Advocate

The eMagazine of the Network of Alcohol and other Drugs Agencies

Issue 1: March 2018

Mental health and emotional wellbeing

• Odyssey House • NDARC • Justice Health • MHCC
• Gwen Challenger-Scotman • St Vincent's Hospital
• ACON • Australian Indigenous HealthInfoNet • QLife

NADA
network of alcohol and other drugs agencies

CEO report

Larry Pierce NADA

Over many years, the NGO AOD sector in NSW has enhanced our capacity to meet the mental health needs of clients, and I think I can safely say we have done a fairly comprehensive job of bringing mental health to prominence in the provision of our services. Whilst mental health is not our *core* business, responding to the needs of people accessing our services is. Therefore, it is important that we are capable in supporting those mental and emotional health needs—through developing the workforce and strong partnerships with the specialist mental health sector.

Over the past 10 years, NADA has focused its program and services in response to consultation with members and government policy priorities, to provide workforce development and organisational change initiatives, and support partnership development to respond to the needs of the people accessing our services.

However we must (and do) continue to work with mental health specialist organisations and individual practitioners.

This is a good thing for two reasons, the first being that AOD is a specialist health service area and not—as in the view of some politicians and senior health planners from time to time—a subset of mental health. No amount of statistics that point to the high prevalence of AOD issues among the mental health population can counter the fact that there are also many significant differences between a population that primarily seeks AOD services and a population for whom mental health issues are front and foremost, who seek the support of specialist mental health service providers.

The second reason is that the funding for the community mental health sector is being radically transformed as a result of the National Disability Insurance Scheme (NDIS).

Within the community mental health sector the debate focuses on how the NDIS model of funding is transforming the service delivery sector for mental health organisations and consumers. Put simply the NDIS model sees the old block funding for community based mental health service organisations taken away and replaced with a client focused purchasing model where services are purchased for individual consumers by an independent body and then tendered out to whoever can provide these packages of individual services. Unlike large national organisations, smaller and mid-sized community mental health services do not have the capacity to tender for a wide range of service package elements—so they may find themselves out of business.

I think I can safely say we have done a fairly compressive job of bringing mental health to prominence in the provision of our services.

So why do I raise these issues? I think it is important for us in the AOD specialist sector to maintain our clear identification as AOD health, managing the complexity and comorbidities of our own clients while being an expert resource for the mental health sector. Secondly it is important that we maintain our current funding system, rolling multi-year service contracts, and focus on building the core resource base of state and federal grants programs. This forms the sustainable funding base upon which we can build and provide additional and new services for funders like the Primary Health Networks and other funding opportunities. It is only through a predictable and sustainable funding base that we can continue to maintain our AOD speciality and provide better mental health support to our client base.

NADA Conference 2018

Exploring therapeutic interventions

7–8 June 2018
Sydney

NADA
network of alcohol and other drugs agencies

This conference will attract delegates from across NSW, the broader Australian alcohol and other drugs (AOD) treatment sector and related support services to showcase evidence based practice that improve the lives of clients, consumers and the community.

Keynotes

Manuel Cardoso
Deputy General-Director, General-Directorate for Intervention on Addictive Behaviours and Dependencies (SICAD), Lisbon, Portugal

Jacqui Gibson-Roos Consumer Advocate
Professor Leanne Hides NHMRC Senior Research Fellow, Lives Lived Well Professor of Alcohol, Drugs & Mental Health, University of Queensland

Professor Margaret Hamilton AO Chair of the National Centre for Clinical Research on Emerging Drugs of Concern
Regina Brindle Consumer Participation Facilitator, UnitingCare ReGen
Nicole Laupepa Manager, Rosalie House Drug Health Day Program, St Vincent de Paul NSW Specialist Drug and Alcohol Network
Rodney Vlais Consultant, Policy Advisor, Researcher and Trainer in Perpetrator Interventions and Perpetrator Intervention Systems

Ministerial welcome
Dr Kerry Chant PSM

Ministerial address
The Hon. Brad Hazzard

Panel discusssion

Access and equity for AOD treatment
Manuel Cardoso joins our expert panel to explore how we can break down the barriers our clients experience to access and engage in supportive treatment. Are clients being turned away for the very reasons they seek help? Where does human rights fit into this discussion? What can we do as a sector to ensure equity for our clients?

Key themes

- Innovative therapies and emerging trends for treatment
- Approaches for co-occurring mental health and AOD issues
- Empowering consumers
- Youth focused innovations
- Working with Aboriginal clients
- Criminal justice approaches

Register now at **nadaconference.org.au**. Early bird registrations close **29 March**.

Working with young people

An interview with Dimitri Poulos, (Salvation Army OASIS) by Tata, Ana Katerina de Jesus (NADA) and edited by Michelle Ridley (NADA).

What is your role with the Salvation Army OASIS? What does your program provide?

I look after OASIS's six therapeutic programs. OASIS offers a lot of other programs but I'm responsible for the therapeutic programs specifically. One of the programs is CHOICES. I'm a psychologist and provide most of the counselling and psychological interventions there through multiple face to face sessions. We work with young people from 16 to 25 years but most of our clients are between 18 and 22 years. We also have a 'Young parents' program that provides education, social activities that they do with their children and we help with parenting issues they might be experiencing.

I saw posters in your waiting room for the 'Young parents' program and that you have a schedule for play time and cooking. Do children accompany their parents to this program or do you provide day-care?

Yes, children certainly come along with their parents. We try and keep the parents and their children in the same room together but we do have staff who entertain the children if needed. Very occasionally if we're running a training course like first aid for our young parents, we'd provide a day-care type situation for those hours. Our 'Young parents' program holds cooking every month at our local neighbourhood centre and other activities like scrapbooking.

What issues do young people present to your service with, particularly which mental health issues?

The main presenting issue is young people who are homeless or at risk of homelessness, and we see mental health issues that co-occur. We most commonly see young people with developmental trauma, that can also be referred to as complex post-traumatic stress disorder, and depression, anxiety, stress, borderline personality disorder and attention deficit hyperactivity disorder (ADHD). Young people present here with behaviours that they've developed to help cope with traumas and triggers, and that often includes substance use, criminal activity and a range of behaviours that have a negative impact on them socially. As a result, this can reinforce mental health issues like depression, anxiety and stress.

Do you see any difference in the type of issues that occur with young parents?

Our clients face many of the same issues and when they have children, those issues are often magnified. We definitely see domestic violence more often in the relationships of young people with children, and this can really impact their situation. I would have to say for some young people their pregnancy has been a huge motivating factor and a catalyst for change.

What issues do young people present to your service

Working with young people

continued

What advice can you share with workers who are engaging with young people experiencing mental health issues in an AOD service setting?

Be present. Young people can detect when you're not in the moment. For young people who have experienced trauma, it is not good for them to be around dissociating adults.

Take their issues and position seriously. When young people respond well to staff, it's often because those staff have been present and are 100% serious about what the young person is expressing, regardless of what may appear on the surface.

Recognise normal adolescent behaviour. When working with young people, always be aware that there's a lot of usual adolescent stuff that's going on and it's not to the point where it's clinically problematic. It's all part and parcel of being a young person.

Also, **consider young people's diet and sleep patterns**—these affect their moods. Look at the relationship between physical and mental health and promoting a healthy lifestyle that can, in the short and longer term, support good mental health.

For example, a young person presented with anxiety and sleeping problems, and we discovered they were skipping breakfast and drinking six to seven cans of coke, a cup of coffee and an energy drink daily. Talking with them about their lifestyle gives them an opportunity to reflect. This then gives us the chance to motivate and support change. It's important to explore what's going on for them biologically and how that's impacting how they're feeling. That's often a lightbulb moment for young people—they don't necessarily draw that link between what they put into their bodies and how they're feeling. It is really grounded in psychoeducation, that interaction between biology and psychology.

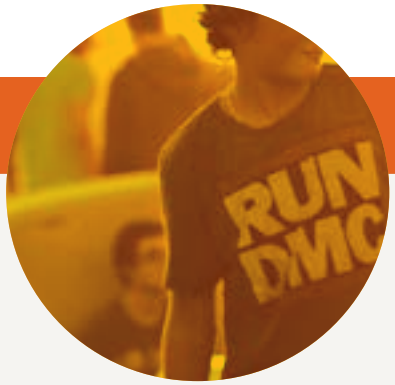
How can services become more youth friendly?

This is an easy one—recruitment, recruitment, recruitment. In my experience at Oasis, that's been the single most important factor, the relationship that can develop between a young person and a staff member. Staff need to be patient and take the time to have conversations with young people and not use punitive interventions or responses to challenging behaviour. Getting people into the organisation who are well suited to working with young people, who are warm and empathic and don't have a lot of ego upfront is important. I hope my response doesn't seem too simple, but there's not a day that I'm not reminded of the quality of relationships and how important they are for young people.

Working with young people within a trauma informed framework you must create a safe environment. Young people who have, or are experiencing trauma, are always aware of the physical environment so you need to have a space and material that is well pitched to them.

Visit the Salvation Army OASIS website or phone 9331 2266.

Where can young people seek help?

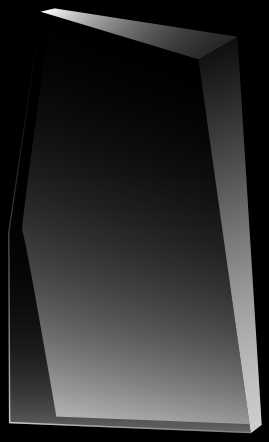


'Young people can speak to someone, even a GP. It's very important for them to recognise they're not on their own with this,' says Dimitri.

