



VICTORIAN ALCOHOL AND DRUG ASSOCIATION

Submission to Victorian  
Government's *Because Mental  
Health Matters* Consultation Paper

**VAADA Vision**

A Victorian community in which the harms associated with drug use are reduced and general health and well being is promoted.

**VAADA Objectives**

To provide leadership, representation, advocacy and information to the alcohol and other drug and related sectors.

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## The Victorian Alcohol and Drug Association

The Victorian Alcohol and Drug Association (VAADA) is the peak body for alcohol and other drug (AOD) services in Victoria. We provide advocacy, leadership, information and representation on AOD issues both within and beyond the AOD sector.

VAADA's membership comprises agencies working in the AOD field, as well as those individuals who are involved in, or have a specific interest in, prevention, treatment, rehabilitation, or research that minimises the harms caused by alcohol and other drugs.

As a state-wide peak organisation, VAADA has a broad constituency. Our membership and stakeholders include 'drug specific' organisations, consumer advocacy organisations, hospitals, community health centres, primary health organisations, disability services, religious services, general youth services, local government and others, as well as interested individuals.

VAADA's Board is elected from the membership and comprises a range of expertise in the provision and management of alcohol and other drug services and related services.

As a peak organisation, VAADA's purpose is to ensure that the issues for both people experiencing the harms associated with alcohol and other drug use, and the organisations that support them, are well represented in policy, program development, and public discussion.

## VAADA's consultation process

As the peak body on alcohol and other drug issues in Victoria, VAADA has undertaken extensive consultation with the Victorian AOD sector around the *Because Mental Health Matters* paper. VAADA organised and convened a forum on 10 July with alcohol and drug service providers to discuss the mental health reform agenda and consultation paper and to provide input into VAADA's submission. From this forum, VAADA developed a document summarising key issues which was distributed to VAADA members and the wider Victorian AOD community for comment. Feedback has been integrated into our final submission.

In addition VAADA's policy officer held discussions with a number of individual alcohol and drug agencies and workers as well as attending the statewide forum on 8 July and participating in a VCOSS roundtable on 21 July 2008. The submission has also been discussed by VAADA Board members and at the VAADA CEO and Managers network meeting.<sup>1</sup>

VAADA would like to acknowledge that this submission is based on a diverse range of opinions. Some comments may not reflect the individual opinions of all those who have generously provided input into VAADA's response. In order that the Victorian Government obtain a clear and faithful view of sectoral responses to the consultation paper, VAADA has represented differences in opinion among the Victorian AOD sector to the greatest extent possible. However, the final analysis in this submission represents the views of VAADA.

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<sup>1</sup> The VAADA CEO and Manager Network meeting is a bi-monthly meeting facilitated by VAADA and attended by CEOs and/or managers of AOD services from across Victoria. It provides an opportunity for agencies to come together and share information, discuss current issues and determine priorities for action.

## Executive Summary

The Victorian Alcohol and Drug Association (VAADA) would like to thank you for the opportunity to comment on the Green Paper *Because Mental Health Matters: A new focus for mental health and wellbeing in Victoria*. We believe this is an important step forward in addressing the needs of people whose lives are impacted by mental health issues. We congratulate the Victorian Government for recognising its responsibility to provide effective and respectful care for those affected by mental health problems. We believe the consultation paper sets an ambitious agenda for change which will require concerted effort and commitment from all levels and areas of government. Importantly, the Government will need to work in partnership with the private and community sectors, and the wider community to bring about meaningful change and we are pleased that the consultation paper acknowledges the need to work collaboratively now and into the future.

Overall the consultation paper presents a useful overview of the challenges and issues facing the mental health service system today: rising demand and client complexity; over-reliance on acute responses; professional and cultural divisions between different parts of the mental health service system; under-investment in certain areas and an unfinished service improvement agenda. These challenges are not dissimilar to those faced by other service systems including the alcohol and drug sector.

The overarching principles, as outlined in the consultation paper are relevant and generally supported. However, VAADA believes the greatest challenge before us is how these broad policy objectives will be implemented and delivered. The transition from policy into practice will need to be supported by increased and ongoing funding to provide capacity and resources, not only for mental health services but for interconnected service systems that play a role in responding to mental health issues, including alcohol and drug agencies.

Of particular significance is the recognition of alcohol and drug services as part of an integrated response to mental health issues. VAADA's submission emphasises that the AOD sector must be protected and supported throughout this process, both at the policy and service delivery level.

We also believe that there is a range of programs and initiatives that are working well and the Government needs to identify and build on what is already working. Such programs should be brought to a scale that will have a broader impact, with the relevant evaluations and financial and human resources to support expansion. The VCOSS submission includes a comprehensive list of programs across the community sector that could prove a useful starting point for this process.

