


# No Wrong Door

The Mental Health and  
Drug & Alcohol  
Change Management  
Project

A stylized, layered mountain range graphic in shades of teal and blue, located in the bottom right corner of the slide.

# No Wrong Door

- ◆ In 2008 MHCC (Mental Health Coordinating Council) and NADA (network of alcohol & other drug agencies) worked in partnership to plan and implement the Mental Health Drug and Alcohol Change Management Project.
- ◆ Jenny Melrose of JEMECMO Psychology, was contracted by NADA to develop, write and pilot the materials.
- ◆ Aftercare was fortunate to participate in the pilot program.
- ◆ We were given the opportunity to name the project. We voted on "No Wrong Door"

# Aftercare part of the pilot

- ◆ The participants included Personal Helpers and Mentors (PHaMs) workers, Housing and Accommodation Support Initiative (HASI 2) workers, a HASI for Kooris worker, a peer support worker, team leaders, a social work student doing placement at Aftercare and the program coordinator

The five modules were delivered to Aftercare Penrith staff between 3rd December 2008 and 25th February 2009 at The Log Cabin, a conference centre in Penrith. The modules were attended by 17 Aftercare staff as well as the NADA Senior Project Officer, a student from NADA and the MHCC Workforce Development Project Officer.

# PRE – ENGAGEMENT SESSION.

- ◆ Approximately 2 weeks before the initial session of NO WRONG DOOR all participants were invited to an engagement session. Participants were introduced to trainers in this ice breaker. Participants were made aware of what they would be learning and what they could expect to gain out of the training. Pre-training surveys were conducted to assist trainers in knowing what course participants hoped to gain from the training.

# Module 1 – OVERVIEW OF AOD

- ◆ In this module the participants were asked to confront their personal beliefs and attitudes on drugs and the people who use them. It was very interesting to discover the diversity of attitudes amongst the group who varied in age and experience. This module also explored changes in drug use including historical, social, political and economical change. The module touched on the effects of drugs on the human body. This did not become overly clinical and allowed all levels of experience and education to understand and explore a range of drugs and how to deal with clients who are overdosing, intoxicated or withdrawing

# Module 2 – ASSESSMENT AND REFERRAL

- ◆ This module explored the assessment and referral process to and from various organizations. It provided an overview of assessment methods, service delivery options and referral processes. Participants were encouraged to learn about service delivery options for both licit and illicit drugs. There was an emphasis on the needs of the client when making referrals for service delivery and the careful considerations that need to be put in place when a referral is actioned. This would include ensuring that the referral is in the best interests of the client and more importantly that it is well planned and appropriate. This module also provided several services, references and resources that can be accessed online, via mail or phone.

# Module 3 – BRIEF INTERVENTIONS

- ◆ Module 3 provided an overview of a variety of brief interventions. Participants explored when, why and how brief interventions are effective as well as touching on when brief interventions can be ineffective. Participants were encouraged to explore motivational interviewing and complete substance use diaries, cognitive behavioral treatment as well as goal setting. The overall aim of the module was to expose workers to a variety of brief interventions but encourages workers/participants to get further training to develop their competence in the interventions.

# Module 4 – RELAPSE PREVENTION

- ◆ The relapse prevention module aimed to provide an overview of strategies to reduce the frequency of relapse as well as the severity when relapse may occur. Participants gained an understanding of how and why relapses occur and how to help clients anticipate relapse and avoid it. Participants were exposed to several strategies for their work directly with clients, this included how to manage lapses if and when they occur, providing resources such as support lists, alternative activities and how to develop alternative activities, drug refusal skills, cravings diaries and the nature of cravings.

# Module 5 – SELF CARE AND REVIEW

- ◆ Self care and review is definitely such an important and a lot of the time overlooked part of the work we do. This module aimed for workers exposed to high stress, vicarious trauma and burn out the opportunity learn about why and how it occurs as well as their symptoms and causes. The module looked at individual and organizational ways to reduce stress, burnt out and trauma. Participants were asked to discuss and explore how they deal with their own self care and how they can build on or improve this. This module really encourages discussion, supervision and explores several activities and strategies to keep community service workers safe from burnout, stress and trauma

# ASSESSMENT PROCESS

- ◆ As this was a pilot project participants were made aware that they may have the chance in the not too distant future to gain some units of competency towards obtaining Certificate IV in drug and alcohol as well as a unit of competency in Cert IV in Non Clinical mental health through MHCC. Two course participants attended a validation session to assess if the assessments were written in easy to understand language as well as their own knowledge and understanding of the project. In all 4 units of competency can be completed and assessed, They are as follows;
  - CHCAOD2C – Orientation to AOD Issues
  - CHCAO8DC – Assess the needs of clients who have AOD issues
  - CHCCS4O3A – Brief interventions
  - CHCMH8A – Provide intervention

# Quantitative Project Evaluation

- ◆ - Partnership with University of Wollongong - Illawarra Institute of Mental Health
- ◆ - Strategy includes pre and post measures collected over time including:
  - ◆ Dual Diagnosis Capability in Mental Health Teams - organisational measures
  - ◆ Co-Existing Problems Perceptions Questionnaire - individual measures
  - ◆ Evidence Based Practice Attitudes Scale - individual measures

# Aftercare Feedback

- ◆ Great Presenter
- ◆ Clear concise information
- ◆ *I really enjoyed that just before each session finished the information was linked up and related back to mental illness*
- ◆ *Very informative, facilitator used simple language to discuss complicated topics*
- ◆ *I can already see a change in my own way of thinking and the change in the language used by staff around D&A.*

# Aftercare Feedback

- ◆ *Just so much information and valuable knowledge*
- ◆ *Gave me a solid introduction in the area – de-mystified some areas of D&A and gave practical models of how to approach different situations*
- ◆ *Training was great because we weren't out of work for a long periods of time.*

# Aftercare Feedback

- ◆ More visual
- ◆ More video
- ◆ More demonstration
- ◆ The opportunity to learn more on pharmacology and effects on body.