

Specialist Addictions Clinic

Goulburn Valley Health and Goulburn Valley Alcohol and Drug Service

**Every piece of the puzzle – a collaborative holistic
approach to AOD treatment**

Presented by

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Acknowledgement

Today we meet on Wurundjeri land of the Kulin nation, we wish to acknowledge the Traditional Owners and Custodians of this land on which we work and live. We acknowledge the Aboriginal and Torres Strait Islander people and their ongoing connection to land, water and community. We pay our respects to Elders past, present and emerging and commit to building a brighter future together.

We also wish to acknowledge the diverse lived and living experiences in the room with us today.

We also wish to acknowledge Sally Robson – Senior Alcohol and Other Drug (AOD) Practitioner at Goulburn Valley Health who has provided the clinic case study as part of our presentation.

Overview

- ▶ About our service
- ▶ Specialist Addictions Clinic
- ▶ Referral criteria
- ▶ Referral process
- ▶ Clinic case study – ISBAR summary
- ▶ Client's treatment timeline
- ▶ Questions

About our service

The Specialist Addictions Clinic sits within the Goulburn Valley Alcohol and Other Drugs Service (GVADS) which is a consortia between GV Health (lead agency), The Salvation Army (TSA) and Odyssey House Victoria (OHV). GVADS operates offices in Shepparton and Seymour and provides outreach and telehealth services across the Goulburn Valley/Hume catchment.

GV Health provides a range of specialist AOD/MH services that enhances the GVADS programs.

► GV Health AOD programs and services include

- Residential Withdrawal
- Hospital AOD Clinical Liaison Nurse
- Addiction Medicine Specialist
- Partner Provider for Statewide Service (Austin Health and Goulburn Valley Health)
- AOD Rural Regional Traineeship Pilot
- Putting Families First Trial Site
- Public Intoxication Response Trial Site
- Project JAMH ECHO® (Joint Addiction and Mental Health - Extension for Community Healthcare Outcomes)

► GVADS programs and services include

- Assessment
- Counselling
- Care and Recovery Coordination (CRC)
- Non-Residential Withdrawal (NRW)
- Therapeutic Day Rehabilitation (TDR)
- AOD support to Headspace (in-kind)
- Catchment Based Planning

Specialist Addictions Clinic

- ▶ The GVADS Specialist Addictions Clinic was established to increase accessibility to AOD services by utilising integrated models of care that addresses complexity, creates strong partnerships and increases workforce capacity
- ▶ The clinic provides a specialised multidisciplinary approach to client care for people with co-existing substance use and mental health issues. The GVADS team uses a collaborative holistic approach to assist clients to achieve their goals and reduce the harms associated with AOD use
- ▶ The Specialist Addictions Clinic provides a unique service to the Goulburn Valley/Hume catchment area of Victoria, incorporating the expert knowledge and experience of an Addiction Medicine Specialist, Mental Health Registrar, AOD Nurse Practitioner, Mental Health Nurse, AOD Nurses, Social Worker, AOD Counsellors and Practitioners

Referral criteria

- ▶ Signed client consent for referral is required
- ▶ Referrals to the Specialist Addictions Clinic include
 - Persons with severe Substance Use Disorder (SUD) requiring specialist advice for AOD management this includes withdrawal and pharmacotherapy management
 - Persons with co-existing SUD and mental health disorders requiring specialist advice and management support
- ▶ Reasons for declining a referral
 - Pain management
 - Mental health review without SUD
 - Request to prescribe scheduled medications i.e. benzodiazepines in isolation

Referral process

STEP 1

- The referrer completes an ISBAR (Identification, Situation, Background, Assessment and Request) stating client goals and reasoning for requesting a review

STEP 2

- Cases are reviewed by the specialist addictions team prior to the clinical meeting
- Referrers from external services will be provided a clinical meeting link and an allocated timeslot to present their client's case

STEP 3

- If it is decided the client **will** receive clinical support, an appointment is arranged for the client to see the appropriate team member
- The team member will liaise with the referrer to action the outcome

