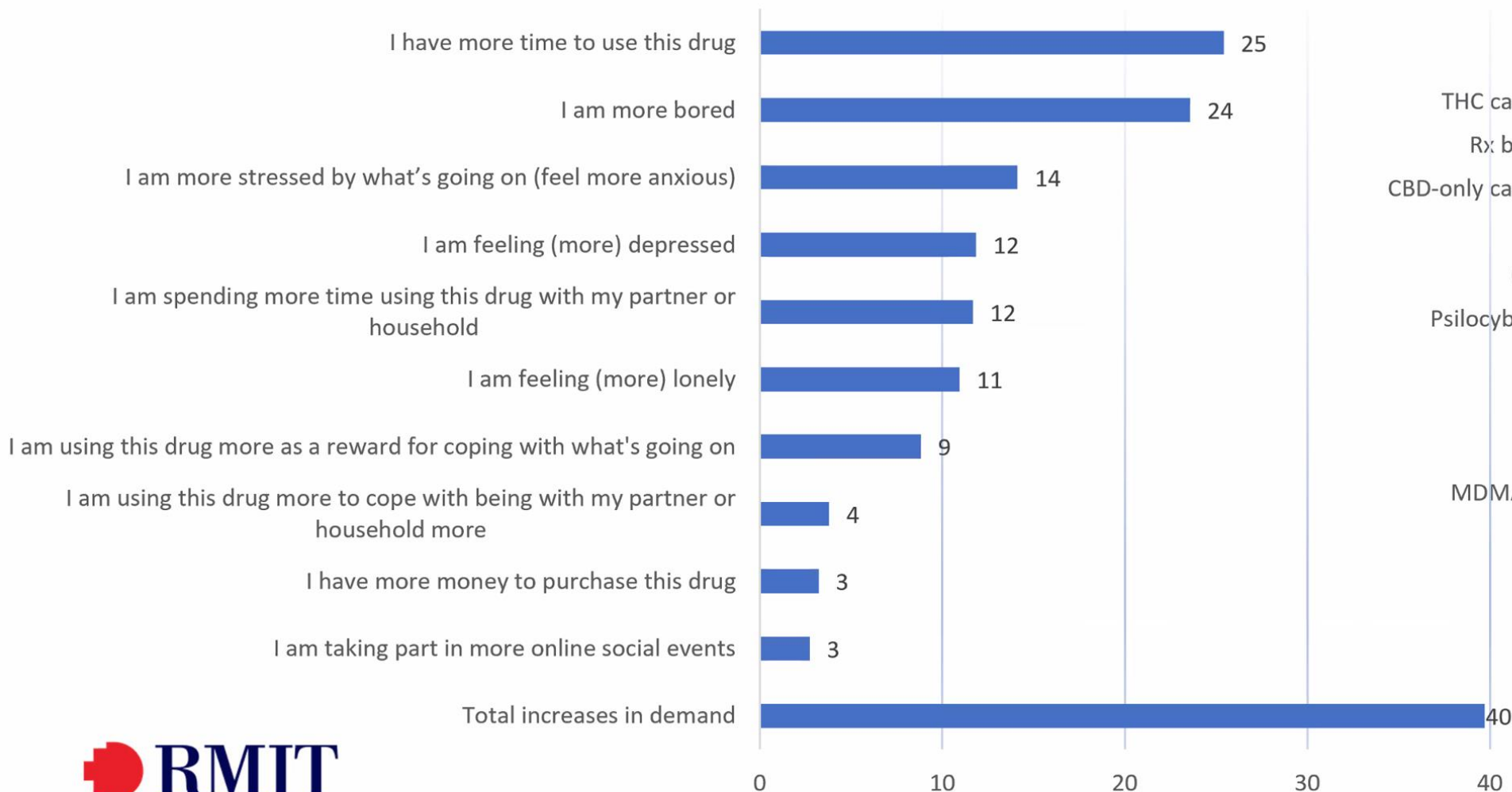
GLOBAL DRUG SURVEY



Increases in demand: Global (%)



GLOBAL DRUG SURVEY



COVID-19 and AOD

Impact upon general population

Anecdotes

Supply / cost issues & Treatment issues

- ↓ availability / Increased cost of methamphetamine
- ↑ use of GHB (gamma-hydroxybutyrate), GBL (gamma-butyrolactone) and 1,4-BD (1,4-butanediol)
- ↑ price of cannabis
- Difficulty contacting / ↓ attendance
- Poor uptake of Healthdirect vs phone calls

‘Home bake heroin’ using prescription opioids (e.g. MS-Contin, codeine) with chloroform, pyridine, hydrochloric acid and acetic anhydride.

