Barriers and facilitators to supporting mental health needs in alcohol and other drug treatment settings

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THE UNIVERSITY OF SYDNEY
Matilda Centre

NADA
network of alcohol and other drugs agencies

Australian Government
Department of Health and Aged Care

Acknowledgement of country

We acknowledge the Ngunnawal people who are the Traditional Custodians of this land on which we are meeting today, and pay respect to Elders past, present and emerging.

Acknowledgement of lived experience

We also acknowledge the individual and collective contributions of those with a lived experience of seeking care for alcohol and other drug use, and those who love them.

It is estimated that **nearly half** of people seeking treatment for alcohol and other drugs (AOD) have at least one co-occurring mental health condition.

Co-occurring mental disorder

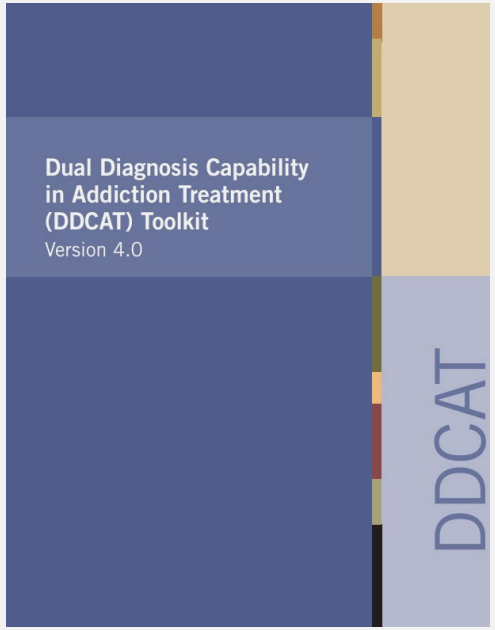
People accessing AOD treatment with co-occurring mental health conditions are at higher risk of suicide, treatment non-completion and relapse.

Despite the high prevalence and associated harms of co-occurring conditions**, for over 30 years** the need to build capability for co-occurring mental health disorders has continued to be identified as a priority for the AOD sector.

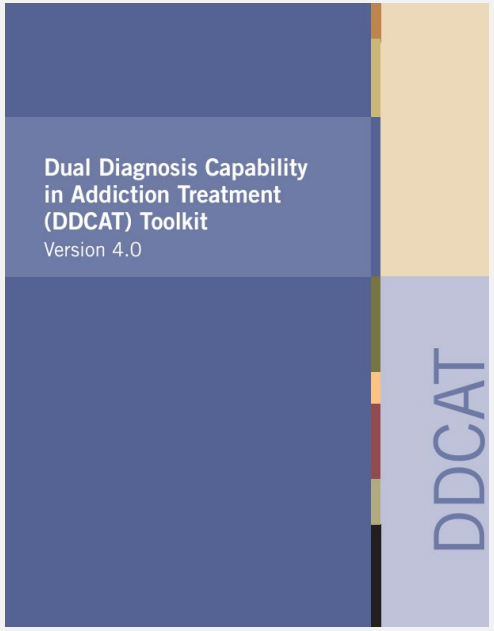
To support services to respond, the Network of Alcohol and other Drug Agencies (NADA) sought expressions of interest from member organisations to take part in a capability building project.

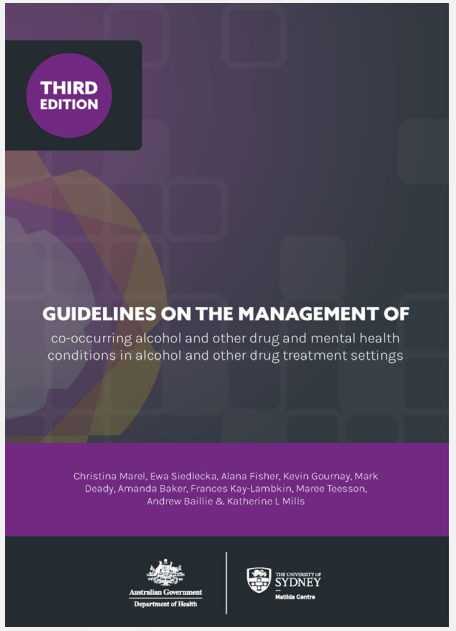
Four Australian non-government AOD services based in NSW volunteered.

