NEDDY

Success in Dual Diagnosis Youth Networking

Simon Kroes
Introduction

- My roles as a dual diagnosis consultant:
  - Managing the NEDDY Network
  - Youth and adult portfolios
  - Primary, secondary and tertiary consultations
  - Support cross sector activities
  - Provide training – face to face and online
  - Development of resources Eg. Carers Discharge Planning Resource
  - Research Eg. Reasons for Use Package
  - Development of group reflective practices in youth services
  - And more!
Intro – NEXUS

Service Brief:– “Enhance Dual Diagnosis Capacity”
- Part of the Victorian Dual Diagnosis Initiative (VDDI), based at St Vincent’s Hospital

- Stakeholders:
  - Adult Mental Health Services
  - Community Managed Mental Health Services (nee PDRSS)
  - Alcohol & Drug Services
  - (over 30 agencies)

- Outcomes:–
  - Improved responses to Dual Diagnosis clients.
Dual Diagnosis
Thank You

- All the members of the NEDDY who contribute to a great network!
- All the agencies who support their staff participating in the NEDDY.
I always wondered why somebody doesn’t do something about that. Then I realised I was somebody.

Lily Tomlin
Why Collaborate Cross Sector?

- Because we have to?
- Because it is useful?
- Helps us stay fresh?
- Helps clients?
- Good QI?
- To find out about what’s going on?
- How does it assist you?
- How do you assist it?

Best to do it for a particular reason
Considerations/Realities

- Resources we may have less of:
  - Money
  - Time

- Resources we may have more of:
  - Good will
  - Good ideas
  - Commitment to improve
  - Energy
  - Skills

- The will!

If you don’t have these, money and time aren’t that helpful
So…. What is NEDDY?
• Is it a toy?
Is it a bushranger?
3rd Time Lucky!

- It is the... North East Dual Diagnosis Youth network

A cross sector network
Introduction

- NEDDY has been in existence since December 7 2010
- Today we will look at where we’ve come from, where we are now and where to next
- I’ll be touching on a number of the themes of the conference agenda
Then - How We started

- ‘Things’ that assisted in the formation of the network:
  - Sector interest/need
  - Opportunity
  - Policy directives

- Opportunity
Then - How We started

‘Things’ that assisted in the formation of the network:

- Sector interest/need
  - A number of agencies expressed a need to collaborate with others in the north east

- Opportunity
  - Being part of VDDI allowed me to see where services could interact with each other and where there were gaps and opportunities

- Policy directives:
  - Dual Diagnosis- Key directions
  - Because Mental Health Matters
  - VDDI evaluation preliminary findings
So...what we did...in brief.....

- Initial meeting organised
- Decided network could be useful
- Decided on ways to structure it: scheduled it, gave it a name, developed strategic plan and action plan and set about implementing the action plan **immediately** whilst doing the other activities

- **Action gets and keeps people interested in networks!**
NEDDY is Born!

- NEDDY is a response to various needs from agencies in the north east who work with young people with dual diagnosis issues.
- It is a cross sector collaboration.
- It was a way to bring many voices together on a similar topic.
Member Agencies

- Austin Child Adolescent Mental Health Service
- Austin Primary MH Team/Youth Early Psychosis Service
- Banyule Community Health
- Headspace
- Jesuit Social Services
- Mental Illness Fellowship
- Mind - ARAFEMI
- Neami
- Nexus
- Odyssey
- YSAS
- You?
- (Need to revisit membership due to current reforms)
NEDDDDY Network Aim (2010)

- To develop best practice integrated care for young people who have a dual diagnosis in the North East
NEDDY Network Vision (2010)

- Within three years the North East Dual Diagnosis Youth network will be an established mechanism supporting integrated treatment across the North East catchment area.
The NEDDY values the unique contribution of staff working with young people with a dual diagnosis. We provide a locally based avenue for staff to access peer support, to improve skills and knowledge, to foster links between programs, to develop and share resources and believe this will improve staff professional development and outcomes for clients.
The Nuts and Bolts

- One meeting per month of approximately one and a half hours duration, no extra funding or admin support

- 3 different sectors represented (MH, CMMHS & AOD)

- Youth dual diagnosis is a complex, under resourced area

- We have achieved a great deal!
NEDDY Action Areas & Achievements - Now

- Establishment (and maintenance) of network
- Orientation
- Joint case review
- Joint training
- Information sharing
- Peer Consultation
- Resource development
- Evaluation
Establishment of Network

