National AOD Workforce Development Strategy

Submission By:
The Mental Health Alcohol and Other Drugs Branch (MHAODB), Queensland Health (QH)

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Mental Health Alcohol and Other Drugs Branch

Response to Review and Revision of the National Alcohol and Other Drug (AOD) Workforce Development Strategy: Discussion Paper

The Mental Health Alcohol and Other Drugs Branch (MHAODB), Queensland Health (QH) welcomes the opportunity to contribute to the Review and Revision of the National AOD Workforce Development Strategy (WFD Strategy).

As part of this response the below is provided:

Mental Health Select Committee submission sections for reference

- Mental health and AOD WFD has also been raised as a significant issue as part of submission and public briefing to the current Mental Health Select Committee's Inquiry into opportunities to improve mental health outcomes for Queenslanders, which includes AOD in its' remit. See further at https://www.parliament.qld.gov.au/Work-of-Committees/Committees/Committee-Details?cid=226.

- Queensland Health's submission includes AOD and workforce matters and can be viewed at https://www.parliament.qld.gov.au/Work-of-Committees/Committees/Committee-Details?cid=226&id=4143. - **Relevant sections for your reference include pages 59 – 63, 106-111 and Appendix 4.**

Attachment 1 – Collated Queensland response WFD Strategy Discussion Paper questions

- Key themes for each question from consultation within Queensland Health

Attachment 2 – Copy of Queensland Health consultation on AOD WFD to inform State planning

- A copy of the summary of feedback received from Queensland AOD sector (public, non-government and community-controlled health service) consultation by MHAODB to inform development of a new plan for State-funded mental health, AOD services.
- Noting similar themes to this national consultation

Summary of key issues and priorities

Include but are not limited to:

- Scope and focus of National AOD WFD Strategy should align with the National Drug Strategy and sub-strategies and the National Framework for Alcohol, Tobacco and Other Drug Treatment.
- The National AOD WFD Strategy should articulate how it links and aligns with the National Mental Health Workforce Strategy, particularly given alignment of workforce challenges and opportunities and noting a new 10-year strategy is in development. Refer National Mental Health Workforce Strategy Taskforce | Australian Government Department of Health as well as the

National Aboriginal and Torre Strait Islander Health Workforces Strategic Framework National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework (2016 - 2023).

- There should be a primary focus on the core AOD health workforce (i.e. involved directly in delivery of services across the continuum and settings and including specialist and generalist workforces in primary, secondary and tertiary care)
    - This should be consistent with the National Medical Workforce Strategy priorities outlined in the Discussion paper and since released. It is noted there is need to develop AOD capability among generalist health workforces for direct care, in supporting clinical pathways into specialist services and in workforce development pathways. A focus on general practitioners and on mental health and emergency health care workers is recommended.
- There should also be a secondary inclusion and reference to workforces in service sectors and systems that engage with the AOD health workforce (i.e. law enforcement, justice, housing, education, child safety etc).
- The new national strategy should focus on tangible ways to address key issues to support progress in the period of the strategy
- A key ongoing WFD issue is the attraction, recruitment and retention of appropriately experienced and qualified specialist AOD workers is a key priority in the current context of significant shortfalls in services to meet demand and would benefit from a range of strategies at a systems, service and individual level; including a multi-pronged approach to career awareness and promotion, attractive career pathways and incentives to employment, workforce skills development, and focus on staff wellbeing and support.
- Priority workstreams for AOD include nursing, psychiatry, medical practitioners, allied health, youth, Aboriginal and Torres Strait Islander, and lived experience (peer) workers in community, rural and remote sectors.
- Need to define, develop, grow and support the AOD peer workforce
- Service and system connectedness for the workforce – within and across sectors and the across the continuum
- Key strategies needed include:
    - Career awareness and attraction
    - Career pathways including from tertiary/vocational training, work placements and job/position opportunities (including entry-level, identified positions and avenues for career advancement and enhancement)
    - Workforce recruitment, training and mentoring
    - Skills development
    - Staff wellbeing and support
    - Multi-disciplinary scope of practice across service settings
    - Planning and funding to support workforce enablers and sustainable workforce strategy implementation

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Attachments

Attachment 1	Queensland Health AOD WFD Strategy Discussion Question responses
Attachment 2	Summary of feedback from Queensland Health consultation on AOD WFD to inform development of new plan for Queensland State-funded mental health, AOD services

Attachment 1

Collation of Queensland Health responses to Discussion Paper questions.

GENERAL WFD QUESTIONS

Discussion question 1: What are the priority WFD issues that have emerged since the first Strategy (2015-2018)?

- Most WFD issues are significant and long-standing before and since the last Strategy, including the need for:
    - dedicated attraction, recruitment and retention strategies, especially for medical, nursing, allied health and Social and Emotional Wellbeing (SEWB) workforces.
    - strategies to enhance worker wellbeing, including greater support and access to clinical supervision as well as cultural mentoring for Aboriginal and Torres Strait Islander AOD / SEWB workers
    - strategies to support rural and remote workforces
    - targeted AOD stigma and discrimination reduction across the health sector and more broadly in the community to reduce misperceptions of people who use drugs and the AOD sector and workforce, and
    - greater focus on defining, building and supporting the AOD peer workforce

- Supporting and resourcing the workforce to adopt technology-based healthcare solutions (including telephone / telehealth and remote models of service provision) especially since the workforce impacts due to Covid-19. Noting that greater opportunities to access digital health care options should not replace client choice for face-to-face modalities and that whilst COVID has highlighted some opportunities to work and invest differently, work approaches should not be designed to be responsive to events like COVID.

Discussion question 2: What are the priority actions to improve WFD at the a) systems, b) organizational, and c) individual worker levels in the short-medium (3-5 years) and longer (6-10 years) terms?

System/ service level priority actions to improve WFD include:

- Develop clear career pathways – supporting attraction, training and recruitment
    - Work with tertiary institutions and offer graduate programs
    - Consider post-graduate nursing program in AOD to assist recruitment
- Support collaboration and partnership between AOD services across sectors (including to maximise client care and strategies for workforce support and connectedness; avoid duplication and maximise resources, especially with larger and smaller providers and workforces)
- Addressing shortage of opioid treatment providers/reducing pressures on public AOD services
    - Increase incentives and other strategies for GPs to provide opioid treatment
- Focused recruitment strategies for Aboriginal and Torres Strait Islander workers
- Ensure longest possible service agreements are in place to support employment stability and provide increased equity across the public and NGO sectors

- Nb: Queensland currently provide 5-year funding contracts
- Address AOD stigma and discrimination across service systems
  - Nb: In Queensland this will be supported by two research reports commissioned by the Queensland Mental Health Commission - the *Changing Attitudes Changing Lives* and *Don't Judge and Listen* reports Alcohol & other drugs stigma | Queensland Mental Health Commission (qmhc.qld.gov.au)

Service/staff level priority actions to improve WFD include

- Support and develop staff
  - Consider AOD educators who regularly attend onsite, particularly in regional and remote areas, to provide upskilling
  - Supervision and mentoring options

Discussion question 3: Thinking about specialist AOD workers:
(a) What are the priority WFD issues for AOD specialist workers?
(b) What WFD goals should be set for improving WFD outcomes for this group (i.e., what should be we aiming for?)
(c) What are the major steps in the short-medium and longer term to achieve these goals?

Priority areas, goals and steps include

- Grow the specialist AOD workforce- Workforce attraction and retention
  - Develop promotional / advertising campaigns encouraging new students to consider studying in AOD and for existing workers to transition across to the AOD sector.
  - Expand graduate position opportunities for newly-qualified workers (especially Nursing)
  - Retain ageing workforce for longer by offering part time working options
  - Utilize volunteers and student placements to promote working opportunities in AODS Current.
- Develop and support the specialist AOD workforce - Workforce capability
  - staff have access to routine professional supervision
  - invest in leadership skills development programs for experienced clinicians / workers who transition into management and leadership roles.
  - Provide programs to support staff wellbeing and prevent burnout and secondary stigma
  - Offer scholarships to AODS nurses looking to be prescribers – successful applicants could be contracted to work in rural /remote areas to meet the shortfall generated by lack of G/Ps willing to prescribe
  - Support staff who want to make a commitment to working in AODS to complete the diploma /certificate in AODS.

Discussion question 4: Thinking about generalist workers:
(a) What are the priority WFD issues for generalist workers?
(b) What WFD goals should be set for improving WFD outcomes for this group (i.e., what should be we aiming for?)
(c) What are the major steps in the short-medium and longer term to achieve these goals?

- Queensland recognises that a broad range of workers have a role in reducing AOD harm – particularly relied on in rural and remote areas and essential to delivering care in generalist settings
- The new WFD Strategy should identify key generalist workers, settings and strategies to support development (i.e. medical, psychiatry, nursing, allied health, Aboriginal and Torres Strait Islander and in generalist settings – refer National Treatment Framework)
- Target AOD Stigma and discrimination reduction for generalist workers

PRIORITY GROUPS

Discussion question 6: Thinking about other the workforce groups with unique needs (e.g. rural, regional and remote workers, peer workers, law enforcement and corrections workers):

Peer Workforce

- Identifying and supporting people with a lived or living experience in either a volunteer or paid role could be further explored to ensure that any policy or investment is well-targeted. Questions to consider include:
    - Defining and supporting pathways from 'service user' to 'peer worker'
    - Consider the benefit and risks of a worker disclosing their previous or current substance use given levels of stigma and discrimination in the workplace.
    - Ensuring safety and support is available for peer workers who are trying to manage or abstain from substance use who are now working in potentially triggering, drug-saturated environments.

Workforce in Rural and Remote locations

- Recruitment and retention of staff to rural and remote areas is particularly challenging in Queensland, with over 92% of the specialist AOD workforce located in metropolitan areas of the state (Modified Monash Model MMM 1-3).
- For information on Queensland Health initiatives to support rural and remote workforce issues, please also see link to Mental Health Select Committee submission

Discussion question 7: What WFD strategies for the AOD workforce will best support and ensure effective service delivery for client groups who identify as Aboriginal and Torres Strait Islander? What are the immediate priorities for attention and action in this area?

- Whilst positions have been created, there are challenges with under occupation of available identified Aboriginal and Torres Strait Islander positions.
- Specific recruitment strategies that attract Aboriginal and Torres Strait Islander staff that is focused on the right person and right fit rather than qualifications and supporting professional development pathways
- Consider, Grow Your Own opportunities for recruitment and support of Aboriginal and Torres Strait Islander.
- Consider scope of practice issues for Aboriginal and Torres Strait Islander staff who have a high demand
- Need for comprehensive and targeted cultural safety workforce development strategies – for and generalist settings – this includes strategies targeted to address racism and increase understanding of the social, structural, historical and cultural determinants of health
- System level strategies including policy, planning, funding and commissioning models
- A health equity focus – see significant collaborative work undertaken in Queensland including legislation First Nations Health Equity | Queensland Health

Discussion question 8: What are the key WFD strategies for the AOD workforce will best support and ensure effective service delivery for client groups with specific and unique needs (e.g., younger or older people, people who identify as LGBTIQ+, clients with complex needs)? What are the immediate priorities for attention and action in this area?

For People Who Inject Drugs (PWID)

- PWID present with unique issues and needs, such as a largely male, ageing population with disproportionate representation of urban Indigenous peoples who also smoke tobacco and

tend to experience high rates of PTSD, housing instability, poverty and incarceration and are impacted by a range of acute and chronic diseases.
- This group is an immediate priority requiring cross agency collaborations to support and respond to their complex needs.

AOD workforce in Needle and Syringe Programs (NSP):

- The NSP network is largely delivered/managed within specialist AOD services, yet NSP staff tend not to be well integrated within the service, often viewed as separate, and as such have limited training and support. Providing increased integration for staff involved in NSPs to engage with other specialist AOD programs provides opportunity for appropriate staff support and development.
- Formalise development and training (as has happened for Indigenous health workers) and preferably some kind of accredited learning package rolled out, probably at cert 4 level or similar, that would offer NSP staff a career pathway, given NSP workers come from a variety of non-clinical backgrounds, including peer backgrounds. Such training would cover the range of harm reduction strategies and their implementation, primary health information with particular focii on injection related injuries and disease and an overview of AOD evidence and practice.

AOD workforce in community clinics:

- NP being nurses tend to provide a more holistic approach when treating AOD clients, which in the long term is more beneficial for the Patient general bio-psychosocial well-being, leading to better health outcomes.
- Nurse Practitioner led community clinics could provide a more cost-effective model than Medical Officer led clinics supported by current literatures when dealing with routine AOD related issue e.g. Opioid dependency, Alcohol dependence requiring withdrawal management and care.

Young People

- acknowledge and respond to gaps in service demand for youth AOD services and the impacts on AOD staff workloads and wellbeing; and need for specialist skills and approach in working with young people
- strategies to connect workers and workforces across sectors that work with young people impacted by AOD use

INTEGRATED CARE

Discussion question 9: How can integrated care with other sectors (e.g., mental health) best be achieved in practice to support clients with multiple and complex needs? Are there Australian or international examples of best practice in this area that could be replicated?

