Collaborative Connections

MENTAL HEALTH & AOD SYMPOSIUM

NADA
network of alcohol and other drugs agencies

mhcc
mental health coordinating council

Mental Health Coordinating Council

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OVERVIEW

Mental Health Coordinating Council (MHCC) is the peak body for community-managed mental health organisations (CMOs) in New South Wales. We represent community-based, not-for-profit/non-government organisations working with people living with mental health challenges. Our members assist people to live well in the community by delivering psychosocial support and rehabilitation services. We also operate a Registered Training Organisation delivering accredited and non-accredited training to Members and non-Members. Our purpose is to promote a strong and sustainable community-managed mental health sector that has the resources it needs to provide effective psychosocial, health and wellbeing programs and services to the people of New South Wales (NSW).

The **Network of Alcohol and other Drugs Agencies** (NADA) is the peak organisation for the non-government drug and alcohol sector in NSW. We represent 80 organisational members that provide services in over 100 locations across NSW, employing over 1,000 staff. NADA members provide a broad range of services including health promotion, harm reduction, early intervention, treatment and continuing care programs. NGOs in the drug and alcohol sector provide services to approximately 20,000 people in NSW each year.

On 10 April 2024, MHCC and NADA held a cross-sector symposium for community-managed mental health and AOD services in NSW and their key stakeholders. Following calls from the two sectors for MHCC and NADA to work together to address the silos that continue to exist in service delivery, practice, and in policy, the two peak bodies organised this event to hear directly from the workers and stakeholders about what is working well, and what requires further combined advocacy efforts by the peak bodies to further systemic reform across both sectors and improve holistic practice approaches for people living with co-occurring mental health and substance use needs.

MHCC and NADA identified three objectives which they hoped to achieve by holding the cross-sector symposium:

- Create a space for the sector (management and frontline workers) to share their observations and perspectives about current challenges and barriers to integrated care, practice approaches and realise solutions together.
- Discuss how the sectors can improve health and wellbeing outcomes for people living with co-existing mental health and substance use needs.
- Inform and strengthen MHCC and NADA's advocacy efforts to meaningfully effect systemic reform that brings the two sectors together in policy development, legislative change, best practice approaches and funding priorities.

To accomplish this, attendees heard from sector leaders and champions about what is working well, innovative models of care, and what is already being achieved that bridges the identified gaps in design and service delivery between mental health and AOD.

The Symposium involved presentations, panel discussion and question-and-answer opportunities with speaker representatives from the following organisations:

- NSW Parliament
- Uniting NSW & ACT
- The Buttery
- Odyssey House NSW

- Kedesh Rehabilitation Services
- Sydney Drug Education Counselling Centre (SDECC)
- The Matilda Centre for Research in Mental Health and Substance Use
- Independent Community Living Australia (ICLA)
- Weave
- MHCC
- NADA

MHCC and NADA anticipated that the event would strengthen relationships and build connections for attendees to foster greater sector awareness and referral pathways. Additionally, MHCC and NADA facilitated a workshop activity to hear about what the current challenges and barriers are to integrated practice, a topic that is outlined in our key findings below.

We know that close to 50% of people accessing mental health services experience co-occurring harms related to substance use, while up to 85% of people accessing drug and alcohol services, depending on the setting, experience co-occurring harms. We must ensure that there aren't additional barriers to effective support, care, and treatment available when and where people need and want them.

KEY FINDINGS

What is working well:

MHCC and NADA asked symposium attendees (both online and in-person) to assess what they observe, and what data tells them is working well in their organisations, that meets the needs of people living with co-occurring mental health and substance use needs.

Practice skills and evidence-based supports

Existing skills, supportive resources and most importantly evidence-based practices and practical standards and guidelines in the sector were identified as beneficial in supporting people with co-occurring mental health and substance use needs.

The Matilda Centre for Research in Mental Health and Substance Use's 'Guidelines on the management of co-occurring alcohol and other drug and mental health conditions in alcohol and other drug treatment settings' was cited several times as a valuable resource to inform worker practice, as well as evidence-based programs such as COPE, and In-Roads.

