NADA
network of alcohol & other drugs agencies

The newsletter of the Network of Alcohol and other Drug Agencies

Issue 2: June 2014

advocate

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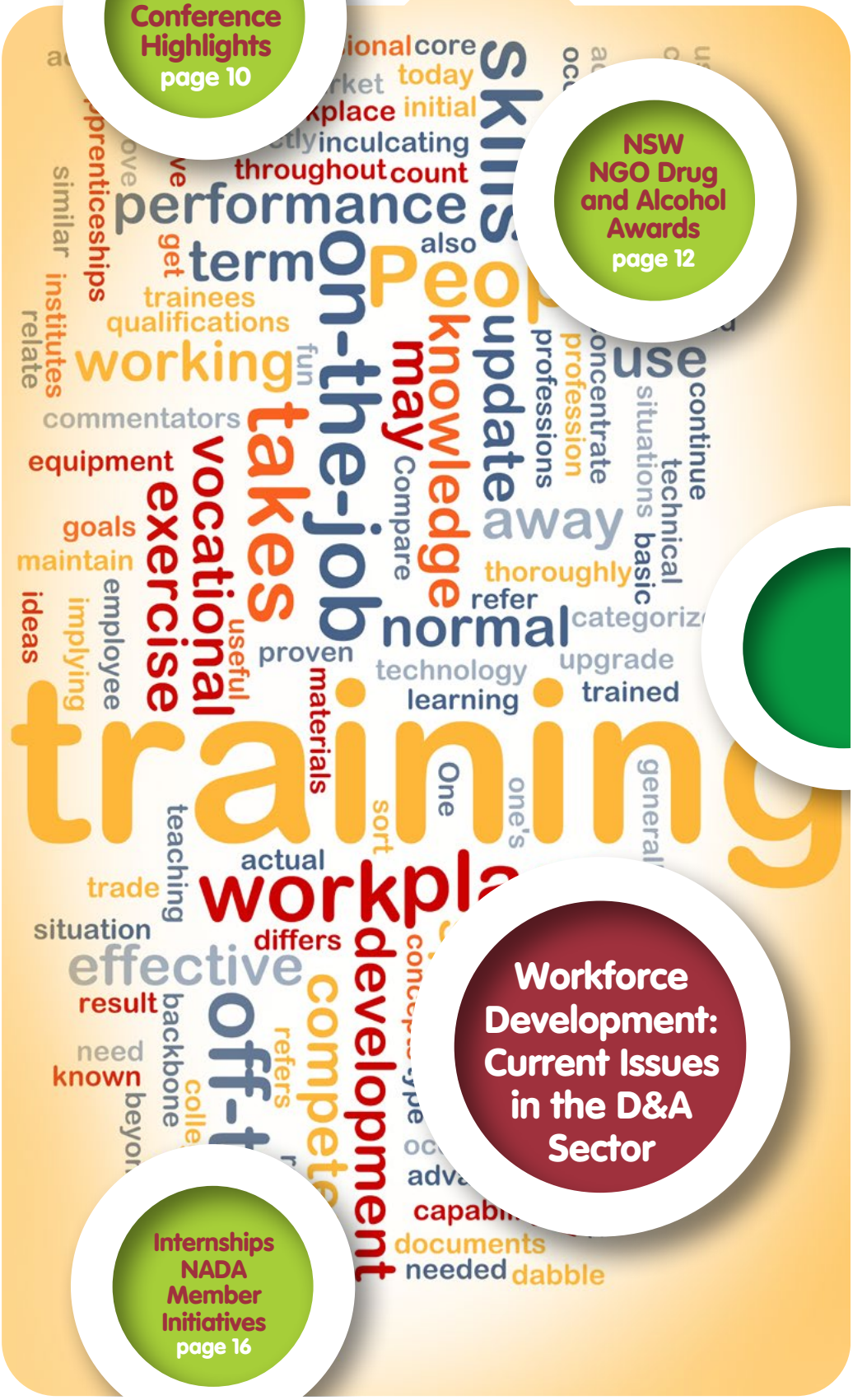
In this edition we ask a number of guest writers to respond to:

> ***Workforce development: current issues in the drug and alcohol sector.***

Read features from:

- **Roger Nicholas**, National Centre for Education and Training on Addiction
- **Brad Pearce**, Victorian Alcohol and Drug Association
- **Steve Ella**, Central Coast Local Health District



Workforce Development: Current Issues in the D&A Sector

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The development of Australia's National AOD Workforce Development Strategy

Roger Nicholas, **Senior Researcher, National Centre for Education and Training on Addiction (NCETA)**

Australia's National Alcohol and Other Drug (AOD) Workforce Development Strategy is currently being developed by the National Centre for Education and Training on Addiction (NCETA) at the request of the Intergovernmental Committee on Drugs (IGCD). Following an extensive national consultation process involving workshops in each jurisdiction, a written submission process and key informant interviews, a draft of the Strategy has been completed. This will soon be provided to the IGCD for its consideration. The Strategy is due for release in late 2014, or early 2015.

NCETA
Australia's National Research Centre on AOD Workforce Development

The workforce involved in preventing and minimising AOD harm is diverse and works to address the three pillars of the National Drug Strategy: supply, demand and harm reduction. Consequently, the Strategy addresses the needs of specialist AOD and generalist workers from the health, welfare, education, law enforcement and related sectors.

NCETA has taken a broad-brush approach to developing the Strategy because AOD workforce development (WFD) involves far more than education and training alone. Workforce development can be defined as:

> *…a multi-faceted approach which addresses the range of factors impacting on the ability of the workforce to function with maximum effectiveness in responding to alcohol and other drug related problems. Workforce development should have a systems focus. Unlike traditional approaches, this is broad and comprehensive, targeting individual, organisational and structural factors, rather than just addressing education and training of individual mainstream workers (Roche, 2002).*

In developing the Strategy, NCETA delineated four evolutionary phases of WFD in the AOD field.

> *Phase 1: The individual worker approach* involved enhancing the knowledge and skills of individual workers, particularly via education and training strategies. However, this did not necessarily take into consideration the influence of the systems in which they worked, which limited its effectiveness.
>
> *Phase 2: The AOD internal systems approach* targeted organisational and structural factors such as recruitment and retention, leadership, mentoring and supervision and workforce wellbeing. While this was a more comprehensive approach it was still inward-looking, focussing on the needs of AOD agencies and their staff.
>
> *Phase 3: The human services systems approach* aimed to better integrate the AOD sector with other sectors to deliver joined-up service provision in prevention and treatment.
>
> *Phase 4: Preparing for the future* aims to enhance the AOD workforce's capacity to evolve to meet future challenges.

A key aim of the Strategy is to move the AOD workforce towards Phase 4 to enable it to better face future challenges. These future challenges have helped shape the Strategy and include:

1. Recognition that we may not have capacity to meet future service demand. Meeting the demand will involve changes in the skills profile of workers and the ability to better integrate the activities of agencies within and across sectors.
2. Health inequalities stemming from the uneven distribution of the social determinants of health.
3. The ageing population and health workforce, meaning that: the AOD workforce needs to be better equipped to deal with the needs of older clients; and the AOD sector will continue to age and will have to compete with other sectors for staff in an increasingly competitive human resource environment.
4. The high level of AOD-related harms among some Aboriginal and Torres Strait Islander Australians which requires enhanced capacity among Indigenous AOD workers as well as workers in mainstream agencies.
5. Rapidly emerging new substances, as well as changes in patterns of use and in the profiles of problems for which clients are seeking treatment.
6. New paradigms and treatments including an increased focus on the social determinants of health, integrated models of care and increased use of technology.
7. Multiple morbidities, which are increasingly being seen as the norm, rather than the exception, among those experiencing AOD harm.
8. Increased emphasis by funders on service outcomes, rather than inputs or outputs. This will require changes in service provision as well as in the collection, interpretation and presentation of data in order to ensure continued funding.
9. Enhancing consumer input into service provision.
10. The need to restructure service provision by AOD and other organisations to better address the needs of clients experiencing multiple disadvantage.

The development of Australia's National AOD Workforce Development Strategy

continued

NCETA
Australia's National Research Centre on AOD Workforce Development

11. Increasing requirements for family inclusive policy and practice which involves raising awareness of the impact of substance abuse upon families, addressing the needs of families and seeing the family - rather than an individual adult or child - as the unit of intervention.
12. The globalisation of the human services workforce resulting in agencies needing to compete for staff, not only within Australia, but also internationally.
13. Addressing existing differences between government and non-government agencies in areas such as infrastructure and funding support, salaries and conditions, which can lead to a movement of staff from non-government to government agencies.
14. Meeting the needs of law enforcement agencies (in particular police and corrections) for support in addressing AOD issues as these agencies play a pivotal role in preventing, reducing and responding to AOD-related harms.
15. Addressing the needs of the education sector which has an important role to play in the prevention of AOD problems.
16. Education and training-related issues, such as the quality and quantity of programs available for specialist and generalist workers.
17. Meeting the increasing requirements for inter-professional education and practice to enhance relationships between different health professionals and agencies, with a view to enhancing intersectoral practice.
18. Supporting the effective translation of research into practice to ensure that prevention, early intervention and treatment practices are based on the best available research evidence.

The reduction of AOD harm in Australia is dependent on having a skilled, effective and adaptable workforce. The key challenge for the future will be to extend the thinking of the AOD sector about what constitutes WFD. It will be essential to make the transition from a paradigm which focusses on the learning needs of individual workers; to one which focusses on the ways in which internal organisational environments of employing agencies impact on the effectiveness of workers; and ultimately to one which focusses on the ability of workers to operate more effectively across sectors and to be ready for future challenges.

The Strategy development process has occurred amid a range of changes and pressures to community service provision in Australia due to demographic shifts, structural reform, fiscal restraint and increased expectations from funders. The Strategy will propose measures that are achievable within these constraints and reflective of current differences between jurisdictions.

Reference

Roche, A. (2002). Workforce development issues in the AOD field: A briefing paper for the Inter-Governmental Committee on Drugs. Adelaide, Australia: National Centre for Education and Training on Addiction, Flinders University.

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Victorian AOD Minimum Qualifications Strategy

Brad Pearce, **Program Manager, Victorian Alcohol and Drug Association (VAADA)**

In 2004 the Victorian Government released the first Workforce Development strategy for the Alcohol and Other Drugs (AOD) sector in Victoria. One of the key features of this strategy was the introduction of the Minimum Qualifications Strategy (MQS), which set formal education and training minimum qualification requirements for all AOD workers in Victoria from 1 July 2006.

The MQS was initiated in response to recommendations to gain a consistent level of sector-specific skills and knowledge base amongst AOD workers. This was identified as being important to enhance the credibility of the sector, particularly by those in related health and welfare fields who may call upon AOD practitioners for specialist knowledge, support, consultancy and care.

The MQS applies to AOD workers, who are funded by the Victorian state government through the Department of Health, Mental Health, Drugs and Regions Division and whose core role is to provide services directly to AOD clients. The strategy has three identified primary aims:

- To ensure the development and maintenance of a consistently competent and professional AOD workforce;
- To ensure consistent and high-level drug and alcohol client services; and
- For AOD workers to be regarded by other health sectors as competent and knowledgeable AOD professionals.

The MQS provides two pathways to meet the minimum requirements. Firstly for people to hold a qualification specialising in Alcohol and Other Drugs or Addiction Studies equivalent to, or above Certificate IV level and secondly for people who hold a health, social or behavioral science related tertiary qualification. This latter category also requires the individual to attain four core AOD Units of Competency, which are currently identified as the AOD Skill Set within the Vocational Education and Training Community Services Training Package.

Depending on previous experience and current knowledge and skill, workers may participate in accredited training and assessment or demonstrate competence through a recognition process with one of the sector based Registered Training Organisations or through a TAFE. The MQS has never been made a mandatory requirement, though the vast majority of funded agencies expect that people possess the required level of qualification or agree to attain it within a specified period of beginning employment. Over the years we have seen an increase in the number of advertised job vacancies that specify expectations associated with the role.

At the time the MQS was implemented the AOD sector was highly qualified, though only 8% of the workforce held a qualification specifically in AOD work or Addiction Studies. A 2010 evaluation report[1] identified that by 2009 this had increased to 73%. The evaluation found that the minimum qualifications strategy was not only effective in increasing the number of professionals with specialist AOD qualifications, but that participants in the consultations expressed a high level of satisfaction with the programs in which they had participated.

It also recommended continuation of the strategy, however cited a range of barriers for employers and employees. These included:

- High cost of training and the lack of funding available to support organisations to train their workforce;
- Difficulties in obtaining the cooperation from employers due to competing demands;
- The training provided not being standardised and variations in quality;
- Challenges within the recognition of current competency process;
- Accessibility to training locations and limited places or courses; and
- Staff turnover.

It is essential to note that there was some resistance to the entire process when the Recognition of Prior Learning project was initiated in 2004. The concept of a minimum qualification was new and it was not clear as to what parts of the workforce were eligible and what roles were to be excluded. Some people had many years of experience as AOD clinicians and held relevant post graduate qualifications, but without the required specialist AOD qualification. Others had limited formal education and saw the need for the qualification as an inhibitor for them to continue in their roles. It also took some time to consider how the development needs of Aboriginal, peer and Needle and Syringe Program workers would be addressed. These challenges were acknowledged and although maybe not rectified to the satisfaction of all, the general sector view is that those who wanted to be involved were provided with opportunities to do so.

VAADA consultations for the recently released workforce development strategy highlighted that there was strong support for the MQS, but there are growing calls for it to be further developed. This could be aligned to the approach of having an entry level and advanced MQS, something that has yet to be adequately explored. This current workforce framework refers to the state government commitment to redevelop the MQS in line with future needs bought about by workforce changes from the sector recommissioning currently underway. VAADA supports these considerations and will continue to advocate that any future changes to the MQS be designed to meet the needs of the workforce, service users and other stakeholders, whilst not acting as a barrier to attract new recruits into the sector.

[1] Health Management Advisors (2010) Department of Health Evaluation of the Victorian Alcohol and Other Drugs Workforce Development Program Final Report

The Aboriginal drug and alcohol workforce in NSW: A snapshot of current issues

Steve Ella, **Coordinator, Aboriginal Drug and Alcohol Traineeship Program, Central Coast Local Health District**

Psychoactive substance use is associated with physical, psychological and social harms in many Aboriginal and Torres Strait Islander communities across Australia[1,2]. The importance of using approaches to delivering health care that engage and empower the client is well-acknowledged[3]. In an Australian context, the role of Aboriginal health workers and of Aboriginal drug and alcohol workers is a key example of this[4,5].

The Aboriginal drug and alcohol worker profession has evolved gradually by specialist workers in different fields including the alcohol and other drug sector. Aboriginal drug and alcohol workers have a diverse and complex role[6]. They are often the first point of contact for Aboriginal people seeking help for alcohol and other drug or related issues[6], and their relationship with the local community can be a significant influencing factor in whether individuals will seek help from that service or not[7].

In NSW, a survey was undertaken to help understand the Aboriginal drug and alcohol worker workforce. The survey targeted Aboriginal drug and alcohol workers in government, non-government and community-controlled health organisations.

This is the first report to present a detailed profile of the NSW Aboriginal drug and alcohol workforce. The sample size of 51 represents a majority (85%) of workers known to the Aboriginal Drug and Alcohol Network (total membership in 2009 was n=60; unpublished data), suggesting the willingness by workers to participate in the study. The demographic characteristics of the survey indicated that two in every three participants (62.7%) were male and over half the workers (56.9%) were aged between 30 and 49 years. More workers were employed in the non-government sector compared with state government organisations (60.8% versus 39.2%). A higher proportion of participants (58.8%) worked in regional areas compared with remote, rural or metropolitan NSW. Significant disparities among salary and award conditions were found, and approximately eight different position titles were reported.

