

EARLY INTERVENTION/DUAL DIAGNOSIS



**CONTEMPLATING
ENGAGEMENT**

BACKGROUND

- IDENTIFIED NEED FOR YOUTH EARLY PSYCHOSIS (YEP) SERVICES IN THE STATE.
- FIRST YEP SERVICE COMMENCES IN VICTORIA IN 2004.
- SWHC RECEIVES FUNDING FOR 2.5 EFT IN 2006.

TEAM ESTABLISHMENT

WHY EARLY INTERVENTION/DUAL DIAGNOSIS.

- RESEARCH AND TRENDS
- LOCAL FILE AUDITS
- MEET KEY DIRECTIONS FROM DoHS FOR YEP SERVICES AND DD.
- SERVICE DIRECTION OF TREATING DUALY DIAGNOSED CLIENTS

TEAM ESTABLISHMENT

- CLIENT CENTERED SERVICE
 - ENGAGE CLIENTS IN A VARIETY OF SETTINGS
 - ACCURATELY ASSESS PRESENTATION
 - PROVIDE EXTENDED ASSESSMENT AND INTERVENTION
 - ASSESSMENT AND TREATMENT FOR BOTH SUBSTANCE USE AND MENTAL ILLNESS.

Dual Diagnosis – You can't treat one without treating the other!



TEAM STRUCTURE

- 4.5 EFT
- 0.2 EFT CONSULTANT PSYCHIATRIST
- 0.1 EFT DRUG AND ALCOHOL PHYSICIAN
- CLINICIANS FUNCTION AS A SPECIALIST TEAM, BUT ARE CO-LOCATED WITH EXISTING CAMHS AND AMHS TO PROMOTE A CULTURE OF EI/DD THROUGHOUT THE SERVICE.

PROFESSIONAL DEVELOPMENT

- EARLY INTERVENTION
- SUBSTANCE USE AND ABUSE
- FEP
- FAMILY INCLUSIVENESS
- COLLABORATIVE THERAPIES
- DUAL DIAGNOSIS
- COMPLETION OF GRAD. CERTIFICATE IN DRUG AND ALCOHOL- TURNING POINT

MODEL OF CARE- KEY PRINCIPLES

- Emphasis upon early detection and intervention principles, minimising the impact of the illness.
- Seamless entry to service from a range of youth orientated areas. Promotion of a 'no wrong door policy.
- Flexible entry from team to team within the service; minimising disruption to client and their families; minimising the impact of the illness.

MODEL OF CARE-KEY PRINCIPLES

cnt.

- Evidence based treatment provided at an earlier phase of the illness; interventions specifically targeted to the client's needs and the stage of the illness.
- Assessment, treatment and interventions for clients with co-occurring substance use issues.
- Enhancing service provision to currently case managed client; long term follow up and support via the registry.

MODEL OF CARE- KEY PRINCIPLES

cnt.

- Implementation and promotion of an EI/DD cultural change to the existing service.



COMMUNITY PARTNERSHIPS

- YOUTH AGENCIES
- SCHOOLS
- GENERAL PRACTITIONERS
- DRUG AND ALCOHOL SERVICES
- PDRSS
- KOORI SERVICES
- COMMUNITY HEALTH CENTRES
- COLLABORATION WITH VOCATIONAL AGENCIES

'NO WRONG DOOR' POLICY

- Every "door" in the healthcare delivery system should be the "right" door.
- Collaborative working relationships, increased accessibility in a range of settings; promotion of EI/DD philosophy, presentations and interventions.
- Seamless model- promotes engagement and minimises disruption for the client and their family.
- Interventions are client centred; and targeted to the client current stage/phase.

MODEL OF SERVICE.

- Key features:
 - Accessible in a range of youth orientated agencies.
 - Flexible, seamless entry into the specialist mental health services.
 - Provision of both mental health screening and dual diagnosis screening/assessment.
 - Promotion of Early Intervention/ Dual Diagnosis culture within service and community.

MODEL OF SERVICE cnt.

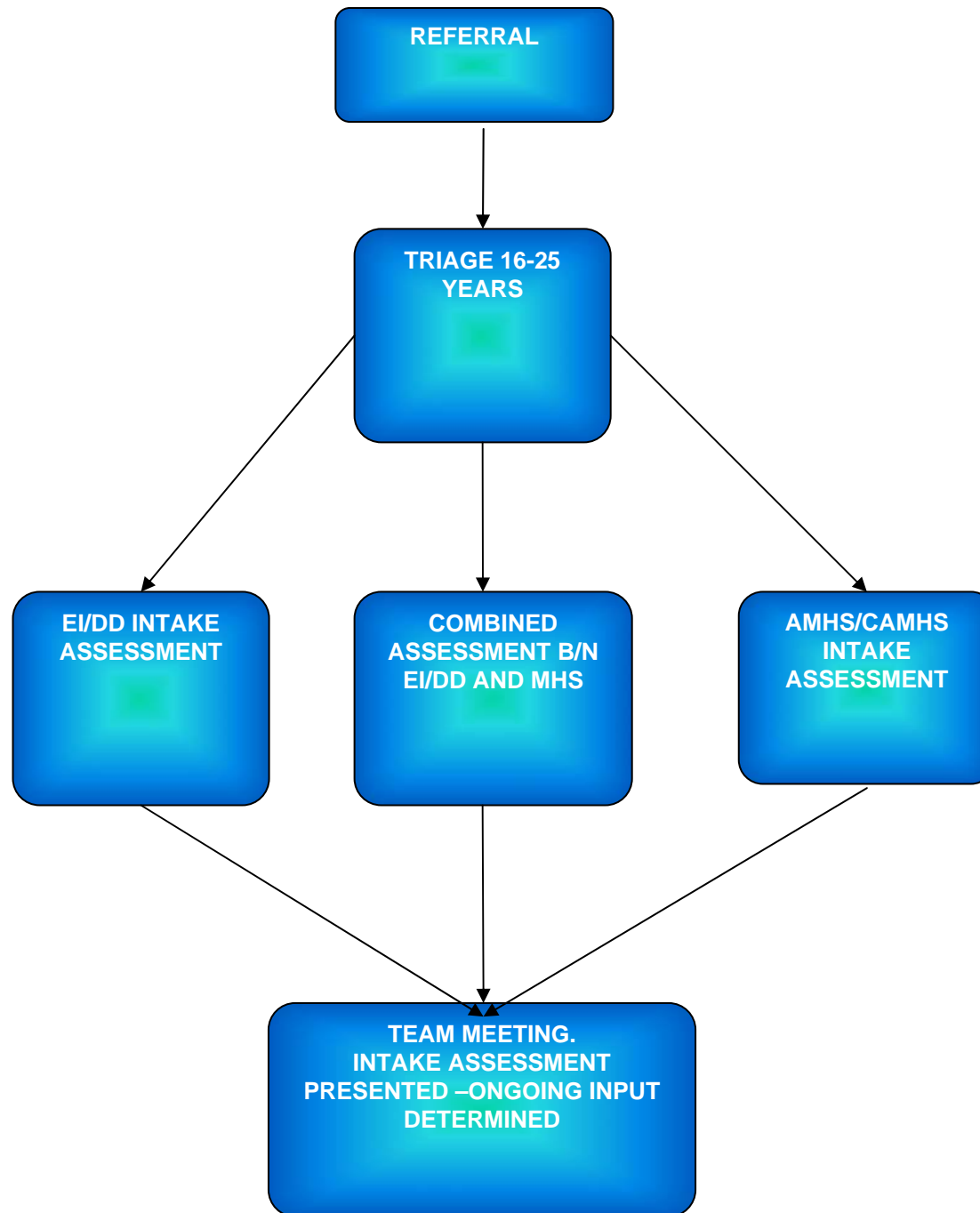
- Provide specialist skills/ 'enhancement' to clients currently case managed by specialist mental health services.
- EI/DD assessment occurs over a 3/12 period. This allow the provision of a comprehensive assessment and specific interventions prior to determining ongoing input.