"The information in there is really helpful for clinicians. In our particular service people do need to have levels of counselling and therapeutic ability to work with young people, however, you can get people from all different parts of the sector and how do we really make sure we work with them to engage with young people in the service? The Guidelines were helpful for us because people might be in the development part of illness or they're experiencing symptoms that can be confused with drug and alcohol - it's not about trying to think of the root cause but it's about getting people to think more outside the square. For continuity across the service, you really want to make sure that your team are speaking from the same platform and the Guidelines give us the initial platform." – Belinda Volkov, Clinical Director, SDECC

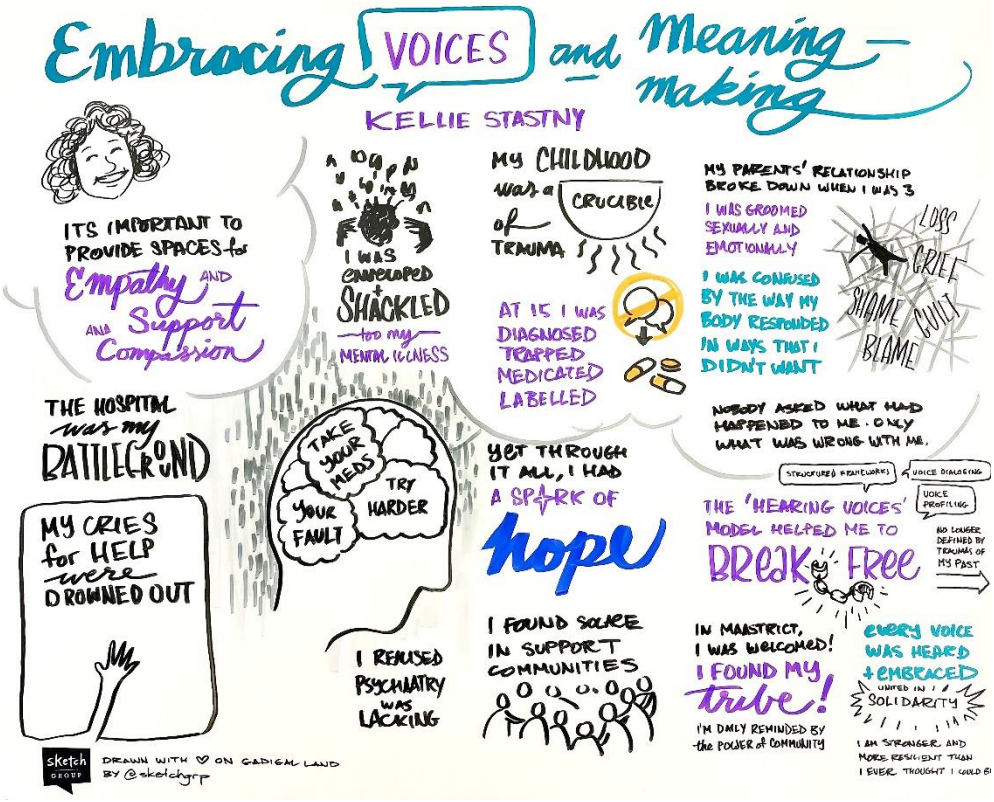
Flexible service delivery was also highlighted, including examples of active outreach and 'bringing the service to the person to break down barriers' to accessibility. This was further evidenced by the flexibility available within NGOs to be able to respond to community needs.

Comprehensive initial assessment of service users' needs was identified as critical to good practice, highlighting that asking holistic and curious questions at intake is essential to understanding a person's broader health and wellbeing. Holistic approaches to service delivery were noted as essential to best meeting the people's needs and aspirations, with care coordination showcased as an example of this working well in practice.

Trauma-informed care and practice representing the foundational principles of practice to a best service delivery approach was celebrated, as well as inclusive, person-led practice and consistent language. This emphasises ways in which MHCC and NADA members are utilising evidence-based practices which more effectively facilitate person-centred and person-driven care and support.

The value of lived expertise

The importance of lived/living experience (LLE) leadership and integration of peer roles in service delivery were identified as a strong component of high-quality service delivery. This was demonstrated through recognition and respect for LLE and peer workers, and by means of placing the voice of LLE as central to the establishment of consumer action groups within services.



