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Submission to the Review and Revision of the National Alcohol and Other Drug (AOD) Workforce Development (WFD) Strategy:

Building capacity of the AOD workforce to respond to co-occurring mental conditions

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This submission focuses on **Section 9: Education, training and professional development**, and addresses discussion questions 1-4, 8-9 and 13-15

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ABOUT THE MATILDA CENTRE

The Matilda Centre for Research in Mental Health and Substance Use (the Matilda Centre) undertakes innovative research to improve the evidence base regarding the prevention and treatment of alcohol and other drug (AOD) use and mental disorders. Translation of research findings into evidence-based policy and practice is also a key focus of our work. Critical to our success is strong collaborations with multi-disciplinary international experts, consumers, carers, policy makers, and other key-stakeholders.

THE ISSUE: AOD WORKERS HAVE IDENTIFIED CO-OCCURRING AOD AND MENTAL DISORDERS AS A PRIORITY WORKFORCE TRAINING NEED FOR OVER 30 YEARS

Discussion questions 1, 3 and 4 are focused on **priority workforce development** issues for the collective AOD workforce, as well as specialist and generalist workers. We would like to emphasise that one of the priority workforce training needs for AOD workers is co-occurring (or comorbid) AOD and mental disorders.

Co-occurring AOD and mental disorders are two of the most common and burdensome health conditions in Australia, with one in five Australians meeting criteria for an AOD or mental disorder each year(1). Australian burden of disease data shows that AOD and mental disorders are among the leading causes of disability, accounting for 24% of years lived with a disability and 12% of years of healthy life lost due to premature mortality or disability(2), representing a cost of $220 billion per year to the Australian economy(3). Harms relating to co-occurring AOD and mental disorders are far-reaching and complex, including poorer general physical and mental health, greater drug use severity, poorer functioning, and increased risk of self-harm and suicide(4)(5)(6)(7)(8). People with AOD and mental disorders die an astonishing 20 - 30 years earlier than the general population, and spend the last 10 years of life living with disabling chronic illnesses(3). Furthermore, recent estimates indicate this gap in life expectancy is increasing(3).

Co-occurring mental disorders are the rule rather than the exception in AOD treatment. An estimated 50–76% of Australians treated for AOD use each year meet diagnostic criteria for at least one co-occurring mental disorder, and the number of Australians receiving AOD treatment is increasing(9)(10). Clients with co-occurring mental disorders present to treatment with a **more complex and severe clinical profile**, including poorer general physical and mental health, greater drug use severity, and poorer functioning(11–14). The high prevalence of co-occurring AOD and mental health conditions means that AOD workers are frequently faced with the need to manage complex psychiatric symptoms whilst treating clients' AOD use.

The most recent National AOD Workforce Survey (n=1,506) found that **trauma and co-occurring mental disorders were identified by AOD workers as their top two training needs**, by 64% and 62% of workers respectively(15). This finding is the latest in a long series of reports, AOD workforce surveys and peer-reviewed studies over the past three decades, all of which identified comorbidity training for the AOD workforce as a priority issue(4,16,25,26,17–24), a sentiment shared by the previous National AOD Workforce Development Strategy (2015-2018)(27) and the current National Mental Health Workforce Strategy(28). The priority need to upskill workers in co-occurring AOD and mental disorders is also echoed by reports from sectors that fall within the Discussion Paper's scope of generalist workers, such as social work(29)(17) and community support(30)(31).

THE ACTIONS: STRATEGICALLY IMPROVING CAPACITY WITHIN THE AOD WORKFORCE

Section 9.1 of the Discussion Paper (Education and training for AOD specialists) outlines four priority issues for specialist AOD workers[32], addressed in Questions 13, 14,15:

1. Establishing national minimum educational qualifications for AOD workers
2. Issues surrounding competency-based training
3. Availability of foundational and advanced education and training programs to meet the needs of both early career/entry level workers and experienced workers
4. Availability and accessibility of specialised training to address specific areas of competency (e.g., trauma, family sensitive practice, new and emerging patterns of AOD use)

Of these issues, we believe that the establishment of national minimum qualification standards for AOD workers as well as the need for evidence-based foundational education and training programs are essential for both specialist and generalist workers[32].

National minimum qualification standards for AOD workers with comorbidity as a core competency

While Section 5.3. of the Discussion Paper (AOD workforce profile) addresses the diversity within the AOD workforce in terms of demographics, years of experience and occupation type[32], we would like to highlight the variability in professional qualifications as per the most recent National AOD Workforce Survey with regards to AOD and mental health[15]. Over a third (34%) of respondents (n=1,506) had no AOD-related qualifications, and almost half (47%) were in their first AOD role with three years' experience or less. Furthermore, only 18% of those surveyed had transitioned into the AOD sector from mental health (11% from a clinical role; 7% from a community support role)[15]. Taken in combination with the high prevalence and harms associated with comorbidity, as well as the ongoing priority need for comorbidity training, we believe national minimum qualification standards for AOD workers are essential.

As we have proposed in previous policy submissions (AOD National Treatment Framework 2019[33]; Australian Government Productivity Commission Mental Health Inquiry 2019[34]), we strongly advocate for a national rollout of national minimum qualification standards for AOD workers that includes training in comorbid mental health as a core competency. While the Victorian AOD Minimum Qualification Strategy[35] has funding to support workers accessing training, it should be noted that it does not include comorbidity as a core competency.