'Black Dog Institute and BeyondBlue have good facilities. They're a good way to help young people who are unfamiliar and anxious about engaging in therapy, or if they feel they have no one they can confide in. The evidence around the online interventions has shown that cognitive based therapy type interventions for anxiety, depression and stress have helped to decrease symptoms and this can be enough to get a young person to speak to a doctor or visit a service like ours, make a phone call and get some more information,' he says.

'Other online courses that can be useful are Biteback (for 13–16 year olds) and MyCompass (for 18–75 year olds). These kind of sites and resources, whether they're prior to meeting people face-to-face or they're adjunct to that, can be very useful.'

For more resources for young people, see page 22.



AOD Awards
for the
NSW NON GOVERNMENT SECTOR

Awarding excellence

The **AOD Awards for the NSW Non Government Sector** acknowledge the significant contribution of the sector in reducing AOD related harms to NSW communities through leadership, program design and delivery, and dedicated workforce.

Award categories

- Excellence in Treatment
- Excellence in Health Promotion
- Excellence in Research and Evaluation
- Outstanding Contribution Award (Individual applicants only)
- First Australians Award–Improving AOD outcomes for Aboriginal peoples (Individual applicants only)

Award winners of each category will receive:

- a prize of $500 to assist in professional/organisational development
- an award plaque
- a certificate.

Winners will also be recognised in the Advocate and on the NADA website.

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Apply now at **nadaconference.org.au**

Nominations close **29 March**

Working with women from culturally and linguistically diverse communities

Margherita Basile
Manager
Sydney Women's Counselling Centre

Sydney Women's Counselling Centre (SWCC) works within a social determinants of health and trauma informed care framework, and provides counselling to women who are marginalised and socioeconomically disadvantaged. SWCC supports the psychological and emotional wellbeing of women, while recognizing social, environmental, economic, physical and cultural factors that can affect their health. We provide prevention, early intervention, therapeutic treatment and support for women with complex co-occurring mental health, substance use and trauma presentations through short, medium and long-term counselling (weekly sessions up to two years).

Our centre services the Sydney metropolitan area with most clients coming from the Inner West and Western Suburbs. Each year around fifty to sixty percent of women who access our centre are from culturally and linguistically diverse (CALD) communities. Like other women engaged with our centre, women from CALD backgrounds present to our service with complex issues including mental health, domestic and family violence, substance use and underlying trauma.

Working with women from CALD communities
continued

We know that stigma, shame, guilt and living in abusive and/or isolating circumstances are barriers for people seeking help. What sometimes gets missed, or at least minimised, is that seeking and receiving help can be more difficult for CALD communities (both men and women), in our service system. Our system is distinctly Anglo, and its significant cultural difference means that it can be unfamiliar and confusing. In addition, CALD communities across Australia are diverse and this can further complicate the provision of culturally appropriate support and treatment. What is culturally appropriate service provision for one community may be inappropriate for another.

In many CALD communities, their societal values are firmly wedged against people seeking help for mental health or other issues. Individual needs can be overlooked because of a highly valued sense of family and community obligation, particularly if the needs are understood to be for 'emotional issues'. This can impact women from CALD backgrounds even more so, if they're seen to not be adhering to traditional female stereotypes of mother, partner and carer. This is especially evident when the woman is a victim of domestic and family violence.

SWCC has identified a distinct correlation between experiences of domestic and family violence and mental health issues. Our yearly data consistently shows around eighty percent of women accessing our service who are experiencing mental health issues, are currently, or have been, victims of domestic and family violence. Apart from the obvious injuries and trauma women present with from the physical abuse, many of the more insidious covert tactics which characterise domestic violence, such as prolonged emotional and psychological abuse can, and do, significantly impact their mental health and overall wellbeing.

Lack of English and/or English as a second language can be another significant barrier for people from CALD communities accessing health care services including the mental health system. Poor understanding and communication between service providers and CALD clients can be a major issue impacting positive engagement, diagnosis and subsequently effectiveness of treatment plans. Fear and distrust that comes from a genuine lack of understanding of health care systems can create barriers for effective engagement and treatment outcomes.

Overcoming cultural barriers and working effectively with CALD communities is a priority objective at SWCC. Some of the strategies we use, and recommend that other services use, to enhance culturally appropriate support are:

- use of interpreters and extensive resources in various languages
- in-house bilingual counselling program (SWCC currently provides Mandarin, Cantonese and Shanghai dialect)
- psycho-education to clients and communities
- trauma informed care that is culturally sensitive and individually tailored and provides safety, builds trust and assists clients to engage with and respond to support and treatment.

Related resources

The NSW Health Transcultural Mental Health Centre and Drug and Alcohol Multicultural Education Centre provide multilingual mental health and other resources.

See Multicultural Mental Health Australia's *Cultural Awareness Tool—Understanding Cultural Diversity in Mental Health* [PDF].

For practical advice about trauma informed care and culturally appropriate support and treatment, see NADA's *Women's AOD Services Network model of care* and *Working with diversity* [PDF] resources.

Contact the Sydney Women's Counselling Centre by phone on (02) 9718 1955 or email help@womenscounselling.com.au.

Dual diagnosis and harm reduction

Practical support and resources for people with co-occurring mental health and alcohol and other drug issues

Rebecca Lang
Chief Executive Officer
QNADA

In 2015, the North Brisbane Partners in Recovery consortium approached QNADA to undertake a project working with community managed mental health services to improve access to harm reduction resources and specialist AOD treatment services for people with severe and persistent mental illness.

An initial survey of community managed mental health workers identified high levels of willingness to provide harm reduction information to their clients, but low levels of self-reported skills in delivering harm reduction information, as well as a reliance on 'Dr Google' for locating harm reduction information.

Additionally, our scoping of resources available online identified that while there is a wealth of harm reduction information available, there was a gap in readily accessible information on potential interactions between licit or illicit drugs and commonly prescribed mental health medications. So we set out to plug the gap with the help of a psycho-pharmacologist, an addiction medicine specialist, a social worker and a psychologist.

The psycho-pharmacologist provided advice on how commonly prescribed mental health medications were understood to work on the brain, as well as some of the more common side effects people experience.

Dual diagnosis and harm reduction

continued

The addiction medicine specialist provided advice on how licit and illicit drugs were understood to work on the brain and the potential physical effects people using them might experience.

We then took this information and sat our experts around a table with a social worker and a psychologist who specialise in supporting people with AOD issues and asked them to think about what they thought people should know about the potential risks associated with mixing mental health medication and licit or illicit drugs, and ways to mitigate those risks.

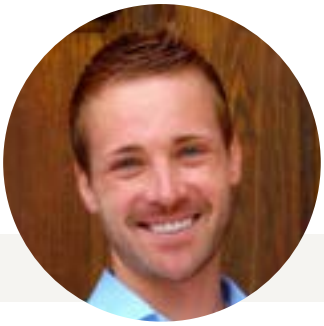
The result is two sets of 66 harm reduction resources, one aimed at people who use drugs and one aimed at the professionals who might be working to support them. The table below lists the medications and drugs covered in the resources.

Medications	Drugs
Selective Serotonin Reuptake Inhibitors (SSRIs)	Alcohol
Selective Noradrenaline Reuptake Inhibitors (SNRIs)	Nicotine
Tricyclic Antidepressants (TCAs)	Stimulants
Monoamine Oxidase Inhibitors (MAOIs)	Hallucinogens
Noradrenergic and Specific Serotonergic Antidepressants (NaSSAs)	Opioids
Mood Stabilisers	Cannabis
Benzodiazepines	
Typical Anti-psychotics	
Atypical Anti-psychotics	
Attention Deficit Hyperactivity Disorder (ADHD) medications	

Each resource is double sided A4 and includes information about the intended impact of the medication, common side effects and a visual representation of how the medication works in the brain on one side. The other side includes information on the drug, including the good, the bad and the very bad potential effects, as well as information on potential interactions between the medication and the drug. Each resource also encourages the reader to consult with their GP for more individualised advice.

Download the resources from https://qnada.org.au/harm-reduction-resources.

The Queensland Network of Alcohol and Other Drug Agencies (QNADA) is the peak organisation representing the views of the non-government alcohol and drug sector in Queensland. To contact QNADA email info@qnada.org.au or phone (07) 3023 5050.



Early intervention in the community

Robert Fullerton, PhD Program Coordinator, Odyssey House Community Services

Australia's National Drug Strategy 2017–2026 highlights what organisations in the AOD sector know quite well: substance misuse and mental health disorders often co-occur. Drug use or withdrawal may result in mental health symptoms, exacerbate an existing mental illness, or occur as a consequence of the person trying to 'self-medicate' (e.g. drinking in excess to overcome social anxiety). It is not uncommon for people struggling with psychological distress to develop a problem with substances as a result of repeatedly using them to manage their mental health symptoms. This may lead to dangerously heavy use as people find using the substance reinforcing (due to the temporary relief they provide), will likely increase the frequency and quantity of their use, and build a progressively increasing level of tolerance to the substance. Once a mental health and substance use disorder co-occur, the relationship between the two is one of mutual influence, with one contributing to and maintaining the other.

The prevalence of this issue is reflected in the 2016 National Drug Strategy Household Survey: 26.5% of illicit drug users had been diagnosed with or treated for a mental illness. The potential harms associated with mental illness and problematic substance use may significantly hamper one's functioning, having serious health, social, and financial consequences. Thus, co-occurring mental and substance use disorders pose a significant public health risk.

