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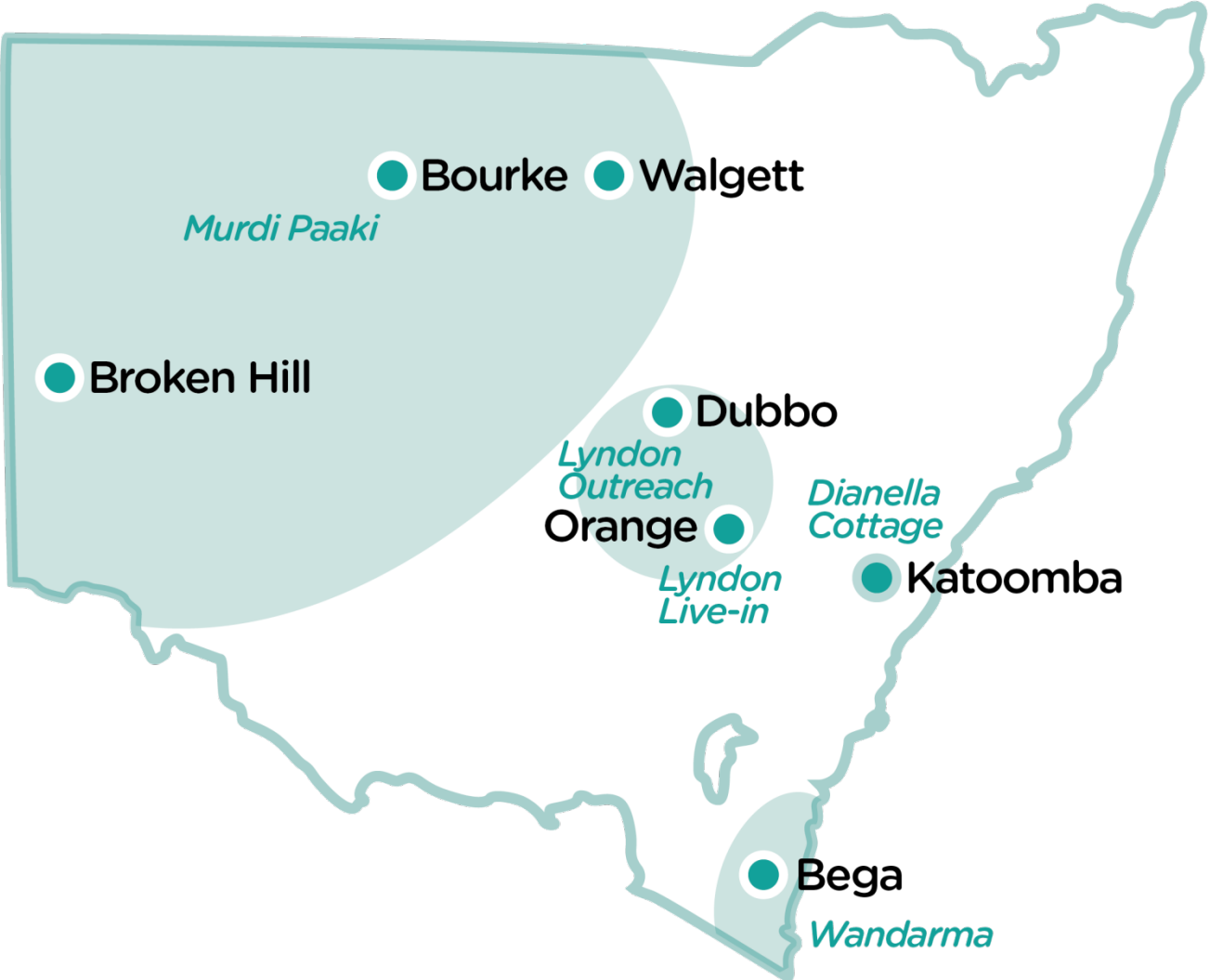
Integrated Solutions to Complex Needs

Lyndon Assertive In Reach Program

Megan Gray

Mental Health Liaison

Lyndon's Organisational Spread





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Session Overview

- The challenges we face in the sector
- Current state of play within AOD Services in relation to treating people with a comorbid disorder
- Lyndon Assertive In Reach Program (LAIR)
- New pathways and processes
- Case Studies



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The Current Challenges

- The vast majority of AOD services do not offer treatment for people presenting with comorbid disorders
- The same applies to MH Services who cannot offer treatment and support to people who present with comorbid disorders



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Current Models of Care

*“systems are characterised by
fragmentation and poor coordination”*

*Effective models of care for comorbid mental illness and
illicit substance use NSW HEALTH*



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Current Models of Care

“integration of treatment is ideal for optimal client outcomes and to avoid clients falling through the gaps”

Effective models of care for comorbid mental illness and illicit substance use NSW HEALTH



