

# Future experiences: Integrated treatment, care and support

Illustrative stories that bring to life the future experiences of people with co-occurring mental illness and substance use or addiction and their families and supporters

**In Victoria, all people with co-occurring mental illness and substance use or addiction and their families and supporters will have access to integrated treatment, care and support across six levels of service provision, consistent with the intensity of their needs, strengths and preferences.**

Working in partnership with people with lived and living experience and service providers, the Department of Health has developed ***Integrated treatment, care and support for people with co-occurring mental illness and substance use or addiction: Guidance for Victorian mental health and wellbeing and alcohol and other drug (AOD) services*** (the Guidance).

The Guidance contains **11 expectations for service providers** – underpinned by **four principles** – to guide the delivery of integrated treatment, care and support.

The following stories are intended to bring to life the future experiences of people with co-occurring mental illness and substance use or addiction and their families and supporters, in line with the principles and expectations of service providers.

Further information on the Guidance is available on the [Department of Health's website](https://www.health.vic.gov.au/mental-health-reform/recommendation-35) <<https://www.health.vic.gov.au/mental-health-reform/recommendation-35>>.

The descriptions on the following pages are fictional and do not represent the experiences of any one person. They illustrate the ideal future state, including references to new services that are being established and existing services that are being reformed, envisaged over a 10-year reform journey.

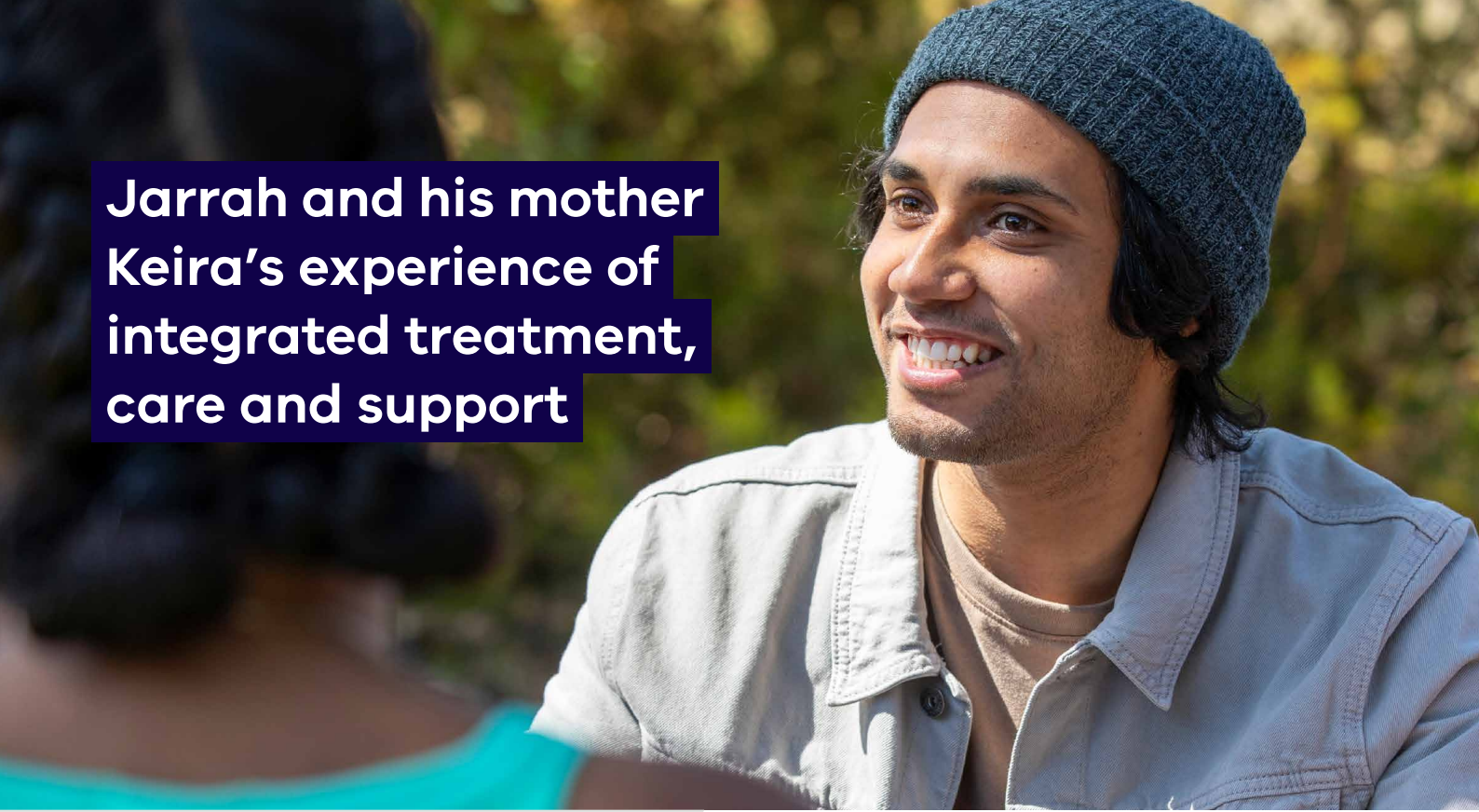
It is important to note that the final model of care and workforce composition will vary in each given service,<sup>1</sup> depending on the service setting and context, including local demand and need. Each person's needs, strengths and preferences are different and will require different treatment, care and support.

