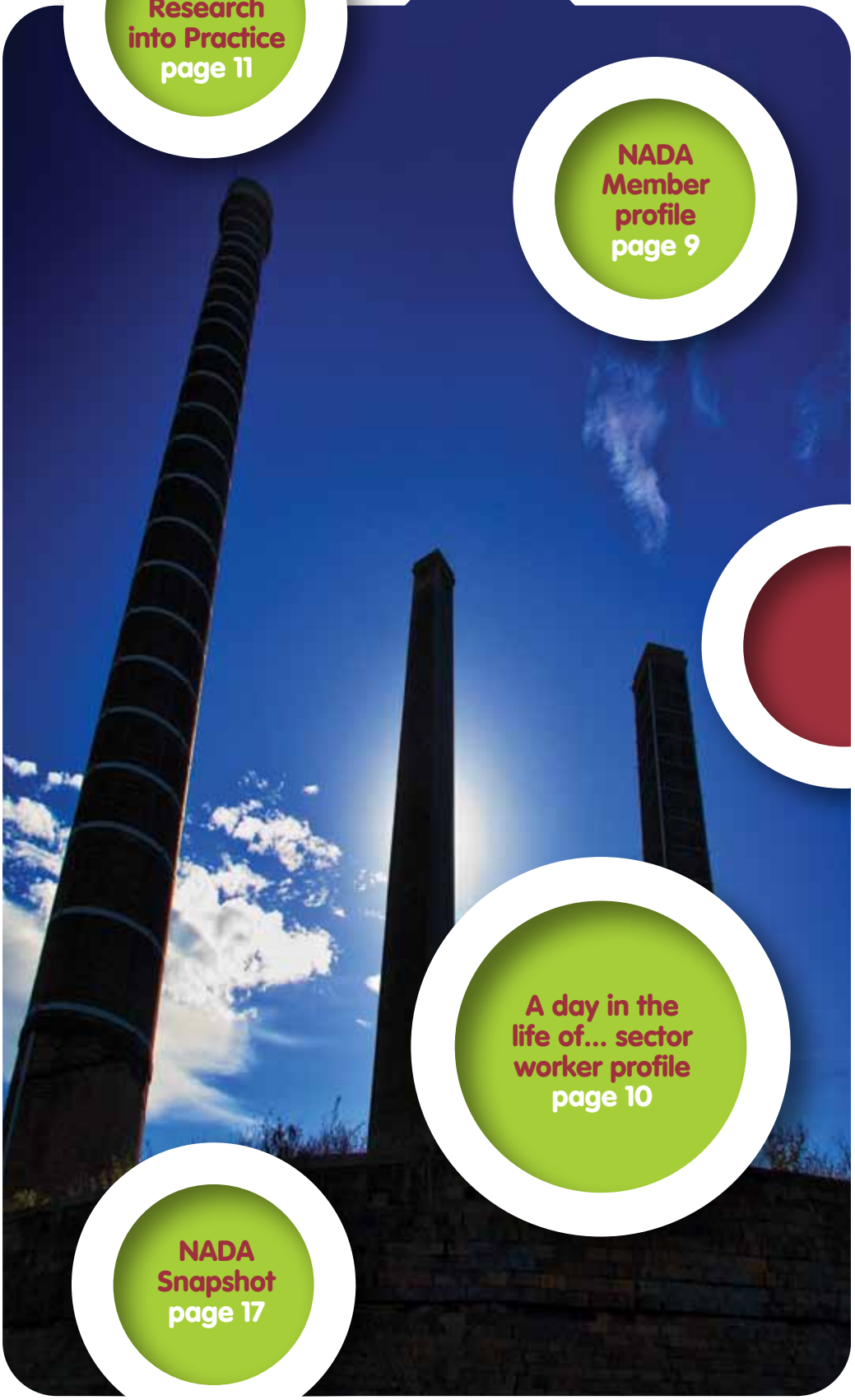
NADA
network of alcohol & other drugs agencies

The newsletter of the Network of Alcohol and Drug Agencies

Issue 1: March 2013

advocate



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New look

NADA's new look Advocate will now include a theme for each edition.

This first edition for 2013 asks a number of guest writers to respond to the question.

"Drug and alcohol: are we just another mental health issue?"

Read responses from:

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Drug and alcohol: are we just another mental health issue?

Hon. Kevin Humphries, MP

Minister for Mental Health
Minister for Healthy Lifestyles
Minister for Western NSW

There are few problems we as a society face that are more cruel – and more debilitating – than the scourge of drug or alcohol addiction. These are problems that affect all of us in one way or another. It affects first-hand those with an addiction, as well as their families and friends struggling to help; but it also affects our communities, our hospitals, our prisons, and our community services. That is why since coming into Government two years ago, the NSW Liberals and Nationals have been determined to address the issue of drug and alcohol addiction. We are dedicated to giving communities the tools to help fix this problem and we are resolute in our commitment to helping treatment services support people who want help in ridding themselves of their addiction.

One of the NSW Government's key election commitments was to provide $10 million to the NGO sector to strengthen and enhance drug and alcohol treatment services to help thousands more people break the cycle of drug addiction. It was a commitment that demonstrates our determination to keep people out of hospital, out of prison and back in our communities where they can live meaningful and productive lives; a commitment that I am particularly passionate about. This additional funding will be particularly concentrated on increasing the capacity of community based treatment services to provide greater support to those who are ready to move out of opioid substitution treatment towards abstinence.

It is important that we develop a service pathway which helps people to move on from their addiction to live drug free. For too long services have focused on shifting people just one step along in the system.

What is clear to me is that the NGO sector is absolutely critical to achieving meaningful reform. As a Government, we value the role drug and alcohol NGOs play in delivering high quality treatment, prevention and health promotion services in NSW. These services are based in the community and play a vital role in assisting people who are experiencing problems with drugs and alcohol.

We want to form new and better partnerships with NGOs, we want to see more services delivered outside of Government by those groups that are close to their communities and we want the NGO sector to take on an expanded role in this area. Getting our funding processes right is crucial to creating a system that is more streamlined, with less red tape, and with appropriate evaluation in place so that resources provided to programs deliver the best possible outcomes.

The NSW Government is committed to supporting every NGO that provides drug and alcohol services in NSW, but part of this commitment is about NGOs working together to ensure that services are not duplicated, joining up where appropriate to deliver the range of supports that consumers need on their path to recovery.