The impact of the COVID-19 shutdown on gambling in Australia

Preliminary results from Wave 1 cross-sectional survey



Background: COVID-19 shutdown substantially reduced gambling availability:

- gambling venues closed (no EGMs, casino games, keno, retail wagering)
- sporting events cancelled (limiting sports betting options)
- 'Stay at home' orders reduced access to lottery retailers.

Methodology: online survey of 764 Australian adults (85% male, aged 18-82 years) who had gambled in the past 12 months - May 2020.

Preliminary results:

- Nearly three in four participants reported gambling less frequently during the shutdown, and most did not increase their online gambling frequency.
- Individuals at moderate-risk of gambling harms were more likely to report increases in gambling frequency, and higher problem gambling severity was associated with increases in gambling expenditure.
- the majority of participants reporting past-year gambling problems indicated that their gambling problems had decreased during the shutdown.
- Higher psychological distress and COVID-related financial difficulties appear to be linked with increases in gambling expenditure, but not increases in gambling frequency.
- Most participants reported expecting to resume their normal gambling patterns post-shutdown.



Australian Government

Australian Institute of Criminology

Statistical Bulletin 25

ISSN 2206-7302 (Online)
ISBN 978 1 925304 52 7 (Online)



- online panel of 1,000 respondents; 3 and 6 April 2020
- almost a quarter of those surveyed had engaged in online gambling in the last month.
- ~10 percent of all respondents surveyed had increased and 14 percent had decreased their participation in at least one form of online gambling in March 2020.
- The demographic characteristics of those engaging in increased online gambling:
Men aged under 30 in full-time employment; 46% of these increased their participation in at least one form of online gambling in the last month, compared with 9% of those who did not fit this profile.

COVID-19 impact upon *Rural* MH & AOD service delivery

MH services:

- Transition, wherever possible, from acute inpatient care to treatment in community.
- Greater focus on working in partnerships
- Rapid development of skills & capacity to work in telehealth modalities
- More frequent, briefer, phone & telehealth contacts
- Increased demand for integrated AOD Rx

AOD services:

- Rapid shift to telehealth modalities
- Shift more frequent, briefer, telehealth contacts → longer & more depth as everyone gets used to telehealth
- Referral numbers about the same but increased number of contacts
- +ve feedback re being seen @ home / not having to attend
- Youth Outreach – prefer in person contacts
- Increased demand for Family Drug Support

Ack: Gary Croton Clinical Nurse Consultant, Albury Wodonga Health



Dual Diagnosis (DD) Guide

Working with DD clients in a Pandemic

Due to restrictions introduced around the COVID-19 pandemic there will be changes in people's routines, access to treatment/medications as well as substances that the person may regularly use or start to use in response to the stress and anxiety associated with the pandemic.

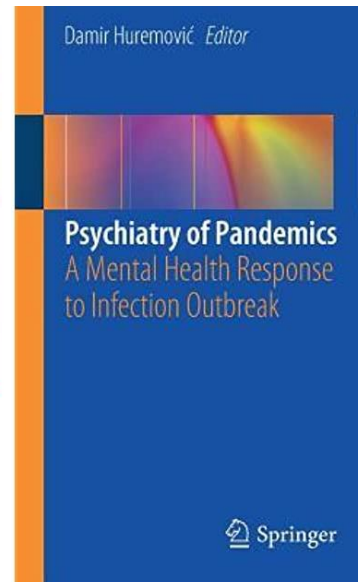
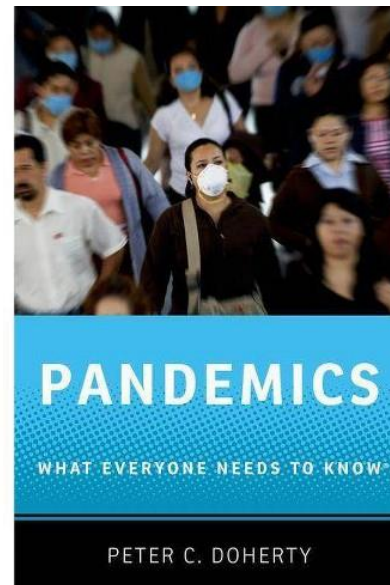
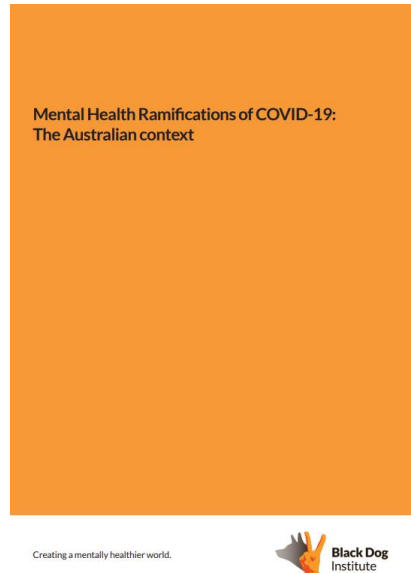
For people who may have been identified as having comorbid mental health and substance use issues before the pandemic there are increased risks associated with the current situation. For all vulnerable populations accessing your services this approach below may also be of assistance, even if not identified as a dual diagnosis presentation.

