

# MENTAL HEALTH & AOD ACTION PLAN

Through the annual needs assessment, Central and Eastern Sydney PHN (CESPHN) identify people who experience co-occurring mental health and drug and alcohol support needs, as a priority population, with low levels of service provision. To inform how best to address this, CESPHN funded the Centre of Research Excellence in Mental Health and Substance Use (CREMS) to undertake a scoping exercise to evaluate the current practices and support needs of healthcare providers in the CESPHN who work with clients with co-occurring mental health (MH) and alcohol and other drug (AOD) issues<sup>1</sup>. The scoping exercise was undertaken to improve understanding of these issues from multiple perspectives and provide recommendations for workforce development and capacity building.

There were 8 **recommendations** arising from this scoping:

1. Provision of education and training opportunities for healthcare workers in mental health and AOD comorbidity
2. Improved access to up-to-date evidence-based information on mental health and AOD use: Development of evidence-based resources for practitioners, clients and carers, and communication of evidence-based information via online and social media
3. Provision and ongoing support of clinical supervision for healthcare providers in mental health and AOD comorbidity
4. Development and maintenance of an online service directory
5. Development and pilot testing of innovative services and enhancement of existing services to address areas of unmet need
6. Development and pilot testing of an accreditation program for peer workers to legitimise and ensure that peer workers have the skills necessary to undertake these valuable roles
7. Provision of specialist training scholarships and subsidised placements in AOD and mental health services
8. Development and pilot testing of a model of coordinated care

CESPHN then convened a region wide Mental Health and Alcohol and Other Drugs Working Party (WP) (Appendix A) to progress the recommendations in partnership. The **strategies (1-21)** listed in the tables below have been developed to address the recommendations. Some strategies address multiple recommendations.

The strategies aim to improve the capacity of healthcare providers to identify, intervene, and provide appropriate referral and coordinated care for people with co-occurring substance use and mental health conditions.

CESPHN acknowledge and thank working group members for their contribution.

## Key documents

- Working with people with co-existing mental health and drug and alcohol support needs: Final report from the project is [available here](#)
- A two-page bulletin summarising the report and recommendations is [available here](#).

Recommendation: Development and pilot testing of innovative services and enhancement of existing services to address areas of unmet need

Recommendation: Development and pilot testing of a model of coordinated care

	Proposed Strategy	Outline the steps/tasks associated with the activity	What resources are needed to achieve this? <i>e.g. funding, guest membership</i>	What stakeholders need to be involved? <i>e.g. consultation with consumer &amp; other advisory groups/ networks</i>	Timeframe
1	Identify elements of effective coordinated care	<ul style="list-style-type: none"> <li>Literature review</li> <li>Local consumer consultation</li> <li>Local service provider consultation</li> </ul>	<ul style="list-style-type: none"> <li>Literature/databases</li> <li>Individual/ focus group consultations</li> <li>Time to analyse literature and feedback</li> </ul>	<ul style="list-style-type: none"> <li>Working Party members</li> <li>Consumer representatives/networks, CESPHN advisory committees and councils</li> <li>Service provider relationships/networks, CESPHN advisory committees/councils</li> </ul>	3 months
2	Identify existing local services that include the elements of effective model of coordinated care	<ul style="list-style-type: none"> <li>Scope local services</li> <li>Local consultation with consumers, service providers and peak bodies</li> <li>Connect with services who are delivering coordinated care to introduce this initiative and objectives</li> </ul>	<ul style="list-style-type: none"> <li>Service maps</li> <li>Networks/advisory groups</li> <li>Peak bodies</li> <li>Knowledge within Working Party</li> <li>Local services delivering coordinated care</li> </ul>	<ul style="list-style-type: none"> <li>Peak bodies</li> <li>Working Party members</li> <li>CESPHN Advisory committees and councils</li> <li>Local services delivering coordinated care</li> </ul>	1 - 3 months
3	Implement a new/enhanced approach to coordinated care	<ul style="list-style-type: none"> <li>Determine scope of proposed approach – location, target population, services, roles, time and cost</li> <li>Identify enablers/ motivators to participate</li> <li>Recruit clients and service/s</li> </ul>	<ul style="list-style-type: none"> <li>Contract development expertise</li> <li>Funds for pilot project implementation</li> <li>Steering committee</li> <li>Governance committee</li> <li>Funds for evaluation</li> </ul>	<ul style="list-style-type: none"> <li>Clients</li> <li>Service/s</li> <li>University partner to evaluate</li> </ul>	12 – 18 months