My portfolio responsibilities mean that I can focus on giving the drug and alcohol sector the attention that it deserves as well as the opportunity to deliver real and meaningful reform. But more importantly, for too long government has worked in isolation when it has long been obvious that government cannot fix things on its own. Long-term solutions lie in partnerships and community responsibility. Right now we have a great opportunity to get this right and ensure the most efficient and effective use of the finite resources available.

"As a Government, we value the role drug and alcohol NGOs play in delivering high quality treatment, prevention and health promotion services in NSW. These services are based in the community and play a vital role in assisting people who are experiencing problems with drugs and alcohol."

David McGrath

Director Mental Health and Drug & Alcohol Office

NSW Health

Similarities and differences exist between mental health and drug and alcohol sectors. The similarities lie in the fact that both are dealing with a client population that is frequently stigmatised and who present with a range of complexities that impact on their health and social functioning. To manage this requires a skilled workforce able to deliver patient-centred care that addresses the particular range of bio-psychosocial needs of the individuals. To manage the specific presentations, particularly the acute medical diagnoses and management, requires a particular skill-set that is clearly distinguishable between the two sectors.

To effectively manage the different presentations, it is important that practitioners are able to recognise the differences between the populations, particularly in terms of patient readiness for change and treatment paradigms. Drug and alcohol treatment traditionally relies on motivational readiness of a client to engage. Engagement then occurs across a broad range of treatment settings, largely in the community. Family and carer engagement is variable, and treatment is often focussing on behavioural change. Mental health differs in that there has historically been more of a reliance on involuntary or emergency care, in acute or hospital settings, for people presenting with severe mental illness. The high prevalence disorders, when treated, have often been addressed in primary care settings or through longer term therapeutic intervention. In mental health there is a high level of consumer, family and carer engagement with a strong focus on stabilising illness symptoms.

Creating more of a balance between acute and community care is essential for ensuring that the range of acuity of mental health and drug and alcohol problems are addressed. Current program restructuring has at its core the intent to shift away from hospital settings. Community integration and participation is essential from the perspectives of prevention, health promotion and recovery. Whilst the components of community based care may have similarities for both mental health and drug and alcohol services, there will always be a distinction between them given the nature of the presenting behaviours, philosophies and underlying neuroscience.

Non government organisations have a long history of delivering drug and alcohol education, prevention and treatment programs. The partnerships between government and non government organisations have been vital for advocating for policy change and for ensuring treatment accessibility. This will become more important into the future as governments look to building stronger community based care. Partnerships between government, non government and primary care services will be essential to maintaining the integrity of person-centred and integrated care. It is vital that the full spectrum of services, delivered through partnerships, continues to exist to ensure that the appropriate treatment and care is delivered. There will always be a need for separate mental health and drug and alcohol service systems however the key to effective service delivery is an integrated approach.

“Similarities and differences exist between mental health and drug and alcohol sectors. The similarities lie in the fact that both are dealing with a client population that is frequently stigmatised and who present with a range of complexities that impact on their health and social functioning.”

Continued...

Drug and alcohol: are we just another mental health issue?

Above: *Ian speaking at the launch of* ***A Contributing Life: the 2012 National Report Card*** *in Sydney*

Prof Ian Webster AO

Commissioner with the National Mental Health Commission

The crescendo for mental health reform peaked in 2011. Both sides of politics agreed that something should be done. In the clamour there was widespread support for an independent body – at the highest level – to oversight, monitor and advocate for changes in mental health policy and programmes.

In January 2012 the Prime Minister, Right Honourable Julia Gillard, established the first National Mental Health Commission (NMHC) comprised of ten commissioners and Chairman Professor Alan Fels. The Commission reports to the Prime Minister through the Minister Assisting the Prime Minister in Mental Health Reform, the Honourable Mark Butler. The principal and first task of the NMHC was to produce the first ***National Report Card on Mental Health and Suicide Prevention***.

The Report Card was launched and presented to the PM in November 2012. Throughout 2012 anticipation was building in the mental health community with high hopes for the findings of the Report Card. Time was short and many areas needed to be addressed. The task was to give voice to the most pressing issues and to foreshadow future work on those issues which could not be covered in the first report.

I am hopeful that co-existing mental health and substance use problems will be dealt with in the 2013 Report Card.

To Government the Report said - give top national priority to mental health, implement the existing funding commitments to mental health, ensure the National Disability Insurance Scheme includes psychosocial disability, give the highest priority to the mental health of Aboriginal and Torres Strait Islander peoples and embed this in the 'Closing the Gap' initiatives, undertake regular surveys of the national mental health and set quantifiable goals for the future in mental health.

The Commission expressed strong reservations about the likely negative impact of Activity Based Funding which is to be based on the "price" of treatment during hospital admissions for mental health conditions. Mental health services must be distributed and balanced according to needs and centred on community-based interventions – not hospitals. Setting a hospital price for mental health treatment, the Commission considers, will have a perverse effect on achieving these goals.

Australian Government
National Mental Health Commission

The first *National Report Card on Mental Health and Suicide Prevention* is far more than another claim for resources from government. It is a line in the sand. It is a mirror reflecting back to all of us how this country is travelling in mental health and suicide prevention. It asks us to look through the lens of a contributing life. The key elements of this life in the Report are:

- Aboriginal and Torres Strait Islander peoples mental health and wellbeing
- Thriving, not just surviving – the physical health of people with mental health difficulty
- Maintaining connections with family, friends, community and culture – inclusive approaches to care for family and support people
- Ensuring effective support, care and treatment – access to care and quality care
- Something meaningful to do, something to look forward to – participation in work, employment and the community
- Feeling safe, stable and secure – having a home
- Preventing suicide – effective interventions.

> *"I don't consider alcohol and drug problems as "just another mental health issue"; they are mental health issues as well as issues of public health and social welfare. And, conversely, mental health problems are not "just" drug and alcohol problems for some people but are to do with the well-being in our communities and of individuals."*

Continued...

Drug and alcohol: are we just another mental health issue?

The Report is more than a set of recommendations, far more; it is the way it centres on the idea of a contributing life. It is a statement about how, as nation, we value people who may be experiencing mental health difficulties and seeing them as one of us; if not actually us. And, at the highest level, it says important things about societal and community values – the values to be held to enable everyone to lead a contributing life.

I don't consider alcohol and drug problems as "just another mental health issue"; they are mental health issues as well as issues of public health and social welfare. And, conversely, mental health problems are not "just" drug and alcohol problems for some people but are to do with the well-being in our communities and of individuals.

