Alcohol & Other Drugs, Mental Health & Comorbidity:

A TRAINING REVIEW

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NCETA

Australia's National Research Centre
on AOD Workforce Development

Flinders
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NCETA Workforce Development Report Series

This report is the first in a new series from the National Centre for Education and Training on Addiction (NCETA) on workforce development (WFD). Various aspects of WFD are explored in the individual reports in this series.

Reports can be downloaded from the NCETA website www.nceta.flinders.edu.au or hard copies are available on request.

In addition to this series, NCETA has produced a diverse array of WFD-related materials (see the NCETA website for details and downloadable copies) that include the following examples:
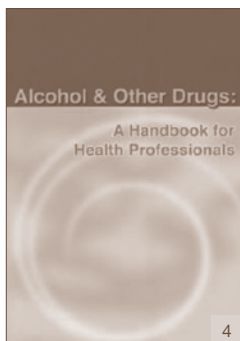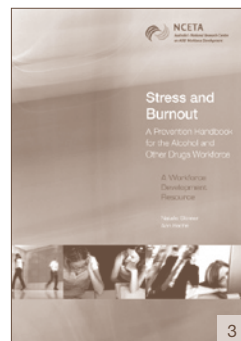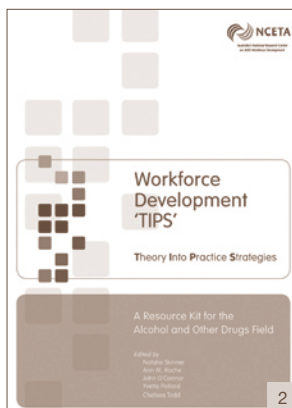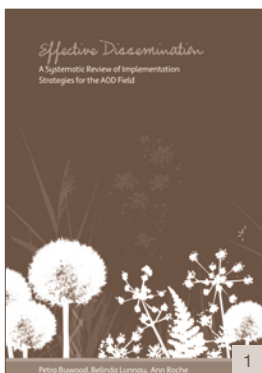
1. Effective Dissemination – A Systematic Review of Implementation Strategies for the AOD Field; 2. Workforce Development 'TIPS' – A Resource Kit for the Alcohol and Other Drugs Field; 3. Stress and Burnout – A Prevention Handbook for the Alcohol and Other Drugs Workforce; 4. Alcohol and Other Drugs: A Handbook for Health Professionals; 5. Illicit Drug Issues – Resource Kit for GP Trainers; 6. Clinical Supervision Resource Kit: for the Alcohol and Other Drugs field

Acknowledgements

$\mathscr{P}$reface

This report examines alcohol and other drugs (AOD), mental health (MH) and comorbidity (CM) training opportunities currently available in Australia. It was undertaken by the National Centre for Education and Training on Addiction (NCETA) for the Australian Government Department of Health and Ageing under the National Comorbidity Initiative (NCI).

The NCI aims to improve coordination across mental health services and alcohol and other drug treatment services, develop best practice guidelines for service delivery, and increase professional education and training, thereby increasing the capacity of clinicians and services to better meet the needs of people with AOD and MH comorbidity.

In 2002, the National Centre for Education and Training on Addiction (NCETA) undertook an examination of AOD tertiary education and training opportunities for Australian frontline workers and those currently working, or seeking to work, in the AOD field (NCETA, 2002). The 2002 review revealed a growing availability of multidisciplinary AOD courses and electives. Common themes in the content of the courses included:

- Prevention, harm reduction, application of public health principles, epidemiology

- Socio-political and economic perspectives

- AOD models and theories

- Biological, pharmacological and behavioural factors relevant to AOD

- Indigenous and cultural issues, integrated approaches, special populations

- Clinical assessment, interventions, counselling, advocacy

- Promoting change, treatment, dependence, withdrawal

- Skill development (Kennedy & Roche, 2003).

The findings of the review presented here provide an extension of the work undertaken in 2002, with a specific focus on comorbidity.

This report also responds to action 3.1 in the report to the Australian Government Department of Health and Ageing, 'Assisting Alcohol and Other Drugs (AOD) non-government organisations to better respond to people with comorbid AOD and mental health issues' (Roche & Pollard, 2007). The action specified in 3.1 was to 'Collate and critique current mental health and comorbidity training'. This report addresses that requirement.

*C*ontents

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Executive Summary

The full extent of comorbidity (CM) training availability in Australia is currently unclear. This report provides a comprehensive review of training opportunities in comorbidity available in Australia. The report also provides details of training opportunities available in relation to alcohol and other drugs (AOD), mental health (MH) and psychology.

Despite growing recognition of the high prevalence of comorbidity conditions among mental health and alcohol and other drug clients, many drug treatment staff lack confidence in dealing with mental health problems and similarly many mental health staff have limited knowledge of alcohol and other drug issues. Training is often proffered as one workforce development (WFD) option to achieve a minimum level of knowledge and skill and improved service delivery responses in both sectors.

The National Centre for Education and Training on Addiction (NCETA) was commissioned by the Australian Government Department of Health and Ageing to undertake a review of training courses designed to enhance workers' comorbidity[1] skills in relation to alcohol and other drugs and mental health. Data was collected for the period July 2007 to 30 June 2008.

Identification of comorbidity training opportunities of relevance to the alcohol and other drugs and mental health fields necessitated examination of training in each of these respective areas. Hence, this report provides details of AOD, MH and CM training.

Courses that contained Indigenous content, and/or were specifically tailored for Indigenous workers in these areas, are also detailed.

Psychology courses are also included, given their potential (largely underutilised to-date) to incorporate content relevant to AOD, MH or CM.

[1] This report uses the term *comorbidity* to describe the presence of an alcohol and/or other drug issue and mental health issue.

A Training Database

A comprehensive training database[2] (see enclosed CD ROM) containing information on 1192 courses was developed as part of this review. The database contains details of:

1) Accredited courses in AOD, MH and CM

2) Non-accredited short courses in AOD, MH and CM

3) Psychology courses.

A total of 387 accredited and 215 non-accredited AOD, MH and CM courses (see Table 1) and 590 psychology courses were located. This included 11 accredited and 29 non-accredited CM courses.

Comorbidity Courses

Summary details of the 11 accredited and 29 non-accredited comorbidity courses identified are as shown in Table 2:

Table 1: Accredited and Non-Accredited Courses by Content Area

Content Area	Course Type			
	Accredited		Non-Accredited	
	No. of courses	%	No. of courses	%
Comorbidity	11	3%	29	13%
Alcohol and Other Drugs	158	41%	78	36%
Mental Health	218	56%	108	50%
TOTAL	**387**	**100%**	**215**	**100%**

Table 2: Summary Details of Accredited and Non-Accredited Comorbidity Courses

11 Accredited Comorbidity Courses (see Table 6)	29 Non-Accredited Comorbidity Courses (see Table 14)
CM courses were mostly: • Located in NSW, Queensland, Victoria and SA • Provided by RTOs and TAFEs • Awarded at the Statement of Attainment and Certificate IV levels • Available through external and/or flexible delivery.	• NSW offered nine CM courses, SA offered seven, Victoria and WA each offered six and Tasmania offered one • Courses were provided by 10 institutions, 50% were non-government, government or private institutions, RTOs (n=3), TAFE (n=1) University (n=1) • Courses were only offered through internal delivery, thus providing limited access.

[2] A copy of the full training database is available from the NCETA website www.nceta.flinders.edu.au or as a CD-ROM email nceta@flinders.edu.au

Table 3: Number of Courses with Comorbidity Content

	Specific Comorbidity Courses	Courses with Integrated Comorbidity content
Accredited	11	11
Non-Accredited	29	12
TOTAL	**40**	**23**

In addition to 11 accredited and 29 non-accredited comorbidity courses offered, a further 11 accredited and 12 non-accredited courses (see Tables 7 & 15) were identified that integrated comorbidity issues within their core content (Table 3).[3]

Overall, 63 courses were located that offered some form of comorbidity content at various award levels and degrees of training intensity.

Among the 11 accredited comorbidity courses, one was designed for Indigenous students and one for nurses. Four were offered at the level of Statement of Attainment and the remaining courses ranged from Certificate II through to Graduate Diploma level.

Among the 29 non-accredited courses, 12 were offered at an introductory level and were approximately 1-5 days in duration. Only one course was at an advanced level, indicating further scope for provision of more advanced training. Courses covered an array of topics including anxiety and depression, psychosis, screening and assessment, mindfulness, post traumatic stress disorder, smoking and psychosis.

A number of PsyCheck training courses were available, plus courses for hospital based emergency and acute care staff.

Comorbidity courses comprised an ad hoc and eclectic collection of offerings. There appeared to be no systematic prioritisation of issues. Courses did not appear to be offered in response to needs assessments. No tiered or hierarchical training options were provided whereby trainees could move from basic to more advanced levels in a planned and systematic manner.

There was limited evidence of efforts to ensure training transfer. The application of sound educational principles were evident to some extent in some courses, but many lacked the fundamental components of skill rehearsal, practice and feedback essential to ensure skill acquisition and to maximise training transfer.

There was no apparent emphasis on organisational change and/or the training of managers with the intent of bringing about systemic change at the service delivery level. A broad WFD approach was lacking. In general, comorbidity training was characterised by a piecemeal approach but delivered by competent, committed and dedicated frontline workers.

[3] Other courses may offer some integrated CM content, but it was beyond the scope and methodology of this review to ascertain this.

Alcohol and Other Drugs Courses

Among the AOD courses, 158 accredited and 78 non-accredited courses were located.

Mental Health Courses

Among the MH courses, 218 accredited and 108 non-accredited courses were located.

158 Accredited Alcohol and Other Drug Courses	78 Non-Accredited Alcohol and Other Drug Courses
• The majority (43%) were offered at Certificate IV level • 21% were available via flexible delivery • NSW offered the largest proportion of courses (n=59) • Most states had fewer AOD courses relative to MH courses (except ACT, NT and Victoria).	• Most courses were offered through internal delivery only (n=73) • The majority were located in NSW and Victoria.

218 Accredited Mental Health Courses	108 Non-Accredited Mental Health Courses
• 54% of courses were offered at the Postgraduate level • NSW had the largest proportion of MH courses (n=83) • Most states had more MH than AOD courses (except ACT, NT and Victoria) • Only 15% of accredited MH courses were offered through flexible delivery mode.	• The majority of MH courses located were in NSW and Victoria • The majority were offered through internal delivery only (n=103).

Indigenous-Related Courses

Given the particular importance of AOD, MH and CM for Indigenous workers, and other workers with Indigenous clients, these courses were detailed separately.

Eighty-eight courses were identified that were either specifically designed for Indigenous persons or contained content relevant to working with Indigenous clients. Of the 88 courses, 80 were accredited, and six were non-accredited (CM, AOD or MH) (see Table 17), and two were psychology courses (see Table 23). Of the 80 accredited courses, 33 were specifically designed for Indigenous people and/or are provided by Indigenous training providers (see Table 11). The majority of accredited courses with Indigenous-related content were AOD focused (79%; n=63); the remainder were MH (18%; n=14) and CM (4%; n=3).

Psychology Courses

A total of 590 psychology courses were located across 37 universities and one RTO.

Most were:

- Located in Victoria (30%), Queensland (23%) and New South Wales (23%)

- Offered at the postgraduate (57%) and undergraduate (41%) level

- Offered internally (82%)

- Only six courses contained AOD / MH content (see Tables 21 & 22).

Submissions

As part of the review process a call was made for submissions to the AOD and MH fields. Trainers and service providers were invited to make comment on the need the current status of relevant training in Australia.

The following key themes and areas warranting attention emerged from the submissions process:

1. Financial support for training, scholarships, and funding for staff backfill for NGO workers.

2. Rewards and recognition to be linked to training.

3. Better promotion and marketing of courses, targeting sections of the workforce for particular courses.

4. A nationally consistent approach across both sectors was needed to facilitate consistency and workforce development.

5. Greater emphasis on skills transfer to practice and change management training, leadership development and competency based training.

6. Mandatory comorbidity training for workers in both sectors.

7. Articulation of courses to match students and their training needs to specific work environments.

8. Greater availability of distance education, especially for remote and rural workers.

9. More short, intensive training courses.

10. Improved strategies to recruit and retain qualified and experienced staff to optimise the investment made in training new staff.

Summary

Overall, this review identified 63 courses that offered comorbidity training to varying degrees. In total:

- 22 accredited comorbidity courses (11 CM-specific and 11 with integrated CM content)

- 41 non-accredited comorbidity courses (29 CM-specific and 12 with integrated CM content).

Comorbidity courses were offered at all levels from the most basic through to the more advanced, but most were concentrated at the basic level and were of short duration.

Provision of comorbidity training opportunities within Australia was characterised by a preponderance of non-accredited courses. There were three times as many non-accredited comorbidity courses available as accredited. Non-accredited courses serve important needs and have the advantage of being short and usually relatively inexpensive, nearly always offered locally and cater for relatively small numbers. As a consequence, they can be more readily tailored to specific learning and skill needs of a group. They can also provide an excellent means by which to introduce new and emerging topics, raise levels of awareness, set new agendas, and offer interactive learning and networking opportunities. However, they are also by definition transient in nature, of variable and often unknown quality, and usually have limited penetration and their availability changes rapidly.

Course availability varied substantially by jurisdiction and courses were not readily available or easily accessible in all jurisdictions. Accredited comorbidity courses were located in only four states: New South Wales, Queensland, Victoria and South Australia.

In relation to alcohol and other drugs and mental health, there was widescale provision of courses in both areas. There were approximately 38% more accredited MH courses available compared to AOD courses. The AOD courses were concentrated at the lower award level compared to the MH courses that were mostly offered at the postgraduate level. This difference reflects staffing and recruitment patterns in each sector, and has implications for the types of training that can be appropriately and realistically provided.

Fewer AOD courses were available by flexible delivery, compared to MH courses where more than half were delivered in this mode.

More courses and/or greater access to existing courses are needed to cater for

the needs of rural and remote workers. This was especially the case for AOD courses, but also relevant to MH and CM courses.

Most courses would benefit from more effective promotion and marketing.

Many established MH and AOD courses have potential as viable CM training options if modified appropriately. Scope exists to better utilise existing AOD and MH courses in general, and specifically for CM upskilling. In addition, established programs in psychology also offer under-utilised potential to enhance CM professional development.

National coordination and consistency was lacking across all areas and at all levels of training. A national training strategy and framework is pressingly needed to redress this. Courses that are currently available reflect institutional and/ or jurisdictional perceptions of need, and therefore lack common goals, standards or a coordinated approach. Currently, no mechanisms exist to facilitate a coordinated national approach to AOD, MH or CM training in Australia. Development of such a mechanism is recommended as a matter of priority.

Moreover, there are currently no national CM treatment guidelines. National and consistent guidelines are required as the basis for training and curriculum development. That is, training needs to reflect agreed treatment and intervention protocols to support the needs of service providers.

Recommendations

The following non-exhaustive recommendations are made on the basis of this review.

Recommendation #1

It is recommended that a national comorbidity workforce development strategy be developed that includes training as a key component.

Recommendation #2

Comparatively few established alcohol and other drug or mental health courses were identified that offered 'integrated' comorbidity; that is, where specific comorbidity content had been integrated into the teaching programs of existing courses. Considerable scope exists for this to occur with relative ease and at comparatively low cost. An examination is recommended of existing training courses and programs to assess their capacity to incorporate appropriate comorbidity content within established programs.

Recommendation #3

To achieve #2, a national workshop of trainers is recommended. The workshop would call together all known providers of existing accredited training to explore options and strategies for better integration of comorbidity content.

Recommendation #4

It is recommended that consensus guidelines on comorbidity training be established. The workshop (see #1) would facilitate development of such guidelines. The guidelines would cover content, training methods and experiential learning components. It would also address ways to link treatment guidelines and service delivery needs to training.

Recommendation #5

To maximise the implementation of best practice and up-to-date knowledge in this area, it is recommended that a train-the–trainer series is commenced whereby established and respected trainers are supported to run Master Classes for other trainers.

Recommendation #6

To facilitate the integration of relevant content within existing courses in an expedient and cost efficient manner, it is recommended that educators who have already developed training modules on appropriate topics be invited to share these modules and training resources with other educators.

Recommendation #7

Because any curriculum change to accredited courses can be a time consuming process, it is recommended that the relevant Vice Chancellors of universities and heads of RTOs be directly approached to seek their support in this endeavour. Such an approach has been made in relation to other areas (e.g. AOD medical education, and in 2006 in relation to AOD tertiary training in general).

Recommendation #8

It is recommended that a small allocation of approximately $5,000 be made to each relevant tertiary training provider to assist in the development and implementation of comorbidity training.[4] Funds could be used at the discretion of the university for activities such as the development of teaching resource materials, curriculum development, teacher backfill, guest lecturers, and clinical placements.

Recommendation #9

Core content should be matched to the learning needs of individual workers and their roles, the requirements of the organisations within which they work and the needs of the wider system overall. It is recommended that all organisations and agencies for whom comorbidity issues are pertinent be provided with tools to allow them to undertake worker and organisational needs assessments to ascertain the types and levels of training required by their workforce that best suits the requirements of their organisation.

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[4] This strategy was used in NSW with universities via the NSW WFD Council in 2007 to enhance AOD curriculum content with a high degree of success.

Recommendation #10

To assist in a coordinated rollout of the above strategies it is recommended that a nationally identified person with training expertise be appointed for a period of 12 months to coordinate the above and give advice to organisations and training bodies about ways to best implement and facilitate worker training in this area. Such a resource person could be appropriately located at NCETA to ensure their availability as a national resource and support.

Recommendation #11

It is recommended that a register be established of courses that offer comorbidity training. All training providers of both accredited and non-accredited courses would be requested to provide details of their courses for inclusion on the training register. The register would need to be maintained nationally, updated annually and made available through readily accessible outlets (e.g. list services, websites and on request). The establishment of a training register would also help overcome unnecessary duplication and would facilitate dissemination of educational and training resources.

Recommendation #12

The need for greater provision of courses by flexible delivery mode is highlighted as an important outcome of this review, especially to address the training needs of rural / remote workers (and those who for other reasons cannot access face-to-face delivery). It is recommended that resources be made available to make existing training more accessible via flexible delivery. Flexible delivery will not, however, address all training needs as some skills require face-to-face contact.

Recommendation #13

It is recommended that courses be established that have a greater emphasis on prevention. To-date most emphasis has been placed on acute and chronic care with little attention directed to prevention. There is a growing evidence-base for mental health and alcohol and other drug prevention that would well serve comorbidity training needs.

Recommendation #14

As mental health and alcohol and other drug problems are more prevalent among younger age groups, further development of initiatives to support interventions, and the associated training and professional development, for young people is warranted.

Recommendation #15

It is recommended that training and related WFD activities address issues related to worker stress and burnout.

Recommendation #16

It is recommended that substantially expanded comorbidity-related content, as well as alcohol and other drug and mental health content, be included in relevant courses at the undergraduate level. This would ensure that greater emphasis was placed on comorbidity issues at the pre-registration phase of a workers' life and that inservice and ongoing professional training would have a more appropriate basis from which to build upon.

Recommendation #17

It is recommended that resources are directed toward the development of more advanced training programs. At present, the training opportunities that are available tend to be concentrated at the more basic and introductory levels.

Recommendation #18

It is recommended that the current jurisdictional imbalance in the availability of face-to-face courses be redressed to ensure that workers across Australia have equal access to high quality training and professional development.

Recommendation #19

It is recommended that a comprehensive trainers' tool kit is developed that contains a range of key resource materials that could be readily utilised by trainers in different settings.

Recommendation #20

While some degree of integration of alcohol and other drugs and mental health training is warranted, it is not recommended that full integration be sought as a national or state-based goal on the basis that much AOD (and MH) content is not related to comorbidity issues.

Chapter 1:
TRAINING IN CONTEXT

There is growing interest in the workforce development (WFD) needs of workers who confront increasingly complex health and human service problems. This report addresses the existing provision of education and training options on alcohol and drugs (AOD) and mental health (MH), with special attention paid to comorbidity (CM). While CM issues form the central point of focus of this report, comprehensive details of AOD and MH training provision are also provided.

Various definitions exist in relation to CM.[5] Definitions are determined and shaped by one's discipline, work role and overall perspective. This report is written from an AOD perspective, rather than from a MH perspective. The report also notes the dynamic and constantly changing nature of the issues under examination.[6]

Despite growing recognition of the high prevalence of CM across the MH and AOD sectors, many practitioners in both sectors express a lack of confidence in their capacity to address CM appropriately. Training offers one mechanism by which to secure a minimum level of awareness among staff in both sectors.

Education and training are presented here as a key workforce development (WFD) strategy; but, it is stressed that it is not the only strategy required to ensure an appropriate response to such complex issues.[7] That is, education and training may be essential but are often not sufficient in and of themselves to bring about sustained changes in the required service delivery and system responses.

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[5] This report, the NCI, and recent literature use the term comorbidity to describe the presence of an alcohol and/or other drug issue and a mental health issue. However, there are various terms which are also used, sometimes interchangeably. Debates about which terminology to use are also often based on underlying issues of professional power and control (Velleman, 2007). Other commonly used terms include:
• Dual diagnosis
• Coexisting disorders
• Coexisting problems
• Coexisting mental illness (Baker, Kay-Lambkin, & Lewin, 2007; NCETA Consortium, 2004; NSW Health, 2008)

[6] Because of the dynamic and rapid changes occurring in this area, this report will inevitably have errors of omission as new courses and initiatives emerge at a pace that is beyond the capacity of this document to match.

[7] The reader is referred to the volume in this NCETA series on WFD for a comprehensive examination of a broader array of WFD related issues: Roche AM & Pidd K (2009) AOD Workforce Development; Setting the Scene. National Centre for Education and Training on Addiction (NCETA).

Training is not the only thing needed to improve care for clients with comorbid conditions. From a workforce development perspective, training should not be an isolated optional extra. The workforce development literature in Australia has long recognised the limitations of one-off training in clinical and psychosocial treatments and acknowledges that on its own it is insufficient as a mode of skill acquisition and professional practice change (Roche, 2001; Roche, 2002; Roche & McDonald, 2001). A wider range of WFD development strategies such as ongoing clinical supervision, and changes in treatment protocols and service systems are also needed (Baker et al., 2007; Copello & Tobin, 2007; Roche, Todd, & O'Connor, 2007). The United Kingdom Alcohol Treatment Trial (UKATT), for example, found that supervision after initial training was critical in the maintenance of competency in delivering Motivational Enhancement Therapy (MET) or Social Behaviour and Network Therapy (SBNT) interventions to clients with alcohol problems (Tober, Godfrey, Parrott et al., 2005).

Training, nonetheless, is an important element in bringing about much needed changes in professional practice and service delivery. While a range of important training opportunities have been recently developed, the full extent of CM training availability in Australia is currently unclear.

This review was therefore undertaken by NCETA to examine the provision of AOD, MH and CM training in Australia. This document, and the accompanying CD ROM, provides the most comprehensive detail of training opportunities available in Australia to-date. A select literature addressing issues relevant to the provision of training is summarised below. Conceptual and pedagogical developments in both the AOD and MH fields are of relevance to this review, and are briefly addressed in the context of the provision of specialist comorbidity training.

The Training Imperative

Providing effective assessment, treatment, service and care to someone with alcohol and/or other drug use problems and a mental illness is one of the biggest challenges facing frontline health care services and their workforces. Evidence suggests some workers are unprepared when it comes to conducting detailed client assessments, preparing case plans, or working with CM clients.

> *Our staff seem to be able to breeze through even the most complex D&A issue - their skills are great. But as soon as they sense that a client has mental health issues, they appear to completely lose confidence in their skills and judgement (Deakin & Gethin, 2007, p. 26).*

Paradoxically, the services that have primarily dealt with these complex problems are the ones where staff often have lower levels of professional training (Velleman, 2007). As a consequence, comorbidity education and training is often posited as a key strategy required to bring about increased professional engagement, since training in effective and cost-efficient interventions can enhance knowledge, competence and skills and thereby encourage change. While this sounds like a straightforward, even simple, exercise, it is deceptively complex and by necessity entails a broader array of WFD options and issues.

The complexity of CM issues makes diagnosis, treatment, management and support difficult, with service users being at higher risk of relapse, self-harm and suicide. The underpinning knowledge, skills and abilities required by AOD specialists and workers to deal effectively with clients with comorbid mental health disorders are numerous and complex. Mental health disorders among individuals with substance use issues have been associated with significantly poorer outcomes including:

- Increased substance use
- Worsening psychiatric symptoms
- Increased use of institutional services
- Poor medication adherence
- Homelessness
- Increased risky behaviours
- Increased risk of HIV infection
- Poor social outcomes including impact on carers and family
- Increased suicidal behaviour
- Contact with the criminal justice system.

Despite the above range of problems, effective screening, assessment and treatment interventions are available and, most clients can and will achieve positive outcomes with appropriate treatment and support. However, efforts to provide optimal care to this client group are often hampered by a variety of systemic

and infrastructure factors. Numerous systemic, organisational, and individual barriers can impede the capacity of workers to provide effective services for people with comorbid substance use and mental health problems.

Barriers to improvements in staff performance and service delivery include:

- Limited access to specialist assessment, treatment, care and referral
- Low numbers of medical practitioners engaged in secondary consultation and support
- Inconsistent clinical practices across the sectors
- Lack of professional development opportunities and resources
- Difficulty in recruiting staff, particularly in rural areas.

To address these barriers, improvements are required in:

- Service delivery structures and working relationships
- Workplace and workforce efficacy in dealing with and treating mental health issues
- Workers' confidence, role legitimacy and skills to effectively manage and treat people with comorbid conditions.

Good organisational support is also essential to support staff in the delivery of appropriate services to clients, especially those with comorbid conditions. Services need to develop routine screening protocols, followed by assessment protocols for measuring the nature and severity of comorbidity and associated risks. From a practical perspective, this may include explicit line manager support[8] for clinical work which addresses CM and providing appropriate resources for clinical supervision at both the individual and team levels (Baker & Velleman, 2007). Assessment of alcohol and drug use needs to form an integral part of standard assessment procedures for mental health problems and vice versa:

> *Good routine screening and risk assessment procedures would involve a mixture of self-report methods, laboratory tests, and information from collateral data sources (other agencies, and family and friends) (Velleman, 2007, p. 20).*

While training can help address some of these constraints, improving responses to CM problems also raises the spectre of the manner in which the service delivery system is constructed. Historically, alcohol and drug and mental health services evolved and operated separately. However, it is increasingly recognised that each sector deals with clients with both alcohol and drugs use issues and

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[8] This may also involve developing a Memorandum of Understanding between different service providers undertaking joint case-management.

mental health problems. These clients have tended to be treated within one service sector alone, which often results in less than optimum care. In worst case scenarios, clients would 'bounce' between services as they failed to meet entry criteria for one or other service type, and in some instances would 'fall between the cracks' of a non-aligned service delivery system.

Provision of appropriately delivered, integrated care for people with CM conditions may require a substantial change in the way:

1. Services are currently organised

2. The workforce is skilled and prepared to provide comorbidity services

3. Services interact and link with other local networks and specialist providers.

A complex set of factors can contribute to less than optimal responses to comorbid problems and appropriate training represents one mechanism that can be employed to overcome deficits in this area. It is stressed, however, that training is not the answer; rather, it constitutes an important component of a comprehensive WFD strategy. A range of important considerations in relation to training also need to be addressed for progress to be achieved in this area.

A 2006 scope of CM WFD needs of the non-government organisations (NGO) sector, including training, identified three levels for action and intervention:

1. System-wide issues

2. Capacity building, and

3. Professional development

(Roche & Pollard, 2007).

Training issues formed part of the professional development deficits that could be addressed to improve care and service system responses (see Recommendation 3.1* in box on p17 from Roche & Pollard, 2007 report). These included:

- Lack of training opportunities

- Lack of training courses in AOD / mental health comorbidity at basic and advanced levels

- Lack of a range of training options (e.g. online learning, informal, non-accredited options, workplace-based learning and training)

- Lack of training options for rural and remote locations

- Lack of training for indigenous workers and on indigenous needs and issues

- Lack of training re culturally and linguistically diverse (CALD) needs

- Need for support funding (e.g. backfill for staff).

Specific gaps were identified by Roche and Pollard (2007) in the following five key areas:

1. Lack of trained personnel

- Suitably qualified staff
- Trained psychologists with AOD knowledge
- Limited psychiatric support
- Mentors for supervising placements.

2. Lack of appropriate training (in):

- Pharmacology (e.g. drug interactions)
- Mental health terminology
- Case-management
- Attitudes and values
- Specific disorders
- CALD / Indigenous issues
- Other comorbidities
- Research and evaluation approaches.

3. Lack of resources

- Training for rural setting personnel
- Backfill staff when training
- Funding
- Time.

4. Lack of training opportunities

- Informal workplace-based learning and training
- Staff exchange
- Professional supervision
- Awareness of training opportunities.