Throughout this submission, a number of key positions have been outlined that express VAADA's views with regard to the direction mental health policy and associated strategies should be moving. Broadly, VAADA makes the following key points:

- Alcohol and other Drug services and the Alcohol and other Drug sector needs to be protected in terms of their expertise, experience, knowledge, skill-sets, responses to clients and practice wisdom.
- The process should be driven by a multidimensional approach to mental health which moves beyond the dominant medical/clinical model to include a social model of health.

- There needs to be coordination at a broader policy level - fragmented policy and planning reinforces silos and limits the capacity of services to respond holistically.
- The 'no wrong door' approach is supported but to address people's needs in a holistic manner we need to build a responsive service system that can provide access at the 'right time, right place' to a range of health and welfare services, not just mental health.
- The new mental health reform policy needs to be placed within a human rights framework.
- There are a range of workforce issues for AOD in terms of capacity; resourcing; access to training; remuneration & parity of pay; staff retention; that need to be addressed.
- The increased focus on prevention and early intervention should not come at the expense of other parts of the system. We need a strong and robust service system that is able to provide appropriate levels of service and support for people across the spectrum of mental health needs including people with serious mental health issues and people with problematic drug and alcohol use.
- Partnering is generally supported but there needs to be clarity in purpose of partnerships and appropriate resourcing and support from government. Partnerships need to be funded.

## Recommendations

VAADA makes the following recommendations:

1. That the Victorian Government, as part of the further development of this reform, commit to a formal consultation process with the AOD sector in recognition of the particular expertise, experience and practice wisdom of sector.
2. That membership of any overarching high level body (or bodies) should reflect the breadth of directions outlined in the consultation paper and include representatives from the AOD sector (both practitioners and policy representatives).

### Prevention

3. That the Victorian Government acknowledge and more adequately resource AOD agencies as a key entry point to mental health services.

### Early intervention

4. That early intervention strategies be extended beyond children and young people to include older age groups and particularly vulnerable populations including but not limited to, indigenous Victorians, new and emerging communities, culturally and linguistically diverse communities, people experiencing alcohol and drug issues, people experiencing homelessness and unemployed persons. Such initiatives should aim to enhance social inclusion (see recommendation 5).
5. That early intervention should also aim to enhance social inclusion, particularly around meaningful social participation, employment, and opportunity for people of all ages and for families.
6. That early intervention programs within the school environment include drug and alcohol information and education along with mental health information and education as part of a broad health curricula.

### Access

7. That the commitment to access at the 'right time right place' extend to a whole range of health and welfare services, including AOD, rather than its current focus on access to mental health services.
8. That the Victorian Government provide additional support including financial resources to rural and regional services to support the implementation of any reform under the mental health reform strategy.

### Specialist Care

9. That the Victorian Government continue to invest in and resource AOD services to strengthen the care provided by AOD services as part of its commitment to managing concurrent substance use and mental health issues and providing integrated care.

## **Complex clients**

10. That the Victorian Government consider developing flexible funding models to allow services, particularly AOD services, to respond to emerging needs and trends.
11. That the transition from residential rehabilitation back into the community be recognised as an important life transition and housing support pathways be developed to support the recovery process.
12. That the Victorian Government continue to invest in the development of common screening and assessments tools for use across AOD and mental health. The development of any new tools should be carried out in consultation with both AOD and Mental health service providers, trialled across both sectors and supported with appropriate training and resources.
13. That the Victorian Government investigate the use of technology and other mechanisms to enhance information sharing across mental health and alcohol and drugs. Subject to appropriate privacy considerations, this might include mechanisms to share client information and common data collection tools.

## **Workforce**

14. That initiatives be developed to enhance management and leadership skills in team leaders and managers across the health and community sectors including AOD to drive innovation across multiple interfacing systems.
15. That the up-skilling of staff in justice, housing, education and other systems using 'mental health first aid' to facilitate mental illness recognition and timely response should be extended to include staff in the drug and alcohol sector.
16. That further strategies (and protocols) be developed for the mental health sector to work with other agencies including drug treatment services, homeless services and other community services.

## **Partnering**

17. That resources, including funding, be provided to support collaboration between agencies and across sectors to address the 'silo' approach to service delivery and improve the capacity for AOD and mental health services to work collaboratively to address client need.
18. That the Victorian Government support partnering through integrated and coordinated policy development.
19. That the Victorian Government encourage and support the development of service standards that promote collaboration by mental health agencies, AOD agencies and other relevant services.
20. That the Victorian Government invest in the evaluation of partnership to provide a evidence base on the longer-term outcomes of different partnership models.