The survey of ***People Living with Psychotic Illness*** – people in the community – showed 63.2 % of males and 41.7 % of females were dependent on cannabis and almost the same percentages were alcohol dependent – males 58.3 % and females 38.9%. Numbers of this kind could readily be reversed to document the prevalence of mental health problems in people with alcohol and drug use problems.

The challenge to newsletter readers is to consider what a contributing life might be for those with substance use problems and disorders, and to think what it might mean for those who seek help from treatment and community agencies. In so doing, as a community, we will be in a better place to prevent these problems and to find more effective ways to assist those affected to live more fulfilling and productive social lives.

Jenna Bateman

CEO, Mental Health Coordinating Council (MHCC)

The key to answering this question lies in defining what is meant by the term 'mental health issue'. If the question had asked 'are we just another mental illness' the answer would have been a fairly straightforward 'no'.

The term mental 'illness' has a narrower medical usage than the term mental health 'issue'. It implies a definitive diagnosis and set of symptoms attributable to biochemical functioning in the brain. A mental health 'issue' on the other hand is a term that focuses on the behavioural, psychosocial and emotional responses people have to their life experience. The division between the two terms however, is by no means an exact science. Determining where drug and alcohol problems or addiction sits (if at all) in this mix, requires recognition that the trend today is to call almost anything that impacts a person's wellbeing to the degree it effects acceptable levels of functioning, as a mental health 'issue'.

Social inhibition, isolation, gambling, violence and anger, poor hygiene, absenteeism and excessive drug and alcohol use are examples of mental health issues. The term has become a catchall enabling mental health policy and programming to expand beyond previous boundaries imposed by the medical 'illness' model; a model which previously saw people with addiction and other conditions refused service at mental health facilities.

> *"The last decade has seen greater recognition that many people present with a complex mix of symptoms and circumstances that do not respond well to being treated separately or consecutively and this is true particularly of people who have mental health and drug and alcohol problems."*

That people take drugs and alcohol to manage and cover symptoms of mental illness; that excessive drug and alcohol use can lead to symptoms of mental illness, is now part and parcel of mental health practice knowledge. In this sense, drug and alcohol is clearly a mental health 'issue' but it would be wrong to leave it at that. Drug and alcohol abuse is not 'just' a mental health issue – many people without mental health issues struggle with their drug and alcohol use and require dedicated service responses, including treatment, rehabilitation and education.

The tension between designing services that attempt to be all things to all people and specialist services that enable access to high level expertise in targeted areas is an ongoing one. People with eating disorders, people affected by trauma and abuse, those with so called personality disorders, people with anxiety disorders and those experiencing grief and loss, have fared badly by having been caught up under the 'mental health' banner; suffering minimal access to dedicated service approaches that focus on the specifics of their conditions. There is now growing recognition of the need for specialist services for these groups supported by service coordination approaches to enable improved whole of life responses and outcomes. Drug and alcohol use can be a mental health issue and its incidence in the community does often align with the same range of drivers. However, like problem gambling and other conditions, it requires specific and targeted funding, policy and therapeutic responses.

CEO report

Larry Pierce

There will be a lot of opinion on this Advocate's vexed question – a question that is not new and has a tendency to come up every ten years or so. The question inevitably comes up in the context of reform/restructuring in state health departments as part of an overall government push to reduce costs across the public sector. Let's be clear about what the real drivers of amalgamation of mental health and drug and alcohol program areas is all about!

Having said that, it nonetheless causes much concern across the mental health and drug and alcohol sectors when, once again, there is a move to merge both policy areas in central health agencies and both come under a single special ministerial responsibility. Generally, the minister's title is 'Minister for Mental Health' with no mention of drug and alcohol. At the departmental level, the previously separate drug and alcohol policy office/section/bureau is subsumed under the mental health office/section/bureau for "administrative coordination" (read: efficiency, read: to reduce senior policy staff numbers). And then we have a reduced policy capacity for the central management of the drug and alcohol program. Some may think this isn't such a bad thing – I don't necessarily agree.

I think the real problem lies at the policy level. The NSW drug and alcohol program has not had a major policy review since the 1999 Drug Summit and it has been eroded over the past thirteen years in terms of actual funding levels and in government priority. It is an unfortunate reality that the drug and alcohol program only does well when it has high level (i.e. Prime Minister or Premier) support. Few health ministers and even fewer human services ministers have ever really championed drug and alcohol. It is as though drug and alcohol needs a media-driven catastrophe to bring it to the fore and make government move on improving the program and the wider capacity of the system to respond to drug and alcohol issues; this is exactly what happened in NSW in 1999.

We need a balanced and evidence informed set of debates in NSW to determine the next major policy settings for drug and alcohol, and I hope something like this emerges out of the current NSW Parliament Legislative Council's inquiry into drug and alcohol treatment. Drug and alcohol policy and its place in the broader context of mental health and other health and human services needs to be determined by the NSW government so that we can settle down program arrangements for service delivery that will meet the needs of the community as well as integrate with mental health and other key health and social services program areas.

The other area of policy development is mental health; the establishment of the NSW Mental Health Commission is to be applauded and it will be good to see what this body does in terms of re-shaping the NSW mental health program, and in particular promoting the sorts of policy and program development positions that our sister peak the Mental Health Coordinating Council advocates for. I am speaking here of course of the need for a service system that meets the needs of people with mental health illness in the community in a holistic and fully integrated way across the diverse health and social support needs people have.

So, how are we in the drug and alcohol sector to proceed? As I have indicated, we need some serious policy development at the top levels of government and we need to re-configure away from the current government infrastructure heavy service delivery system. We need more direct service delivery at the community level and better integration with the mental health system. I think this should be driven by the specialist non government sector that can be funded to extend the scope of current activities. We need a closer relationship between our sector and the addiction medicine specialist sector in the public hospital system to link high complex need clients seamlessly between high-end hospital care and ongoing rehabilitation and support in the community.

Finally, we need to have our service system needs costed and funded appropriately; the clear way forward here is through the Drug and Alcohol Clinical Care and Prevention Project (DA-CAP), a national project commissioned by the Intergovernmental Committee on Drugs and led by NSW Health. This population based funding allocation formula allows for an accurate level of service funding per 100,000 populations. This model is successfully used in the mental health area nationally. We also need to increase our efforts at having more valid and sustainable consumer input and direct involvement at all levels of the drug and alcohol program.