Despite the mutually influencing nature of co-occurring disorders and importance of simultaneously treating a person's substance and mental health issues, treatment providers predominantly practice from single disorder treatment models. Historically, such services have approached clients' presenting problems in sequence of disorder (based on which is considered primary) or delegated treatment across providers working on separate issues; however, integrated treatment has been found to offer optimal client outcomes. As with many health conditions, early intervention and support are key factors in mitigating symptoms and improving long-term health and social outcomes.

In 2017, Odyssey House NSW expanded from providing residential rehabilitation to offering community-based services geared towards early intervention, harm minimization, and relapse prevention. Odyssey House Community Services delivers free individual counselling, groups facilitated by trained counsellors, education, and after care support services across twelve sites in the Sydney North, Central and Eastern Sydney, Western Sydney, and South West Sydney Primary Health Networks (PHNs).

We accept referrals from a wide range of sources, including service providers and clients themselves. Before an individual engages in our non-residential programs, our assessment team conducts an initial evaluation to support the development of a specialised treatment plan, which may include individual, group, or family counselling. These programs are delivered through accessible community hubs to help clients overcome their struggle with substances, better cope with mild to moderate mental health issues, gain life skills, prevent relapse, and access other support services.

Our collaborative, integrated treatment and support model provides people with the continuity of specialist care they need. Our teams of assessment officers, psychologists, counsellors, and support workers tailor and monitor stepped care treatment plans in close collaboration with other professionals such as the client's psychiatrist, GP, parole officer, or solicitor to achieve the best outcomes for the client. In many cases, we take a case management approach to best meet the client's needs.

Specific services are provided according to local needs, such as family support groups, anger management, or SMART Recovery. We also provide culturally-tailored services where possible. For example, an Indigenous support specialist in our Sydney North hub provides specific outreach to Aboriginal and Torres Strait Islander clients and acts as a resource for other staff.

Our aim is to help people before their substance use problems and mental illness get to the stage of requiring intensive, long-term residential treatment. We provide a locally-based, professional safety net so people can regain their mental and physical health, get back on their feet, and live prosperous and fulfilling lives in the community.

ODYSSEY HOUSE

Phone Odyssey House Community Services on 1800 397 739 or email assessment@odysseyhouse.com.au.

LGBTI people and mental health

Marginalisation, stigma and discrimination

Sarah Lambert Director Community Health and Regional Services, ACON

Research shows that LGBTI people experience higher levels of psychosocial distress and are at an increased risk of a range of mental health issues including depression, anxiety disorders, self-harm, suicidal ideation and suicide.

The higher prevalence of mental health issues is mainly attributed to *minority stress*, the compounding impact of being marginalised and experiencing stigma and discrimination. LGBTI people receive messages in their daily lives, whether intentional or subconscious, that they are different or wrong, or they experience being excluded. As a result it is not uncommon for individuals to internalise these negative messages.

For some LGBTI people—particularly those who are older or live in regional and remote areas—social isolation also plays a significant role.

Young people who are questioning and exploring their sexuality and gender identity are at elevated risk for mental health issues. Developmentally the onset of mental health disorders peaks at the ages of 16–24 years followed closely by the 25–34 year old age group, which conincides with the critical time of identity formation. Research by beyondblue identifies the contributing risk factors of 'adjustment to sexual orientation', 'peer and societal reaction to same gender sexual orientation' and 'bullying and violence.'

Some groups and individuals can experience the impacts of being members of multiple minority groups: LGBTI Aboriginal and Torres Strait Islander people, those from culturally and linguistically diverse backgrounds, people who live in regional and rural locations, and those who live with a disability have specific needs and experiences.

It is widely recognised that there is a close relationship between mental illness and AOD use. Research indicates there are higher rates of AOD use and misuse in LGBTI communities which may influence existing vulnerabilities and predispositions toward mental illness. It is important to have knowledge of the ways LGBTI people use substances and to openly explore this as part of your work with the client.

Yet despite increasing awareness of mental health issues in Australia, many LGBTI people are reluctant to seek professional help. Fear of stigmatisation when accessing services is a real concern. Research shows that satisfaction with mental health services is lower amongst LGBTI people than among their heterosexual and cisgender peers.

And whilst 'marriage equality' has addressed a systemic form of stigma and discrimination, the road to achieve it has negatively impacted the wellbeing of LGBTI people. It is important that we do not see 'marriage equality' as the end of the road. We all have a role to play in celebrating and conveying to LGBTI people that they are valued, and to continue to check in with one another.

How can you support LGBTI people's mental health?

Demonstrate support in your communications. Use photos of LGBTI people, or cues such as rainbow flags, and convey that your service is welcoming and inclusive.

Avoid assumptions of heterosexuality and cisgender. Ensure staff are trained in asking people how they identify regarding sexuality and gender. Include questions on intake and assessment forms to take the onus off the person to disclose their identity.

Ask the client their preferred terms. Consider asking the client how they like to be referred as, for example, 'what gender pronoun would you like me to use?'

Make friendly referrals. Use referral lists and resources from LGBTI community organisations such as ACON, twenty10, Qlife and the Gender Centre.

Email ACON for details of their inclusive practice training. For other support, please also consider joining ACON's Pride in Health and Wellbeing program.

For clients in crisis, ACON provides counselling support and also care coordination which helps LGBTI people to navigate health services and includes suicide aftercare support in Sydney and South East Sydney Local Health Districts and the St Vincent's Network. We provide support via phone and skype across regional, rural and remote NSW.

For more information on the mental health experiences and needs of LGBTI people and our services, visit acon.org.au.

Aboriginal and Torres Strait Islander people

Substance use and social and emotional wellbeing

Kathy Ride Research Team Leader, Australian Indigenous Health*Info*Net

Aboriginal and Torres Strait Islander people view health as holistic, encompassing mental health and physical, cultural and spiritual health.[1] Traditional culture does not recognise mental health or physical health as distinct medical issues.

The Aboriginal sense of self was traditionally seen in a collective sense, intimately connected to all aspects of life, community, spirituality, culture and country. The cultural protective factors that contributed to a stable and optimal sense of mental health and social and emotional well-being included:

- relationships and kinship—important for defining social roles
- spiritual beliefs—offered guidance and comfort in times of distress, death and loss
- customary law—defined rules and consequences tribal Elders—were highly respected and interpreted the Lore
- men and women—had defined economic and cultural roles.[2,3]

In 1979 the National Aboriginal and Islander Health Organisation (now the National Aboriginal Community Controlled Health Organisation) adopted the following definition of health:

Aboriginal health does not mean the physical wellbeing of an individual, but refers to the social, emotional, and cultural wellbeing of the whole community. For Aboriginal people this is seen in terms of the whole-life-view. Health care services should strive to achieve the state where every individual is able to achieve their full potential as human beings, and must bring about the total wellbeing of their communities[2].

The concept of social and emotional wellbeing (SEWB) emerged in the 1980s and the term is preferred by many Aboriginal and Torres Strait Islander people.[4] While the terms 'mental health' or 'mental illness' are sometimes used interchangeably with SEWB, Gee et al argue that they are components of the overarching concept of SEWB.[2] Substance use figures prominently as a factor for mental illness among Aboriginal and Torres Strait Islander people and is often used by individuals to help cope with the common life stressors such as:

- poverty
- racism
- death of a family member or close friend
- overcrowding
- serious illness or disability
- incarceration of self or a family member
- trauma
- being a member or family member of the Stolen Generations.[1,3]

Interventions to address harmful AOD use among Aboriginal and Torres Strait Islander people are important for restoring the health and social and emotional wellbeing not only of individuals, but of their families and communities.[5] The Australian Indigenous Alcohol and Other Drugs Knowledge Centre is a web based resource that aims to reduce harmful substance use among Aboriginal and Torres Strait Islander people by providing the evidence base, a comprehensive collection of relevant and culturally appropriate AOD knowledge-support and decision-support materials, to inform policy and practice.

Alongside its bibliographic database of published research, programs, polices and projects, the Knowledge Centre develops a suite of knowledge exchange tool and resources inluding: animated infographics, eBooks, webinars and short films. The Knowledge Centre also fosters collaborations within the communities of practice in the sector with the provision of Yarning Places and other social media such as Facebook and Twitter.

The Knowledge Centre is managed by the Australian Indigenous Health*Info*Net, which has a well established reputation for providing quality, evidence-based information and knowledge to inform practice and policy through its web resource. The Health*Info*Net is assisted by a governing Reference Group and three national research centre support partners, bringing together a broad range of stakeholders and experts in Aboriginal and Torres Strait Islander AOD use.

Australian Indigenous Alcohol and Other Drugs Knowledge Centre

Visit the Australian Indigenous Alcohol and Other Drugs Knowledge Centre.

See references overleaf.

QLife

Telephone and webchat counselling and referral for LGBTI people

QLife is a national, free and anonymous telephone and web chat counselling and referral service for LGBTI people and loved ones, which operates from 3pm to midnight every day. People contact QLife about a range of issues including: loneliness and isolation, relationships and exploring sexuality and gender identity.

QLife has been delivered nationally since 2012 by the National LGBTI Health Alliance and four partner services: Twenty10 incorporating GLCS (NSW), Switchboard (VIC), Diverse Voices (QLD), and Living Proud (WA).

Historically members of LGBTI communities had turned to each other for information, advice and support. It was through community support that our partner services were formed, and we continue this with our peer to peer model. We also maintain a national referral database of LGBTI inclusive services, which makes it easy for counsellors to support people across the country.