Ask the person how the current situation is impacting on them and how they are coping (or not).

What's been the impact on your life?

- Home life / living arrangements
- Financial supports – employment; welfare support etc.
- Important relationships & supports -
- Access to medications & psychological/psychosocial supports
- Access to regularly used substances – Has this changed? How has it changed?

Further reading



https://www.blackdoginstitute.org.au/wp-content/uploads/2020/04/20200319_covid19-evidence-and-reccomendations.pdf

https://www.sydney.edu.au/content/dam/corporate/documents/brain-and-mind-centre/road-to-recovery_brain-and-mind-centre.pdf

AOD references

Raffaele D , Hall C and Dietze P. *Impacts of COVID-19 and associated restrictions on people who use illicit stimulants in Victoria: Findings from the Ecstasy and Related Drugs Reporting System 2020*. NDARC, UNSW, Sydney June 2020.

https://ndarc.med.unsw.edu.au/sites/default/files/ndarc/resources/COVID%20EDRS%20bulletin_VIC_20200917.pdf



Winstock AR, Zhuparris A, Gilchrist G, Davies EI, Puljević C, Potts L, Maier LJ, Ferris JA, Barratt MJ. *GDS COVID-19 Special Edition: Country reports*. Global Drug Survey, 9 September 2020



GLOBAL DRUG SURVEY

Sutherland, R., Baillie, G., Memedovic, S., Hammoud, M., Barratt, M., Bruno, R., Dietze, P., Ezard, N., Salom, C., Degenhardt, L., Hughes, C. & Peacock, A. *Key findings from the 'Australians' Drug Use: Adapting to Pandemic Threats' (ADAPT) Study*. NDARC, UNSW, Sydney June 2020.





Activities



Dual Diagnosis Tools

- Reasons For Use (RFU) Package: implementation continues at Well Ways, Mind Australia, St Vincent's CCU and Neami National
- Before During & After (BDA) Harm Reduction Tool: implementation continues at Well Ways, Mind Australia, St Vincent's CCU
- Carers Can Ask (CCA) implementation started at Austin Mental Health Networks

Nexus have key co-ordinating roles in six different networks (NEDDY, YDHF, YMHA, BMHA, NEMHSCA and the VDDI LG)



Extended areas of Practice



- Research with Neami National Youth residential services which includes peer researchers, Monash MSW students and Neami staff
- “Tuesdays With Nexus” statewide interactive forum has 200+ subscribers
[Link for registration & resources](#)
- International P.O.S.T. program support via Zoom
- Online training in DD essentials, Trauma and Motivational Interviewing

Harm Reduction

An empowering, person centered approach to Substance Use and Mental Health

A **Webinar** presented by Nexus Dual Diagnosis Consultation Service with contributions by Harm Reduction Victoria, Wellways and Mind Australia.

Oct 05th 2020
12.30pm-2.00pm

General Admission
through
www.sli.do
Slido code 37978

yarra
drug & health
forum



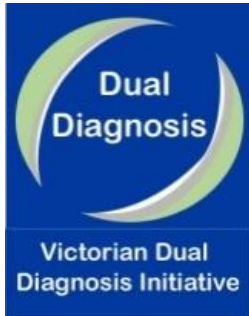
Yarra
Mental
Health
Alliance

NEMHSCA
NORTH EAST MENTAL HEALTH SERVICE COORDINATION ALLIANCE

phn
EASTERN MELBOURNE
An Australian Government Initiative

Nexus Q&A Panel

- How can we further improve service delivery for consumers with dual diagnosis at St Vincent's Mental Health?



nexus@svha.org.au



[Creative Commons](https://creativecommons.org/licenses/by-nc-sa/3.0/)

You are free to share and adapt the content as per the [creative commons](https://creativecommons.org/licenses/by-nc-sa/3.0/) licence provided that St Vincent's Hospital (Melb.), Nexus and the VDDI are acknowledged, under the following conditions:

- **Attribution** - You must attribute the work to Nexus and the VDDI but not in any way that suggests that the Nexus or the VDDI endorses you or your use of this work
- **Non-commercial** - You may not use this work for commercial purposes.
- **Share Alike** - If you alter, transform, or build upon this work, you may distribute the resulting work only under the same or similar license to this one.

See <http://creativecommons.org/licenses/by-nc-sa/3.0/>