5. Organisational barriers

- Poor utilisation and dissemination of evidence-based best practice
- Lack of government-to-agency systematic approach
- Unclear policies and procedures at agency level
- Lack of standardised approach to treatment leading to lack of standardisation in training.

Recommendations from the report:
Assisting Alcohol and Other Drugs (AOD) non-government organisations to better respond to people with comorbid AOD and mental health issues

Section 1. System-wide Issues	Section 2. Capacity Building	Section 3. Professional Development
1.1 Foster 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 particularly those required by clients with complex and high severity problems	2.1 Implement clinical supervision programs	**3.1* Collate and critique current mental health and comorbidity training**
1.2 Create and appoint (regional) AOD / mental health specialists	2.2 Provide resources and funds to support clinical supervisors and supervisees	3.2 Establish a process to identify basic/essential mental health competencies
1.3 Develop comorbidity policies I (AOD NGO peak bodies)	2.3 Develop resources to support clinical supervisors and supervisees	3.3 Develop basic/essential mental health knowledge competency course
1.4 Develop comorbidity policies II (AOD NGOs)	2.4 Provide training to support clinical supervisors	3.4 Develop on-line mental health and comorbidity courses
1.5 Update job descriptions to include mental health tasks, activities, skills and knowledge	2.5 Implement mentoring programs	3.5 Review existing face-to-face training courses for online development suitability
1.6 Examine current clinical and non-clinical guidelines on comorbidity	2.6 Develop and implement cross-organisational placements and staff exchanges	3.6 Develop advanced mental health training courses/ workshops
1.7 Develop new resources for managers	2.7 Develop undergraduate student placement programs	3.7 Develop workplace-based learning materials/packages on managing clients with a concurrent mental illness
1.8 Develop new resources for clients and significant others	2.8 Develop resources to measure attitudes	3.8 Disseminate more broadly existing workplace-based learning materials that are applicable and relevant to other settings
	2.9 Develop and/or modify resources to conduct attitude change training	3.9 Provide postgraduate study and professional development grant funding
		3.10 Provide sufficient backfill funding

(Source: Roche & Pollard, 2007)

$\mathcal{P}$revalence

There is growing recognition that AOD / MH comorbidities occur more frequently than previously appreciated. The cursory examination of prevalence data provided below highlights the extent of these issues, and by implication, the WFD challenges entailed therein. Comorbidity among clients of AOD and MH treatment services has always been present but there is now increased awareness of its high prevalence due to better data made available through inclusion of structured diagnostic interviews in large scale population surveys (Andrews, Issakidis, & Slade, 2001).

The high prevalence of comorbid mental health disorders among individuals with AOD use disorders in the Australian general population is well illustrated by the Australian National Surveys of Mental Health and Wellbeing (SMHWB) (ABS, 1998, 2008).[9] The most recent SMHWB survey conducted in 2007 reports similar findings to those identified a decade earlier in the initial 1997 survey (see Table 4 for 1997 disorder prevalence data).[10] Approximately one third of individuals with an AOD problem are estimated to have at least one co-occurring mental health disorder. This represents approximately half a million Australians (Saunders & Robinson, 2002). Prevalence of CM is even higher among individuals entering AOD treatment programs (Hall, 1996; Proudfoot & Teesson, 2002). Data from overseas research estimates rates of mental illness among individuals in AOD treatment programs to be in the range of 51-84% (Brems & Johnson, 1997).

CM disorders are therefore frequently encountered by AOD workers, and the range of potential combinations of disorders and symptoms is extensive. CM disorders most commonly seen among individuals with AOD problems are mood, anxiety and personality disorders (Hall, 1996; Hall, Lynskey, & Teesson, 2001). In one Australian study, more than two thirds (69%) of people undergoing outpatient treatment for alcohol dependence had at least one co-occurring depressive or anxiety disorder (Burns, Teesson, & O'Neill, 2005). Post traumatic stress disorder (PTSD) is also very high among people with AOD use disorders and trauma exposure is especially high among heroin users seeking treatment (92%) (Mills, Teesson, Ross, Darke, & Shanahan, 2005). Personality disorders are also over-represented in this group, in particular antisocial (62%) and borderline personality disorders (47%) (Ross, Teesson, Darke et al., 2005).

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[9] The Australian Bureau of Statistics undertook this cross-sectional survey of 10,641 Australian adults in 1997. The second national survey was conducted in 2007 and preliminary results released in late 2008.

[10] The reader is referred to the new data emerging from the 2007 survey (ABS, 2008).

Table 4: Prevalence (%) of Mental Health Disorders among Adults with AOD Use Disorders in the 1997 Australian National Survey of Mental Health and Wellbeing

Disorder	% Men	% Women	% Total
Depressive disorders			
Major depressive disorder	12.2	30.0	17.3
Dysthymia	2.5	5.0	3.2
Any depressive disorder	13.8	30.4	18.6
Anxiety disorders			
Generalised anxiety disorder	8.5	14.8	10.3
Social phobia	5.6	8.4	6.4
Post traumatic stress disorder	4.9	7.8	5.7
Panic disorder (with or without agoraphobia)	3.0	10.6	5.1
Obsessive compulsive disorder	1.5	3.3	2.0
Agoraphobia (without panic disorder)	1.4	2.2	1.6
Any anxiety disorder	16.9	33.1	21.5
Any personality disorder	16.5	25.1	19.0
Any disorder (mood/anxiety/personality)	30.2	53.1	36.7

(Source: Teesson & Proudfoot, 2003)

Workers in the alcohol and other drugs field also see increasing presentations of psychotic disorders among clients, largely due to increased use of methamphetamine (Dawe & McKetin, 2004; Topp, Degenhardt, Kaye, & Darke, 2002). One study found that 13% of Australian amphetamine users had been diagnosed with psychosis (Baker, Lee, Claire et al., 2004). A recent study of methamphetamine use by Australian workers also found very high levels of psychological distress among heavy users (Roche, Pidd, Bywood, & Freeman, 2008).

Prevalence of MH disorders varies according to the substances used. Available evidence suggests CM is higher among stimulant and opioid users (Hall, 1996). PTSD is also much higher among individuals with opioid, sedative or amphetamine use disorders compared to those with alcohol or cannabis use disorders (Mills, Teesson, Ross, & Peters, 2006).

In addition, a large number of people present to AOD treatment services who display MH symptoms but who do not meet the diagnostic criteria of a disorder (Kay-Lambkin, Baker, & Lewin, 2004). Such individuals are sometimes referred to as having a 'subsyndromal' or 'partial' disorder. Symptoms experienced by these clients may impact significantly on their functioning and treatment outcomes (Kavanagh, Mueser, & Baker, 2003; Saunders & Robinson, 2002) and can present important challenges for treatment staff.

The data presented above underscore Burns and Teesson's (2002) assertion that:

> These results reinforce the need for both mental health and drug and alcohol professionals to be provided with education to assist with appropriate identification, management and referral of clients presenting with this complex range of disorders (p. 299).

The evidence of need highlighted in the data above does not always translate into practice and warrants closer examination of the professional development requirements of workers and the service systems within which they work.

Service System Challenges

While CM conditions have been largely overlooked, they have recently received increased attention and gained prominence in Australia, the United Kingdom and the United States of America. Reasons for this change include the ready availability of alcohol and other drugs, de-institutionalisation of people with severe mental illness, and increasing expectations that generic and specialist health services will address CM problems. While considerable attention has been directed to the issue of AOD and also MH training in Australia and internationally, comparatively little attention has been directed to CM training, and WFD more broadly, until relatively recently.

The growing concern about CM stands in contrast to deficits in staff training and organisational constraints which limit the interface between MH and AOD treatment services (Velleman, 2007). Efforts to detect CM and offer interventions have been hampered not only by delays in developing workers' skills, but also by structural factors in the service delivery systems in which workers operate that are characterised by the separation of mental health and drug and alcohol services. Traditionally, specialist mental

health and alcohol and other drug services in Australia have been separated physically, administratively and philosophically (Holmwood, 2003).[11] This has resulted in workers being trained to be responsive to client presentations from either a mental health *or* an alcohol and other drug perspective, using a primary diagnosis paradigm.[12] Clients have been required to fit into an existing program from one of these two specialist settings, rather than staff being equipped with the skills to identify and assess clients and tailor treatments accordingly (Baker & Hambridge, 2002, cited in Baker et al., 2007) In some instances, clients may be overlooked or deemed ineligible to receive an agency's services. Staff from mental health services may also attribute presenting problems to AOD use and vice versa, and at times shifting responsibility for the client from themselves to the other service (Velleman, 2007).

In addition, an evidence-base for treatment has been slow to accumulate because clients with CM conditions are often excluded from studies conducting research into either disorder (Baker et al., 2007). The complexity of presentations among people with CM, coupled with exclusion of this population from many mental health and/or drug and alcohol focused research programs, often leaves clinicians uncertain about the most appropriate model or intervention approach for this group (Baker et al., 2007).

This client group also has significantly higher overall healthcare costs than those with either AOD or MH problems alone (Hoff & Rosenheck, 1998, 1999, cited in Velleman, 2007). Studies have shown that early recognition and appropriate interventions may lead to better health outcomes (Frisher, Collins, Millson, Crome, & Croft, 2004; Gray, Wykes, Edmonds, Leese, & Gournay, 2004; Gray, Wykes, & Gournay, 2003). These findings suggest that active engagement holds potential to reduce the need for crisis care (Crome & Bloor, 2007), and that better service system responses by more appropriately trained staff has potential to decrease the concomitant economic impost on Australia's health care system.

The management and treatment of clients with comorbid conditions is an evolving area of research and practice. A number of clinical trials are currently underway in this area, and new advances made regularly. Given the continued and rapid growth of knowledge in this area, it is especially important that workers in both sectors can access opportunities for ongoing professional development and be able to readily seek out and actively engage in appropriate specific training.

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[11] More latterly, there has been a trend to co-locate mental health and alcohol and other drug services, as is occurring in New South Wales, South Australia and Queensland.

[12] A primary diagnosis of 'AOD misuse' or 'mental illness' is dependent on the knowledge and experience of the assessor and the method of assessment.

A Diverse Workforce with Diverse Needs

A diverse mix of workers need training. This workforce diversity raises special considerations and implementation challenges. Workers for whom various forms of CM training may be relevant include general nurses, counsellors, psychiatrists, general practitioners,[13] psychologists, social workers, mental health nurses, AOD workers, occupational therapists, Aboriginal and Torres Strait Islander mental health workers, Aboriginal and Torres Strait Islander AOD workers, as well as consumers and carers.

However, an even broader range of professionals may potentially be involved in the care of people with CM; it is not just limited to those working in the AOD and MH fields. Many people with CM present in contexts other than health care settings. There are increasing presentations within the criminal justice system as well as a range of social care settings related to housing, relationships, and family problems. Workers in these social care systems also need increased awareness of CM problems, potential presentations and appropriate forms of intervention. This is especially the case for those working within the criminal justice system including police, courts, and correctional institutions, as well as emergency services workers, ambulance officers and paramedics, and also within the education sector. [14]

[13] A number of new professional development initiatives exist for GPs, including:

The 'Can Do' Initiative: Managing Mental Health and Substance Use in General Practice: a national initiative, funded through the Australian Government Department of Health and Ageing as part of the National Comorbidity Initiative. 'Can Do' promotes a multidisciplinary approach to meet the challenge of mental health and substance use and focuses on education, training and networking between general practice and other health and community service providers, maximising the opportunity for development of effective pathways of care for people in the community with these complex needs. 'Can Do' provides an online training package to provide GPs with specific knowledge, skills and confidence to undertake the '3 Step Mental Health Process' in general practice.

Youth Friendly Doctor: this program has been offered by the Australian Medical Association (AMA) in Western Australia since 2000 and involves training GPs in areas such as mental health and alcohol and drug issues. A similar 'Youth-Friendly GPs' program was underway in South Australia at the time of writing. The program was developed out of concern that the needs of young people were increasingly pressing and that this generation may be facing shorter life spans than their predecessors.

[14] Examples of new programs include:

MindMatters: a national mental health initiative for secondary schools funded by the Commonwealth Department of Health and Ageing on the basis that positive mental health and wellbeing have been strongly linked to improving schooling outcomes for young people. MindMatters uses a whole-of-school approach to mental health promotion, based on the principles of the World Health Organization (WHO), Global School Health Initiative and the Australian National Health Promoting Schools framework, and considers a range of mental health and wellbeing determinants, including the significance of cultural context.

Headspace: established to better meet the needs of young people with emerging mental health and drug and alcohol issues, delivers a comprehensive and sustainable 'Service Provider Education and Training' program. Aims to enhance practitioners' skills in engagement and assessment, and the use of evidence based interventions appropriate for young people with mental health and substance use issues. The program delivers training to general practitioners, psychologists, occupational therapists, mental health services, drug and alcohol services, youth workers, social workers, school counsellors, teachers, police and emergency service workers, staff in the juvenile justice sectors and hospital emergency departments.

High risk occupations, for instance the armed services, are also increasingly aware of the need for relevant training.[15] Workers in all these roles require appropriate training and upskilling.

Contact with clients with CM conditions will vary according to the type of service provided and can range from brief one-off contact with a client presenting in a crisis situation, through to weekly or extended contact over months or years if the person enters a treatment and/or rehabilitation program. Training needs will vary according to these different circumstances.

Workers' job descriptions, education, training and experience also vary enormously. Some workers may be highly educated but with relatively little experience; others may have little education but substantial clinical experience (SigginsMiller Consultants, 2003). It is not therefore expected that all workers will be able, or would need, to address comorbid conditions to the same extent. Consideration needs to be given to the mix of skills within and across professional groups, and how to best match expertise with the needs of clients and those seeking care and support.

Different patterns of comorbidity are also seen across different health services. For example, AOD treatment services are most likely to see comorbid mood, anxiety and personality disorders. Mental health services, on the other hand, are more likely to see individuals with schizophrenia and bipolar disorder comorbid with alcohol and/or other drug use disorders (Hall et al., 2001). Appropriate training and WFD responses need to be available to accommodate and match these different circumstances.

Ensuring that there are sufficient numbers of providers to meet community needs and expectations across the public, private and non-government sectors is also a pivotal WFD challenge. At present, there are major maldistributions of workers across parts of Australia and ongoing challenges in relation to recruitment and retention. Training provides an important component of any WFD strategy to not only address worker confidence and competence, but also to tackle issues related to recruitment and retention.

[15] For example, the Australian Defence Force (ADF) has recently developed a Critical Incident Stress Mental Health Support (CMS) Training Framework for all ADF staff (Defence Health Services Division, 2008). The ADF aims to include its entire workforce in base level training in mental health literacy.

Recognition of WFD Needs

Despite growing recognition of the high prevalence of CM conditions among MH and AOD clients, many AOD staff possess limited knowledge of mental health problems or lack confidence in this area, and similarly many MH staff have little understanding of alcohol and other drug issues. Training, as part of a suite of WFD strategies, is therefore required to achieve a minimum level of awareness in all AOD and MH staff. At the most basic level, it is now expected that all staff should know enough to screen for both MH and AOD conditions, know what services exist for clients with CM and how to refer on to these services (Baker & Velleman, 2007).

In 2001, the National Comorbidity Project (Teesson & Burns, 2001), undertaken as part of the National Drug Strategy and National Mental Health Strategy, high-lighted the lack of training and specialist education. While significant improve-ments have been made in the intervening period in terms of the provision of CM training, one of the central proposals of the Teesson and Burns report was that a National Working Group on training in comorbidity be established to oversee the expansion and improvement in training. To-date, this has not been implemented. Key indicators of success were specified as the establishment of a National Working Group on training and the development of collaborative training materials across both mental health and drug and alcohol treatments. While some progress has been made in relation to the latter, little progress appears to have been achieved in terms of establishing a National Working Group to oversight coordinated efforts in CM training.

Similarly, a 2007 report stemming from the Australian Government Depart-ment of Health and Ageing initiated meeting with the NGO sector to address 'Improved Services for People with Drug and Alcohol Problems and Mental Illness', identified the need for 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.[16] Such a coordinated approach still appears to be lacking.

The need for improved worker training has also been recognised by frontline AOD workers and managers. For example, a training needs assessment of non-government (NGO) AOD agencies in New South Wales commissioned by the Network of Alcohol and Other Drugs Agencies (NADA) in 2006 found the strongest demand for training was in mental health issues (i.e. working with clients with CM) (Deakin & Gethin, 2007). The two skill areas most frequently identified were *assessment* and *management* of clients with CM. Other training needs identified

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[16] See Recommendation 3.2 p17 from Roche and Pollard (2007) report.

included managing aggressive behaviour, case-management, new treatments for substance abuse issues, group skills, and basic computer skills. There was also a strong demand for mental health first aid, understanding mental illness and use of psychotropic medications.

The growing volume of CM research creates an imperative for WFD efforts, especially in the form of education and training options, to ensure that workers remain up-to-date and abreast of new findings and developments. MH and AOD workers need to regularly update their knowledge by accessing new research and training opportunities as they emerge. This creates an onus of responsibility not only on workers and managers to maintain up-to-date knowledge and skills, but also on the providers of training to ensure that courses represent cutting edge knowledge and development. The success of training is also dependent on the provision of programs to train educators, and the development of tools to facilitate such training (Crome & Bloor, 2007).

Reflecting this growing recognition of the need for expanded and improved training, as well as a wider range of workforce development (WFD) strategies, are numerous calls for professional development. For example, in 2008, New South Wales Health identified four priority action areas in their Comorbidity Framework for Action to respond to CM issues in health settings (NSW Health, 2008). The first priority was workforce development.

This action area notes the importance of establishing management guidelines, building capacity, increasing staff numbers, partnering with peak organisations, developing new resources and upskilling the workforce. Other areas for action included improving infrastructure and systems development, improving responses in priority settings for priority clients, and improved promotion, prevention and early intervention strategies. Anticipated outcomes from this framework are to:

- Promote professional practice and thus improve quality of care

- Increase work satisfaction and prevent worker burnout

- Increase multidisciplinary and inter-agency / sector collaboration

- Improve dissemination and implementation of research findings.

Training Efficacy

The ultimate aim of training is to bring about change; either by improvements to existing work practice or by the introduction of new practices. The challenge of applying newly acquired knowledge, skills or attitudes to the workplace is widely recognised, and referred to within the training literature as the 'transfer of training problem' (Salas & Cannon-Bowers, 2001). Key areas for effective training transfer have been identified that include:

1. Instructional design:

- Objectives
- Instruction plan
- Learning principles

2. Trainee factors:

- Readiness and motivation to learn

3. Work characteristics:

- Opportunity for practice
- Organisational climate that values the training
- Supervisor support for resources and strategies to facilitate transfer of learning to work practice (Goldstein & Ford, 2002).

Promotion of training as one strategy by which to overcome service delivery and performance deficits pivots on the assumption of training efficacy. While training of its self is not the sole solution to improved service system responses to CM problems, it is nonetheless an important element. There is some evidence to suggest that training may be an effective strategy for disseminating psychosocial interventions into the general mental health workforce (Brooker & Brabben, 2004), as indicated below.

NCETA's recent systematic review (Bywood, Lunnay, & Roche, 2008) of 16 intervention strategies to disseminate research findings to practitioners designed to bring about professional practice change found that the four most effective strategies with the strongest evidence-base were:

- Educational meetings
- Educational outreach
- Prompts and reminders
- Audit and feedback.

Training should be assessed in terms of its impact and efficacy and while there have been some recent examples of progress in this area overall, there is limited research that addresses the efficacy of various CM training strategies. Recent work includes the following select examples. Hides, Elkins, Catania, Mathias, Kay-Lambkin and Lubman (2007) trained AOD youth workers in brief cognitive-behavioural skills (BCBS)[17] to manage CM. Training was perceived to be highly relevant and appropriate to participants' work roles and it had a positive impact on the mental health knowledge, skills and confidence of trainees. Similarly, Hughes, Wanigaratne, Gournay, Johnson, Thornicroft and Finch (2008) in a randomised controlled trial undertaken to evaluate a brief training program to improve workers' dual diagnosis intervention skills found significant improvements in knowledge and self-efficacy that was sustained at 18 months after training.

A randomised controlled trial of a 10-day training course in medication management for community psychiatric nurses, which involved motivational interviewing, psycho-education, problem-solving and cognitive behaviour therapy techniques, resulted in increased skill acquisition and improved psychopatholoy for the service users who received the intervention (Gray et al., 2004; Gray et al., 2003).

Another of the few published studies on CM training is the COMPASS project from Birmingham in the United Kingdom (Graham, Copello, Birchwood et al., 2006). The study involved a 6-day training program delivered to outreach teams using a whole team training approach, with a manual, and a specialist CM worker who provided advice, supervision and support in the implementation of the approaches taught. Significant improvements in knowledge and confidence were reported over the 18 months duration of the project, but there was no significant difference between teams who had received the training and those who had not. Graham et al. recommended that future work also focus on the case managers.

In general, substantially more research is needed to ascertain the most effective methods by which to train workers in the area of CM. For this to occur, however, it is essential that well designed and evidence-based training programs are developed and implemented with appropriate evaluations built in.

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[17] The BCBS training program included a 2-day in-depth training workshop, utilising a combination of didactic, demonstration and experiential learning, and was followed up with post-training support of two hours of individual supervision and one hour of group supervision per month from trained clinical psychologists with extensive CBT and supervision experience working in their AOD service.

$\mathcal{B}$est Practice

The principles of best practice in CM training are similar to those that are applicable to AOD or MH training.[18] Much of the existing AOD training constitutes best practice from both a content and pedagogical perspective. Furthermore, many of the traditionally available MH and AOD courses may well serve as CM training options, even though they may not be promoted or labelled as such.

Correspondingly, there is a number of treatment approaches that can be equally applicable in the treatment of AOD use disorders, mental health disorders, and comorbid conditions. Examples of these approaches include:

• Motivational interviewing

• Contingency management

• Cognitive-behavioural therapy

• Mindfulness training

• Relapse prevention techniques

• Psychosocial groups

• Self-help groups

(Center for Substance Abuse Treatment, 2005).

A study of the training needs of UK health care professionals (n=272) on the best approaches for delivering training in 'dual diagnosis' identified the following three priorities in relation to comorbidity courses:

1. Multidisciplinary training in order to cover relevant perspectives and bodies of information

2. Regular and ongoing professional development / continuing education

3. Delivery by recognised 'experts' within the field

(Mears, Clancy, Banjeree, Crome & Agbo-Quaye, 2001, cited in Crome & Bloor, 2007).

The UK National Treatment Agency for Substance Misuse further recommended that:

• Local areas identify their specific training needs and develop a tailored training strategy

• AOD and mental health services should appoint staff who have formal training in CM, or ensure that staff have access to training once in post

• Services ensure access to AOD training for *all* their staff and that the training be monitored and evaluated

(National Treatment Agency, 2002, cited in Crome & Bloor, 2007).

Health policy in most developed countries now also requires consumer involvement in planning services, research and educational content. In a review of the area, Repper and Breeze (2007) identified studies that indicate students exposed to consumers were later rated as being more empathic and as having better communication skills with clients. Consumers consistently prioritise communication skills in training programs over 'technical skills'.

[18] The reader is referred to resources on the NCETA website that are designed to assist trainers to develop and implement professional development activities (including training) that is consistent with established best practice principles. In particular, the *"Resource Kit for GP Trainers on Illicit Drug Issues"* contains a relevant Guide for Trainers (Part D). www.nceta.flinders.edu.au.

ℰore Requirements

Basic skills in assessing and managing mental health conditions should form part of the core competencies of all MH and AOD workers. Where MH and AOD workers lack these skills, professional development is required to bring them to a level of competent performance that they can then execute with confidence.

Some attempts have been made over the past one to two decades to establish comprehensive guidelines in respect of core requirements for alcohol and other drug education and training opportunities (Guggenbuhl & Uchtenhagen, 2000; NSW Health, 2001). This is a challenging task given the breadth, diversity and complexity of issues to be covered for wide ranging audiences.

At the most basic level, there is reasonable consensus regarding the minimum competencies required by all workers, regardless of their overall role and function. However, determination of specific core content needs to be matched to the learning needs of individual workers and their roles, the requirements of the organisations within which they work, and the needs of the wider system overall.

Education and training programs also need to reflect the multidisciplinary nature of comorbidity work and draw upon a relevant cross-section of disciplines. The organisational change literature also clearly articulates the importance of incorporating the whole organisation, managers and staff in the development of and involvement in training. This is particularly important to promote or inhibit organisational change and modify systems to allow actual change in the delivery of services.

Training options should be available at the undergraduate, pre-registration, continuing professional development and postgraduate levels. Even with the provision of courses at these levels there is a risk that the contents of training courses will rapidly become outdated. In view of this, there may be merit in supporting a complementary suite of short-term (usually non-accredited) training programs, as they have the flexibility to incorporate new information and emerging knowledge.

There has been little focused attention on the optimal or recommended content of CM courses. Moreover, CM training in large part is not about creating instant experts; rather it involves establishing competence across some fundamental areas. Crome and Bloor (2007), among others, recommend that when developing CM courses consideration be given to the following issues:

- Conceptual and theoretical issues including classificatory systems for both drug and alcohol problems and for psychiatric disorders

- Effects of intoxication and withdrawal from substance use

- Psychiatric conditions

- Potential relationships between substance use / harmful use / dependence and psychological problems / psychiatric disorders

- Epidemiology of international, national and local comorbidity

- Screening and assessment protocols

- Effectiveness and cost-effectiveness of pharmacological and psychosocial interventions at the specialist, generalist or primary care level for both MH and AOD problems

- Organisational issues: service delivery models, governance and evaluation

- Legislative issues

- Ethical issues

- Critical analysis of the evidence for what works and gaps in understanding

- National policies for MH, AOD and CM.

Key training elements in CM, as identified by the UK Department of Health (2002, cited in Crome & Bloor, 2007), have been delineated according to the following three areas of activity:

1. Interagency training

2. Theoretical and skills-based training

3. Practice development and supervision.

The key elements of these three areas include:

Interagency training

- Increase awareness of mental health issues and therapeutic responses

- Increase awareness of drug-related issues and therapeutic responses

- Increase awareness of the relationship between substance misuse and mental health problems

- Challenge negative attitudes and prejudices around both mental health problems and substance misuse

- Increase staff confidence and reduce fear and anxiety in relation to working with people with complex needs

- Implement joint/shared training on assessment and referral

- Increase knowledge of other relevant services and referral criteria

- Increase knowledge of cross-cultural and gender issues

- Access users' views

- Increase knowledge of scope and limitations of compulsory powers under mental health legislation

Theoretical and skills-based training

- Increase knowledge of co-existing mental health and drug and alcohol problems

- Increase drug and alcohol awareness

- Improve assessment skills for substance misuse

- Improve assessment skills for mental health problems

- Improve risk assessment and management skills

- Increase knowledge of the management of substance misuse problems

- Increase knowledge of the management of mental health problems

- Improve engagement skills

- Improve care coordination

- Teach motivational enhancement strategies, including motivational interviewing

- Improve relapse prevention for substance misuse

- Improve early warning sign monitoring and relapse prevention for mental health problems

- Increase knowledge of mental health legislation

Practice development and supervision

- Ensure that staff are supported in the implementation of the practices resulting from the training

- Ensure that staff are supported in their practice through development of supervision systems

- Encourage specialist services for co-existing mental health and drug and alcohol problems to provide supervision for generic services

- Establish peer supervision networks during the training sessions

- Establish management-level support for supervision

- Utilise individuals or peer supervision groups to identify communication issues to feed back into the service planning groups

(Source: Crome & Bloor, 2007, p. 356)

Before developing any training however, a differentiated stock-taking approach has been suggested to identify which providers and programs currently exist for specific target groups, with what content and capacity (Guggenbuhl & Uchtenhagen, 2000). As training needs will vary substantially, not just between individual workers but also between organisations, the first recommended step is to undertake a needs analysis. Such analyses can differentiate needs by discipline, experience, field of employment, work roles, and occupational group.

Such an analysis can help identify areas already covered by the curricula, the need for new courses or content, and/or a need to recruit more specialised teaching and training staff. Achieving national consistency is also recommended, along with collaborations and exchanges when the subject matter transcends local boundaries.

Australian Qualifications Framework

Finally, in reviewing currently available AOD, MH and CM courses it is important to be cognisant of the training frameworks within which such courses are offered, particularly the Australian Qualifications Framework (AQF). These are briefly described below and further detail is included in Appendix 1. The AQF provides a comprehensive national framework for all qualifications offered through Secondary Schools, the Vocational Education and Training Sector (e.g. Registered Training Organisations (RTOs) and Colleges of Technical and Further Education (TAFE)) and the Higher Education Sector (e.g. Universities) (AQF Advisory Board, 2007). The AQF was introduced Australia-wide on 1 January 1995 and last updated in 2007. Within the AQF there are specified learning outcomes and competencies for 15 levels of qualifications ranging from the Senior Secondary Certificate of Education to a Doctoral Degree, as outlined in Table 5. These qualifications may also be gained through alternative study pathways including apprenticeships, traineeships and work / school / organisationally-based training.

Table 5: AQF Qualifications by Accreditation Sector

Schools Sector	Vocational Education and Training Sector[19]	Higher Education Sector
Senior Secondary Certificate of Education		
	Certificate I	
	Certificate II	
	Certificate III	
	Certificate IV	
	Diploma	Diploma
	Advanced Diploma	Associate Degree Advanced Diploma
		Bachelor Degree
	Vocational Graduate Certificate	Graduate Certificate
	Vocational Graduate Diploma	Graduate Diploma
		Masters Degree
		Doctoral Degree

The following sections of this review detail the range of professional development options relevant to comorbidity training at all levels within the AQF. The review provides information about accredited and non-accredited AOD, MH and CM courses. The accredited courses are reported on in terms of the AQF award levels. Non-accredited courses are also reported but no such qualification framework applies to the non-accredited courses.

The next chapter describes the methods used in the review process, followed by the results chapter which provides course details and outlines key findings for the AOD, MH and CM courses; it also provides details of Indigenous and psychology courses. The final two chapters report on the Submissions received, and discuss the findings of the review overall.

[19] Certificates I to IV aim to:
recognise skills and knowledge that meet nationally endorsed industry/enterprise competency standards as agreed for those qualifications by the relevant industry, enterprise, community or professional group; and includes preparatory access and participation skills and knowledge such as:
- literacy and numeracy
- communication skills
- working in teams
- workplace technology and
- industry specific competencies of increasing complexity and personal accountability at each level of the Certificate qualification (Queensland Government, 2007).

Chapter 2:
METHODOLOGY

To review and scope currently available accredited and non-accredited AOD, MH and CM courses, three stages of data collection were undertaken. For stages 1 and 2, searches were undertaken to identify accredited and non-accredited courses. The third stage involved a call for submissions. Details of each of the three stages are outlined below.

Accredited Courses

All known training bodies[20] were canvassed to identify relevant accredited courses in Australia.

Information regarding accredited courses was obtained via:

• Internet searches

• Published course directories (online and hard copy)

• Requests for information on AOD and MH list serves

• Telephone or email where clarification and/or additional information was required.

A search for AOD and MH accredited courses was conducted between August 2007 and February 2008 using the websites listed in Appendix 2. Online course directories were also examined for information about AOD, MH and CM-related courses. The following keywords and phrases were used in the search process.

[20] Including universities, Technical and Further Education (TAFEs) institutions, Registered Training Organisations (RTOs) and other training providers.

Keywords for AOD-related courses included *"addiction", "drug", "alcohol", "AOD", "substance abuse", "substance use", "community services", "epidemiology", "counselling", "harm reduction", "harm minimisation", "public health"* and *"youth"*.

Keywords for MH-related courses included *"mental health", "mental illness", "abnormal psychology", "psychological disorder", "mental disorder", "psychosocial disease", "psychotic disorder", "psychiatry",* and *"clinical psychology".*

Keywords for CM-related courses included *"comorbidity", "comorbid", "dual diagnosis"*, and *"dual disorders"*.

Clarification was sought from course coordinators by telephone or email where information outlined on websites was insufficient or unclear for our purposes.

Non-Accredited Courses

To compile details of non-accredited courses, information was sought from specialist AOD and MH training providers on the availability and nature of short non-accredited training courses run in Australia between July 2007 and June 2008. Calls for input were widely circulated and draft lists of courses were posted on the NCETA website to allow identification of errors or omissions. In addition, information was gathered via Internet searches, AOD and MH electronic list serves, training websites, etc, using similar keyword searches as used to locate accredited courses.

Non-accredited courses were defined here as courses that do not have documented accreditation processes and standards associated with tertiary institutions (that have vested in them the right to accredit courses) and professional standard bodies that have government imprimatur for this purpose. These processes and principles are laid down in the Australian Quality Training Framework: "Standards for state and territory course accrediting bodies" and the "Standards for accredited courses" (Industry Skills Development Group, 2007a, 2007b). The process of accreditation involves demonstrating

a community need for the course and content that is consistent with current evidence and leading industry standards. Some organisations may argue that courses endorsed by government departments and peak bodies (such as Mental Health First Aid) are accredited.

Search Limitations

Effort was made to locate all existing relevant accredited and non-accredited courses.[21] However, it is acknowledged that the final database may not be exhaustive; some courses may have unintentionally been omitted or may no longer be offered. There are several reasons for this; outdated course information may still be on a website, some courses may be new, and/or not highly publicised at the time the search process was conducted. There were also some difficulties experienced in navigating websites when attempting to locate relevant courses and course information. Such potential barriers highlight the need for AOD and MH courses to be well marketed, easily accessible and regularly updated.

$\mathscr{S}$takeholder Submissions

Key stakeholders from the government and non-government sectors were invited to make submissions regarding strengths and significant gaps in AOD, MH and CM education and training. Appendix 3 contains a copy of the submission proforma and Appendix 4 contains a list of organisations from which submissions were received.

Once all relevant data was collected a critique of these courses and identification of areas of strength and weakness was undertaken. This was carried out in light of current knowledge of AOD and MH workforce development issues both nationally and internationally. Course titles and descriptions were examined to determine whether the courses fell into one of the three categories - AOD, MH or CM. In addition, AOD and MH course descriptions were further scrutinised to determine whether the course content provided comorbidity content. The latter is described here as "integrated" CM content; i.e. CM content that is embedded within a course that is primarily an AOD or MH course.

[21] A series of measures were taken to correct any potential errors or omissions in the development of the databases and the information gleaned about the courses located. The review process was widely advertised in the AOD, MH and CM fields with calls for input in regard to courses known about or being conducted. Drafts of the databases were then posted on the NCETA website and calls made to the AOD, MH and CM fields to inspect and review the databases and to report errors, inconsistencies and omissions. The databases were then adjusted accordingly.

The assessment of the primary or secondary nature of the courses (i.e. a primary AOD, MH or CM course or secondary (integrated) CM content) was dependent on the transparency and completeness of details available in the course titles and course descriptions. If the latter failed to mention CM issues but did in fact contain CM content then it would be undetectable to this review process. It is feasible that other courses, in addition to those identified, exist but could not be detected via this process. Hence, the findings reported here are considered conservative and may underestimate the full provision of CM training in Australia.

Chapter 3:
COURSE DETAILS

All known training institutions in Australia (including universities, TAFEs, RTOs and other training providers) were canvassed to identify training opportunities related to alcohol and other drugs (AOD), mental health (MH) and AOD / MH comorbidity (CM) (i.e. where a course was specifically designed to address alcohol and/or other drug use and mental health comorbidity). This resulted in the development of a comprehensive training database containing details of 1192 courses.

The database comprises:

1. Accredited courses in AOD, MH and CM training

2. Non-accredited training courses offering options in AOD, MH and CM training

3. Psychology courses (these are included as they increasingly contain content relevant to AOD, MH or CM and offer scope for further potential in this regard).

Key findings for each of these three training areas are outlined separately below. Condensed versions of the associated databases containing brief course information (i.e. state, institution, award and title) are at Appendices 5-11. The full database includes:

course provider information -

state, institution name, provider type, campus and faculty / school, together with phone, fax, email and website for the course provider and postal address for each campus

course details -

content area, award level, title, description, delivery mode, duration, indigenous relevant status, entry requirement and fees.

Copies of the full database of the 1192 courses are available in the enclosed CD ROM and are also downloadable from the NCETA website www.nceta.flinders.edu.au.

In preparing this review of training it was apparent that a number of new courses were in various stages of development.

The databases and associated information are therefore as accurate as could be established as at June 2008. Since that point in time, it is highly probable that new CM courses have been developed. Hence, these findings are viewed as conservative.

Details are provided in three separate sections below for accredited, non-accredited and psychology courses. Each of these three sections also provides details of the provision of training for Indigenous workers. Information is supplied for AOD, MH and CM courses offered by state, institution type, delivery mode and award level.

Accredited AOD, MH and CM Courses

Course Details

A total of 387 accredited AOD, MH and CM courses were identified that were located across 107 higher education and training institutions. The majority of accredited courses were specifically focused on MH (56%, n=218), slightly more than one third were courses with an AOD focus (41%; n=158) and the remaining 3% (n=11) were comorbidity (CM) courses (see Figure 1).

Summary details of accredited courses are contained in Appendices 5-7. Full details can be obtained from the CD ROM version of the databases.
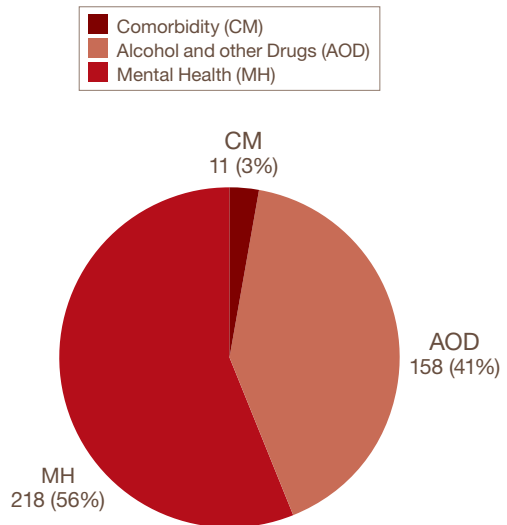
Figure 1: Accredited AOD, MH and CM Courses Available in Australia

Comorbidity Courses and Content

A total of 11 accredited courses with a specific focus on comorbidity offered across levels from Statement of Attainment (SoA) through to Graduate Diploma were located (Table 6).

In addition to the 11 CM-specific courses shown in Table 6, the review also identified a further 11 accredited courses (eight AOD and three MH) that included some degree of integrated MH and AOD coverage (see Table 7). These courses were offered at the level of Certificate IV (1), Diploma (4), Graduate Certificate (1), Graduate Diploma (2) and Masters (3).

Table 6: Accredited Comorbidity Courses (n=11)

Award	Institution	Campus	Description
Alcohol and Other Drugs / Mental Health Work			
Statement of Attainment	Western Sydney Institute, NSW	Blue Mountains College	For workers whose role includes working with people experiencing both alcohol and other drugs and mental health problems. It also provides introductory training for workers providing services that may be accessed by people who have AOD and mental health problems.
Statement of Attainment	Western Sydney Institute, NSW	OTEN (Open Training and Education Network)	For workers whose role includes working with people experiencing both alcohol and other drugs and mental health problems. It also provides introductory training for workers providing services that may be accessed by people who have AOD and mental health problems.
Mental Health / AOD Work Dual Diagnosis			
Statement of Attainment	Workskills Recognition and Training, VIC	Melbourne Campus	Includes assessment and screening processes for MH and AOD clients, orientation to the MH and AOD sector, and knowledge and skills used to identify and respond appropriately to dual diagnosis clients.
Statement of Attainment	Odyssey House Victoria, VIC	Distance Education	Includes assessment and screening processes for MH and AOD clients, orientation to the MH and AOD sector, and knowledge and skills used to identify and respond appropriately to dual diagnosis clients.

Cont.

Award	Institution	Campus	Description
Alcohol and Drug / Mental Health			
Certificate II in Community Services Work	Lifetime International Training College, QLD	Not specified	Graduates can find employment in community services such as a community / welfare / family support worker; drug and alcohol counsellor; detoxification worker; health education officer; outreach officer; or mental health worker. Workers at this level are required to have an understanding of Indigenous culture and history and to work with local communities in the provision of services.
Certificate IV in Community Services Work	Lifetime International Training College, QLD	Not specified	Defines the knowledge and skills for support workers and caseworkers that work autonomously under the broad guidance of others. On completion, the student will be able to design and deliver programs that aim to enhance individual and groups well being.
Alcohol and Other Drugs Work / Mental Health (Non-Clinical)			
Dual Certificate IV	Metropolitan South Institute of TAFE, QLD	Yeronga Campus	Is designed for people who work, or wish to work, in the Alcohol and other Drugs Sector and or Mental Health sector. This program gives students the professional knowledge and skills needed for support and care workers providing services to clients affected by drug and alcohol issues and or mental health.
Aboriginal and Torres Strait Islander Primary Health Care (Practice Stream) - Dual Diagnosis			
Diploma	Aboriginal Health College, NSW	Surry Hills	The Dual Diagnosis module covers the HLT52107 Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care (Practice) from the Health Training Package (HLT07). Dual diagnosis is an important aspect in addressing Aboriginal health. The relative socioeconomic disadvantage experienced by Aboriginal and Torres Strait Islander people compared with other Australians places them at greater risk of exposure to mental ill health, and alcohol and other drug risk factors.

Cont.

Award	Institution	Campus	Description
Alcohol and Other Drugs / Mental Health Dual Diagnosis			
Diploma	GippsTAFE (Central Gippsland Institute of TAFE), VIC	Distance Education	Developed in partnership with the Victorian Dual Diagnosis Initiative, Education and Training Unit. It consists of two AOD competencies: Orientation to the AOD sector and Assess the needs of clients with AOD issues, two MH competencies: Orientation to the mental health sector; and Provide non-clinical services to people with mental health issues. Plus a dual diagnosis competency: Provide interventions to meet the needs of consumers with MH and AOD issues.
Mental Health Nursing - Dual Diagnosis			
Graduate Certificate	University of Western Sydney, NSW	Parramatta Campus	The Centre for Mental Health of the NSW Health Department and the Area Health Services in Greater Western Sydney, recognise dual disorders as a significant health issue and place high priority on developing improved services and educational opportunities designed to address the problem. Designed with expert clinical input, to prepare students for advanced level nursing practice.
Addiction and Mental Health			
Graduate Diploma	University of Adelaide, SA	Distance Education	Jointly provided by the Disciplines of Nursing and Pharmacology, it is an online program delivered in two semesters. Covers the scientific basis of addiction, mental health and related comorbidities, comparative epidemiology, evidence-based interventions, research methodology and national addictions and mental health policy.

Table 7: Accredited AOD and MH Courses with Comorbidity (Integrated) Content (n=11)

Title	Award	Institution	Content Area	Description
Mental Health Work (Non-Clinical)	Certificate IV	Central TAFE, WA	MH	Involves best practice methods of service delivery and an acknowledgement of the importance of the recognition of the impact of alcohol and other drugs on people's mental health.
Alcohol and Other Drugs Work	Diploma	Metropolitan South Institute of TAFE, QLD	AOD	Topics include communication skills, mental health, dual diagnosis, cultural diversity, advocacy, brief interventions, working with significant others etc.
Alcohol and Other Drugs Work	Diploma	Ozcare Cairns, QLD	AOD	Covers many topics related to working in the alcohol and other drugs sector including communication skills, mental health, dual diagnosis, cultural diversity, advocacy, brief interventions, working with significant others etc.
Alcohol and Other Drugs Work	Diploma	Sunshine Coast Institute of TAFE, QLD	AOD	Topics include communication skills, mental health, dual diagnosis, cultural diversity, advocacy, brief interventions, working with significant others etc.
Alcohol and Other Drugs Work	Diploma	TAFE SA, SA	AOD	Contains topics orientated to mental health work and working with other services.
Alcohol and Other Drug Studies	Graduate Certificate	Turning Point Alcohol and Drug Centre, VIC	AOD	Students are expected to be able to appreciate the special needs of a range of specific groups in the community, such as young people and those with mental health issues.
Alcohol and Other Drug Studies	Graduate Diploma	Turning Point Alcohol and Drug Centre, VIC	AOD	Students are expected to be able to appreciate the special needs of a range of specific groups in the community, such as young people and those with mental health issues.
Substance Use	Graduate Diploma of Indigenous Health	University of Sydney, NSW	AOD	Covers alcohol, tobacco, cannabis, opioids, injecting drug use, amphetamines, psychological complications and comorbidity of substance misuse and substance use through the lifespan.
Mental Health Sciences	Master	Flinders University, SA	MH	Provides candidates with further specialised clinical practice in more complex disorders such as psychosis, mood disorder, substance abuse, etc.
Substance Use	Master of Indigenous Health	University of Sydney, NSW	AOD	Covers alcohol, tobacco, cannabis, opioids, injecting drug use, amphetamines, psychological complications and comorbidity of substance misuse and substance use through the lifespan.
Mental Health	Master of Nursing	University of Wollongong, NSW	MH	Core concepts of mental health assessment (including alcohol and other drugs), diagnosis, rehabilitation and case-management are covered.

Distribution of Courses across States / Territories

The proportion of accredited AOD, MH and CM courses in each state / territory across Australia is shown in Figure 2. The majority of accredited MH (n=83) and AOD (n=59) courses offered were located in New South Wales. This is double the number of accredited courses offered in Queensland (n=72) and Victoria (n=71), the next largest training providers. The Australian Capital Territory and the Northern Territory offered the least number of accredited courses (n=6 and n=8 respectively). The distribution of accredited courses is, in part, a reflection of the size of the respective states with the more populous states offering more courses.

The majority of states offered significantly more MH than AOD courses. The Northern Territory and Victoria were exceptions where the reverse applied. The ACT had equal numbers of both. Queensland, South Australia and Western Australia each had approximately two to two and a half times the number of MH courses compared to AOD courses.

Accredited CM courses were located in only four states: New South Wales, Queensland, Victoria and South Australia (Figure 3). New South Wales offered four courses, Queensland and Victoria each offered three CM courses, and South Australia offered one.
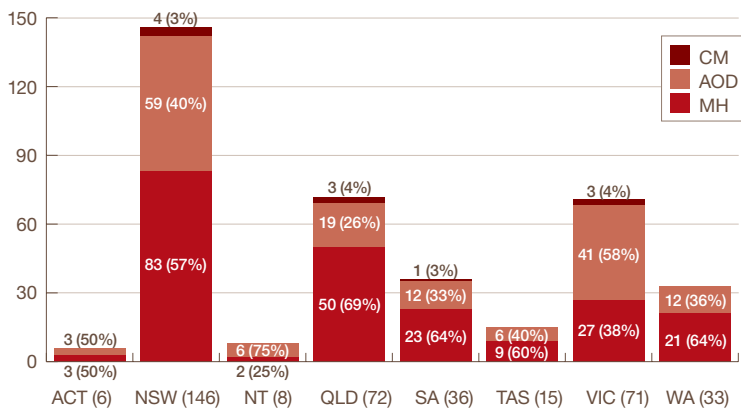
Figure 2: Number and Proportion of Accredited AOD, MH and CM Courses across Australia
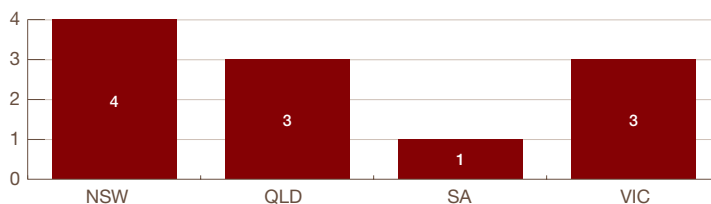
Figure 3: Accredited Comorbidity Courses across Australian States

Figure 4 shows the number of institutions offering accredited courses by state. The majority of institutions offering accredited courses were located in New South Wales (n=33), Victoria (n=28) and Queensland (n=23).

Award Level of Courses

A detailed breakdown of accredited courses by award level is presented in Table 8 and Figure 5. The majority of accredited courses were offered either at the Certificate (42%; n=162) or post-graduate level (38%; n=147). Of the AOD courses, half were offered at the Certificate level (79/158). In contrast, 54% (118/218) of MH courses were post-graduate courses.
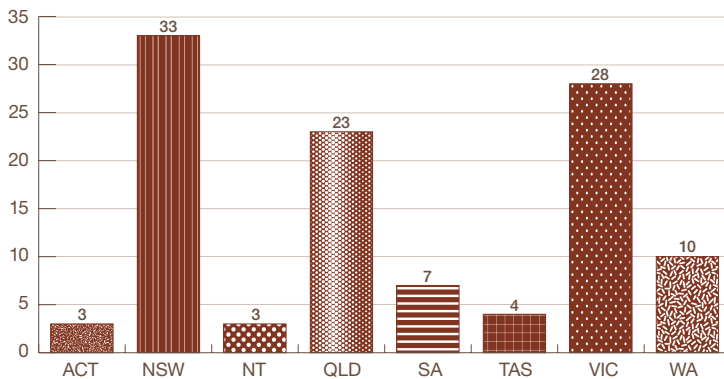
Figure 4: Number of Institutions Offering Accredited AOD, MH and CM Courses by State
*Total Institutions = 111 (2 institutions offered courses in more than one state)

Table 8: Number of Accredited AOD, MH and CM Courses by Award Level

Award Level	AOD	CM	MH	Total	%
SoA*	16	4	9	29	7%
Certificate	79	3	80	162	42%
Undergraduate	33	2	7	42	11%
Postgraduate	27	2	118	147	38%
Other**	3	0	4	7	2%
Total	**158**	**11**	**218**	**387**	**100%**

* SoA = Statement of Attainment
** Other = university certificate / associate certificate courses

No. of Accredited Courses by Level

Other**
(7 (2%))

SoA*
29 (7%)
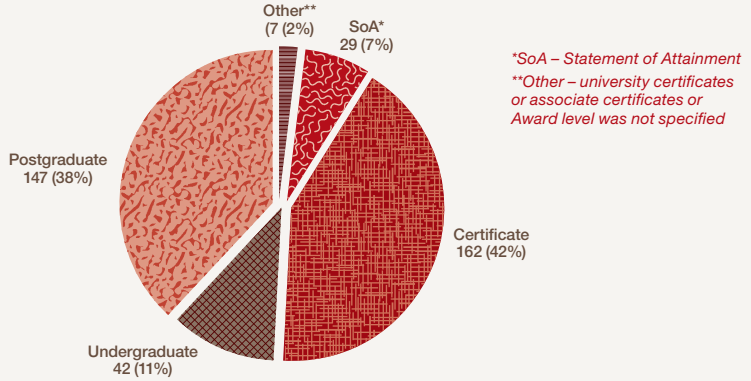
*SoA – Statement of Attainment
**Other – university certificates
or associate certificates or
Award level was not specified

Postgraduate
147 (38%)
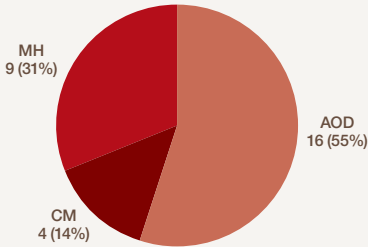
Certificate
162 (42%)

Undergraduate
42 (11%)

Statement of Attainment (29, 7%)

MH
9 (31%)

AOD
16 (55%)

CM
4 (14%)

Certificate (162, 42%)

MH
80 (49%)

AOD
79 (49%)

CM
3 (2%)

Undergraduate (42, 11%)

MH
7 (17%)

CM
2 (5%)

AOD
33 (79%)

Postgraduate (147, 38%)

AOD
27 (18%)

CM
2 (1%)

MH
118 (80%)

Other** (7, 2%)

MH
4 (57%)

AOD
3 (43%)

Legend:
CM
AOD
MH
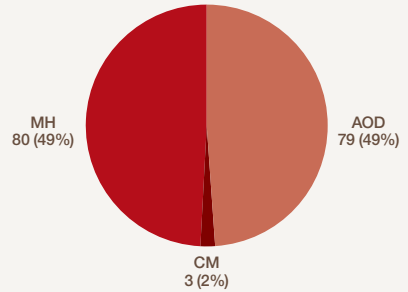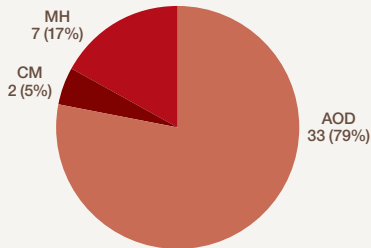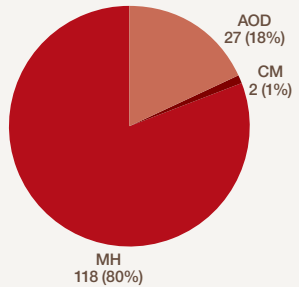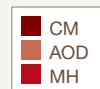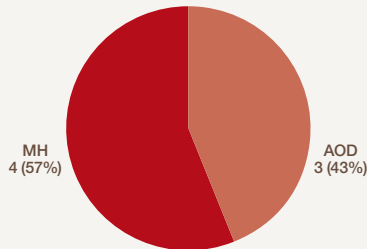
Figure 5: Accredited AOD, MH and CM Courses by Award Level

Of the 11 accredited CM courses located, most were offered at the level of Statement of Attainment (SoA) or Certificate, and two were offered at the undergraduate and postgraduate levels (Figures 6 and 7). Among the 11 additional courses that included some (integrated) CM content (Table 7), just over half were offered at the postgraduate level (three Masters, two Graduate Diplomas and one Graduate Certificate) and the remainder were at the Diploma (n=4) and Certificate IV (n=1) levels. Two of the postgraduate courses were Indigenous Health (Substance Use) courses.
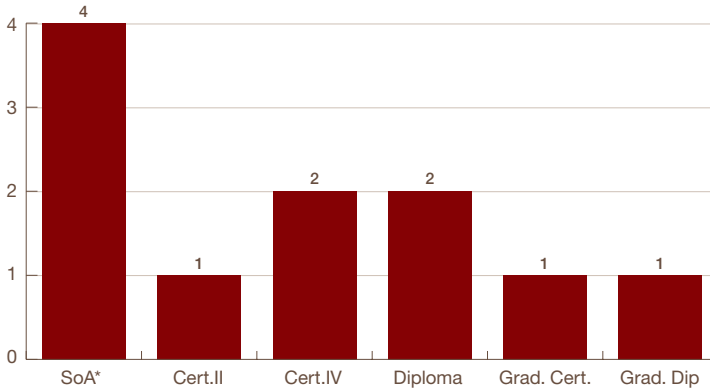
Figure 6: Number of Accredited Comorbidity Courses by Award Level
* SoA = Statement of Attainment
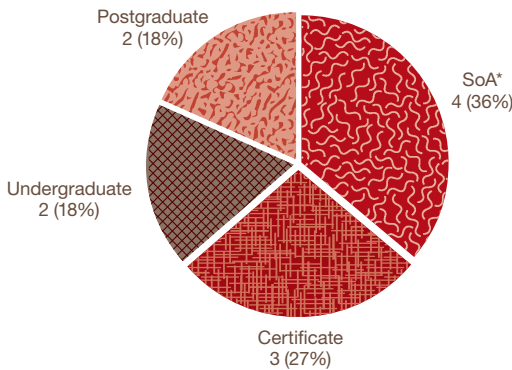
Figure 7: Proportion of Accredited Comorbidity Courses by Award Level

Among the 158 AOD courses, the largest proportion was offered at the Certificate IV level (n=68, 43%); while over half of the 218 MH courses were offered at the Postgraduate levels (n=118, 54%) of Graduate Certificate, Graduate Diploma or Masters. Overall, more MH than AOD courses were available at higher postgraduate levels (see Figure 8). A larger proportion of AOD courses were available at the non-graduate Diploma level or lower, compared to MH courses.
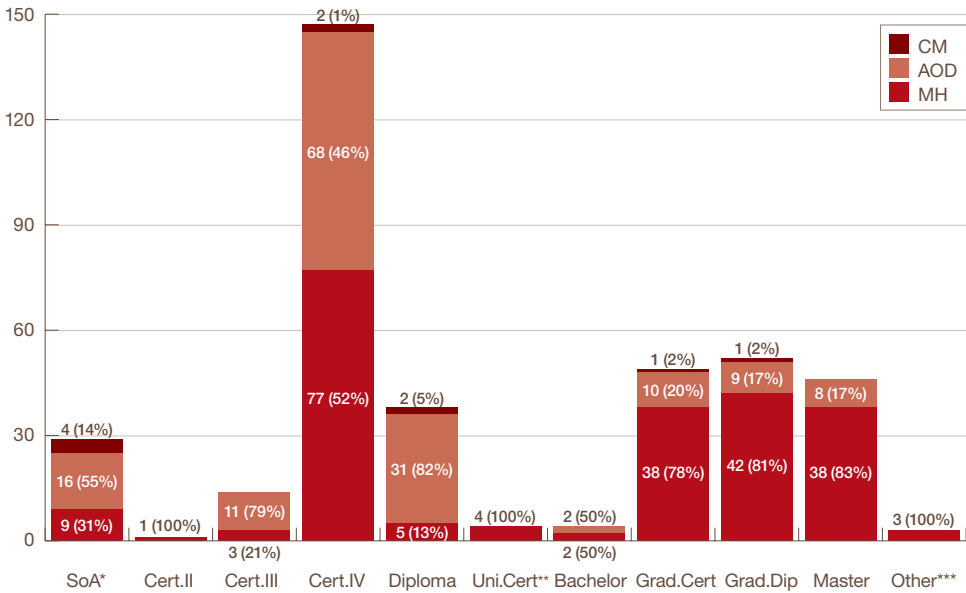
Figure 8: Proportion of Accredited AOD, MH and CM Courses by Award Level
* SoA = Statement of Attainment
** Uni Cert. = University Certificate /Associate Certificate courses[22]
***Other = Award level was not specified

[22] A 'University Certificate' is a university offered undergraduate certificate course designed to meet the needs of non-school leavers who want an applicable foundation in a discipline without the commitment of full-time or long term study. These courses can also be a stepping stone towards completing an undergraduate degree.

Types of Institutions Offering Accredited Courses

The number and type of institutions providing accredited AOD only, MH only, CM only, or various combinations of AOD, MH and CM courses is shown in Table 9 and Figure 9.

Accredited courses were offered by approximately equal proportions of universities, TAFEs, and RTOs (about one third each, n=35) (see Table 9). Other institutions that offered accredited courses comprised non-profit organisations, which conducted courses based on the Certificate IV structure or that articulated with university-level courses.

Among the universities providing accredited courses, more than half offered MH courses only (53%, n=17), while approximately one third of universities (34%; n=11) offered a mix of AOD, MH or CM courses, and 13% (n=4) offered AOD courses only. A similar proportion of RTOs offered AOD only (43%, n=15) or MH only (34%, n=12) courses.

Of the 36 institutions offering accredited AOD, MH or CM courses, one university, two TAFEs and one RTO offered courses in all three content areas.

Table 9: Types of Institutions Offering Accredited AOD, MH, and CM Courses

Institution type	AOD only	MH only	CM only	AOD, MH or CM	Total
University	4	17	0	11	32
TAFE	9	9	0	17	35
RTO	15	12	1	7	35
Other	1	3	-	1	5
Total	**29**	**41**	**1**	**36**	**107**

No. of Institutions by Type

TAFE
35 (33%)

RTO
35 (33%)

University
32 (30%)

Other
5 (5%)

University (32, 30%)

AOD, MH or CM
11 (34%)

AOD only
4 (13%)

MH only
17 (53%)

TAFE (35, 33%)

AOD, MH or CM
17 (49%)

AOD only
9 (26%)

MH only
9 (26%)

RTO (35, 33%)

AOD, MH or CM
7 (20%)

CM Only
1 (3%)

AOD only
15 (43%)

MH only
12 (34%)

Other (5, 5%)

AOD, MH or CM
1 (20%)

AOD only
1 (20%)

MH only
3 (60%)

Legend:
- CM only
- AOD only
- MH only
- AOD, MH or CM

Figure 9: Number and Types of Institutions Offering Accredited AOD, MH and CM Courses

Mode of Delivery

The most common mode of delivery of all accredited courses was internal (n=128, 33%), followed by external (n=73, 19%) and flexible delivery (n=44, 11%) (see Figure 10). Delivery mode was not able to be determined for 21 of the accredited courses.

There is considerable variation in the delivery mode of the 11 accredited CM courses (see Table 10).

Table 10: Accredited Comorbidity Courses by Delivery Mode

Delivery Mode	Number
Internal only	2
External only	4
Flexible delivery only	1
Internal and external	2
Internal, external and/or flexible delivery	2
Total	11
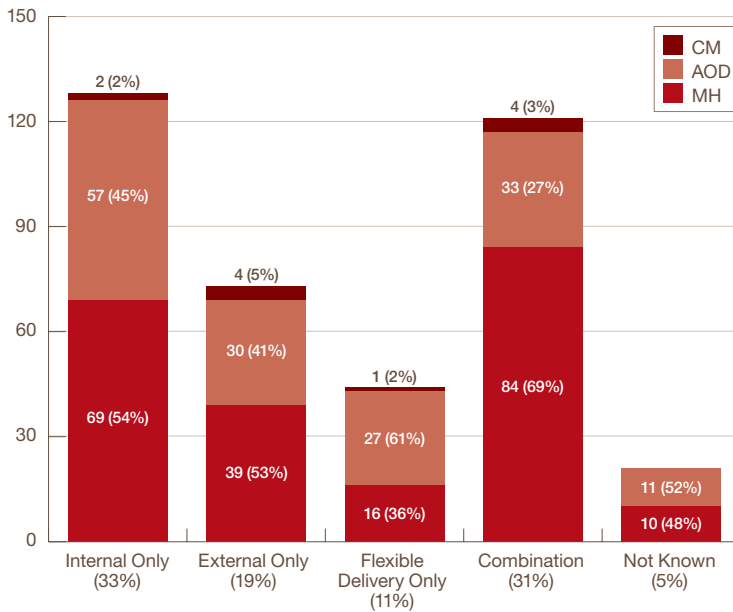
Figure 10: Proportion of Accredited AOD, MH, and CM Courses by Delivery Mode

Indigenous Courses and Content

Of the 387 accredited AOD, MH and CM courses, 80 were identified as relevant to the Indigenous health field. Courses were designated 'Indigenous-related' if they were either specifically designed for Indigenous students, promoted as suitable for Indigenous health workers, contained content relevant to Indigenous issues, or the curriculum material specified 'an understanding of Indigenous culture' as an entry requirement.

Figure 11 shows the proportion of Indigenous-related courses offered in relation to the total number of accredited AOD,

MH and CM courses offered across Australia. As a proportion of all courses, more courses focused on Indigenous AOD issues (n=63, 79%) than MH issues (n=14, 18%). Three Indigenous-related courses were CM courses.

Of the 80 courses identified as Indigenous-related, 33 were defined as 'Indigenous-specific' in that they were specifically designed for Indigenous students / workers and/or were offered by Indigenous training providers (Table 11). Figure 12 shows the distribution of the 33 Indigenous-specific accredited courses by content area. More than half were AOD courses (n=20, 61%), approximately a third were MH courses (n=12, 36%) and one was a CM course.
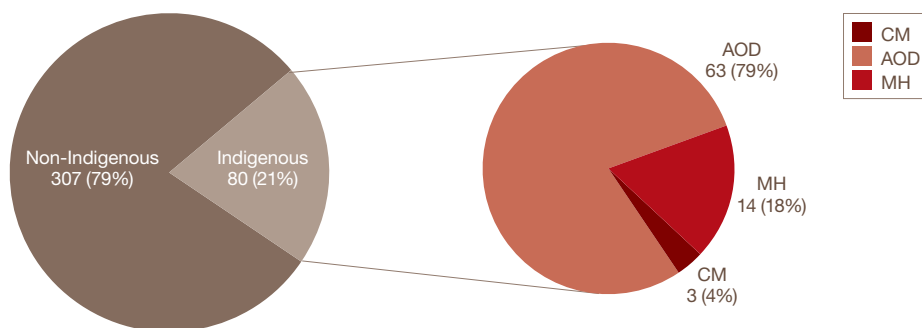
Figure 11: Proportion of Indigenous-Related Accredited AOD, MH and CM Courses
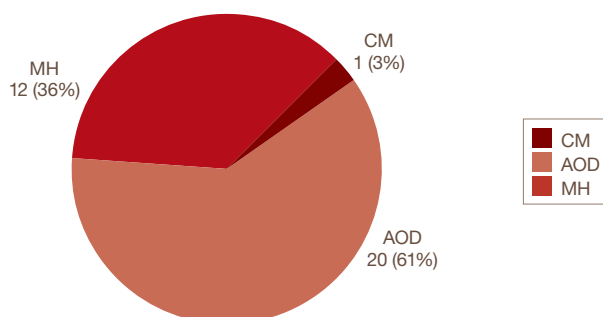
Figure 12: Accredited Indigenous-Specific Courses Available in Australia

Table 11: Accredited AOD, MH and CM Indigenous-Specific Courses (n=33)

Award	Institution	Campus	Content Area	Description
Competency Cluster 4: Foundation Skills Alcohol and Other Drug Work				
Statement of Attainment	Aboriginal Health College, NSW	Surry Hills	AOD	Graduates from this course will have successfully completed a Statement of Attainment – Foundation Skills Alcohol and Other Drug Work covering 3 units of competence from the Community Services Training Package. These units cover: Orientation to the alcohol and other drugs sector; Working effectively with culturally diverse clients and co-workers; and Working with other services.
Community Services Work (Focus on Aboriginal Alcohol and Other Drugs)				
Certificate III	Aboriginal Health College, NSW	Surry Hills	AOD	The program is unique and distinct from other training programs, having been designed for Aboriginal Alcohol and Other Drug Workers. The content is culturally secure and based on evidence-based practice for alcohol and other drugs, particularly as it relates to working with Aboriginal people and their communities. The learning materials and methods have been developed by Aboriginal professionals which relate to an Aboriginal worldview through the introduction of Aboriginal models of practice and cultural ways of working.
Community Services Work (Indigenous National AOD Workforce Development Program)				
Certificate III	Drug and Alcohol Office (Aboriginal Alcohol & Other Drugs Program), WA	Mt Lawley	AOD	The program is unique and distinct from other training programs, and is designed for Aboriginal Alcohol and Other Drug Workers. The content is culturally secure and based on evidence-based practice for alcohol and other drugs, particularly as it relates to working with Aboriginal people and communities. The learning materials and methods have been developed by Aboriginal professionals and relate to an Aboriginal worldview through introduction of Aboriginal models of practice and cultural ways of working.
Certificate III	Drug and Alcohol Office (Aboriginal Alcohol & Other Drugs Program), NT	Council for Aboriginal Alcohol Programs (CAAP)	AOD	As above

Cont.

Award	Institution	Campus	Content Area	Description
Certificate III	Drug and Alcohol Office (Aboriginal Alcohol & Other Drugs Program), NT	NT Department of Health and Family	AOD	As above
Certificate III	Drug and Alcohol Office (Aboriginal Alcohol & Other Drugs Program), QLD	Queensland Aboriginal and Torres Strait Islander Health Council (QAIHC)	AOD	As above
Certificate III	Drug and Alcohol Office (Aboriginal Alcohol & Other Drugs Program), QLD	Queensland Alcohol and Drug Research and Education Centre (QADREC)	AOD	As above
Certificate III	Drug and Alcohol Office (Aboriginal Alcohol & Other Drugs Program), QLD	Queensland Indigenous Substance Misuse Council (QISMC)	AOD	As above
Certificate III	Drug and Alcohol Office (Aboriginal Alcohol & Other Drugs Program), SA	Aboriginal Drug and Alcohol Council (ADAC)	AOD	As above
Certificate III	Drug and Alcohol Office (Aboriginal Alcohol & Other Drugs Program), SA	Drug and Alcohol Service SA	AOD	As above
Mental Health Work (Non-Clinical)				
Certificate IV	Aboriginal and Torres Strait Islanders Corp for Health Education and Training, QLD	Dutton Park	MH	The Certificate IV in Mental Health Work (Non-Clinical) allows workers to provide a broad range of community services and community interventions to clients with mental health issues and/or implement health promotion and community interventions. Mental health related work may take place in a range of contexts such as community based organisations, primary health care centres, residential rehabilitation services and outreach services.

Cont.

Award	Institution	Campus	Content Area	Description
Alcohol and Other Drug Work				
Certificate IV	Aboriginal Health College, NSW	Surry Hills	AOD	This qualification covers workers who provide a range of services and interventions to clients with AOD issues and/or implement health promotion and community interventions. This qualification refers to specific knowledge of a client with AOD issues and to appropriate intervention processes applied in residential and community settings. The course is pitched at the existing workforce within an Aboriginal Alcohol and Other Drug context, whether working in residential or community settings. It is also suitable for those working in other health settings and looking to transfer into the Alcohol and Other Drug field of work.
Aboriginal and Torres Strait Islander Primary Health Care (Community Stream) – Social and Emotional Wellbeing				
Certificate IV	Aboriginal Health College, NSW	Surry Hills	MH	This qualification is proposed for workers with some breadth and depth of skills and knowledge for working with Aboriginal and/or Torres Strait Islander clients and communities to provide effective interventions, referrals and support around social and emotional wellbeing and/or mental health.
Alcohol and Other Drugs Work				
Certificate IV	Batchelor Institute of Indigenous Tertiary Education, NT	Batchelor	AOD	The Certificate IV in Alcohol and Other Drugs Work is from the Community Services Training Package. It covers workers who provide a range of services and interventions to clients with AOD issues and/or implement health promotion and community interventions. Work may take place in a range of contexts such as community based organisations, residential rehabilitation services and outreach services. This qualification defines the knowledge and skills for support workers and care-workers who work autonomously under the broad guidance of others. This qualification refers to specific knowledge of a client with AOD issues and to appropriate intervention processes applied in residential and community settings. Workers at this level are required to have an understanding of Indigenous culture and history and to work with local communities in the provision of services.
Certificate IV	Batchelor Institute of Indigenous Tertiary Education, NT	Central Australia	AOD	As above

Cont.

Award	Institution	Campus	Content Area	Description
Mental Health Work (Non-Clinical)				
Certificate IV	Batchelor Institute of Indigenous Tertiary Education, NT	Batchelor	MH	The Certificate IV in Mental Health Work (Non-Clinical) is the framework for vocational education and training for those working as support workers and case managers who work autonomously under the broad guidance of others. It supports a wide range of learning pathways. These include institution-based programs, workplace-based training, as well as other flexible combinations of workplace and off-the-job training and assessment. The course provides training to assist Aboriginal and Torres Strait Islander people to take a more active role in developing a better lifestyle and to develop strategies to deal with problems. The course aims to service several industry sectors as well as a wide range of jobs and roles involving counselling and liaison. Key industry sectors include community workers; family support; domestic violence workers; health education officers; and counselling work.
Certificate IV	Batchelor Institute of Indigenous Tertiary Education, NT	Central Australia	MH	As above
Alcohol and Other Drugs Work				
Certificate IV	Booroongen Djugun College, NSW	Greenhills	AOD	The Certificate IV in Alcohol and Other Drugs Work is from the Community Services Training Package. It covers workers who provide a range of services and interventions to clients with AOD issues and/or implement health promotion and community interventions. Work may take place in a range of contexts such as community based organisations, residential rehabilitation services and outreach services. This qualification defines the knowledge and skills for support workers and care-workers who work autonomously under the broad guidance of others. This qualification refers to specific knowledge of a client with AOD issues and to appropriate intervention processes applied in residential and community settings. Workers at this level are required to have an understanding of Indigenous culture and history and to work with local communities in the provision of services.

Cont.

Award	Institution	Campus	Content Area	Description
Mental Health Care				
Certificate IV	Brisbane North Institute of TAFE, QLD	Contact office for details	MH	Certificate IV in Mental Health Care enables a standardised approach to mental health. It provides new graduates and indigenous mental health workers new to mental health with an opportunity to access further training to improve their skills and knowledge in mental health care.
Mental Health Work (Non-Clinical)				
Certificate IV	Marr Mooditj Foundation Inc, WA	Waterford	MH	The Certificate IV in Mental Health Work (Non-Clinical) is part of the Community Services Training Package. It is designed to provide training for community workers working with individuals who experience problems associated with mental illness. Students would be trained to work in a wide variety of community settings. They would learn about interviewing, client support skills, advocacy skills, the nature of mental health and mental illness as well as preventative, educational and other community strategies relevant to work in the mental health field.
Mental Health Care				
Certificate IV	Queensland University of Technology, QLD	Distance Education	MH	Provide a qualification that enables a standardised approach to mental health. It provides new graduates and indigenous mental health workers new to mental health with an opportunity to access further training to improve their skills and knowledge in mental health care.
Mental Health Work (Non-Clinical) (Not offered in 2008)				
Certificate IV	Sunshine Coast Institute of TAFE, QLD	N/A	MH	The Certificate IV in Mental Health Work (Non-Clinical) enables a standardised approach to mental health. It provides new graduates and indigenous mental health workers new to mental health with an opportunity to access further training to improve their skills and knowledge in mental health care.
Aboriginal and Torres Strait Islander Primary Health Care (Practice Stream) - Dual Diagnosis				
Diploma	Aboriginal Health College, NSW	Surry Hills	CM	The Dual Diagnosis module covers the HLT52107 Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care (Practice) from the Health Training Package (HLT07). Dual diagnosis is an important aspect in addressing Aboriginal health. The relative socioeconomic disadvantage experienced by Aboriginal and Torres Strait Islander people compared with other Australians places them at greater risk of exposure to mental ill health, and alcohol and other drug risk factors.

Cont.

Award	Institution	Campus	Content Area	Description
Aboriginal and Torres Strait Islander Primary Health Care (Community Stream) - Social and Emotional Wellbeing				
Diploma	Aboriginal Health College, NSW	Surry Hills	MH	The Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care defines the knowledge and skills for workers involved in Aboriginal and/or Torres Strait Islander Primary Health Care and who work autonomously under the broad guidance of others. The Diploma qualification covers workers who have a basis of skills and knowledge in primary health care practice, which they may apply in clinical, management or education functions.
Aboriginal Mental Health Care				
Diploma	Marr Mooditj Foundation Inc, WA	Waterford	MH	Diploma in Aboriginal Mental Health Care enables students to gain knowledge in holistic mental health, culturally appropriate approaches to mental illness, psychopharmacology, mental illness assessment, family and community mental health and life span development. As students progress through the course they will build on their knowledge and skills.
Health Science (Mental Health)				
Bachelor	Charles Sturt University, NSW	Wagga Wagga	MH	The Bachelor of Health Science (Mental Health) course is offered in collaboration with a community-based Aboriginal Mental Health Steering Committee and the Greater Southern Area Health Service. This course is specifically designed for Indigenous mental health practitioners to meet the needs of Indigenous communities. It has been offered since 1995 and has produced graduates who have been successfully employed at various levels within mainstream and community-based mental health services. The degree course aims to provide greater educational pathways and career opportunities for existing and future graduates.
Indigenous Mental Health and Well-Being				
Graduate Certificate	University of Southern Queensland, QLD	Toowoomba	MH	The Graduate Certificate in Indigenous Mental Health and Well-being is designed for qualified health practitioners (e.g. general practitioners, nurses, psychologists, social workers, counsellors, psychotherapists) wanting to develop culturally appropriate mental health skills for the challenging and socially important work in Indigenous Mental Health. The program focuses on developing an understanding of Indigenous Australian social, health and mental health issues, with particular emphasis on culturally appropriate intervention strategies in assisting Indigenous mental health clients.

Cont.

Award	Institution	Campus	Content Area	Description
Indigenous Health (Substance Use)				
Graduate Certificate	University of Sydney, NSW	Camperdown / Darlington	AOD	The Graduate Certificate in Indigenous Health (Substance Use) program aims to build the clinical, public health and academic capacity of Indigenous alcohol, tobacco and other drug workers to work in the prevention and treatment of harm associated with alcohol, tobacco and other drug disorders in the Indigenous community. The Graduate Certificate concentrates particularly on alcohol, tobacco, cannabis, opioids and injecting drug use.
Indigenous Health (Substance Use)				
Graduate Diploma	University of Sydney, NSW	Camperdown / Darlington	AOD	The Graduate Diploma of Indigenous Health (Substance Use) program aims to build the clinical, public health and academic capacity of Indigenous alcohol, tobacco and other drug workers to work in the prevention and treatment of harm associated with alcohol, tobacco and other drug disorders in the Indigenous community. The Graduate Diploma covers alcohol, tobacco, cannabis, opioids, injecting drug use, amphetamines, psychological complications and comorbidity of substance misuse and substance use through the lifespan.
Indigenous Health (Substance Use)				
Master	University of Sydney, NSW	Camperdown / Darlington	AOD	The Master of Indigenous Health (Substance Use) program aims to build the clinical, public health and academic capacity of Indigenous alcohol, tobacco and other drug workers to work in the prevention and treatment of harm associated with alcohol, tobacco and other drug disorders in the Indigenous community. The master covers alcohol, tobacco, cannabis, opioids, injecting drug use, amphetamines, psychological complications and comorbidity of substance misuse and substance use through the lifespan.
Competency Cluster 1: Rehabilitation				
Other	Aboriginal Health College, NSW	Surry Hills	AOD	This Skills Set is designed for workers wanting to or currently working in a Rehabilitation context.
Competency Cluster 2: Working with Specific Populations - Youth				
Other	Aboriginal Health College, NSW	Surry Hills	AOD	This Skills Set is designed for workers wanting to or currently working in an Alcohol and Other Drug Youth context.
Competency Cluster 3: Harm Minimisation				
Other	Aboriginal Health College, NSW	Surry Hills	AOD	As above

Twelve institutions provided the 33 accredited Indigenous-specific courses (see Figure 13). RTOs accounted for half of all training institutions and provided 25 of the 33 courses.

The majority of the Indigenous-specific courses were located in NSW (n=14) and Queensland (n=8) (see Table 12).

More than half of the Indigenous-specific courses identified were offered at the Certificate III-IV level (n=21) (Table 13).
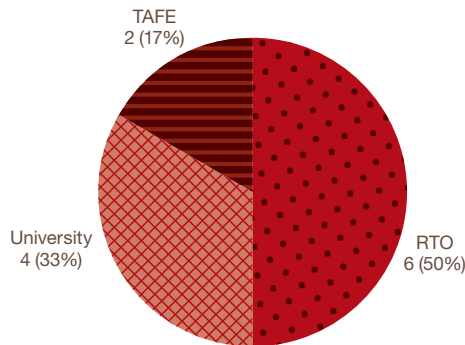
Figure 13: Number and Types of Institutions Offering Accredited Indigenous-Specific Courses

Table 12: Distribution of Indigenous-Specific Courses by Location of Institution

State/Territory	Number of Courses (%)
NSW	14 (42%)
NT	6 (18%)
QLD	8 (24%)
SA	2 (6%)
WA	3 (9%)
Total	33 (100%)

Table 13: Accredited Indigenous-Specific Courses by Award Level

Award Level	Number of Courses (%)
Statement of Attainment	1 (3%)
Certificate III	9 (27%)
Certificate IV	12 (36%)
Diploma	3 (9%)
Bachelor	1 (3%)
Graduate Certificate	2 (6%)
Graduate Diploma	1 (3%)
Masters	1 (3%)
Other*	3 (9%)
Total	33 (100%)

*Other: unable to determine award level.

Non-Accredited AOD, MH and CM Courses

Non-accredited courses were also reviewed. Non-accredited AOD, MH and CM courses available in Australia in the period July 2007 to June 2008 were recorded.

The essentially short and often transient nature of non-accredited courses makes it difficult to be confident of the extent to which a) all courses were located and b) whether those located are still current.

Non-accredited courses were typically:

• Organised by community organisations, peak bodies / coalitions, colleges (and also, but less commonly, by private organisations)

• Of short duration (1-2 days)

• Did not require any pre-requisites for enrolment

• Offered a Statement of Attendance on completion. A few courses also articulate with the Community Services Training Certificate.

Course Details

A total of 215 non-accredited courses were located that were delivered by 28 agencies or institutions. Of these 215 courses, approximately half were MH courses (n=108, 50%) and slightly more than one third were AOD courses (n=78, 36%). The remainder (n=29) were CM courses (Figure 14).

Summary details of the non-accredited courses are contained in Appendices 8-10. Full details can be obtained from the electronic database available in CD ROM format from NCETA or is accessible from the NCETA website.

Comorbidity Courses and Content

A total of 29 non-accredited courses were identified as having a comorbidity-specific focus (Table 14). In addition to the 29 CM courses, a further 12 courses were identified that included some CM content (Table 15). These courses were generally targeted at health professionals working with specific population client groups (e.g. youth, street drug users, clients who self harm). The duration of the non-accredited courses typically ranged from half day to 2 day workshops.
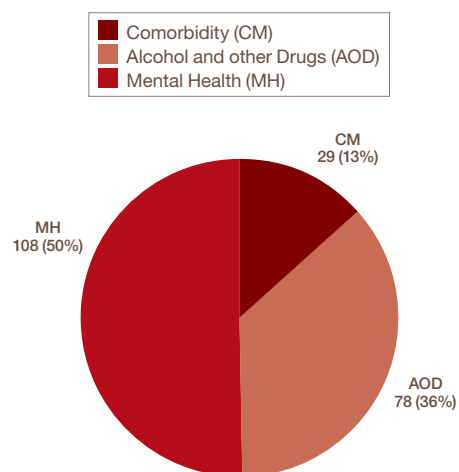
Figure 14: Non-Accredited AOD, MH and CM Courses Available in Australia

Table 14: Non-Accredited Comorbidity Courses (n=29)

Institution	Venue	Description
AOD Workers with Mental Health Clients		
Centre for Community Welfare Training, NSW	Sydney Campus, NSW	Focuses on personality disorders as well as providing an opportunity to consider issues regarding clients with dual diagnosis including depression and suicidal ideation. Participants will become familiar with some tools used by mental health workers. It has been developed predominantly for AOD workers; however generic workers may find the course of use. Intern psychologists will receive a certificate to further their course points for full registration if requested during enrolment.
		Participants can expect to cover the following topics: An overview of the personality disorders, the effects of drug use on mental illness, introduction to assessment tools to use with clients with mental health issues, and crisis and suicide assessment and interventions.
Advanced Alcohol, Drugs and Mental Health Comorbidity		
Centre for Nursing and Midwifery Education and Research, SA	Flinders Medical Centre, SA	To update and extend participants' understanding of effective clinical and practical interventions for client / patients with comorbidity based on evidenced based practice and research.
Alleviating Anxiety and Depression with Substance Using Clients		
Reconnexion, VIC	Darebin Arts and Entertainment Centre, VIC	Provides an outline of a cognitive behavioural approach to the effective treatment of anxiety and depression, with a particular focus on working with clients using drugs and/or alcohol. A description of anxiety disorders and depression will be provided, and the use of Cognitive Behavioural Therapy as part of a broader approach will be demonstrated. Information on additional aspects of a treatment program will be included, such as breathing re-training, relaxation and medications.
		Participants will have the opportunity to discuss treatment plans as relevant to their substance-using clients with anxiety and depression, with case studies used to facilitate learning.
Cigarette Smoking in Early Psychosis		
ORYGEN Youth Health, VIC	ORYGEN Youth Health, VIC	Explores the latest epidemiological research and current treatment programs related to cigarette smoking with application to first episode psychosis. In addition opportunities for future research and program development will be discussed.
		Covers: theoretical background linking smoking and psychopathology, identifying symptoms and demographic features involved in the development and maintenance of cigarette smoking, identifying issues arising from high levels of smoking for consumers, carers and clinicians, skills in assessing and treating individuals wishing to reduce or cease smoking.

Cont.

Institution	Venue	Description
Dual Diagnosis		
NSW Department of Community Services, NSW	Ashfield, NSW	For workers who want to increase their knowledge and skills in dealing with clients with both a substance use disorder and mental illness. The course covers: overview of substance use and mental illness disorders; prevalence statistics; assessment; understanding reluctance to participate in treatment; and management and treatment of clients with dual diagnosis.
Emergency Mental Health, Alcohol and Drugs		
Centre for Nursing and Midwifery Education and Research, SA	Flinders Medical Centre, SA	Covers emergency issues relating to the assessment and management of clients with Mental Health / Alcohol / Drugs / Comorbidity issues who present to emergency services in crisis and participants include a mixture of staff disciplines and services. The course has a practical and interactive focus with scenario-based teaching, role-plays and discussion. All participants receive a CD-ROM or hardcopy of pre-course readings and an interactive CD with workbook for flexible learning.
Centre for Nursing and Midwifery Education and Research, SA	Murray Bridge, SA	As above
Centre for Nursing and Midwifery Education and Research, SA	Whyalla, SA	As above
Introduction to Alcohol, Drugs and Mental Health Comorbidity		
Centre for Nursing and Midwifery Education and Research, SA	Flinders Medical Centre, SA	Promotes awareness and increases understanding of mental health and alcohol and other drug comorbidity, and fosters networking and collaboration amongst a diverse workforce.
Introduction to Dual Diagnosis		
Centre for Community Welfare Training, NSW	Western Sydney Community Forum, Parramatta, NSW	Is for workers from various fields who want to increase their knowledge and skills in dealing with clients with both a substance use disorder and mental illness. It is an introductory course and will provide an overview of both substance use and mental disorders. Participants can expect to cover the following topic areas: an explanation of the term "dual diagnosis" and the complexity the term suggests, the link between substance use and psychiatric diagnosis, the use of drug and alcohol and mental health assessment techniques, the stages in the process of change, and the current treatment available for clients with dual diagnosis.