## **Innovation**

21. That the Victorian Government establish a project innovation fund to support the piloting and establishment of new projects across AOD and mental health to meet changing client needs.

## The policy context & the need for integrated policy development

VAADA is pleased the *Because Mental Health Matters* consultation paper recognises mental health reform in Victoria is linked closely to a range of other existing and emerging policies. A key theme that emerged from VAADA's consultation with AOD service providers was the need for integrated policy and a 'whole of government' approach.

VAADA believes fragmented policy development and planning reinforces silos and limits the capacity of services to respond to clients holistically. There is a need for coordinated policy development at both a state and national level. In particular, it is important that clear objectives, indicators and targets are mapped out and coordinated to ensure agencies do not have to meet competing policy imperatives and service delivery outcomes.

AOD agencies are concerned about how mental health policy development will link with existing and emerging alcohol and drug policy frameworks at both a state and national level. In particular, AOD agencies and VAADA are anxious to see the release of the Blueprint for Alcohol and Drug Treatment Services which is set to outline the future directions and priorities for the sector over the coming years. Given that the two documents have been developed within the new Mental Health and Drugs Division within the Department of Human Services, there will be implications across both mental health and AOD sectors.

VAADA notes that there are a number of similarities between the key objectives of the Blueprint discussion paper and the Mental Health consultation paper including: an increased focus on prevention and early intervention; building a system that is client centred; accessible and one that is partnership-oriented (Department of Human Services 2007, p.7). There is a clear imperative for joined-up policy to ensure policy objectives are complementary and mutually supportive for services working with shared client groups.

## The AOD lens

In general, AOD services who participated in VAADA's consultation felt strongly that the issues and directions outlined in the consultation paper should be examined from the AOD perspective and that the consultation paper does not adequately reflect the 'voice' of AOD sector. The AOD sector and AOD services need to be protected in terms of their expertise, experience, knowledge, skill-sets, treatment modalities and practice wisdom.

VAADA believes that the AOD sector with its expertise and experience has an important role to play in the further development of this and other mental health policies likely to impact on the sector. In particular, we would like to see further consultation with the sector as the process continues so that the particular expertise, experience and practice wisdom of AOD services is recognised and integrated into the response. As noted in VAADA's covering letter, the sector is ready to meet with the Minister for Mental Health and/or senior representatives from the Mental Health and Drugs Division, to discuss the proposed reforms. In light of this, VAADA recommends:

<p>That the Victorian Government, as part of the further development of this reform, commit to a formal consultation process with the AOD sector in recognition of the particular expertise, experience and practice wisdom of sector.</p>
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In terms of governance structures for the reform and beyond, we feel that any overarching body (or bodies) overseeing the development and implementation of the Mental Health Reform Strategy should include representatives from the AOD sector (both practitioners and policy representation). Membership of any oversight bodies should reflect the breadth of

directions outlined in the consultation paper and should therefore extend beyond clinical mental health. Accordingly, VAADA recommends:

That membership of any overarching high level body (or bodies) should reflect the breadth of directions outlined in the consultation paper and include representatives from the AOD sector (both practitioners and policy representatives).

## Data issues

AOD services with whom VAADA consulted expressed concern that some of the drug-specific data presented in the consultation paper may paint an incomplete picture of the complex relationship between alcohol and drug use and mental health. There is a substantial body of literature in this area which examines the prevalence of AOD and mental health issues in various settings and populations (see for example Burns, Teesson & Lynskey, 2001; Callaly et al 2001; Degenhardt, Hall & Lynskey 2001; Teeson et al 2000). Differing research designs, methodologies and the size of study populations need to be taken into account before drawing conclusions about causes and consequences of co-existing mental health and substance misuse issues.

It is vital to recognise the complexity of this relationship to get the right mix of policy and programs for people who are experiencing problematic alcohol and/or drug use alongside mental health concerns.

## Specific populations requiring further attention

VAADA feels that a mix of targeted and population level strategies is essential as part of a comprehensive strategy to address mental health.

Principle Seven of the framework for change recognises that 'social and economic disadvantage can directly contribute to and exacerbate mental health problems and hinder recovery; and that the diversity of the Victorian community requires a range of approaches and supports' (Department of Human Services 2008, p.23).