"We are seeing increased recognition and respect for LLE workers." - Participant

Co-location

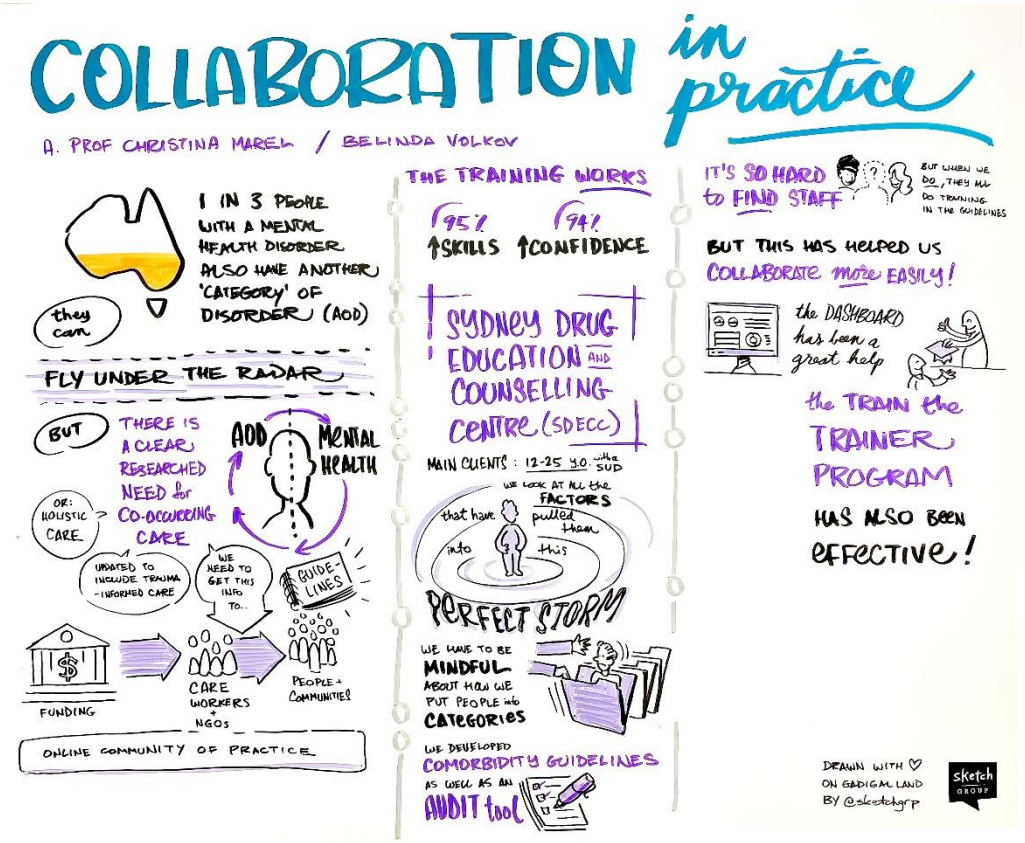
Co-location of mental health and AOD services was collectively recognised as a positive means by which to ensure that co-existing needs are met, with Head to Health services and hub-models were cited as shining examples of this.

"Co-location between non-government organisations and mental health services has proven very effective in delivering effective and efficient services that can wrap around clients, family and carers…, we have implemented shared governance structures and processes to ensure all stakeholders are informed of roles/responsibilities." – Participant

"Not only co-location and integration of staff, but also integrated CIMS and reporting systems are needed." – Participant.

Collaboration and Partnerships

Where co-location isn't currently possible, collaboration and partnerships were identified as critical to effectively provide holistic supports in the community, as well as adding 'new perspectives' to offering supports. This theme was evidenced through identifying various approaches such as:



- Developing collaborative relationships with other local services
- Formal agreements and partnerships with other organisations, including between NGOs and LHDs. This was supported through requirements for collaboration specified in grant tenders
- Increased communication across services
- Multidisciplinary and integrated teams, or 'multi-agency models'
- Active collaboration between AOD and mental health organisations. An example provided was having other services proactively 'visiting services informally and regularly'
- Established referral pathways across the sectors

Worker and sector attitudes

The dedication of workers in the mental health and AOD sectors was also strongly recognised as essential to ensuring services positively meet co-occurring mental health and substance use needs. The willingness and motivation of workers to continue to engage in training and education and develop their practices to best support people in the community were highly regarded and valued within the sectors.

The primary challenges and barriers to supporting people with co-occurring mental health and substance use needs:

Exclusion in preference to inclusion

The stringent and restrictive eligibility criteria for access to services are creating substantial barriers to necessary care and supports including in relation to firm geographical restrictions for service accessibility, i.e., the inability for many people to access services outside of their LHD. Both current and past substance use of people trying to access mental health services was acknowledged as a significant difficulty, causing people to feel they need to 'jump through hoops' to gain access to services. They also report people being 'passed around to various services and needing to retell their story', and ultimately 'falling through service gaps'. These limitations can be attributable to the inadequate capacity of services to respond to complexity. This is often due to workforce shortages of suitably skilled and specialised staff (i.e., nurses, psychologists, psychiatrists). It was acknowledged that people often feel they must choose between a mental health or an AOD service.