Institution	Venue	Description
Introduction to Dual Diagnosis		
Psychiatric Disability Services of Victoria (VICSERV) Inc, VIC	VICSERV, VIC	Participants in this workshop will receive an overview of dual diagnosis and implications for clients, families and service providers. The Victorian "Key Directions" document will be discussed. The workshop will provide a broad overview of the interactions between substance use and mental ill health. A range of interventions will also be described. Participants will have the opportunity to learn practical approaches with the use of a complex case presentation. This workshop will be presented by the Dual Diagnosis Education and Training Unit (ETU).
Introduction to Screening and Assessment in Dual Diagnosis		
Psychiatric Disability Services of Victoria (VICSERV) Inc, VIC	VICSERV, VIC	Assists participants to understand the role of screening and assessment in Dual Diagnosis and to become familiar with a range of relevant screening tools. This workshop will be presented by the Dual Diagnosis Education and Training Unit (ETU).
Managing Comorbid Mental Health and Substance Use Disorders		
Flinders University	Bedford Park, SA	This 5 day intensive workshop provides knowledge and practical skills in the assessment and cognitive-behavioural treatment of comorbid mental health and substance use disorders. This clinically-relevant workshop is designed for service providers from a variety of health backgrounds who see clients with comorbid disorders. Participants will: gain a working knowledge of the principles and issues relevant to comorbid mental health and substance use disorders, gain knowledge and skills in the assessment of comorbid disorders, learn motivational interviewing techniques for substance use disorders, gain knowledge and skills in the cognitive-behavioural treatment of comorbid disorders workshop.
Mental Health and Substance Abuse		
Mental Health Coordinating Council (MHCC), NSW	Sydney, NSW	Covers the principles of working with mental health and AOD health issues using the recovery model, the nature of substance use and context in Australia, legal and ethical issues with substance use, impact of use on mental health, skills in assessing the stage of change, content of AOD assessment, barriers to change, pharmacology, and resources and supports available.
Mental Health Coordinating Council (MHCC), NSW	Wollongong, NSW	As above
Mental Health Coordinating Council (MHCC), NSW	Newcastle, NSW	As above

Cont.

Institution	Venue	Description
Mental Health Coordinating Council (MHCC), NSW	Bathurst, NSW	As above
Mental Health Coordinating Council (MHCC), NSW	Byron Bay, NSW	As above
Mental Health Coordinating Council (MHCC), NSW	Canberra, ACT	As above
Mental Health, Alcohol and Other Drugs in Acute Care		
Centre for Nursing and Midwifery Education and Research, SA	Flinders Medical Centre, SA	Aims to update and further develop awareness, knowledge and skills in the assessment and management of acute care patients experiencing mental health and/or alcohol, tobacco and other drug problems and apply current practice guidelines to clinical practice.
Mindfulness And Comorbidity		
Drugs and Alcohol Office (Next Step Specialist Drug and Alcohol Services), WA	Perth, WA	Explores the use of therapeutic approaches known as 'mindfulness' to help people with co-occurring substance use and psychological problems. People with substance use problems tend to avoid rather than face problematic issues, often by using alcohol and drugs. Mindfulness approaches encourage people to face their issues, build their tolerance to distressing emotions, and change their relationship to distressing thoughts so they feel more in control.
Models of Collaborative Care and Shared Case Management		
Drugs and Alcohol Office (Next Step Specialist Drug and Alcohol Services), WA	Perth, WA	Aims to share with practising clinicians the barriers, practical strategies and rewards of the alcohol and other drug services working collaboratively with mental health services. Participants will be able to hear the working experiences of the Kimberley Community Drug Service Team and the South West Mental Health Service with reference to case examples of clients with amphetamines and psychosis related problems and how different case-management approaches can bring about very different client outcomes.
Orientation to PsyCheck for Managers and Senior Workers		
Drugs and Alcohol Office (Next Step Specialist Drug and Alcohol Services), WA	Perth, WA	Aims to provide managers and senior workers with background information on the PsyCheck package and assist in the development of protocols for management of clients with comorbid issues. The PsyCheck model of integrated care offers clients simultaneous treatment for both AOD and mental health issues. This can assist clinicians to work more effectively with comorbidity. The session comprises: review of the background factors involved in the development of the PsyCheck package, overview of the PsyCheck content, feedback from the AOD field regarding the implementation of the process, and an opportunity to discuss with peers, the advantages of the program and any obstacles in implementing it.

Institution	Venue	Description
Pills, Pot and Psychosis: An Introductory Workshop		
Drugs and Alcohol Office (Next Step Specialist Drug and Alcohol Services), WA	Perth, WA	Aims to understand the relationship between drugs and psychosis in young people, provide an overview of current clinical approaches (pharmacological and psychological) to this population, and develop skills in the assessment and management of psychotic presentations.
PsyCheck Training For AOD Workers		
Drugs and Alcohol Office (Next Step Specialist Drug and Alcohol Services), WA	Perth, WA	Aims to equip alcohol and other drug workers with knowledge and skills to manage clients who present with comorbidity issues and problems. Training includes the use of screening tools and assessment, using a CBT framework to formulate the intervention and a four stage intervention including managing relapse.
Studies in Comorbidity		
TAFE Tasmania, TAS	Hobart, TAS	Draws on a range of models and practice technologies in current evidence-based comorbidity welfare practice.
Substance-Induced Psychiatric Disorders		
ORYGEN Youth Health, VIC	ORYGEN Youth Health, VIC	Includes group discussions of real case examples and role-plays. Attendees at this workshop will build skills in the detection of mental health and substance use problems and disorders. They will also develop knowledge and basic skills in the differentiation of substance-induced psychiatric symptoms and independent disorders. The session includes didactic and role-play components. Completion of the 2-day PRISM workshop is the first step in becoming a certified PRISM interviewer.
Substance Use and Early Psychosis		
ORYGEN Youth Health, VIC	ORYGEN Youth Health, VIC	Is delivered by members of the clinical and research teams at ORYGEN and staff from DASwest Youth Outreach team. It aims to provide a comprehensive update on the latest research into prevalence, impact and theoretical models of substance-use in psychosis. Diagnostic and treatment issues arising from substance-induced psychosis will be explored. Recent information on drugs, drug use and effects will be presented and available resources, which are appropriate for first episode clients, will be canvassed. Treatment options, including cognitive-behaviour therapy (CBT) for substance use will be introduced.
Traumatised Drug Users with Attention Deficit Disorder … Or is it Posttraumatic Stress Disorder? Relationship Between These Disorders and Implications for Treatment		
Drugs and Alcohol Office (Next Step Specialist Drug and Alcohol Services), WA	Perth, WA	Examines the relationship between childhood trauma, posttraumatic stress disorder and attention deficit disorder in people with problem drug use. Topics include: examination of what is known from the research, discussion of clinical impressions, and consideration of the implications of the relationship between these issues for treatment. The workshop will consist of a lecturette, small group discussion and whole group discussion.

Table 15: Non-Accredited Courses with Comorbidity (Integrated) Content (n=12)

Institution	Venue	Course Area	Description
Harm Reduction			
ORYGEN Youth Health, VIC	ORYGEN Youth Health	MH	Provides an overview of harm reduction as a treatment approach for addiction problems. At the completion of the workshop participants will be able to: demonstrate knowledge of the effects of specific drugs on physical and mental health.
Helping Clients Get On Top Of Their Mental Health			
ORYGEN Youth Health, VIC	ORYGEN Youth Health	MH	Discuss the importance of psycho-education to treatment of anxiety, depression, substance misuse and other disorders.
Incomplete Recovery in Early Psychosis			
ORYGEN Youth Health, VIC	ORYGEN Youth Health	MH	On completion of the workshop participants will be able to identify skills and strategies for managing comorbid conditions.
Mental Health First Aid			
Centre for Community Welfare Training, NSW	Bathurst	MH	Has been found to be effective in improving mental health literacy, reducing stigma and increasing helping behaviours through a partnership initiative of the Mental Health and Drug and Alcohol Service of Greater Western Area Health Service and the Central West Community College.
Mental Health First Aid			
Centre for Community Welfare Training, NSW	Cowra	MH	Has been found to be effective in improving mental health literacy, reducing stigma and increasing helping behaviours through a partnership initiative of the Mental Health and Drug and Alcohol Service of Greater Western Area Health Service and the Central West Community College.
Mental Health First Aid			
Centre for Community Welfare Training, NSW	Orange	MH	Has been found to be effective in improving mental health literacy, reducing stigma and increasing helping behaviours through a partnership initiative of the Mental Health and Drug and Alcohol Service of Greater Western Area Health Service and the Central West Community College.

Cont.

Institution	Venue	Course Area	Description
Mental Health First Aid			
ORYGEN Youth Health / MHFA, VIC	Various	MH	Covers the mental health crisis situations of substance misuse.
Mental Health First Aid For Adolescents			
Centre for Community Welfare Training, NSW	Sydney Campus	MH	Covers the symptoms, possible causes and first aid steps for mental illnesses in adolescents: depression, anxiety disorders, psychosis, substance use disorders, deliberate self-harm.
Psychological Interventions and EarlyPsychosis			
ORYGEN Youth Health, VIC	ORYGEN Youth Health	MH	Includes an introduction to specialist cognitive-behaviour therapy (CBT) for persistent positive symptoms and comorbid conditions.
Working With Clients Who Self Harm			
Centre for Community Welfare Training, NSW	Liverpool Library	AOD	Explores self harmful behaviours that are often a result of emotional, physical and sexual abuse and are frequently complicated by alcohol and other drug problems.
Working With Hectic Street Drug Users			
Centre for Community Welfare Training, NSW	Association of Children's Welfare Agencies	AOD	Covers current street drugs (legal and illegal), their effects and harms; pharmaco-therapeutic (drug substitution) treatments; physical and psychological health problems and psychosocial intervention / counselling strategies.
Working With Hectic Street Drug Users			
Centre for Community Welfare Training, NSW	Campbelltown Arts Centre	AOD	Covers current street drugs (legal and illegal), their effects and harms; pharmaco-therapeutic (drug substitution) treatments; physical and psychological health problems and psychosocial intervention/ counselling strategies.

Distribution of Non-Accredited Courses across States / Territories

The distribution of non-accredited courses across states is shown in Figure 15. Non-accredited courses were located in all states except the Australian Capital Territory and Northern Territory. New South Wales (n=91) and Victoria (n=63) had the largest number of non-accredited courses, with similar proportions of AOD and MH courses offered in each of these states. New South Wales offered the largest number of non-accredited CM courses (n=9). South Australia had a larger proportion of non-accredited MH courses (n=20) relative to AOD courses (n=1). Western Australia offered AOD-related courses but no MH courses. Queensland only offered MH-related courses but no AOD courses.
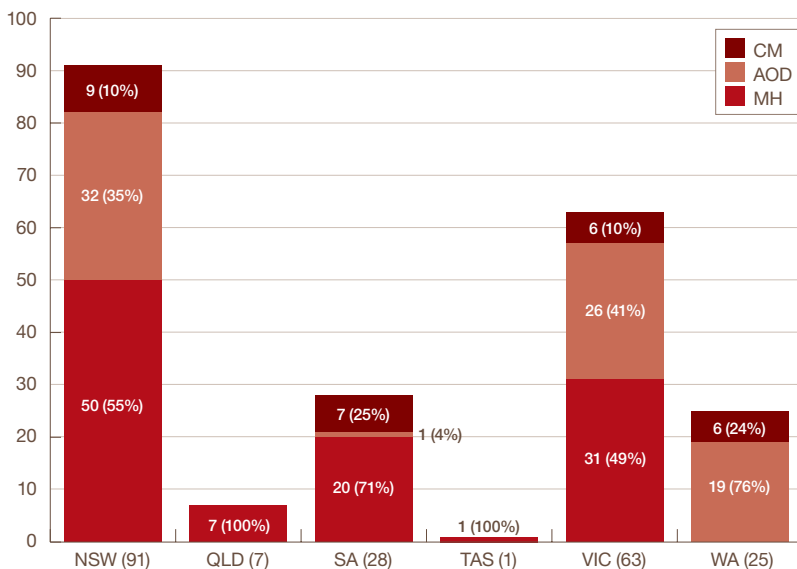
Figure 15: Number and Proportion of Non-Accredited AOD, MH and CM Courses Across Australia

The largest number of non-accredited CM courses was offered by New South Wales (n=9). South Australia offered seven courses, Victoria and Western Australia each offered six courses, and Tasmania offered one (Figure 16). No non-accredited CM courses were located in Queensland, the Northern Territory, or the Australian Capital Territory.

The distribution of institutions offering non-accredited courses across Australia by state is shown in Figure 17. The majority of institutions offering non-accredited courses were located in Victoria (n=11) and New South Wales (n=8).
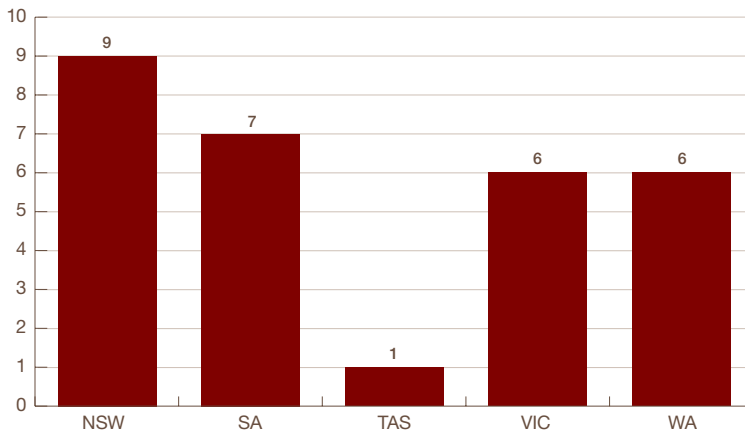
Figure 16: Number of Non-Accredited Comorbidity Courses by State
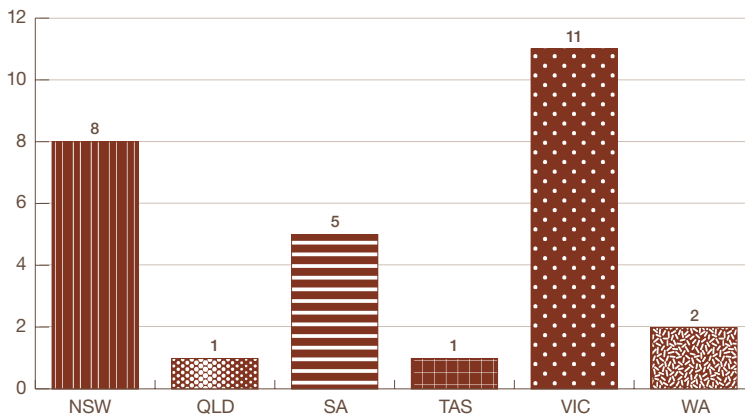
Figure 17: Number of Institutions Offering Non-Accredited AOD, MH and CM Courses

Types of Organisations / Institutions Offering Non-Accredited Courses

Non-accredited courses were mainly offered by RTOs or other institutions including government departments, non-government and private organisations (Table 16 and Figure 19). Forty-three percent of organisations offered MH-related courses only. One university and one TAFE offered non-accredited CM courses.

The majority of institutions offering non-accredited CM courses were identified as "other" and included non-government, government or private institutions (Figure 18).

Table 16: Number and Type of Institutions Offering Non-Accredited AOD, MH and/or CM Courses

Institution Type	AOD only	MH only	CM only	AOD, MH or CM	Total
TAFE	0	0	1	0	1
University	0	0	1	0	1
RTO	5	4	0	4	13
Other*	0	8	0	5	13

*Other = government departments, non-government and private organisations
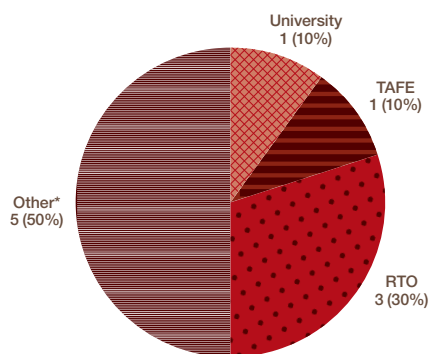
Figure 18: Number of Institutions Offering Non-Accredited Comorbidity Courses
*non-government, government or private institutions

Figure 19: Types of Institutions Offering Non-Accredited Comorbidity Courses
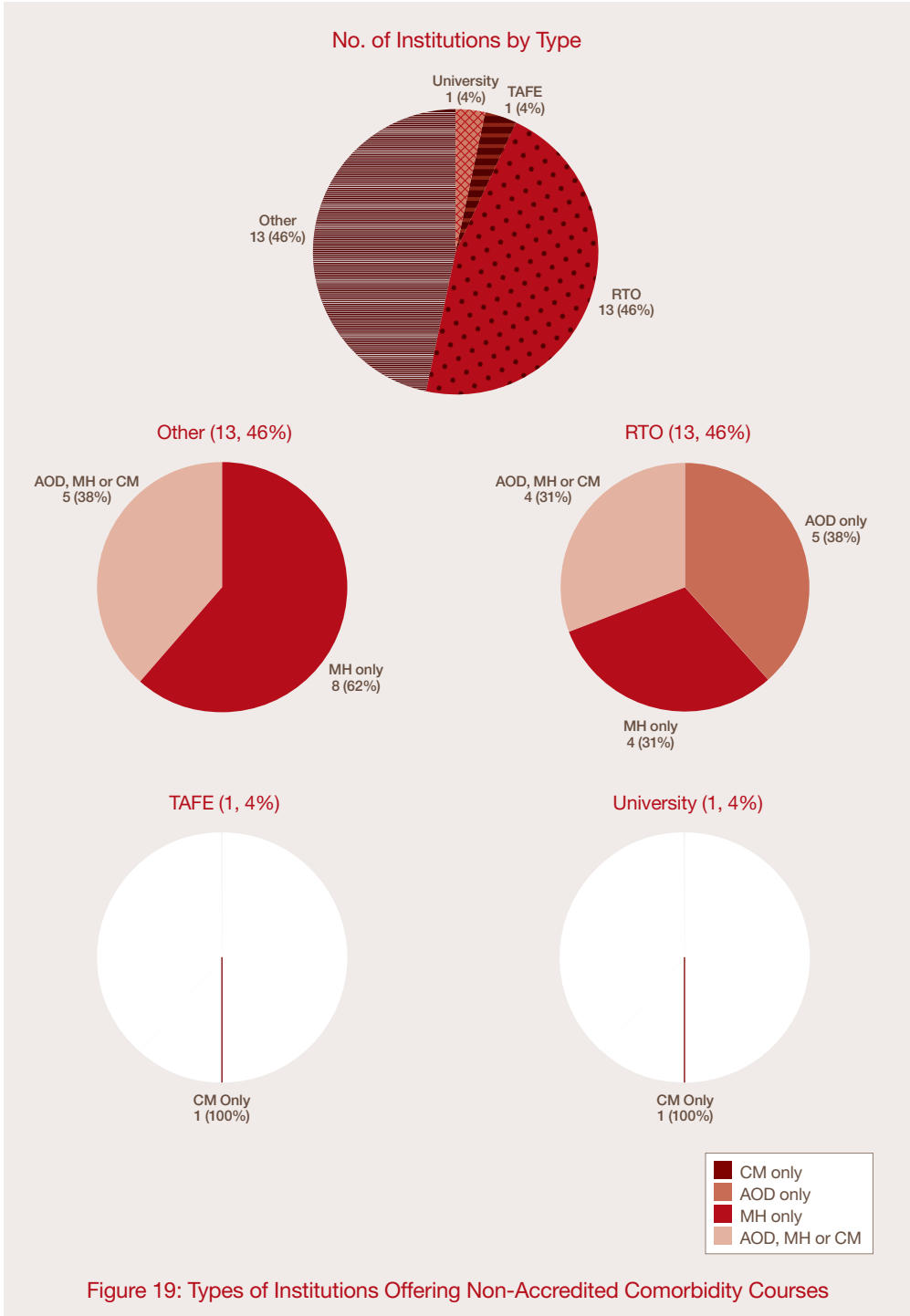
Mode of Delivery

Nearly all (95%) of the non-accredited AOD, MH and CM courses identified in this review were offered internally only (Figure 20). Only a small proportion of non-accredited AOD and MH courses were offered through flexible and external delivery. All 29 non-accredited CM courses were only offered through internal delivery.

Indigenous Courses and Content

Six non-accredited courses offered by two institutions, one in South Australia and one in Western Australia, were identified as relevant for Indigenous workers including Aboriginal health workers in mental health, alcohol and other drugs and community work (see Table 17). Two of these courses were CM-specific.
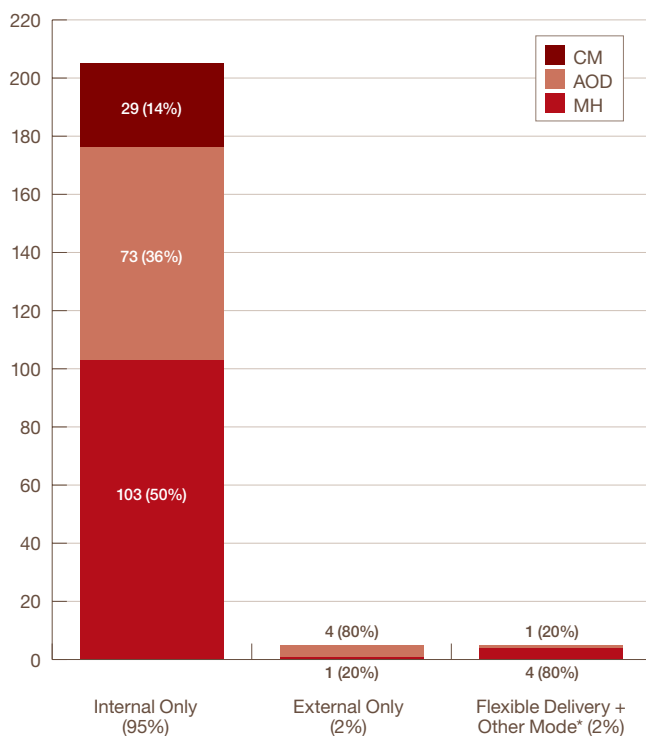
Figure 20: Proportion of Non-Accredited AOD, MH, and CM Courses by Delivery Mode
* Other: combination delivery

Table 17: Non-Accredited Courses Relevant to Working in Indigenous AOD / MH (n=6)

Institution	Content Area	Description
Drug and Alcohol Office (Next Step Specialist Drug and Alcohol Services), WA		**Talking about Alcohol Use With Women Before and During Pregnancy**
	AOD	Alcohol use before and during pregnancy can have permanent major physical, intellectual and psycho-social effects on children and families. It is preventable and there is a clear opportunity for the health and social services workforce to make a difference. The evidence consistently supports the role of health professionals in providing information, advice and support to assist women to reduce risk. Raising the issue with all women including Aboriginal women, brief intervention and brief motivational interviewing techniques will be explored in this workshop.
		Ways of Working with Aboriginal People: Part 1
	AOD	This knowledge-based training forms part of the Strong Spirit Strong Mind series. This training introduces models and concepts that provide an overview of the history of Aboriginal people including traditional life and family systems, colonisation and Aboriginal realities today. It explores the impact that history has had on alcohol and other drug use in the community and provides broad intervention frameworks based on empowerment principles.
		Ways of Working with Aboriginal People: Part 2
	AOD	This skills training is a follow on from Part 1. The session also forms part of the Strong Spirit Strong Mind series and builds on culturally secure models and concepts, and resources to respond to Aboriginal alcohol and other drug use.
Centre for Nursing and Midwifery Education and Research, SA		**Alcohol, Tobacco and Other Drug Use in Pregnancy, Birth and Breastfeeding - Clinical Focus**
	AOD	To provide up-to-date education for health professionals and other workers who care for women during their antenatal, birth and postnatal experience.
		Advanced Alcohol, Drugs and Mental Health Comorbidity 2 day workshop
	CM	To update and extend participants' understanding of effective clinical and practical interventions for client / patients with comorbidity based on evidenced-based practice and research.
		Introduction to Alcohol, Drugs & Mental Health Comorbidity
	CM	To promote awareness and increase understanding of mental health and alcohol and other drug comorbidity, and foster networking and collaboration amongst a diverse workforce.

Psychology Courses

Course Details

Data was also collected on psychology courses. The majority of psychology courses have a broad focus on mental health issues (with the obvious exception of clinical psychology courses where MH issues are predominant). A total of 590 psychology courses were located which were offered by 37 universities and one RTO across Australia. The largest proportion of psychology courses was located in Victoria (n=176, 30%), followed by New South Wales and Queensland (n=138, 23%; n=137, 23%, respectively). Table 18 presents data on the distribution of psychology courses by each state / territory in Australia.

Table 18: Psychology Courses by State

State/Territory	Number of Courses (%)
ACT	24 (4%)
NSW	138 (23%)
NT	4 (1%)
QLD	137 (23%)
SA	28 (5%)
TAS	9 (2%)
VIC	176 (30%)
WA	74 (13%)
Total	590 (100%)

Most psychology courses were offered at the postgraduate level (n=337, 57%) (see Table 19). A slightly smaller proportion of courses was offered at the undergraduate level (n=240, 41%). This is not unexpected, as the basic qualification required to become a registered psychologist is a Masters degree.

Table 19: Psychology Courses by Award Level

Award Level	Number of Courses (%)
Statement of Attainment	6 (1%)
University Certificate	4 (1%)
Diploma	3 (1%)
Bachelor (incl. Honours)	240 (41%)
Graduate Certificate	17 (3%)
Graduate Diploma	80 (14%)
Masters	113 (19%)
PhD	127 (22%)
Total	590 (100%)

The majority of psychology courses were only offered internally (n=486, 82%). Table 20 presents the proportion of psychology courses categorised by mode of delivery.

Table 20: Psychology Courses by Mode of Delivery

Delivery Mode	Number of Courses (%)
Internal only	486 (82%)
External only	14 (2%)
Flexible delivery only	6 (1%)
Internal, External	84 (14%)
Total	590 (100%)

Comorbidity Courses and Content

A search of the psychology course database for comorbidity or alcohol and other drugs content identified only six courses in total. One Western Australian university (Edith Cowan University) provided an opportunity to major in both Psychology and Addiction Studies simultaneously, offering units / subjects related to both streams but none that were specifically focused on comorbidity (see Table 21). The remaining five courses are described in their promotional literature as providing career opportunities in the AOD field (see Table 22).

Table 21: Psychology Courses with AOD and MH Specific Content (n=1)

Award	Institutions	Description
Bachelor of Arts (Psychology and Addiction Studies)		
Bachelor	Edith Cowan University, WA	Provides graduates in the addiction studies field with a strong psychological focus and provides a complementary addition to the area and prepares students for work in education, prevention and treatment programmes in the alcohol, tobacco and other drug fields.

Table 22: Psychology Courses With Explicit AOD Content (n=5)

Award	Institutions	Description
Bachelor of Science (Psychology)		
Bachelor	Australian National University, ACT	Leads to career opportunities including community work such as drug and alcohol counselling and youth work, or careers in industry such as human resource management, industrial relations, or market research.
Bachelor of Behavioural Science (Psychology) / Bachelor of Laws		
Bachelor	Queensland University of Technology, QLD	Equips you to work in areas such as mental health, drug and alcohol prevention and intervention and in the development and delivery of community services, counselling and family-centred intervention.
Bachelor of Science (Psychology) Honours		
Bachelor (Hons)	Australian National University, ACT	Leads to career opportunities including community work such as drug and alcohol counselling and youth work, or careers in industry such as human resource management, industrial relations, or market research.
Master of Clinical Psychology		
Master	University of Queensland, QLD	Develops expertise in the assessment, diagnosis, treatment and prevention of a broad range of emotional and behavioural problems including anxiety, depression, stress, substance addiction and abuse, adjustment to physical illness, relationship difficulties and learning disabilities.
Master of Psychology (Health)		
Master	Monash University, VIC	Prepares graduates to practise as health psychologists in a range of settings including hospitals and clinics, community health centres, disability services, alcohol and drug agencies, workers compensation systems, rehabilitation agencies, health education organisations, cancer councils, schools and private practice.

Indigenous Courses and Content

Two psychology courses containing Indigenous content were located (Table 23). One course was specifically designed to prepare graduates for working with Indigenous communities.

Table 23: Psychology Courses with Indigenous Content (n=2)

Award	Institutions	Description
Psychology (Indigenous)		
Bachelor	James Cook University, QLD	The Bachelor of Psychology (Indigenous) is the only program of its kind in Australia and it has been developed in response to the need for people trained in psychology who have an awareness and understanding of Indigenous issues. The course prepares graduates to work in rural and urban Indigenous communities as psychologists or in allied health or community development roles.
Arts (Psychology and Humanities)		
Bachelor	Monash University, VIC	The Bachelor of Arts (Psychology and Humanities) provides students with an understanding of psychology and an appreciation of the role it plays in society, in combination with studies in humanities and social sciences. Students complete a major in psychology (studied through off-campus learning) and an arts major chosen from history-politics, Indonesian, Australian Indigenous studies, communications, sociology or writing.

Chapter 4:
SUBMISSIONS

This review of AOD, MH and CM courses currently available in Australia was further supplemented by a call for submissions from interested parties. The call for submissions resulted in six written and three telephone submissions. The small number of submissions limits the interpretation and weight that can be placed on the content and opinions expressed. Nonetheless, the submissions generated considerable comment of interest and relevance. While opinions expressed were largely congruent, there were some points of divergence (see Table 24).

Comorbidity Content

The submissions acknowledged the growing recognition of the need to address comorbidity. Overall, it was considered that a lack of adequate attention had been directed to comorbidity in MH courses. A range of deficits was highlighted in relation to comorbidity courses (see below).

