

Improved Services for People with Drug and Alcohol Problems and Mental Illness

*Assisting Alcohol and Other Drugs (AOD) Non-Government Organisations
to better respond to people with comorbid AOD and Mental Health Issues*

**A Summary Report to the
Australian Government Department of Health and Ageing**

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Foreword

The Australian Government has provided \$73.9 million over five years for *Improved services for people with drug and alcohol problems and mental illness* (Improved Services), which forms part of the Government's contribution to the Council of Australian Governments mental health package. Of this, \$65.9 million is available to build the capacity of non government organisations (NGOs) to provide best-practice services that effectively address and treat coinciding mental illness and substance use, with the remaining \$8 million allocated to the National Comorbidity Initiative.

The initiative was developed in recognition of the need to build capacity and skills across the AOD NGO sector, in relation to assisting clients with comorbid presentations and is intended to equip Alcohol and Other Drug (AOD) Non-Government Organisations (NGOs), workers, and managers with mechanisms and resources to achieve improvements in identifying and treating clients with comorbid drug and alcohol problems and mental illness.

To inform the implementation of this measure, the AGDHA conducted a Discussion Forum on 4 December 2006. The Forum was attended by participants from AOD Non-Government Organisations (NGOs) and the Mental Health (MH) sectors, universities, Peak bodies and other relevant representatives. It provided an opportunity to identify priorities, current practice and future recommendations to improve the management of clients with comorbid conditions within the AOD NGO sector. Participants raised a number of systemic, organisational, and individual barriers impeding their capacity to provide effective services for people with comorbid substance use and mental health problems.

The recommended strategies provided in this report are intended to better qualify, train and professionally develop the workforce, build capacity of the NGO sector, increase organisational responsibilities through the development and dissemination of resources, and enhance partnerships with related professionals through linkage activities.

To inform the implementation of this measure, the AGDHA conducted a series of consultations with the Alcohol and Other Drug (AOD) and Mental Health (MH) field. This report presents findings from the consultative process undertaken by the AGDHA and facilitated by the National Centre for Education and Training on Addiction (NCETA).

This Summary Report is presented in three sections that reflect the range of issues identified by key informants.

Section 1. System-wide Issues

Section 2. Capacity Building

Section 3. Professional Development

Suggested Strategies

Section 1. System-wide Issues	Section 2. Capacity Building	Section 3. Professional Development
<p>1.1 Articulate respective roles and then facilitate formal and informal linkages with Mental Health, General Practice, and other Mental Health 'experts' and salient non-health services, to increase access to appropriate services including those required by clients with complex and high severity problems</p> <p>1.2 Create and appoint (Regional) AOD/Mental Health Advisors/ Coordinators</p> <p>1.3 Develop comorbidity policies I (AOD NGO Peak Bodies)</p> <p>1.4 Develop comorbidity policies II (AOD NGOs)</p> <p>1.5 Update job descriptions to include mental health tasks, activities, skills and knowledge</p> <p>1.6 Examine current clinical and non-clinical guidelines on comorbidity</p> <p>1.7 Develop new resources for managers</p> <p>1.8 Develop new resources for clients and significant others</p> <p>1.9 Establish guidelines on assessment and screening</p> <p>1.10 Assess current practice against 1.9 criteria</p>	<p>2.1 Implement clinical supervision/support programs</p> <p>2.2 Provide resources and funds to support clinical supervisors and supervisees</p> <p>2.3 Develop resources to support clinical supervisors and supervisees</p> <p>2.4 Provide training to support clinical supervisors</p> <p>2.5 Implement mentoring programs</p> <p>2.6 Implement a comorbidity telephone advisory service</p> <p>2.7 Develop and implement cross-organisational placements and staff exchanges</p> <p>2.8 Develop undergraduate student placement programs</p> <p>2.9 Develop resources to measure attitudes</p> <p>2.10 Develop and/or modify resources to conduct attitude change training</p>	<p>3.1 Collate and critique current mental health and comorbidity training</p> <p>3.2 Establish a Process to Identify Basic/Essential Mental Health Competencies</p> <p>3.3 Develop Basic/Essential Mental Health Knowledge Competency Course</p> <p>3.4 Develop on-line mental health and comorbidity courses</p> <p>3.5 Review existing face-to-face training courses for on-line development suitability</p> <p>3.6 Develop advanced mental health training courses/workshops</p> <p>3.7 Develop workplace-based learning materials/packages on managing clients with a concurrent mental illness</p> <p>3.8 Disseminate more broadly existing workplace-based learning materials that are applicable and relevant to other settings</p> <p>3.9 Provide postgraduate study and professional development grant funding</p> <p>3.10 Provide sufficient backfill funding</p>

Section 1. System-wide Issues

Service System Responses

Role Delineation

At the outset, there is a need to clarify the roles of the respective players involved in health care delivery to clients with comorbid conditions. A comprehensive and inclusive examination of all relevant elements of the health care delivery system, undertaken with cognisance of the existing service delivery structures is required to achieve agreement about respective roles and responsibilities.