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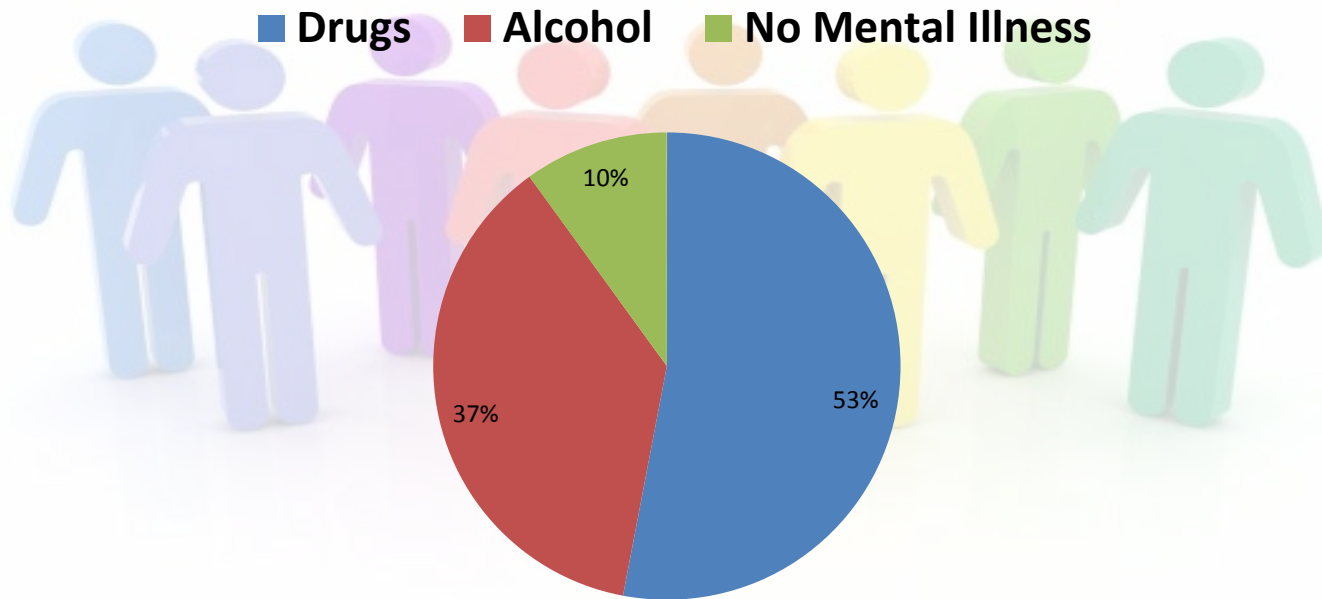
What is actually happening?

- Early discharges from residential programs
- Increased rates of relapse
- Non-compliance with MH medication
- High rates of hospital admission



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INCIDENCE OF MENTAL ILLNESS WITHIN CLIENT GROUP





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State Direction and Evidence

- National Comorbidity Initiative
- NSW Integrated Care Strategy 2014-2017
- National ICE Taskforce Report



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Lyndon Assertive In Reach (LAIR)

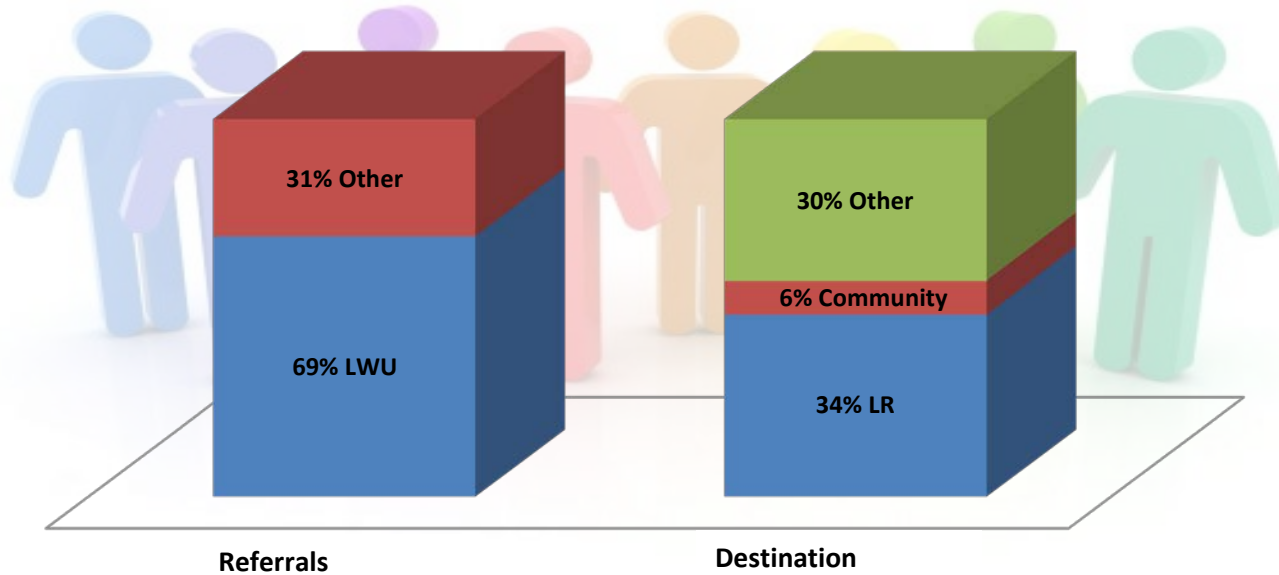
- LAIR provides funding for a Mental Health Liaison
- Based at Lyndon Withdrawal Unit
- Full time Monday -Friday
- All services users are screened for MH problems