The descriptions do not illustrate the diversity or complexity of people's experiences, including for example the many barriers and challenges that people may face when attempting to access treatment, care and support. They are primarily focused on mental health and wellbeing and AOD services, rather than broader universal and community services.

In the future, the statewide service for people living with mental illness and substance use or addiction, in collaboration with people with lived and living experience, workers and service providers, will build on these stories to develop consumer vignettes that will provide more practical and operational advice about the capabilities required of mental health and wellbeing and AOD services.

Please note that some of these stories contain content that may be distressing, including references to suicidal thoughts and behaviour. If you are distressed by any of the content in this document, the [Better Health Channel](https://www.betterhealth.vic.gov.au/timetotalkvic#where-to-get-help) <<https://www.betterhealth.vic.gov.au/timetotalkvic#where-to-get-help>> has a list of services that are available to support you.

<sup>1</sup> In this context service refers to: Adult and Older Area Mental Health and Wellbeing Services (Area Services), Infant, Child and Youth Area Mental Health and Wellbeing Services (Infant, Child and Youth Area Services), Local Adult and Older Adult Services (Local Services), headspace (currently fulfilling the role of Local Youth Mental Health and Wellbeing Services), Alcohol and Other Drug (AOD) services, family carer-led centres and the Hospital Outreach Post-suicidal Engagement (HOPE) program.



## Jarrah and his mother Keira's experience of integrated treatment, care and support

### Main supports

Adult and Older Adult Area Service (with primary consultation from an addiction specialist), Local Service and a family carer-led centre.

**Jarrah is a 29-year-old Aboriginal man.** Since he was a teenager, he has used illicit drugs in social contexts, usually a few days a month. In the past Jarrah has experienced frequent and prolonged periods of emotional distress, but he is not currently in touch with any services.

Recently Jarrah has been having thoughts that disturb him, including thoughts about harming himself. He's also started to see things that aren't there. This is causing him significant emotional distress and is interfering with his day-to-day life. Jarrah has also increased his use of illicit drugs from occasionally to daily. Using drugs provides Jarrah with some relief, but his daily use is also affecting his sleep and finances, and he feels ashamed that his drug use has increased so much.