Service restrictions

There were several challenges identified for people with co-occurring needs within services, due to their limitations and restrictions in practice that workers signify as creating barriers to effective supports. Time was an overwhelming sub-theme, with clinicians expressing that they lack time, which impedes their ability to build rapport and trust; likewise restricted timeframes were additionally highlighted as impacting the delivery of effective supports as well as timely transfer of care. The issue of time is exacerbated by staff shortages across both sectors, together with insufficient funding to hire enough workers to meet service demand.

Funding

Unsurprisingly, there was an overwhelming recognition of the lack of funding for the community-managed mental health and AOD sectors to appropriately deliver supports. The funding available currently has been described as inequitable and insufficient to adequately support the needs of all service users and retain and train staff. Funding contracts were additionally described as too prescriptive and narrow to encourage collaborative practice across mental health and AOD sectors.

Systemic issues

Symposium attendees raised significant concerns regarding the systemic structures and barriers contributing to the challenges in meeting the needs of people with co-occurring mental health and substance use. The fragmented nature of the healthcare system, including the government and funding bodies, were highlighted as influencing silos between the two sectors. The expectations from funding bodies and their set KPIs were identified as additionally creating barriers for services to deliver holistic approaches to care and support.

"We're all funded differently; we all have different KPIs and different contracts and I see that as a real barrier to prioritising what our work is." – Ellen Horspool, Access Coordinator, Kedesh Rehabilitation Services Community

Lack of services

There is limited access to supports for people with mental health and substance use needs. The sector calls for greater access to, and availability of integrated mental health and AOD services and programs which can demonstrate service provision that utilises a trauma-informed approach. As it stands, services are inappropriately funded to support people with co-occurring mental health and substance use needs and are generally not funded to meet service demand, which results in extensive wait times for people motivated to receive support. The limited availability of services in rural, regional, and remote areas of NSW was recognised as a significant issue for the sector, as well as a general lack of 'after hours' community supports for people with mental health and substance use needs, as well as access to identified peer workers (and

more specifically peer workers with LLE of accessing both mental health and AOD supports). The lack of connectedness and collaboration with other community service providers, particularly housing, was noted as a concern for many workers in the sector.

Workforce

Workforce issues were cited as a prominent challenge acknowledged by attendees. Workers in the sector report a lack of staff available to meet demand, with workers experiencing a high turnover of staff within workplaces, and a lack of appropriately skilled people employed within services. Workers would like to see an increase in staff who are suitably trained in both mental health and AOD.

There was a prevalent belief that mental health and AOD workers in the community-managed sector require more training and professional development to feel better equipped to meet the needs of people with co-occurring needs. Further to this, the limited capacity of services to train their staff due to lack of capacity to backfill to continue to deliver supports and regularly upskill their workforce, and the limited funding available in contracts to provide continuous professional development was identified as a barrier to providing effective service delivery for people with co-occurring mental health and substance use needs.

Sector knowledge and understanding

The complexity of understanding and navigating the sectors was recognised as a prevalent challenge for workers in the community-managed mental health and AOD sectors. Not knowing the processes and pathways of each other's service environments, and a lack of reciprocal understanding of the needs of people with co-occurring mental health and substance use needs was identified as a concern for workers (i.e., a lack of recognition of the role trauma plays in the lives of people accessing services, as well as the limited understanding of harm reduction strategies within mental health services).

Information sharing

A lack of information and resource sharing between the two sectors was highlighted by attendees as a barrier to effectively meeting the needs of people with co-occurring needs. This hinders the ability to provide evidence-based supports in a holistic manner, and further promotes 'buck passing' across systems. Barriers to effective information sharing such as inability to share assessments, further results in people needing to retell their story and repeatedly share their information at each point of support. Workers also report feeling isolated, and that they have a limited means of connecting and establishing relationships across the two sectors.

Culture and attitudes

Stigma and discrimination through culture and language were strongly identified as barriers to effective service engagement and delivery for people with co-occurring mental health and substance use needs. A range of examples were provided, including 'over pathologising' and punitive approaches to relapse, 'not treating people holistically', differentiation in treatment and support philosophies, a lack of meaningful engagement with assessment and engagement tools, and existing resistance to change and innovation.