We are frequently contacted about issues that are considered to contribute to and impact the way in which LGBT people use AOD, including: homophobia, stigma and minority stress, isolation, normalisation of substance use in social settings, increased sexual pleasure, and pleasure.

If you would like to order free QLife resources for your service or if your service is LGBTI inclusive and you would like to be on the QLife database, please email ask@qlife.org.au.

Subscribe to the Advocate

Each quarter, the Advocate raises significant issues relating to the NSW non government AOD sector. Previous issues have focused on drug trends, harm reduction, and AOD treatment for women. Develop your knowledge about, and create connections within, the sector.

To subscribe, email Sharon Lee.

Aboriginal and Torres Strait Islander people: Substance use and social and emotional wellbeing

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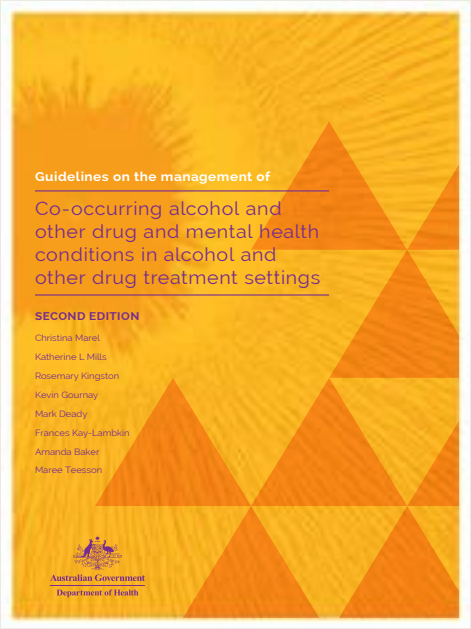


Translating research into practice

AOD sector involvement in the development of the second edition of the National Comorbidity Guidelines

Dr Christina Marel, A/Prof Katherine Mills
National Drug and Alcohol Research Centre

In September 2016, the second edition of the National Comorbidity Guidelines, more formally known as 'Guidelines on the management of co-occurring alcohol and other drug and mental health conditions in alcohol and other drug treatment settings', was launched. This updated and revised the first edition, published in 2009, which aimed to improve the capacity of AOD workers to respond to comorbidity. Over nine years, more than 12,000 copies of the Guidelines have been distributed to clinicians and treatment services across Australia.

However, since the first edition was published, the evidence regarding the management and treatment of comorbid disorders has grown considerably. Building on the success of the first edition, the second edition was based on the best available research evidence, developed in consultation with a panel of experts, and drew on the experience and knowledge of clinicians, researchers, consumers, and carers. This edition provides AOD workers with a range of evidence-based options to identify, manage and treat mental health symptoms within a holistic health care approach, involving multiple services, and integrated care coordination.

How was the AOD sector involved in the update and revision process?

The revision process involved several stages of consultation, including an expert panel and key-stakeholder discussion forum. Both consisted of active involvement of consumers and carers, academic researchers, and a range of healthcare providers including nurses, psychologists, AOD workers, social workers, medical practitioners, addiction medicine specialists, psychiatrists and other clinicians. An open call for feedback on the first edition was also made.

What were the outcomes and impact of the sector's involvement?

Based on consultation with experts and key-stakeholders, as well as feedback we received from the wider AOD sector, a number of key additions to the content and structure were made. These include:

Adoption of a holistic and client-centred health care framework

Given the broad range of issues that clients present with, it is fundamental to good clinical care to consider the whole person, taking into account psychological, physical, and sociodemographic perspectives when managing and treating comorbid mental health conditions.

An increased emphasis was placed on taking a *holistic and a client-centred approach to care provision*, incorporating a healthy lifestyles approach focusing on diet, physical activity, smoking and sleep.

These two approaches form the basis and underlying framework of the second edition of the Guidelines. In particular, new emphasis has been placed on AOD workers responding to individual clients' needs, focusing on collaborative care, and linking in with multiple services (such as housing, employment, education, training, justice, family support and so on). A new stand-alone chapter discusses strategies that AOD workers can use in coordinating care and fostering relationships with other clinicians and services.

Expansion of the types of interventions reviewed

The focus of interventions included in literature reviews was broadened to reflect the wider range of options available. Consistent with the client-centred approach, it is essential to consider the whole person and accept that one

Translating research into practice

continued

approach is not necessarily going to work for everyone. It is important to provide people with options, and take unique client perspectives into consideration when deciding on an approach, or combination of approaches.

As such, e-health interventions were included in reviews of the literature, and their efficacy in relation to the management and treatment of specific mental health disorders was discussed. Where there was evidence, discussion of physical activity and some complementary and alternative therapies were also included.

Greater focus on risk assessment

Clients of AOD treatment services are at high risk of suicide and domestic and family violence, which is further increased by the presence of comorbid mental health conditions.

As well as assessing risk for suicide, the new Guidelines also include family and domestic violence, and contains strategies on how AOD workers can manage and respond to clients experiencing family and domestic violence.

Worker self-care

AOD workers often experience high levels of stress and are at risk of burnout. As such, the second edition includes the addition of a separate chapter that emphasises the importance of AOD worker self-care, with strategies for how AOD workers can reduce workplace stress and the likelihood of burnout.

Inclusion of more complex case studies

More complex case studies were embedded throughout the Guidelines to illustrate different client presentations and treatment pathways, incorporating a client-centred approach with examples of coordinated care. In addition, case studies were interwoven throughout the second edition of the Guidelines, rather than only included in the Appendix (as with the first edition).

The AOD sector also provided important advice regarding how the Guidelines should best be communicated, disseminated and translated to AOD workers:

- **Hard copy:** Expert panel and discussion forum members felt that a hard copy was essential for quick and easy reference within treatment settings.
- **Online:** An online searchable copy with a downloadable PDF was also considered essential for AOD workers, particularly those who work in community settings, who can more easily refer to a website than carry a hard copy in the field.
- **Online training program:** Expert panel and discussion forum members identified the need for an online training program, which has the capacity to incorporate training videos, links to useful resources, and can be utilised in rural and remote settings.

Panel and forum members felt that these methods of dissemination had the capacity to reach multiple levels of AOD treatment providers, urban, rural and remote, offline and online. The importance of having a hard copy to keep on the shelf but an online copy to enable quick and easy assessments was emphasised.

National dissemination

Since their launch in September 2016, more than 7,000 hard and electronic copies of the Guidelines have been distributed to services across Australia including AOD, mental health, and disability services. Copies have also been distributed to all educational institutions providing tertiary training in AOD and mental health across Australia, and demand remains high.

Translation: online training program and website

Based on feedback from the sector, an online training program was developed in line with best practice e-learning principles. The training program contains a customised 'build your own guidelines' module where clinicians can personalise the Guidelines to suit their clinical or training needs.

The online training program and website was made live in November 2017 and was officially launched at the World Psychiatric Association Thematic Congress on Innovation in Psychiatry in Melbourne. To register for the online training program, click here.

'Guidelines on the management of co-occurring alcohol and other drug and mental health conditions in alcohol and other drug treatment settings' was funded by the Australian Government Department of Health.

NDARC
National Drug & Alcohol Research Centre
The Difference is Research

My name is Gwen

Gwen Challenger-Scotman Consumer Advocate

I am a mother, a grandmother and an ex-registered nurse. I have been a peer worker, a program staff and manager in a community residential program for people with mental health issues and substance misuse. I am now retired.

In July 2018 I will have been free from substance misuse for 30 years. My recovery got off to a slow start via two 12-step programs and the first two years were really tough.

I lost my nursing career, which in a way was good as it led to a life path for which I developed a passion—advocacy, peer work, and consumer and community participation.

Two years into recovery I was introduced to the Grow 12-step program which was the core of the residential community and my recovery took off fast. After much hard work on personal growth, I became a volunteer and then residential staff at said community.

I couldn't believe there was hope; my recovery accelerated when I was given this, both by the program and by other people. I was once given a piece of paper listed with some of my strengths. The constant reassurance and the belief of others finally got through to me. During my years as a peer worker, I would verbally affirm the strengths I found in every person I worked with.

I then left to work in health, honing my skills in networking; peer work; patient advocacy and community participation; and representation at state, national and international levels. How exciting for somebody who had lost their first career! But working in health was hard for someone with lived experience of mental health and substance use issues, and systemic advocacy resulted in only incremental changes.

Through my own experience and the experience of others, I've discovered that goal setting and care plans must be directed by the person undergoing treatment—they often failed when they are set by staff. If someone is told their goal is unrealistic, then the environment for them to become empowered is missing. We cannot empower people, but we can provide a safe place to enable them to seek their own empowerment. Another lesson was to do things with people and not for/to people, other than practical things. The former is enabling, the latter disabling. This was a hard lesson for a nurse who had been taught to 'help.'

Listen and ask, 'what do you need and how can I work with you to get there?'

After 10 years I left to work with people in the residential community as program manager. I was very privileged to walk and work with the residents on the beginning of their journeys in recovery.

I use the term 'staff' and not 'workers' as working on recovery is bloody hard and thus the residents were also workers.

At this time we were funded by a NADA project to implement outcome measures. I first became familiar with (and excited by) these while working with Health but was able to use them differently as all measures were completed by, or with, the residents. These measures were of great benefit to both residents and staff.