### Understanding needs, strengths and preferences

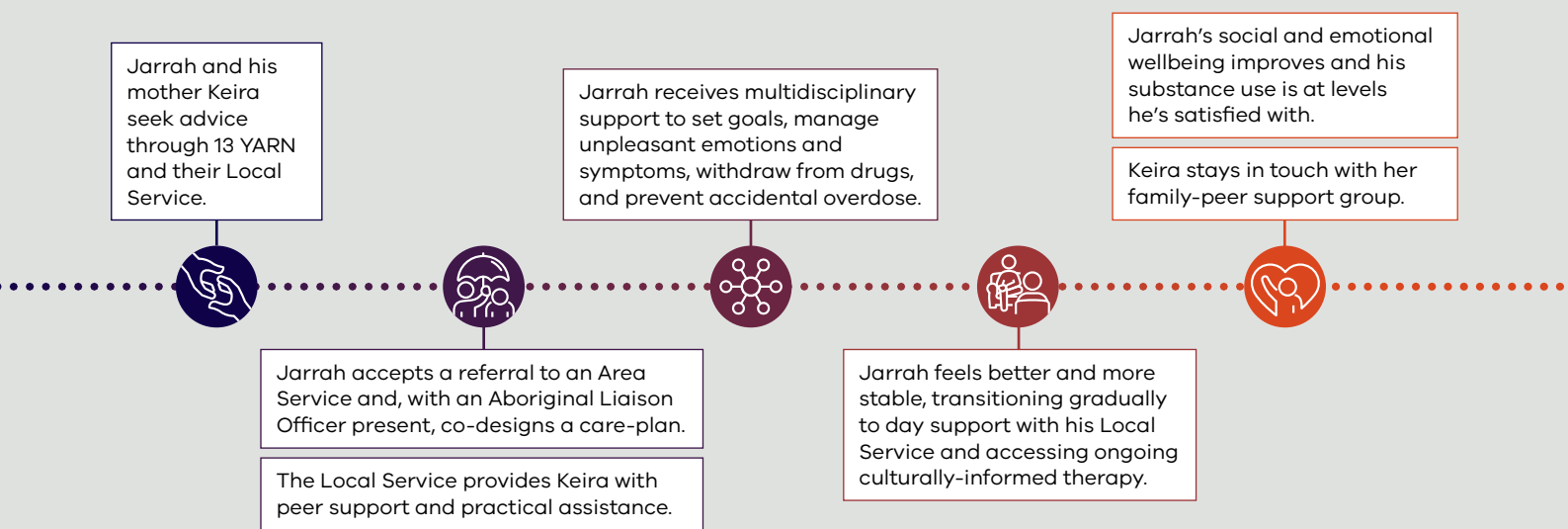
Jarrah's mother, Keira, is very concerned about her son and worried he will harm himself. Keira's own social and emotional wellbeing is also being significantly affected. Jarrah and Keira seek advice through 13 YARN, who recommend they contact their Local Service for support. Together Jarrah and Keira walk into the Local Service and are connected

with a support worker with lived experience, Nadine, to discuss Jarrah and Keira's situation and how they want to be supported.

### Access to integrated treatment, care and support

Based on this discussion and an initial needs assessment, Nadine suggests that Jarrah may benefit from some support available from an Area Service. Nadine offers a supported referral option to Jarrah, which he accepts. Nadine helps Jarrah to organise an urgent appointment and accompanies Jarrah and Keira to their first appointment at the Area Service.

Nadine also works with Keira to understand her own social and emotional wellbeing needs and how she would like to be involved in Jarrah's treatment, care and support. Keira meets with a family-peer worker who has experience supporting family members with co-occurring needs. Hearing these similar experiences helps Keira to feel welcome and supported, and she is invited to a family-peer support group which provides her with relational support, as well as information and education. The family-peer support group also assists her to access the local family and carer-led centre. The centre provides brokerage funding to help her address her immediate practical needs. Nadine remains a point of contact for Keira, providing information about Jarrah's treatment, care and support (with Jarrah's consent). Nadine continues to regularly check in with Jarrah to ensure that Nadine's level of involvement reflects his preferences.