In this difficult specialty area, the majority of the NSW Aboriginal drug and alcohol workforce (82%) were employed as fulltime permanent staff, with only seven individuals (14.3%) working less than 21 hours per week. Only 14% of workers who responded to the survey were on a contract and just 4% were employed on a casual basis. However, the role is given several different job titles across the Aboriginal drug and alcohol work profession. Greater agreement on job titles (and classifications) will be important for potential employers when employing an Aboriginal drug and alcohol worker. It will also be important in managing employee, employer and community expectations, and in reducing stress on the employee related to lack of role clarity[9].

Wage structure appears to be a major challenge facing the Aboriginal drug and alcohol workforce. Over three in five Aboriginal drug and alcohol workers in NSW earned $20,001 to $50,000 per annum. This is well below the average yearly wage of a full-time worker in mainstream NSW (of $68,754)[12].

The study also found that non-government workers are the lowest paid in the Aboriginal drug and alcohol field despite a comparable level of responsibility with the government workforce. Of the 14 workers in this study who reported earning $30,001 to $40,000 annually, 10 were employed in a non-government organisation. This amount is around or just above the national minimum wage of $31,533.23. Of the 14 workers who earned from $40,001 to $50,000 annually, the majority were also employed in a non-government organisation. It could be that these awards were chosen because of limited funding availability. For example, non-government alcohol and other drug treatment organisations are always in competition for funds, and typically have low levels of funding[10], which is often non-recurrent[1]. This low pay rate does not recognise the agreed importance of the role of these Aboriginal health professionals[11].

> *"More workers were employed in the non-government sector compared with state government organisations (60.8% versus 39.2%). A higher proportion of participants (58.8%) worked in regional areas compared with remote, rural or metropolitan NSW. Significant disparities among salary and award conditions were found, and approximately eight different position titles were reported."*

The Aboriginal drug and alcohol workforce in NSW: A snapshot of current issues

continued

In practice, the qualifications the Aboriginal worker has achieved should determine the level and types of intervention that they are asked to conduct. However community and/or workplace expectations of the worker's responsibility are at times out of keeping with the worker's qualifications and experience. In particular, heavy demands are often placed on Aboriginal staff by the workplace to work with clients with complex needs[2,11] (e.g. to address housing issues, uncontrolled financial status, emotional breakdown and other crises), even if the worker does not have the relevant qualifications or training[10,11]. The Aboriginal drug and alcohol worker is required to consider all of these issues holistically, alongside the social and health outcomes for the client and often their family[11]. To achieve this, they are required to not only support the client, but usually the family and community members, well beyond the traditional health worker-client relationship[11]. There is an urgent need for Aboriginal drug and alcohol worker appropriate workplace support and professional development opportunities.

"The study also found that non-government workers are the lowest paid in the Aboriginal drug and alcohol field despite a comparable level of responsibility with the government workforce. Of the 14 workers in this study who reported earning $30,001 to $40,000 annually, 10 were employed in a non-government organisation."

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CEO report

Larry Pierce

Workforce development has been a key element of the NADA program for the past decade. This edition of the Advocate considers this topic and looks at where we are now and where we should be heading in terms of continuing support for our sector in securing, growing capacity and maintaining a well-trained and professional drug and alcohol workforce.

I want to make some observations about the challenges we face in terms of the grants reform process and where we may end up as an NGO specialist sector and what the future is likely to bring our sector in terms of the continued process of the devolution of government services to the NGO sector.

Firstly with regard to the grants reform process and the move to a more competitive tendering model of grants allocation, we are likely to see significant changes to the way we are currently funded and that will have significant impacts on the workforce we currently have.

It should be obvious to all that under the competitive tendering system, the government will be much more specific about the kinds of treatment and other services it wishes to purchase and the kinds of client populations, service delivery models and geographic spread of service reach. This may mean that organisations will have to think about reorganising their staff and service configurations, looking at the qualifications of staff in terms of client and clinical priorities to deliver these services and the inclusion of outreach and aftercare services and appropriate staff.

Secondly, in relation to the options for joint partnerships and consortia approaches to responding to tender specifications, organisations will have to re-examine their governance, management and staff configurations if they are entering into joint ventures with one or more organisations. This will be very challenging in terms of making significant changes to the roles and qualifications of staff and management and in relation to governing bodies.

Both of these developments will have to be addressed by our sector. NADA will be engaging with our membership over the coming year to examine the key issues we face preparing for organisational and staffing changes that we need to make if we are to be successful in attracting the contract funding required to move forward for our staff and for the needs of our clients.

Our sector has met many challenges and made significant organisational, workforce and program changes and adaptions to meet the demands of funders and, more critically, address the ever more complex needs of our clients.

I believe this new phase in the development of the specialist NGO drug and alcohol sector will result in the emergence of a stronger, more diverse and innovative service delivery sector and that can only be a good thing!

Our sector has met many challenges and made significant organisational, workforce and program changes and adaptions to meet the demands of funders and, more critically, address the ever more complex needs of our clients.

Farewell to Tanya Merinda

It is with much regret that I accept Tanya Merinda's resignation from NADA after eight and a half years of dedicated service to the organisation and more importantly to our membership.

Continues over >

NADA staff farewells

Farewell to Tanya Merinda

Tanya came to us from NSW Health to assist with the NGO component of the state's MERIT program. She had an excellent reputation as a diligent and effective public servant with a clinical as well as policy background, and we felt her to be an excellent addition to the then small team we had at NADA.

Since that time she has had numerous roles within NADA, and for the last five years has been the Director of Planning and Strategy and my second in charge. Tanya led our journey through our external accreditation program as well as developing and leading our sector development program focusing on QI support services for the membership, the organisational support services program, our communications strategy and member services portfolio.

Tanya took a lead role with me in NADA strategic and budget planning, the NADA external policy portfolio and led our national policy program of activities. She also had the lion's share of NADA's internal human resources portfolio and internal policy development. Tanya led the annual performance reporting activities and has been an invaluable sounding board for me in future planning, program and budget planning and management. In short, she had a huge role and along with me in leading our external relations program and has been a central figure in the growth of NADA as one of the most respected peak organisations in the health area.

I know the high regard with which she is held by our members and external stakeholders and I considered her to be one of the best ambassadors the NADA program has ever had. I am sure she will be challenged in her new role, still involved working with the community sector, and I wish her all the best in her new endeavours.

On behalf of the NADA Board of Directors and all the staff at NADA I would like to take this opportunity to thank her for all the work she has undertaken on behalf of NADA and its membership, pass on our sincere appreciation for her excellent work and wish her all the best in her new career. Tanya will be a hard act to follow for the person that takes up her role and I will be providing the membership with an update on the staffing changes we are going to make internally in the very near future.

Best wishes to Edith and Clarissa

NADA wishes Edith (below, top) and Clarissa (below, bottom) all the best as they leave to welcome new additions to their families.

Edith plans to return to us in late November and Clarissa will continue to support NADA communications on a casual basis.

NADA events

Do you have something you would like included in the next NADA Advocate?

NADA encourages members and stakeholders to contribute to the NADA Advocate. You could promote new services and projects, innovative partnerships, awards and achievements, research activity or upcoming events.

Email final content to **Clarissa**

The next issue's content deadline is 27 August 2014 for distribution mid-September.

NADA events

CMHDARN Regional Research Forum (North Coast): Strategies for Building Research Capacity in your Workplace

Thursday 3 July 2014 (9am-2.30pm)
240 River St, Ballina
Click here for more information and to register.

NADA North Coast AOD Networking Consultation

Thursday 3 July 2014 (3pm-5pm)
240 River St, Ballina
Click here to register using the CMHDARN forum registration form, or contact Robert for more information.

Save the date!

NADA AGM and Forum
Monday 17 November 2014 More details coming soon.

