Dual Diagnosis Residential Rehabilitation. Information for residents, family and significant others.

Welcome to the Bendigo Health Residential Rehabilitation Service. The service aims to support residents with an individualised holistic program which is developed with respect to each person's individual needs, goals and lived experience. The development of an individual recovery plan happens in collaboration with each resident.

Our Philosophy

We aim to deliver person-centred care and focus on the needs and values of people seeking residential rehabilitation. We deliver treatment and care to our residents that is sensitive to gender, culture and is informed by an understanding of the broad range of experiences of people living with mental illness and substance use. We encourage residents to feel empowered to engage and participate in their own treatment and care. Staff work together with residents, broader community service organisations and other significant people in the resident's lives to ensure the best possible outcome.

Family work and Support

Working with family and significant people in our residents lives is a core part of all aspects of the program. All contact depends on the residents consent at the time. We can assist family members and significant people to access their own support services.

Program length

The program has an expected average stay of 3 months and is tailored as an individual recovery plan. Initial and ongoing assessment may result in shorter or longer stays depending on the needs of the individual.

Key components of the program

The three phases described below will describe the transition through the program however there will be some overlap at any point in time. Please see the welcome brochure for more detail regarding the facilities, rules and supports available.

Prior to admission: Assessment, referral and pre-admission planning

Residential rehabilitation is not beneficial for everyone. Dual diagnosis residential rehabilitation is a specialist treatment option for people who have difficulty engaging in existing rehabilitation services due to particular support needs. Prior to admission

we ensure a comprehensive assessment has taken place to guarantee residents understand the service and are appropriate for our service.

Phase 1: Engagement, orientation and stabilisation (1-3 weeks)

Treatment planning will be a priority during phase one and will highlight short and long term recovery goals. During phase one each residents individual dual diagnosis symptoms will be monitored and stabalised. Medication review and stabilisation will regularly be reviewed. Residents will have the time and support to rest and recover. Orientation to and referral to appropriate community services will also be available for residents to utilise during the time at the rehabilitation service and in the future.

Phase 2: Treatment (up to 6 weeks)

The treatment phase consists of individual and group therapeutic components as well as work with community based therapists. This service is not a one size fits all. Individual and group components are available on an ongoing basis throughout a person's stay. While it is expected that most people will benefit from most treatment components, not everyone will attend all sessions. The intensity and content of their program will be individualised.

Individual therapy

Evidence-based individual therapy is available at a frequency and duration determined during treatment planning, typically weekly for 6-12 weeks. The focus of individual counselling or therapy is determined by the consumers treatment needs, but may include counselling for alcohol or other drug related issues, mental health related issue or both.

Group AOD and MH skills

The group program is designed for smaller group sizes to enable more personalised attention and ensure groups are accessible. The focus of the AOD and MH group program is on practical skills in relapse prevention, including the link between mental health and alcohol and other drug use problems.

Group harm reduction education

This group's harm reduction program includes understanding harm reduction and utilising individual's high risk situations and likely lapse scenarios to ensure that consumers are prepared to minimise harm if they lapse. Harm reduction is a central to many aspects of this rehabilitation program as we understand that lapses are a part of many peoples treatment journey. We aim to ensure our residents remain safe after discharge and are able to engage with supports long term.

Social and daily living skills

The social and daily living skills program is on an as needs basis based on assessment and treatment plan at the beginning of treatment. It is generally group based but may include individual supports from occupational therapist or other team members. The program is aimed at building routines that support a healthy and enjoyable lifestyle such as meaningful recreation, cooking, personalised exercise routines, cleaning, shopping, medication adherence strategies and other needs identified in the individual recovery plan.

Phase 3: Transition to the community (up to 6 weeks)

We aim to assist our residents to transition smoothly into the community. Residents will be supported to establish a lifestyle conducive to long term recovery prior to discharge and will spend significant periods of time on home leave prior to official discharge. If residents lapse during this time they will be supported to use the experience to develop more relapse prevention skills and remain in rehabilitation.

After Care

Residents of the Dual Diagnosis Residential Rehabilitation Service will be supported in the community for a period of time after they have completed the residential program. They will also be expected to maintain engagement with their community based care team which may include their psychologist, mental health clinician or Alcohol and other drugs support workers.

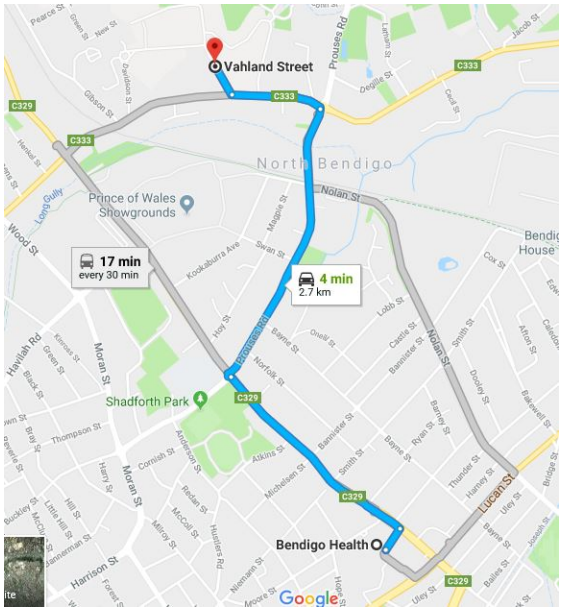
Referral to the service

A referral can be made by the resident or their mental health or drug and alcohol worker by contacting the Bendigo Health Psychiatric Services Triage Service on 1300 363 788. Potential residents must have an existing community mental health case manager. They can be assessed for suitability to receive mental health case management if they don't already receive this at the time of referral.

What to bring

Residents should bring anything they need for time away from home including their own medication and money for items that would reasonably be required. There is a supermarket close by. Residents may wish to bring their own car. Valuables can be locked in a safe. Dangerous items are not permitted. Food is provided however residents are supported and encouraged to cook their own food as much as possible.

Map: Kurmala St. North Bendigo *Bendigo Health Phone: 54546000*



Questions / Notes: