

## PART B

### **Holistic Model of Care for Women with Addiction and Mental Health Issues**

LATHA Nithyanandam

#### MH Awards

1. Evidence of a significant contribution to the field of mental health on a local, state or national level

Kathleen York House is a well-established program operating a 24 hour service achieving outstanding client outcomes. 80% of KYH client population experience mental health issues. Whilst working with the women to overcome their drug and alcohol dependence, their mental health is also addressed. The women are supported to receive individualised mental health care plans as well as referrals to local GPs, psychiatrists. They also receive counselling services with partnering agencies such as Leichhardt Women's Community Health Centre. Understanding that there is no one fit solution for mental health issues, KYH has stepped up its care by following a through-care model of treatment to address the women at various stages. Due to this through-care model, KYH has incorporated a 3 month day program, a 6 month residential rehabilitation program, a 3 month transition program and a 12 month aftercare program. The day program allows those women with addiction and co-morbidities who are unable to attend the residential program due to various reasons including housing, or having children over the age of 11, to be supported while being out in the community.

KYH follows evidence based therapies individualising the treatment based on the client's needs. Hence, staff are trained and competent to deal with various mental health issues. To cite an example, clients with mental health diagnoses like bipolar disorder or borderline personality disorder, though they attend the same group therapy program, their individual therapy is tailor made to address their issues.

The value the women achieve on completion of the 21 month KYH program (6 months residential, 2 months transition and 12 months aftercare) includes but is not limited to, leading a drug free life, managing their co-morbidities, parenting skills and life skills. By the end of aftercare, they are slowly integrated back in to the community and contribute to society.

Another major highlight of the program at KYH is that the children of the women are treated as clients and their trauma etc. are also addressed. Being mindful that these children of addicts have been exposed to violence, neglectful and insecure environment, addressing their trauma at an early stage helps prevent trans-generational cycle of addiction. KYH is very committed in this and hence feels it is a great contribution in addressing not only the present problem in society, but also taking proactive measures to prevent future impact and thus trying to create a better environment.

In the last 4 years KYH has extended services ( both outreach and residential) to 858 clients and of those 176 are from ATSI backgrounds nearly 20.5%. Of these 858 clients 96 received residential services and KYH has supported more than 18 pregnant women right through their pregnancies. KYH has also supported approximately 100 children in this 4 year period . KYH has overseen many visitations and restorations while the women are in residence and in aftercare. Many of the women who have completed the 12 month program are reintegrated back in the community with their children, their own accommodation and a job. During aftercare they have been supported to do TAFE courses if needed.

It is paramount to note that KYH has been funded only for residential rehabilitation but has gone out and is stretching itself by providing the other services as it recognises the importance of prevention.

## 2. Evidence of innovation and/or recognised best practice

KYH offers a holistic approach to client recovery. Its therapeutic model is very eclectic offering many modes of evidence based interventions. Some of the overall model incorporates group therapy, individual therapy and case management. Some of the therapies incorporated are, Motivational Interviewing, DBT, psychodynamic process groups, 12 step program, art therapy, Acceptance and Commitment Therapy, Yoga, exercise program, meditation and breath work. The other interventions include psycho-education for the clients as well as families, health promotion, nutritional counselling, parenting programs besides other recreational activities. The clients are also encouraged to attend local AA and NA meetings and also to get a sponsor. The program is designed in such a way that it supports integration back in to the community by way of introducing life skills such as cooking, housekeeping etc. which is done by the clients by rota.

KYH is an accredited program, having acquired certification by QIC. During the accreditation process, it was noted by the accreditors that the service delivery far exceeds expectations.

## 3. Evidence of participation of mental health consumers in the planning, implementation and evaluation as relevant

KYH recognises that clients are its main consumers. The Individualized treatment plan with short term and long term goals are designed in consultation with them.