The Women's Alcohol and Other Drug Services Development Program

In June 2013, NADA was funded by the Department of Health to build the capacity of the NSW non government drug and alcohol sector to meet the needs of substance using women and their children. NADA developed The Women's Alcohol and Other Drug Services Development Program. The program includes a comprehensive needs analysis, Service Delivery Enhancement Grants, the development of Practice Guidelines and workforce development support for the sector.

The needs analysis of NADA members that provide drug and alcohol services to women (inclusive of pregnant women and women with children) that includes consultation with women currently accessing treatment, has been finalised and is available for download on the NADA website Women's AOD Services Development page here.

Targeted Women's Drug and Alcohol Service Delivery Enhancement Grants have also been distributed to six specialist women's drug and alcohol services through a competitive grants process. These grants cover eight projects over a twelve month period ending May 2015, and include the development and/of implementation of day, aftercare and transitions programs, trauma informed care service provision and enhancing service accessibility and retention for Aboriginal women.

NADA would like to thank all the women's services that applied for these grants. Further information about the successful grant projects is available on the NADA website here.

Practice guidelines are currently being developed to support organisations to provide best practice interventions and consistency of care for women, with and without children. The guidelines will be available in the second half of 2014.

For more info on the program click here or contact Heidi (02 8113 1317) or Ciara (02 8113 1306) at NADA.

Member research

The Prevalence and Characteristics of Homelessness in the NSW Substance Treatment Population: Implications for Practice

Julaine Allan PhD & Michael Kemp PhD (2014) *The Prevalence and Characteristics of Homelessness in the NSW Substance Treatment Population: Implications for Practice, Social Work in Health Care*, 53:2, 183-198, DOI: 10.1080/00981389.2013.867921.
Click here to access the article.

Been published?

If you're a NADA member and have been published in a peer review journal, send through the details to **Robert** for inclusion in the next NADA Advocate.

2014 NADA Conference Diversity Driving Innovation

Conference highlights

The NADA 2014 Conference, Diversity Driving Innovation in the Non Government Drug and Alcohol Sector, welcomed over 150 delegates to hear from international, interstate and local experts, as well as sharing and learning practice wisdom from service providers across NSW.

The conference was opened by the Hon Jai Rowell, the newly appointed NSW Minister for Mental Health and Assistant Minister for Health, and we were welcomed to Country by Uncle Allen Madden, Gadigal Elder.

"Enjoyed the conference and would recommend to colleagues and other services." **Delegate feedback**

Keynote highlights

Beau Kilmer, Co-director and Senior Policy Researcher from the RAND Drug Policy Research Centre in California USA presented on an innovative way to curb problematic drinking through insights from South Dakota's 24/7 sobriety program. Whilst not all members of the audience thought the program should be implemented in Australia it prompted great discussion around addressing the issue, and how treatment could be included as part of the model.

Anneke Van Wamel, Research Associate at the Trimbos Institute for Mental Health and Addiction in The Netherlands provided a background of Dutch drug policy, and discussed lessons learnt from integrated treatment for dual disorders in The Netherlands. The presentation affirmed the advances that the non government drug and alcohol sector has made in Australia to building capacity to respond to dual disorders.

Ted Wilkes AO, Chair of the National Indigenous Drug and Alcohol Committee and Associate Professor with the National Drug Research Institute in Western Australia provided insight into the living impact of alcohol and drugs on Aboriginal and Torres Strait Islanders communities. This well received presentation discussed 'what works' in responding to harmful ATOD use amongst Indigenous Australians, the importance of collaboration and the urgency to redirect funding away from incarceration and into Justice Reinvestment.

Anthony Shakeshaft, Professor and Deputy Director of the National Drug and Alcohol Research Centre (NDARC) presented an integrated research model to improve collaboration between academia and service providers that was enthusiastically supported by the audience. NADA plans to work with NDARC as well as the other peaks and research centres to further develop the model to ensure better alignment of research priorities between researchers and service providers, increase evidence-based practices and translation of research, and to continue building the research capacity of the sector.

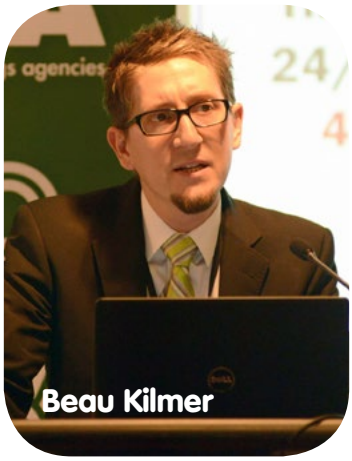
"Best NADA Conference ever (well in the three years I have been attending!!). It was absolutely spot on for executives like me in terms of its content."
Delegate feedback

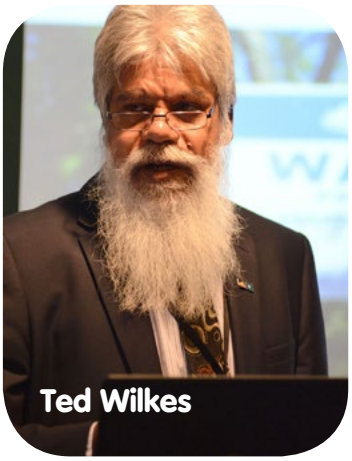
Panel highlights

Day 1 panel session Respect, Rights, and Reflection: consumer involvement in treatment, facilitated by Associate Professor Nicholas Lintzeris, (Director of Drug and Alcohol Services in South East Sydney Local Health District) explored the impact of stigma and discrimination and how to increase consumer participation in drug and alcohol services. Professor Carla Treloar, (Deputy Director of the Centre for Social Research in Health) conveyed the importance of trust in drug treatment and presented data from a qualitative study of consumers and health workers. Theresa Hinton, (Research and Policy Officer with the Social Action and Research Centre, AngliCare Tasmania) presented practical learnings for services to make consumer engagement a reality. John Neville, (consumer representative) spoke of his experience as a drug and alcohol service consumer to the audience and concluded by supporting the previous keynotes strategies to improve consumer engagement in treatment.

The Future of the Drug and Alcohol Sector in Australia panel session, facilitated by Gino Vumbaca (Executive Director of the Australian National Council on Drugs) provided the national research centres an opportunity to give their insights into our future. Professor Michael Farrell, (Director of NDARC) Professor Steve Allsop (Director of the National Drug Research Institute) and Associate Professor Nicole Lee (National Centre for Education and Training in Addiction) then responded to questions from the audience. Topics covered included the positioning of drug and alcohol alongside mental health rather than the merging of the two, workforce development issues, funding uncertainty, and the need for review of Australia's drug policy.

"The conference was very informative and inspiring, thank you". **Delegate feedback**


Beau Kilmer


Ted Wilkes


Anneke van Wamel


Gino Vumbaca

DIVERSITY DRIVING INNOVATION

Conference stream highlights

Supporting young people, Aboriginal social and emotional wellbeing, cultural collaborations, consumer engagement, targeted interventions, complex needs, sector development, and women's specialist services: these stream topics were covered in the 26 presentations by service providers, practitioners, researchers and policy developers.

Four interactive workshops provided participants with skills in benchmarking, managing challenging behaviour, reducing stigma and discrimination, and screening for cognitive impairment.

"Highlights included networking with staff and management from NSW and beyond, it is always positive having us all together in the same place at the same time".

Delegate feedback

The full conference program, including abstracts, is available here. Conference presentations will be made available on the NADA website soon.

Photos:

1. Larry Pierce (NADA) and Gerard Byrne (Salvation Army Recovery Services)
2. Noleen Hoskins (WEAVE), Kirk Adderly (Ted Noffs), Wes Stokes (Ted Noffs) and Kieran Palmer (Ted Noffs)
3. Paul Janmaat (Mental Health and Drug & Alcohol Office), Nick Roberts, Dr Nadine Ezard (St Vincent's)
4. Rachel Rowe (DAMEC), Ciara Donaghy (NADA) and Alison Jaworski (DAMEC)
5. Robert Stirling and Anneke van Wamel
6. Steve Taylor and Warren Williams (Weigelli Centre)
7. Susan Watson (MDECC) and Karen Redding (DAMEC)

The NSW Non Government Drug and Alcohol Awards

NADA congratulates winners of the inaugural awards

The inaugural NSW Non Government Drug and Alcohol Awards were presented at the 2014 NADA Conference dinner on 12 May 2014, with winners across five categories. John Feneley, Commissioner for the NSW Mental Health Commission, presented the awards, acknowledging the significant contribution of the non government drug and alcohol sector in reducing drug and alcohol related harms to NSW communities through its leadership, program design and delivery and dedicated workforce.

Excellence in Research and Evaluation Award

The Winner: Lyndon Research and Training Program, The Lyndon Community (Orange, NSW)

The Lyndon Research and Training Program has led or contributed to publishing 13 articles in scientific journals since the program began in 2008, in addition to presenting at numerous conferences. The Lyndon Community is committed to practice-based research that adds to evidence based practice and supports the work undertaken by the Lyndon Community and the broader NGO drug and alcohol sector.

Photo: John Feneley and Julaine Allan

Excellence in Health Promotion Award

The Winner: Drug and Alcohol Workplace Education Program, Building Trades Group Drug and Alcohol Committee (Sydney, NSW)

The Building Trades Group Drug and Alcohol Committee's "Drugs & Alcohol Not at Work" Education Program commenced in 1989. The aim of the project is to improve safety on building/work sites by teaching workers to take responsibility for their own safety and that of their fellow workers in relation to drug and alcohol use. It also informs workers with drug and alcohol problems of their available treatment options.

Photo: Tony Papa and David Lakeman

Excellence in Quality Development Award

The Winner: Community of Practice, Triple Care Farm (Robertson, NSW)

The Community of Practice (CoP) developed by Mission Australia's Triple Care Farm, brings together 30 clinicians and managers, from 8 services nationwide, all working with young people experiencing issues relating to alcohol and other drug use. The primary aim of the CoP is to develop responsive and appropriate services to improve outcomes for young people, families and communities.

Photo: Tonia Fitzcosta, John Feneley, Gabriella Holmes

Excellence in Treatment Award

The Winner: Junaa Buwa! Centre for Youth Wellbeing (Coffs Harbour, NSW)

Junaa Buwa! was established in 2011 and provides a safe place for change for young people. The program assists young people by providing holistic residential rehabilitation and treatment for 12 weeks followed by months of aftercare. The program has a strong philosophy of having fun, partnerships, consumer participation, cultural safety and quality. The model is innovate, combining best practice models and local expertise.

Certificate of Commendation:

The Bourke Street Project, The Haymarket Foundation (Sydney, NSW)

The Bourke Street Project is a nine month dual diagnosis transitional living skills program for men who have co-occurring substance abuse and mental health issues. The project aims to promote recovery from substance abuse and mental health issues through a range of strategies, including living skills development and strong peer support.

Photo: James Hurford and John Feneley

Outstanding Contribution Award

The Winner: Jo Lunn for improving organisational capacity at We Help Ourselves and her broader contribution to the NGO drug and alcohol sector in NSW

Since 2007, Jo has been employed to lead WHOS in improving capacity to work with clients mental health, organisational and staff and other complex health and social issues. Jo represents WHOS on industry advisory committees and expert panels, in addition to being consulted as a service representative for many state-wide capacity building activities. NADA also acknowledges her significant contribution to NADA's sector development initiatives, including the Practice Enhancement Program, cognitive impairment, workforce development, change management, benchmarking and psycho-pharmacology.

Photo: John Feneley and Jo Lunn

NADA Member Profile

ACON's Substance Support Service

ACON Substance Support Service is the only lesbian, gay, bisexual, transgender and intersex (LGBTI) specific alcohol and other drugs (AOD) counselling service in NSW.

The aim of the service is to reduce the impacts and associated harms of problematic AOD use of those in the LGBTI community through a variety of intervention strategies including:

- individual client directed counselling
- therapeutic group support
- harm minimisation education and referrals
- appropriate referrals to other service providers to ensure clients' safety and stability
- training of other service providers in delivering LGBTI affirmative treatment
- support, education and referrals for family and friends
- health promotion.

The LGBTI community are consistently identified in Australian and international research as using drugs and/or alcohol at substantially higher rates than the mainstream community, higher rates of some forms of mental illness or experiencing poor mental health symptoms, as well as poorer physical and mental health outcomes generally.

To address the specific needs of the LGBTI community, therapeutic client services offering support for people experiencing substance use issues are available via individual face to face or phone counselling through an initial term of up to 12 counselling sessions. Extensions or additions to the initial period of counseling support are determined on an individual basis according to the client's needs. Case management takes into account the variety of internal and external supports which might augment a client's recovery including psychiatric, GP, social work and housing/accommodation referrals as well as HIV services.

We provide limited face to face or telephone counselling and psycho-educational support for family, friends and partners who are experiencing their own difficulties around a loved one's substance use. Referrals are made to appropriate services for ongoing assistance where required.

The service also provides a weekly therapeutic group driven by the principles of Acceptance and Commitment Therapy. Group meetings provide social and community support as well as reinforcing values to increase motivation, and an opportunity to practice mindfulness based skills to guide behaviour change as identified by the client.

A significant strength of our service is in LGBTI affirmative and sensitive client services to mainstream AOD service providers which sometimes struggle to know how to meet the diverse needs in our communities.

Our practical and evidence based training enables and empowers individuals and services to examine their own practices and policies with fresh eyes and gain new perspectives on the lesbian, gay, bisexual, transgender and intersex individuals who seek treatment.

The Substance Support Service is funded by the Commonwealth Department of Health.

A significant strength of our service is in LGBTI affirmative and sensitive client services to mainstream AOD service providers which sometimes struggle to know how to meet the diverse needs in our communities.

ACON
Phone (02) 9206 2079
Email aod@acon.org.au
www.acon.org.au

Deb Tipper

Project Officer, Research Network

NADA Staff Member profile

How long have you been with NADA?

I have been the Community Mental Health Drug and Alcohol Research Network (CMHDARN) Project Officer since February 2012. This is a partnership project between NADA and the Mental Health Coordinating Council (MHCC). I am primarily based at MHCC but work across both sectors.

What experiences do you bring to NADA?

I have worked for many years in the NSW community sector in a variety of roles for diverse organisations - small, large, local, regional and statewide. I've also worked with local and state government, and co-managed a consultancy business too. This experience across sectors and workplaces means I have a good understanding of the systems and processes which impact on workers, and their challenges on taking on new roles and implementing change at the workplace.

What NADA activities are you working on at the moment?

CMHDARN has regular activities such as research forums, reflective practice webinars, newsletters and ensuring the website stays current. One really interesting activity I am working on is the CMHDARN Community Research Mentoring Project. This new partnership with the NHMRC Centre for Research Excellence in Mental Health and Substance Use (CREMS) involves post-doctoral fellows from CREMS acting as mentors to support staff in NGOs in their work related research. As it is the first time we have done this, I am keeping a close eye on how it goes, and already there have been some interesting developments.

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

Without a doubt it is meeting and talking with a wide range of people. I have had such interesting and inspiring conversations with workers and academic researchers about all I manner of things - mostly about their work and what has made a difference to them in their work. The passion that comes through is always inspiring, and I feel particularly chuffed when I feel like I have had any part to play in their insight or passion.

What else are you currently involved in?

The only organised thing I am involved in currently is ongoing classes to learn Italian. I am a keen bushwalker and photographer and have also previously been active in a wildlife rescue organisation on the Central Coast where I live.

A day in the life of...

Sector worker profile

Carlos Duarte

Clinical Psychologist, The Haymarket Foundation

How long have you been working with your organisation?

I've been working at the Haymarket Foundation since March 2007.

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

Upon completing my studies in clinical psychology my first employment was as a prison psychologist. The bulk of my work experience has been working with marginalised culturally diverse and disadvantaged clients, thus when the opportunity arose to work at the Haymarket Foundation I was excited about the position. I initially worked three days a week but after a few months I was appointed full time.

What does an average work day involve?

My daily duties include:

- Daily individual psychotherapy sessions with clients.
- Facilitating a weekly relapse prevention group.
- Family/couple psychotherapy.
- Assessments and referrals.
- Case management and case management support.
- Psycho-education.
- Assisting clients/staff in crisis.
- Drafting policy and documents relating to psychological services.
- Obtaining feedback from clients with respect to services rendered by the psychologist.
- Supervising students on field placement.
- Supervising Haymarket Foundation case managers/workers.
- Training Haymarket Foundation staff on issues relating to mental health and/or case management.
- Attending regular self supervision, for self-development.
- Assisting Haymarket Clinic staff with IT issues.

What is the best thing about your job?

Making a difference with clients who would not normally be able to attend or afford seeing a psychologist regularly.

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

More positions for psychologists to provide mental health services to clients in the drug and alcohol sector. In order for this to happen more funding needs to be provided.

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

To be able to help everyone in need.

How well does our sector respond to the needs of culturally diverse clients?

Rachel Rowe, Senior Research Officer, Drug and Alcohol Multicultural Education Centre (DAMEC)

Assessing and addressing the gaps between policy and practice: Implications of the From First Contact survey for workforce development and support

Policy doesn't count for much if it isn't implemented. How do the everyday practices of Alcohol and other Drug (AOD) workers measure up against NSW guidelines directed towards creating more accessible AOD treatment services? In December 2012, DAMEC surveyed 118 AOD workers working across a range of treatments and locations in NSW. When we asked if AOD workers were happy with their approaches to culturally and linguistically diverse clients, one in three raised concerns. Lack of appropriate resources, communication difficulties, and inadequate family-inclusive approaches were the top three issues they raised. DAMEC's 25 years of research has consistently found that AOD workers' recognise the detrimental affects of discrimination and that practitioners are capable and willing to respond with client-centred approaches that recognise the significance of culture, community and migration. The From First Contact survey found that in practice workers often exceeded or improved upon NSW guidelines, but that areas for sector-wide improvements were identifiable.

Culturally and linguistically diverse (CALD) clients are not only made invisible by the limited data that AOD agencies collect about cultural background, but they are also made invisible by workforce perceptions of our client base. In NSW, 25% of the population were born overseas, excluding Aotearoa/New Zealand, the USA, and South Africa. Yet only 6% of AOD clients across NSW were born overseas, applying the same country exclusions. While the cultural diversity of AOD clients is not adequately reflected by where clients were born, by this rudimentary indicator alone we can see that CALD groups currently draw less on the resources and support of the AOD sector than non-CALD groups.

Does this mean that CALD populations experience an insignificant share of the AOD-related burden of harm? No, it doesn't. We can say this because some CALD groups are disproportionately incarcerated for illicit drug related offences and some CALD groups consume higher rates of some non-illicit substances such as tobacco than the general population. Does this mean that CALD groups don't seek AOD treatment? Not true either. Nationally, between 2011 and 2012, 1,762 clients reported preferred languages other than English and approximately 8,000 AOD clients were born in non-English speaking countries.

Yet current NSW evidence suggests that people born outside of Australia, UK and New Zealand are less likely to be referred to diversionary programs such as Magistrates Early Referral into Treatment (MERIT) or to treatment for comorbid AOD and mental health conditions. This suggests that CALD groups are less likely to find out about, or receive, the supports that they are entitled to. Exacerbating this, a lack of community confidence in, or understanding of, AOD treatment may be contributing to preventable hospital presentations for injuries and chronic conditions associated with long-term or harmful AOD use.

Conditions across the sector can support and/or undermine the collective efforts of AOD workers. Around 1 in 6 workers who responded to DAMEC's survey had experienced clients struggling with English during 2012, and yet two-thirds of this group indicated that they had not used an interpreter over this period. Half of the AOD workers DAMEC surveyed said that they felt unable to identify major CALD groups who live in the area where their service is situated. When asked to identify elements of their general therapeutic approaches, seventy-five per cent said that they would consider asking clients about their cultural background, including social and religious practices and just over half reported that they would consider family inclusive approaches. Finally, a third of AOD workers reported that their service did not have policies that support them to address the unique needs of CALD clients and their communities.

Eighty-five per cent of NSW Government services in Sydney Metro reported using interpreters on at least one occasion during the previous 6 months, compared with only 15% of NGOs in the same area. Cultural competency training had been undertaken by approximately half of the sample, but workers in NGOs reported fewer training opportunities to improve their approaches to clients from CALD backgrounds. Interpreter access and workforce development are clear targets for the whole sector, particularly NGO providers.

How could our sector address these gaps between policy and practice? Firstly, we could respond better to existing demand. Services can implement procedures for determining the need for as well as contracting interpreters, involving families and engaging with clients' concepts of drugs, treatment, crisis and support. Accreditation bodies could review standards that include accessing interpreters and providing staff training, and funding bodies need to weigh in the need for accessible funds to work responsively to the needs of CALD clients. Secondly, agencies can take steps to offer services that are not only more accessible, but also useful to CALD communities. Cultural information such as parental country of birth or languages spoken at home can be collected to enhance knowledge of each service's current client base and respond to changes into the future. Agencies can enhance their understanding of CALD communities in their local areas through consulting multicultural and community associations in their area, and inviting consumer representatives from CALD groups to offer direction.

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Internship programs

NADA member workforce development initiatives

Aboriginal Medical Service Western Sydney Substance Misuse Program - General Practitioner Internships.

Dr Jenny Jones, Medical Coordinator, Substance Misuse Program

The Aboriginal Medical Service Western Sydney (AMSWS) is an Aboriginal community controlled health service in Mt Druitt. Our opioid substitution treatment (OST) program began in 2000 when Aboriginal people on OST programs in prison asked if it was possible to have a continuation of their medical and methadone treatment at our AMS after they were released from prison.

Even when patients' on OST have lives full of stressful events, they will usually attend their general practitioner (GP) prescriber review so that treatment for their opioid dependency can continue. Our prescribers use this opportunity to provide one-stop-shop care of chronic health issues such as cardiovascular disease and diabetes, mental health support, preventative health care including pap smears, immunisations, blood borne viruses and sexually transmissible infection screening. Appointments with Aboriginal health workers and specialists such as our Hepatitis C specialist or psychiatrist are often lined up back to back with the prescriber review to maximise opportunities for engagement with our multidisciplinary teams.

Our aim is to provide Aboriginal people with opioid dependency issues culturally appropriate holistic care. Health staff are represented by many different disciplines including Aboriginal health workers, GPs, registered nurses, allied health workers such as Audiologist and Speech Pathologist and visiting specialists including an infectious disease physician and psychiatrist. The Substance Misuse Team oversees the OST program and aims to provide treatments for dependency issues and mental health problems alongside physical and preventative healthcare. To be able to achieve this we need a GP workforce that is culturally competent in their delivery of general practice care and also skilled in the delivery of OST.

AMSWS is the major provider of general practice training in Aboriginal Health for the regional training provider, WentWest, and we usually have two to three general practice registrars on a six month placement with us at any one time, providing placements and supervision for doctors nearing the end of their GP training. Last year we also commenced several one week placement opportunities with our Substance Misuse Team so that GP registrars at other mainstream training practices could have an intense exposure to our program. We supervise and debrief their consultations from within the Substance Misuse Team, which comprises a medical coordinator, clinical nurse specialist and Aboriginal health worker. The team arranges visits with the registrars to other Aboriginal community organisations involved with our patients, such as Marrin Weejali and The Men's Shed at Emerton.

Feedback from our GP registrars indicates they exit our training program feeling better equipped to manage patients with drug health issues and complex needs. We have also had GP registrars stay on as employees, and subsequently complete the NSW opioid treatment accreditation course.