- In Queensland public mental health and AOD services are integrated – there are different models of this – but more information can be provided if useful; based on quadrant model; supported by access to specialist mental health and/or AOD workers, specialist services, shared data system, policies, and communication
- Continued support AOD workers in integrated services, such as mental health services
- Focus needed on implementation of models of integrated care for people with mental health, AOD and related social issues (i.e. across sectors with youth justice, child safety, domestic and family violence, education, housing etc)
- The lack of dedicated allied health staff constrains the capacity of services to deliver clinical interventions to reduce the significant co-morbidities associated with long term mental health illness and treatment modalities

- Better equip mental health clinicians to respond to co-occurring AOD conditions, ensuring this is a mandatory training component; and ensure AOD workforce has capacity and capability to respond to mild-moderate mental health needs (e.g. high prevalence mental health conditions such as depression, anxiety, PTSD as well as personality disorders)
- Support access to psychiatry across AOD sectors as needed
- Strategies to improve trauma-informed treatment and care

FUNDING MODELS RETENTION AND TRAINING

Discussion question 10: Considering funding models and arrangements in the AOD sector: (a) What are the priority WFD funding issues for the AOD sector? (b) What are the immediate priorities for attention and action in relation to WFD-related funding? (c) What types of funding models would best support the capacity and effectiveness of the AOD workforce?

- Commencing with detailing workforce models, based on principles, that accomplish safe and sustainable models of care based on population need, size, demographic, location, workforce availability, access to telehealth, access to tertiary, inpatient and community care and other variables – strategies can be developed to close the workforce gap between what a location currently has and what it needs.
    - *Note: Queensland Health planning is informed by the Queensland Drug and Alcohol Service Planning Model (Q-DASPM) and companion document Framework for planning and commissioning of Aboriginal and Torres Strait Islander AOD services - commissioned by the Department of Health to support improved population-based planning and developed through a cross-sectoral advisory group and expert working groups of service providers and key stakeholders.*

Discussion question 11: Considering recruitment and retention in the AOD sector: (a) What are the key issues and challenges? (b) What are the immediate priorities for attention and action? (c) What initiatives would best support effective recruitment and retention in the AOD sector?

- NGO sector issues include term of funding contracts (which can creates employment instability) and need for improved wage parity
- Need for strategies to recruit and retain in rural and remote areas, Aboriginal and Torres Strait Islander workforce and peer workforce
- A threshold issue is also attraction – awareness of AOD career, training and stigma reduction – need a multi-strategic approach – can't cherry-pick – and ideally what can be done nationally would be supportive of jurisdiction activity

Discussion question 12: What substances should be considered of particular concern for the AOD sector at the current time and into the future and what are the implications for AOD WFD to ensure effective responses?

- AOD services should be for all substances that people present with and indicated for specialist treatment; noting there are specific services like Quitline and options like NRT and various forms of counselling where the only and primary drug of concern is tobacco; AOD services should treatment tobacco dependence when presents as part of poly-drug use and the person wants to quit
- Whilst there is often emphasis on new and novel substances, there remains insufficient focus on areas of highest treatment demand, which is mainly alcohol. There is also an ongoing lack of competency and reluctance to address alcohol use disorders in non-specialist settings. Such is the level of unmet need the top priority should be on delivery of: good enough

treatment; of the commonest disorders; to as many as possible; in as many settings as possible.

- Increased referrals to AOD service are anticipated due to recent changes in realtime prescription monitoring. This includes referrals for people experiencing chronic pain issues which will be exacerbated by already overstretched pain services. AOD services are under-equipped to treat chronic pain with inadequate access to multidisciplinary resources like physio, exercise physiology and psychology.
- There is increasing use of schedule 8 medicinal cannabis preparations in Australia, those containing tetrahydrocannibol (THC). Possibly the AOD workforce should consider any implications that this might have on AOD referrals or presentations, for those patients with licit and illicit use of cannabis.

Discussion question 14: How well is the current vocational education system meeting the needs of the AOD workforce and sector? What are the immediate priorities for action in this area?

- The new Strategy would benefit from a clearer articulation of the challenges associated with a highly-varied workforce. For example, the workforce is registered and unregistered, tertiary educated and not tertiary education, highly specialised and highly generalist, etc. This has a significant bearing on education, training, and professional development (page 36 of the Discussion Paper).
- The mechanisms for access to education, training, and professional development is inherently inequitable, some professions have CPD requirements, others don't, some are funded for CPD, others are not, etc.
- Increase opportunities for training and student placements in the AOD sector during and after studies to promote AOD careers and improve recruitment, noting that high workloads can be a barrier to offering student placements.
- Support formal training places for existing AOD workers to achieve higher AOD-specific qualification (eg Masters in Addictive Behaviours), including support to backfill study leave and prevent burnout for other workers.
- Develop strategies to better embed AOD content within existing degrees (e.g. medical, nursing, social work, psychology, occupational therapy, social sciences etc), including vocational education / TAFE courses.