The core competencies under the Victorian AOD Minimum Qualification Strategy currently include[36]:

1. CHCAOD001: Work in an AOD context;
2. CHCAOD004: Assess needs of clients with AOD issues;
3. CHCAOD006: Provide interventions for people with AOD issues;
4. CHCAOD009: Develop and review individual AOD treatment plans.

Whilst acknowledging the importance of comorbidity for the Victorian AOD workforce, the current Victorian AOD Workforce Development Strategy (2018-2022)[35] does not include a comorbidity-focused unit of competency, despite their availability. Currently available comorbidity-focused units of competency include:

- CHCCCS004: Assess co-existing needs
- CHCMHS005: Provide services to people with co-existing mental health and alcohol and other drugs issues

As of February 2022, all AOD-focused vocational and educational training (VET) qualifications include at least one of these comorbidity-focused units of competency as a core component (Table 1) ***except*** for the minimum qualifications mandated by the Victorian AOD Minimum Qualification Strategy (CHCSS00093: Alcohol and Other Drugs Skill Set).

Table 1. AOD qualifications and skillsets, February 2022

Qualification or skillset	Comorbidity* as core?	Comorbidity* as elective?
CHC43215 Certificate IV in Alcohol and Other Drugs	Yes	Yes
CHC53215 Diploma of Alcohol and Other Drugs	Yes	No
CHCSS00092 Alcohol and Other Drugs Co-existing Needs Skill Set	Yes	N/A
CHCSS00093 Alcohol and Other Drugs Skill Set	**No**	**N/A**

**Comorbidity is defined as the presence of either CHCCCS004 or CHCMHS005*

KEY RECOMMENDATION 1: National minimum qualification standards for the specialist and generalist AOD workforce being incorporated into the upcoming National AOD Workforce Development Strategy.

KEY RECOMMENDATION 2: Mental health comorbidity be a core competency of national minimum qualification standards.

The need for evidence-based foundational education and training programs in comorbidity

As outlined in the Discussion Paper (Section 9.1 Education and training for AOD specialists; Section 9.2 AOD education and training for generalist workers), both early-career specialist AOD workers and generalist workers often have minimal AOD qualifications, and are in need of foundational AOD training programs[32].

As defined in the Discussion Paper, generalist workers are often those in health, community and justice sectors where minimum training and ongoing professional development requirements are not standardised and not

within the scope of national minimum qualifications, as they might be for the specialist AOD workforce. As such, even if such a national standard were to be implemented, the need for evidence-based education and training programs for generalist workers would remain.

While the provision of evidence-based training to the AOD workforce may be limited by resources (i.e., time, funding, opportunity)[32], there are means of overcoming such barriers, including the utilisation of online training and continuing professional development programs. An example of such a program is the free, evidence-based, Australian Government Department of Health-funded National Comorbidity Guidelines online training program (www.comorbidityguidelines.org.au/training-modules). Consisting of 11 training modules (~10 hours), the online training program was developed in line with best practice e-learning principles, in consultation with clinicians and consumers. Based on the Australian Government Department of Health-funded '*Guidelines on the management of co-occurring alcohol and other drug and mental health conditions in alcohol and other drug treatment settings*' (the Guidelines)[37], the online training aims to increase AOD workers' knowledge and awareness of comorbidity, improve the confidence and skills of those working with clients with comorbidity, and improve AOD workers' ability to identify mental health conditions. Since it became available in November 2017, the online training program has been highly utilised by specialist AOD workers and generalist workers (>6,800 registered participants and >54,000 page views per month). Program users have a diverse range of occupations, with only 17% of falling into the specialist AOD worker as defined in the Discussion Paper, and the remaining occupations (which include student, nurse, social worker, counsellor, psychologist, educator, occupational therapist, GP or psychiatrist) consisting of generalist AOD workers. Furthermore, a recently published evaluation of the online training program[38] found that:

- 95% of participants reported gaining skills to enable them to respond to comorbidity;
- 94% reported the training was useful or very useful;
- 97% reported being satisfied or very satisfied with the training program;
- 94% reported greater confidence in responding to comorbidity;
- 89% reported having used what they had learned in clinical practice; and
- 59% reported improved client outcomes.

Many AOD services across the nation have incorporated the online training program as a mandatory staff training requirement and it has been embedded in courses relating to AOD, mental health, social work and community work across 77 Australian VET providers.

The Comorbidity Guidelines and accompanying online training program are an example of an evidence-based, highly utilised resource that has the capacity to improve the knowledge and skills of AOD workers in response to comorbidity. One way in which the National AOD Workforce Development Strategy might leverage and capitalise from the success of these existing resources is by making a recommendation to formally incorporate them into state and federal accreditation standards for AOD services. Such a recommendation would resolve the need for foundational education and training programs for both specialist AOD workers and generalist workers.

KEY RECOMMENDATION 3: We recommend that the National AOD Workforce Development Strategy leverages off the success of existing evidence-based resources and make a recommendation for their formal incorporation into state and federal accreditation standards for AOD services.

CONCLUSION

Despite the high prevalence and harms associated with comorbidity in AOD treatment services, an identified yet unmet need for strategic implementation of comorbidity training for AOD workers has persisted for over 30 years.

We have proposed three key recommendations for the upcoming National AOD Workforce Development Strategy to address this need:

1. That national minimum qualifications for the AOD workforce be incorporated into the upcoming strategy.
2. That mental health comorbidity be a core competency of the national minimum qualifications.
3. That existing evidence-based resources are incorporated into state and federal accreditation standards for AOD services.

Should you wish to discuss these recommendations further, please contact Dr. Christina Marel via the details below:

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