Strengths Identified

Numerous strengths were identified in relation to the AOD and MH courses that are currently available. AOD courses in particular were reported to reflect expert input in course content, structure and delivery. Two submissions reported AOD courses to effectively equip people to work in the area from a multi-disciplinary, evidence-based perspective spanning a range of theoretical models. The availability of some AOD courses by distance learning in remote areas was highlighted. The practical emphasis in MH courses was also noted positively (e.g., strategies for engaging clients, risk assessment, treatment and management).

Deficits

Notwithstanding the identification of considerable strengths in current courses, deficits were also reported. Two submissions indicated that too few MH courses were available and that such courses that were available focused on illness, with a medical model dominating courses to the detriment of a systemic and holistic approach to mental health. MH courses were also held to be insufficiently preventative in their approach. In addition, the traditional split between child and adult mental health appeared to dominate, leaving the transitional issues of adolescents largely overlooked. Increased emphasis on adolescent MH was highlighted as a priority area warranting substantially greater attention than it had received to-date.

Although courses were available at all levels from Certificate through to undergraduate, pre-registration and postgraduate courses, there was not always adequate coverage at all levels across all disciplines. For example, a lack of specific skills training at the undergraduate level was noted. In a number of submissions it was felt that tertiary graduates had insufficient understanding of case-management, record-keeping and models of service. Specific issues relating to Hepatitis C were also reported to be inadequately covered in MH courses, particularly given the high prevalence of Hepatitis C amongst current and past injecting drug users and the high rates of depression amongst sufferers.

In two submissions, the view was expressed that insufficient attention and training was provided in relation to maintaining boundaries with clients to ensure professional and ethical conduct. Insufficient weight was thought to be given to the 'stages-of-change' model in one response, and that worker self-care and prevention of burnout was not adequately addressed. Worker wellbeing was also thought to be given insufficient attention. The need for the latter area to be addressed corresponds with NCETA's findings in its research on worker stress and burnout (Duraisingam, Roche, Pidd, Zoontjens, & Pollard, 2007; Skinner & Roche, 2005).

In three submissions, non-clinical AOD staff felt that a bio-psychosocial orientation was not sufficiently acknowledged and valued. Some felt that the medical model was inappropriately dominant, with an emphasis on diagnosis and specific treatments, and that MH practitioners were on occasion condescending towards those of a non-medical orientation. There was also criticism of what was perceived to be an inappropriately uniform approach to MH and AOD issues. The impact of drug pharmacology on mental functioning and the relevance of harm reduction models and maintenance regimes were not considered to be applied well to the area of comorbidity.

AOD and MH Integration

In terms of integration of MH and AOD topics, the view was expressed in three submissions that little attempt had been made to achieve this, but that it should be fundamental to course construction in both areas. The point was made that in the Certificate IV of Mental Health Practice, AOD-related units are only available as electives, as is one AOD unit in the Certificate IV in Alcohol and Other Drugs Work. One submission acknowledged that Certificate courses can be customised, but highlighted that best practice guidelines recommend units should integrate content.[23]

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[23] The Community Services and Health Industry Skills Council are currently exploring this issue in a project entitled, "Articulation Models to Mental Health" (Workplace Research Centre, Ford, & CS&H ISC, 2007).

Rural and Remote Needs

An observation in common across submissions was that rural and remotely located persons are afforded insufficient opportunities for training in their own regions, and that for NGO staff the cost to travel to training is often prohibitive. Moreover, distance learning was not always considered adequate, as in-person training is required to develop some skill sets. One submission maintained that many Registered Training Organisations and the majority of TAFEs that could deliver such courses were not doing so.

Summary of Submissions

The following key themes and areas warranting attention emerged from the submissions process:

1. Financial support and scholarships and funding for staff backfill for NGO workers.

2. Rewards and recognition need to be linked to training.

3. Better promotion and marketing of courses, targeting sections of the workforce for particular courses.

4. A nationally consistent approach across AOD and MH sectors to facilitate consistency and workforce development.

5. Greater emphasis on skills transfer to practice and change management training, leadership development and competency based training.

6. Mandatory comorbidity training for workers in the MH and AOD sectors.

7. Articulation of courses to match students and their training needs to specific work environments.

8. Greater availability of distance education, especially for remote and rural workers.

9. More short, intensive training courses.

10. Improved strategies to recruit and retain qualified and experienced staff to optimise the investment made in training new staff.

Table 24: Content of Submission Themes

	AOD Courses	MH Courses	AOD/MH Comorbidity Courses
Perceived strengths	• Development of relevant skills that equip people to work more effectively in the field • Standardisation in content • Content, structure and delivery reflective of expert input • Availability of courses in some remote areas via distance-learning • Multidisciplinary and evidence-based in content	• Focus on practical strategies for engagement, risk assessment, treatment and management • Provision of information and material about common MH problems, diagnosis and treatment • More courses available to non-government sector	• Increased awareness of importance & necessity • Integration of AOD & MH • Provision of strategies to address AOD/MH comorbidities in clients
Perceived deficits	• Tertiary courses with insufficient emphasis on case-management, record keeping, data entry & service models • Inadequate training on ethical and professional conduct • Treatment approaches not sufficiently varied • Lack of emphasis on MH issues, stages-of-change model, Hepatitis C • Limited focus on worker health and wellbeing • Knowledge deficits in: - Pharmacology - Street names - Poly-drug use - Policy continuum (harm minimisation, federal & state policies) - Referral pathways - Case-management across services - Working with children, families, women and young people	• Few courses available • Lack of a systemic / holistic approach (over-emphasis on illness) • Lack of focus on adolescents' needs • Insufficient mental health skills training in undergraduate courses • Limited emphasis on comorbidity issues • Tertiary courses with insufficient emphasis on case-management, record keeping and service models • Inadequate training on the impact of AOD use on wellbeing • Lack of Hepatitis C content	• Very few courses offered (AOD & MH still largely taught separately) • Perceived condescending approach from clinicians in training events towards non-clinical staff • Medical model dominates training content – alienation of AOD workers • Insufficient coverage of treatment approaches • Lack of Hepatitis C content • Harm reduction, maintenance / management regimes not applied well to comorbidity • Limited focus on worker health and wellbeing

Cont.

	AOD Courses	MH Courses	AOD/MH Comorbidity Courses
General comments	• Information within courses needs to be appropriate to the levels at which different people work within the AOD field • Greater recognition, and inclusion in training, of the complex needs of many AOD clients (not only MH issues, but also homelessness, trauma, grief and loss, managing aggression, legal issues)	• No specific recommendations were suggested for MH courses	• Industry-relevant competency-based training in comorbidity to be mandatory for all health & community service workers • Strengthen approaches to evaluation • Comorbid training required to complement change management, leadership development and competency-based training

Chapter 5:
DISCUSSION

This review of accredited and non-accredited AOD, MH and CM training opportunities in Australia identified a range of strengths and weaknesses in the current provision of training options. The review covered the period July 2007 to June 2008. During the review process it was noted that new courses, particularly in the CM area, were under development. Hence, there may be newly emerging courses that have not been captured here. In addition, examination of non-accredited courses was limited to the 12 month time period July 2007 to June 2008. Non-accredited courses are by their nature short-term and transient, and there is no guarantee that the courses listed are still running. The information presented in this report is therefore likely to be conservative and may underestimate available training opportunities in AOD, MH and CM.

A total of 1192 courses in all were included in the databases established for this review. This included 387 accredited courses (158 AOD, 218 MH and 11 CM), 215 non-accredited courses (78 AOD, 108 MH and 29 CM), and 590 psychology courses. Among the suite of AOD, MH and CM courses identified were 88 courses with Indigenous content, 33 of which were Indigenous-specific courses.

Comorbidity Courses and Content

This review found a total of 63 CM courses. That is, a substantial number of courses were available that specifically addressed CM issues. Among these 63 courses 11 were accredited CM courses and 29 were non-accredited courses. In addition, a further 11 accredited courses and 12 non-accredited courses also contained some CM content. Among the CM-specific courses, few were available via flexible delivery; thus, curtailing their potential reach. Moreover, the provision of CM courses was not evenly distributed across the country. Some jurisdictions had substantially greater access to CM courses than others.

Comparatively few established AOD or MH courses were identified that offered 'integrated' CM; that is, where CM content had been integrated into the teaching programs of existing courses. Considerable scope therefore appears to exist for this to occur with relative ease and at comparatively low cost. As noted, it is feasible if not likely that more courses than were identified here contained

integrated CM content but were not advertised or promoted as containing such content.

Encouragingly, available CM courses were offered across a wide range of levels from the basic Statement of Attainment through to the Graduate Diploma level but most were concentrated at the lower end of the academic award continuum. Provision of courses across this wide range of levels reflects the diverse levels of expertise and needs of workers in the field. Concentration of the CM courses at lower academic and skill levels reflects the newness of this field. It also highlights that training efforts currently cater predominantly for the beginner or offer more rudimentary courses. This indicates a need to plan for further and more advanced levels of training that will be required by the workforce as they master the basic knowledge and skills in the CM area and need to progress to more sophisticated levels. At present, there appears to be few options for the more advanced learner.

AOD and MH Courses

There was substantial provision of courses in both the AOD and MH areas among the accredited courses with a total of 158 AOD and 218 MH accredited courses on offer. These courses were provided across a wide range of award levels, reflecting the diverse training needs and roles of workers in these areas.

A notable finding of the review was the substantially larger proportion of MH courses that were available compared to AOD courses. In many jurisdictions, the difference was of the order of two to three times as many MH courses compared to AOD courses. It is difficult to assess whether this difference is a matter for concern or not as there are likely to be considerably more workers for whom MH courses would be applicable. However, it does warrant closer examination at the level of the individual jurisdictions.

Perhaps more importantly, it was found that MH courses were generally offered at a higher academic level than AOD courses. The latter were concentrated at the Certificate IV level, while the MH courses were concentrated at the postgraduate level. The preponderance of AOD courses at the Certificate IV level and below may be indicative of several

factors including the non-professional background and lower educational levels of a substantial proportion of AOD workers, and also of attempts in some jurisdictions to introduce the Certificate IV as a minimum qualification for AOD workers. This discrepancy in the distribution of AOD and MH courses by academic level reflects the long standing, but changing, tradition of the AOD workforce being populated by workers without formal professional training. It is also a reflection of the non-scientific background from which the AOD field has emerged. Again, it is noted that this is rapidly changing and the AOD field has had an exponential growth in its scientific knowledge base.   It may also indicate a high level of staff turnover resulting in the need for a continual emphasis on courses at the introductory and lower academic levels.

The substantial provision of both AOD and MH courses was encouraging to find and it also augurs well for the opportunity for cross disciplinary exchange and professional development. That is, multiple options were identified for workers in the MH area to undertake AOD training and vice versa. Considerable scope exists to encourage workers in both the AOD and MH field to undertake training in the alternate area, thus more fully exploiting training opportunities that currently exist.

Delivery Mode

An important limitation identified was the lack of widespread delivery of courses via distance education mode. For example, only 21% of accredited AOD courses were available via flexible delivery. Such a limitation is particularly important for workers in rural and remote areas, and also for workers who have difficulty accessing locally available courses due to constraints such as time, travel and childcare responsibilities that preclude attendance at after-hours courses. The need for greater provision of courses by flexible delivery mode is highlighted as an important outcome of this review. Flexible delivery will not, however, address all training needs as some skills require face-to-face contact.

Training Guidelines

Over the past decade, training guidelines have been developed in a number of key AOD areas (for example, training guidelines were developed for Methadone training) particularly where clarity and national consistency was required. It is noted that no CM training guidelines have been developed to-date. This is highlighted as an area that warrants immediate attention. As well as identifying priority learning areas and specifying educational and teaching approaches, training guidelines can indicate ways to achieve a link between the educational experience and the treatment and service providers' needs.

Training Resources

Scant CM training resources were identified. In contrast, a substantial array of AOD training resources and materials now exists. The latter have been developed over the past one to two decades. Similar efforts are required in relation to CM training. Lack of CM training resource materials is largely a reflection of the newness of the CM area. Resources directed in a strategic and planned fashion toward the development of training resources will increase efficiency and enhance prospects for trainers to develop and deliver appropriate training courses and for learners to engage in self-directed and on-going professional development in this area.

*I*ndigenous Content / Courses

Courses included in this review were also examined to determine whether their course descriptions specified that they contained content pertaining to or specifically focused on Indigenous issues. This was considered an important area to assess as higher levels of CM exist among Indigenous Australians, and are often not well addressed. It was encouraging to note that of the 1192 courses reviewed, 88 of these contained some content relevant to Indigenous AOD, MH or CM issues and 33 courses were specifically relevant to Indigenous people. Of the 387 AOD, MH and CM accredited courses, 80 courses (or 21%) contained Indigenous content.

*P*sychology Courses

In undertaking this review of AOD, MH and CM courses a database of available psychology courses offered at the undergraduate and postgraduate levels was created. A large number of psychology courses (590) were identified. A similar examination of other key disciplines such as social work, nursing and medicine is warranted – but was beyond the parameters of the present review.

The majority of psychology courses were offered at the postgraduate level (57%) and by internal delivery (82%). The existence of a large number of psychology courses provides opportunity to incorporate AOD, MH and CM content without the challenge, cost and delays involved in establishing completely new courses. While these courses can provide a suitable vehicle for high quality, focused, accredited study for students in related disciplines the current review found only six courses (out of a total of 590) that indicated that they included AOD content.

Need for a Nationally Coordinated and Consistent Approach[24]

One of the most important findings of the review was the lack of a nationally consistent or coordinated approach to AOD, MH or CM training. There may be divergent views regarding the need for, or appropriateness of, national consistency. Some may argue that there are important jurisdictional variations that should take precedence over any attempt at consistency. Unquestionably however, there are inefficiencies that result from the current system of ad hoc and eclectic courses. However, no mechanisms currently exist that allow exploration of this issue or that would assist national coordination efforts. This is highlighted as a major deficit and one that could be readily addressed by relevant national policy making bodies. Improvements in this area would offer a wide range of benefits including better and more economical use of limited resources. It would also allow attempts to be made to benchmark performance and the introduction of nationally consistent minimum standards.

In summary, this review of the provision of CM training opportunities in Australia yielded information on a substantial number of courses that were offered at various levels and that catered for the diverse workforces involved. Similarly, a substantial number of AOD and MH courses were also offered. Australia clearly has invested a degree of effort into the training aspect of WFD over recent years as evidenced by the findings in this report. There are however some notable gaps and deficits in the current status of training. Such deficits can most readily be rectified by a nationally coordinated approach based on the establishment of consensus-based training goals and guidelines. Most requisite steps to achieve this are relatively inexpensive and logistically straightforward. A set of 20 recommendations is outlined in the Executive Summary of this report that depict specific steps that need to be undertaken to achieve further progress in this area.

[24] There is a variety of levels at which national coordination, if not consistency, could be facilitated. For example, in the United States of America a key WFD strategy for professional development and dissemination involves their Addiction Technology Transfer Centers (ATTCs) http://www.attcnetwork.org/index.asp

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Appendices

*A*ppendix 1:

Australian Qualifications Framework (AQF)

Through the AQF, the Community Services and Health Industry Skills Council (CSHISC) oversees the delivery of CHC02 Community Services Training Package which includes Certificate IV in Alcohol and Other Drugs Work (CHC41702), Diploma of Alcohol and Other Drugs Work (CH51102) and Certificate IV in Mental Health Work (Non-clinical) (CHC41102) (CSHISC, 2007).

Competencies in the Alcohol and Other Drug and Mental Health Sector

The CSHISC defines the Certificate IV in Alcohol and Other Drugs Work (CHC41702) qualification as the appropriate skills and knowledge base required for support and/or care workers who provide a range of services and interventions to clients with AOD issues. Workers with this qualification should be able to work autonomously under the broad guidance of others in settings such as community based organisations, residential rehabilitation services and outreach services. Workers at this level are also required to have an understanding of Indigenous culture and history and to work with local communities in the provision of services.

The Certificate IV in Alcohol and Other Drugs Work core competencies includes:

CHCAOD2C — Orientation to the alcohol and other drugs sector

CHCAOD6C — Work with clients who are intoxicated

CHCAOD8C — Assess the needs of clients who have alcohol and/or other drugs issues

CHCCOM3C — Utilise specialist communication skills to build strong relationships

CHCCS301A — Work within a legal and ethical framework

CHCCS401A — Facilitate cooperative behaviour

CHCCS402A — Respond holistically to client issues

CHCCS405A — Work effectively with culturally diverse clients and co-workers

CHCOHS301A — Participate in workplace safety procedures

CHCORG5B — Maintain an effective work environment

CHCNET4A — Work with other services

The Diploma of Alcohol and Other Drugs Work (CH51102) is a qualification which requires high level specialist knowledge, skills and competencies especially in regard to laws affecting clients, the range of services available to them and health issues related to alcohol and drug use and misuse. Students are introduced to various skills including counselling, referral to other services, client advocacy and education/health promotion. Similar to the Certificate IV, workers at this level are required to have an understanding of Indigenous culture and history and be able to engage with local communities.

The Diploma of Alcohol and Other Drugs Work core competencies includes:

CHCAD1C — Advocate for clients

CHCAOD10A — Work with clients who have alcohol and/or other drugs issues

CHCAOD11A — Provide advanced interventions to meet the needs of clients with alcohol and/or other drug issues

CHCAOD8C — Assess the needs of clients who have alcohol and/or other drugs issues

CHCCOM3C   Utilise specialist communication skills to build strong relationships

CHCCS402A   Respond holistically to client issues

CHCCS405A   Work effectively with culturally diverse clients and co-workers

CHCCWI3B   Work with clients intensively

CHCMH1B   Orientation to mental health work

CHCNET4A   Work with other services

CHCORG28A   Reflect and improve upon professional practice

CHCOHS301A   Participate in workplace safety procedures OR

CHCOHS401A   Implement and monitor OHS policies and procedures for a workplace

The Diploma of Alcohol and Other Drugs Work is the only TAFE qualification which mandates some inclusion of MH content in the core curriculum, through the topic CHCMH1B: Orientation to mental health work. Certificate level AOD students must individually nominate to undertake one or more electives in MH.

The Certificate IV in Mental Health Work (Non-clinical) (CHC41102) includes:

CHCMH1B   Orientation to mental health work

CHCCS9A   Provide support services to clients

CHCMH4C   Provide non-clinical services to people with mental health issues

CHCCOM3C   Utilise specialist communication skills to build strong relationships

CHCCS301A   Work within a legal and ethical framework

CHCOHS401A   Implement and monitor OHS policies and procedures for a workplace

CHCCS402A   Respond holistically to client issues

CHCCS405A   Work effectively with culturally diverse clients and co-workers

CHCNET4A   Work with other services

CHCCS403A   Provide brief intervention

CHCCS501A   Assess and respond to individuals at risk of self-harm or suicide

Cross-Sectoral Qualification Linkages

Higher Education Sector	Vocational Education & Training Sector
Doctoral Degree	
Masters Degree	
Graduate Diploma	Vocational Graduate Diploma
Graduate Certificate	Vocational Graduate Certificate
Bachelor Degree	
Associate Degree / Advanced Diploma	Advanced Diploma
Diploma	Diploma
	Certificate IV
	Certificate III
	Certificate II
	Certificate I

Schools Sector: Senior Secondary Certificate of Education

Legend:
- Schools Sector
- Vocational Education & Training Sector
- Higher Education Sector

Definitions

What is an RTO?

An RTO is an organisation, registered in accordance with the Australian Quality Training Framework (AQTF) Standards for Registered Training Organisations, to provide specific vocational education and training and/or assessment services. RTOs may include TAFE institutes, private providers, community providers, schools, higher education institutions, industry organisations and enterprises. Across Australia, there are over 4,100 RTOs operating.

Source: www.training.com.au

Accredited Courses

Courses will only be accredited for national recognition where no national Training Package qualification exists. The course must meet the standards outlined in the Standards for State and Territory Registering / Course Accrediting Bodies and the Guidelines for Course Developers. Accreditation is approved by a state or territory course accrediting body. An accredited course must be delivered by a registered training organisation for recognition under the Australian Qualifications Framework.

Source: www.training.com.au

There are two types of accredited courses:

- courses that result in an Australian Qualifications Framework qualification - these are referred to as 'Certificate II in…', or 'Diploma of…';

- courses that result in an Australian Qualifications Framework Statement of Attainment and are not complete qualifications - these are referred to as a 'Course in…'.

Higher Education

In Australia, Higher Education is the sector that offers university-level education that is at a degree-level and above. The Commonwealth, State and Territory government share responsibility for the sector. In the Australian Qualification Framework (AQF), higher education courses are those leading to the award of Associate Degree, Bachelor's Degree, Graduate Certificate, Graduate Diploma, Master's Degree or Doctoral Degree. Some courses leading to the award of a Diploma or Advanced Diploma may also be accredited as higher education. Almost all higher education in Australia is offered by universities. A small but growing number of non-university providers and overseas institutions also offer accredited higher education courses.

Source: http://www.deet.nt.gov.au/education/higher_education/

Doctoral Degree

The Doctoral degree recognises a substantial original contribution to knowledge in the form of new knowledge or significant and original adaptation, application and interpretation of existing knowledge.

This substantial and original contribution to knowledge may take the form of:

- a comprehensive and searching review of the literature;
- experimentation;
- creative work with exegesis;
- other systematic approaches; or
- advanced, searching and expansive critical reflection on professional theory and practice

Masters Degree

The Masters degree provides a mastery or high-order overview of a relevant field of study or area of professional practice.

Graduates of a Masters degree possess a range of academic and vocational attributes such as:

- advanced knowledge of a specialist body of theoretical and applied topics;
- high order skills in analysis, critical evaluation and/or professional application through the planning and execution of project work or a piece of scholarship or research;

- creativity and flexibility in the application of knowledge and skills to new situations; and
- the ability to solve complex problems and think rigorously and independently.

Graduate Certificate and Graduate Diploma

Graduate Certificates and Graduate Diplomas are generally designed for specific vocational purposes, either the broadening of skills and knowledge already gained in an undergraduate program, or vocational skills and knowledge in a new professional area.

They typically follow a Bachelor Degree or Advanced Diploma and may also be accessed in part by recognition of prior learning.

Bachelor Degree

The Bachelor degree provides initial preparation for professional careers and postgraduate study. Graduates of a Bachelor degree possess a range of academic and vocational attributes such as:

- an understanding of a systematic and coherent body of knowledge and its underlying principles and concepts;
- Communication and problem solving skills;

- the ability to undertake research, analyse information and apply knowledge and techniques learnt within an academic or professional context;

- skills for self-directed and lifelong learning; and

- interpersonal and teamwork skills appropriate to employment and/or further study.

Associate Degree

MCEETYA has endorsed a new qualification of Associate Degree in the Australian Qualifications Framework, accredited through Higher Education processes in accordance with MCEETYA's National Protocols for Higher Education Approval Processes.

The new qualification will be offered by universities and other self-accrediting higher education providers, and other providers including TAFEs and private VET providers, meeting these requirements. All approved providers are listed on the AQF Register of Recognised Education Institutions and Authorised Accreditation Authorities in Australia.

Diploma and Advanced Diploma

Diplomas and Advanced Diplomas prepare candidates for self-directed application of skills and knowledge based on fundamental principles and/or complex techniques. These qualifications recognise capacity for initiative and judgment across a broad range of technical and/or management functions.

The Advanced Diploma is a more specialised qualification and signifies skill and knowledge of a greater complexity and a higher level of personal accountability than is required at a Diploma level.

Diplomas and Advanced Diplomas may be gained through a wide range of pathways, and programs of varying lengths, according to which education and training sector issues the qualification.

Pathways include:

- work-based and/or institution-based training; and

- recognition of prior learning (which may include training programs or an accumulation of short courses).

Certificates I - IV

Certificates I - IV prepare candidates for both employment and further education and training.

Certificates I and II are largely new qualifications recognising basic vocational skills and knowledge and Certificates III and IV largely replace the outdated category of trade certificates.

Certificates I - IV:

- recognise skills and knowledge that meet nationally endorsed industry / enterprise competency standards as agreed for those qualifications by the relevant industry, enterprise, community or professional group;

- include preparatory access and participation skills and knowledge such as:

  · literacy and numeracy;

  · communication skills;

  · working in teams;

  · workplace technology; and

  · industry specific competencies, of increasing complexity and personal accountability at each level of the Certificate qualification; and

- may be gained through a wide range of pathways, including: Australian Apprenticeships (including traineeships); work-based and/or school/institution-based training; and recognition of prior learning (which may include training programs or an accumulation of short courses).

Statement of Attainment

The definition of the Statement of Attainment has been revised as follows:

A Statement of Attainment is issued by a Registered Training Organisation when an individual has completed one or more units of competency from nationally recognised qualification(s) / courses(s) (revised 2007).

Appendix 2:

Internet Search Sites

The following websites were searched between August 2007 and February 2008 for all accredited courses in AOD, MH and CM. Additional data and clarification was gained via telephone / email communications with training providers.

Australian Qualifications Framework Register

http://www.aqf.edu.au/register.htm

University Courses

http://www.australian-universities.com/directory/universities-in-australia/

http://www.goingtouni.gov.au/CourseFinderSearch.htm

TAFE Courses

http://www.australian-universities.com/colleges/list.php

http://www.cit.act.edu.au/study/choose/programs/

http://www.tafensw.edu.au/howex/simpleSearch.do

https://www.batchelor.edu.au/

http://www.tafe.qld.gov.au/dds/open.do

http://www.tafesa.edu.au/Default.aspx?tabid=684

http://www.tafe.tas.edu.au/courses/index.htm

http://www.tafe.vic.gov.au/TAFECourses/

http://www.education.vic.gov.au/tafecourses/search/Courses/Advanced.asp

http://psc.tafe.wa.edu.au/TAFEWACourseSearch/courseSearch.aspx

RTO Courses

http://www.ntis.gov.au

http://www.training.com.au

http://www.det.act.gov.au/publicat/arc/ACT_HigherEducationRegister.pdf

https://www.det.nsw.edu.au/hew/navigator.do?command=goToSearch

http://www.deet.nt.gov.au/education/higher_education/providers.shtml#

http://education.qld.gov.au/strategic/accreditation/courses/higher-education/accredited-courses.html

http://www.training.sa.gov.au/OVETorgs/pages/default/providers/

http://www.tqa.tas.gov.au/1672

http://www.eduweb.vic.gov.au/highered/search/

http://www.des.wa.gov.au/files/pdf/aqfregister.pdf

Psychology Courses

http://www.apac.psychology.org.au/
Courses.aspx?ID=1045

Other Websites

http://jobsearch.gov.au

http://www.myfuture.edu.au/

http://www.courses.com.au

http://www.seeklearning.com.au/

http://www.shortcourses.vic.gov.au/

$\mathcal{A}$ppendix 3:

Submission Pro-forma

Mental Health (MH), Alcohol and Other Drug (AOD) and MH/AOD Comorbidity Courses in Australia

Cover Sheet

Please complete the coversheet and forward with your submission to the review.

Instructions

Please address the key themes and questions below in your submission, providing comments or examples where relevant / applicable.

Theme 1: Content of courses

1. What strengths do you see in the content currently covered in

   - Mental Health courses?

   - AOD courses?

   - Comorbidity courses (i.e. those courses that specifically address the needs of those with both mental health and alcohol and other drug use issues)?

2. What deficits are apparent?

   - AOD courses

   - Mental Health courses

   - Comorbidity courses

3. How well do courses integrate mental health and AOD topics?

Theme 2: Accessibility and geographical coverage of courses

1. Are there geographical regions (specify) inadequately covered if a student wishes to attend a course in person?

2. Comment on whether you perceive entry pre-requisites to be appropriate.

   - AOD courses

   - Mental Health courses

   - Comorbidity courses

Theme 3: What recommendations would you like to make for future actions and directions to address training needs of AOD and mental health workers not currently met?

Mental Health and Alcohol and Other Drug Courses in Australia

Submission Coversheet

TYPE OF SUBMISSION *(TICK ONE)*:

individual

❏ ORGANISATIONAL

❏ OTHER ....*(PLEASE SPECIFY)*

Title (Dr/Prof/Mr/Mrs/Ms/Miss):

Name :

Name of organisation *(if applicable)*:

Contact person *(if applicable)*:   Authorised by *(if applicable)*:

Postal address:

Contact number :   E-mail address:

Is all or part of your individual or organisational submission to be kept confidential?

❏ No

❏ Yes – all

❏ Yes – part (indicate in submission which part)

Which stakeholder groups do you belong to or are writing on behalf of?