At the Area Service, Jarrah, with support from Keira, is asked about his needs, strengths and preferences. An Aboriginal Liaison Officer is also present to provide emotional, social and cultural support. Together the Area Service, Jarrah and Keira co-design a care plan, involving a short stay in a bed-based acute inpatient unit at the Area Service, followed by treatment, care and support in the community.

### Experience of integrated treatment, care and support

While in the acute inpatient unit, Jarrah is supported by a culturally competent, multidisciplinary team, including an Aboriginal health worker and an addiction specialist. The multidisciplinary team works together to support Jarrah and better understand his feelings of emotional distress and his range of motivations for using substances, respecting his preferences around what goals he would like to achieve.

The addiction specialist supports Jarrah to safely withdraw, and he is prescribed new medication to help improve his mood stability and alleviate disturbing thoughts and visual hallucinations. The Aboriginal health worker supports Jarrah to develop new skills to manage stressful situations and navigate social settings where people may be using substances.

The addiction specialist also provides Jarrah with harm reduction advice to reduce the risk of overdose in case Jarrah uses drugs again after he has withdrawn. Jarrah mentions that he has witnessed accidental overdoses in the past, which he found confronting and distressing because he was unsure how to help. The Area Service organises a peer education session focused on preventing and responding to overdose, which Jarrah and Keira attend together.

After a few weeks, Jarrah's mood stabilises, and he is no longer seeing things that aren't there. Consistent with the goals in his care plan, Jarrah feels he is ready to leave the acute inpatient unit and agrees to continue to be supported by the Area Service for six months or so, with a view to eventually transitioning back to his Local Service for further treatment, care and support.

Jarrah continues accessing day support from the Area Service, focused on building his confidence to manage occasional unwelcome thoughts. His original support worker in the Local Service, Nadine, checks in regularly with Jarrah and, with support from Keira, they decide to organise a referral back to the Local Service after a few months. Jarrah and Keira are pleased with the outcome and feel supported throughout the process.

Through the Local Service, Jarrah is supported to access one-to-one culturally and trauma informed psychological therapy, where he reflects on his experiences and learns new techniques to manage painful memories and unwelcome thoughts about himself. He also checks in with Nadine about his drug use goals, using the skills he learned during his inpatient stay.

### Health and wellbeing outcomes

After six months, Jarrah's social and emotional wellbeing improves, and his use of substances reduces to levels he is satisfied with. He continues to access psychological therapies and group-based recovery orientated programs facilitated by the Local Service. Jarrah's support worker, Nadine, continues to check in on him and Keira to see how they are going. Keira continues to attend meetings at the family-peer support group.





## Ahmed and his parents Yasmin and Amir's experience of integrated treatment, care and support

### Main supports

Infant, Child and Youth Area Service (with secondary consultation from an addiction specialist), with some support via a headspace centre.

**Ahmed is 16 years old. He and his family arrived in Australia ten years ago as refugees.** Ahmed is fluent in English; however, his parent's Yasmin and Amir prefer to speak Arabic.

As a young child, the experience of fleeing his home country had a profound impact on Ahmed's mental health and wellbeing. To help him process the trauma associated with his migration experience, Ahmed has been engaged with his local headspace for almost three years.<sup>2</sup> Through headspace he has participated in a range of individual and group trauma-informed counselling sessions, including sessions that involve his parents Yasmin and Amir. Ahmed has occasionally used drugs in the past. While his local headspace has offered to connect him with an AOD worker, he has been reluctant to take up this referral, as substance use is common in his peer group, and he does not want to jeopardise his connection with his friends.

<sup>2</sup> Filling the role of a Local Youth Mental Health and Wellbeing Service (Local Youth Service).

