

Holyoake Policy: Support for clients presenting with co-occurring alcohol/drug and mental health issues

Objective

To facilitate the provision of effective service responses to individuals presenting at Holyoake with co-occurring alcohol/drug and mental health issues.

Policy statement

Holyoake acknowledges that people with co-occurring alcohol/drug and mental health issues and their families may require support to address both the issues in a planned way, in order to maximise the potential for positive outcomes.

Accordingly, at each key stage of client service delivery, Holyoake clinical staff will provide a service response that reflects the following process:

- **Screening and Assessment** - approved screening or assessment tools will be applied to determine the presence of substance and mental health issues, and the degree of complexity for each client.
- **Planning** – when co-occurring substance and mental health issues are identified, a holistic intervention plan addressing both the issues including coordinated care arrangements will be developed in consultation with the client, using a client-centered model of care.
- **Intervention** – the clinician will provide appropriate clinical services and/or facilitate access to services that target both the alcohol/drug and mental health concerns of the client.
- **Coordinated Care** – will be provided for complex situations to clients that require monitoring, coordination of services and discharge planning.

Interventions

Holyoake clinical staff routinely undertake training in working with co-occurring alcohol/drug and mental health issues as part of their induction to Holyoake and usually within the first year of employment. Holyoake's capacity to work effectively with clients who present with co-occurring issues is significantly enhanced through the following:

- Adopting a **client-centred approach** and focus on engaging the client in treatment by developing a strong therapeutic alliance.
- All clients are **routinely screened** for co-occurring issues at the initial assessment and during the treatment phase.
- Staff undertake **case formulation** to gather information about factors that may be relevant to treatment planning and formulating a hypothesis as to how these factors together form the current presentation of the client's symptoms.
- Staff work **collaboratively with other agencies** as required, leveraging the extensive and established relationships with other service providers to facilitate support in all areas of the client's life, that they have identified as needing assistance.
- Ongoing **risk assessment** including suicidality and development of safety plans where necessary.