		<ul style="list-style-type: none"> <li>• Establish formal agreements</li> <li>• Implement project</li> <li>• Identify independent evaluator</li> <li>• Determine evaluation framework</li> </ul>			
4	Promote and expand provision of effective coordinated care	<ul style="list-style-type: none"> <li>• Identify enablers to embedding sustainable change beyond project period</li> <li>• Launch/disseminate evaluation</li> <li>• Promote via presentation at relevant conferences</li> <li>• Share outcomes with National and local MH and AOD networks, peak bodies funders</li> <li>• Hold a coordinated care showcase event with a range of presentations to share effective approaches/models</li> </ul>	<ul style="list-style-type: none"> <li>• Evaluation report</li> <li>• Marketing</li> <li>• Conferences</li> <li>• Showcase event</li> <li>• Service provider/s</li> </ul>	<ul style="list-style-type: none"> <li>• Evaluators</li> <li>• Peak bodies</li> <li>• Conference holders</li> <li>• Health care funders</li> <li>•</li> </ul>	6 months post project

Recommendation: Provision of education and training opportunities for healthcare workers in mental health and AOD comorbidity.

Recommendation: Improved access to up-to-date evidence-based information on mental health and AOD use: Development of evidence-based resources

#	Proposed Strategy	Outline the steps/tasks associated with the activity	What resources are needed to achieve this?	What stakeholders need to be involved?	Timeframe
5	Embed workforce development training criteria within commissioned service provider contracts	<ul style="list-style-type: none"> <li>• CESPHN to include requirement in contract to complete specific training to support working with people with co-occurring needs, e.g. complete comorbidity guidelines training</li> <li>• Embed within tender process</li> </ul>	<ul style="list-style-type: none"> <li>• Contract expertise</li> <li>• Time to draft and align all new contracts with new clause</li> </ul>	<ul style="list-style-type: none"> <li>• CESPHN clinical services</li> <li>• CESPHN clinical services management team</li> <li>• Commissioned providers</li> <li>•</li> </ul>	July 2020
6	Investigate opportunities for GP practice improvement and education in relation to co-occurring MH & AOD	<ul style="list-style-type: none"> <li>• Identify if national <a href="#">Practice Incentive Program Quality Improvement<sup>ii</sup></a> (PIP QI) has scope to include working with co-occurring MH and AOD needs</li> <li>• Further promote <a href="#">GP Psychiatry Support Line (PSL)</a> and <a href="#">GP Liaison in Alcohol and Drug (GLAD) Project</a></li> <li>• Promote the <a href="#">National GP Education Package for Drug and Alcohol Treatment Training Package</a></li> </ul>	<ul style="list-style-type: none"> <li>• Internal teams within CESPHN Digital Health, Practice Support CPD</li> <li>• Information and comms on <a href="#">Psychiatry Support Line</a></li> <li>• <a href="#">Practice Incentive Program (PIP) Quality Improvement (QI) Guidelines</a></li> </ul>	<ul style="list-style-type: none"> <li>• Internal teams within CESPHN – Digital Health, Practice Support, CPD</li> <li>• GP training providers</li> </ul>	3-6 months

7	The development of CESPHN webpage to include information on relevant education, training and resources	<ul style="list-style-type: none"> <li>• Research and consult with relevant stakeholders to collate information for the webpage</li> <li>• Inform relevant stakeholders of webpage and seek agreement for information to allow for ongoing updates.</li> <li>• Ongoing development of webpage</li> <li>• Promote services / programs / workforce that deliver supports in line with co-occurring needs</li> <li>• Promote the work of MH-AOD WP, including membership</li> </ul>	<ul style="list-style-type: none"> <li>• Time for website enhancement and review process</li> </ul>	<ul style="list-style-type: none"> <li>• CESPHN Communications Team</li> <li>• Training providers and other organisations e.g. peak bodies</li> <li>• Health Professionals in CESPHN region (Community NGOs, Allied Health, GPs, LHDs &amp; Pharmacists)</li> </ul>	6-12 months
8	Regular communications (e.g. newsletters, articles on website) for MH-AOD related information	<ul style="list-style-type: none"> <li>• Approach providers, organisations to partner; consultation to collate information</li> <li>• Participation and engagement by providers and workers to create resources to share</li> <li>• Consumer/peers sharing stories advocating for the approach that best supported them</li> <li>• CESPHN to ensure strategic &amp; targeted promotions of co-occurring practice, training and resources</li> <li>• Share relevant communications with peak bodies to distribute</li> </ul>	<ul style="list-style-type: none"> <li>• Networks/advisory groups</li> <li>• Peak bodies</li> <li>• Consumer and worker stories</li> <li>• Time to coordinate and publish submissions</li> </ul>	<ul style="list-style-type: none"> <li>• Partner organisations</li> <li>• Health Professionals and service providers in CESPHN region (Community NGOs, Allied health, GPs, LHDs &amp; Pharmacists)</li> <li>• CESPHN Staff</li> <li>• Peak Bodies</li> </ul>	12-18 months

9	Determine key training themes and criteria required for endorsed training and the specific areas of practice to target.	<ul style="list-style-type: none"> <li>Engage with and promote existing frameworks such as:               <ol style="list-style-type: none"> <li><a href="#">NADA's Workforce Capability Framework</a><sup>iii</sup></li> <li>The workforce development package for the <a href="#">NSW Clinical Care Standards – AOD Treatment</a><sup>iv</sup></li> </ol> </li> <li>Consult with Local Health Districts and NGOs on any work or projects that support working with co-occurring needs and promote learning, and outcomes</li> <li>Promote existing training opportunities</li> </ul>	<ul style="list-style-type: none"> <li>Time for MH &amp; AOD WP to research and collate content</li> <li>Peak bodies to endorse and recommend relevant resources</li> <li>Consumer and worker stories</li> <li>Time to coordinate, publish and review content</li> </ul>	<ul style="list-style-type: none"> <li>Partner organisations</li> <li>Peak bodies (<a href="#">NADA/MHCC</a>)</li> <li>NSW Ministry of Health</li> <li>Health Professionals and commissioned service providers in CESPHN region (NGOs, Allied health, LHDs GPs &amp; Pharmacists)</li> <li>Local Health Districts</li> <li>CESPHN Staff</li> </ul>	12-18 months
10	Look into opportunities for networking - similar to Communities of Practice (CoP)	<ul style="list-style-type: none"> <li>Gain sector feedback on viability of a dedicated Community of Practice</li> <li>Promote existing communities of practice such as <a href="#">Beyond Blue: The Way Back Support Service</a> - <a href="#">RACGP's AOD Connect: Project ECHO</a><sup>v</sup> - <a href="#">LGBTIQ+ Health Australia</a></li> <li>Promote <a href="#">The Matilda Centre's</a> Train the Trainer event/s if and when available for local workforce to learn the <a href="#">Comorbidity Guidelines</a><sup>vi</sup></li> </ul>	<ul style="list-style-type: none"> <li>Time to draft proposal for a CoP</li> <li>Input from MH AOD WP</li> </ul>	<ul style="list-style-type: none"> <li>Health Professionals in CESPHN region (Community NGOs, Allied Health, LHDs, GPs &amp; Pharmacists)</li> <li>Local Health Districts</li> <li>Peak Bodies Training bodies- <a href="#">MHCC</a>, <a href="#">Pharmacy Guild</a>, <a href="#">Pharmaceutical Society of Australia</a>, <a href="#">RACGP/ACRRM</a></li> </ul>	6-12 months
11	Promote education opportunities to Pharmacies and Pharmacists	<ul style="list-style-type: none"> <li>Connect with local pharmacies, PSA and Pharmacy Guild to understand training needs and gaps.</li> <li>Consider education that covers co-occurring needs, brief interventions, referral pathways</li> <li>Develop engagement strategy to target this cohort</li> </ul>	<ul style="list-style-type: none"> <li>Funding to develop and deliver training</li> <li>Relationships with Guild and Society</li> <li>Consultation Groups to inform development</li> <li>Coordination</li> </ul>	<ul style="list-style-type: none"> <li>Pharmacy Guild of Australia</li> <li>Pharmaceutical Society of Australia</li> <li>Local Pharmacists</li> </ul>	6 Months

## Recommendation: Provision and ongoing support of clinical supervision for healthcare providers in mental health and AOD comorbidity

	Proposed Strategy	Outline the steps/tasks associated with the activity	What resources are needed to achieve this?	What stakeholders need to be involved?	Timeframe
12	<p>The development of CESPHN webpage that includes</p> <ul style="list-style-type: none"> <li>Local directory of clinical supervision providers (endorsed)</li> <li>Worker success stories and examples</li> <li>Links to further resources and training</li> <li>Feedback loop</li> </ul>	<ul style="list-style-type: none"> <li>Research and consult with relevant stakeholders to collate information for the webpage</li> <li>Partner with identified providers and notify of project and webpage to allow for ongoing updates.</li> <li>Ongoing development of webpage</li> </ul> <p><b>Directory</b></p> <ul style="list-style-type: none"> <li>Create local directory of Local Clinical Supervisors that are experienced in MH &amp; AOD (endorsed by MH &amp; AOD WP) with approximate price guide.</li> <li>Discuss promoting services with relevant stakeholders</li> <li>Link to databases such as <a href="#">Clinical Supervision Australia</a></li> </ul> <p><b>Feedback &amp; Review</b></p> <ul style="list-style-type: none"> <li>Ongoing development of webpage and yearly review</li> <li>Promotion of directory across health sector in CESPHN region (utilising CESPHN Communication Channels, Service Provider and MH &amp; AOD Network Member networks)</li> </ul>	<ul style="list-style-type: none"> <li>Time – from MH &amp; AOD WP members to collate, review and endorse content.</li> <li>Online directories</li> <li>CESPHN Staff support to embed webpage and conduct reviews</li> </ul>	<ul style="list-style-type: none"> <li>MH AOD WP</li> <li>CESPHN Communications Team</li> <li>CESPHN Management Team</li> <li>Clinical Supervision providers</li> <li>Partner organisations</li> <li>Health workers / providers in CESPHN region (Community NGOs, Allied Health, GPs, LHDs &amp; Pharmacists)</li> </ul>	6-12 months