STEP 4

- If it is decided the client **will not** receive clinical support, a team member will provide feedback to the referrer on recommended management
- An outcome summary of the referred cases is provided to team members to ensure case follow up

Clinic case study – ISBAR summary

- ▶ DOB: 1992 (30yrs)
- ▶ Identifies as an Aboriginal male

Presenting Issue

- ▶ Presenting with symptoms commonly related to undiagnosed Attention Deficit Hyperactivity Disorder (ADHD)
- ▶ Various mental health diagnosis and querying accuracy of these diagnosis

Substance/s of Concern

- ▶ Cannabis – commenced using aged 15
- ▶ Current use - 2 grams per day

Reason for Referral

- ▶ Referral to clinic for consultation and assessment review



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Client motivation for treatment

- ▶ Get his licence back to improve his independence
- ▶ To remain abstinent from cannabis with the aim of achieving improved mental health
- ▶ Reconnect with his children, engage with community, education and employment
- ▶ Suspects he may have ADHD and would like it investigated
- ▶ Would like a review of his mental health diagnosis

Background - relevant client history

- ▶ Born and raised in Shepparton
- ▶ Brought up by his mother and step-father, (does not know his own father) and reports he has a close relationship with his mother, step-father and step/half siblings
- ▶ Self describes as having a good upbringing free from substance use and violence, recently moved into a unit and is living alone independently
- ▶ Completed year 11, reports he was easily distracted at school and had issues with literacy and numeracy
- ▶ Completed training as a welder

Brief legal background and forensic interventions

- ▶ Incarcerated three times, criminal history dates back to 2010
 - Charges of unlawful assault, recklessly causing injury, threaten serious injury
 - Several counts of assault emergency worker on duty, threat to kill, assault with weapon, carrying dangerous article in public place
 - Burglary, counts of affray, behave in offensive manner and behave in riotous manner in a public place
 - Contravening Community Corrections Order (CCO) and Family Violence Intervention Order (FVIO)
- ▶ Current Aggravated Violence Order (AVO) in place from former partner and his children until 2030
 - Case was closed with Child Protection (CP) and he hasn't had any further contact since being released from prison
 - Has accepted referral to the Orange Door to engage in a program for men who use violence and linkages to community CP worker to work towards eventually having contact with his children

Relevant mental health history

- ▶ Bipolar Affective Disorder*
- ▶ Schizoaffective Disorder*
- ▶ Anti-social Personality Disorder*
- ▶ Conduct Disorder*
- ▶ Substance Use Disorder*
- ▶ Numerous traumatic events throughout lifetime
 - having guns and syringes pulled on him
 - witnessing a man being ran over by a car
 - best friend suicided in 2018

Current medications

- ▶ Paliperidone depot 150mg every 4 weeks
- ▶ Olanzapine 10mg twice daily + 5mg twice daily PRN[†]
- ▶ Sodium Valproate 500mg morning
- ▶ Benzatropine 4mg at night + 2mg PRN[†]
- ▶ Propranolol 10 mg twice daily

* All diagnosed whilst incarcerated

[†] As required

Other relevant information

- ▶ Uses cannabis to reduce symptoms of anxiety, assist with sleep and relieve boredom
- ▶ Medication non-compliance with subsequent deterioration of mental state
- ▶ Denied any past or current thoughts of suicide or self-harm
- ▶ Uses tobacco – averaging 20 cigarettes per day, started smoking aged 13 and daily at age 17