If we do all of the above I don't think we will need to ask questions about where the drug and alcohol program sits and what it is supposed to do.

"We need a balanced and evidence informed set of debates in NSW to determine the next major policy settings for drug and alcohol"

NADA President's comments

Mark Buckingham

In short, the answer in my opinion is yes! We are another mental health issue along with a long list of complex physical, mental and social needs requiring support.

It wasn't too long ago that we were asking the question "what am I dealing with and in what order: mental health or drug and alcohol?", and "who are we: a drug and alcohol service or a mental health service?". We now acknowledge the interaction between the two and the impact on our client's efforts to manage recovery. More importantly, we acknowledge the challenges this presents as service providers; in our organisational aims, our processes, work force development strategies, and partnerships with the broader community, including learning and research institutions.

The drivers for this acknowledgment are two-fold: one, there is increased expectation via funding at both state and national level that drug and alcohol service providers demonstrate ability to work with clients presenting with mental health concerns; and two, there is a large amount of evidence that can't be ignored in terms of simultaneous effective strategies, and that drug and alcohol residential settings are a conducive environment to engage and support clients to manage. We are however, in a state of flux as we are examining our origins and future directions.

> *I would not like to see the drug and alcohol sector lose any of its identity or current capacity.*

Having said that, I would not like to see the drug and alcohol sector lose any of its identity or current capacity. I believe it possible for drug and alcohol services to retain identity as specialists in addictions; however each service must identify what its' capacity is and more importantly what its aims are in providing treatment for this client group. There may be many drivers that determine the outcome of that process and there will be varied results and outcomes, which is fine.

Getting back to the question, I think it's irrelevant. The challenge for service providers is to legitimise their activity via clearly articulated strategic aims and objectives, supported by processes that identify mental health and their capacity to asses, treat and/or refer. This is important, as a by-product will be clarity in who we are as a service providers and a sector, and define the line between addiction specialists and mental health.

> *The challenge for service providers is to legitimise their activity via clearly articulated strategic aims and objectives*

NADA Events

Personality Spectrum Disorders Worskhop

9am-5pm, 29 April 2013
2 Locomotive St, Eveleigh, NSW

For more information click *here*.
NADA contact: *Edith*

Other events

PHAA National Social Inclusion and Complex Needs Conference

15 and 16 April 2013

Further information on abstract submissions available on the *PHAA website*.

Australian Winter School Conference

17-19 July 2013
Brisbane, QLD

Register at *www.wintershcool.info*

Australian Professional Society on Alcohol and other Drugs (APSAD)

24-27 November 2013
Brisbane, QLD

www.apsadconference.com.au

National Indigenous Health Conference

25-27 November 2013
Cairns, QLD

www.indigenoushealth.net
or *email*

Drug Action Week 2013 'Drugs, Communities and Families!'

16-22 June

For Drug Action Week 2013 details, ideas for activities, and registering your event, visit *www.drugactionweek.org.au*

Welcome new NADA members

NADA welcomes two new organisations to the membership: Grow NSW and Yula-Punaal Aboriginal Education and Healing Service.

Grow NSW

Grow is a consumer organisation that has developed a unique program for improving and maintaining mental wellbeing. For over 50 years, this pioneering program has helped thousands of Australians to recover from a range of mental health issues, including depression, anxiety, panic attacks as well as diagnosed mental illness. The program is designed for people to take back control of their lives, overcome obstacles and start living a life full of meaning, hope and optimism. The Grow Program has been used as a foundation for specific programs targeted at young people, carers and psychological rehabilitation service for people with a mental illness and addiction to drugs and alcohol and residential support.

Contact toll free 1800 558 268 or (02) 9633 1800.

Yula-Punaal Aboriginal Education and Healing Service

Located in Mandalong, NSW, the service provides a community gathering space that welcomes Aboriginal female offenders on release from prison, with a nurturing environment where they receive case planning and advocacy. This helps the transitional process from custody to community in a culturally safe environment. The name of this project combines words from two Aboriginal languages - Gamilario and Awabakal - meaning rain and sun.

The service fills a gap not provided by the government for Aboriginal women caught in the legal system and correctional facilities. Many women are not immediately accepted by their communities on release. Yula-Punaal in collaboration with Mercy Works is working to construct an Aboriginal yurt - a round building which forms welcoming arms around those who enter. The yurt and the programs provided there will help the women strengthen themselves and move back to their families and communities through Aboriginal ways of knowing and doing.

Contact Yula-Punaal on 02 4977 2863 or email *Michelle*.

NADA member profile

Karralika Programs ACT

Karralika Programs: supporting adults to address their alcohol and drug dependence and lead productive lives, contributing to their communities.

You may have known us before as ADFACT, (Alcohol and Drug Foundation of the ACT) prior to our name change in 2011. Karralika Programs has been delivering residential and community-based alcohol and other drug programs for 35 years. Based in the ACT, Karralika Programs has a number of programs and services that can help Canberra residents and clients from surrounding regions to address their alcohol and other drug dependence and change their lives.

Each year Karralika Programs supports as many as 300 individuals and families through our suite of rehabilitation and education programs. Our programs are underpinned by therapeutic community principles and a belief that a person's dependence on alcohol or other drugs is a symptom of underlying personal difficulties.

Through individualised case management and care plans, educational and therapeutic groups, and utilising 'community as method' principles in every-day life, individuals and families can begin or continue their recovery journey at Karralika Programs. Pre and post treatment support is vitally important and our Early Birds (pre treatment) and Outreach Worker supports a harm minimisation approach to keeping clients safe and continuing their recovery journey through connecting them up to other identified services.

Our programs include:

- Karuna: short stay residential program of 8 weeks to begin the recovery journey
- Adult Therapeutic Community Program: medium to longer stay residential rehabilitation program for single adults and couples
- Family Program: residential program to support parents with children (up to the age of 12) who can accompany them while going through treatment. We work with the adult and with the family unit to support positive family relationships.
- Solaris Therapeutic Community: therapeutic community for male detainees within Canberra's jail, the Alexander Maconochie Centre
- Nexus Men's Halfway House: community-based program for men to focus on recovery and achieve stability and independence in their lives
- Early Birds and Outreach Program: providing support to adults while awaiting admission, to keep them safe; and after their treatment to help them prevent relapse and continue on their recovery journey
- Sober Driver Program: our own drink driver education program called REVERSED for those who have been charged or facing charges for drink driving.

What's new?