Over the last few months, Ahmed has started to experience increased and prolonged periods of significant distress. This has been accompanied by hearing voices – a new experience for Ahmed which he has found distressing. Ahmed has also increased his substance use and is now using drugs most days, and more often on his own. Ahmed does not feel well enough to go to school despite efforts from the school to engage Ahmed and his family. His parents, Yasmin and Amir, are concerned that he is becoming increasingly withdrawn and isolated.

### Understanding needs, strengths and preferences

Yasmin and Amir offer to support Ahmed at his regular meeting with his headspace counsellor. With support from his parents, Ahmed opens up about how he is feeling, and together they agree that he may benefit from more intensive integrated support from an Infant, Child and Youth Area Service. Following an initial assessment, they discuss the benefits of a short stay in a Youth Prevention and Recovery Centre (YPARC) that may support Ahmed in this time of acute distress. Ahmed is apprehensive about staying outside the family home, but also relieved by the idea that his wellbeing could improve. The Infant, Child and Youth Area Service explains the types of supports available at the YPARC and the referral processes. Ahmed is comfortable in a mixed-gender service but notes that his parents may prefer to engage with female workers.

Ahmed speaks to his existing headspace counsellor about getting support for his increased distress and substance use.



Ahmed accesses trauma-informed and family therapy, medical support, and support to help him transition back to his home, school and social life.



Ahmed accepts a supported referral to a YPARC residential service. He and his parents receive cultural and linguistic support, and his support workers coordinate to minimise Ahmed's need to retell his story.

Yasmin and Amir are connected with family-peer support and get regular updates on Ahmed's progress.

Ahmed's distress eases and he leaves the YPARC. He continues to receive support to manage early symptoms of psychosis, and makes new social connections with young people from refugee backgrounds.

Yasmin and Amir stay in touch with their family peer support worker and build skills to help with Ahmed's transition home and ongoing support needs.

### Access to integrated treatment, care and support

The Infant, Child and Youth Area Service accompanies Ahmed to his first appointment at the YPARC and provides a detailed handover to the YPARC team, including articulating his parents' preference to engage with female workers, so that Ahmed does not have to retell his story.

Ahmed asks for Yasmin and Amir to participate in his treatment, care and support planning at the YPARC. On Yasmin and Amir's request, the YPARC arranges for an interpreter to be part of the planning process. With the help of the interpreter, Yasmin and Amir share their concerns for their son, as well as the impacts on their own wellbeing. The YPARC provides them with family-specific supports to meet their own needs, including a family peer support worker and a group education program. The YPARC continues to check in with Yasmin and Amir to update them on Ahmed's progress and see how they are going.

### Experience of integrated treatment, care and support

Ahmed stays at the YPARC for just over a month and is supported by a multidisciplinary team of workers, including workers who are skilled in trauma-informed care, and understand his migration experiences and the impacts on his mental health and wellbeing. An addiction specialist works with the YPARC treating team, improving the capability of the YPARC to meet Ahmed's co-occurring needs in an integrated way.

Throughout his stay at the YPARC, Ahmed accesses clinical supports, including medical oversight for mild withdrawal symptoms and a short course of medication to help reduce Ahmed's experiences

of hearing unwelcome voices. He is also provided with wellbeing supports, including family therapy that involves his parents. The therapy sessions are led by a female worker with an interpreter present, helping Yasmin and Amir to feel safe to engage and contribute.


Ahmed is supported to work towards his goals to strengthen his relationships with his parents and friends, and his levels of distress and the voices he was hearing start to reduce in the YPARC. He also learns new skills to support his day-to-day life, including practical harm reduction strategies to reduce risks associated with substance use.

The YPARC works with Yasmin and Amir to help them prepare for Ahmed's transition home. His parents are looking forward to his return. With his discharge supports in place, Ahmed feels well enough to leave the YPARC and re-engage with school.