❏ Client/consumers	❏ Mental health worker	❏ AOD worker
❏ Youth worker	❏ Welfare worker	❏ Tertiary student
❏ Educator/trainer	❏ Policy advisors	❏ Manager
❏ Police	❏ Emergency services	❏ Community organisations

❏ Other ....*(please specify)*

*A*ppendix 4:

Submissions Received

Written

1. Network of Alcohol and Other Drug Agencies (NADA).

2. School of Medicine and Public Health, University of Newcastle.

3. CentaCare ACT / Goulburn.

4. Mental Health Coordinating Council (MHCC) on behalf of Community Mental Health Australia.

5. ORYGEN Research Centre, Department of Psychiatry, University of Melbourne.

6. Hepatitis C Council of Western Australia.

Oral

7. Offenders Aid and Rehabilitation Services of South Australia (OARS)

8. South Australian Network of Drug and Alcohol Services (SANDAS)

9. Victorian Alcohol and Drug Association (VADA).

*A*ppendix 5:

Accredited AOD Courses

119 AOD courses are listed below. This is less than the number shown in the report as some courses are offered in more than one location and multiple locations are not shown below (see the electronic database for full details of all courses).

*   Courses identified as having some Indigenous content.

*   Courses identified as Indigenous-specific courses.

State	Institution	Award Level	Course Title
ACT	Axis Development Inc	Certificate IV	Alcohol and Other Drugs Work *
	Canberra Institute of Technology	Certificate IV	Alcohol and Other Drugs Work
		Diploma	Alcohol and Other Drugs Work
NSW	Aboriginal Health College	Certificate III	Community Services Work (focus on Aboriginal Alcohol and Other Drugs) **
		Certificate IV	Alcohol and Other Drug Work **
		Statement of Attainment	Competency Cluster 4: Foundation Skills Alcohol and Other Drug Work **
		Other	Competency Cluster 1: Rehabilitation **
			Competency Cluster 2: Working with Specific Populations – Youth **
			Competency Cluster 3: Harm Minimisation **
	Booroongen Djugun College	Certificate IV	Alcohol and Other Drugs Work **
	Booth College	Certificate IV	Alcohol and Other Drugs Work *
	Centre for Community Welfare Training	Statement of Attainment	Orientation to the Alcohol and Other Drugs Field
			Work with Clients who are Intoxicated
	Charles Sturt University	Master	Social Science (Addiction Studies (Coursework))
	Hunter Institute	Certificate IV	Alcohol and Other Drugs Work
	Illawarra Institute	Certificate IV	Alcohol and Other Drugs Work
	Integrated Care Management	Certificate IV	Alcohol and Other Drugs Work *
	Life Education NSW Ltd	Certificate IV	Alcohol and Other Drugs Work *
	Macquarie University	Graduate Certificate	Social Health (Alcohol and Other Drugs)
		Graduate Diploma	Social Health (Alcohol and Other Drugs)
		Master	Social Health (Alcohol and Other Drugs)

State	Institution	Award Level	Course Title
NSW	New England Institute	Certificate IV	Alcohol and Other Drugs Work
	North Coast Institute	Certificate IV	Alcohol and Other Drugs Work
	Northern Sydney Institute	Certificate IV	Alcohol and Other Drugs Work
		Diploma	Alcohol and Other Drugs Work
	Riverina Institute	Certificate IV	Alcohol and Other Drugs Work *
		Diploma	Alcohol and Other Drugs Work
		Statement of Attainment	Alcohol and Other Drugs
	Seek Learning	Certificate IV	Alcohol and Other Drugs Work
	South Western Sydney Institute	Certificate IV	Alcohol and Other Drugs Work
	Sydney Institute	Certificate IV	Alcohol and Other Drugs Work
		Diploma	Alcohol and Other Drugs Work
		Statement of Attainment	Alcohol and Other Drugs
	University of Newcastle	Graduate Certificate	Health Science (Drug and Alcohol Studies)
		Master	Health Science (Drug and Alcohol Studies)
	University of Sydney	Graduate Certificate	Indigenous Health (Substance Use) **
		Graduate Diploma	Indigenous Health (Substance Use) **
		Master	Indigenous Health (Substance Use) **
		Statement of Attainment	Alcohol and Drug Use and Health
	Western Institute	Certificate IV	Alcohol and Other Drugs Work
		Diploma	Alcohol and Other Drugs Work
		Statement of Attainment	Alcohol and Other Drugs
	Western Sydney Institute	Certificate IV	Alcohol and Other Drugs Work
		Statement of Attainment	Alcohol and Other Drugs
	YWCA NSW	Certificate IV	Alcohol and Other Drugs Work *
NT	Batchelor Institute of Indigenous Tertiary Education	Certificate IV	Alcohol and Other Drugs Work **
	Charles Darwin University	Certificate IV	Alcohol and Other Drugs Work *
		Diploma	Alcohol and Other Drugs Work
	Drug and Alcohol Office (Aboriginal Alcohol & Other Drugs Program)	Certificate III	Community Services Work (Indigenous National AOD Workforce Development Program) **

State	Institution	Award Level	Course Title
QLD	Australian Institute of Professional Counsellors	Graduate Certificate	Counselling (Addictions)
		Graduate Diploma	Counselling (Addictions)
	Drug and Alcohol Office (Aboriginal Alcohol & Other Drugs Program)	Certificate III	Community Services Work (Indigenous National AOD Workforce Development Program) **
	Metropolitan South Institute of TAFE	Certificate IV	Alcohol and Other Drugs / Youth Work
			Alcohol and Other Drugs Work
		Diploma	Alcohol and Other Drugs Work
	Mount Isa Institute of TAFE	Certificate IV	Alcohol and Other Drugs Work (Not offered in 2008)
	Ozcare Cairns	Diploma	Alcohol and Other Drugs Work
	Sunshine Coast Institute of TAFE	Certificate IV	Alcohol and Other Drugs Work (Not offered in 2008)
		Diploma	Alcohol and Other Drugs Work (Not offered in 2008)
	University of Queensland	Graduate Certificate	Health Studies (Addiction Studies)
		Graduate Diploma	Health Studies (Addiction Studies)
		Master	Health Studies (Addiction Studies (#16 program))
			Health Studies (Addiction Studies (#24 Program))
	Wide Bay Institute of TAFE	Certificate IV	Alcohol and Other Drugs Work
SA	Drug and Alcohol Office (Aboriginal Alcohol & Other Drugs Program)	Certificate III	Community Services Work (Indigenous National AOD Workforce Development Program) **
	TAFE SA	Certificate III	Community Services Work (Alcohol and Other Drugs)
		Certificate IV	Alcohol and Other Drugs Work
		Diploma	Alcohol and Other Drugs Work
	University of Adelaide	Graduate Certificate	Alcohol and Drug Studies
		Graduate Diploma	Alcohol and Drug Studies
		Master	Science (Addiction Studies (Coursework))
	University of South Australia	Graduate Certificate	Nursing (Alcohol and Other Drugs (Specialty Area))
TAS	TAFE Tasmania	Certificate IV	Alcohol and Other Drugs Work *
		Diploma	Alcohol and Other Drugs Work *
VIC	AGB Human Resources	Certificate IV	Alcohol and Other Drugs Work *
	Box Hill Institute	Certificate IV	Alcohol and Other Drugs Work
	Chisholm Institute	Certificate IV	Alcohol and Other Drugs Work *
		Diploma	Alcohol and Other Drugs Work *

State	Institution	Award Level	Course Title
VIC	Disability Employment Action Centre	Certificate IV	Alcohol and Other Drugs Work *
	East Gippsland TAFE	Certificate IV	Alcohol and Other Drugs Work
		Diploma	Alcohol and Other Drugs Work
	Geelong Adult Training & Education (GATE)	Certificate IV	Alcohol and Other Drugs Work
	Gipps TAFE (Central Gippsland Institute of TAFE)	Certificate IV	Alcohol and Other Drugs Work *
		Diploma	Alcohol and Other Drugs Work *
	Gordon Institute of TAFE	Certificate IV	Alcohol and Other Drugs Work *
	Holmesglen Institute of TAFE	Certificate IV	Alcohol and Other Drugs Work *
		Diploma	Alcohol and Other Drugs Work *
	Melbourne Education Group Pty Ltd	Diploma	Alcohol and Other Drugs Work *
	Northern Melbourne Institute of TAFE (NMIT)	Diploma	Alcohol and Other Drugs Work *
	Odyssey House Victoria	Certificate IV	Alcohol and Other Drugs Work
		Diploma	Alcohol and Other Drugs Work
		Statement of Attainment	AOD Four Core Competencies
	RMIT University	Certificate IV	Alcohol & Other Drugs / Dual Award in Criminal Justice
			Alcohol and Other Drugs Work
	Skills Training Australia	Certificate IV	Alcohol and Other Drugs Work *
		Diploma	Alcohol and Other Drugs Work *
	South West Institute of TAFE	Diploma	Alcohol and Other Drugs Work *
	Swinburne University of Technology	Certificate IV	Alcohol and Other Drugs Work *
	Taskforce Community Agency Inc.	Certificate IV	Alcohol and Other Drugs Work *
	Turning Point Alcohol and Drug Centre	Graduate Certificate	Alcohol and Other Drug Studies
		Graduate Diploma	Alcohol and Other Drug Studies
	University of Ballarat	Diploma	Alcohol and Other Drugs Work *
	Victoria University	Certificate IV	Alcohol and Other Drugs Work *
		Diploma	Alcohol and Other Drugs Work *
		Graduate Diploma	Substance Abuse Studies (Not offered in 2008)
	Workskills Recognition and Training	Certificate IV	Alcohol and Other Drugs Work *
		Diploma	Alcohol and Other Drugs Work *
		Statement of Attainment	AOD Four Core Competencies

State	Institution	Award Level	Course Title
WA	Central TAFE	Certificate IV	Alcohol and Other Drugs Work
	Curtin University of Technology	Graduate Diploma	Counselling (Addictions)
		Master	Health Counselling (Addictions)
	Drug and Alcohol Office (Aboriginal Alcohol & Other Drugs Program)	Certificate III	Community Services Work (Indigenous National AOD Workforce Development Program) **
	Drug and Alcohol Office (Workforce Development Branch) / Curtin University	Certificate IV	Alcohol and Other Drugs Work
	Edith Cowan University	Bachelor	Arts (Psychology and Addiction Studies)
			Health Science (Addiction Studies)
		Graduate Certificate	Addiction Studies
			Drug and Alcohol Harm Minimisation
	Swan TAFE	Certificate IV	Alcohol and Other Drugs Work
		Diploma	Alcohol and Other Drugs Work

*A*ppendix 6:

Accredited MH Courses

181 MH courses are listed below. This is less than the number shown in the report as some courses are offered in more than one location and multiple locations are not shown below (see the electronic database for full details of all courses).

*   Courses identified as having some Indigenous content.

**   Courses identified as Indigenous-specific courses.

State	Institution	Award Level	Course Title
ACT	Canberra Institute of Technology	Certificate IV	Mental Health Work (Non-Clinical)
		Statement of Attainment	Mental Health Community Support Skills
	University of Canberra	Graduate Diploma	Mental Health Nursing
NSW	Aboriginal Health College	Certificate IV	Aboriginal and Torres Strait Islander Primary Health Care (Community Stream) – Social and Emotional Wellbeing **
		Diploma	Aboriginal and Torres Strait Islander Primary Health Care (Community Stream) - Social and Emotional Wellbeing **
	Booroongen Djugun College	Certificate IV	Mental Health Work (Non-Clinical)
	Charles Sturt University	Bachelor	Health Science (Mental Health) **
		Diploma	Health Science (Mental Health (exit point only))
		Other	Health Science (Mental Health (exit point only))
	College of Nursing	Graduate Certificate	Mental Health Nursing
	Directions Australia Pty Ltd	Certificate IV	Mental Health Work (Non-Clinical)
	Hunter Area Health Service	Certificate IV	Mental Health Nursing for Enrolled Nurses
	Hunter Institute	Certificate IV	Mental Health Work (Non-Clinical)
	Mental Health Coordinating Council (MHCC)	Certificate IV	Mental Health Work (Non-Clinical)
	New England Institute	Certificate IV	Mental Health Work (Non-Clinical)
		Statement of Attainment	Mental Health Work (Non-Clinical)

State	Institution	Award Level	Course Title
NSW	North Coast Institute	Certificate IV	Mental Health Work (Non-Clinical)
	Northern Sydney Institute	Certificate IV	Mental Health Work (Non-Clinical)
	NSW Institute of Psychiatry	Graduate Certificate	Mental Health (Adolescent)
			Mental Health (Adult)
			Mental Health (Child & Adolescent)
			Mental Health (Counselling)
			Mental Health (Older Person)
			Mental Health (General Practitioner)
		Graduate Diploma	Mental Health (Adolescent)
			Mental Health (Adult)
			Mental Health (Child & Adolescent)
			Mental Health (Counselling)
			Mental Health (Family Therapy)
			Mental Health (General Practitioner)
		Graduate Diploma	Mental Health (Infant)
			Mental Health (Older Person)
		Master	Mental Health (Adolescent) (Clinical Stream)
			Mental Health (Adolescent) (Research Stream)
			Mental Health (Adult) (Clinical Stream)
			Mental Health (Adult) (Research Stream)
			Mental Health (Child & Adolescent) (Clinical Stream)
			Mental Health (Child & Adolescent) (Research Stream)
			Mental Health (Counselling) (Clinical Stream)
			Mental Health (Counselling) (Research Stream)
			Mental Health (Infant) (Clinical Stream)
			Mental Health (Infant) (Research Stream)
			Mental Health (Older Person) (Clinical Stream)
			Mental Health (Older Person) (Research Stream)
			Mental Health (Family Therapy) (Clinical Stream)
			Mental Health (Family Therapy) (Research Stream)
			Mental Health (General Practitioner) (Clinical Stream)
			Mental Health (General Practitioner) (Research Stream)
	Riverina Institute	Certificate IV	Mental Health Work (Non-Clinical)
		Statement of Attainment	Mental Health Work (Non-Clinical)
	Seek Learning	Certificate IV	Mental Health Work (Non-Clinical)

State	Institution	Award Level	Course Title
NSW	South Western Sydney Institute	Certificate IV	Mental Health Work (Non-Clinical)
	Southern Cross University	Graduate Certificate	Clinical Science (Leadership in Mental Health)
		Graduate Diploma	Clinical Science (Leadership in Mental Health)
		Master	Clinical Science (Leadership in Mental Health)
	Sydney Institute	Certificate IV	Mental Health Work (Non-Clinical)
	University of New England	Graduate Certificate	Mental Health Nursing
	University of New South Wales	Graduate Certificate	Forensic Mental Health
		Graduate Diploma	Forensic Mental Health
		Master	Forensic Mental Health (Coursework)
	University of Sydney	Graduate Certificate	Mental Health Policy and Practice
		Graduate Diploma	Mental Health Nursing
		Master	Mental Health Nursing (Coursework)
			Mental Health Nursing (Honours)
	University of Technology, Sydney	Graduate Certificate	Child and Adolescent Mental Health Care
			Mental Health Nursing
	University of Western Sydney	Graduate Certificate	Nursing (Mental Health)
		Graduate Diploma	Nursing (Mental Health)
		Master	Nursing (Mental Health - Nurse Practitioners)
	University of Wollongong	Graduate Certificate	Mental Health Nursing
		Master	Nursing (Mental Health)
	Western Institute	Statement of Attainment	Mental Health Work (Non-Clinical)
	Western Sydney Institute	Certificate IV	Mental Health Work (Non-Clinical)
		Statement of Attainment	Mental Health Work (Non-Clinical)
NT	Batchelor Institute of Indigenous Tertiary Education	Certificate IV	Mental Health Work (Non-Clinical) **

State	Institution	Award Level	Course Title
QLD	Aboriginal and Torres Strait Islanders Corp for Health Education and Training	Certificate IV	Mental Health Work (Non-Clinical) **
	Barrier Reef Institute of TAFE	Certificate IV	Mental Health Work (Non-Clinical)
	Brisbane North Institute of TAFE	Certificate IV	Mental Health Care **
			Mental Health Work (Non-Clinical)
	Central Queensland Institute of TAFE	Certificate IV	Mental Health Work (Non-Clinical)
	Directions Australia Pty Ltd	Certificate IV	Mental Health Work (Non-Clinical)
	Gold Coast Institute of TAFE	Statement of Attainment	Introduction to Mental Health
	Griffith University	Graduate Certificate	Forensic Mental Health
			Mental Health Nursing (Exit point only)
			Mental Health Practice
		Master	Forensic Mental Health
			Mental Health Practice
	James Cook University	Graduate Certificate	Forensic Mental Health
			Mental Health Practice *
		Graduate Diploma	Forensic Mental Health
			Mental Health Practice
		Master	Forensic Mental Health
		Other	Ageing and Mental Health
			Child and Adolescent Mental Health
	Leap Into Life Training College (LILT) College	Certificate IV	Mental Health Work (Non-Clinical)
	Metropolitan South Institute of TAFE	Certificate IV	Mental Health Work (Non-Clinical)
	Queensland University of Technology	Certificate IV	Mental Health Care **
	Southbank Institute of Technology	Certificate III	Community Services Work (Mental Health)
		Certificate IV	Community Services Work (Mental Health)
	Sunshine Coast Institute of TAFE	Certificate IV	Mental Health Work (Non-Clinical) (Not offered in 2008) **
	Tropical North Queensland Institute of TAFE	Certificate IV	Mental Health Work (Non-Clinical)

State	Institution	Award Level	Course Title
QLD	University of Queensland	Graduate Certificate	Mental Health
			Mental Health (Community Mental Health)
			Mental Health (Mental Health Administration)
			Mental Health (Mental Health of Children and Young People)
			Mental Health (Prevention and Promotion in Mental Health)
			Mental Health (Psychotherapy Studies)
		Graduate Diploma	Mental Health (Child Psychotherapy)
			Mental Health (Community Mental Health)
			Mental Health (Family Therapy)
			Mental Health (Mental Health Nursing)
			Mental Health (Psychotherapy)
		Master	Mental Health
			Mental Health (Art Therapy)
			Mental Health (Community Mental Health)
			Mental Health (Psychiatric Practice of Psychotherapy)
			Mental Health (Psychotherapy)
	University of Southern Queensland	Graduate Certificate	Indigenous Mental Health and Well-Being **
		Master	Mental Health Nursing
	University of the Sunshine Coast	Master	Mental Health Nursing
SA	Flinders University	Graduate Certificate	Health (Mental Health Nursing)
			Health (Mental Health Sciences)
		Graduate Diploma	Mental Health Nursing
			Mental Health Sciences
		Master	Mental Health Sciences
	Morgan and Hay Pty Ltd	Certificate IV	Mental Health Work (Non-Clinical)
	TAFE SA	Certificate III	Community Services Work (Mental Health Work (Non-Clinical))
		Certificate IV	Mental Health Work (Non-Clinical)
		Diploma	Community Welfare Work (Mental Health Work (Non-Clinical))
	University of Adelaide	Graduate Diploma	Nursing Science (Mental Health Nursing)
	University of South Australia	Graduate Diploma	Mental Health
			Mental Health Nursing
		Master	Nursing / Mental Health Nursing / Midwifery Mental Health Nursing
	Wesley 4 Training	Certificate IV	Mental Health Work (Non-Clinical)

State	Institution	Award Level	Course Title
TAS	Anglicare Tasmania Inc	Certificate IV	Mental Health Work (Non-Clinical)
	Esset Australia	Certificate IV	Mental Health Work (Non-Clinical)
	Learning Partners	Certificate IV	Mental Health Work (Non-Clinical)
	TAFE Tasmania	Certificate IV	Mental Health (Non-Clinical) *
		Certificate IV	Mental Health Work (Non-Clinical)
VIC	Bendigo Regional Institute of TAFE	Certificate IV	Mental Health Work (Non-Clinical)
	Chisholm Institute	Certificate IV	Mental Health Work (Non-Clinical)
	Gipps TAFE (Central Gippsland Institute of TAFE)	Certificate IV	Mental Health Work (Non-Clinical)
	La Trobe University	Graduate Certificate	Mental Health Nursing
		Graduate Diploma	Mental Health Nursing Science
			Nursing Science (Mental Health Nursing)
	Monash University	Graduate Certificate	Mental Health for Teaching Professions
		Graduate Diploma	Mental Health for Teaching Professions
			Mental Health Sciences (Community Mental Health)
	Professional Development Centre	Statement of Attainment	Orientation to Mental Health Work
	RMIT University	Graduate Diploma	Mental Health Nursing
		Statement of Attainment	Mental Health (Not offered in 2008)
	Skills Training Australia	Certificate IV	Mental Health Work (Non-Clinical)
		Certificate IV	Mental Health Work (Non-Clinical)
	University of Ballarat	Certificate IV	Mental Health Work (Non-Clinical)
		Certificate IV	Mental Health Work (Non-Clinical) / Disability Work
		Graduate Diploma	Mental Health
	University of Melbourne	Graduate Diploma	Mental Health Science (Child, Adolescent and Family Therapies)
			Mental Health Science (Infant and Parent Mental Health)
		Master	International Mental Health (Coursework)
			Social Work (Mental Health (Advanced Seminars & Shorter Thesis) (Coursework and Research))
			Health Sciences (Infant and Parent Mental Health (Coursework))

State	Institution	Award Level	Course Title
VIC	University of Melbourne / ORYGEN Youth Health	Graduate Diploma	Mental Health Sciences (Young People's Mental Health)
	Victoria University	Bachelor	Nursing (Pre-Registration) (Mental Health)
	Wodonga Institute of TAFE	Certificate IV	Mental Health Work (Non-Clinical)
WA	Central TAFE	Certificate IV	Mental Health Work (Non-Clinical)
	Curtin University of Technology	Graduate Certificate	Mental Health Nursing
		Graduate Diploma	Mental Health Nursing
			Mental Health Nursing (Registration)
	Edith Cowan University	Graduate Certificate	Child and Adolescent Mental Health Nursing
			Community Mental Health Nursing
			Forensic Mental Health Nursing
			Rural and Remote Mental Health
		Graduate Diploma	Nursing (Mental Health)
		Other	Mental Health Nursing for Re-Registration
	Great Southern TAFE	Certificate IV	Mental Health Work (Non-Clinical)
	Marr Mooditj Foundation Inc	Certificate IV	Mental Health Work (Non-Clinical) **
		Diploma	Aboriginal Mental Health Care **
	Murdoch University	Graduate Diploma	Advanced Mental Health Nursing
			Mental Health Nursing (Registration)
	Swan TAFE	Certificate IV	Mental Health Work (Non-Clinical)
	University of Western Australia	Graduate Certificate	Mental Health Practice

Appendix 7:

Accredited CM Courses

10 CM courses are listed below. This is less than the number shown in the report as some courses are offered in more than one location and multiple locations are not shown below (see the electronic database for full details of all courses).

*   Courses identified as having some Indigenous content.

**   Courses identified as Indigenous-specific courses.

State	Institution	Award Level	Course Title
NSW	Aboriginal Health College	Diploma	Aboriginal and Torres Strait Islander Primary Health Care (Practice stream) - Dual Diagnosis **
	University of Western Sydney	Graduate Certificate	Mental Health Nursing - Dual Diagnosis
	Western Sydney Institute	Statement of Attainment	Alcohol & Other Drugs / Mental Health Work
QLD	Lifetime International Training College	Certificate II	Community Services Work (Alcohol and Drugs / Mental Health) *
	Lifetime International Training College	Certificate IV	Community Services Work (Alcohol and Drugs / Mental Health) *
	Metropolitan South Institute of TAFE	Certificate IV	Alcohol and Other Drugs Work / Mental Health (Non-Clinical)
SA	University of Adelaide	Graduate Diploma	Addiction and Mental Health
VIC	Gipps TAFE (Central Gippsland Institute of TAFE)	Diploma	Alcohol and Other Drugs / Mental Health Dual Diagnosis
	Odyssey House Victoria	Statement of Attainment	Mental Health / AOD Work Dual Diagnosis
	Workskills Recognition and Training	Statement of Attainment	Mental Health / AOD Work Dual Diagnosis

*A*ppendix 8:

Non-Accredited AOD Courses

53 AOD courses are listed below. This is less than the number shown in the report as some courses are offered in more than one location and multiple locations are not shown below (see the electronic database for full details of all courses).

*   Courses identified as having some Indigenous content.

**   Courses identified as Indigenous-specific courses.

State	Institution	Course Title
NSW	Australian College of Applied Psychology	Alcohol & Other Drugs Counselling
	Centre for Community Welfare Training	Applied Suicide Intervention Skills Training (ASIST)
		Brief Interventions when Working with Substance Using Clients
		Cognitive Behaviour Therapy Training for AOD Workers
		Harm Minimisation
		Harm Minimisation and Sex Workers
		Lapse and Relapse
		Methamphetamine Matters
		Motivational Interviewing
		Motivational Interviewing (Regional)
		Narrative Therapy and Substance Use
		Pharmacology of Substance Abuse
		Solution Focused Approach to Substance Abuse
		Substance Abuse and Violence
		Working with Clients who Self Harm
		Working with Coerced Clients
		Working with Hectic Street Drug Users
		Orientation to the Alcohol and Other Drugs Field
	NSW Department of Community Services	AOD: Motivational Interviewing
		AOD: Understanding the Impact of Drugs and Alcohol
	Uniting Care Wesley Burnside	Addictions
	Centre for Community Welfare Training	Drug Use and Young People
		Working with Hectic Street Drug Users
		Orientation to the Alcohol and Other Drugs Field

State	Institution	Course Title
SA	Centre for Nursing & Midwifery Education & Research	Alcohol, Tobacco & Other Drug Use in Pregnancy, Birth and Breastfeeding - Clinical Focus *
VIC	Centre for Excellence in Child and Family Welfare	Essential Skills for Working with Clients who Use Drugs
		Impact of Substance Use on Families
	Coonara Community House	Introduction to Alcohol and Other Drugs Work
	Psychiatric Disability Services of Victoria (VICSERV) Inc	Introduction to Alcohol & Other Drugs (AOD) Work
	Turning Point Alcohol and Drug Centre	Advanced Motivational Interviewing
		Pharmacotherapies Training
		Psychostimulant Training Program
		Working Together with Alcohol and Drug Issues in Culturally and Linguistically Diverse Communities
		Working with Groups
WA	Drug and Alcohol Office	KA001 Nuts & Bolts: AOD Concepts and Frameworks
		ST202 Skills Training: Working with AOD Using Clients
		ST222 Induction Training for New AOD Workers
		Volunteer Addiction Counsellors' Training Program
	Drug and Alcohol Office (Next Step Specialist Drug and Alcohol Services)	Analysing Child Risk Within the AOD Sector - Introduction to Models of Assessment for Workers Engaging with Substance Using Parents
		Cannabis: All You Need To Know (Part 1) & Brief Intervention for Cannabis Users (Part 2)
		Culture, Change and Conflict - Working with Culturally and Linguistically Diverse (CALD) Families and Young People Around AOD Issues
		Do I Want to Work with Couples in Strife? Not Really…
		Engaging Young People in Drug and Alcohol Treatment
		From Go to Whoa! Psychostimulants Training Program for Health Professionals
		How to Better Support Parenting Skills with Drug Using Clients
		Induction Training for New AOD Workers
		Making Clinical Supervision Work!
		Nuts & Bolts: AOD Concepts and Frameworks
		Single Session Therapy for Mandated Clients … and Others
		Skills Training: Working with AOD Using Clients
		Talking About Alcohol Use with Women Before and During Pregnancy *
		Ways of Working with Aboriginal People Part 1 **
		Ways of Working with Aboriginal People Part 2 **

Appendix 9:

Non-Accredited Mental Health Courses

69 non-accredited mental health courses listed below. The number of courses shown in this table is less than the numbers shown in the report as some courses are offered in multiple locations.