In general, VAADA would like to see further attention to the needs of a number of discrete populations including: women, older people, culturally and linguistically diverse populations; refugees and emerging communities; indigenous people; homeless people; people experiencing problematic alcohol and drug use and people involved in the criminal justice system. While some of these groups are discussed under Focus Area 5: Complex clients; VAADA believes the final policy framework should give detailed consideration to the needs of these discrete groups and how these needs will be met. There is also a need to recognise the vulnerability to mental illness across the lifecourse, during particular life transitions.

## Focus Area 1: Prevention

The consultation paper commits to a greater emphasis on prevention as part of the state government's approach to mental health and outlines a number of priorities for preventative effort including mental health problems linked to alcohol and drug misuse. This submission makes a number of comments with regard to prevention generally, followed by some specific comments pertaining to preventative effort linked to alcohol and drug misuse.

While VAADA believes that prevention efforts will form part of a comprehensive approach to mental health; we feel strongly that the increased focus on prevention and early intervention should not come at the expense of other parts of the system. We need a strong and robust service system that is able to provide appropriate levels of service and support across the

treatment continuum. This includes treatment and support for people with serious mental health issues and those with problematic drug and alcohol use.

The improvements proposed cannot be achieved within existing resources and should not be achieved by shifting resources and financial investment from one part of the service system to prevention. Additional and new investment will be required.

VAADA also believes that prevention efforts should include a greater emphasis on community and environmental prevention strategies. The public health systems model of drug prevention developed by Dr Simon Lenton of the National Drug Research Institute (NDRI) is one example of a model that captures the social and structural determinants of health. While specific to drug prevention, there is some applicability in this context:

The model conceptualises the determinants of drug use on a continuum from macro to micro: social and structural determinants are distal influences while risk and protection factors are more proximal. The model is both top-down and bottom-up: the macro clearly influences the micro, but equally clearly the micro influences the macro. Activity at any one of the levels can influence not only that level but, indirectly all other levels. This approach allows the mapping of systems, pathways and strategies that connect among and between risk factors, protective factors and drug use outcomes (Loxley et al 2004, p.6).

Mental health and wellbeing, like drug use, is continuously and simultaneously influenced by individual and environmental factors and preventative effort should reflect the complexity of this relationship.

### **Social inclusion as prevention**

Broad-based prevention and health promotion strategies in universal services including schools and workplaces (as outlined on page 49 of the consultation paper) can miss the most vulnerable segments of our community. Going some way to address this, goal 1.2 rightly identifies that social inclusion efforts need to be strengthened to protect and reduce inequalities in mental health. VAADA supports this goal and the government's commitment to narrowing the gap in levels of risk for mental health outcomes among particular groups in the community. We would like to see social inclusion efforts extend to AOD clients.

Issues of stigma, discrimination, limited social connectedness and supports, disengagement from school and employment have been identified as factors related to mental health outcomes. Many of the groups identified in the consultation paper as at higher risk for mental health problems including refugees and recent arrivals, indigenous Victorians and people experiencing unemployment and poverty are the same groups often identified as at higher risk of substance misuse. In this context, social inclusion efforts have an important role to play in preventing mental health and problematic substance use issues.

The consultation paper proposes an ongoing process for systematically examining current or proposed social inclusion programs to promote optimal consideration of mental health in their design, implementation and evaluation. VAADA believes that social inclusion programs should also consider substance misuse in their design, implementation and evaluation.

## Preventative efforts involving alcohol and drugs

Goal 1.3 aims to reduce the risk factors for poor mental health associated with substance misuse. This goal implies that substance misuse can lead to poor mental health. While people who regularly use alcohol and other drugs are more likely to experience a mental health issue, we also know that people living with a mental health problem are more likely to use substances problematically (UnitingCare Moreland Hall 2008). VAADA therefore believes that a commitment also needs to be made to reducing the risk factors for substance use associated with poor mental health.

The important point is not to debate whether mental health issues come before drug use or if drug use somehow helps cause a mental illness. Rather, the focus should be how mental health and drug use relate to each other. By approaching the issue from both sides, longer-term outcomes for individuals will be improved.

High prevalence disorders such as depression and anxiety have been listed as priorities for preventative effort alongside 'a stronger focus on mental health risks in all relevant substance misuse prevention programs and education initiatives, especially in relation to alcohol, cannabis and psychostimulant misuse' (Department of Human Services 2008, p.54). VAADA believes rather than focus exclusively on alcohol, cannabis and psychostimulants; we may see greater benefit from focusing on a broad range of drugs commonly used in Australia (both legal and illegal). AOD services see clients using a range of substances, often in combination (polydrug use), which all have the potential to impact on mental health outcomes with regular or heavy use.

