Relational, not just rational: Rethinking workforce development for integrated care.

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Introduction: Entrenched workforce silos and outdated training paradigms hinder efforts to integrate mental health and addiction services. This study contributes to the disruption of conventional models by foregrounding the lived realities of clinicians and peer workers and deconstructing assumptions that individual training alone can enhance integrated care.

Methods: We conducted two co-design workshops, bringing together 57 participants from over 40 Victorian organisations—including multidisciplinary clinical staff, sector leaders, peer workers, and lived experience advocates. Participants engaged with four case-based personas to explore real-world workforce needs. Data was thematically analysed.

Results: Five themes emerged: (1) foundational enablers, including role clarity, stigma reduction, and system navigation; (2) profession-specific training needs; (3) a preference for collaborative, experiential learning; (4) the necessity of organisational alignment; and (5) the need for practical, skills-based training bridging specialist and generalist knowledge.

Discussion: This study deconstructs the notion of achieving integrated care through competency-based training alone. It challenges dominant educational models by demonstrating that systemic and relational factors, particularly role ambiguity and stigma, must be addressed first. Findings call for a paradigm shift from content-heavy, individualised education toward collaborative, cross-sector learning.

Implications: Workforce development must transcend qualifications and disciplinary boundaries to disrupt current practice. Integrating interprofessional learning, addressing structural barriers, and facilitating practice through organisational change are vital to cultivating a capable, cohesive integrated care workforce. This work has relevance for national workforce capability and training initiatives.

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