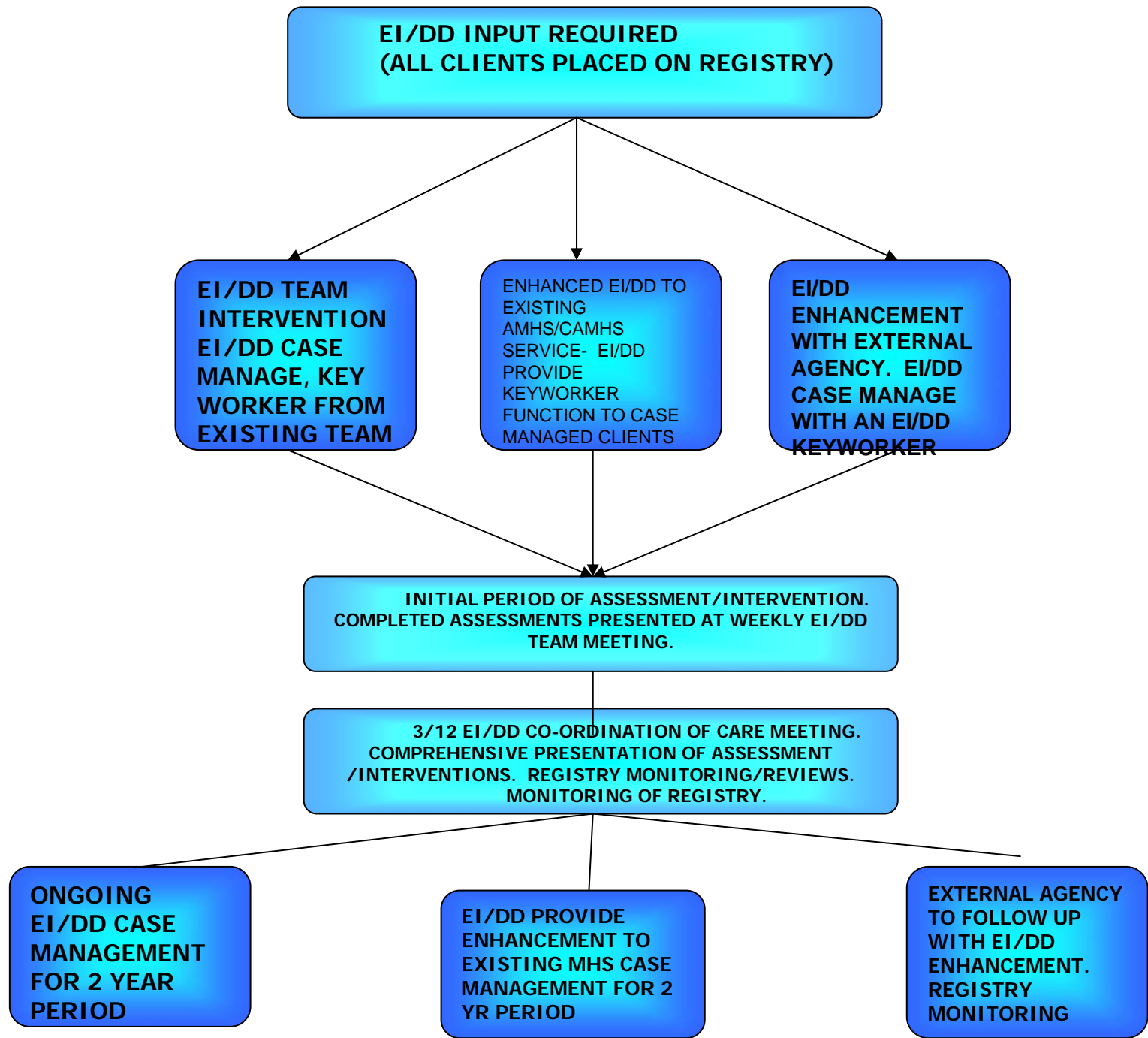
CLIENT PATHWAYS

- Referral
- Triage
- Intake assessment
- Intake assessment outcomes:
 - Case management AMHS/CAMHS
 - Case management EI/DD
 - External management with EI/DD support.

CLIENT PATHWAYS cnt.

- Assessment by Psychiatrist and/or Drug and Alcohol Physician.
- Review process.
- Discharge
- Registry.





REGISTRY/DATA BASE.

- Promotes/ assists with long term monitoring of clients.
- Allows for earlier intervention if signs of relapse/deterioration become evident.
- Acts as a data base- allowing for recording of a range of outcome measures- including C-PIN, DUP and substance use; also records interventions utilised.

◀ Add New Client Record ▶

Early Intervention Registry

First registration date 30/01/2007

31 Last ReviewDate 9/01

FirstName Rhett

Alias

Next Review due 7/01

Registry Review date:

Open latest episode

street, town

PhoneNumber 5xxx 8xxx

Region Warrnambool

Date of birth

enhanced

OM due 29/1

Clinician Catherine

Closure

Close Form

vement

Start New Episode for this client if required

code start date 30/01/2007

31 22

ServiceProvider School

Consent obtained

Add Team Meeting Details

Add Intervention Data

Add Substance Use Data

Add Outcome Measures Data

Add CPIN Data

Carer contact name

Carer Contact Details 5xxx 7xxx; address

SAVE Records

ClinicalConcern ARMS

Clinical Concern - other Substance Use

Provisional Diagnosis Other

ProvisionalDiagnosis - other mixed disorder of conduct and emotion

Wireless networks detected

One or more wireless networks are in range of this computer. To see the list and connect, click this message

PROMOTION OF YEP SERVICE OBJECTIVES

- Establishment of a 'youth friendly model'- increased accessibility in schools; Youth agencies, GP clinics, Koori Services, Drug and alcohol .
- Provision of education re: first onset psychosis to relevant agencies within the community.
- Promotion of the early intervention principles.
- Promotion of phase specific interventions.

PROMOTION OF YEP SERVICE OBJECTIVES cnt.

- Strengthening and development of strong collaborative relationships with a range of community settings.
- Emphasis upon family/carer involvement and support.
- Clinicians have specialist mental health and dual diagnosis training.

PROMOTION OF DD KEY DIRECTIONS.

- EI/DD team structure- Psychiatrist; D&A Physician; EI/DD clinicians; DD Co-ordinator.
- Identification of education and training needs of team, service and community.
- Promotion of collaborative relationships.
- Promotion of common screening tools.
- Accessibility of EI/DD clinicians.
- Implementation of Collaborative therapy groups.
- Service commitment to DD clients i.e. inception of DD champions.

OUTCOME MEASURES

- HoNOS/HoNOSCA
- Focus of Care (FOC)
- Clinician Rating Scale (CRS)
- SATS
- SOFAS
- GARF
- DUP
- C-PIN
- ALSP
- Basis 32

WHAT SHOULD WE COLLECT? WHAT DO WE NEED TO KNOW?

To Develop a plan to manage we need:

- 1. MODEL of CARE-Harm Reduction and Motivational Model
- 2. **SUBSTANCE USE Tools**: WHAT, HOW, WHEN and WHY- psychological and diagnostic data
- 3. **ADDICTION tools**:
- SUBSTANCE/ALCOHOL-SEVERITY of USE and
- ENGAGEMENT- Current Stage of Change
- 4. Understanding of the Disability/Problems