The outcome measures gave the residents directions in terms of Grow program and care plans and upon revisiting after six weeks, and then three-monthly, we were both able to see when there had been improvement or not. If not, then why not? If the results were positive, it gave further hope to the resident to keep striving, and it was reassuring to staff to be able to see that what they were doing was effective.

I use the term 'staff' and not 'workers' as working on recovery is bloody hard and thus the residents were also workers. Language is vastly important to provide an equal partnership for recovery.

So here I sit with two beautiful children I never thought I would have, four grandchildren with two more coming. I write this to pass on some of the lessons I learnt so painfully in the hope that the pain will be lessened for others.

Providing collaborative care

Dr Barbara Sinclair Consultant Forensic Psychiatrist, Justice Health

Comorbidity in the AOD field refers to situations where people have problems related both to their use of substances (from hazardous through to harmful use and/or dependence), and with their mental health (from problematic symptoms through to highly frequent symptoms such as depression and anxiety, to other conditions such as psychosis).

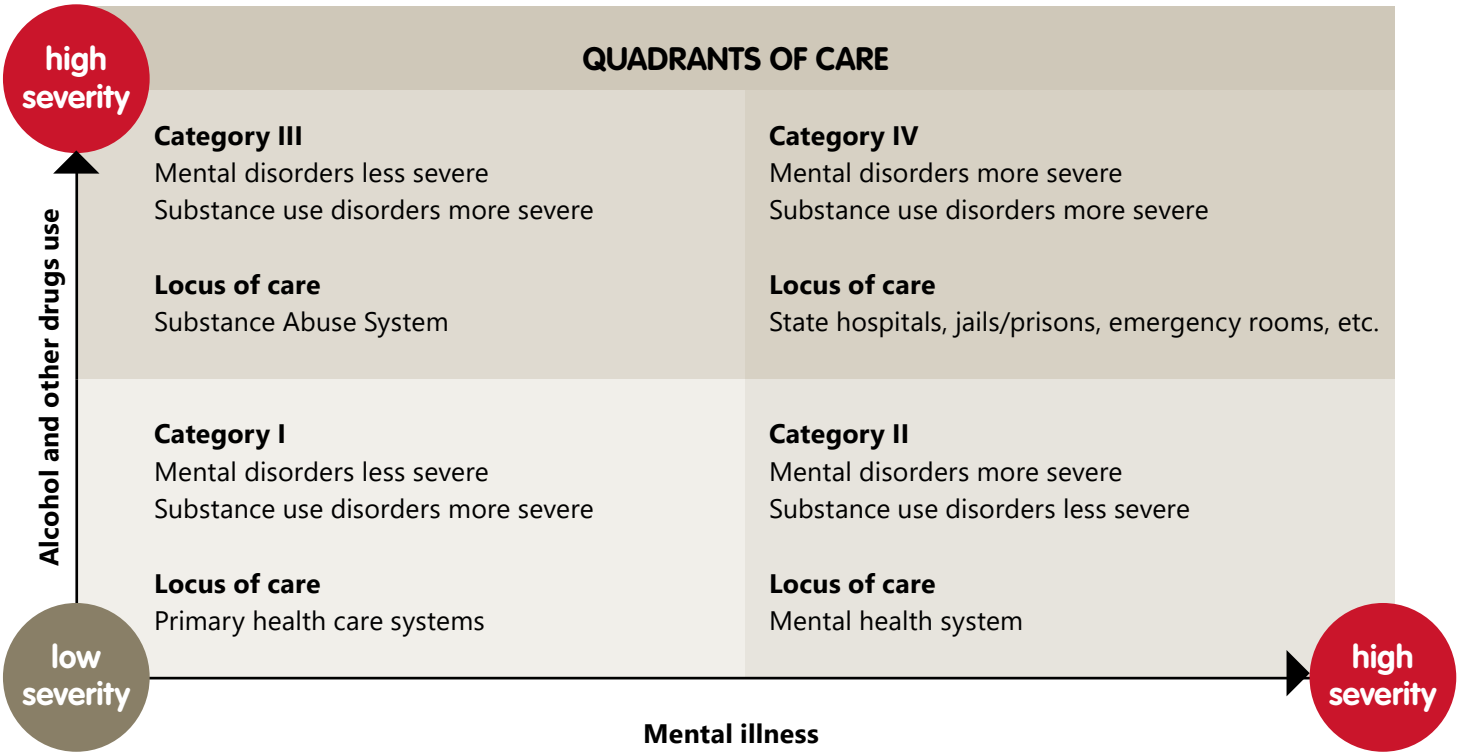
The 2007 National Survey of Health and Wellbeing population survey indicated that over one-third of people with a substance use disorder have at least one co-occurring affective or anxiety disorder. According to a number of studies, this prevalence is even higher again among people entering AOD treatment programs.[1]

Enter the system

An important principle to remember is this: the service where a client presents is responsible for the primary coordination of client care until such time as another service agrees to accept care. This is a 'no wrong door' principle, which removes the onus of negotiating different services and providers from the client and thereby aims to reduce the incidence of clients falling through the cracks of a complex health system.

Determine the model and locus of care

The diagram below illustrates the different level of care quadrants between which a client may transition. A client may require more intensive intervention than others and the nature of the intervention required is determined by their placement within each quadrant. A comprehensive assessment is required in order to determine an individualised care plan approach for each client that considers their preferences, needs, specific diagnosis, phase of recovery/change, level or severity of impairment and their level of engagement.[2]



The Quadrants of Care framework was developed to guide systems integration and resource allocation in treating individuals with co-occuring disorders. This framework can assist justice to understand co-occuring disorders and identify what treatments services are recommended on the severity of disorders.[3]

Providing collaborative care

continued

Models of care

Integrated care is defined as the provision of mental health and substance use treatment by one clinician or within one service where clinicians assume responsibility for synthesising information and ensuring that a client moves towards recovery with a consistent approach and consistent information.

Integrated service provision can take many forms. One framework is that of a designated specialist service; however integrated care may also occur at any mental health or AOD facility where programs and practitioners focus on both issues concurrently. There is evidence to suggest that integrated mental health and AOD treatment for people with a range of dual diagnoses is beneficial across both mental health and substance use disorders.

Parallel and sequential care may be appropriate in some instances where clinicians are happy to provide treatment and act as primary coordinators for the care of an individual.

- Sequential treatment is the treatment of the substance use and mental health problems managed by different clinicians at different services and each disorder is handled separately at a different time point. This fragmentation of services in the past has led to many clients being lost to treatment due to the restrictions or criteria that client was required to meet prior to service acceptance.
- Parallel treatment involves mental health and AOD workers treating the client at the same time. Parallel treatment offers some advantages over serial treatment in terms of dealing with both problems, but there are some risks and limitations. Fragmentation of treatment can occur resulting in clients receiving conflicting information from service providers. Success is dependent on both sectors maintaining good communication.
- It is important as a consumer to be aware that there are services to focus on both aspects of the comorbidities.

Comorbidity is common, so AOD services should have staff competent and confident in working with clients with mental health issues. In addition, AOD and mental health services should develop strong collaborative referral pathways with appropriate committees. Both sectors must continue to work together to achieve optimal outcomes for the client.

Footnotes

1. Marel C, Mills KL, Kingston R, Gournay K, Deady M, Kay-Lambkin F, Baker A, Teesson M (2016). Guidelines on the management of co-occurring alcohol and other drug and mental health conditions in alcohol and other drug treatment settings (2nd edition). Sydney, Australia: Centre of Research Excellence in Mental Health and Substance Use, National Drug and Alcohol Research Centre, University of New South Wales.
2. Minkoff et al. (2005) in NSW Department of Health (2009) NSW Health Clinical Guidelines for the care of persons with comorbid mental illness. Sydney: NSW Department of Health.
3. NSW Health Clinical Guidelines for the care of persons with comorbid mental illness. Adapted from Center for Substance Abuse Treatment. Substance Abuse Treatment for Persons with Co-Occurring Disorders. Treatment Improvement Protocol (TIP) Series 42. DHHS Publication No. (SMA) 05-3992. Rockville. MD: Substance Abuse and Mental Health Services Administration, 2005.

NSW GOVERNMENT Health
Justice Health & Forensic Mental Health Network

To learn more about the Justice Health & Forensic Mental Health Network, click here.

MHCC welcomes its new CEO

Carmel Tebbutt

Mental Health Coordinating Council

In November 2017 the Mental Health Coordinating Council (MHCC) held a CEO and Senior Managers' Forum at the Mint where members, the board, staff and seventy plus guests from the mental health sector gathered to celebrate outgoing CEO Jenna Bateman's leadership and to wish her a happy retirement. It was also the opportunity to welcome Carmel Tebbutt as new CEO. For many attending it was an occasion to meet Carmel in person although she is well known for the senior roles she held in the NSW Parliament from 1999 to 2015. Carmel commenced her position in February, and brings a wealth of executive experience as both a Minister and senior parliamentary cabinet member. From 2015 she was CEO of Medical Deans Australia and New Zealand, and currently holds directorships of Media Super, NSW Kids in Need Foundation and the Woolcock Institute of Medical Research.

The MHCC and the mental health sector are excited about Carmel leading the organisation. Over 17 years the MHCC has grown from a very small peak body into an organisation with an important voice at the table, both at a state and national level. A new phase of evolution is highly anticipated.

"I very much looking forward to working with the MHCC board, members and staff on the many challenges confronting the mental health sector, including an increasingly complex funding environment, the growing demand for services, an aging population and the impact of the National Disability Insurance Scheme," says Carmel.