Since the name change in 2011, we have moved towards a strengths-based framework while at the same time retaining the core values, beliefs, principles and guidelines of our modified therapeutic community. We have also invested heavily in the professional development and support of our staff around complex needs and comorbidities.

This year, in partnership with the Mental Illness Fellowship Victoria, Karralika Programs will be delivering alcohol and other drug support, groups and individual case management as part of a new 'Step Up Step Down' Supported Accommodation program in the ACT, for clients with mental health issues.

In 2013, in response to the limited options within the ACT and surrounding regions for a residential program that supports clients utilising pharmacotherapy, Karralika Programs will implement a new service model, with the support of Commonwealth, to enable those already accessing opioid maintenance therapy to be admitted into the Adult Therapeutic Community to address other alcohol and drug dependence issues. All residents will participate in the program together in an integrated approach. This model exists elsewhere in Australia but is not currently available in the ACT. The project work we are undertaking will continue to add to the evidence-base while importantly filling a local need.

Want to know more about the services and programs we offer?

Visit *www.karralika.org.au*

Want to refer someone to one of our programs?

Contact our Intake and Assessment Officer on (02) 6163 0200.

A day in the life of

sector worker profile

Mark Goodhew

Mental Health Nurse
Sydney Medically Supervised Injecting Centre (MSIC)
UnitingCare NSW ACT

How long have you been working with your organisation?

I have been with the MSIC for the past 4 months.

How did you get to this place and time in your career?

I felt disillusioned working in an overburdened public mental health system, as people are often denied care. Consequently, I applied for the Mental Health Coordinator position to help people who inject drugs access mental health care. The position has also has given me the opportunity to learn harm minimisation skills and refresh resuscitation skills, as I have not worked in an acute medical setting for many years.

What does an average work day involve for you?

A day working at MSIC is varied and could involve working on the MSIC floor, assessing clients' mental health, referring clients to other services, building partnerships with health services in the local area, providing short-term counselling, providing mental health education for MSIC staff, and conducting research.

What is the best thing about your job?

The best things about my job are its variety, engaging with clients, and the support from the friendly MSIC team.

What is one thing you would like to see different in the non government drug and alcohol sector? What needs to change to get there?

I would like to see workers in the non government drug and alcohol sector better equipped to address their client's mental health needs and work in partnerships with mental health services. More funding is required to provide training in engaging and assessing clients' with mental health problems, and better communication with mental health services is needed to work in partnership with mental health services.

If you could be a superhero, what would you want your superpowers to be?

To be able to fly at the speed of light.

Introducing NADA staff member

Edith Olivares

Project Officer

How long have you been with NADA?

I have been with NADA since October 2012, only 4 months.

What experiences do you bring to NADA?

I'm an outgoing and hardworking person with experience in project management and community development. I am also focused on quality and contributing to my team's success.

What NADA activities are you working on at the moment?

I am currently working in the NADA Sector Capacity Building Program, particularly reviewing the NADA Policy Toolkit, supporting the development of networks of population and regional specific services and supporting the ASIST Training Project amongst a few other little projects.

What is the most interesting part of your role with NADA?

The opportunities to support and learn from my team and the wide range of organisations across NSW.

What else are you currently involved in?

At the moment, I am part of the South Sydney Community Aid Board and support the planning processes of the Spanish Community Care Association in Sydney.

Tell us something you enjoy doing on your days away from work.

I really enjoy nature and being outdoors, the city, beach side or mountain scenery - doesn't really matter, the important thing is to be outside and enjoy the day.

Translating research into practice

Australian Government
National Mental Health Commission

NHMRC CENTRE OF RESEARCH EXCELLENCE
in MENTAL HEALTH and SUBSTANCE USE

Katherine Mills, PhD

Program Director and Director Clinical Treatment Research

NHMRC Centre of Research Excellence in Mental Health and Substance Use

Recent decades has shown growing concern regarding the frequent co-occurrence of mental health and substance use disorders, often referred to as comorbidity. In response to this concern, the Australian Government funded the National Comorbidity Initiative. Although this landmark initiative led to considerable improvements in the coordination of service delivery, the co-occurrence of mental health and substance use disorders continues to be pervasive, representing a significant challenge to clinical and public health service providers.

Mental health and substance use disorders continue to represent two of Australia's most prevalent and burdensome health conditions, and the adverse consequences of these disorders are further compounded when they co-occur. Comorbid mental health and substance use disorders affects more than 300,000 Australians every year, and together account for more years of life lost due to disability than any other disorders. Once both mental health and substance use disorders have been established, each disorder serves to maintain and exacerbate the other, often leading to a chronic course of illness.

Although a great deal of effort has been put in to meeting the challenge presented by comorbidity, efforts have been hindered a lack of empirical evidence regarding the effective prevention and treatment of co-occurring mental health and substance use disorders. Indeed, even our understanding of the nature of the relationship between these disorders is poor. Without an evidence base on which to found prevention and treatment programs, clinicians and policymakers are only able to guess at what might work. Such an approach may lead to the implementation of interventions that are ineffective at best or harmful at worst. Research regarding the effective prevention and treatment of comorbid mental health and substance use disorders is therefore crucial in order to improve the health outcomes of individuals experiencing these conditions, and to inform the provision of valuable health resources.

Mental health and substance use disorders continue to represent two of Australia's most prevalent and burdensome health conditions, and the adverse consequences of these disorders are further compounded when they co-occur.

Funded in November 2012 by the Australian National Health and Medical Research Council, the Centre of Research Excellence (CRE) in Mental Health and Substance Use aims to build much needed research capacity in the area of comorbidity over the next five years. Led by Prof Maree Teesson, the CRE represents a world first, bringing together the largest concentration of nationally and internationally recognised comorbidity researchers. Specifically, the CRE brings together leading research academics from four Australian universities (University of New South Wales; University of Newcastle; University of Sydney; and Macquarie University) and three international universities (University of Birmingham, UK; Northwestern University Medical School, USA; and the Medical University of South Carolina, USA). Members of the CRE also include a range of researchers and clinicians from other universities and institutions across Australia.