State	Institution	Course Title
NSW	Black Dog Institute	Bumps in the Road: Recognising and Diagnosing Mood Disorders in Young People
		Demystifying Depression: Managing Depression in General Practice
		Troubled Teens: Managing Adolescent Mood Disorders in General Practice
	Central West Community College	Mental Health First Aid
		Basic Medical Terminology for Mental Health
	Centre for Community Welfare Training	Anxiety Disorders
		Caught in Depression
		Demystifying Mental Illness
		Personality Disorders
		Working with Depression
	NSW Department of Community Services	Mental Health: Working with People with a Mental Health Problem
	Sydney South West Area Health Service	Mental Health Outcome Measurement Training
		Understanding Mental Illness
	Centre for Community Welfare Training	Complex Trauma and Mental Health
		Mental Health First Aid for Adolescents
	Mental Health Coordinating Council (MHCC)	Brief Interventions in Mental Health Work
		Law, Ethics and Boundaries in Mental Health Work
		Medication Matters
		Orientation to Mental Health Work
		Responding to Suicide & Self Harm
		Working with Consumers and Carers
		Working with People with Mental Illness Part 1
		Working with People with Mental Illness Part 2
QLD	Queensland Alliance	Key Worker 2: The Rehabilitation Journey
		Key Worker 3: Goal Setting Skills
		Key Worker 4: Assessing Clients' Strengths and Needs

State	Institution	Course Title
SA	Auseinet	Understanding Mental Health and Wellbeing
	Mental Health Coalition of SA	Context & Practice Psychosocial Rehabilitation
		Providing a Service to People with a Mental Illness
		Support Worker 1 Establishing the Relationship
		Support Worker 2 The Rehabilitation Journey
		Support Worker 3 Goal Setting
	South Australian Mental Health Training Centre	Introduction to Mental Health Issues
		Introduction to Mental Health Issues in Older Adults
		Legal Issues in Mental Health
		Mental Health Emergency Services Memorandum of Understanding
	South Australian Mental Health Training Centre	Mental Health, Recovery and Law (Advanced Module)
		Motivational Interviewing in Mental Health
		Physical and Mental Health Comorbidities in Older Adults
VIC	Alpha Additions	Providing Non-Clinical Services to People With Mental Health Issues
	Centre for Excellence in Child and Family Welfare	Amphetamine Type Stimulants Putting Ice into Perspective
	Lifeline	Applied Suicide Intervention Skills Training - Suicide First Aid
		Suicide Alertness
		Suicide Awareness
		Suicide Care - Helping Beyond Crisis
	ORYGEN Youth Health	Assessment & Intervention in First Episode Mania
		Assessment and Intervention in the Acute Phase
		At Risk Mental State - Understanding the Prodrome
		Group Work In Early Psychosis
		Harm Reduction
		Helping Clients Get On Top Of Their Mental Health
		Helping Clients Stay On Top of Their Mental Health
		Incomplete Recovery in Early Psychosis
		Management of First Episode Psychosis in the Inpatient Setting
		Psychological Interventions and Early Psychosis
		Rationale for Early Intervention in Psychosis & Implications for Service Development
		Relapse Prevention in Early Psychosis
		Stress Reduction, Relaxation, Mindfulness
		Suicide: Myths, Issues and Response

State	Institution	Course Title
VIC	ORYGEN Youth Health	Tips for Working with the Reluctant, Resistant or Hostile Young Person
		Vocational Recovery in Early Psychosis
		Youth Consumer Participation in Your Service - What Can You Do About It?
	ORYGEN Youth Health / MHFA	Mental Health First Aid
	Professional Development Centre Pty. Ltd.	Orientation to Mental Health Work
	Reconnexion	Building Self-Esteem and Confidence with Clients
		Cognitive Behavioural and Solution-Focused Approaches to Working with Anxious and Depressed Young People and Their Families
		Cognitive Behavioural Therapy (CBT) Strategies for Anxiety and Depression.
	University of Melbourne / ORYGEN Youth Health	Bipolar Disorder in Young People
		Depression in Young People

Appendix 10:

Non-Accredited CM Courses

22 CM courses are listed below. This is less than the number shown in the report as some courses are offered in more than one location and multiple locations are not shown below (see the electronic database for full details of all courses).

*   Courses identified as having some Indigenous content (2).

State	Institution	Course Title
NSW	Centre for Community Welfare Training	AOD Workers with Mental Health Clients
		Introduction to Dual Diagnosis
	NSW Department of Community Services	Dual Diagnosis
	Mental Health Coordinating Council (MHCC)	Mental Health & Substance Abuse
SA	Centre for Nursing & Midwifery Education & Research	Advanced Alcohol, Drugs and Mental Health Comorbidity 2 day workshop *
		Emergency Mental Health, Alcohol & Drugs (EMHAD)
		Introduction to Alcohol, Drugs & Mental Health Comorbidity *
		Mental Health, Alcohol & Other Drugs in Acute Care
	Flinders University	Managing Comorbid Mental Health and Substance Use Disorders
TAS	TAFE Tasmania	Studies in Comorbidity
VIC	ORYGEN Youth Health	Cigarette Smoking in Early Psychosis
		Substance Use and Early Psychosis
		Substance-Induced Psychiatric Disorders
	Psychiatric Disability Services of Victoria (VICSERV) Inc	Introduction to Dual Diagnosis
		Introduction to Screening & Assessment in Dual Diagnosis
	Reconnexion	Alleviating Anxiety and Depression with Substance Using Clients
WA	Drug and Alcohol Office (Next Step Specialist Drug and Alcohol Services)	Mindfulness and Comorbidity
		Models of Collaborative Care and Shared Case Management
		Orientation to PsyCheck for Managers and Senior Workers
		Pills, Pot and Psychosis: An Introductory Workshop
		PsyCheck Training for AOD Workers
		Traumatised Drug Users with Attention Deficit Disorder … Or is it Posttraumatic Stress Disorder? Relationship Between These Disorders and Implications for Treatment

$\mathscr{A}$ppendix 11:

Psychology Courses

A total of 505 courses are listed below. The number of courses shown below is less than the number shown in the report as some courses are offered in more than one location and multiple locations are not shown below.

*   Courses identified as having some Indigenous content.

**   Courses identified as Indigenous-specific courses.

State	Institution	Award	Course Title
ACT	Australian National University	Bachelor	Science (Psychology)
			Science (Psychology) / Arts
			Science (Psychology) / Commerce
			Science (Psychology) / Economics
			Science (Psychology) / Laws
			Science (Psychology) / Music
			Science (Psychology) / Science
		Bachelor (Hons)	Psychology (Honours)
			Science (Psychology) (Honours)
		Graduate Diploma	Psychological Studies
			Psychology (Clinical)
		Master	Clinical Psychology
		PhD	Clinical Psychology)
			Doctor of Psychology (Clinical)
	University of Canberra	Bachelor	Science (Psychology)
			Science (Psychology) / Coaching Science
			Science (Psychology) / Laws
			Science in Psychology / Arts
			Science in Psychology / Management
		Bachelor (Hons)	Science (Psychology) (Honours)
		Graduate Diploma	Preprofessional Psychology
			Psychology
		Master	Clinical Psychology (Coursework)
NSW	Australian College of Applied Psychology	Statement of Attainment	Developmental Psychology
			Health Psychology
			Introduction to Psychology
			Performance Psychology
			Psychodynamic Psychotherapy
			Psychology of Injury

State	Institution	Award	Course Title
NSW	Charles Sturt University	Bachelor	Arts (Psychology)
			Psychology
			Social Science (Psychology)
			Social Science (Psychology) / Business
			Social Science (Psychology) / Exercise Science
			Social Science (Psychology) / Teaching (Primary)
			Social Science (Psychology) / Teaching (Secondary)
		Bachelor (Hons)	Arts (Psychology) (Honours)
			Psychology (Honours)
			Social Science (Psychology) (Honours)
		Graduate Diploma	Psychology
		Master	Psychology
		PhD	Doctor of Psychology (Clinical)
			Doctor of Psychology (Forensic)
	Macquarie University	Bachelor	Arts (Psychology)
			Arts (Psychology) / Business Administration
			Arts (Psychology) / Health
			Arts (Psychology) / Laws
			Arts (Psychology) / Diploma in Education
			Science (Psychology)
			Science (Psychology) / Health
			Science (Psychology) / Diploma in Education
			Social Science (Psychology)
		Bachelor (Hons)	Arts (Psychology) (Honours)
			Arts (Psychology) (Honours) / Laws
			Arts (Psychology) (Honours) / Diploma of Education
			Psychology (Honours)
			Science (Psychology) (Honours)
			Science (Psychology) (Honours) / Laws
			Science (Psychology) (Honours) / Diploma of Education
		Graduate Certificate	Applied Psychology
			Clinical Neuropsychology
			Clinical Psychology
			Counselling Psychology
		Graduate Diploma	Applied Psychology
			Clinical Neuropsychology
			Clinical Psychology
			Counselling Psychology
			Psychology

State	Institution	Award	Course Title
NSW	Macquarie University	Master	Philosophy (Psychology) (Research)
			Clinical Neuropsychology (Coursework)
			Clinical Psychology (Coursework)
			Counselling Psychology
			Organisational Psychology (Coursework)
		PhD	Doctor of Clinical Psychology (Coursework)
			Doctor of Psychology (Clinical Neuropsychology) (Research)
			Doctor of Psychology (Clinical Psychology) (Research)
			Doctor of Psychology (Counselling Psychology) (Research)
			Doctor of Psychology (Organisational Psychology) (Research)
			PhD / Master of Psychology (Clinical Neuropsychology)
			PhD / Master of Psychology (Clinical Psychology)
			PhD / Master of Psychology (Counselling Psychology)
			PhD / Master of Psychology (Organisational Psychology)
			Psychology (Research)
	Southern Cross University	Bachelor (Hons)	Psychology with Honours
		Graduate Diploma	Psychology
	University of New England	Bachelor	Psychological Science
		Bachelor (Hons)	Psychology with Honours
		Graduate Diploma	Psychology
		Master	Psychology (Clinical)
		PhD	Clinical Psychology
	University of New South Wales	Bachelor	Psychology
		Bachelor (Hons)	Psychology (Honours)
		Graduate Diploma	Psychology
		Master	Master of Science (Psychiatry) (Research)
			Master of Science (Psychology) (Research)
			Psychology (Clinical) (Coursework)
			Psychology (Forensic) (Coursework)
			Psychology (Organisational) (Coursework)

State	Institution	Award	Course Title
NSW	University of New South Wales	PhD	Doctor of Medicine (Psychiatry and Pathology) (Research)
			Doctor of Medicine (Psychiatry) (Research)
			Master of Psychology (Clinical) / PhD (Research)
			Master of Psychology (Forensic) / PhD (Research)
			Master of Psychology (Organisational) / PhD (Research)
			Psychiatry (Research)
			Psychology (Research)
	University of Newcastle	Bachelor	Psychological Science
			Psychology
		Graduate Diploma	Psychology
		Master	Applied Psychology
			Clinical Psychology
			Health Psychology
			Master of Philosophy (Psychology)
		PhD	Doctor of Clinical and Health Psychology
			Doctor of Clinical Psychology
			Doctor of Health Psychology
	University of Sydney	Bachelor	Arts (Psychology)
			Psychology
		Bachelor (Hons)	Arts (Psychology)
			Psychology
		Graduate Certificate	Applied Science (Health Psychology)
			Applied Science (Psychology of Coaching)
		Graduate Diploma	Applied Science (Health Psychology)
			Applied Science (Psychology of Coaching)
			Psychology
		Master	Applied Science (Health Psychology)
			Applied Science (Psychology of Coaching)
			Medicine (Psychotherapy)
			Science in Medicine (Psychotherapy)
		PhD	Doctor of Clinical Psychology / Master of Science
	University of Western Sydney	Bachelor	Arts (Psychology)
			Psychology
			Social Science (Social Psychology and Social Research)
		Bachelor (Hons)	Psychology (Honours)
		Graduate Diploma	Psychological Studies
			Psychology

State	Institution	Award	Course Title
NSW	University of Western Sydney	Master	Psychology (Clinical Psychology)
			Psychology (Educational and Developmental)
			Psychology (Forensic Psychology) (Coursework)
	University of Wollongong	Bachelor	Arts (Psychology)
			Psychology / Commerce
			Science (Psychology & Exercise Science)
			Science (Psychology & Nutrition)
			Science (Psychology)
			Science (Psychology) / Commerce
		Bachelor (Hons)	Arts (Psychology) (Honours)
			Psychology with Honours
		Graduate Certificate	Professional Psychological Practice
		Graduate Diploma	Psychology
		Master	Psychology (Clinical) (Coursework)
			Science (Psychology) (Coursework)
			Science (Psychology) (Research)
		PhD	Clinical Psychology
			Doctor of Psychology (Clinical)
NT	Charles Darwin University	Bachelor	Behavioural Science (Psychology)
			Psychology
		Bachelor (Hons)	Behavioural Science (Psychology) (Honours)
		Graduate Diploma	Psychology
QLD	Australian Catholic University	Bachelor	Psychological Science
		Bachelor (Hons)	Psychological Science (Honours)
		Graduate Diploma	Psychology
	Bond University	Bachelor	Social Science (Psychology)
			Social Sciences (Psychology) / Children's Services
			Social Sciences (Psychology) / Laws
		Bachelor (Hons)	Social Science (Psychology) with Honours
		Graduate Diploma	Psychology
		Master	Psychology (Clinical) (Coursework)
			Psychology (Forensic) (Coursework)
	Central Queensland University	Bachelor	Science (Psychology)
		Bachelor (Hons)	Psychology with Honours
		Graduate Diploma	Psychology
		Master	Clinical Psychology (Coursework)

State	Institution	Award	Course Title
QLD	Griffith University	Bachelor	Psychological Science
			Psychological Science / Business
			Psychological Science / Business (Human Resource Management)
			Psychological Science / Criminology and Criminal Justice
			Psychological Science / Exercise Science
			Psychological Science / Laws
			Psychology
		Bachelor (Hons)	Psychological Science with Honours
	Griffith University	Master	Clinical Psychology (Coursework)
			Organisational Psychology (Research)
		PhD	Doctor of Psychology (Clinical) (Coursework)
			Doctor of Psychology (Organisational) (Coursework)
		Other	Continuing Education Certificate (General) in Psychology
			Continuing Education Certificate (Vocational) in Psychology
	James Cook University	Bachelor	Arts (Psychology)
			Psychology
			Psychology (Indigenous) **
			Psychology / Business
			Psychology / Science
			Psychology / Social Science
			Science (Psychology)
			Social Science (Psychology)
			Psychology / Business
		Bachelor (Hons)	Arts (Psychology) (Honours)
			Psychology (Honours)
			Social Science (Psychology) (Honours)
		Graduate Certificate	Clinical Psychology
			Forensic Psychology
			Work Psychology in Rural Health Settings
		Graduate Diploma	Forensic Psychology
			Psychology
			Clinical Geropsychology
			Clinical Psychology
		Master	Arts (Psychology) (Research)
			Psychology (Clinical Psychology) (Coursework)
			Psychology (Forensic Psychology) (Coursework)
			Social work (Psychology) (Research)

State	Institution	Award	Course Title
QLD	James Cook University	PhD	Doctor of Psychology (Clinical Geropsychology)
			Doctor of Psychology (Clinical Psychology)
			Doctor of Psychology (Forensic and Clinical Psychology)
			Doctor of Psychology (Forensic Psychology)
			PhD-Master Joint degree of Psychology (Research)
			Psychology
	Queensland University of Technology	Bachelor	Behavioural Science (Psychology)
			Behavioural Science (Psychology) (Honours)
			Behavioural Science (Psychology) / Arts
			Behavioural Science (Psychology) / Business
			Behavioural Science (Psychology) / Laws
		Graduate Diploma	Psychology
		Master	Clinical Psychology (Coursework)
			Psychology (Educational and Developmental)
		PhD	Doctor of Psychology (Clinical) (Coursework)
	University of Queensland	Bachelor	Arts (Psychology)
			Psychological Science (Pass)
			Science (Psychology)
		Bachelor (Hons)	Arts (Psychology) (Honours)
			Psychological Science (Honours)
		Bachelor (Hons)	Science (Human Movement Science / Psychology) (Honours)
			Science (Psychology) (Honours)
		Graduate Certificate	Mental Health (Psychotherapy Studies)
			Organisational Psychology
		Graduate Diploma	Mental Health (Psychotherapy)
			Organisational Psychology
		Master	Applied Psychology
			Applied Psychology (Counselling)
			Applied Psychology (Health)
			Clinical Psychology
			Mental Health (Psychiatric Practice of Psychotherapy)
			Mental Health (Psychotherapy)
			Organisational Psychology
			Sport and Exercise Psychology (Coursework)

State	Institution	Award	Course Title
QLD	University of Queensland	PhD	Doctor of Psychology (Clinical Neuropsychology and Clinical Psychology)
			Doctor of Psychology (Clinical Psychology and Clinical Geropsychology)
			Doctor of Psychology (Clinical Psychology and Health Psychology)
			Doctor of Psychology (Clinical Psychology)
	University of Southern Queensland	Bachelor	Science (Psychology) and Business
			Psychology in Business
			Science (Psychology and Human Physiology)
			Science of Psychology
		Bachelor (Hons)	Psychology
			Science of Psychology
		Graduate Diploma	Psychological Studies
		Master	Psychology (Clinical)
		PhD	Doctor of Psychology (Clinical) (Coursework)
	University of the Sunshine Coast	Bachelor	Arts / Business (Psychology and Human Resource Management)
			Arts / Science (Psychology and Exercise Science)
			Education / Arts (Special Education and Psychology)
			Social Science (Psychology)
		Bachelor (Hons)	Social Science (Psychology) (Honours)
		Master	Psychology (Clinical)
SA	Flinders University	Bachelor	Behavioural Science (Psychology)
			Behavioural Science (Psychology) / Arts
			Behavioural Science (Psychology) / Laws and Legal Practice
		Bachelor (Hons)	Behavioural Science (Psychology) (Honours)
			Psychology (Honours)
		Graduate Diploma	Psychology
		Master	Psychology (Clinical)
		PhD	Clinical Psychology
	University of Adelaide	Bachelor	Psychological Science
		Bachelor (Hons)	Psychology with Honours
		Graduate Diploma	Psychology
		Master	Psychology (Clinical) (Coursework)
			Psychology (Health) (Coursework)
			Psychology (Organisational and Human Factors) (Coursework)
		PhD	Master of Psychology (Clinical) / PhD

State	Institution	Award	Course Title
SA	University of South Australia	Bachelor	Psychological Science
			Psychological Science / Social Science (Human Services)
			Psychology (Pass)
		Bachelor (Hons)	Psychology (Honours)
		Master	Psychology (Clinical)
			Psychology (Forensic)
			Psychology (Work and Organisational)
			Social Science of Psychology (Research)
		PhD	Doctor of Psychology (Clinical Psychology)
			Doctor of Psychology (Forensic Psychology)
			Doctor of Psychology (Organisational Psychology)
			Psychology
			Social Science (Psychology)
TAS	University of Tasmania	Bachelor	Psychology
		Bachelor (Hons)	Psychology
		Master	Psychology (Clinical Psychology)
		PhD	Doctor of Psychology (Clinical)
			Psychology (Clinical)
VIC	Australian Catholic University	Bachelor	Psychological Science
		Bachelor (Hons)	Psychological Science (Honours)
		Graduate Diploma	Psychology
		Master	Psychology (Clinical) (Coursework)
			Psychology (Educational and Developmental) (Coursework)
		PhD	Doctor of Psychology (Clinical)
			Doctor of Psychology (Educational and Developmental)
			Master of Psychology (Clinical) / PhD
			Master of Psychology (Educational and Developmental) / PhD
	Deakin University	Bachelor	Applied Science (Psychology)
			Applied Science (Psychology) / Nursing
			Management (Psychology)
			Psychology
		Bachelor (Hons)	Applied Science (Psychology) (Honours)
			Arts (Psychology) (Honours)
			Science (Psychology) (Honours)

State	Institution	Award	Course Title
VIC	Deakin University	Graduate Diploma	Psychological Studies (Coursework)
			Psychology (Coursework)
		Master	Psychology (Clinical) (Coursework)
			Psychology (Industrial and Organisational) (Coursework)
			Psychology (Professional Practice) (Coursework)
		PhD	Doctor of Psychology (Clinical) (Coursework)
			Doctor of Psychology (Clinical) (Research)
			Doctor of Psychology (Forensic) (Coursework)
			Doctor of Psychology (Forensic) (Research)
			Doctor of Psychology (Health) (Coursework)
			Doctor of Psychology (Health) (Research)
	La Trobe University	Bachelor	Psychological Science
			Psychological Science / Laws
			Psychological Science / Master of Occupational Therapy Practice
		Bachelor (Hons)	Psychological Science (Honours)
		Graduate Certificate	Family Therapy in Psychiatry
		Graduate Diploma	Psychology
		Master	Clinical Neuropsychology (Coursework)
			Clinical Psychology (Coursework)
			Counselling Psychology (Coursework)
			Psychological Science (Research)
			Science (Psychology) (Research)
		PhD	Doctor of Clinical Neuropsychology
			Doctor of Clinical Neuropsychology (Coursework)
			Doctor of Clinical Psychology
			Doctor of Clinical Psychology (Coursework)
			Doctor of Clinical Science (Counselling & Psychotherapy)
			Doctor of Counselling Psychology
			Doctor of Health Psychology
			Doctor of Psychology in Counselling Psychology
			Psychology
	Monash University	Bachelor	Arts (Psychology and Humanities) *
			Arts (Psychology and Humanities) / Social and Community Welfare
			Nursing (Psychological Studies)
			Psychology and Business
			Psychology and Management / Marketing

State	Institution	Award	Course Title
VIC	Monash University	Bachelor (Hons)	Psychology (Honours)
			Psychology and Business (Psychology) (Honours)
		Diploma	Psychology
		Graduate Diploma	Child Psychotherapy Studies
			Psychology
		Master	Child Psychoanalytic Psychotherapy
			Organisational Psychology (Coursework)
			Psychological Medicine
			Psychology (Counselling) (Coursework)
			Psychology (Educational and Developmental) (Coursework)
			Psychology (Health)
		PhD	Doctor of Psychology in Clinical Neuropsychology
			Doctor of Psychology in Clinical Psychology
			Doctor of Psychology in Organisational Psychology
			Master of Psychology (Counselling) / PhD
			Master of Psychology (Educational and Developmental) / PhD
	RMIT University	Bachelor	Applied Science (Psychology)
			Social Science (Psychology)
			Social Science (Psychology) / Social Work
		Bachelor (Hons)	Applied Science (Psychology) (Honours)
		Graduate Diploma	Psychology
		Master	Applied Science (Psychology) (Research)
			Psychology (Clinical Psychology)
			Psychology (Educational and Developmental Psychology)
		PhD	Applied Science (Psychology) (Research)
			Doctor of Psychology (Clinical Psychology)
			Doctor of Psychology (Educational and Developmental Psychology)
	Swinburne University of Technology	Bachelor	Arts (Psychology and Psychophysiology)
			Diploma of Community Services (Psychiatric Disability Support) / Social Science
			Science (Psychology and Biochemistry)
			Science (Psychology and Psychophysiology)
			Social Science (Psychology)
		Bachelor (Hons)	Science (Psychophysiology) (Honours)
			Social Science (Psychology) (Honours)

State	Institution	Award	Course Title
VIC	Swinburne University of Technology	Graduate Diploma	Psychology
			Science (Clinical Psychology)
			Social Science (Psychological Studies)
		Master	Psychology (Clinical Psychology)
			Psychology (Counselling Psychology)
		PhD	Doctor of Psychology (Clinical Psychology)
			Doctor of Psychology (Counselling Psychology)
			Doctor of Psychology (Health Psychology)
	University of Ballarat	Bachelor	Psychological Science
		Bachelor (Hons)	Arts (Psychology) (Honours)
		Graduate Diploma	Psychology
		Master	Applied Science (Psychology)
			Psychology (Clinical Psychology) (Coursework)
		PhD	Doctor of Psychology (Clinical Psychology) (Coursework)
			Doctor of Psychology (Health Psychology) (Coursework)
	University of Melbourne	Graduate Diploma	Psychology
		Master	Arts (Psychology) (Research)
			Clinical Psychology (Child Specialisation)
			Educational Psychology (Coursework)
			Psychological Studies
			Psychology (Clinical Neuropsychology) (Coursework)
			Psychology (Clinical Psychology) (Coursework)
			Psychology (Organisational / Industrial)
		PhD	Doctor of Educational Psychology (Coursework)
			Master / PhD of Educational Psychology
			Psychology
			Master / PhD of Clinical Psychology (Child Specialisation)
			Master / PhD of Psychology (Clinical Neuropsychology) (Research)
			Master / PhD of Psychology (Clinical Psychology) (Research)
			Master / PhD of Psychology (Organisational/ Industrial) (Research)
	Victoria University	Bachelor	Psychology
			Psychology (Interpersonal & Organisational)
			Psychology / Business (Human Resource Management)
			Psychology / Business (Marketing)

State	Institution	Award	Course Title
VIC	Victoria University	Bachelor	Psychology / Exercise Science and Human Movement
			Psychology / International Studies
			Psychology / Science
			Science (Psychology)
		Bachelor (Hons)	Arts (Psychology) (Honours)
			Psychology (Honours)
			Science (Psychology) (Honours)
		Graduate Diploma	Psychological Studies
			Psychology
		Master	Applied Psychology in Community Psychology
			Applied Psychology in Sport Psychology
			Psychology (Clinical Neuropsychology) (Coursework)
			Psychology (Clinical Psychology) (Coursework)
			Psychoanalysis
		PhD	Doctor of Applied Psychology (Community Psychology)
			Doctor of Applied Psychology (Sport Psychology)
			Doctor of Psychology (Clinical Neuropsychology) (Coursework)
			Doctor of Psychology (Clinical Psychology) (Coursework)
			Master / Doctor of Psychology (Clinical Neuropsychology)
			Master / Doctor of Psychology (Clinical Psychology)
WA	Curtin University of Technology	Bachelor	Psychology
			Psychology (Graduate Entry)
			Psychology (Honours)
			Science (Psychology)
			Science (Psychology) / Commerce (Economics)
			Science (Psychology) / Commerce (Human Resource Management and Industrial Relations)
		Bachelor (Hons)	Science (Psychology) (Honours)
		Graduate Diploma	Psychology
		Master	Philosophy (Psychology) (Research)
			Psychology (Clinical)
			Psychology (Counselling)
			Psychology (Organisational)
		PhD	Clinical Psychology
			Counselling Psychology

State	Institution	Award	Course Title
WA	Edith Cowan University	Bachelor	Arts (Psychology and Addiction Studies)
			Arts (Psychology and Counselling)
			Arts (Psychology and Criminology and Justice)
			Arts (Psychology)
			Arts (Psychology) / Business
			Science (Psychology)
		Bachelor (Hons)	Arts (Psychology) (Honours)
		Graduate Certificate	Clinical Psychology
			Forensic Psychology
		Graduate Diploma	Psychology
		Master	Psychology (Clinical Psychology) (Coursework)
			Psychology (Community Psychology) (Coursework and Research)
		PhD	Clinical Psychology (Coursework and Research)
			Clinical Psychology (Research)
			Community Psychology (Coursework and Research)
			Community Psychology (Research)
			Doctor of Psychology (Clinical Psychology) (Coursework and Research)
			Doctor of Psychology (Community Psychology) (Coursework and Research)
			Doctor of Psychology (Forensic Psychology) (Coursework and Research)
			Forensic Psychology (Coursework and Research)
			Forensic Psychology (Research)
	Murdoch University	Bachelor	Psychology
		Bachelor (Hons)	Arts (Psychology) with Honours
			Psychology (Honours)
		Graduate Certificate	Psychology Teaching
		Graduate Diploma	Consultancy Psychology
			Psychology
		Master	Applied Psychology (Clinical Psychology)
			Applied Psychology (Organisational Psychology)
		PhD	Applied Psychology (Clinical Psychology) / PhD
			Applied Psychology (Organisational Psychology) / PhD
			Doctor of Psychology (Clinical Psychology)
			Doctor of Psychology (Organisational Psychology)

State	Institution	Award	Course Title
WA	University of Western Australia	Bachelor	Arts (Psychology)
			Psychology
			Psychology (Graduate Entry)
			Science (Psychology)
		Bachelor (Hons)	Arts (Psychology) with Honours
			Science (Psychology) with Honours
		Graduate Certificate	Educational and Developmental Psychology
		Graduate Diploma	Educational and Developmental Psychology
			Psychology
		Master	Educational Psychology (Coursework)
			Psychology (Applied Developmental) and Graduate Diploma in Education
			Psychology (Clinical Psychology) (Coursework)
			Psychology (Educational and Developmental Psychology) (Coursework)
			Psychology (Industrial and Organisational Psychology) (Coursework)
			Science (Applied Psychology) (Research)
			Science (Industrial and Organisational Psychology)
		PhD	Doctor of Educational Psychology (Coursework)
			Doctor of Psychology (Clinical and Clinical Neuropsychology)
			Doctor of Psychology (Clinical Psychology)
			PhD and Master of Psychology (Applied Developmental Psychology)
			PhD and Master of Psychology (Clinical Psychology)
			PhD and Master of Psychology (Industrial and Organisational Psychology)

Alcohol & Other Drugs, Mental Health & Comorbidity:

A TRAINING REVIEW

This report, by the National Centre for Education and Training on Addiction (NCETA), examines alcohol and other drugs, mental health and comorbidity training opportunities currently available in Australia. It was undertaken for the Australian Government Department of Health and Ageing under the National Comorbidity Initiative (NCI). The NCI aims to improve coordination across mental health services and alcohol and other drug treatment services, develop best practice guidelines for service delivery, and increase professional education and training, thereby increasing the capacity of clinicians and services to better meet the needs of people with AOD and MH comorbidity. Although the full extent of comorbidity training availability in Australia is currently unclear, this report provides the most comprehensive review of training opportunities in comorbidity available in Australia to-date with details of training opportunities available in relation to alcohol and other drugs, mental health and psychology.

The report is the first in a new series from the National Centre for Education and Training on Addiction (NCETA) on workforce development (WFD) in which various aspects of WFD are explored.

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