- We have a network with a name, aim, vision and mission statement
- We have a regular meeting time – 2nd Tues at 2.30pm
- Have drafted an action plan and are implementing it
- Monthly meetings are held
- Minutes of meetings are recorded and distributed
## NEDDY Meeting Topics 2014

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<td>Christmas lunch – reflection on year, future directions</td>
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Orientation

- We rotate the sites of meetings as a way of doing further practical orientation
- Service updates are a regular part of meetings
- The NEDDY contact resource is regularly updated and includes referral and contact information
- Service have ‘swapped referrals’ as a result of meetings
- Services have agreed to assist other services when staffing levels are low
Joint Case Review

Members can request a group case review. This is a great opportunity for workers to discuss and hear about a range of perspectives for working with young people with dual diagnosis issues.
Joint Training

- Identify training needs as a group – targeted to need and delivered in a cross sector manner
- Examples of Sessions done so far:
  - Collaborative Therapy Managing - Mental Health and Substance Use
  - Reasons for Use Package
  - Back in the Saddle Relapse Prevention Training
  - Trauma Informed practice
  - Carer guest speaker
  - Family Sensitive Relapse Prevention
Information Sharing

- We share relevant documents such as articles, journals, policies and procedures, websites etc.

- Staff discuss tools they have found useful.
Peer Consultation

- Contact between services has increased

- Some member agencies have an agreement of sorts in place around referring between them

- Doing case reviews increased contact with other services and highlighted various ideas to try

- There is a sense of increased ‘comfortability’ between NEDDY members as a result of the meetings
Resource Development

- Carers Can Ask Discharge Planning resource pack – final draft completed (already being used across the State)

- NEDDY Contact List Resource
Evaluation

- Discussion at end of previous year feeds into annual planning session at start of year Eg. NEDDY themes for the year (relapse, reasons for use, discharge planning) so we can measure what we’ve done at the end

- Reporting back so people can see the effect the network is having

- Use of software Eg. Survey Methods. Each member receives evaluation report and is given multiple opportunities to feedback
So wadayaknow?
What makes NEDDY a Success?

- It was a need identified by workers in the field
- Having structures such as a name, regular meeting time, agenda, minutes etc
- Having an action plan developed by members
- Annual planning and evaluation to keep network relevant
- Developing projects that are practical and ‘doable’
- Picking ‘themes’ for the year Eg. Relapse, discharge, Reasons For Use Package
What makes NEDDY a Success?

- A network that provides all sorts of opportunities Eg. Joint training initiatives, orientation to other services, resource development, information sharing, co location, peer consultation etc
- My position is quite unique and allows me to be across the 3 sectors
- Having meeting at same time, dates sorted well in advance Eg. 2\textsuperscript{nd} Tuesday of the month at 2.30pm
- Having a range of ways that people can participate Eg. Can come to meetings, receive email information etc
- Collaboration between agencies that share common interests
  Eg. Improving service for young people with dual diagnosis
Top Tips/Core Elements

- Action
- Structure
- Planning
- Evaluation
“yeah that’s what YOU think, but what do THEY think?”
Statements from Members

• The network is evaluated annually using Survey Methods, focus group and other discussions.

• The following were taken from previous evaluations when NEDDY members were asked “What does NEDDY offer you?”
...the chance to establish strong working relationships with other service providers and to work on achieving improved, and unique, outcomes for clients.
A chance to hear the various viewpoints of workers in the field. A chance to share valuable and practical practice wisdom.
A way to create more cohesion in the north east sector around working with young people with complex issues.
Future Directions

- Evaluation of the network for 2014 to inform 2015 planning
- To launch the discharge planning resource pack and run a pilot
- To continue to pursue opportunities to integrate practice in the interests of better client outcomes
- To monitor and respond to changes in the sector (i.e. post reform) and look for new opportunities
Summary

- We have members from MH, CMMH (PDRSS) & AOD
- A number of actions have and are continuing to be done (we have achieved our Vision!!!!!)
- The network turns 4 this year!
- The reforms have had a significant impact and we need to look at how we can address that impact
Final thoughts...

- There is no magic fairy.....a network IS it’s members and the activities they do

- If you’re not happy with how a network is working perhaps ask yourself; what are you doing to make it better?

I always wondered why somebody doesn’t do something about that. Then I realised I was somebody

Lily Tomlin
Thank you!

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