On arrival at the MHCC Carmel was most interested to hear about **Community Mental Health Drug and Alcohol Research Network** (CMHDARN) and its various initiatives. CMHDARN is a partnership project between the MHCC, NADA and the Mental Health Commission of NSW. The **CMHDARN Research Ethics Consultation Committee** was established in 2017 to focus on ethical research involving the AOD and MH service sectors. The RECC invites researchers (both academic and MHCC/NADA members) to participate in a process of peer-review regarding ethical conduct in mental health and AOD human research as well as guidance and advice to support researchers.

The NHMRC Centre of Research Excellence in Mental Health and Substance Use (CREMS) at the National Drug and Alcohol Research Centre, University of New South Wales, and CMHDARN work in partnership to develop the **Community Research Mentoring Project**. This program provides workers in MHCC and NADA member organisations who have an interest in research with an academic mentor support to develop their research knowledge and skill development.

The **Seeding Grants** are an opportunity for organisations across the AOD and mental health community sectors to build their capacity to undertake research, in other words, become 'research ready', and are intended to support organisations to develop their research methodology and to identify suitable academic and other project partners to support them to conduct the research.

Future plans include a Symposium, to be held on 20 June 2018, during which we anticipate showcasing the Seeding Grant recipients' projects as well as provide keynote presentations from leading edge research and practice in the mental health and AOD sectors.

2018 will be full of important and interesting challenges and opportunities for both the AOD and mental health sectors and we look forward to strengthening our collaboration and partnering opportunities in the future for research and service delivery innovation.

To learn more the Mental Health Coordinating Council, visit the website or email info@mhcc.org.au.

Stepping up the care

Innovations in psychiatric emergency interventions

Sean Evans PECC Nurse Unit Manager

The Psychiatric Emergency Care Centre (PECC) at St Vincent's Hospital (SVH) is a six-bed mental health unit attached to the emergency department (ED), which provides short-term intensive support and care to people who are experiencing emotional crises, or mental health problems that may be solved in a brief admission. We also have a multidisciplinary 'PECC liaison team', which is based in the ED to help triage, assess, and recommend disposition of mental health patients. The SVH PECC model of care is based on the NSW Health PECC Guideline (Mental Health & Drug & Alcohol Office, 2015), and aims to provide a consumer-centric service, which is strength based and recovery focussed (NSW Health, 2010).

SVH ED is recognised as one of the busiest emergency departments in NSW and has a high percentage of mental health and AOD presentations (12%-15%). For example, we saw 1163 stimulant related presentations to our ED over an 18 month period (July 2014-January 2016). 514 of those were referred to our PECC team for assessment, with approximately 14% experiencing psychosis. Due to the high numbers of mental health presentations to our ED who experience comorbid drug and alcohol problems, we have implemented novel measures to adequately care for these patients and ensure the best possible outcomes.

The first measure was the appointment of the 'psychiatric emergency alcohol and drug clinical nurse consultant', who prioritises the assessment and disposition of mental health patients in the ED who experience comorbid drug and alcohol problems. The role also covers the PECC unit and provides assessment, counselling, brief interventions, and referral pathways. The CNC also liaises regularly with the alcohol and drug service, particularly in regards to complex cases.

The second measure was the implementation of the Drug and Alcohol Brief Intervention Project, aimed at training mental health nurses in the provision of substance use assessment and brief interventions around their substance use. This is based on the current recommended model of integrative care,[1] where the same service provider provides care around both mental health and substance use problems. Currently, PECC nurses are proficient in assessing substance use, assessing severity of use and either providing a brief intervention or referring to the Psychiatric Emergency Alcohol and Drug CNC as required. Apart from discussing risks and harms associated with a patient's substance use, a key part of the intervention is linking the substance use with the mental health admission; suicidality in context of intoxication, for example.

A third measure was the implementation of a methamphetamine clinical pathway; in flow-chart form, accompanied by a procedural document. The pathway is aimed at supporting medical staff by triggering their clinical decision making, ensuring best practice, and by providing guidance around disposition, including when it is appropriate to engage with the PECC team.

Where complex presentations require it, the PECC team has access to the St Vincent's Hospital Drug and Alcohol team which has access to a detoxification unit, outpatient counselling and support, and the Stimulant Treatment Program, and can give advice on managing complex patients with drug or alcohol dependence on a Mental Health ward.

ST VINCENT'S HOSPITAL SYDNEY

To learn more about St Vincent's Hospital, visit the website or call 8382 1111.

Footnote

1. Mental Health and Drug and Alcohol Office (2015). Psychiatric emergency care centre model of care guideline. Ministry of Health. North Sydney. NSW. 2060. http://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=GL2015_009

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Mental Health and Drug and Alcohol Office (2015). Psychiatric emergency care centre model of care guideline. Ministry of Health.North Sydney. NSW. 2060. http://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=GL2015_009

Mental Health and Drug and Alcohol Office (2015). Effective models of care for comorbid mental illness and illicit substance use: evidence check review. Ministry of Health. North Sydney. NSW. 2060.

NSW Health (2010). Principles of recovery orientated mental health practice. Ministry of Health. North Sydney. NSW. 2060.

Useful resources

Organisations

Beyond blue provides information and support focused on mental health and emotional wellbeing—for both clients and workers.

- AOD and mental health
- Depression and quitting smoking

Other helpful organisations include: Black Dog Institute, SANE Australia and Being.

Resources

Guidelines on the management of co-occurring alcohol and other drug and mental health conditions in alcohol and other drug treatment settings (second edition)

Hard copies have been distributed to AOD services Australia-wide. If your service has not received a copy, or to enquire about further hard copies, please email Dr Christina Marel.

An online training program has been developed to support the guidelines.

Guidelines for providing mental health first aid to Aboriginal and Torres Strait Islander people engaging in non-suicidal self-injury. These guidelines [PDF] have been redeveloped following consultation to ensure they reflect best practice evidence.

Online self-help

SHUTi delivers cognitive behaviour therapy for insomnia techniques that clinical trials have also found to reduce depression and anxiety symptoms. SHUTi is available at a discount through Black Dog Institute.

myCompass is designed to address mild to-moderate symptoms of stress, anxiety, and depression through personalised treatments using proven psychological techniques such as cognitive behaviour therapy.

Mindspot provides assessment and treatment for anxiety and depression.

Podcasts

Listen to the Being Well podcasts to learn how to use e-mental health tools and programs.

Recorded at the end of 2016, this 'Alcohol and mental health' podcast documents the discussion of an expert panel as they tackled the complexities behind the coexistence of alcohol use and mental health.

For young people

This 14-hour Youth Mental Health First Aid Course is for adults working or living with adolescents who are developing a mental illness, experiencing a worsening of an existing mental health problem or in a mental health crisis, until appropriate professional help is received or the crisis resolves.

YODAA (Youth Drugs and Alcohol Advice) provides a framework to help you understand a young person's AOD support needs.

Yarn Safe raises awareness of mental health issues and encourages Aboriginal and Torres Strait Islander young people to seek help at mental health services.

Helpful organisations include: ReachOut, Headspace and Orgen.

Online directories

These directories keep you up-to-date on new developments in online and mobile applications.

Head to Health Digital Gateway links to online and phone mental health services, information and resources.

eMental Health in Practice have compiled a comprehensive list of online treatment and support programs [PDF].

The Australian Drug Information Network (ADIN) review web and mobile resources to make it easier for workers to assess whether different products are useful (or not).

Learning and development

A range of training courses are delivered by Mental Health Coordinating Council, Blueknot Foundation, Mental Health Professionals' Network and Emerging Minds.

NADAbase

A message to members with bespoke systems

Cassandra McNamara Program Manager—Data Systems, NADA

Over the past 12 months we've made various improvements and inclusions to NADAbase. We acknowledge that whilst these make a difference, they are not necessarily experienced by all. Members who use bespoke systems will need to invest time and money to enjoy the same inclusions and upgrades—and we do not wish to disadvantage our members.

We will soon conduct an evaluation on the latest inclusions and therefore recommend to members with besoke systems to hold off on these investments until we receive the evaluation outcomes. We will keep you informed, as well as consult with you on items you may have already included.

An example of this are the gender and sexuality questions; we are confident these will be a requirement in the future and would recommend that you include them. Contact NADAbase ITsupport for the data specifications.

Members with bespoke systems: you won't completely miss out as you will still have all the access you need to our newly upgraded reports! For help to interpret the reports see the tutorial or contact NADAbase ITsupport for assistance.

What's been happening in the expansion?

The 'NADAbase user agreement' is now live in NADAbase. The user agreement page is present the moment you log into NADAbase for the first time. It will only occur once for each user and requires acceptance prior to proceeding into NADAbase. The user agreement outlines the roles and responsibilities of the user, including the responsibilities and role of NADA as custodians of the data. If you have any questions, please contact Cass.

What's coming up?

As promised, NADA is making changes to the way our members with bespoke systems upload their data to NADAbase. Work is due to be finalised by the end of March with further details communicated at that time. As a result of the changes the uploading process will be substantially streamlined resulting in a more efficient process.

This achievement has been possible thanks to the dedication of our members to timeliness, data quality and most importantly establishing and maintaining positive and respectful relationships. I look forward to continuing to work with you all!

Welcome to our new member

Centacare NENW services the New England North West region: Armidale, Tamworth, Narrabri, Gunnedah, Inverell, Glen Innes, Moree, Walgett and the surrounds. The range of services and programs provided include:

Mental health—psychology and counselling, individual case management, psychosocial support, mentoring, psychoeducation and care coordination.

