

EMR Family Reconciliation Peer Support Group
Thursday 15th May 2008
Venue: Harrison Community Services

Topic	Discussion
1. Introductions	Amy Carson, FRMP; Steve Maillet, FRMP; Bernadette O’Flaherty, Harrison Community Services; Kirstie Edwards, Harrison Community Services; Eliza Todd, Harrison Community Services; Michelle Duncan, Harrison Community Services; Tim Leszkiewicz, Harrison Community Services; Frances Cucuzzella, Anchor Community Care and Ranee Cornell, Harrison Community Services
2. Apologies	Rhianna Perkin, WEAC; Heather Cummings, EACH; Jane Healey, Wesley; Jemma Drew, FAN and Rebecca Granata, FAN
3. Previous Minutes	Previous minutes received by all and passed
4. New Business	This group will now be referred to as EMR Family Reconciliation Peer Support Group - all agreed with name change
5. Presentation	<p>John Mullane, Youth Dual Diagnosis Clinician, Eastern Health Dual Diagnosis Program</p> <ul style="list-style-type: none"> • John discussed his background in family therapy & mental health • Information sheets about Dual Diagnosis (DD) were distributed • Discussed the challenges with defining & diagnosing a young person with DD - substance use may be minimised by young person so it can be a challenge to ascertain a true understanding of AOD usage • Challenge to identify what comes first (mental health or AOD misuse) - recommended to see both issues as primary & significant so that an integrated treatment approach/case plan can be developed to acknowledge both • Adolescence is a peak time for onset of dual diagnosis, given it is a time for AOD experimentation - hence the importance of early intervention • Workers should consider referral as an expectation rather than exception as those presenting with mental health issues may also be using, and those presenting with AOD issues may have underlying depression, anxiety, etc. • Impacts can be much greater on the young person diagnosed with DD: social isolation, family conflict, increased service system use, anti-social behaviour, cognitive abilities may be impacted, homelessness (or risk of), difficulties securing/maintaining employment • A screening tool could be used to identify signs of possible DD - most take approx 20 minutes to

	<p>complete and are available from the EDAS website: www.edas.org.au</p> <ul style="list-style-type: none"> • Integrated treatment models are important, considering the whole life of the client: vocation, interpersonal, relationships, accommodation situation, etc. • Practical suggestions for caseworkers: be flexible (eg. Harm minimisation strategies), optimistic (hope for improvement), and get to know the ‘stages of change’ model to understand where the client is at (eg. Readiness for change). In the pre-contemplative stage - provide client with accurate information, have client verbalise or list the pros/cons of AOD use • John is the only DD clinician in the region, but can do secondary consult. John suggests checking the DSMIV when you are making a referral to any mental health service in order to use the language or lingo
6. Case Study	<ul style="list-style-type: none"> • Tim provided a case study of an 18-year-old male client in THM. He was diagnosed with bipolar at age 15 and uses marijuana (although denies using and appears angry when asked about his substance use). Tim has observed a change in the client’s behaviours and mood recently, but notes that the client reports to take his medication regularly and appears motivated. The young man has been in state-care, his father is deceased and has no contact with mother. • John suggested that Tim consult with triage at Adult Mental Health Services, to continue to ascertain AOD use, try to discuss the concerns with the young person’s GP (particularly the impact of mixing prescribed medications with AOD use) & to clarify diagnosis/prescription with GP, to gather as much historical information as possible from past case workers, to continue to monitor risk issues, and to keep him connected and involved (take a strengths-based perspective)

<p>7. Resources, Training, Agency & Sector Updates</p>	<p>Amy & Steve - FRMP</p> <ul style="list-style-type: none"> • FRMP's Quarterly newsletter has been released, access via website www.frmp.org.au • Upcoming training on SAAP Calendar, "Youth Centred Family Focussed Interventions; what does it take?" Tues 22 July 2008 - contact Steve for more information on 8625 4478 or check out FRMP website • A similar Peer Support Group will be starting in the Southern region in early June with approx 20 workers expressing interest. It is planned to organise for the North & West region to start sometime in Aug/Sept 2008 <p>Ranee - Harrison Community Services</p> <ul style="list-style-type: none"> • Going on maternity leave, returning mid January 2009 (best wishes!) • Developing relationships with schools in the East <p>Frances, Anchor Community Care</p> <ul style="list-style-type: none"> • Community Wellbeing Program (similar to RecLink Program) is working to break down barriers in Knox/Maroonah - contact Peter at Anchor for more info • Private Rental Brokerage Program has started - contact Stacey at Anchor for more info • New Frontdoor system at Anchor - there is a triage system and no longer a receptionist so please contact workers directly (Francis, 9760 6414) • Currently advertising for a new youth worker (fulltime)
<p>8. Next Meeting</p>	<p>It was suggested to invite Victoria Police to discuss what parents can do when a young person 'runs away', how police respond/what they do with homeless young people. Frances/Amy to contact Constable Sally, Youth Liaison Officer to check availability.</p> <p>10am - 11.30am Thursday 14th August 2008 Anchor, 7-9 John Street, Lilydale</p>