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Sources of Referrals & Destination Upon Discharge

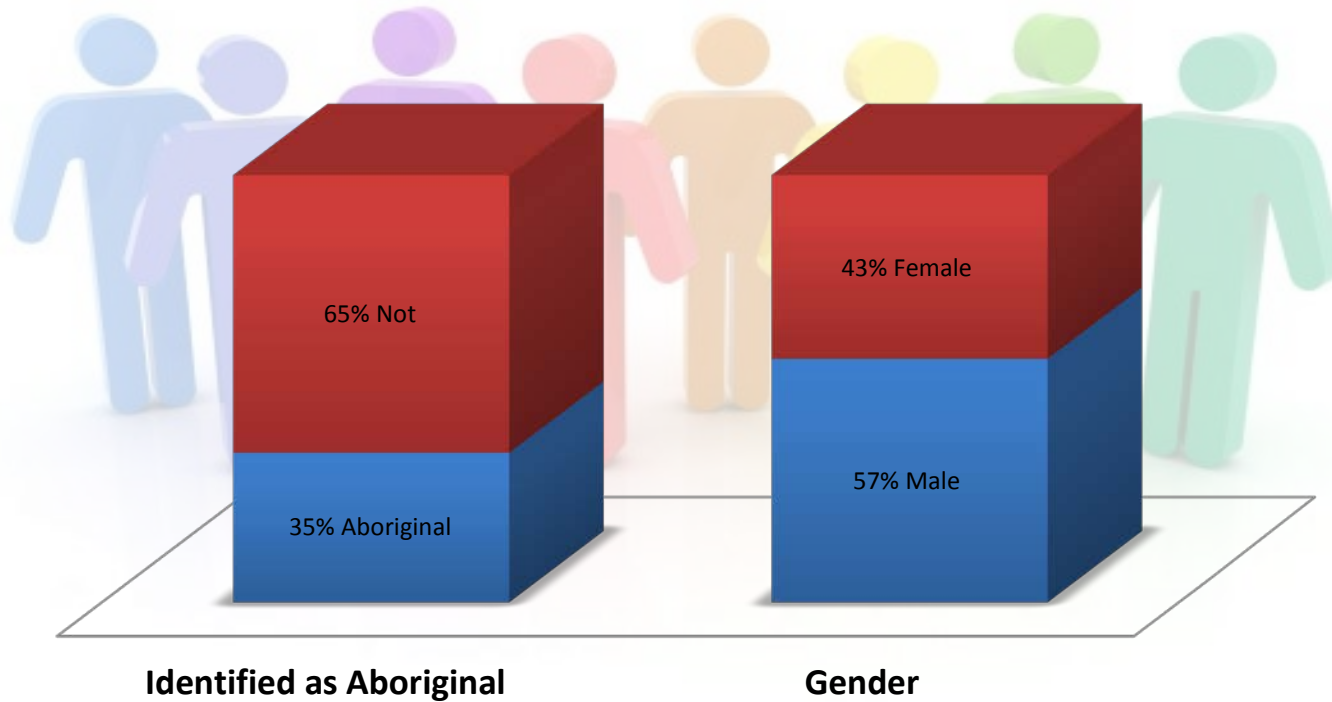




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Aboriginality & Gender





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Other Important Aspects of the Role

- Clinical supervision and mentoring
- Peer support and education to colleagues
- Attending clinical reviews on a regular basis
- Represent Lyndon at Local community meetings
- Lead author for new policies and procedures



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Lyndon Rehab-New processes

- Re-located in January 2016
- New service agreements developed
 - Orange Aboriginal Medical Service
 - PsychAbility (private practice)
- Psychology can now be offered to all residents
- Access to psychiatry remains a challenge



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New Pathways

- Bloomfield Hospital, Orange Health Service and Community Services
- Service agreement in place with Forensic Unit and Lyndon Outreach Service
- Hopes for the future
 - NEAMI National -Dubbo
 - Panorama Clinic -Bathurst

Case Study 1

- 35 year old caucasian female
- Long history of alcohol and cannabis use
- Recent diagnosis of Bi-polar
- Detox for 15 Days
- MH assessment and referrals
- Transfer to Panorama Clinic Bathurst
- May transfer onto NEAMI afterwards

Case Study 2

- 25 year caucasian male
- Intellectual Disability from birth
- Has been using methamphetamine for 9 years
- Had completed several rehabs but always relapsed within weeks of leaving the program
- Admitted to detox then Wattle Grove Rehab
- Referred for psychology and psychiatry
- Completed 4 months at rehab



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Key points to take home

- We do all recognise the need for integrated care and the good news is we are moving in the right direction!
- We all have a personal responsibility
- ‘No Wrong Door Approach’ is important for the future of Integrated Services
- Would a role like mine work in your organisation? How could you make it happen?