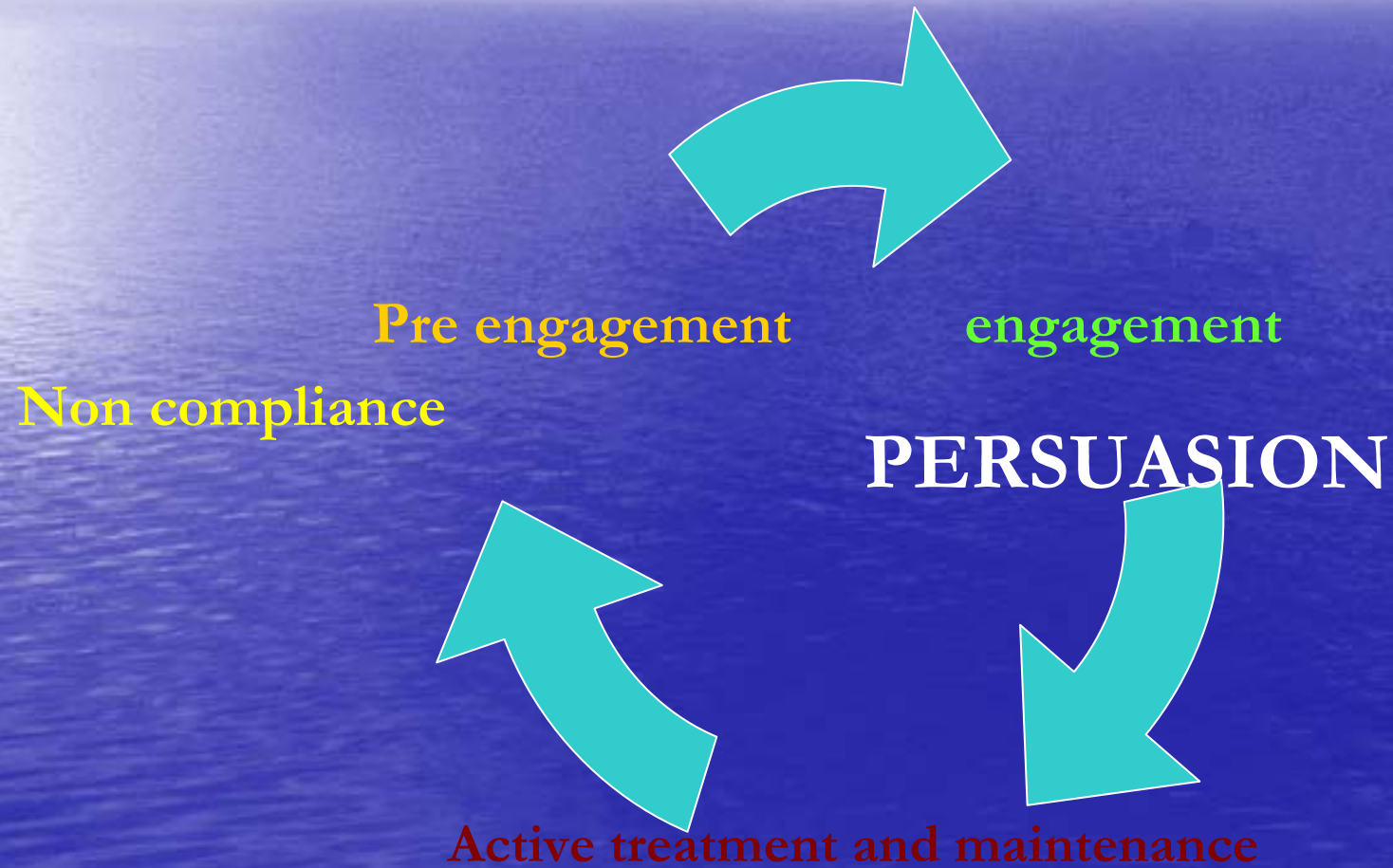
STAGE

GOALS

PRECONTEMPLATION:	ENGAGEMENT- establish alliance and regular treatment contact
CONTEMPLATION & PREPARATION:	PERSUASION/MOTIVATION - TO PARTICIPATE in treatment for mental illness &/or Substance use Realistic/Shared Goals and Plans to Treat.
ACTION:	ACTIVE TREATMENT: Help client to learn skills to manage mental illness and reduce use/abuse of substances
MAINTENANCE:	RELAPSE PREVENTION Learn skills to avoid relapse and expand recovery to other areas of their experience.

General principles of alcohol and drug treatment in serious mental illness where motivation is poor!

Often Requires Mental Health ACT



Substance	Quantity & Frequency (per week)	Usual Route (ingest, IV, inhale)	Duration of use	Date and time of last use	Comments (history, tolerance, drug seeking)
Depressants					
Alcohol					
Benzodiazepine					
Codeine, Morphine, etc					
Cannabis (\$/cones/weight)					
Heroin (\$/weight)					
Methadone or Buprenorphine					Prescribing Dr:
Stimulants					
Amphetamine (\$/weight/lines)					
Ecstasy (tablets)					
Cocaine (\$/weight)					
Caffeine					
Hallucinogens					
LSD					
Magic Mushrooms					
Solvent					
Other (include prescribed)					

Action taken at time of screening—according to identified Stage of Change (circled)

Stage of Change (circle)	<i>Stage of Change prompts</i>	Education/Harm reduction (tick if actioned)	Other Brief intervention (eg Motivational Interview, advice, pamphlet)	Onward referral to D&A or Other services (specify destination)
Pre-contemplative	<i>Consumer does not see a problem</i>			Not appropriate if Pre-contemplative
Contemplative	<i>Consumer is thinking about change</i>			
Action	<i>Consumer actively addressing problem</i>			
Relapse prevention/Lapse	<i>Consumer does not want to return to use</i>			

Are there current signs of intoxication Yes

No

Are there signs of / or immediate potential- for withdrawal Yes

No

If yes to withdrawal please contact Consultant Psychiatrist or Doctor immediately.

SEVERITY of USE = "HARM REDUCTION" MEASURE

- CLINICAN RATING SCALE (CRS) 1 to 5
- 0 = Abstinence
- 1 = USE without IMPAIRMENT
- 2 = ABUSE
- 3 = DEPENDENCE
- 4 = DEPENDENCE with
INSTITUTIONALIZATION

- Mueser K, Et Al Toolkit for evaluating substance use in persons with severe mental illness. New Hamshire: New Hampshire-Dartmouth Psychiatric Research Center, 1995

STAGE of CHANGE = "MOTIVATIONAL" MEASURE

- 1. Pre-engagement
- 2. Engagement
- 3. Early Persuasion
- 4. Late persuasion
- 5. Early active treatment
- 6. Late Active Treatment
- 7. Relapse Prevention
- 8. Remission

(SATS)
SUBSTANCE USE
TREATMENT SCALE



The SATS measured the stage of treatment at assessment

- SATS 1 and 2 represent non-engagement without a working alliance,
- SATS 3, 4, and 5 indicate some regular contact and reduction of use (less than or for at least one month) and,
- SATS 6, 7, and 8 are used if there is a period of abstinence (or controlled use without associated problems), or when there is a focus on relapse prevention .

Summary of outcome tools

- USE tools: Substance use GRID- follow amount/frequency of use
- **ADDICTION** tools:
- Severity of use- CRS tool 1-5
Stage of Change (persuasion)- SATS
- Disability and problems-HoNOS & LSP

RELATIONSHIP BETWEEN SEVERITY of USE, STAGE of CHANGE and DISABILITY

- **VALIDITY:** First Study: 112 assessment in year 2000 across various settings-Regional and remote CMHT, DTS & I/P unit
- **CAPACITY to MEASURE CHANGE:** Second DTS study : Using OUTCOMES in 37 longitudinally reviewed clients out of a total of 213 assessments at a DTS in year 2004

VALIDITY/Association of SATS and CRS with outcome measured disability-LSP and HoNOS


- SATS can measure engagement in treatment and CRS severity of use in a variety of settings and across diagnoses
- Engagement alone is associated with less problems and less disability as measured by HoNOS and LSP
- Dependency as measured by CRS is associated with a worsening of function as measured by HoNOS and LSP

CAN these Tools be used to monitor PROGRESS?

- Use of SATS and CRS to show outcomes of service delivery?

Summary

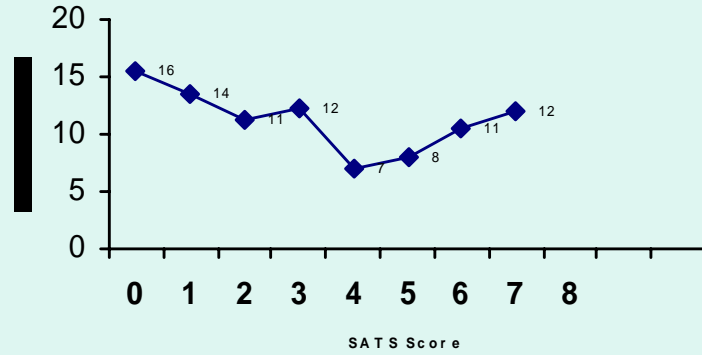
- Outcome tools are available for evaluating a harm reduction motivational model of care
- Good validity in various settings and with psychiatric and co-morbid diagnoses
- HoNOS and LSP are Capable of being sensitive to changes in engagement (SATS) and severity (CRS) across time.