### Health and wellbeing outcomes

Ahmed continues to receive ongoing support from a program offered via the Infant, Child and Youth Area Service which supports young people who have experienced early symptoms of psychosis. The Infant, Child and Youth Area Service also links Ahmed with a youth peer support group.

Over time, Ahmed makes new friends and establishes cultural connections with young people who have shared similar experiences. Yasmin and Amir remain connected with and continue to receive ongoing support from their family peer support worker, including relational support, boundary setting strategies and information and referral to culturally specific supports.



## April and her brother Gary's experience of integrated treatment, care and support

### Main supports

AOD services and suicide prevention and response supports, with some support via an emergency department.

### April is a 54 year old woman experiencing mental health challenges related to ongoing alcohol use.

In times of distress April has suicidal thoughts. Living in regional Victoria means that April has limited services available in her local area and often must travel to access support. Recently, she has been drinking more heavily and feeling like her life isn't worth living.

### Understanding needs, strengths and preferences

April's brother Gary is concerned and, when he goes to visit her, finds that April has attempted to take her own life.

April is treated at her local emergency department. While she has attended emergency several times before, she has not been offered follow up support and so has been reluctant to engage in ongoing treatment, care and support.

### Access to integrated treatment, care and support

After leaving the emergency department, April is contacted within 24 hours by the Hospital Outreach Post-suicidal Engagement (HOPE) program. Initially she is hesitant to engage as she does not want to spend time travelling to access support. However, when she realises that the program is available in her local area she agrees to participate.

### Experience of integrated treatment, care and support

Through the HOPE program, April is connected with her key worker Zoe, who remains a consistent point of contact and helps her to feel safe and supported. Over the next few months, the HOPE program works with April to provide individualised support that takes an integrated approach to her mental health, alcohol use and suicidal thoughts and behaviours. She learns new ways to identify and respond to changes in her mood and stressful situations. Together, with her brother Gary, April co-designs a safety plan that identifies key strategies to help her feel safe and supported when she is feeling distressed. Consistent with her goals, the HOPE program also supports April to find casual employment, which April feels has improved her sense of purpose.



Through the HOPE program, April learns new ways to respond to mood changes and stressful situations. Together with her brother Gary, she co-designs a safety plan.



April is supported by an AOD counsellor and peer support group to work towards her goals of reducing her alcohol use.



Through trauma-informed counselling and family peer support, Gary processes his own feelings of emotional distress.



April's use of alcohol reduces. She continues to draw on skills from the HOPE program to manage suicidal thoughts. April and Gary's peer support groups continue to be a source of ongoing support.




While co-designing the safety plan, Gary expresses feelings of emotional distress associated with finding April after she attempted to take her own life. The HOPE program works with and provides individualised support to Gary, including trauma-informed counselling that helps him work through painful memories. Gary is also assisted to access local family peer support groups where he speaks to people who have shared similar experiences and participates in a family focussed psychoeducational program.

In one of her regular meetings with her support worker Zoe, April shares her long term goals around wanting to reduce her alcohol use. In partnership with April, Zoe arranges a supported referral to a local AOD service, providing a handover of information (with April's consent). At the AOD service, April is supported by a counsellor who empowers her to set goals about her alcohol use and mental health and wellbeing. She also joins a peer support group where she establishes new relationships and can give and receive practical and emotional support.

### Health and wellbeing outcomes

With the help of her peers, and access to counselling through the AOD service which involves her brother Gary, April's use of alcohol reduces to levels that are in line with her goals. While April still has suicidal thoughts from time-to-time, she can draw on the skills she has learnt through the HOPE program and implement strategies from her safety plan. April and Gary's peer support groups continue to be a source of ongoing support.





## Alex and their friend Kirsty's experience of integrated treatment, care and support

### Main supports

AOD services (with secondary consultation from a Local Service), and some support via primary and secondary services.