The CRE was officially launched in January 2013 by the Hon Tanya Plibersek (Australian Minister for Health) and the Hon Mark Butler (Australian Minister for Mental Health and Ageing, Minister for Social Inclusion, Minister Assisting the Prime Minister on Mental Health). The key objective of the CRE is to increase the

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knowledge base regarding the effective prevention and treatment to comorbid mental health and substance use disorders. [Note to designer: This would be a good sentence for a text box] These aims will be achieved via three research streams focusing on the prevention, treatment, and epidemiology, of comorbid mental health and substance use disorders. In addition to making the finding of our research available in the scientific literature, an integral component of this CRE is the translation of these research findings into educational curricula, training programs and clinical resources, as well as resources for the general public. CRE researchers have already developed a number of resources for the general public, and for professionals working in fields who play a role in the prevention and treatment of mental health and substance use disorders (e.g., clinicians, allied health professionals, teachers), that are available on the website, however, we will be working closely with experts in translational science to improve the translation of these resources into practice.

Both our research and translational objectives will continue to be achieved collaboratively with experts and stakeholders in the fields of mental health and substance use. The input we receive from the field is highly valued and essential to our being able to deliver research that is clinically relevant and useful to those in practice. It is hoped that our continuing collaborations will help to inform service provision, practice and policy, so that the quality of life for individuals with mental health and substance use disorders may be improved.

For further information regarding the NHMRC CRE in Mental Health and Substance Use, visit the website *www.comorbidity.edu.au* or contact *Dr Katherine Mills*.

Aboriginal Drug and Alcohol Trainee Graduation

NADA congratulates Erin Stanley of The Lyndon Community (Orange), Allan Lockwood of Durri Aboriginal Corporation Service (Kempsey), and Greg Jarrett of Namatjira Haven Drug and Alcohol Healing Centre (Alstonville) on successfully completing the traineeship program and graduating from the University of Wollongong with a Bachelor of Health Science in Indigenous Health Studies in December 2012.

NADA was funded in 2009 by NSW Health to roll out the pilot Aboriginal Drug and Alcohol Traineeship Program in the non government sector. The program was managed by NADA in close partnership with Steve Ella, the State Coordinator of the NSW Aboriginal Drug and Alcohol Traineeship Program. This program funded trainees in three non government drug and alcohol host organisations for an intensive three year program of workplace learning, monthly block study and work placements.

The program also owes its success to the dedication of the host organisations that have supported the trainees over the last three years, the Aboriginal Health College and the University of Wollongong, and the Aboriginal Drug and Alcohol Traineeship Steering Committee.

An independent evaluation of the pilot program is almost complete and will be available in April 2013.

For further information about the Aboriginal Drug and Alcohol Traineeship Program, contact *Heidi Becker*, Program Manager.

Below: *L to R: Steve Ella (State Coordinator NSW Aboriginal Drug and Alcohol Traineeship Program), Erin Stanley (The Lyndon Community), Allan Lockwood (Durri Aboriginal Corporation Medical Service), Heidi Becker (NADA Program Manager). Absent: Greg Jarrett (Namatjira Haven Drug and Alcohol Healing Centre).*

Building pathways to change


Jenna Bateman, MHCC CEO and Larry Pierce, NADA CEO

NADA and MHCC's ongoing collaboration to improve outcomes for people with co-existing issues

Whilst there are unique factors that separate the non government drug and alcohol sector and the non government mental health sector, there are many common issues that have strength in working together.

Since 2005, NADA and MHCC have worked together to build the capacity of non government drug and alcohol and mental health sector to support and respond to individuals, families and communities affected by independent and coexisting mental health and drug and alcohol problems. The partnership between NADA and MHCC formed in response to the acknowledgement that both sectors work with clients that experience co-existing mental health and drug and alcohol problems. There was an identified need to skill the workforce and build the capacity of member agencies to respond to these clients.

In July 2010 NADA and MHCC signed an initial Memorandum of Understanding (MoU) to formalise the partnership. This initiative built on the May 2010 formation of NGO Mental Health and Drug and Alcohol Collaboration Group that oversaw a number of joint initiatives aimed at increasing communications and understanding between the sectors. The Group also oversaw a number of joint projects and activities including: the development of a mental health and drug and alcohol training package; establishment of the Community Mental Health and Drug and Alcohol Research Network, and joint convening of the highly successful Outside In Conference designed to create shared understanding and partnership engagement between mental health and drug and alcohol service providers.

This updated MoU/Agreement aims to refresh the partnership between the two peak organisations, and confirm a new schedule of activities for 2013- 2016.

The purpose of this Agreement is to:

1) further develop communication and collaboration between MHCC and NADA
2) progress responses to people with co-existing mental health and drug and alcohol issues.

More specifically the Agreement aims to:

a) Facilitate proactive dialogue between staff at all levels within both peaks on topics of mutual interest and concern
b) Build a long term relationship between the peaks
c) Support strategic and operational interests of both sectors
d) Respond to opportunities where collaboration adds value to cross-sector issues
e) Foster research, implement quality improvement and undertake sector development initiatives that benefit both sectors
f) Promote cross-sector and cross-functional engagement of members.

Collaboration principles

The following principles guide collaborations between the two peaks, underpinning how communication, decision making and joint activities are undertaken:

- Mutual respect for the differences as well as the similarities between the mental health and the drug and alcohol sectors
- Commitment to early notification and dialogue on issues and projects of mutual interest or concern
- Acknowledgement and prompt management of conflicts/dualities of interest
- Commitment to delivering quality outputs in a timely manner
- Drive to further the interests of the partnership and fulfil opportunities to achieve mutual gains
- Commitment to transparent operational processes and clarity of roles and responsibilities
- Willingness to share learning and to benefit MHCC, NADA and their respective memberships
- Proactive engagement with relevant stakeholders.

Expected outcomes

1. Increased communication and collaboration between NADA and MHCC staff at all levels
2. Implementation of new collaborative projects and activities that benefit both peaks and their member agencies, specifically on the topics of:
   - People with co-existing problems
   - Research Network
   - Quality improvement and benchmarking
   - Sector development
3. Increased NGO sector capacity in working with clients with co-existing disorders
4. Increased joint activities and advocacy involving Government and other stakeholders on issues that affect both sectors
5. Increased influence and effectiveness as peak bodies.

NADA's Sector Capacity Building Program Update

Under the Department of Health and Ageing funded Substance Misuse Service Delivery Grant Fund (SMSDGF), the NADA Sector Capacity Building Program supports organisations providing drug and alcohol services to improve their capacity to identify and respond to clients with drug and alcohol, mental health and other complex health and social issues.

The program activities include:

- Peaks Capacity Building Network
- Policy Toolkit review
- Developing networks of specific populations and regional or rural specific services
- Consumer participation
- Suicide prevention skill development

Below is an overview of the work carried out by the NADA Sector Capacity Building program in recent months:

New section on NADA website

We are proud to release our SCBP page on the NADA website, detailing SCB Program information, details of the projects involved, future and past activities, reports and useful resources. The page is available *here*.