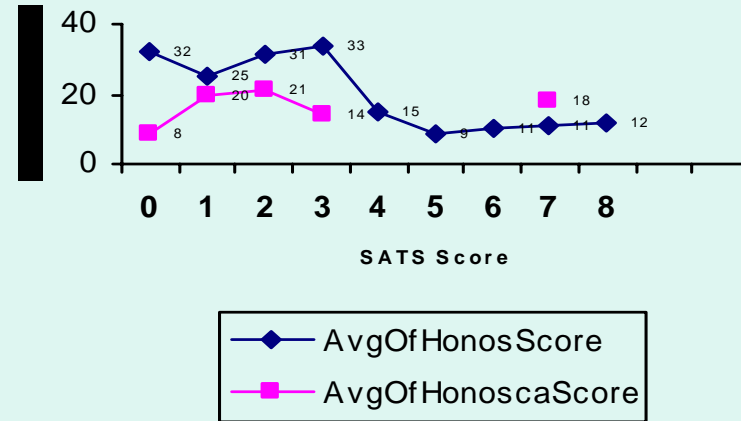
**EIDD team current SERVICE
DATA as of July 2008**

Relationship of addiction outcomes to LSP and HoNOS Outcomes-current EIDD data

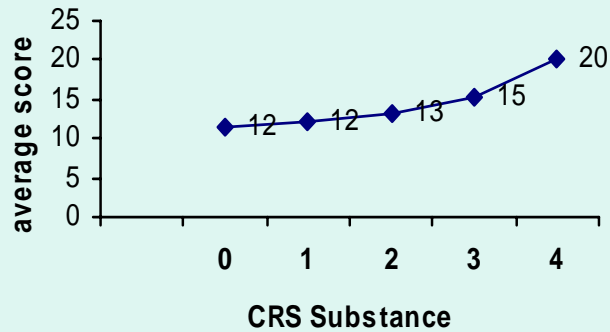
Average LSP Score by SATS score



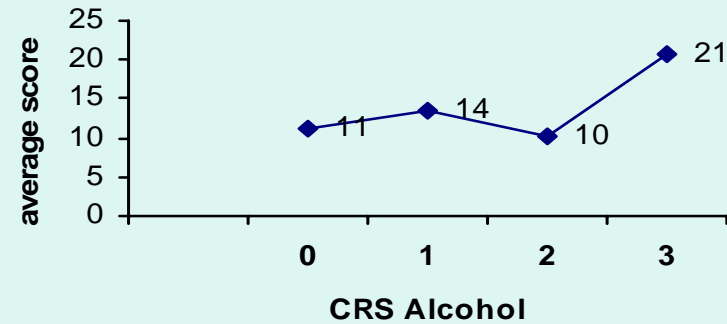
Average Honos Scores by SATS score



Average LSP score by CRS Substance score

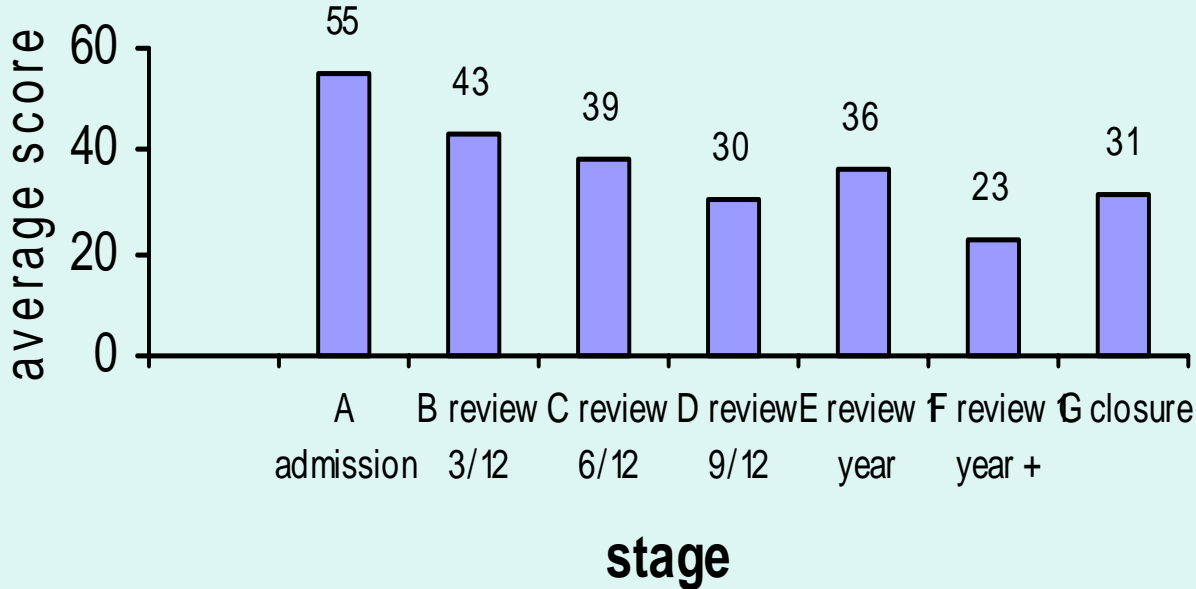


Average LSP score by CRS Alcohol score



CURRENT AGGREGATE ASSESSMENT DATA

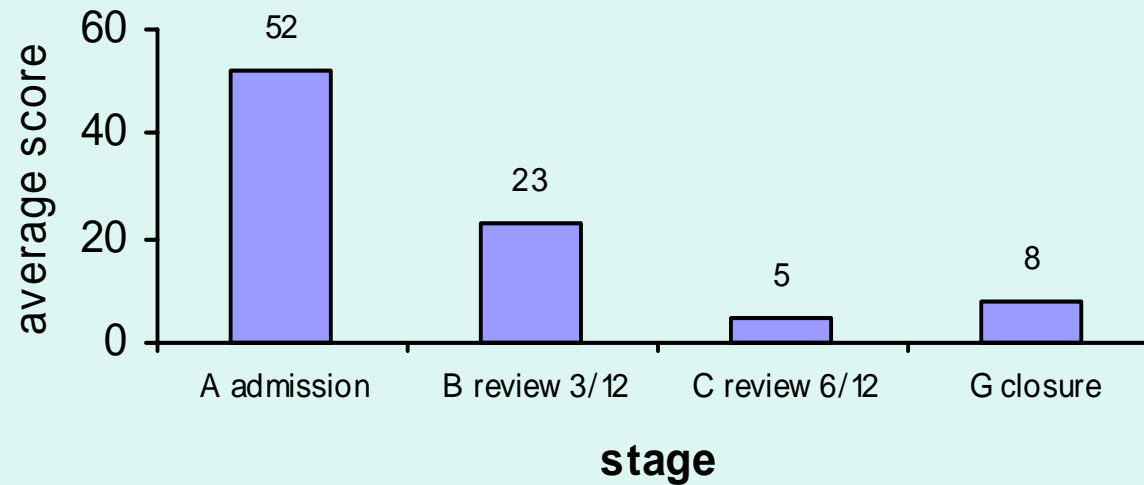
BASIS 32



South West Healthcare- Early Intervention Dual diagnosis Team (EIDD)