13	Enhancement of 'Clinical Supervision' within Comorbidity Guidelines	<ul style="list-style-type: none"> <li>• Discuss with The Matilda Centre</li> <li>• Ascertain review process</li> <li>• Submit feedback during engagement with stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>• Time - to collate information, consult with members and stakeholders</li> <li>• Funding and resources to undertake review and update.</li> </ul>	<ul style="list-style-type: none"> <li>• The Matilda Centre</li> <li>• MH &amp; AOD WP</li> <li>• Local supervisors</li> </ul>	6-12 months
14	Clinical Supervision funding provision added to CESPHN commissioned service providers and Budget line item added to contracts	<ul style="list-style-type: none"> <li>• Discuss Clinical supervision funding across funded services if it is required</li> <li>• CESPHN AOD Staff to consult with Contract Management Team for guidance</li> <li>• CESPHN to consult with broader Management Team across Clinical Services</li> <li>• Update contracts and documentation with relevant legal and financial information</li> </ul>	<ul style="list-style-type: none"> <li>• Additional funding</li> <li>• Input from contracts team</li> <li>• CESPHN Executive Management advice</li> </ul>	<ul style="list-style-type: none"> <li>• Contract Management Team</li> <li>• Clinical Managers</li> <li>• CESPHN Commissioned Providers</li> </ul>	Not confirmed
15	Clause for Clinical Supervision included in CESPHN MH & AOD contracts.	<ul style="list-style-type: none"> <li>• CESPHN to confirm MH &amp; AOD Contracts contain the following clause: Professional supervision will be provided for front line staff and as required by the Provider. The provider must: <ul style="list-style-type: none"> <li>○ ensure that staff members participate in regular mentoring, clinical and (if indicated) cultural supervision and fulfil the minimum requirements for continuing professional development; and</li> <li>○ provide support to staff members so that individual and team wellbeing is nurtured and self-care is prioritised</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• CESPHN Clinical Services Stream &amp; Contracts Team to cross check MSAs currently active or upcoming deed of variations.</li> </ul>	<ul style="list-style-type: none"> <li>• CESPHN Commissioned Providers</li> <li>• CESPHN Clinical Services stream</li> <li>• CESPHN Contracts Team</li> </ul>	3 months
16	Workforce learns from one another to improve outcomes for clients with cooccurring MH & AOD needs	<ul style="list-style-type: none"> <li>• MH Workers and D&amp;A Workers support one another on particular cases in the interest of upskilling both workers</li> <li>• D&amp;A and MH Workers to meet on a Local level and within individual LHDs</li> <li>• Proposal outlining strategy drafted and put forward to management.</li> </ul>	<ul style="list-style-type: none"> <li>• Time for D&amp;A / MH Proposal to be drafted, reviewed, adapted and approved.</li> <li>• Workers Time to arrange meeting to</li> </ul>	<ul style="list-style-type: none"> <li>• LHD AOD and MH Staff (Clinical and Management)</li> </ul>	Not confirmed



	<p>a) LHD MH &amp; Drug and Alcohol Staff attend joint clinical supervision/ meet regularly for reflective practice/ joint case coordination.</p> <p>b) LHD – NGOs to combined Clinical Supervision / case review when required</p>	<ul style="list-style-type: none"> <li>Logistics arranged and staff identified to meet on a regular basis.</li> <li>Create more opportunities for LHD staff and NGO staff to meet and discuss issues arising.</li> <li>Consult with relevant Nurse Consultants within LHDs who support referral pathways between MH &amp; AOD</li> </ul>	<p>discuss coordination of client care/ reflective practice.</p>		
17	<p>Local workforce become Clinical Supervisors or develop upon current skillset</p>	<ul style="list-style-type: none"> <li>'Train the Supervisor' style workshops for Clinical Supervisors offered to local workforce to upskill</li> <li>CESPHN to support initiative by improving access and removing financial barrier</li> </ul>	<ul style="list-style-type: none"> <li>Funding</li> <li>Promotion</li> <li>CESPHN working with providers to identify staff interested</li> </ul>	<ul style="list-style-type: none"> <li>MH &amp; AOD funded workforce within CESPHN region</li> <li>Supervision Workshops / Other identified training organisations</li> </ul>	<p>Not confirmed</p>

## Recommendation: Provision of specialist training scholarships and subsidised placements

	Proposed Strategy	Outline the steps/tasks associated with the activity	What resources are needed to achieve this?	What stakeholders need to be involved?	Timeframe
18	<p>The development of CESPHN webpage to include:</p> <ul style="list-style-type: none"> <li>Information on training scholarship and placement opportunities</li> <li>Key related resources</li> <li></li> </ul>	<ul style="list-style-type: none"> <li>Research and consult with relevant stakeholders to collate information for the webpage</li> <li>Partner with identified providers and notify of project and webpage to allow for ongoing updates.</li> <li>Ongoing development of webpage</li> </ul>	<ul style="list-style-type: none"> <li>Time - webpage development.</li> <li>Time – from WP members to collate information.</li> </ul>	<ul style="list-style-type: none"> <li>WP</li> <li>CESPHN Communications Team</li> <li>Identified training/ scholarship providers</li> <li>Health workers in CESPHN region (Community NGOs, Allied Health, LHDs, GPs &amp; Pharmacists)</li> </ul>	6-12 months
19	<p>Implement <a href="#">Randomised Coffee Trial (RCT)</a><sup>vii</sup> in CESPHN region</p>	<p>Based on Victorian Dual Diagnosis project from Hume-Border region:</p> <ol style="list-style-type: none"> <li>Contact RCT lead and enquire about project logistics and questions and draft project plan.</li> <li>Identify interested parties within the CESPHN region:</li> <li>Promote and present RCT project at relevant networking opportunities.</li> <li>Launch EOI process for participation.</li> <li>Collate EOIs and match workers based on sector and learning goals.</li> <li>Introduce pairs to arrange meeting.</li> <li>Providing small funding for coffee meeting .</li> <li>Workers feedback one learnings from meetings.</li> </ol>	<ul style="list-style-type: none"> <li>Funding for project</li> <li>Time of staff and Organisation</li> <li>Project management time</li> <li>Promotion through networks and relevant local events</li> </ul>	<ul style="list-style-type: none"> <li>Identified organisations and staff</li> <li>CESPHN staff</li> </ul>	12 months