Role delineation processes could be undertaken at various levels including local or regional levels to clarify areas of responsibility, provide concrete protocols and detail of care pathways, and provide a basis for MOU's and other shared care arrangements that are frequently necessary in the care of clients with comorbid conditions.

Hence, before the following sets of suggested strategies are considered for implementation the initial step in any co-ordinated and planned initiative would be to ensure that area or regional role delineation exercises are first implemented. From that basis, all other strategies can then be set in place.

Partnerships

Initial clarification of an AOD NGO services role (in relation to clients with comorbid problems) and the establishment of effective and appropriate partnerships is an essential building block. Articulation of the roles and responsibilities of NGO and other relevant organisations is necessary. Partnerships between organisations in the AOD and mental health fields, and other relevant fields (eg. health, housing, criminal justice), can then be formed and they have the potential to facilitate access to a range of resources including financial, human, and informational.

Suggested Strategies

1.1 Articulate respective roles and then facilitate formal and informal linkages with General Practice, Mental Health, and other Mental Health 'experts' and salient non-health services, to increase access to appropriate services including those required by clients with complex and high severity problems

Develop and implement creative linkages with primary care, general practice and other sectors.

Networks, service bridging and linkages to include:

- engage and establish partnerships with local Mental Health agencies
- engage and establish partnerships with Local Divisions of General Practice – Divisions have varying degrees of relevant expertise

- establish linkages with primary care initiatives – GPs working in primary care teams can be linked with AOD NGOs as expert professionals for advice and consultation
- conduct exchanges of information through clearing houses
- develop and encourage working relationships of public health psychiatrists to obtain services for adolescent problems – particularly in non-metropolitan areas
- create and develop partnerships with Addiction Medicine Specialists – Addiction Medicine Specialists have expertise in both AOD and mental health areas and should be sourced for expert advice and consultation.

1.2 Create and appoint (Regional) AOD/Mental Health Advisors/Co-ordinators

Create and appoint new AOD/MH positions to provide NGOs and/or regions with workers with a specific, but non-clinical, comorbidity role for the purpose of:

- liaison between NGOs and shared care providers, consultants and mental health experts in a given region
- working with client and consumer groups
- developing agreed care pathways for agencies with limited resources
- developing policy and procedural guidelines for agencies with limited resources
- enabling closer links between NGO AOD agencies and mental health/psychiatric services
- developing secondary consultation linkages with specialist Mental Health services, and
- developing protocols between mental health and AOD services
- update job descriptions of AOD NGO staff to include comorbidity tasks, skills, knowledge and attitudes.

Design and Implementation of Comorbidity Policies

Comorbidity Policy

Develop policies which explicitly address comorbidity as “core business” within individual AOD NGOs. Such policies would:

- provide an established framework or structure within which mental health screening, assessment, treatment and referral services can be placed
- “legitimise” the importance and relevance of comorbidity screening, assessment and treatment practices within the organisation
- ensure a systematic and consistent approach to managing clients with comorbid conditions within (and potentially between) an organisation.

Suggested Strategies

1.3 Develop Comorbidity Policies I (AOD NGO Peak Bodies)

AOD NGO Peaks to develop “standardised” comorbidity policies, in consultation with AOD NGOs and key partners, to ensure:

- consistency of approaches and policies currently implemented within their jurisdiction
- development is conducted in consultation with, and applicable to, AOD NGOs that intend to employ and implement the policies
- development is conducted in consultation with local Mental Health agencies
- development is conducted in consultation with consumers, families, and carers
- policies are sufficiently flexible to allow a tailored approach that meets the particular needs and circumstances of individual clients and client groups
- policies provide a template for NGOs that are able to be modified and adapted to meet specific NGO and client-based needs.

1.4 Develop Comorbidity Policies II (AOD NGOs)

Non-Government Organisations to develop and implement comorbidity policies. To maximise the impact of policy on work practice the development processes should:

- incorporate processes for employee input into policy development
- provide clear communication of the potential benefits and advantages of the policy/ies
- ensure compatibility with other assessment, treatment and referral policies.