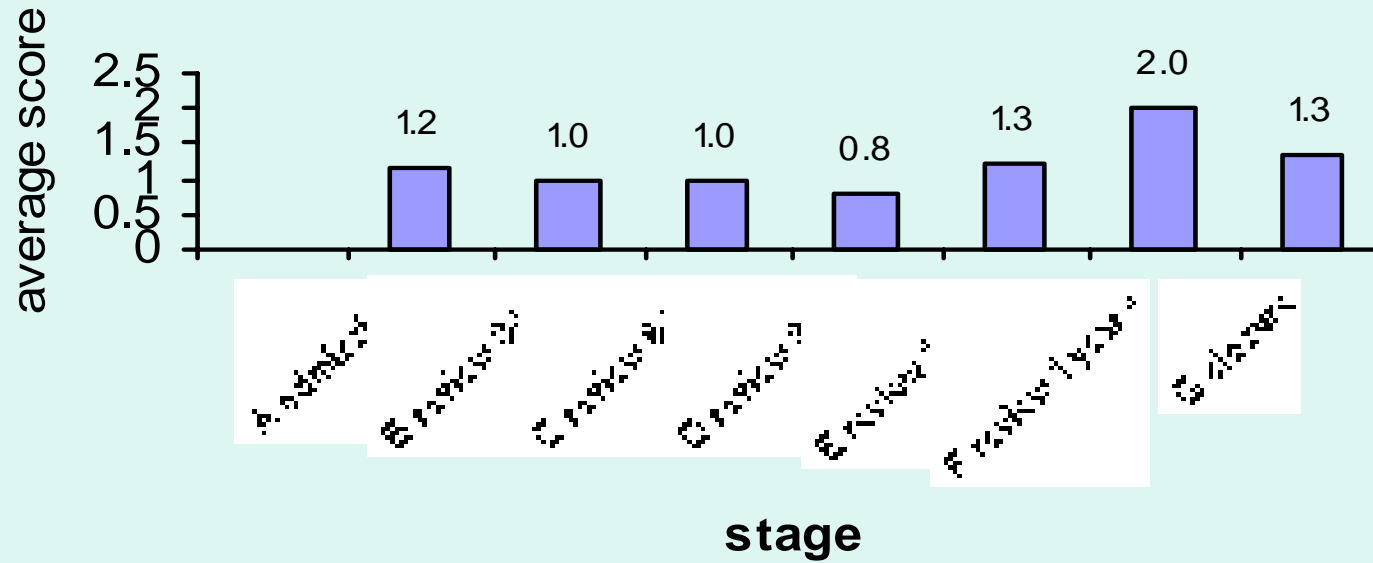
CURRENT AGGREGATE ASSESSMENT DATA

CRS Alcohol

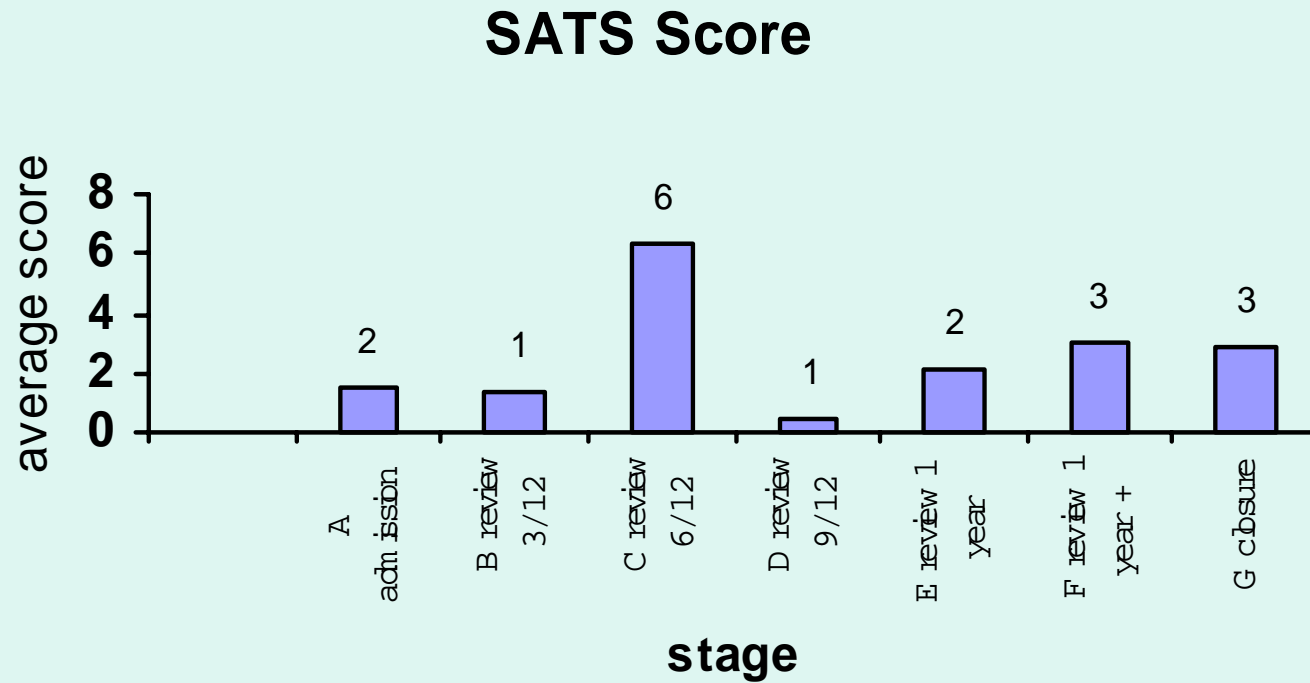


South West Healthcare- Early Intervention Dual diagnosis Team (EIDD) CURRENT AGGREGATE ASSESSMENT DATA

CRS Substance

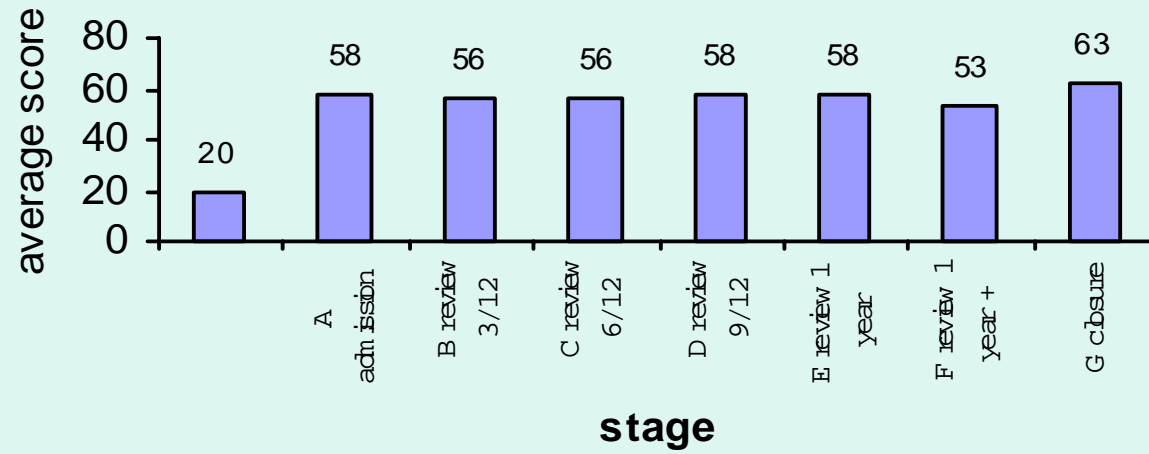


South West Healthcare- Early Intervention Dual diagnosis Team (EIDD) CURRENT AGGREGATE ASSESSMENT DATA



