

About Us

The Brain Disorders Programme of Victoria (Australia) was originally set up to provide assessment, treatment and secondary consultation for patients aged 16-64 with a dual diagnosis of: Brain Impairment Traumatic, Hypoxic, Neurodegenerative, Stroke AND Psychiatric Illness
Mental Health Diagnosis including Organic Impulse Control Disorder

In recent years the programme has evolved into a "slow-stream rehabilitation" service, while the community team has broadened its scope to include clients with "behaviours of concern" that don't necessarily meet standard criteria for a mental health diagnosis. Components of programme in its current configuration, the programme consists of following parts:

- The BDP Community Service, comprising of: CBDATS & the ABI Behaviour Consultancy. These teams have separate though overlapping functions, and together provide a wide range of community-based services to individuals, their families, carers, and to their service providers. There is a common point of intake for these teams and each referral is examined carefully before being allocated to the appropriate team. The most notable difference between the two teams is that (a) CBDATS focuses mainly on individuals that have a mental illness and is therefore funded by the mental health branch of DHS, while (b) the ABI Behaviour Consultancy focuses mainly on individuals who have behavioural disorders but do not meet criteria for a major mental illness, and therefore funded by the disability branch of DHS.

- MARY GUTHRIE HOUSE (or "Brain Disorders Unit" or "BDU"): This is an inpatient slow-stream rehabilitation service that is divided in two components:

- HEATH UNIT: 10 gazetted psychiatric beds that comply with the requirements of the Victorian Mental Health Act and cater for patients with severe brain injury and psychiatric disturbance requiring a rehabilitation period of approximately 6 months (though this can vary greatly).

- WATTLE PROTEA UNIT: 20 transitional "nursing home" beds for patients who meet ACAS (nursing home) criteria under the Commonwealth Aged Care Act and also have a combination of severe brain injury and psychiatric disturbance or behavioural disorder requiring slow-stream rehabilitation. Admission length in this group tends to be in the order of 18 months, though this also varies considerably depending on need.

- "STEP 2": 3-bed community integration unit for higher-functioning residents who need to gain additional independent living skills. Philosophy of service

- Holism: taking into account biological, psychological and social factors in the assessment and management of its patients, and avoiding conceptual or diagnostic splits between "brain injury" and "mental illness".

- Collaboration: embracing the multidisciplinary and interagency liaison approach.

- Optimism: focusing as much as possible on what can be done (as opposed to can't be done), fostering strengths and discouraging stigma.

- Individualism: focusing on the uniqueness of each patient in spite of acknowledging the common factors within the greater patient group.