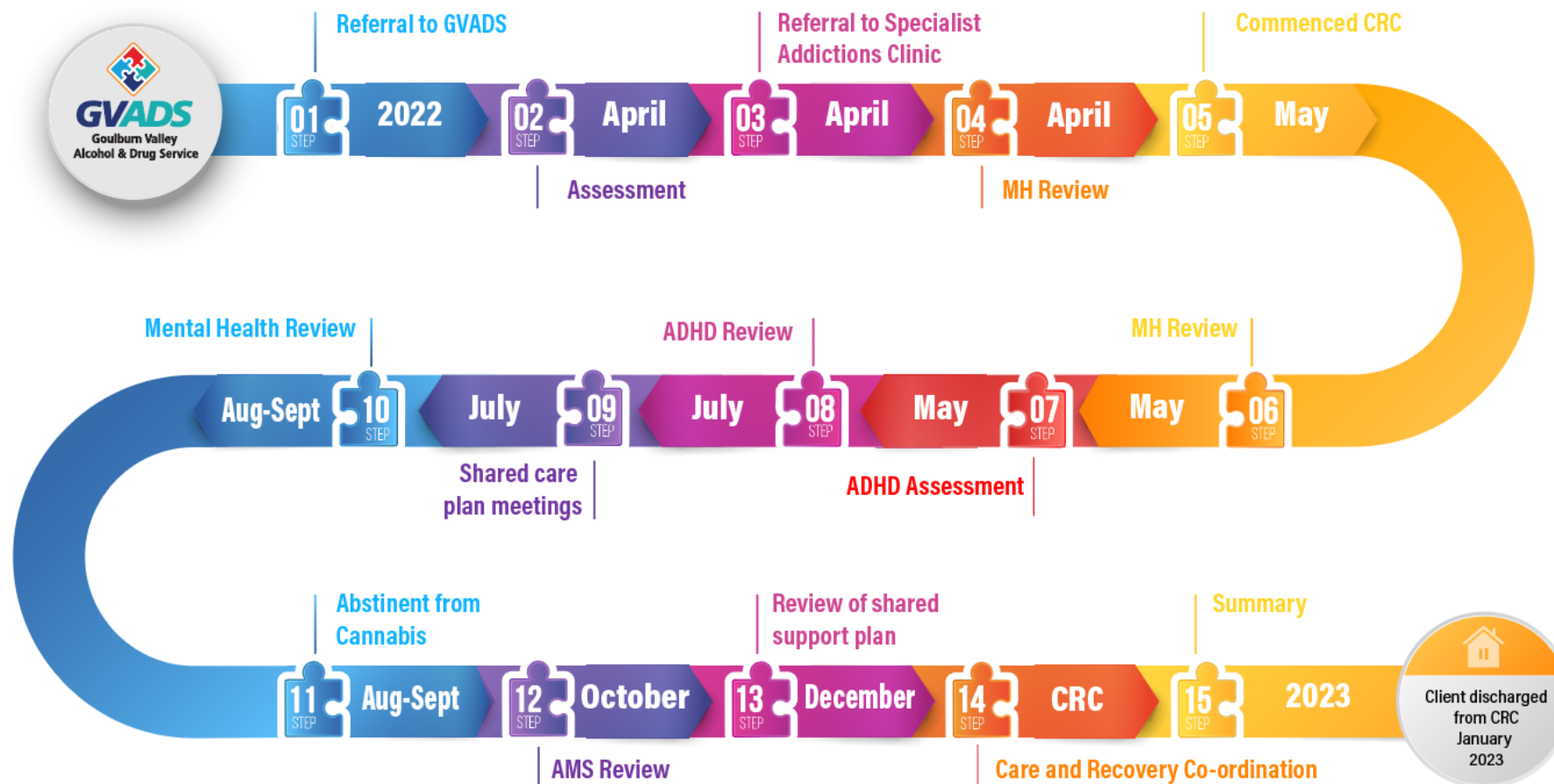
Identified risks

- ▶ Violent related behaviours and anger during periods of heightened emotional stress when substance affected
 - Reports that in the last four weeks he has not been violent towards others, nor has anyone been violent towards him
- ▶ Impulsive behaviours that may increase risk of reoffending



ROAD TO RECOVERY

Client's treatment timeline



Summary

The Specialist Addictions Clinic was established to address significant multi-layered issues including severe substance use disorder and unstable mental health in the presence of SUD.

As demonstrated by the case study, the Specialist Addictions Clinic was able to utilise integrated models of care in addressing the complex nature of the client's presentation.

This was achieved through a collaborative, holistic partnership of multidisciplinary service providers to assist the client achieve their goals and reduce the harms associated with AOD use.

Referrals: gvadsreferrals@gvhealth.org.au

Questions