In particular, people with high prevalence disorders often present at drug treatment agencies and AOD services generally, yet there is little reference to AOD services in responding and preventing escalation of issues. We therefore make the following recommendation:

That the Victorian Government acknowledge and more adequately resource AOD agencies as a key entry point to mental health services.

## Focus Area 2: Early intervention

AOD agencies with whom VAADA consulted expressed varied opinions about the role of early intervention strategies. However, there was a general consensus that the current focus on children, young people and families is too narrow.

Assisting young people and their families to deal effectively with emerging mental health problems is important, however, early in life does not necessarily equate with early in illness. Therefore if we focus our early intervention efforts exclusively on children and young people we run the risk of overlooking the needs of older age groups. There may be particular points and transitions in people's lives during which they are more vulnerable to mental health issues and/or substance misuse. For instance, losing a job, family breakdown, retirement may be periods during which people are more vulnerable to developing mental health problems. VAADA therefore makes the following recommendation:

That early intervention strategies be extended beyond children and young people to include older age groups and particularly vulnerable populations including but not limited to,

indigenous Victorians, new and emerging communities, and culturally and linguistically diverse communities. Such initiatives should aim to enhance social inclusion rather than focus on individual risk (see recommendation 5).

Agencies with whom VAADA consulted also felt strongly that we need to be intervening early in terms of building social inclusiveness and working with marginalised populations to reduce social isolation. This way, interventions are not focused on labelling people 'at risk' of mental illness or drug and alcohol problems but are focused on building more cohesive, supportive communities and addressing environmental, social and structural determinants of mental health and wellbeing. We therefore make the following recommendation:

That early intervention should also aim to enhance social inclusion, particularly around meaningful social participation for people of all ages and for families.

AOD service providers expressed disappointment that the one of the few references to AOD with regard to early intervention relates to Goal 2.4 – building stronger, more resilient families where there is risk related to mental health problems or a combined mental health and drug and alcohol problem. While agencies are supportive of this goal, it is not clear how this will be achieved and what role the AOD sector may play in this process. The paper indicates an expansion of FaPMI Strategy and new program workers to support drug and alcohol services to identify the mental health needs of all family members, yet it is not clear what this will mean for daily work in AOD agencies.

The AOD sector must be consulted on these issues and the mental health reform strategy more broadly, as noted in recommendation one.

VAADA also believes that holistic early intervention within the school environment needs to occur by building drug and alcohol information and education along with mental health promotion into broad health curricula:

That early intervention programs within the school environment include drug and alcohol information and education along with mental health information and education as part of a broad health curricula.

### Focus Area 3: Access

VAADA is generally supportive of the 'no wrong door' philosophy and providing access to 'right time, right place' mental health care. We are pleased that the government recognises the need to create more accessible and easy to navigate entry points into the mental health service system. However, VAADA would argue that to address people's needs in a holistic manner we need to build a responsive service system which can provide access at the 'right time right place' to a whole range of health and welfare services not just mental health services. Anecdotal evidence suggests that access points and pathways into and out of service systems will vary for different client groups but we need to build a system that can refer people to the service they need at the time they need them. We therefore recommend:

That the commitment to access at the 'right time right place' extend to a whole range of health and welfare services, including AOD, rather than its current focus on access to mental health services.

AOD service providers suggest that they have contact with a significant number of clients experiencing mental health issues and they already play an important role in identifying and responding to this group. These services should be acknowledged and resourced as one of a number of front doors into mental health services (as noted in recommendation 3).

### **Geographic access**

Access is not discussed in focus area three as a geographic issue. VAADA believes this is a significant omission and should be given serious attention in the final policy document. Access to a range of health and welfare services is limited in the outer suburban areas of Melbourne and especially difficult in rural and regional parts of Victoria. The constraints on reform are different in rural and metropolitan areas. For example, the consultation paper notes that approximately 90% of private psychiatrists working in metropolitan Melbourne yet does not discuss how the government will address the issue. Implementing the proposed reforms in rural and regional areas will be difficult without appropriate investment and resourcing from government. To this end, VAADA recommends:

That the Victorian Government provide additional support including financial resourcing to rural and regional services to support implementation of any reforms under the Mental Health Reform Strategy.

### **Improving responses in Accident and Emergency Departments**

Evidence suggests that people with alcohol and drug issues will present at hospital emergency departments in the absence of accessible drug treatment services. Clients report discrimination and inadequate care offered by emergency departments who are ill-equipped to respond to complex presentations associated with alcohol and drug misuse. The same may be true of people experiencing acute mental health problems. There is a need to build capacity to respond in these settings. In his presentation at VAADA's recent *From hospital to community* workshop, Dr Nick Lintzeris spoke about hospital based D & A Consultation Liaison Services at Liverpool Hospital, Sydney. These services facilitate screening and assessment of drug and alcohol issues and the delivery of brief interventions in the hospital setting. According to Dr Lintzeris, these services enhance the emergency department capacity to respond more quickly to patients and reduce hospital re-admissions of 'frequent flyers'. They also improve longer-term outcomes for clients. VAADA believes these sorts of initiatives should be investigated to determine their applicability to this context.