Family support—flexible early intervention, wellbeing support, parenting support, intensive case management, family resilience and relationship supports.

Inclusions disability—supports to ensure people living with a disability have the opportunity to live a productive, empowered and enhanced life driven by individual goals and aspirations. Offering a range of services under the NDIS.

Youth services—confidential, youth friendly and non-judgemental. Supports around mental health, AOD, general health, education, case management, mentoring, early intervention and court supports.

Aboriginal programs—culturally safe. Care coordination, case management, yarning groups, support, information, mediation services, and cultural healing supports.

We also provide financial counselling and general mediation.

Centacare New England North West Rural Resilience
THE SOCIAL SERVICES AGENCY OF THE CATHOLIC DIOCESE OF ARMIDALE

For more information, contact the Centacare NENW on 1800 372 826.

NADA events

19 April — Smoking cessation workshop

This workshop will provide you with practical information and tips for working with people who smoke and how to transition to a smoke-free lifestyle and environment.

Topics include:

- nicotine dependence, toxicity and withdrawal
- target populations
- assessment
- treatment options
- relapse prevention
- how smoking impacts on other drugs
- cannabis and tobacco
- shisha
- e-cigarettes
- dealing with breaches in a smoke free service.

30 April — Safeguarding yourself: Recognising and responding to vicarious trauma

Do you worry about burn out, compassion fatigue and vicarious trauma?

This one-day professional development training explores the nature, dynamics and risks of vicarious trauma, contrasts is with burnout and compassion fatigue, and supports you to stay healthy and safe in your work with people impacted by diverse trauma.

This training, informed by current research, provides participants with the knowledge, skills, and tools to better recognise the early signs of vicarious trauma and intervene accordingly.

This training will also be held on 3 May and 4 May.

07 June — NADA Conference 2018: Exploring therapeutic interventions

This conference will bring together delegates from NSW, the broader Australian alcohol and other drugs sector and related support services to showcase evidence based practice that improve the lives of clients, consumers and the community.

Themes

- Innovative therapies and emerging trends for treatment
- Approaches for co-occurring mental health and AOD issues
- Empowering consumers
- Youth focused innovations
- Working with Aboriginal clients
- Criminal justice approaches

26 June — Aboriginal cultural awareness training

The NADA is partnering with Felicity Ryan to offer this Aboriginal cultural awareness workshop, to help participants understand:

- Aboriginal cultures, nations & protocols, family and kinship systems
- discrimination, myths & stereotypes
- the impact of colonisation and how this has affected contemporary Aboriginal peoples
- current statistics regarding Aboriginal people traditional and contemporary Aboriginal identity
- how to improve communication with Aboriginal people.

'Aboriginal people and strength based practices within a drug and alcohol setting,' will be held on 27 June.

Click for more information and to register

Associate member profile

Grow residential services NSW & ACT

Specialising in dual diagnosis recovery, the Grow residential rehabilitation program is fast becoming one of Australia's most sought-after treatment services. The long-term residential program uses a vast array of holistic evidence based treatment options, with Grow program ideologies and philosophies embedded in our approach.

The residential program has been operating for over 30 years, but it's what we have been achieving in recent years that is putting us at the forefront of recovery in Australia. In the past twelve months, we have surpassed numerous program records and are constantly exploring new ways to improve and develop on the service that we provide.

According to a recent resident survey, over 95% of residents that completed at least 12 weeks of our program, stated that their quality of life had greatly improved. Our program participants find success in their recovery from mental illness and addiction for a vast array of reasons, however for the most part the program's success comes down to several major factors.

Firstly, we are holistic in our approach towards care, and realise that people enter our care with varying degrees of motivation and commitment towards recovery. It is for this reason that everyone who enters our program is treated as an individual, ensuring all treatment planning is customised to meet unique requirements, by taking a stepped based approach towards care and continuingly assessing and adjusting levels of care based on program milestones.

Our treatment methods are evidence-based, and supported by industry experts, and suitably qualified staff. This ensures that the treatment methods that we utilise work. These methods include the following:

- cognitive behavioral therapy
- acceptance and commitment therapy
- contingency management/motivational incentives
- solution focused therapy
- group therapy
- therapeutic community principles and approach
- mindfulness-based cognitive therapy
- educational groups
- animal assisted therapy
- art therapy
- relapse prevention skills
- goal setting
- parenting groups
- stress reduction skills
- yoga
- peer support.

Furthermore, we adopt twelve step principles that have helped millions of people experiencing drug dependence worldwide.

Grow mental wellness programs

Phone Grow NSW on (02) 9633 1800 or email nsw@grow.org.au.

Do you have something to share

Contribute to the Advocate to connect with NADA members and stakeholders. Promote new services and projects, innovative partnerships, awards and achievements, or research activity.

Email your content to Sharon Lee.

Profile

NADA staff member

Rubi Montecinos
Program Manager

How long have you been with NADA?

I started at NADA at the end of July 2017.

What experiences do you bring to NADA?

I am new to the AOD sector. However, I bring with me a range of knowledge and experience from working within different sectors of the health industry. I have managed national and state-wide projects, provided policy advice, quality improvement reforms and managed training. I have worked with diverse communities, multidisciplinary teams and a range of stakeholders within hospitals, primary healthcare, public health and adult education.

What activities are you working on at the moment?

My activities generally focus on sector capacity building. A few things I'm currently working on include: a project to build sector knowledge, skills and confidence to support the families and significant others of people with substance use issues; the second round of the women choice and change program which will train service staff to deliver the program within their services; and e-learning modules to increase awareness of what it means to be complex needs capable for AOD workers and organisations.

And of course, I am the lead for the NADA Conference 2018: Exploring therapeutic interventions.

What is the most interesting part of your role?

Definitely talking to members! I enjoy getting to know about how services operate, the programs available to clients and discussing the needs of the services. I am passionate about quality improvement and supporting services to undertake service delivery processes that are client centred, and lucky for me, my activities at NADA allow me to delve into this.

What else are you currently involved in?

Currently I am collecting early editions of books, attending local community events, visiting a national park or learning reformer pilates.

A day in the life of...

Sector worker profile

Glynis Thorp Credentialed Mental Health Nurse and Project Officer, RFDS

How long have you been working with your organisation?

I've worked at the Royal Flying Doctor Service (RFDS) for three and a half years. Before this I managed health facilities, remote nursing, as well as mental health services.

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

I have worked in a variety of nursing roles over the last 46 years. I have worked as a rural and remote registered nurse, as a clinical nurse specialist mental health in both community and acute positions, and within high dependency and psychiatric intensive care units in both public and private facilities. I have experience working in primary heath care for GPs, managing acute psychiatric facilities and community teams, and also a sector of hospitals in Queensland and several hospitals in NSW. I also managed the Tasmanian State Prison Alcohol and Other Drug Program.

What does an average work day involve for you?

Every day is different, however if I am flying it means getting up at 5:30 am, ready to be on base, to board a King Air to travel to work.

What is the best thing about your job?

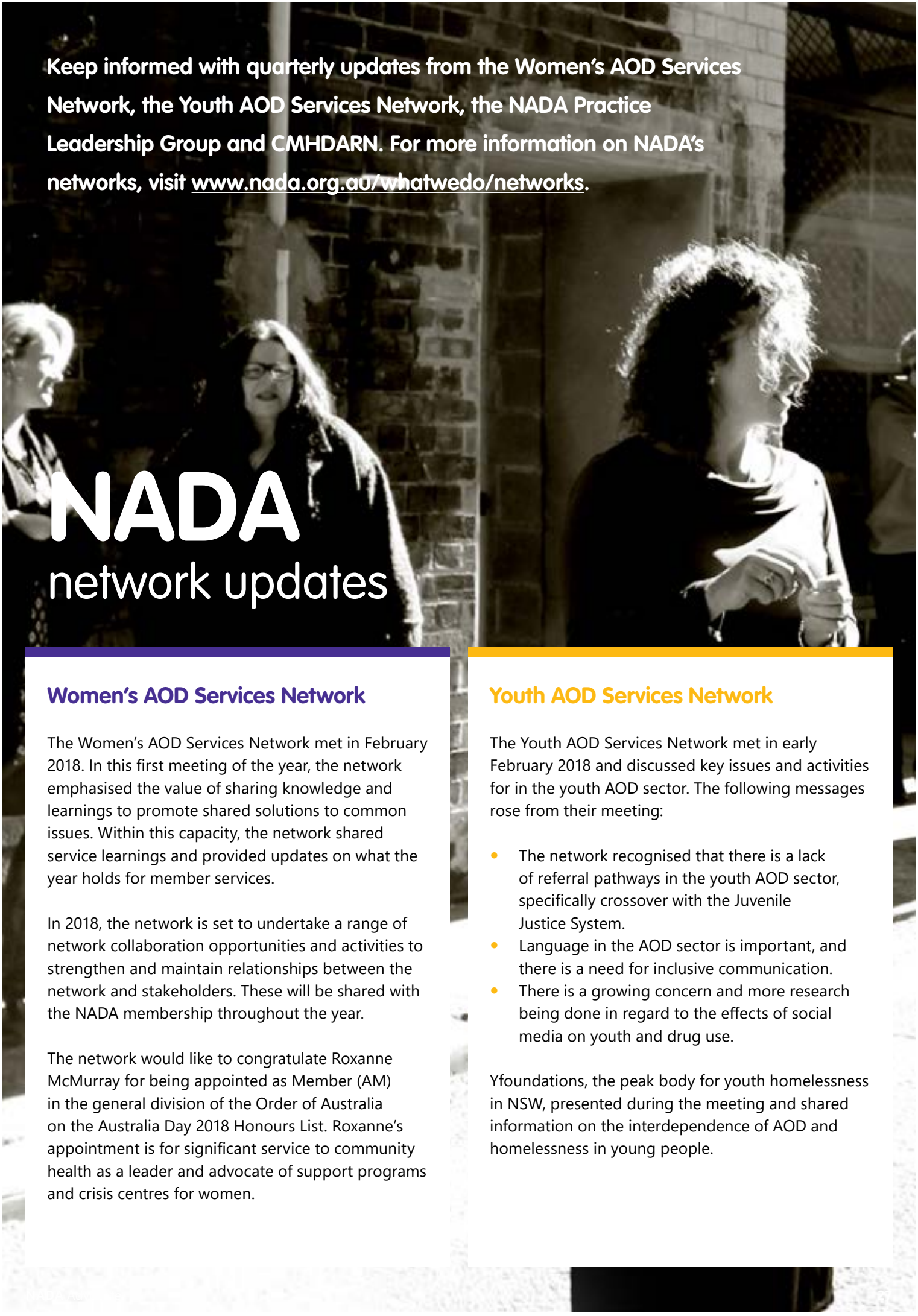
I'm grateful for the variety of work and other professionals who I work with, being appreciated in the remote towns we visit, and I have been given some wonderful opportunities at the RFDS.