We are keen to engage with future GPs at all stages of training and hence also encourage medical student interest in drug health. We have had medical students on placements from Notre Dame University and University of Western Sydney, and they have observed prescriber-patient consults and worked with the Substance Misuse Team to help set up quality improvement activities.

Our OST program gains and contributes to synergism between our different primary health care programs. For example, if we use a brief intervention such as motivational interviewing to address a patient's amphetamine use, the same patient may engage in motivational interviewing with our staff to address lifestyle diseases such as diabetes. Hence the expectation of self-management is promoted across all of our programs and becomes an expected part of health care.

Our training takes part in a very supportive environment, and we encourage GP registrars not to feel intimidated by the complexity of presentations, emphasising that what patients most want is a non-judgmental, medically competent and empathic GP. The registrars gain confidence by being put 'in the hot seat' and their consultations are observed by an experienced GP prescriber and debriefed. They experience a variety of clinical encounters including case conference work, mental health presentations, drug health assessments and brief interventions: the emphasis being on teaching what the GP can do in a general practice setting, and how to work within a team to provide culturally appropriate care. We emphasise the importance of not just 'dual diagnosis' treatment, but 'triple care' – the delivery of drug, mental and physical health in a primary care setting which has the potential to de-stigmatise drug health treatments for a very marginalised group of people.

Kedesh Counsellor Internship Program

Fiona Craig,
Psychologist,
Director Operations

Kedesh Rehabilitation Services (KRS) is an alcohol and other drug rehabilitation service with a particular focus on supporting the recovery of people with co-occurring mental health problems. KRS aims at being an industry leader in treatment, training, and research. KRS facilitates two training initiatives that focus on workforce development, the Mental Illness and Substance Use (MISU) Capacity Building training for external rehabilitation services and the internal KRS Counsellor Internship Program.

The KRS Counsellor Internship Program is a formal training program that offers practical onsite experience. It aims to provide interns with the professional attitude, skills, knowledge, and confidence needed to work with clients who have co-occurring mental health and substance misuse disorders.

"An internship program is one way of providing supervision and mentoring whilst working within a field.

Continues over >

Internship programs

NADA member workforce development initiatives

continued

An internship allows individuals to experience a wide range of activities that increase in complexity as they progress through the programme, and provides the opportunity to work as a responsible professional whilst being supervised. In a sense it acts as a "gate keeper" between educational development and professional employment by ensuring professionalism within the field is maintained" Holloway and Roehlke, 1987.

The KRS internship first began as an informal training program approximately 14 years ago and has developed into a structured competency based program.The internship combines formal training (2 hours per week) and practical experience (14 hours per week). The learning environment incorporates mentoring, supervision and self-directed learning, allowing individuals to build their professional skills within the drug and alcohol field. It is designed to introduce interns to the field through a staged progression. Initial stages include an intensive 4 days of training designed to orientate interns to a residential facility. The focus is on the safety of clients, interns, staff and the organisation. Through subsequent stages interns are involved in administrative tasks, client management, and the facilitation of psycho-educational groups, case-management and counselling.

The KRS Counsellor Internship Program is a successful workforce development initiative that has benefits for both the intern and the sector. Kedesh interns have been able to gain practical skills within their area of study, an opportunity not offered within many drug and alcohol and mental health services. This in turn has assisted them in their applications for further study and prospects for employment. Many ex-KRS interns have remained within the drug and alcohol field, contributing via positions within NDARC, MERIT, mental health, personal support, FaCS, and other treatment settings.

KRS recruits approximately 10 to 12 placements for the program every 6 months. These individuals are predominately students from a variety of disciplines including Psychology, Social Work, Welfare and Youth Work. KRS has developed strong partnerships with the University of Wollongong Psychology Department, The Institute of Mental Health and TAFE Illawarra. For organisations considering initiating their own internship program we would encourage you to explore and develop partnerships with your local learning institutions.

WHOS Social Work Internship Program

Jo Lunn, Improving Organisational Capacity, Project Officer

We Help Ourselves (WHOS) has several sites across central Sydney, Hunter and the Sunshine Coast offering residential therapeutic communities for women only, men only, mixed gender, opioid substitution to abstinence and opioid substitution stabilisation. A day program is also available in Newcastle for clients on opioid substitution treatment.

A recent aspect of the Improved Organisational Capacity Project has been to establish an intern program at WHOS. Traditionally WHOS has taken students placements from TAFE and university. A review of this process found that it was time consuming, placing additional pressure on staff and management to both orientate the student and complete organisation placement training requirements. Often the placements were not actually long enough for the placement to be of benefit to WHOS, meaning that once the student had been orientated to the point of being able to appropriately contribute to the work environment the placement was over. WHOS clearly recognises the benefit to the sector in ensuring that students obtain practical AOD experience however, like many services, operates on tight staffing numbers. As such, it is important that placements are mutually beneficial to both the organisation as well as the student.

Upon reviewing different disciplines, it was determined that social work placements are a good match for the WHOS therapeutic community approach and we had the capacity within the service (staff who were trained social workers) to supervise these placements. This year WHOS worked with the University of New South Wales Social Work Placement Officer. WHOS accepted two third year social work placements with a view to accepting another two fourth year students in the second half of this year.

A well matched placement offers the student invaluable experience into the AOD field and commonly leads to a pursuit of employment within the field. It provides the student with exposure to complex clients that they otherwise may gain no experience with. Even if the student does not seek employment in the AOD sector and works in other fields once qualified, they at least have been exposed to AOD work. If this exposure has occurred in a supportive and well-informed environment, this should result in a positive experience for the student and an awareness that our clients are simply people too. As such the student will hopefully in the future engage with our client group in their employed roles rather than avoid or stigmatise them.

Student placements also provide the organisation with an opportunity to review orientation processes and after time provides organisational assistance with appropriate skill matched tasks. This provides the student with practical experience while freeing up employed staff to respond to more intense clinical aspects of program facilitation.

Once placements have been successfully completed, the student can join the organisation's potential staff backfill pool. Well-trained, available backfill staff particularly for night/weekend shifts are often extremely difficult to find, and interestingly these shifts are often attractive to students who study during the week.

A well thought out intern training program, which matches the academic discipline appropriately with the service, is a win-win for both the organisation and the student.

> *"The learning environment incorporates mentoring, supervision and self-directed learning, allowing individuals to build their professional skills within the drug and alcohol field. It is designed to introduce interns to the field through a staged progression."*

ASIST T4T
Applied Suicide Intervention Skills Training
Training for Trainers

LivingWorks

Australian Government
Department of Health

NADA ASIST Training the Trainer Program

Preventing suicide risk in the non government drug and alcohol sector in NSW

In February 2012, NADA commenced the Applied Suicide Intervention Skills Training (ASIST) Training the Trainer Program following a number of NADA suicide intervention workshops and in reponse to members requesting a broader approach to suicide prevention in the sector.

The approach used the model applied by NADA member, We Help Ourselves (WHOS), presented at the National Improved Services Initiative Forum in 2010.

The aim of the program was to support a number of staff within NADA members across NSW to become ASIST trainers and support organisations and workers to further build the skills and confidence to respond to suicide risk.

NADA engaged *Suicide Prevention Training Programs Pty Ltd.* who has substantial experience in providing suicide prevention packages to deliver the training, and to provide support to the trainers throughout the life of the project. They are also authorised and certified to provide training packages and materials developed by LivingWorks Australia.

An Expression of Interest process selected 15 workers from 10 NADA member organisations to become registered ASIST trainers.

The successful candidates completed the following project stages to become registered trainers.

Stage one: five-day Training for Trainers (T4T) course

The five-day course established the learning foundations for presenting ASIST as a provisional ASIST trainer. T4T was a compulsory requirement for anyone wanting to present the ASIST workshop. Candidate trainers developed knowledge and competencies in preparing and presenting the ASIST model.