Discussion question 15: What are the key issues and challenges for professional development (PD) in the AOD workforce? This may include issues related to accessibility, quality, modalities (e.g., supervision, training), content (e.g., priority KSAs) or other matters.

Issues and challenges include:

- Potential barrier to CPD where the preference is for professional placements are the insurance and privacy provisions/implications, for example, for AOD workers joining/shadowing public or private workers for an upskilling purpose.
- Central registers of courses/qualification/CPD opportunities have been attempted for other purposes in the past. This is a very resource-intensive, expensive model, that is only up-to-date and accurate on the date it is completed. Attempts to develop registers such as this in the past 5-10 years have mostly been abandoned for these reasons.

Strategies and training content could include:

- Establishing a national AOD worker capability framework
- Expanding the availability of accessible and engaging formal and informal training opportunities available on-demand (i.e. through mixture of face-to-face, online and recorded formats)

- Training that is offered in flexible and modular recognised through micro-credentialing schemes that allow cumulative progression to formal qualifications and acknowledging demand pressures on staff.
- An additional benefit of shorter courses/ microcredentials for qualification/upskilling/CPD also recognises that the workforce in AOD are significantly varying pay points across a broad pay spectrum.

Increase training and professional development opportunities in key areas:

- implementing trauma-informed models of care
- enhancing culturally-safe AOD practice
- advanced harm reduction
- providing comprehensive care informed by high quality care formulation and skills in managing complexity / multi-morbidities
- key therapeutic interventions especially Motivational Interviewing, CBT and relapse prevention
- legal and ethical decision-making

Attachment 2

A new plan for MHAOD Services 2021-2026
Consultation Summary

28 October 2020 (not government policy)

Alcohol and Other Drug Workforce Consultation

Development of a new mental health, alcohol and other drugs plan is progressing with consultations between the Department of Health (led by the Mental Health Alcohol and Other Drugs (MHAOD) Branch) and specialist groups across the state.

The new plan will follow and build upon from *Connecting Care to Recovery 2016-2021: A plan for Queensland's state-funded mental health alcohol and other drug services* which is due to finish by 30 June 2021.

As part of consultations with specialist groups on 20 October 2020, the MHAOD Branch hosted a consultation about the needs, challenges and priorities for the specialist AOD workforce. The consultation was attended by representatives from state-funded non-government organisations, Hospital and Health Services, Primary Health Networks and peak bodies.

Summary of feedback

Throughout the consultation, participants were asked to respond to a series of questions specifically related to the emerging themes from broader consultation to date relating to the AOD workforce – including workforce pressures, capability, availability, peer workforce and person-centered and integrated care.

A summary of feedback and the key themes that emerged from consultation follows.

Workforce Pressures

What do you think are the key pressures facing the specialist AOD workforce in Queensland?

Increased service demand, increased client complexity, the need to improve access to qualified and experienced staff and inadequate funding particularly for human resources, training and development and capital works were the most frequently reported pressures on the AOD workforce.

Other pressures were also highlighted:

- Recruitment and retention, particularly in rural and remote areas and of Aboriginal and/or Torres Strait Islander people.
- Career pathways and career planning
- Access to specialist staff
- Ageing workforce
- Training and supervision
- Upskilling and uptake of digital and information communication technology

What do you think are the top three pressures?

Responses to this question mirrored responses to the previous question. The three pressures most frequently reported were:

- Limited **funding** and short-term contracts

- Access to **qualified and skilled** staff
- **Recruitment and retention**

Workforce Capability

What are the key training needs you identify?

Responses highlighted a need for **entry level AOD training** programs, **suicide risk assessment** and Aboriginal and/or Torres Strait Islander and Culturally and Linguistically Diverse **cultural safety** training.

Trauma Informed Care (TIC) was also reported frequently. A participant noted *"Not just trauma informed care for the workforce but for organisations as a whole, the workforce will find it very difficult to practice TIC if orgs and systems are not trauma informed*"

What do you think are the key challenges in supporting a capable workforce?