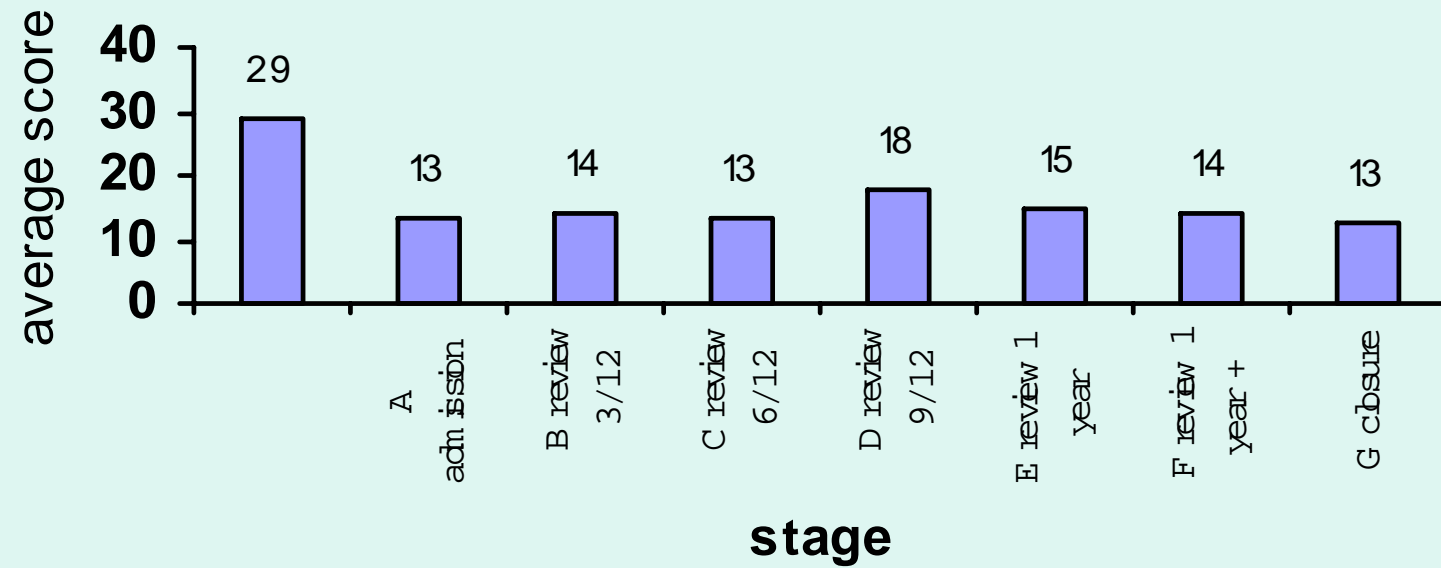
CURRENT AGGREGATE ASSESSMENT DATA

GARF Score



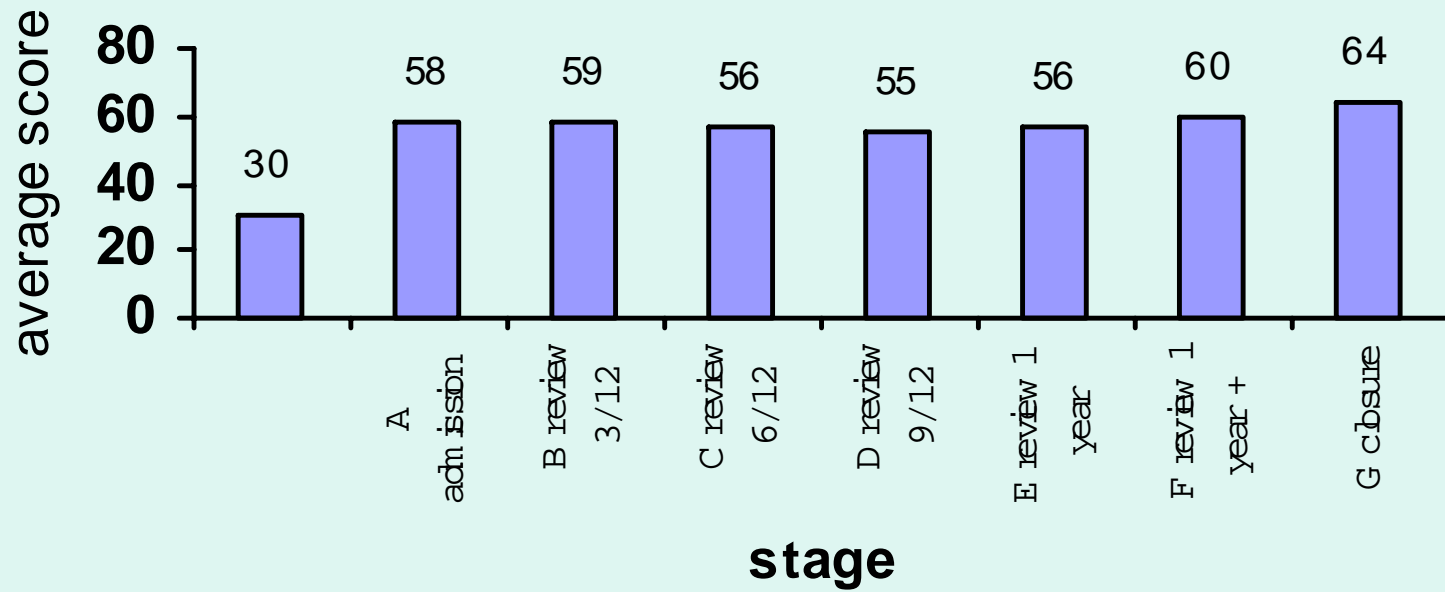
CURRENT AGGREGATE ASSESSMENT DATA

LSP Score



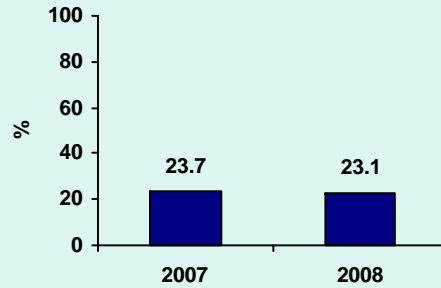
CURRENT AGGREGATE ASSESSMENT DATA

SOFAS Score

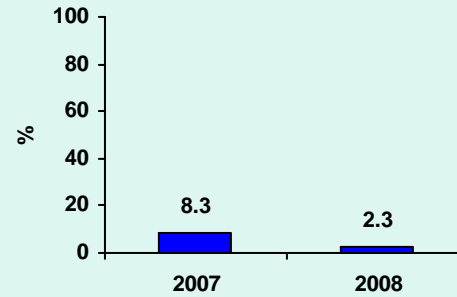


SERVICE CPIN DATA-EIDD

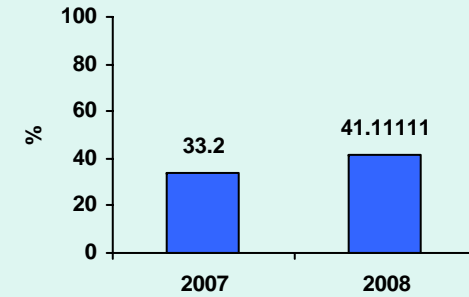
% general assessment



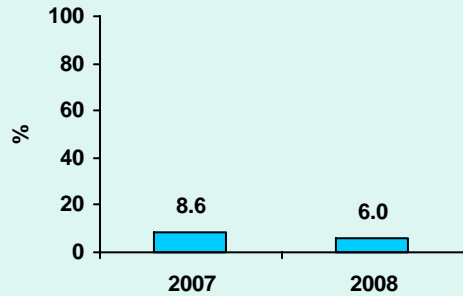
% medical



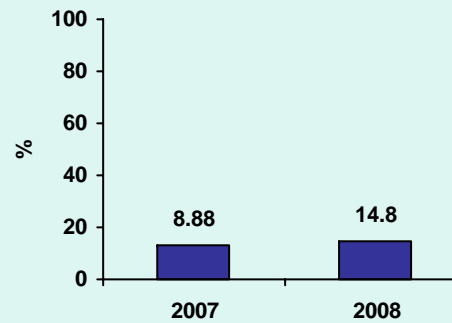
% psychological



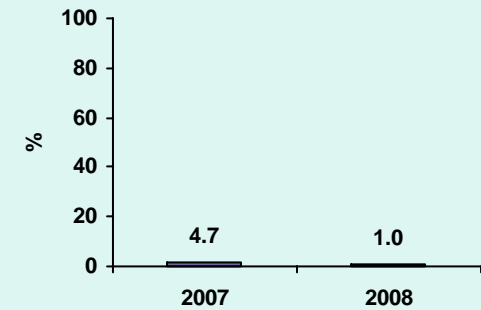
% substance int.