New email update

We have launched the new SCB Program Update, a bi-monthly email update featuring information of upcoming events, training opportunities and other relevant activities that aim to improve the capacity of the drug and alcohol sector in NSW. View the February issue *here*. Sign up to SCB Program email update *here*.

Developing networks of population and regional specific services

One of the priority areas identified for the SCB Program is the development of population specific and regional or rural networks. NADA is developing mechanisms to support the development of networks and partnerships which are essential to meeting the social and health needs of the NSW population. At present, two networks have been identified:

> Women's Drug and Alcohol Services Network

The inaugural forum provided a great opportunity for each organisation to present a brief overview of their services, discuss a range of challenges and opportunities for developing the network and build effective partnerships in the current and changing environment. A second meeting is scheduled for Wednesday 20th March 2013 in order to strengthen and ensure the network's operation. For more information of the Women's AOD Services Network, please click *here*.

> Youth Drug and Alcohol Services Networks

This forum gathered relevant youth services across NSW. Participants shared ideas to develop a coordinated voice for the youth drug and alcohol services with an emphasis on best practice and sharing knowledge. Planning for a second meeting is underway. For more information of the Youth Drug and Alcohol Services Network, please click *here*.

Policy Toolkit Review

NADA has commenced the review of the NADA Policy Toolkit. Version 2 of the Policy Toolkit will see the updating and merging of existing policies, and the establishment of new policies to support individual organisation's quality improvement programs. For more information on the *NADA Policy Toolkit Review* please click *here*.

SCBP Survey results

In October 2012 NADA distributed a survey to its members on the four key areas of the Sector Capacity Building Program:

- Build strategic partnerships and linkages
- Service improvement
- Workforce skill and system development
- Increase sector knowledge.

Survey feedback will be used to inform planning and activities for the NADA Sector Capacity Building Program. View the results of the survey *here*.

CMHDARN Update

As many readers will know, NADA and the Mental Health Coordinating Council (MHCC) have a partnership project to increase the capacity of member organisation to engage in research and contribute to evidence-based practices. The Community Mental Health Drug and Alcohol Research Network (CMHDARN) has been offering a range of activities aimed at strengthening the knowledge, understanding and practice of research in the non government sector.

Membership of the network has doubled in the last 12 months, and feedback continues to highlight the impact of the activities on people's practice.

During 2012, great progress was made towards meeting project outcomes, including:

- **Research Seeding Grants:** Sixteen organisations have been funded to undertake exploratory work leading to the development of research proposals. Progress reports from these organisations suggest positive benefits are flowing already.
- **Research Forums:** Three research forums were held last year with topics as varied as 'From Ideas to Action - developing your research proposal'; 'Consumer representation and participation in research'; and 'Ethics in research'. Feedback has been extremely positive.
- **Reflective Practice forums:** A new development in the second half of 2012 was the commencement of these forums. Held as short webinars, they provide opportunity to hear about recently published journal articles and participate in a facilitated interactive forum. Two of these were held covering the topics of 'Stigma and discrimination towards people with drug and alcohol and mental health issues' and 'Coexisting issues of substance abuse amongst consumers of a mental health service'.
- **CMHDARN website:** Another exciting development last year was the launch of the project website www.cmhdaresearchnetwork.com.au. This is the place where you can find out all the information you want about the background to CMHDARN and its activities, research resources and links to relevant websites.
- **Mentoring:** Following a survey demonstrating interest last year, options for an appropriate sector mentoring scheme are being explored.
- **CMHDARN Yarn:** The first edition of this e-newsletter was published in September 2012. Filled with information on CMHDARN and other research related activities, this will be published more frequently during 2013.

"Increased knowledge of issues for users of AOD in consumer representation. Even greater respect for consumer speakers who were fantastic."

"This was a first class, thoughtfully constructed, thought provoking seminar. Even better it wrapped up with exchanging views on actions. Warmest congratulations and thanks!"

2013 CMHDARN activities: Implementation Science

Planning is well underway for a program of research related activities. Through discussions with the Steering Committee, we have decided to link all activities this year to the theme of 'Implementation Science', which covers the relationship between research and practice, knowledge translation, evidence based practice, and ultimately, how we implement what we know is effective to improve outcomes for consumers.

This year one of our research forums will be held in rural NSW to address a gap we have identified in access to CMHDARN activities.

For further information on any aspect of the CMHDA Research Network contact ***Deb Tipper*** or visit ***www.cmhdaresearchnetwork.com.au***

Feedback on past CHMDARN events:

"I think this day was probably the single best day of training/ networking/ conferencing that I have attended in my 8 years attending such events. Brilliant work, amazing speakers, beautifully organised."

"Congratulations on a really good event. I have written a summary of the webinar and will feed this back to other staff who could not attend. This is a really excellent way of disseminating research to practitioners."

Project AIR
A Personality Disorders Strategy

NADA teams with the Project Air Strategy for Personality Disorders to focus on dual diagnosis issues

NADA has been pleased to enhance the focus on personality disorders as a particularly common co-occurring presentation in the drug and alcohol sector. It is known that personality disorders affect between 5 -13% of the adult population and an estimated 40-50% of the substance using population have a co-occurring personality disorder.

People with a personality disorder are at increased risk of suicide and self-harm. They frequently have contact with, and pose difficult management issues for, a number of agencies including health, police, corrections and housing providers. These clients also present in significant numbers to emergency departments as well as to mental health and drug and alcohol crisis and rehabilitation settings.

Generally, services provide crisis management that may include short-term admission for safety and assistance in de-escalation in distress. Longer-term service involvement has traditionally been regarded as counterproductive due to workers concerns about reinforcing helplessness and escalating help seeking behaviour through actions, e.g. increased self-harm. This has, in some cases, resulted in a stigmatised response from services and unconscious negative responses from health professionals.

This client group have not always had consistent or helpful responses from services; hence there have been difficulties in providing the best treatment responses and clients accepting these when offered. These service inconsistencies have in some cases led to greater escalation in help seeking and a greater ambivalence towards help provided. This is underscored by recent research by Ekleberry (2009) that found people with substance use and personality disorder are more likely to: develop dependence and be more vulnerable to relapse; experience greater benefit from effects of drugs; engage in use from an earlier age; be more vulnerable to a compulsive and rigid pattern of use; and have more difficulty working cooperatively and collaboratively with service providers.

