We are not reaching CALD AOD clients

In the North West Melbourne Region:

36% **born overseas**

...but only **17%** **of our clients are**

38% speak **LOTE at home**

7.2% speak LOTE at home **AND have little to no English skills**

...but only **3%** **of NW clients have listed another language as their preferred**

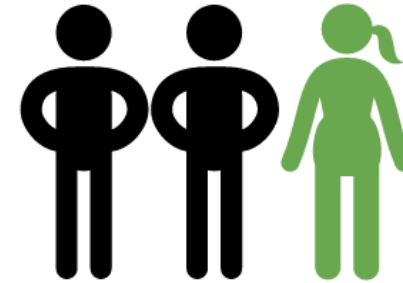# We don't utilise Interpreter services as widely as we could

	NWR	Total in Victoria
Eligible organisations	18	66
Organisations that accessed Interpreters	7	11
On-site interpreters provided	300	379
Telephone interpreters provided	100	108

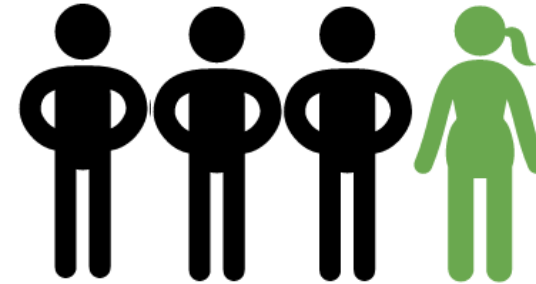# Gender imbalance is amplified for CALD clients

ALL CLIENTS:

35.1% female

CALD CLIENTS:

25.9% female

CALD Clients are.....

Referral source

- *less likely* self-refer (46.9% vs 58.9%)
- *more than twice as likely* to be:
  - Police Diversion (8.0% vs 3.7%) and
  - Hospital referred (11.1% vs 5.3%)

Mode of service

- *less likely* to do phone intake – 22.9% vs 34.8%
- *more likely* to need face-to-face intake (20.2% vs 12.4%)

Drug use patterns

- Primary drug of concern *more likely to be alcohol* (38.7% vs 29.6%), *less likely* to be methamphetamine (19.9% vs 28.9%)
- Poly drug use *more likely to be "not recorded"* (15.1% vs 11.1%)
- *Less likely* to be Poly Drug Use – Yes (33.0% vs 45.8%)

*"Denying access to good quality data to any community is actually **denying them a human right**, because you can't know whether you are being treated fairly in a society, unless you **have a measure of fairness**"*

Data is a human right & all clients have the right to be counted

Building the regional understanding of workforce needs

Tanya Hendry
Catchment Planning Team, EACH
Eastern Metropolitan Region

2016-2018 catchment planning in the Eastern Metropolitan Region (EMR)

Priority groups :

- Aboriginal and Torres Strait Islanders

- Service users experiencing family violence (as victims or perpetrators)
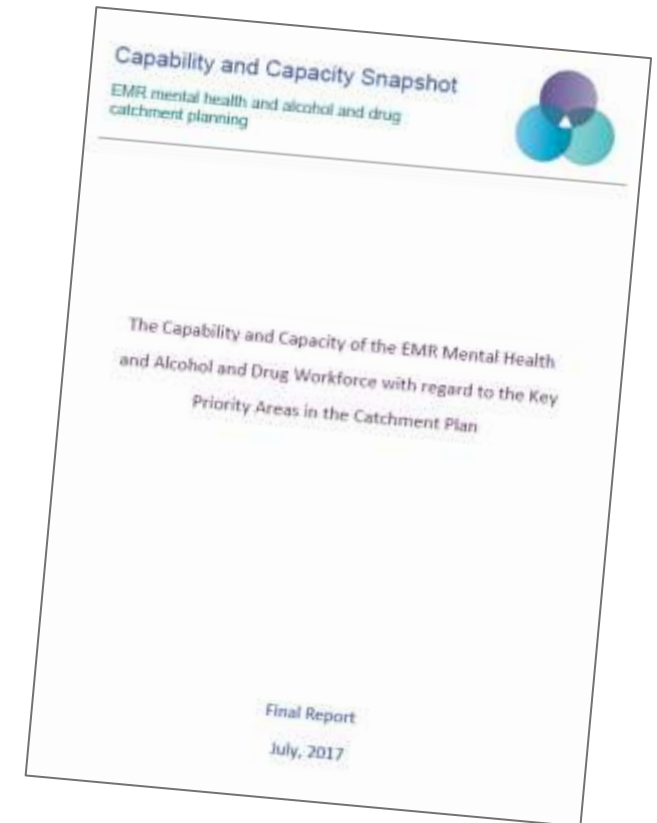
- Service users with dependent children