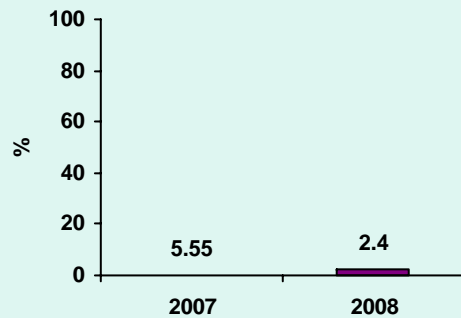
% family/carer



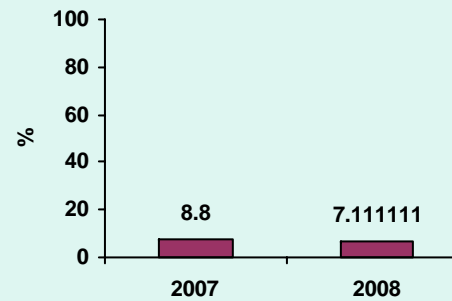
% social reintegration



% legal

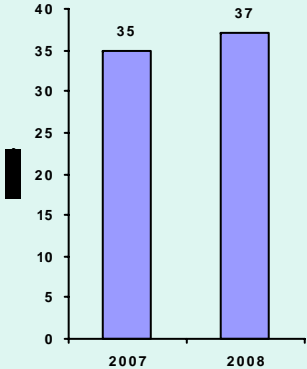


% other

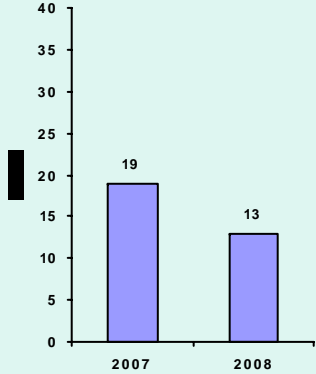


SERVICE CPIN DATA Psychological interventions-EIDD

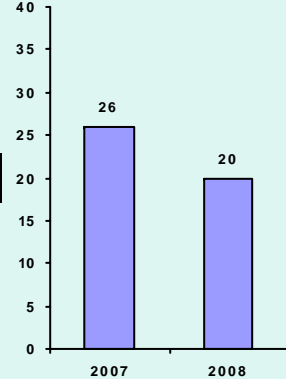
individual engagment



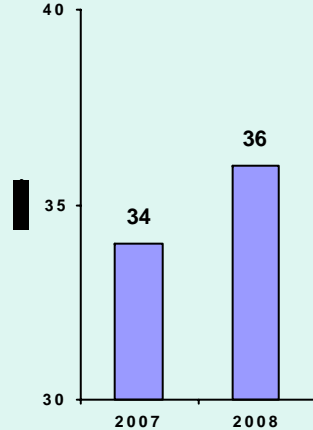
individual support



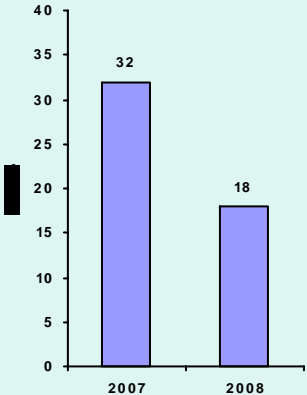
working with goals



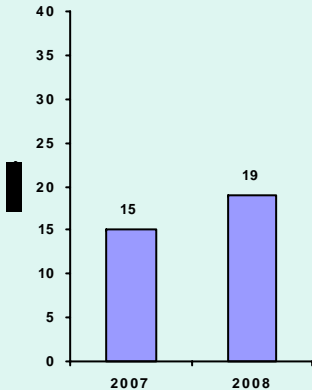
psychological interventions



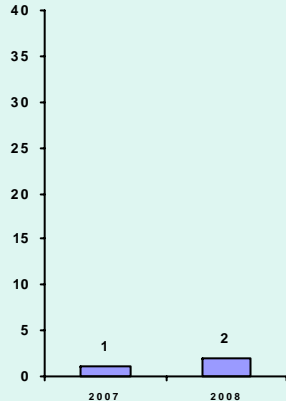
psychoeducation



CBT

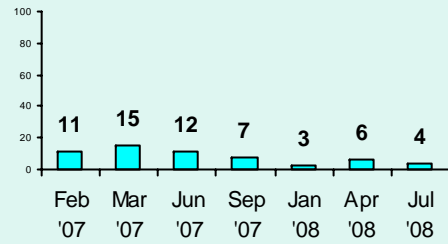


formal psychotherapy

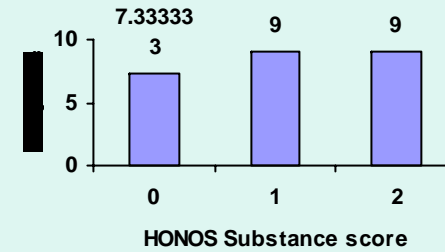


AN INDIVIDUAL'S DATA example- FOLLOW UP

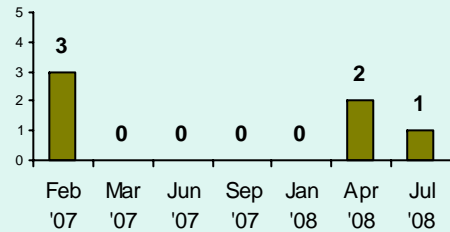
HONOS scores



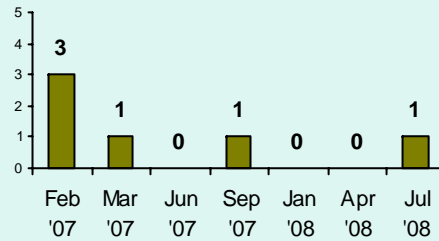
HONOS Analysis



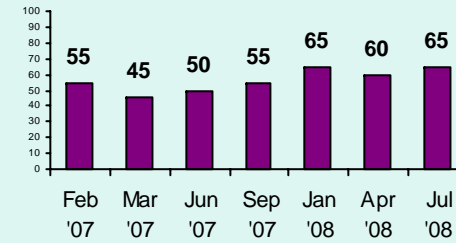
CRS Substance



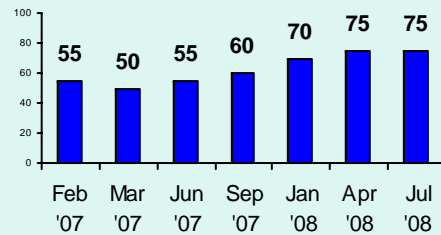
CRS Alcohol



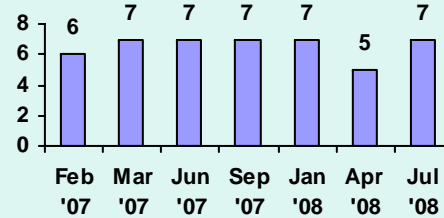
GARF scores



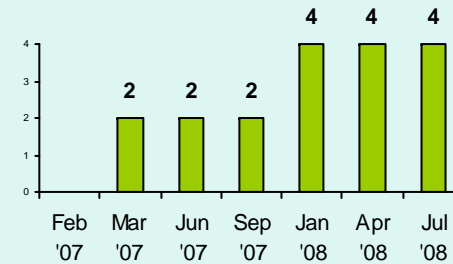
SOFAS scores



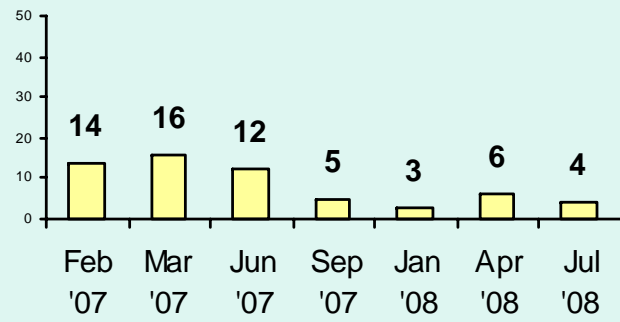
SATS Score



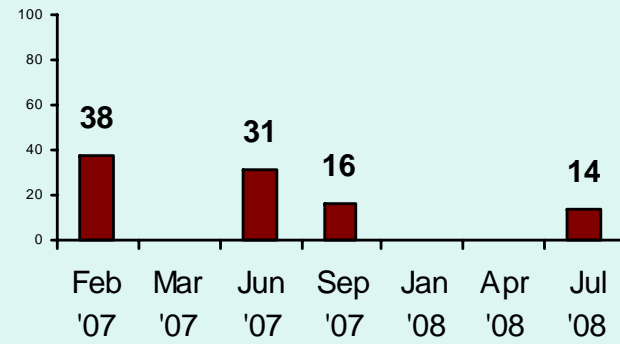
FOC scores



LSP scores



BASIS Scores

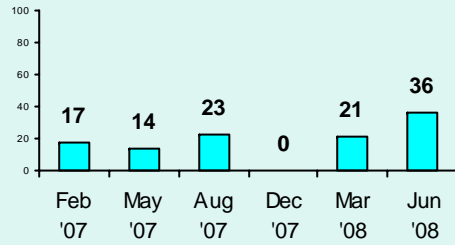


What if outcomes measures
aren't "glowing" ?