### Alex is 46 years old and identifies as non-binary.

They drink socially and use drugs occasionally. Two years ago, Alex had an accident at work and was prescribed medication to help manage the pain. While Alex's physical pain has improved, they still have traumatic memories of the accident and have continued to take their prescribed medication at increasingly higher-than-recommended doses. This is having a negative impact on Alex's daily functioning – they don't feel confident about re-entering the workforce and are finding it hard to engage in the social activities they used to enjoy.

### Understanding needs, strengths and preferences

Alex is nervous about sharing their experiences with their general practitioner (GP) – they worry that they will be judged and refused prescription medications in the future. Instead, Alex reaches out to their friend Kirsty who reassures them and offers to come along to their GP appointment.

With Kirsty's support, Alex explains how they are feeling to their GP. Together they agree that Alex would benefit from a safe place to withdraw from their pain medication. Alex explains that they want to go to a service that will accept and respect their non-binary identity. Alex's GP contacts the local residential AOD withdrawal service to ensure it has gender neutral private bedrooms and bathrooms, that there are peer workers at the service, and that staff have undertaken relevant training and accreditation to offer inclusive and respectful support.

Alex feels reassured and their GP provides a handover of information to the AOD withdrawal service. Alex is unable to access the withdrawal service immediately but is provided with some bridging support and continued care from their GP while they wait.

### Access to integrated treatment, care and support

Kirsty comes along to Alex's initial discussion at the AOD withdrawal service. Alex is asked about the pronouns they use, and about their goals and preferences, which helps them feel safe, accepted and empowered. Together with their treating team and GP, Alex co-designs a treatment plan that addresses their mental health and substance use needs, with the aim of facilitating withdrawal and enabling Alex to work toward their long-term goals of reengaging in social activities and commencing retraining in a new industry.

With support from their friend Kirsty, Alex seeks support via their GP about their use of pain medication and experiences of anxiety and trauma.



Alex starts therapeutic day rehabilitation at an AOD service, but soon after withdrawing, starts to experience acute anxiety.



Alex starts to rebuild their confidence and feels well enough to engage in everyday activities and work towards their goals. They continue to be supported by their GP and a psychologist accredited in supporting non-binary people.



Alex accepts a referral to an AOD withdrawal service that respects their non-binary identity. Together with Kirsty, they co-design a plan with the aim of facilitating withdrawal and reengaging in social activities.

Alex and the AOD service develop a plan to help Alex manage their anxiety. The AOD service is also supported by the Local Service to co-design an after-hours safety plan and collaborate on best practice.



The AOD withdrawal service suggests that Alex may benefit from a therapeutic day rehabilitation program run by an AOD service provider. After meeting a visiting case worker during their residential withdrawal stay, Alex agrees this could be a good next step, and they are looking forward to starting the program after completing withdrawal.

### Experience of integrated treatment, care and support

Alex likes the day rehabilitation program workers, but a week after withdrawing, Alex starts to experience acute anxiety and finds it hard to talk about the accident in counselling and group sessions. Alex is concerned that things aren't getting better and tells their lead worker, Monica. Together they develop a plan which prioritises helping Alex to manage their anxiety before restarting talking therapy focused on trauma. Monica and her supervisor also consult with the Local Service, which supports them to co-design an after-hours safety plan with Alex. The Local Service also works with Monica via secondary consultation to jointly reflect and collaborate on a best-practice approach to trauma-informed treatment, care and support.

### Health and wellbeing outcomes

After a few weeks, Alex has started to rebuild their confidence and is feeling well enough to engage in everyday activities and take some steps toward their goals. They complete the rehabilitation phase of the program and with Alex's consent, Monica provides a handover of information back to Alex's GP. To help Alex continue to work towards their goals, their GP arranges a supported referral to a psychologist who is trained and accredited in supporting non-binary people, allowing Alex to continue their talking therapy.

# Anh's experience of integrated treatment, care and support



## Main supports

Local Service, with some support via primary care and AOD services.