### **Focus Area 4: Specialist Care**

VAADA is pleased the Victorian Government aims to shift the mental health service paradigm from crisis-driven to a more proactive, client centred focus. We welcome the increased focus on relapse prevention and recovery and responses that integrate clinical and psychosocial supports. We agree that a 'stronger emphasis should be placed on

managing concurrent issues such as substance misuse or physical health problems, with relevant services engaged as required’.

We offer the following general comments with regard to focus area four: specialist care.

The consultation paper makes significant reference to the broadening of services to improve outcomes and provide integrated responses. Yet there is little reference to the care and responses provided through drug treatment services at the present time. The AOD service system is an integral part of the specialist care system and has an important role to play in an individual’s recovery process. The role of AOD will be increasingly important in light of the stronger emphasis on managing concurrent issues and the increased emphasis on psychosocial responses. However, current demand for services exceeds capacity. VAADA has collected anecdotal evidence suggesting waiting times for a various alcohol and drug services range from a few days to several months. Further resources, including financial investment, are needed to meet increasing demand within the AOD service system.

To this end, VAADA makes the following recommendation:

That the Victorian Government continue to invest in and resource AOD services to strengthen the care provided by AOD services as part of its commitment to managing concurrent substance use and mental health issues and providing integrated care.

## Focus Area 5: Complex Clients

We need to be cautious when using the term ‘complex clients’ as it can mean different things to different services and across different sectors. VAADA believes the term ‘complex clients’ is often used to describe people with multiple and/or complex needs. These people are often some of the most vulnerable and disadvantaged groups in the community and some will have contact with AOD services. There is some debate within the AOD sector about the usefulness of this term. Some agencies with whom VAADA consulted felt that the term is often used to describe clients with co-occurring mental health and substance use issues yet there are other groups of people who also have multiple and ‘complex’ needs.

A number of AOD agencies reported that ‘complex clients’ for AOD extends beyond dual diagnosis clients to include emerging communities, older people, people with an acquired brain injury and people with low prevalence mental health issues such as personality disorders.

VAADA believes the ‘complexity’ of particular clients, is at least in part, caused by the system itself with inflexible service delivery models, multiple reporting mechanisms and requirements, limited integration with interfacing service systems and demand for services that outstrips capacity. Many of these issues are not specific to the AOD service system and have been outlined in the consultation paper as issues requiring attention within the mental health service system. VAADA believes this reform process provides an important opportunity to address some of the ‘system’ issues within both the mental health and AOD service systems recognising that the two systems share clients.

VAADA believes one way in which we can improve responses to clients with multiple needs is to develop flexible funding models to allow services, particularly AOD services, to respond to emerging needs and trends. We therefore recommend:

The Victorian Government consider developing flexible funding models to allow services, particularly AOD services, to respond to emerging needs and trends.

Clients with multiple needs are likely to have a range of social and health issues that require attention, many of which need to be addressed before a client's mental health can expect to be improved. There may be a hierarchy of need which includes housing, food, and addressing social isolation and exclusion.

AOD services felt strongly that improving access to stable, affordable and appropriate housing is essential for clients with multiple needs. We are pleased that the consultation paper recognises the importance of housing options for such clients. These clients also need to be supported in the longer-term to sustain housing. Without access to stable housing, management of alcohol and drug issues and/or mental health issues is extremely difficult. Practitioner feedback indicates that there is simply not enough housing to sustain people over the longer-term to address and stabilise housing issues together with alcohol and drug issues, and/or mental health issues. Without stable housing, management of alcohol and drug use or mental health issues is extremely difficult. Increasing the supply of affordable housing is a necessary first step.

Practitioners also suggest that there is a need for flexibility in how people are matched to housing; this may be particularly important for alcohol and drug clients. For instance, practitioners report that it is increasingly difficult to find appropriate housing for single males.