Client feedback is also paramount and is received through various avenues that includes daily morning meetings, weekly housekeeping meetings, monthly evaluation of every program, quarterly evaluation of the services, formal feedback session that the general manager has with the clients to discuss programs and its effectiveness, feedback and input during the annual planning day. Besides these, a suggestion box is also at the premises for the clients to anonymously provide feedback. The general manager also conducts individual feedback sessions with every client at the time of transitioning from one program to the other.

Besides the clients, KYH also looks at the family as consumers and hence, interacts closely with them and obtains both formal and informal feedback from them. The family is included in all major events held at the premises or outside premises and their feedback is constantly noted. Similarly, ex-clients are brought to the program often and input collected from them. Besides all this, annual surveys are collected from consumers (clients and family) as well as other stakeholders that includes partnering agencies, peak bodies, staff, board and other service providers.

All the information taken from all the above are evaluated every 6 months during planning day and review day; and relevant changes are made after getting approval from the board.

## 4. Evidence of partnerships and linkages

KYH fosters supportive partnerships with various agencies, encourages specialist support for the clients and hence has partnering relationships with the local family medical practice, pharmacy and RPA hospital. It also has partnerships with agencies that run parenting programs such as, Tresillian, Benevolent Society and Kids in Focus. It maintains linkages with local childcare centres, schools and other service providers such as Leichhardt Women's Community Health Centre, Anglicare, Wesley Mission. KYH also has a very close relationship with other women's services and meets them bi-monthly under the stewardship of NADA, the peak body for drug and alcohol. KYH has mapped the flow of services and is in collaboration with detox facilities such as Jarrah House, William Booth, Herbert St and Concord Hospital. It also works closely with other AOD organisations such as Kedesh, Foundation House, WHOs, Detour House, Kamira Farm and Wagec. KYH also has a funding consortium with Guthrie House.

KYH has funding agreements with the Department of Health – both Federal and State. Community Housing partnerships have been formed with Metro housing, St Vincent de Paul Archdiocese (SACCs); Women's Housing Company; and Ecclesia Housing all of which help house KYH clients during the Transitional and Aftercare phase of their treatment.

KYH's peak bodies include Network of Alcohol & Other Drugs Agencies (NADA), Alcohol & Drug Council of Australia, Mental Health Coordinating Council, Mental Health Council of Australia, NSW Council of Social Services.

KYH is QIP Accredited and also maintains compliance with Funding Bodies through regular reporting.

##### 5. Verification and evaluation of the program's effectiveness

The effectiveness of the program is evident through the integration of the women who have done the rehab program back in to society and giving back to the community. At a systemic level, KYH evaluates the program by constantly working on its case formulation and individualised plan, evaluating the goals set by the clients. Evaluation is also done through standardised tools such as COMS, which includes K-10, Severity of Dependence, Quality of Life and BVRT; DASS, DERS and BIS. The scores are entered every 3 months and the results analysed. Clients get to see their individual graphs that indicates progress. The children's progress is also evaluated through a standardised tool such as SDQ. Besides these standardised evaluations, the clients are subjectively evaluated on their physical and mental health, parenting skills and competence, coping strategies, life skills, relationships and attachment. The effectiveness of the program is also assessed through number of restorations, number of re-engagement with children, number of visits etc.

Health outcomes are measured through assessments and progress in Hep C. The organisation has found that any clients whom have had Hep C on admission, have been cleared of this by the time they leave the program. Similarly, all clients are pap smeared as well as encouraged to get contraception as part of harm minimisation. Besides these, the organisation evaluation is done through bed occupancy, percentage completing the program, the number of referrals as well as waitlists. Compliance is done through QIC Accreditation regular reports to the funding bodies. KYH has a very high accountability with a board that meets every 6 weeks where the manager reports progress as well as the treasurer presents the financial statements. There are – sub-committees headed by different board members that meet periodically and oversee different operations. The various sub-committees are the clinical sub-committee that oversees the

program; the evaluations and outcomes sub-committee that monitors the outcomes as well as the tools to be used; the planning committee that designs the strategic plan; the financial sub-committee that constantly monitors finance as well as maintains high accountability to the funding bodies; and finally the communication sub-committee that takes care of the PR of the organisation.