"Kellie's presentation reinforces how stigma and discrimination is a massive barrier to recovery and finding a flourishing life. Stigma and discrimination reduction initiatives need to be at the forefront of a holistic response." – Online participant

Compounding issues

There were several compounding issues identified as contributing to existing challenges and barriers to delivering supports that meet co-occurring mental health and substance use needs. Issues of housing and homelessness were raised, with specific recognition of the impact of lack of access to safe housing on a person's wellbeing. Further to this, workers and managers are feeling as though they are managing high levels of risk (both for people accessing services and workers). Likewise, the limitations in working with young people was noted as a compounding issue further challenging the capacity to effectively support people with co-occurring mental health and substance use needs.

The longstanding impact of COVID-19 was additionally acknowledged as a compounding issue due an increased presence of mental health and substance use needs, including domestic violence in the community. Participants also expressed concerns about competition between organisations to be able to meet their funding agreements within densely populated areas. This has been attributed to poor planning of service models before they are commissioned and poor bi-lateral planning (between the States/Territories and the Commonwealth) often leading to duplicate or similar services and confusion amongst service users (e.g. Head to Health, Headspace, LikeMind).

What changes are necessary to ensure better outcomes for people with co-occurring mental health and substance use needs?

Funding

There is an overarching consensus across the sector that the short-term, restrictive, and limited funding provided to community-managed mental health and AOD services needs to be transformed to sufficiently and sustainably meet workforce needs and effectively deliver services to people with co-occurring needs. The community-managed sector must be equipped through longer funding cycles and increased resourcing. This will enable staff to feel more secure in the service delivery environment, which in turn will support greater staff retention, reduce administrative burden, and support the capacity to provide trauma-informed environments and interventions.

Strategic and specific funding for multidisciplinary teams and hubs to better support integrated models of care is necessary to ensure better outcomes for people with co-occurring needs. The sector would like to see commissioning of services where people can access treatment for co-occurring conditions as the norm rather than the exception.

"If we were funded to treat/help both mental health and AOD needs, WE WOULD DO IT" – Attendee.

Partnerships, Collaboration and Co-location

Increased collaboration and integration are a prominent change area identified by the sector. Stronger partnerships between AOD and mental health services, other community services such as housing and domestic violence, and family support services are all identified as being in need of reform to ensure better outcomes for people with co-occurring mental health and substance use needs. Partners in Recovery was noted as a valuable past example of this. Effective and efficient referral pathways and relationships between services was further identified as necessary reform areas, as well as an overall need for greater integration and a multidisciplinary approach to practice.

Co-location is viewed as integral to effectively supporting people with co-occurring needs. Reducing the burden on people accessing services by providing 'one-stop-shops' for all their socio-emotional needs.

"Co-location [will] provide more opportunity to share knowledge and supports for both staff and clients in the sector." - Attendee.

Training

Workers in the AOD and mental health community sectors would like to see more availability of cross-sector training, to educate new workers entering the sector about best practice mental health and AOD practice skills and knowledge and to upskill existing staff. They also identified that the knowledge-base in mental health and AOD continues to grow and develop, particularly as new and emerging drugs and their known impacts are better understood, therefore ongoing refresher training is necessary for workers to remain contemporary in their practice. There is also a call for training to support the development of 'integrated mental health and AOD peer workers.'

Research and Data

There is call from the sectors for greater access to relevant research, and more funding for NGOs to conduct their own cross-sectional research. Workers are also keen to see more evidence-based treatment options developed to ensure better outcomes for people with co-occurring mental health and substance use needs.

Investment in infrastructure

There is an identified need for funding bodies to provide resources to support the maintenance of service databases, and further to this develop integrated Customer Relationship Management (CRMs)/Client Management Systems (CMS) and reporting systems.

Reduction in stigma

To enable better outcomes for people with co-occurring needs, addressing stigma and discrimination is required. There is a call for stigma and discrimination reduction initiatives to be at the forefront of the response to tackling the continued silos that exist between mental health and AOD sectors.