		9. Learning is collated and shared across communications channels.			
20	Reciprocal Rotation Project	<ul style="list-style-type: none"> <li>Explore viability of this project</li> <li>Identify local projects across MH and AOD that fosters learning through cofacilitation of groups: For example: (<a href="#">SMART recovery</a>, <a href="#">Flourish groups</a>, Suicide support, <a href="#">GAD recovery groups</a>, <a href="#">Family Drug Support</a>)</li> <li>Explore interest and seek feedback from stakeholders</li> <li>Identify method to establish projects and link organisations, i.e. Project proposal</li> </ul>	<ul style="list-style-type: none"> <li>Local directory of current or upcoming projects</li> <li>Time to Map potential projects that could be enhanced with MH or AOD support</li> <li>Time to initiate proposals and coordinate</li> </ul>	<ul style="list-style-type: none"> <li>Local MH &amp; AOD Services</li> <li>Clients</li> </ul>	12 Months
21	Provide funded training and professional development opportunities	<ul style="list-style-type: none"> <li>Identify opportunities to provide sponsorship to complete Certificate IV in Mental Health and Certificate IV in Alcohol and Other Drugs, as well as smaller skill sets and components of these qualifications</li> <li>Consult with peak bodies and organisations around issues such as time commitment, training duration, desire of staff for accredited vs non accredited training</li> <li>Training provider to build training components as required</li> <li>Training provider to schedule workshops</li> <li>Advertise and execute EOI process</li> <li>Seeding grants round</li> <li>Places in <a href="#">CCWT's - Co-occurring Mental Health and Alcohol and Other Drug Disorders "Double Whammy"</a> Training for local MH &amp; AOD Workforce</li> </ul>	<ul style="list-style-type: none"> <li>Funding for training places and grants</li> <li>Coordinating function to promote, establish EOI process, select applicants, etc</li> <li>Marketing</li> </ul>	<ul style="list-style-type: none"> <li>Coordinator</li> <li>Peak bodies</li> <li>Training providers</li> <li>MH &amp; AOD Local Workforce</li> <li><a href="#">CCWT</a></li> </ul>	6-12 Months

