

# **ANEX Illegal Drugs and Mental Health Conference**

**Inter Agency collaborative  
practice towards better service  
experience for dual diagnosis  
clients**

Melbourne, 03-04 September 2007

# Presenters



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# Overview & Aim



- Through the delivery of a case presentation we will highlight the benefit of effective partnership in the development of collaborative integrated treatment planning to enable the client to achieve timely service response and improved outcomes
- The case presentation is highlighted with personal reflections from the client in his journey



# Personal History



- 30 year old, single man
- **Parents** - separated at age 3 years, father alcoholic, raised by mother
- **School** – age 16 (Year 10)
- **Employment** - New start allowance, largely unemployed for past 9 years, Phx - abattoir/small goods factory & work for dole programs
- **Relationships** – heterosexual (at 18 – girlfriend for 12 months, Woman (20 years older) alcoholic for a number of years up to age 28, other short term relationships
- **Accommodation** – many years insecure obtained unit through Office of Housing following A&D Supported Accommodation

# Drug & Alcohol History



- **Tobacco** – age 14/15 – smoked cigarettes (now 30 day)
- **Cannabis** – age 15 – smoked cannabis (regular use age 16)
- **Alcohol** – age 18 (peak use age 26-28, started drinking Methylated Spirits age 27; 2-3 small glasses day as well as wine ½-1 cask day)
- **Heroin** – (IV) first use age 21 (now says he uses opiates regularly)
- **Amphetamines** - (IV) – age 21~25 – nil regular use
- **Ecstasy** – age 22/23 ~25 – nil regular use

# Dual Treatment History

- **Depression** – age 17, treated with Sertraline by GP, also reports difficulties with agoraphobia and social phobia
- **1999** - age 21, first presentation to mental health services one month after cessation of cannabis (7 years of 1 gram a day use)  
**Diagnosed Drug Induced Psychosis with Polysubstance abuse**
- **Age 22** - 6 day involuntary admission after ceasing antipsychotics & increasing use of alcohol & cannabis, took overdose of pseudoephedrine tablets. **Diagnosed with Schizoaffective Disorder and depressive symptoms**

# Dual Treatment History



- **2005** - age 28 assessed by Psychiatric Crisis, Assessment and Treatment Team (PCATT) with lowered mood, poor sleep, and suicidal ideation, referred to GP and discussed A&D services
- **2006** – self referral increased depression and psychotic symptoms, reassessed by PCATT. Secondary consultation with dual diagnosis clinician. Commenced home based withdrawal supported by GP and MST worker
- **End May 2006** – relapse of alcohol use, admitted to Bendigo Community Health Services residential withdrawal unit – Nova House for an 8 day withdrawal, referred to Relapse Prevention Group (RPG), A&D Counseling and AA via Post Withdrawal Linkage Worker (PWLW)



# Dual Treatment History



- **End July 2006** – reassessed and readmitted to Nova House for an 10 day withdrawal, Campral added to medication regimen and changed from Sertraline to Mirtazepine to treat depression and assist with anxiety
- **August 2006** – Accessed A&D Supported Accommodation with outreach support
- **October 2006** – Seen by GP, ceased Campral (allergy, rash) and commenced on Naltrexone, intermittent use of substances including amphetamines, cannabis and abuse of prescription/non prescription analgesia



# Dual Treatment History



- **January 2007** – Mirtazepine ceased and Sertraline recommenced due to depressive symptoms
- **February 2007** – Seen by local Accident & Emergency (A&E) Department and diagnosed with left side brachial plexus (partial paralysis of left shoulder/arm)
- **March 2007** – Obtained permanent Housing through Office of Housing, began to use Methylated spirits almost daily, as well as wine and intermittent cannabis use. End March readmitted to Nova House for an 9 day withdrawal, post discharge attended A&D Counseling, RPG and AA with PWLW and ongoing MST outreach support



# Dual Treatment History



- **End May 2007** – following relapse readmitted to Nova House late May for an 13 day withdrawal, referred to residential rehabilitation, also engaged with Psychologist through Centrelink Personal Support Program. Follow up continued with A&D services
- **July 2007** – age 30 admitted to A&E Department with acute alcohol poisoning after consumption of large volume of Methylated Spirits. Attributed increase in alcohol use in increase in paranoia, auditory hallucinations and depression. Subsequent admission to acute psychiatric unit for two weeks for observation, treatment and detoxification. Further referrals to residential rehabilitation programs pursued
- **Currently** – Placed in dual diagnosis residential rehabilitation program in New South Wales



# Summary & Enablers



- Rotations project – assertive outreach worker placed in local A&D services
- Dual Diagnosis worker - secondary consultation between sectors
- Joint planning meetings between services and coordinated responses
- Long term commitment and assertive follow up
- Client participation and control



# Barriers



- Waiting times in accessing residential rehabilitation services
- Limited ability for residential rehabilitation services to provide sufficient supports for persons with dual diagnosis
- Time limited service provision by some A&D services

# Contact Details



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