**Anh is a 72 year-old woman who is experiencing significant levels of distress after the death of her sister, who she lived with.** Anh has not previously been diagnosed with a mental illness; however, she has started to experience mood swings and is not feeling safe when she's on her own. Anh has also been using drugs for many years and doesn't want to modify her substance use.

## Understanding needs, strengths and preferences

Anh has a good relationship with her GP, who also has a Vietnamese background and cares for many other people in Anh's community. Anh has never disclosed her drug use to her GP because she has never considered it a problem, and because of a fear of stigma if it somehow became known in her community.

Anh's GP asks her if she has a family member or friend who may be able to support her during this time. Anh explains that the loss of her sister has made her feel alone and isolated, and she doesn't feel like she has anyone to turn to. Anh's GP reassures her and offers to support her to access care for her mental health via a Local Service. Anh agrees; however, she knows of people who have reported feeling judged for drug use by mental health and wellbeing services in the past. She is still concerned that if she mentions her substance use to the Local Service, she will be made to stop using substances or be judged for her choices.

## Access to integrated treatment, care and support

At her initial support discussion with her Local Service, Anh is made to feel safe and welcome and is asked about her concerns and needs. Workers at the Local Service also explain that the service takes a health and wellbeing approach to substance use for all people. Anh feels safe and supported, but decides she wants to focus on her mental health and does not mention her drug use during her initial support and assessment discussions.

Anh seeks support from a trusted GP that she has a good relationship with. She shares her experiences of grief and low mood but does not disclose her substance use because she doesn't consider it to be a problem.



Anh accesses a suite of wellbeing and clinical therapies to help her process her grief and plan for the future.



Anh accepts a supported referral to a Local Service to focus on her mental health. She decides not to mention her drug use initially.



After forming a good connection with her support worker, Anh chooses to disclose her substance use. Anh agrees to be linked with a harm reduction peer educator at the Needle Syringe Program who provides relational support.



Anh's mental health and wellbeing improves. She continues to access ongoing support from her local Needle Syringe Program.



Anh is invited to become a member of the Local Service's consumer and family advisory group, which supports decision making for the service.



### Experience of integrated treatment, care and support

The Local Service provides Anh with a suite of wellbeing supports and clinical therapies that assist her with the grief she feels after her sister's death and plan for her future housing needs. After forming a good connection with her support worker, Anh also chooses to disclose her substance use but explains that she does not wish to stop using substances.

Anh's lead worker does not judge her and respects her decision. While Anh already takes harm reduction measures when she uses drugs, together they agree that Anh may benefit from talking to someone who has shared similar experiences. Anh is linked with a harm reduction peer educator from the local Needle and Syringe Program who provides relational support through shared lived and living experience. This relationship helps her to feel comfortable and stay engaged.

### Health and wellbeing outcomes

Over time, Anh feels that her mental health and wellbeing has improved, and she knows that she can return for further support at the Local Service at any time if needed – including if she feels that she needs support for her substance use. Anh continues to access ongoing support from the local Needle and Syringe Program. She also continues to receive occasional follow up from her support worker at the Local Service, who checks in with Anh on how she is going and if she needs further support.

A few months after discharge, Anh is contacted to become a member of the Local Service's consumer and family advisory group, which supports executive decision making for the service. By sharing her lived and living experience, Anh ensures the Local Service is meeting the needs and expectations of the communities it serves. Anh's participation in the group helps grow her social connections and sense of meaning after the loss of her sister.

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This publication may contain images of deceased Aboriginal and Torres Strait Islander peoples.

In this document, 'Aboriginal' refers to both Aboriginal and Torres Strait Islander people. 'Indigenous' or 'Koori/Koorie' is retained when part of the title of a report, program or quotation.

Available at the [Department of Health's website <https://www.health.vic.gov.au/mental-health-reform/recommendation-35>](https://www.health.vic.gov.au/mental-health-reform/recommendation-35).