There was a high level of homogeneity in response to this question. The most common challenges in supporting a capable workforce were:

Career pathways was a key challenge reported by respondents. Many responses suggested this could be improved by working with tertiary institutions and building graduate and clinical placements. The need for clear pathways and opportunities to support **career progression** was also highlighted.

Respondents frequently raised **supervision** as a key challenge in supporting a capable workforce and included dialogue about access to operational, clinical and cultural supervision, availability of suitable supervisors and a supportive workplace culture. Respondents also noted that different approaches to supervision are required across the varied disciplines that exist within the AOD workforce.

Having adequate funding and human **resources to support training attendance** was also seen as a challenge to supporting a capable workforce.

What system/service level strategies could be implemented in the next five years?

The following key strategies were suggested by participants:

- **Five-year contracts**
- A **core competency framework** with funding to support implementation.
- **Working with tertiary institutions** to stimulate student interest in a career in AOD and create and promote career pathways.
- Offering **graduate programs.**

It was also acknowledged that different strategies to address recruitment and retention in rural and remote areas and of Aboriginal and/or Torres Strait Islander people will be needed. For example, a participant stated "*Specific recruitment strategies that will attract Aboriginal and Torres Strait Islander staff that is not focused on qualifications but instead the right person, right fit. Then workplace provides professional development pathways".*

Workforce Availability

What do you think are the key challenges for workforce availability?

Numerous challenges were reported by participants. The key themes were:

- An **ageing workforce** and need for succession planning.
- **Career pathways and career development**
- **Wage parity** between government and non-government positions.
- Attracting and retaining staff in **rural and remote** areas.
- The need to address **stigma** to attract and retain staff.
- **High workloads** reduce attraction to AOD and contributing to burn out within the current

workforce.

What system/service level strategies could be implemented in the next five years?

Strategies frequently suggested by participants were:

- **Address stigma**
- **Work with tertiary institutions and offer graduate programs**.
- Developing clear **career pathways**.
- **Increase funding** for AOD services and the sector to improve pay rates and incentivise rural and remote work
- **Increase contract length** to provide greater stability to workers.
- **Recruit Aboriginal and/or Torres Strait Islander workers**

Peer Workforce

Over the next five years- what are the key priorities to progress action to support the AOD peer workforce?

Participants strongly highlighted the **need to clearly define, scope and understand the benefits** of the peer workforce. The importance of acknowledging that lived experience is one aspect of a person's life and recognising personal strengths and other beneficial knowledge and skills possessed by peer workers was also raised. Other key priorities included:

- Addressing **stigma**
- Providing **support, training, supervision, pathways** to formal qualifications for peer workers
- Establishing **minimum expectations** for the role of a peer worker.

Barriers to sharing lived experience and growing the peer workforce, such as issues with blue cards, was also noted.

Person-centred/Integrated Care

What do you think are the key challenges for delivering person-centred and integrated care?

A couple of participants reported that there needs to be greater acknowledgement of the **role of family** in person centred care. The focus of responses was on integrated care

"*We don't believe delivering person-centred care is a current issue. Integrated care, however, is a current challenge*"

Challenges around integrated care included:

- Lack of **trust and mutual respect**, particularly between government and non-government organisations
- Concerns about client **privacy and confidentiality**
- A **lack of time** to develop networks and relationships

What system/service level strategies could be implemented in the next five years?

Participants strongly highlighted the need to provide **comprehensive care** to clients through joint case management, cross sectoral capacity building, undertaking system wide pathways mapping and reorganising service models. Participants also reported that funding would be needed to achieve the goal of providing comprehensive.

If you had to identify three related (non-specialist) sector workforces that would benefit from a focus in the next five years- who would they be?

Participants highlighted the need to work across a range of sectors. The most frequent sectors identified were:

- **Child Safety and families**
- **General practitioners**
- **Mental health**

Others included corrections, probation and parole, domestic and family violence, youth justice, emergency services, Aboriginal and/or Torres Strait Islander services and other primary health providers.

Key priorities

If you had to choose- what would be your top three priorities for the specialist AOD workforce in the next five years – 2021 to 2026

The most frequent responses to this question were around the following three themes:

- **Integrated care**
- **Stigma reduction** in the health sector and wider community
- **Funding security**

Capital investment, cultural capability and increasing access to clinical supervision and training were also common responses.

Next Steps

MHAOD Branch would like to thank everyone to participated in the consultation about the AOD workforce. Information captured through this consultation will be used to inform the new MHAOD plan.

If you would like to contribute further to the development of this plan, please email the MHAOD planning team at mhaodplan2026@health.qld.gov.au .