During our consultation on the national homelessness strategy, VAADA learned that there are particular transitions during which AOD clients are particularly vulnerable to homelessness such as the transition from residential rehabilitation back into the community. Too often these clients are referred to a boarding house where the cycle of drug use will recommence. Many people completing residential rehabilitation and dealing with the process of recovery are also forced to also face the prospect of homelessness. VAADA believes this is a critical transition in an individual's life and it is vital that appropriate housing support is available to sustain the recovery process. We need to develop housing support pathways for clients exiting treatment services back into the community to support longer-term recovery. This would go some way to achieving goal 5.4 of the strategy: Maximising an individual's potential for recovery by supporting their social and economic participation in community life. We therefore recommend:

That the transition from residential rehabilitation back into the community be recognised as an important life transition and housing support pathways be developed to support the recovery process.

VAADA is generally supportive of the need for a standard Care Needs Assessment Framework to determine the range of services required by an individual. We are also generally supportive of nominating a 'lead agency' to oversee multi-agency care. However the criteria used to nominate a lead agency is not detailed in the document. VAADA believes that criteria need to be developed to determine a lead agency for coordination of care. The consumer should have a voice in determining what agency will coordinate care.

Agencies with whom VAADA consulted were generally of the view that information sharing between AOD and Mental Health could be enhanced. Services also reported an interest in the further development and widespread use of common assessment tools across AOD and mental health. We therefore make the following recommendations:

That the Victorian Government continue to invest in the development of common screening and assessments tools for use across AOD and mental health. The development of any new tools should be carried out in consultation with both AOD and Mental health service providers, trialled across both sectors and supported with appropriate training and resources.

That the Victorian Government investigate the use of technology and other mechanisms to enhance information sharing across mental health and alcohol and drugs. Subject to appropriate privacy considerations this might include mechanisms to share client information and common data collection tools.

## Focus Area 6: Workforce

There are a range of workforce issues for AOD in terms of capacity; resourcing; access to training; remuneration & parity of pay; and staff retention; that need to be addressed.

Both mental health services and AOD services employ workers with considerable expertise and practice wisdom. However, we need to provide competitive employment packages and working conditions for the community services sector which recognise the specialist skill-sets within the drug and alcohol sector and the mental health sector. This may also go some towards addressing current recruitment and retention issues. The National Centre for Education and Training on Addiction (NCETA) found a range of factors make recruitment of new staff into the AOD field difficult, including:

- A lack of suitably qualified workers
- Inadequate salaries
- Stigma of working in the AOD field
- Lack of funding to fill vacant positions
- Lack of clear career paths and opportunities (Skinner et al 2003, p.x).

Stressful working conditions, limited opportunity for career advancement and low remuneration were among the factors thought to contribute to turnover in the AOD field (Skinner et al 2003). These issues may also be pertinent to those working in the homeless sector.

VAADA's regional consultation project in 2006 revealed concerns about sector sustainability relating to recruitment and retention of staff, relatively low salaries and barriers to accessing ongoing training, supervision and other professional development opportunities.

VAADA believes there is a need for improved investment in workforce development within the alcohol and drug sector. Investing in workforce development will further strengthen the

capacity of the sector to respond to mental health issues. However, staff attendance at and participation in workforce development and training is constrained by the associated costs and the need to back-fill staff.

One of the future directions proposed in the consultation paper aims to enhance the management and leadership skills in mental health team leaders and managers to drive innovation both within mental health services and across broader health and community sectors. VAADA believes that in order to develop capacity and enhance collaboration between and across diverse interfacing sectors, initiatives should also be developed to enhance the management and leadership skills across the health and community sectors more broadly. We therefore recommend:

That initiatives be developed to enhance management and leadership skills in team leaders and managers across the health and community sectors including AOD to drive innovation across multiple interfacing systems.

There is also a need to provide competitive staff salaries for the AOD sector and appropriate remuneration that reflects different levels of skill and qualification.

We are generally supportive of goal 6.2: Embedding a culture of service quality, responsive to evidence-based practice and client need. We agree that 'strategies are required to ensure that staff maintain skills, knowledge and competence that aligns with evolving mental health consumer needs and best practice in service delivery, and that any training covers culturally sensitive practice'. However, if we are serious about service integration and responding to clients holistically then resources need to be provided across interfacing sectors including AOD. We need to develop more strategic approaches to quality service delivery across a number of community sectors including AOD which provide directions for the sector, encourage innovation and include strategies to ensure staff have the right skills and competencies to address evolving client need. VAADA is happy to discuss this further as required.

Under Goal 6.3 there is discussion around the upskilling of staff in the broader health and community sectors to interact effectively with people who have mental health problems. Alcohol and drugs services have been identified as one of the priority areas for training yet is not explicitly mentioned in the future directions around upskilling. We therefore recommend:

That the upskilling of staff in the justice, housing, education and other systems using 'mental health first aid' to facilitate mental illness recognition and timely response be extended to include staff working in AOD agencies.

