



Chief Psychiatrist's Community of Practice Summary

Fiona Stanley Hospital – Addiction Prevention and Treatment Service

Welcome - Dr Emma Crampin, Deputy Chief Psychiatrist

This presentation came from a visit by the Office of the Chief Psychiatrist to Fiona Stanley Hospital. We were excited to hear about this service and wanted to share the information more broadly. It is well established that comorbid addictions are, and must be, part of mainstream mental health service business and cannot be considered to be two separate issues. Practically, what this means is that all mental health clinicians need skills in managing addictions in parallel with mental illness. We know that there's still plenty to be done to develop those skills and also develop service collaboration in meaningful ways across the sector. I'm going to hand over to Dr Daniela Vecchio and the Addiction Prevention and Treatment Service team to tell us about the work they're doing.

Key Messages

Addiction Prevention and Treatment Service (APTS)

- FSH is the first hospital in WA to establish a C-L AOD service incorporating addiction psychiatry with addiction medicine and peer support along with an integrated on-site AOD outpatient service
- 7 days a week, 10am – 6pm (48 weeks per year)
- Integrated Perinatal AOD clinic - antenatal and postnatal
- First Gaming Disorder Clinic in an acute setting in Australia
- Currently run dedicated clinics for ADHD patient who self-medicate with methamphetamine, cannabis clinics, smoking cessation clinics and future OST clinics
- See patient face to face and via phone, video link - greatly reducing DNA rates
- Accepts referrals from ED, Inpatient wards, Outpatient clinics, GPs and other external agencies

Rapid Access to Services

- Case management
- Short term interventions
- Motivational enhancement
- Harm minimisation
- Management of mild to moderate mental health conditions
- CBT and other psychotherapies

APTS Approach

- Holistic service with flexibility of interventions tailored to the patient's needs
- Collaboration and outreach into external agencies such as primary care and community mental health services
- Family members key partners in care

Perinatal AOD service

- APTS perinatal team can see from patients from conception to postnatally
- Referrals from ED and obstetric clinics
- Work with inpatient AOD, perinatal liaison team, obstetrics team, complex care teams, and Mother and Baby Unit
- Offer Telehealth and phone appointment to support access to care especially in postnatal period

Gaming Disorder Clinic

- Referrals through tertiary hospital system (e.g., Youth Ward, ED)
- Screening, comprehensive assessments and management plans
- Accept statewide referrals as first of its kind in WA



APTS Vision

- Work more in community outreach to homes, GP practices, community agencies, job places, education facilities, etc. Developing a model of care to be able to provide community outreach with two Aboriginal Liaison Officers as part of the working group.
- Develop pathways to supported housing, supported education and supported employment
- Embed aboriginal liaison officers, patients with lived experience and carers in the team.

Q&A

Question

What is the eligibility Criteria for APTS?

Response:

- Gaming Addiction Clinic - Accepts statewide referrals (including GP referrals) as first of its kind in WA
- Rest of APTS – predominately patients of FSH and Fremantle Hospital
- Age eligibility: Age 16+ except for Gaming Disorder Clinic which accepts patients younger than this age (reviewed on a case-by-case basis)
- APTS collaborates with other agencies and Community Mental Health Services with joint reviews where possible. Recognise that looking after patients together improves patient outcomes.

Question

What relationship is there between Perinatal AOD services and Department of Communities?

Response:

The perinatal patients who are referred to APTS are invariably screened by the obstetric team and referred to the obstetric social work team as well. The obstetric social work team and the APTS team work quite closely with the Department of Communities during the antenatal period. After the delivery for the postnatal period, the APTS has their own social workers that take over from the obstetric social work team.

Question

Are Aboriginal Liaison Officers involved in multidisciplinary team meeting discussions about Aboriginal clients?

Response:

APTS collaborates and consults with the Aboriginal Liaison Officers in the hospital in both the inpatient and outpatient settings.

Question

Are there APTS success stories with Aboriginal clients?

Response:

Yes, and even if not total abstinence then at least harm minimisation with improvements in physical health over time. Many Aboriginal clients are from the country which makes follow up tricky when they get discharged from hospital but we link in with local services and local Aboriginal community services.

Question

We're hearing a lot about abuse of nitrous oxide with young people - what can we offer in response?

Response:

In 2022, nitrous oxide gas canisters were reclassified as a Schedule 6 (S6) poison. In WA, S6 poisons cannot be sold to persons under 16 years of age. Young people should be made aware that it can have damaging short- and long-term effects such as permanent nerve damage, brain damage and death. In some cases, prolonged use has caused weakness of lower limbs to the point of being wheelchair bound.



Resources

- APTS Webpage [Addiction Prevention Treatment Service \(health.wa.gov.au\)](https://health.wa.gov.au/addiction-prevention-treatment-service)
- Email communityofpractice@ocp.wa.gov.au

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