Job Descriptions

To ‘legitimise’ comorbidity as a core role of AOD NGO staff clearly articulated job descriptions are required that provide AOD workers with a greater understanding of their role and clinical responsibilities.

Suggested Strategy

1.5 Update job descriptions to include mental health tasks, activities, skills and knowledge

Develop mental health role, task and knowledge templates. These templates would be used to update job descriptions. Examination of current mental health screening, assessment, treatment and referral practices is needed. Skills and knowledge sets, as well as attitudes required by clinicians in their role with clients with comorbid issues must also be developed.

Guidelines

Guidelines are a fundamental requirement of good practice and are currently lacking in relation to comorbidity issues.

Suggested Strategy

1.6 Examine current clinical and non-clinical guidelines on comorbidity

Examination of current clinical and non-clinical guidelines for relevance to the management of comorbidity in the AOD NGO sector is required. A review should be undertaken to determine (a)

which guidelines are appropriate for the AOD NGO sector, (b) what further guidelines need to be developed, and (c) development of such guidelines undertaken.

Resource Development and Dissemination

Management support

Suggested Strategy

1.7 Develop new resources for managers

Resources are required that provide information on the range of issues that impact on an organisation's effectiveness to manage clients with comorbid disorders. Resources are needed that address:

- duty of care issues in the management of comorbidity
- legal issues and how to deal with them
- occupational health and safety re: aggressive clients and incidents
- stress and burnout issues and strategies
- clinical supervision provision (link with Strategy 2.1)
- clinical and service guidelines for the management of comorbid clients (link with Strategy 1.6)
- insurance and indemnity issues.

Clients and carers

A client-centred approach to treatment is generally accepted by AOD NGOs as a basic tenet of best practice.

Suggested Strategy

1.8 Develop new resources for clients and significant others

Develop, produce and disseminate a range of resources and materials for clients, carers, their children and parents that can be distributed by AOD NGO clinicians and workers. Easy to read, practical, culturally appropriate and uncomplicated information should be developed in a range of formats that could include:

- Pamphlets
- Booklets
- Brochures
- On-line support webpages, including interactive components
- Interactive resources.

Screening and Assessment Tools and Processes

Screening is a part of the overall assessment process but is not intended to diagnose mental health problems, rather to flag potential problems and prompt further investigation. It is a "first pass" process designed to raise a clinician's index of suspicion of the presence of a mental health problem.

There is no standardised approach to the use of screening tools within the Australian NGO AOD treatment sector and a wide range of tools are used across the sector.

Suggested Strategies

1.9 Establish guidelines on assessment and screening

Comorbidity screening tools need to:

- be brief, easy to use, affordable
- require minimal training for use
- be applicable for use by a wide range of AOD workers with respect to qualifications and experience
- be suitable for use with a heterogeneous client population, and
- culturally specific/appropriate.

1.10 Assess current practice against 1.9 criteria

AOD NGOs and related organisations assess their screening and assessment tools and procedures against the criteria outlined under 1.9.

Section 2. Capacity Building

Clinical Supervision/Support

The need for ongoing professional support and guidance is a fundamental capacity building activity and one that is essential for clinicians working with clients with complex needs. It can improve clinical practice, help reduce burnout, improve work practice, facilitate acquisition of new knowledge and skills, and enhance client outcomes. It is sometimes referred to as clinical supervision by some disciplines (eg. psychologists and social workers). For other professions such as nurses, different labels are used and for indigenous workers the concept extends even more broadly to include cultural supervision.

Suggested Strategies

2.1 Implement “clinical supervision”/support programs

Develop and implement a range of appropriate clinical supervision/support programs within AOD NGOs to meet the needs of organisations tailored to their location, size, and current resource capacity using a variety of clinical supervision options such as face-to-face individual supervision, external supervision, telephone supervision, or supervision via video stream conferencing.

2.2 Provide resources and funds to support “clinical supervisors” and supervisees

Resources should be provided to AOD NGOs to support the implementation of clinical supervision programs, particularly among NGOs with limited access to training and especially those in rural and remote locations, and those workers with high support needs such as indigenous workers.

2.3 Develop resources to support “clinical supervisors” and supervisees

Develop comprehensive resources to optimise understanding of clinical supervision, its benefits, the roles and responsibilities of clinical supervisors, and the roles and responsibilities of supervisees – noting the different needs of various professions, and those of indigenous and different cultural backgrounds.

2.4 Provide training to support “clinical supervisors”

Delivery of clinical supervision training (for supervisors) by competent training providers should be provided to, or procured by, AOD NGOs to enhance the effectiveness of a clinical supervision program. Training programs would enable clinical supervisors, who are often senior and experienced AOD practitioners, with the skills, up-to-date knowledge and confidence to be effective clinical supervisors.