"Stigma impacts hugely on both mental health and AOD within the community, within our systems, how people view people who are struggling and how we treat them. This needs to be addressed. Holistic, person-centred trauma-informed approaches are necessary" - Attendee

Programs and practice

Attendees recommended many reforms and changes that are required, relative to how service delivery is provided, including:

- More residential and person-centred mental health and AOD therapeutic programs
- Less emphasis on involuntary, crisis-response, and hospital-based services
- Greater continuity and transitions of care
- Greater availability of peer support
- Greater provision of trauma-informed practice approaches in services
- Establish shared approaches to practice with a common understanding of consumer needs and aspirations
- Ensure that comprehensive and holistic assessment frameworks are utilised in practice
- Provision for 'safe haven' models of service for people with co-occurring mental health and substance use needs.

KEY RECOMMENDATIONS

1. Increase Funding and Resources

- **Sustainable Funding Models:** Implement longer-term and more flexible funding cycles to support the stability and growth of community-managed mental health and AOD services. This will help reduce the administrative burden and improve staff retention.
- **Infrastructure Investment:** Allocate resources for maintaining and integrating service databases and developing a shared CRM and reporting systems to streamline operations and improve service delivery. Support greater information sharing processes across systems and services.

2. Foster Collaboration and Co-location

- **Stronger Partnerships:** Promote and facilitate stronger partnerships between AOD, mental health services, and other community services such as housing, domestic violence, and children, youth and family support services. Encourage formal agreements and shared governance structures to support collaborative efforts.
- **Co-location of Services:** Develop and fund co-location models that provide comprehensive, 'one-stop-shop' services for individuals with co-occurring needs, reducing barriers to access and improving continuity of care.
- **Inclusive Service Criteria:** Advocate for the removal of restrictive eligibility criteria that excludes individuals based on their substance use or mental health status. Promote inclusive policies that allow for easier access to necessary services.
- **Streamline Referral Processes:** Develop and implement streamlined referral pathways and reduce geographical restrictions to improve service accessibility and continuity of care.

3. Improve Service Accessibility and Delivery

- **Expand Service Availability:** Increase the number and accessibility of integrated, trauma-informed mental health and AOD services, especially in rural, regional, and remote areas. Ensure the availability of after-hours supports and access to integrated peer workers.
- **Flexible and Person-Centred Approaches:** Adopt flexible service delivery models that bring services to the individual and prioritise comprehensive, holistic assessments at intake to better understand and meet people's needs.

4. Address Systemic Issues and Reduce Stigma

- **Stigma Reduction Initiatives:** Implement targeted initiatives to reduce stigma and discrimination within the community, service systems, and among service providers. Initiatives should be initiated and developed by people with LLE of co-occurring mental health and substance use needs. Adoption of holistic, person-centred, person-led, and trauma-informed approaches to service delivery can support the reduction of stigma and discrimination.
- **Policy and Advocacy Efforts:** Key changemakers and peak bodies to strengthen collaborative advocacy efforts to address systemic barriers, such as fragmented healthcare systems and restrictive funding KPIs, that impede integrated care and holistic support.

5. Promote Research and Data Utilisation

- **Support Research Initiatives:** Provide funding and resources for NGOs to contribute to the knowledge-base and conduct and access relevant research on co-occurring mental health and substance use conditions. Use this data to inform evidence-based treatment options and service improvements.

6. Enhance Workforce Capacity and Attitudes

- **Recruit and Retain Skilled Staff:** Increase efforts to recruit and retain staff with expertise in both mental health and AOD. Provide ongoing professional development opportunities to build capacity and ensure the workforce remains skilled and motivated.

- **Cross-Sector Training:** Commission and implement regular, cross-sector training programs to train and upskill new and existing workers in best practices in mental health and AOD care. The training should focus on evidence-based practices and the latest developments in substance use impacts.
- **Integrated Peer Worker Training:** Develop specific training for integrated mental health and AOD peer workers to enhance their effectiveness in providing holistic support.

Findings from the cross-sector Symposium highlight the urgent need for systemic reform to better support individuals living with co-occurring mental health and substance use needs. By enhancing training, increasing funding, fostering collaboration, improving service accessibility, addressing stigma, promoting research, and strengthening the capacity of the workforce, MHCC and NADA can drive meaningful transformation to the community-managed mental health and AOD sectors. These six recommendations aim to create a more integrated, holistic, and compassionate approach to care, ensuring that individuals receive the comprehensive support they need to live well in their communities of choice. By implementing these strategies, we can bridge the existing gaps in service design and delivery, ultimately improving health and wellbeing outcomes for the people of New South Wales.

Watch the video recording for keynotes, panel discussions and speeches

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