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 better access to rehabilitation in the bush.

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

I'd be Flash so I could travel through time and be anywhere at anytime. I could travel to my favourite places in real time and prevent disatsers from happening in the future.



Keep informed with quarterly updates from the Women's AOD Services Network, the Youth AOD Services Network, the NADA Practice Leadership Group and CMHDARN. For more information on NADA's networks, visit www.nada.org.au/whatwedo/networks.

NADA network updates

Women's AOD Services Network

The Women's AOD Services Network met in February 2018. In this first meeting of the year, the network emphasised the value of sharing knowledge and learnings to promote shared solutions to common issues. Within this capacity, the network shared service learnings and provided updates on what the year holds for member services.

In 2018, the network is set to undertake a range of network collaboration opportunities and activities to strengthen and maintain relationships between the network and stakeholders. These will be shared with the NADA membership throughout the year.

The network would like to congratulate Roxanne McMurray for being appointed as Member (AM) in the general division of the Order of Australia on the Australia Day 2018 Honours List. Roxanne's appointment is for significant service to community health as a leader and advocate of support programs and crisis centres for women.

Youth AOD Services Network

The Youth AOD Services Network met in early February 2018 and discussed key issues and activities for in the youth AOD sector. The following messages rose from their meeting:

- The network recognised that there is a lack of referral pathways in the youth AOD sector, specifically crossover with the Juvenile Justice System.
- Language in the AOD sector is important, and there is a need for inclusive communication.
- There is a growing concern and more research being done in regard to the effects of social media on youth and drug use.

Yfoundations, the peak body for youth homelessness in NSW, presented during the meeting and shared information on the interdependence of AOD and homelessness in young people.

NADA network updates
continued

NADA Practice Leadership Group

The NADA Practice Leadership Group met in December to discuss several projects the group has lined up for 2018.

The NPLG is developing a withdrawal management paper, with its primary aim to document the work in the NGO sector around withdrawal management. The paper aims to look at the different approaches to withdrawal management, from a medically supervised detox bed through to lower threshold scenarios, and to navigate how these are managed and what the issues are in terms of transition of care. The paper also highlights some proposed models of shared care and good practice in transition of care between NGOs, LHDs and primary health providers in NSW.

The NPLG will now turn their attention to the NADA Conference 2018: Exploring therapeutic interventions. The NPLG will craft presentations and workshops for the conference and look forward to seeing you all there!

Ask the NPLG for advice: find out about each member's areas of areas of expertise [PDF] or email NPLG@nada.org.au.

CMHDARN

In December 2017, CMHDARN welcomed its new research network coordinator, Elyse Aird. Elyse has worked in various research, policy, and project management roles in government and non-government organisations.

Planning for the upcoming CMHDARN symposium, which will take place on 20 June 2018, is underway. On the day, speakers will talk about integration of services, the use of language in the AOD and mental health sector, and workforce capacity building and sustainability. The event will showcase CMHDARN's seeding grants, and there will also be a consult on the strategic direction of CMHDARN.

The evaluation report on the CMHDARN Seeding Grants, one-off grants given to AOD and mental health organisations to build their capacity to undertake research, is also in train.

CMHDARN
Community Mental Health, Drug & Alcohol
RESEARCH NETWORK

NADA Practice Leadership Group

Meet a member

Adrian Webber Clinical Director—Treatment and Services, SVDP Support Service

How long have you been working with your organisation? How long have you been a part of the NPLG?
I have worked for St Vincent de Paul Support Service since 2009 at Freeman House in Armidale. I took two years away working as a lecturer in Counselling, Mental Health and Addictions at the University of New England before returning in early 2017 for my current role of Clinical Director for SVDPs now expanded Specialist AOD Network. I joined the NPLG in 2017.

What has the NPLG been working on lately?
We've had a busy year with a range of great projects that will continue to have a positive impact on our member organisations, and of course most importantly, the people we provide services to. Significant projects include the NADA NGO Withdrawal Management Guidelines for NADA member services that provide withdrawal management. The other major project is the upcoming NADA Conference 2018. With this year's theme of 'Exploring therapeutic interventions,' the program will be packed with terrific and practical discussion and I'm really looking forward to being a part of it all.

What are your areas of interest/experience—in terms of practice, clinical approaches and research?
My interests are in the areas of client experience and staff wellbeing. I am a strong proponent of working with our clients from an acceptance based stance, and most services I work with in my current role with St Vincent de Paul Support Services use dialectical behavior therapy, acceptance and commitment therapy and mindfulness based approaches.

What do you find works for you in terms of self-care?
Mountain biking and camping!

What support can you offer to NADA members in terms of advice?
We have a well-established university partnership for clinical psychology and social work student placements in both our residential and non-residential day programs. I am happy to help anyone exploring partnerships like these, particularly around how to ensure these are beneficial to student and service, the types of projects that enhance client experience, and how to ensure these are embedded and sustainable for AOD treatment services.

Welcome to our new member

With four services located in the Penrith LGA, the Nepean Community & Neighbourhood Services provides quality programs that supports Aboriginal people of all ages to enable strength, inclusion and respect.

The Koolyangarra Aboriginal Family Centre in Cranebrook is the hub for our range of Aboriginal support and community programs, dual diagnosis and close the gap services. Our south Penrith, Werrington and Cranebrook centres run youth, family support, case management and community programs.

Our Aboriginal Dual Diagnosis Project brings together clinical (Western) with Aboriginal concepts of healing, to enable client recovery and wellbeing (cultural, physical, spiritual and emotional). Recovery not only refers to substance use, but also from trauma: past and present, reconnecting with Country, culture, identity and regaining a connection to community. We acknowledge that our role in this program also encompasses education and re-thinking of perceived attitudes and opinions within health towards Aboriginal and Torres Strait Islander people.

Our clients experience mental health challenges like depression, personality disorder, bipolar, anxiety and drug psychosis. These issues may also be compounded by life challenges: legal, domestic violence, removal of children, finance, homelessness and housing.

NCNS
NEPEAN COMMUNITY & NEIGHBOURHOOD SERVICES

For more information, visit the website or phone (02) 47218520.

NADA highlights

Photo by Kris Ashpole

Policy and submissions

- NADA provided a submission for the Consultation Draft of the National Alcohol Strategy 2018–2026.
- The AOD Peaks Network provided:
  - feedback on the ALP's National Platform on Health policy
  - a brief to the Drug Strategy Branch on workforce development
  - a brief to the Drug Strategy Branch on the National Quality Framework
  - a brief to Minister Hunt on applying the Drug and Alcohol Service Planning (DASP) Model and implementation of the National Workforce Development Strategy.

Advocacy and representation

- NADA is representing the sector on the NSW Ministry of Health, NGO Contracting Working Group. See the December issue of Sector Watch [PDF] for more information. The most recent work has focused on defining a state-wide service, proposed accreditation standards for the sector and draft KPIs.
- NADA, and representatives of the AOD Peaks Network, met with Minister Hunt to discuss the above brief on applying the DASP.
- NADA has issued a brief to all PHNs, and negotiations continue, to achieve consistency regarding data reports and timeframes.
- NADA is representing the sector on the NSW NGO Housing Partners Reference Group to work with the wider human services sector to improve housing for our clients.
- NADA participated in the Mental Health Peaks Forum regarding the Impacts of Mental Health Reforms and the NDIS.
- NADA attended the NSW Ministry of Health, Family Support Advisory Group meeting, and received an update on the family projects in development, including development of information for families affected by AOD, online service directory and workforce training.

Sector development

- The HNECC AOD Practice Networks held a series of planning workshops.
- A user agreement in NADAbase has gone live, requesting all new and existing users accept and are aware of their role and responsibilities towards the client when collecting information.
- The second round of training for the Women: Choice and Change program took place with seven services participating.
- NADA has allocated funds for the January–June 2018 Workforce Development Training Grant Program.
- NADA held a new training session, 'Healing the effects of trauma on children and young people: a creative whole body approach,' concerned with the psycho-biology of trauma in young people.

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Feedback **Training Grants**