

## **Barriers and facilitators to supporting clients' mental health needs in alcohol and other drug (AOD) treatment settings**

Erin Madden<sup>1</sup>, Melinda Beckwith<sup>1,2</sup>, Robert Stirling<sup>3,4</sup>, Sarah Etter<sup>3</sup>, Michele Campbell<sup>3</sup>, Christina Marel<sup>1</sup>, Alana Fisher<sup>1,5,6</sup>, Katherine Mills<sup>1</sup>

*<sup>1</sup>The Matilda Centre for Research in Mental Health and Substance Use, Faculty of Medicine and Health, The University of Sydney, Sydney, NSW <sup>2</sup>Windana Drug & Alcohol Recovery, St Kilda, VIC <sup>3</sup>Network of Alcohol and other Drug Agencies, Sydney, NSW <sup>4</sup>Drug Policy Modelling Program, Social Policy Research Centre, University of New South Wales, Sydney, NSW <sup>5</sup>eCentreClinic, School of Psychological Sciences, Macquarie University, Sydney, NSW <sup>6</sup>MindSpot, MQ Health, Macquarie University, Sydney, NSW*

Presenter's email: [erin.madden@sydney.edu.au](mailto:erin.madden@sydney.edu.au)

**Introduction:** Increasing the capability to respond to mental health needs has been a priority for alcohol and other drug (AOD) treatment agencies for decades, and clinical audits are frequently used to assess organisational capability. However, barriers and facilitators for meeting clinical audit standards in AOD services are largely unknown.

**Method:** We conducted a secondary thematic analysis of interviews ( $n = 32$ ) collected from service managers, staff, clients and their loved ones as part of an audit using an extended version of the Dual Diagnosis Capability in Addiction Treatment (DDCAT) Tool among four AOD services. Framework analysis was used to identify perceived barriers and facilitators to meeting clinical audit standards.

**Results:** Themes revealed that systemic gaps beyond the control of AOD services limited their ability to meet audit standards. There was subsequently a fundamental difference in AOD services' holistic, client-centred approach to care and the clinical approach of the audit tool. The AOD services' approach to care in combination with systemic barriers to implementing the clinical approach of audit standards influenced barriers and facilitators to meeting audit criteria at both an organisational and treatment level.

**Disclosure of Interest Statement:** This work was supported by a grant from the Network of Alcohol and other Drugs (NADA). NADA is supported by the Australian Government Department of Health and Aged Care. EM is supported by a National Health and Medical Research Council (NHMRC) Postgraduate Scholarship (GNT2014180).

**Implications for Practice:** Systemic barriers outside AOD services' control may limit their ability to meet clinical audit standards. Measures of organisational capability for supporting mental health needs developed in consultation with Australian AOD services are needed that acknowledge these systemic barriers, as well as the strengths of a holistic, client-centred approach to care.