2.5 Implement mentoring programs

Implement mentoring programs within AOD NGOs to provide employees with support to deal effectively with clients who have comorbid AOD and mental health issues. A formal mentoring program should include four main steps: Assessment, Preparation, Implementation, and Evaluation. Mentors should have relevant comorbidity experience.

2.6 Implement a comorbidity telephone advisory service

Readily available professional advice and information is required for AOD NGO workers. A telephone advisory service which provides access to competent and professional advice on comorbidity issues is needed.

Cross-organisational placements and staff exchanges

Workplace and in-situ learning is recognised as a powerful and efficient professional development strategy. A number of AOD organisations have extended this concept to arrange for cross-organisational placements and staff exchanges. These allow workers the unique opportunity to experience first hand how treatment is delivered in other contexts and settings.

2.7 Develop and implement cross-organisational placements and staff exchanges

Cross-organisational placements and staff exchanges should be developed by AOD NGOs or by AOD Peak bodies in conjunction with participating organisations. The exchanges should be coordinated between AOD organisations or between AOD organisations and mental health agencies and should enhance skill and knowledge development in screening, assessment, treatment, and referral practices for clients with comorbid disorders.

Workforce Sustainability / Recruitment

Recruitment and retention of skilled and competent staff is a central workforce development issue for the AOD field in general, and for the NGO sector in particular.

Suggested Strategy

2.8 Develop undergraduate student placement programs

AOD NGOs and AOD Peak bodies to develop and facilitate/implement undergraduate student placement programs. Program aims would be to provide a potential pool of future workers with a number of practical support and development activities including orientation to the AOD NGO sector, structured program experience in select treatment modalities (eg., counselling, withdrawal), and supervision/mentoring with senior clinicians.

Attitude change, confidence and role legitimacy

Negative attitudes of AOD staff can create barriers to the care and treatment provided to people with mental health issues. Workers' sense of role legitimacy (ie, is it appropriate for me to respond to mental health issues within my professional role), confidence (perceived level of skill and ability) and perceived efficacy of treatments and interventions all influence a clinician's beliefs and resulting practice behaviours. A lack of role legitimacy in regard to mental health-related work may stem from the inadequate knowledge and skill levels of clinicians and workers.

Suggested Strategies

2.9 Develop resources to measure attitudes

Develop a valid and reliable survey "Attitude Measurement" instrument to enable NGOs to gather data on attitudes toward treatment and management of people with mental health issues to inform attitude change strategies.

2.10 Develop and/or modify resources to conduct attitude change training

Develop and/or modify existing resources to conduct attitude change training. Training should be designed and developed to enable AOD workers to explore and evaluate their attitudes towards people with mental health issues and could consist of a range of training and development activities such as role plays, group discussions, and hypothetical scenario studies.

Strategies to address confidence

Confidence in undertaking mental health screening, assessment, and treatment can be influenced by a number of strategies provided in this report including:

- Provide clinicians' with relevant literature and resources on mental health (see Suggested Strategies 1.7 and 1.8)
- Deliver training in the use of screening and assessment tools and instruments (see Suggested Strategy 3.6)
- Encourage attendance or provide scholarships/grants to attend relevant mental health training courses (see Suggested Strategy 3.9)
- Implement clinical supervision (see Suggested Strategies 2.1, 2.2, 2.3 and 2.4)
- Develop or maintain links and partnerships with mental health agencies and their staff (see Suggested Strategy 1.1)
- Provide professional development opportunities (eg, cross-organisational exchange with a mental health agency) (see Suggested Strategies 2.5 and 2.6).

Strategies to address role legitimacy

A number of strategies should be undertaken to impact on role legitimacy in dealing with clients with comorbid disorders. They include:

- Provide clear and accurate descriptions of mental health roles and tasks (eg., screening, assessment, treatment and referral) in job descriptions (see Suggested Strategy 1.5)
- Deliver in-house training or purchase training modules in mental health through Registered Training Organisations for all workers and clinicians (see Suggested Strategy 3.7)
- Provide clinicians with Clinical Guidelines, organisational policies and procedures on the management of clients with comorbid disorders (see Suggested Strategies 1.3, 1.4 and 1.6).

Section 3. Professional Development

Existing Training

Few formal training opportunities exist for AOD workers in the area of comorbidity.