## Appendix A: Mental Health and Alcohol and Other Drugs Working Party Membership

First Name	Last Name	Organisation
Chris	Keyes	Drug Health Manager, Central and Eastern Sydney PHN (CESPHN)
Ellie	McGrath	Mental Health Program Officer, CESPHN
Esther	Toomey	Drug Health Program officer, CESPHN
Dr Julia	Lappin	Clinical Lead Bondi Junction Early Psychosis Program, South Eastern Sydney LHD (SESLHD)& Researcher NDARC University of New South Wales (UNSW)
Tony	Merritt	Clinical Psychologist, Sydney Clinical Psychology
Julian	Docherty	Programs Manager, Pathways Maroubra, Salvation Army
Paul	Hardy	Manager – AOD Transition Programs, Greater Sydney, Community Restorative Centre (CRC)
Jenifer	Diekman	Community Pharmacist, Broadway Fresh Therapeutics
Annie	Malcolm	Senior Nurse Manager, Drug and Alcohol Service, SESLHD
Joseph	Savidakis	Mental Health Consumer Advocate
Jennifer	Frendin	Formally Program Director, Community Services, Odyssey House NSW
Jackson	Goding	Formally Coordinator, Worker Odyssey House NSW
Dr James	Ibrahim	General Practitioner, Montrose Medical Practice
Dr May	Su	General Practitioner, Montrose Medical Practice & HETI program
Ben	Steele	Peer worker, SESLHD
Kate	Hocknull	Mental Health Nurse, Uniting Medically Supervised Injecting Centre
Nicky	Bath	LGBTIQ+ Health Australia
Fiona	O'Neill	Psychologist, Sutherland Drug & Alcohol Team, SESLHD
Susan	Russell	Comorbidity Clinical Nurse Consultant, Drug and Alcohol Service - SESLHD
Jenny	Reid	Manager Learning and Development, Mental Health Coordinating Council (MHCC)
Prof Katherine	Mills	The Matilda Centre for Research in Mental Health and Substance Use University of Sydney and key contributor to Comorbidity Guidelines
Dr Christina	Marel	The Matilda Centre for Research in Mental Health and Substance Use University of Sydney and key contributor to Comorbidity Guidelines
Dr Suzie	Hudson	Clinical Director, NADA

## Appendix B: References

- <sup>i</sup> Marel, C. and Mills, K. *Current practices and support needs of healthcare providers in CESPHN in relation to addressing patients' co-occurring mental health and alcohol and other drug issues*, National Drug and Alcohol Research Centre (NDARC), University of New South Wales (UNSW), Sydney, 2018
- <sup>ii</sup> Department of Health, *PIP QI Incentive guidance*. (website), [https://www1.health.gov.au/internet/main/publishing.nsf/Content/PIP-QI\\_Incentive\\_guidance](https://www1.health.gov.au/internet/main/publishing.nsf/Content/PIP-QI_Incentive_guidance) (Accessed 30 March 2021)
- <sup>iii</sup> Network of Alcohol and other Drugs Agencies (2020). *Workforce Capability Framework: Core Capabilities for the NSW Non Government Alcohol and Other Drugs Sector*. Sydney: NADA.
- <sup>iv</sup> New South Wales Ministry of Health (2020). *Clinical Care Standards: Alcohol and Other Drug Treatment*. Sydney. NSW Government
- <sup>v</sup> Royal Australian College of General Practitioners, *A Community of Practice for all RACGP members: A video introduction to AOD Connect Project ECHO* (website), <https://www.youtube.com/watch?v=cXQ4PLtt-XY&t=11s> (Accessed 30 March 2021)
- <sup>vi</sup> The University of Sydney, Matilda Centre *Comorbidity Guidelines: Managing Co-occurring Alcohol and Other Drug and Mental Health Conditions* (website), <https://comorbidityguidelines.org.au/> (Accessed 30 March 2021)
- <sup>vii</sup> Dual diagnosis and other complex needs, *Randomised Coffee Trials - Hume-Border Region 2017*. (website), <https://www.dualdiagnosis.org.au/home/index.php/randomised-coffee-trials-hume-border-region-2017?highlight=WyJjb2ZmZWUiXQ==> (Accessed 30 March)

## Appendix C: Acronyms List

ACRRM	Australian College of Rural and Remote Medicine	LHD	Local Health District
AOD	Alcohol and Other Drugs	MH	Mental Health
CCWT	Centre for Community Welfare Training	MHCC	Mental Health Coordinating Council
CESPHN	Central and Eastern Sydney PHN	NADA	Network of Alcohol and Other Drug Agencies
COP	Community of Practice	NGO	Non-Government Organisation
D&A	Drug and Alcohol	PIP	Practice Incentive Program
EOI	Expression of Interest	PSL	Psychiatry Support Line
GAD	Generalised Anxiety Disorder	QI	Quality Improvement
GLAD	GP liaison in Alcohol and Other Drugs	RACGP	The Royal Australian College of General Practitioners
GP	General Practitioner	RCT	Randomised Coffee Trial