Nonetheless, VAADA feels that the AOD sector has already made significant improvements in our responses to clients presenting with mental health issues. The work already undertaken by the AOD sector to 'up-skill' staff in mental health should be recognised and rewarded. We also believe it is important that staff within the mental health service system are 'up-skilled' to improve responses to clients with AOD issues. While the Victorian Dual Diagnosis Initiative is important and goes some way to address this issue, we believe further work is required.

As part of up-skilling the mental health service system to respond to clients holistically we recommend:

That further strategies (and protocols) be developed for the mental health sector to work with other agencies including drug treatment services, homeless services and other community services.

## Focus Area 7: Partnerships

Mental health problems are multi-factoral and therefore the response to them must be multi-sectorial. There needs to be a clear commitment to address the 'silo' approach to service delivery which presently acts as a barrier to integrated care for clients. While workers within the AOD and mental health sectors recognise that they share clients, the capacity to coordinate responses and provide holistic responses to clients is limited. A 2005 literature review undertaken for the Department of Health and Ageing, found the following general conditions essential to establishing good linkages across sectors:

- Engage with consumers and the broader community on the issues of intersectoral collaboration;
- Acknowledge that intersectoral collaboration is important at all levels of policy development;
- Provide resources that allow collaboration to develop;
- Encourage and support the development of service standards that promote collaboration;
- Support local initiatives that respond to the need to promote collaboration; and
- Promote research that examines the longer-term outcomes of different approaches to collaboration (St Vincent's Mental Health & Craze Lateral Solutions 2006, p.23).<sup>2</sup>

A number of the above issues were also raised by AOD services during VAADA's consultations. One of the major barriers to partnering, identified by AOD services, is the time and resources required to establish and maintain effective and meaningful partnerships. AOD agencies reported that resources need to be provided to support collaboration between agencies and across sectors and funding models need to support partnering and service integration. It is therefore recommended:

That resources, including funding, be provided to support partnering between agencies and across sectors to address the 'silo' approach to service delivery and improve the capacity for AOD and mental health services to work collaboratively to address client need.

The government also needs to recognise that competitive tenders interfere with good partnerships and therefore interfere with the ability for services to provide integrated responses to an individual's treatment and recovery. Services felt that effective partnering needs to be supported by integrated and coordinated policy development:

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<sup>2</sup> The literature review specifically examined partnering between the mental health and homelessness sectors.

That the Victorian Government support partnering through integrated and coordinated policy development.

Some agencies felt that current mechanisms for capacity building and integrated service delivery between AOD and mental health is one-sided, placing a heavy burden on AOD agencies. Services have voiced concerns about ever increasing demands to do more without the necessary support and/or resources to meet these new demands. Some of these demands include increasing the number of staff who are 'dual diagnosis' capable, developing mechanisms for client and consumer involvement; and navigating multiple reporting systems and data collection tools . Agencies also feel that there needs to be a greater commitment from the mental health sector to enhance their skills in responding to AOD effectively. We therefore recommend:

That the Victorian Government encourage and support the development of service standards that promote collaboration by mental health agencies, AOD agencies and other relevant services

VAADA and AOD agencies believe that the longer-term outcomes of partnering need to be examined to improve and build on the partnering process. One way in which to achieve this is through evaluation. We therefore recommend:

That the Victorian Government invest in the evaluation of partnerships to provide a evidence base on the longer-term outcomes of different partnership models.

## Innovation

VAADA believes there is a need to encourage innovation across both mental health and AOD services. Anecdotal evidence from service providers indicates that a range of new and innovate health and welfare projects are implemented without additional funding and cannot be sustained over the longer-term for this reason. The consultation paper itself recognises the need for service innovation. VAADA therefore recommends:

That the Victorian Government establish a project innovation fund to support the piloting and establishment of new projects across AOD and mental health to meet changing client needs.

## Conclusion

The AOD sector is a key stakeholder in the process of mental health reform. The AOD sector will be a necessary part of an integrated response to mental health issues. Recent developments including the creation of the Mental Health and Drugs Division within DHS; the Victorian Dual Diagnosis initiative and the release of the *Because Mental Health Matters Health Matters* consultation paper signify the Government's interest in integrating the work of the AOD and mental health. While some degree of collaboration is necessary to deliver integrated and holistic care, the two service systems need to be maintained in their own right.

VAADA believes it is increasingly important that the AOD sector is consulted and given a voice in policy making processes that will impact on our sector and our clients. The AOD sector must be protected and supported throughout this process, both at the policy and service delivery level. A failure to do so will reduce the focus on AOD issues resulting in a broad range of social and community impacts.

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