Focus
- Support regional stakeholders in better understanding the current situation, needs and potential areas for action to improve the service response for AOD clients from priority groups

Capability and capacity snapshot

What did it seek to achieve?

To compile a picture of the current capability and capacity in the community mental health and AOD services workforce of the EMR in relation to working with the 2016-2018 catchment planning priority groups.

Capability and Capacity Snapshot
EMR mental health and alcohol and drug
catchment planning

The Capability and Capacity of the EMR Mental Health
and Alcohol and Drug Workforce with regard to the Key
Priority Areas in the Catchment Plan
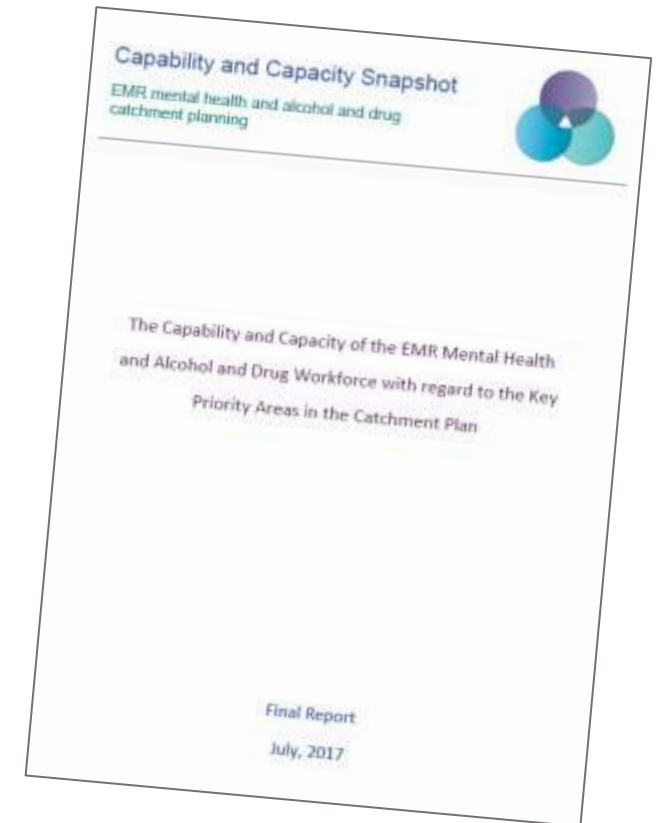
Final Report
July, 2017

Capability and capacity snapshot (2)

How?

- Online survey distributed via email to all AOD and mental health organisations in the EMR

- Questions related to identification and engagement with priority groups, training and professional development, secondary consultation, and access and referral to specialist services

- 44 respondents from mental health, 25 from AOD, and 6 from a dual diagnosis service

Capability and Capacity Snapshot
EMR mental health and alcohol and drug
catchment planning

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and Alcohol and Drug Workforce with regard to the Key
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Say what? (Key findings)

So what?

50% had participated in training relating to one or more of the priority areas in ≤3 years.

Respondents felt relatively confident in their capability to respond to the needs of the priority groups. Confidence was lowest with regards to working with perpetrators of family violence.

Confidence, capability and capacity of AOD and mental health workers to engage and work with the priority groups appear to be **inconsistent** across the EMR

40% to 60% of respondents reported having access to secondary consultation, specialist services and/or access to clear referral processes and pathways

Knowledge of specialised services and support mechanisms, and how to access them, also appears to be **variable**