Suggested Strategy

3.1 Collate and critique current mental health and comorbidity training

Undertake a critique of all current mental health and comorbidity training that is appropriate for the Alcohol and Other Drug NGO sector. Such a critique would provide:

- Comprehensive information on current availability of mental health training options
- Information on what is missing from current course content
- Whether courses are suitable for workers at different levels and for indigenous workers
- An indication of training that needs to be developed.

Consideration also needs to be given to the efficacy of such training to ensure that the transfer of knowledge to practice results from the training.

Training Development

Essential knowledge / Basic training

There is a need for basic training to be provided by recognised training organisations and accredited by appropriate bodies. There is also a need for 'agenda setting' and 'consciousness raising' about the relevance and prevalence of AOD/Mental Health comorbidity.

Suggested Strategies

3.2 Establish a Process to Identify Basic/Essential Mental Health Competencies

The process required to establish a consensus might involve strategies such as a Discussion Forum comprising a range of 'experts' in Alcohol and Drug and Mental Health to determine basic/essential competencies, skills and knowledge required as a minimum base by AOD NGO workers to inform future training course content. It could also involve other scoping strategies.

3.3 Develop Basic/Essential Mental Health Knowledge Competency Course

There is a need for training and education developers and providers, in collaboration with AOD NGOs and/or Mental Health agencies, to develop a 'basic competency' course informed by recommendations stemming from the above strategy that would cover the minimum knowledge set required to undertake essential mental health practices. Suggested topics include:

- Mental health terminology
- Screening and assessment functions
- DSM-IV Classification of Disorders
- Intervention and treatment options for 'high prevalence/low severity' disorders (eg., Anxiety disorders, Depression, Post Traumatic Stress Disorder)
- Mental Health service system and structures
- Legal and ethical issues
- Client needs and perspectives
- Indigenous and culturally sensitive issues
- Culturally and Linguistically Diverse client considerations
- Personal distress and dysfunction
- Suicidality and self harm (risk assessment).

Access issues

Workforces in rural and remote regions have access to very few training opportunities. Formal on-line training courses on mental health may help address this.

Suggested Strategies

3.4 Develop on-line mental health and comorbidity courses

Develop new courses in on-line formats, to be delivered via the Internet or CD-Rom (to enable workers with limited or no Internet access to undertake). Incorporate a range of non-paper-based activities such as on-line tutorials, reading materials on CD-Rom, and opportunities for interactive 'chat room' discussions with the course coordinator and fellow students. Train-the-trainer components and other methodologies should be developed to ensure that workers have equal access to the training and resource materials, particularly those workers located in rural and remote areas.

3.5 Review existing face-to-face training courses for on-line development suitability

Undertake a review of existing face-to-face training courses to determine their suitability to be developed in on-line formats and make recommendations on appropriate courses to be developed in on-line formats.

Advanced training

Training opportunities in mental health skill development that matches the varied professional roles and qualifications of AOD workers, including those for whom advanced (as opposed to more basic) training is required.

Suggested Strategy

3.6 Develop advanced mental health training courses/workshops

There is a need for education and training organisations to develop, in conjunction with mental health experts, a variety of advanced training courses with varied delivery options e.g. workshops and practical skill training. Content should be developed for intermediate to advanced levels of knowledge and skills. Topics identified by Forum participants included:

- Effective management of clients with comorbid disorders
- Pharmacology (eg., drug interactions)
- Aetiology of 'high prevalence/low severity' disorders
- Aetiology of 'low prevalence/high severity' disorders
- Neuroscience of comorbid disorders and its effect on treatment options
- Use of specific assessment tools to further inform treatment options
- Best practice case management.

Informal, workplace-based learning and training

Workplace learning, not unlike formal structured training courses, aims to increase capacity of workers to perform specific tasks and acquire skills.

Suggested Strategies

3.7 Develop workplace-based learning materials/packages on managing clients with a concurrent mental illness

Development of workplace-based learning materials and packages on managing clients with a concurrent mental illness, and other associated issues through collaborations between NGO peak bodies, education and training organisations, AOD NGOs, and mental health professionals.

3.8 Disseminate more broadly existing workplace-based learning materials that are applicable and relevant to other settings

Study and Professional Development Grants

Suggested Strategy

3.9 Provide postgraduate study and professional development grant funding

Allocate funding to support AOD NGO clinicians' mental health skill development through the provision of grants to:

- Undertake postgraduate or other advanced studies in the area of mental health
- Attend Mental Health / Comorbidity Forums and Conferences.

Organisational Support

Suggested Strategy

3.10 Provide sufficient backfill funding

Allocate backfill funding as a mandatory component of training and professional development budgets.