Some of the key outcomes of the course were:

- A better understanding of the key process and content features of ASIST;
- Learning how to use the ASIST Trainer's Manual and audio-visuals in preparing for and presenting the workshop;
- The skills and confidence to deliver ASIST;
- Establishing and strengthen links with other candidate trainers who may become training partners or part of a support network.

Stage two: provide the Applied Suicide Intervention Skills Training (ASIST)

The ASIST workshop is intensive, interactive and practice-based training held over two days. Provisional ASIST trainers were required to coordinate, prepare and deliver the training to three organisations to enable them to become registered trainers. NADA specified that this should take place within their own organisation, in addition to two other NADA member organisations, to build the capacity of the sector.

ASIST trainers ensure that training participants learn how to recognise when someone may be at risk of suicide; respond in ways that help increase their immediate safety, understand why suicide thoughts are present and link them to further help, as well as ensuring staff self care.

NADA ASIST Training the Trainer Program Final Report Snapshot

This report collates data from the ASIST Training the Trainer Program and highlights the outcomes of suicide prevention and intervention skills across NADA members in NSW.

Program outcomes included:

- 53% (8) member participants are now registered ASIST trainers
- 47% (7) provisional trainers
- 15 Applied Suicide Intervention Skills Training (ASIST) workshops held
- 23 organisations trained
- 170 Workers trained in ASIST
- 93% reported that the training was worthwhile overall
- 99% rated their knowledge after the training as very good or good
- 94% improved their capacity to apply suicide prevention and intervention procedures.

Workshop participant's comments included:

- *"Excellent, thank you it was extremely worthwhile. It allows our organisation to use the same language and approach."*
- *"Superb course that should be mandatory for all staff in health, education, community and welfare services. Excellent facilitators."*

To view the final report click below:

NADA ASIST Training the Trainer Program Report

NADA ASIST Training the Trainer Program supporting documents

For more information on the Applied Suicide Intervention Skills Training (ASIST) Training the Trainer Program please contact Edith on (02) 8113 1308 or Robert on (02) 8113 1320.

This initiative was supported by funding from the Australian Government Department of Health.

NADA
network of alcohol & other drugs agencies

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CMHDARN Update

partnerships, collaboration and workforce development

community mental health drug and alcohol RESEARCH NETWORK CMHDARN

Join CMHDARN today!

CMHDARN has prefaced much of its work on cross sector collaboration and knowledge sharing, believing that this approach is critical to enhanced understanding and skill development for workers in the community mental health and drug and alcohol sectors. When considering research capacity building, CMHDARN has utilised the expertise and experience of workers, carers and consumers from within the community managed sector as well as academic researchers.

Research capacity building is a multi-stepped process and differs for all organisations. The recent evaluation of CMHDARN's 2012-13 Research Seeding Grants Program[i] confirmed that within the community managed sector, organisations and workers were at different levels of capacity development. Variables impacting on capacity building include:

- the size of the organisation
- the existing skills available within the staff
- the extent to which staff has access to professional development opportunities
- relationships with academic researchers
- the role and importance placed upon research within each organisation.

CMHDARN offers access to affordable and broad based opportunities for workers to build their research skills and knowledge. Evidence indicates that CMHDARN is achieving this. For example, in the aforementioned Seeding Grants Program evaluation[ii] all survey and interview respondents reported that the grant had increased their research capacity, regardless of their prior level of research capacity. Feedback from CMHDARN research forum program also supports this view, with respondents indicating that they had improved their general research knowledge, methodological knowledge, their use and consideration of data, and had increased access to research resources.

i MHCC and NADA (2014) Community Mental Health Drug and Alcohol Research Network (CMHDARN) Research Seeding Grants Program: An Evaluation

ii Ibid

Some examples of the partnerships and collaboration and their direct benefits include:

MHCC and NADA partnership – reflects a long history of working together to improve cross sector understanding. The initial work began as shared conversations about the common ground of each organisation's members. This informal work led to many concrete activities and research related funding, leading ultimately to the formation of CMHDARN. **For further information on this background.**

CMHDARN Project Reference Group (PRG) – the PRG is a collaboration of people representing the interests of mental health and drug and alcohol workers and organisations, consumers, carers and academic researchers, as well as representation from rural, regional and urban areas. Together, these people guide and support the implementation of CMHDARN's strategies across NSW.

CMHDARN and the NSW Mental Health Commission – Recognising the overlapping interests and aims, the NSW Commission has provided CMHDARN with funding for 2014, following the end of the NSW Ministry of Health three year funding. Through this relationship, CMHDARN has been able to involve both Commissioner John Feneley himself, and the Deputy Mental Health Commissioner, educator and consumer researcher, Bradley Foxlewin, in research forums.

MHCC and NADA have a Memorandum of Understanding with the NHMRC Centre for Research Excellence in Mental Health and Substance Use (CREMS). This partnership has resulted in the development of the CMHDARN Community Research Mentoring Project. This project began recently and has matched eleven mentees with mentors from the CREMS post-doctoral group. These mentoring relationships are providing support to the staff to work on workplace-related research projects, thus directly offering a chance to develop research related skills and knowledge. In return, the mentors are learning about service delivery realities and challenges. This has the potential to have a long term effect on the nature and models process of research undertaken by these academic researchers.

CMHDARN and academic researchers - To date, CMHDARN has been fortunate to have the involvement of 53 different academic researchers from 11 universities in a variety of roles. These very productive collaborations have brought research expertise and knowledge, ongoing relationships and important dialogue between academic researchers and practitioners. One example of how they have been involved was through the CMHDARN Research Seeding Grants Program. A recent external evaluation of this program (soon to be published), found that collaboration brought mutual benefits to both the community organisations involved and the academic researchers.

NADA Snapshot

Policy and submissions

- NADA provided a formal response to the NSW Ministry of Health Mental Health and Drug and Alcohol Office (MHDAO) 'Guide to consumer participation in drug and alcohol treatment in NSW' questions

Advocacy and representation

- On behalf of Turning Point Drug and Alcohol Centre, NADA arranged the second consultation on their development of a *Quality Framework for Australian Government Funded Drug and Alcohol Treatment Services Project*. We have provided feedback on the draft documents and maintained project communication with Turning Point and the Department of Health. The Turning Point draft documents can be provided by **Robert.**
- NADA hosted a meeting with representation from each of the other state and territory peak bodies to discuss sector capacity building activity and opportunities for collaboration.
- NADA continues working with the MHDAO on future funding models, performance monitoring and contractual and administrative arrangements. We are vocal members of the NGO Advisory Committee, as well as specifically formed Working Group as part of the **Partnerships for Health** agenda.
- NADA is working with a number of Local Health Districts to support rational and consistent performance measures for their contractual arrangements with local NGOs.
- NADA attended the quarterly MHDAO Drug and Alcohol Program Council meeting and quarterly MHDAO *Drug and Alcohol Quality in Treatment* meeting.
- Staff attended the NSW Ministry of Health *Older People's Drug & Alcohol Project Expert Advisory Group* which seeks to identify the key issues relevant to older people with substance use issues, and existing service models and best practice responses for this population.
- NADA attended the first *Community Engagement and Action Program Advisory Group* with the NSW Ministry of Health and the Australian Drug Foundation, which will oversee the review of the Framework for Action and advice on the delivery of the program.
- NADA participated in a consultation for *Building the Health Workforce Capacity on Youth Health Scoping Study* being progressed by the Youth Health and Wellbeing Team at NSW Kids and Families

Sector development activity

- A new resource to support members in their quality improvement practices was launched at the 2014 NADA Conference: **Benchmarking: A Guide for the NSW Non Government Drug and Alcohol Sector**.
- NADA hosted a consultation with the *NSW Youth AOD Services Network* to review the network and identify priorities for the next 12 months.
- The state and territory peak bodies, in partnership with NCETA, submitted the draft resource to build skills in writing funding applications to the Commonwealth Department of Health.

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Training Grants