

Regional AOD-MH Services- Changes due to COVID

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Half of all mental health consultations in Australia conducted on telehealth during COVID-19



AOD-MH Services- Changes due to COVID

MH services:

- Transition, wherever possible, from acute inpatient care to treatment in community.
- For community treatment to work, it has to be **genuinely strengths-based**.
- Greater focus on **working in partnerships**
- Increased **reliance on** and **recognition of significant others**

AOD-MH Services- Changes due to COVID

MH services:

- Rapid development of skills & capacity to work in telehealth modalities
- More frequent, briefer, phone & telehealth contacts
- **Inpatient unit changes**
- **Increased demand for integrated AOD Rx**

AOD-MH Services- Changes due to COVID

AOD services:

- Similar **rapid shift to telehealth modalities**
- Shift more frequent, briefer, telehealth contacts- now 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

AOD-MH Services- Changes due to COVID

AOD services:

- **Pharmacotherapy** changes
- Increased **demand for Family Drug Support**
- **Youth Outreach** – prefer in person contacts

Going forward

- Potential for more equitable metro-rural distribution of resources
- MH services predominantly community based & focused

Another \$4.9 million will go to 24 new Hospital in the Home beds, which will mean more Victorians can access specialist mental health care in their own homes with their support networks around them.

- Need to align governance & funding with community based focus