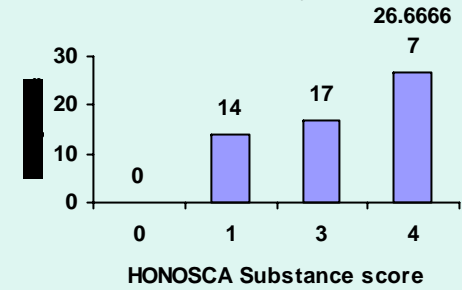


AN INDIVIDUAL'S DATA FOLLOW UP

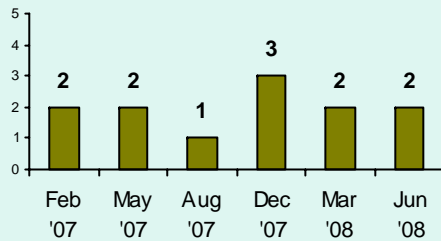
HONOSCA scores



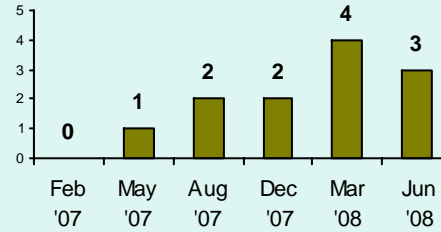
HONOSCA analysis



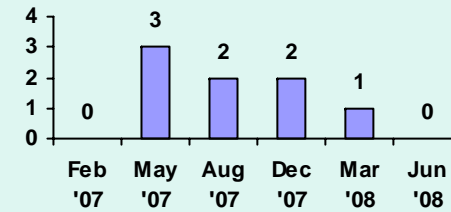
CRS Alcohol



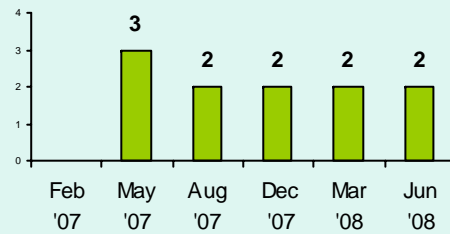
CRS Substance



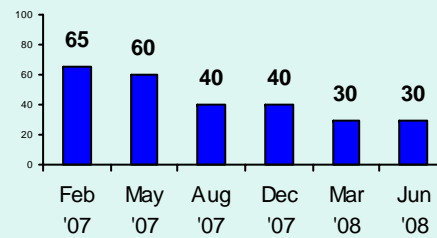
SATS Score



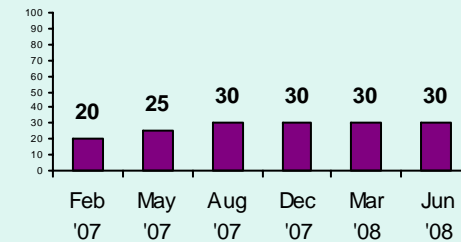
FOC scores



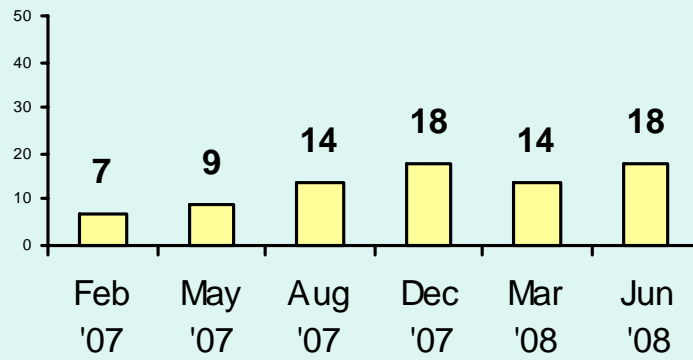
SOFAS scores



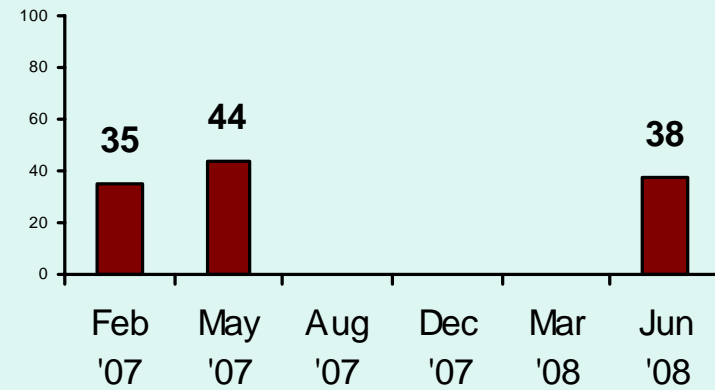
GARF scores



LSP scores

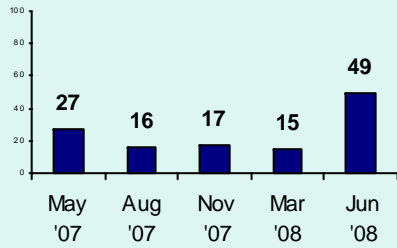


BASIS Scores

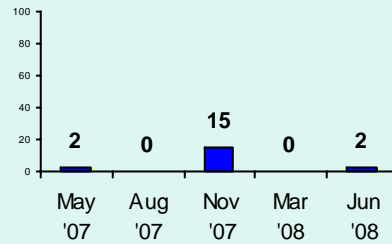


An Individual's CPIN DATA (each 3 months Feb 07-Jun 08) - EIDD

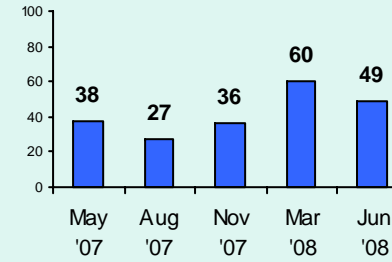
% general assessment



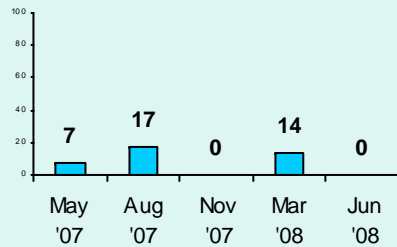
% medical intervention



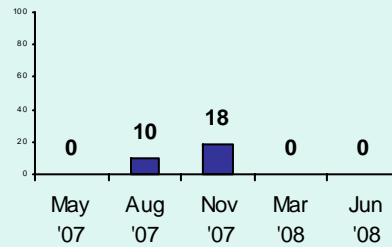
% psychological int.



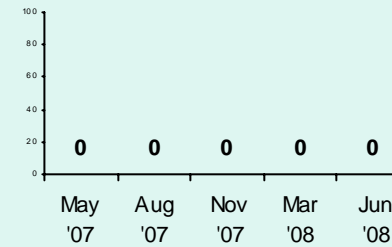
% substance int.



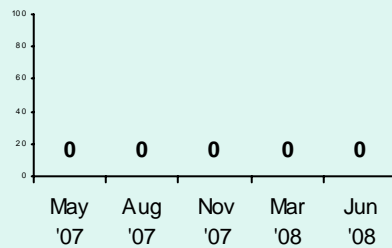
% family/carer int.



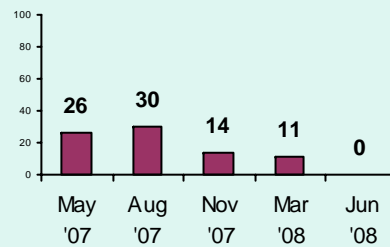
% social reintegration



% legal intervention

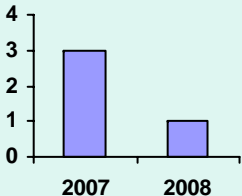


% other interventions

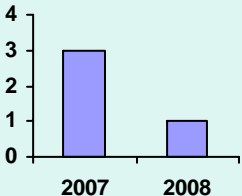


An Individual's CPIN DATA (each 3 months Feb 07 – June 08) -EIDD

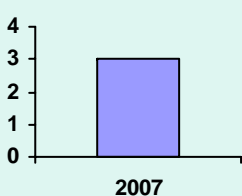
individual engagement



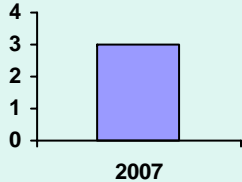
individual support



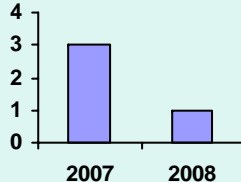
working with goals



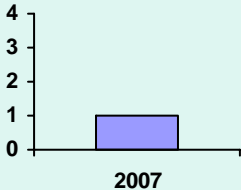
individual psychoeducn.



psych. interventions



CBT



psychotherapy

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