Project Air is a Personality Disorders Strategy that aims to enhance treatment options for people with personality disorder, and their families and carers.

The Project Air Strategy endorses an integrative collaborative relational approach and thereby promotes a personality disorders-friendly service. The Project Air Strategy is based at the Illawarra Health and Medical Research Institute, University of Wollongong. It is a research and training facility established to enhance access to services and engagement in treatment for people with personality disorder and their families and carers, and to promote high quality clinical management of complex, high-risk cases of personality disorder. The Project Air Strategy has an extensive research and training program.

See *www.projectairstrategy.org*.

Project Air is hosting the 7th Conference on the Treatment of Personality Disorders this year at the University of Wollongong on the 5th and 6th July 2013. Presenters include Professor Russell Meares on 'The Conversational Model', Dr Christopher Lee on 'The Schema Therapy Model', Associate Professor Andrew Chanen on 'The Cognitive-Analytic Therapy Model', and Professor Brin Grenyer on 'Step-down Integrative Relational Models in Mental Health Services'. The conference includes a one day clinical workshop by Dr Shelley McMain on 'A Primer on the Practice of Dialectical Behaviour Therapy'. This workshop is designed for clinicians with or without experience in DBT who are interested in learning DBT strategies to treat individuals with borderline personality disorder and other multi-disordered client populations. The workshop includes highly interactive lectures, as well as modelling, role-playing and video demonstrations.

For NADA, Project Air provided full day training on the 29th August 2012 with 47 participants from across NSW. Those who attended were very satisfied, with 100% indicating they were happy to recommend the training to others. In addition, Project Air has travelled to seven city and regional drug and alcohol services to undertake secondary consultation around complex cases.

A further full day workshop will occur on the 29th April 2013 at the Australian Technology Park, Eveleigh. Topics to be covered in the workshop include: introduction and background to personality disorders in the context of addiction; risk assessment, managing risk and care planning; integrated relational approach to treatment for dual disorders; specific treatment skills, relationship management, working with challenges; specific considerations for working in a residential setting; and supervision, clinical consultation and case reviews.

For further information contact *Edith Olivares* on (02) 8113 1308. Register online at: *www.nada.org.au/events*.

PROJECT AIR
A PERSONALITY DISORDERS STRATEGY

NADA snapshot
of current activities

Policy and submissions

March 2013

NADA provided a submission to a Parliamentary Bill Drug and Alcohol Treatment Amendment (Rehabilitation of Persons with Severe Substance Dependence) Bill 2012. Contact ***Larry*** for details on NADA's submission.

January 2013

NADA provided input into State and Territory Drug and Alcohol Peaks' collective response to the Community Services and Health Industry Skills Council (CSHISC) consultation on the AOD VET Qualifications. Contact ***Heidi*** for details on NADA's submission.

December 2012

NADA provided a response to the Department of Health and Ageing communication to ADCA on the Draft Terms of Reference for the Review of the Drug and Alcohol Prevention and Treatment Services Sector. Contact ***Tanya*** for more information

Advocacy and representation

- Not sure how or where NADA represents the NSW non government drug and alcohol sector?

  Go to our new policy and advocacy webpage for details of our advocacy activities and policy submissions ***www.nada.org.au/policyadvocacy***.
- NADA recently presented at the Victorian Alcohol and Drug Association (VAADA) Conference. Both the Client Outcome Monitoring System (COMS) Project and the Complex Needs Project presentations were well received.

Sector development activity

- Version 2 of the NADA ACHS Quality Improvement Resource Tool is getting close to completion. This tool will support organisations engaged in the Australian Council on Healthcare Standards (ACHS) EQuIP5 standards, with over 200 pages explaining the standards in drug and alcohol sector friendly language, and suggestions for demonstrating evidence of meeting the standards. Contact ***Tanya*** for more details.
- Complex Needs Capable: A Practice Resource for Drug and Alcohol Services has been developed as part of NADA's Practice Enhancement Program to build sector capacity in responding to clients with complex needs, such as acquired brain injury, intellectual disability, fetal alcohol spectrum disorder and contact with the criminal justice system. The resource includes practice tips for workers and services, information on what workers need to know, discusses screening and assessment tools, and useful links to support services. The resource is free to NADA members and will be available in May 2013. Contact ***Ciara*** or ***Heidi*** for more details.

NADA
network of alcohol & other drugs agencies

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Personality Spectrum Disorders Workshop

Project Air Strategy for the NGO Drug and Alcohol Sector

29 April 2013 – Australian Technology Park, Eveleigh

NADA, in partnership with the Project Air Strategy for Personality Disorders Illawarra Health and Medical Research Institute, presents a one day free workshop on Personality Spectrum Disorders for NADA member services. Topics to be covered in the workshop include:

- An introduction and background to personality disorders in the context of addiction
- Risk assessment, managing risk and care planning
- An integrated relational approach to treatment for dual disorders
- Specific treatment skills, relationship management, working with challenges
- Specific considerations for working in a residential or therapeutic community setting
- Supervision, clinical consultation and case reviews

FREE FOR NADA MEMBERS

About the Project Air Strategy

The Project Air Strategy for Personality Disorders is based at the Illawarra Health and Medical Research Institute, University of Wollongong. It is a research and training facility established to enhance access to services and engagement in treatment for people with personality disorder and their families and carers, and to promote high quality clinical management of complex, high-risk cases of personality disorder. The Project Air Strategy has an extensive research and training program. www.projectairstrategy.

About the trainers

Simon Milton is a clinical psychologist who has worked extensively in the field of addiction and co-occurring disorders. He established the Gambling Treatment Program at St Vincent's Hospital, Sydney before working in public and private drug and alcohol services in London and Melbourne. He managed the Eastern Health Dual Diagnosis Service and was a senior assessor for the APS College of Clinical Psychologists. He currently works as a Professional Officer for the Psychology Board of Australia.

Brin Grenyer is the director of the Project Air Strategy for Personality Disorders and Professor of Psychology at the University of Wollongong. His research program focuses on the treatment of chronic and complex psychological problems including personality disorders, aggression, violence, and substance dependence, and treatment methods such as individual and group psychotherapy. He trains clinical psychology students in the treatment of personality disorders, and for over a decade has provided leadership of clinical treatment services for personality disorders.

For further information please click here or contact Edith Olivares at edith@nada.org.au