The audit was conducted in February 2022, using an extended version of the Dual Diagnosis Capability in Addiction Treatment (DDCAT) audit tool, adapted for the Australian context. Audit results would serve as a baseline measure of service capability as part of a longer-term workforce capability building project.

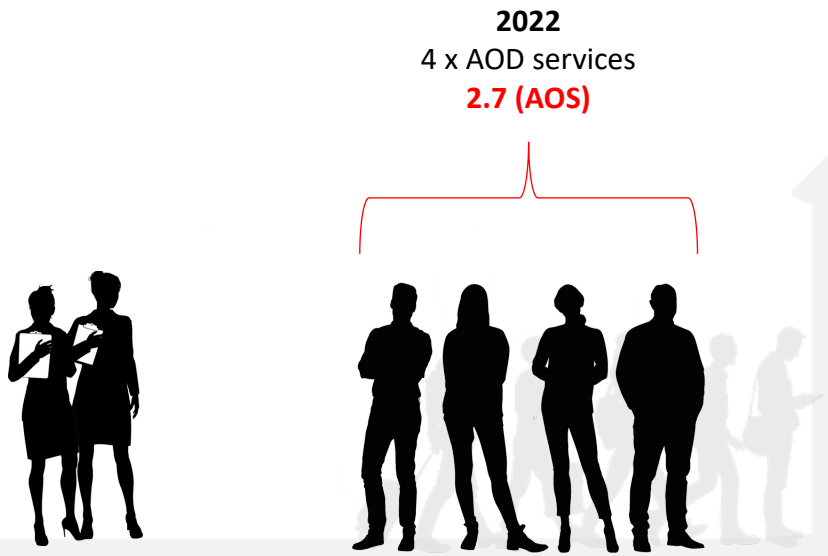


To adapt the DDCAT for the Australian context and to be consistent with current guidelines, an additional audit domain was added to include guiding principles of care from the Australian Government Department of Health and Aged Care funded *Guidelines on co-occurring conditions* (3rd edition).

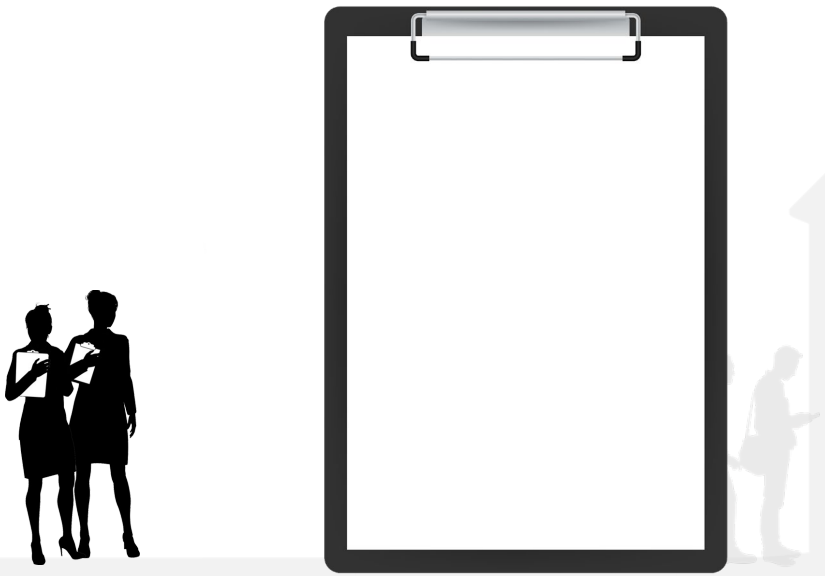




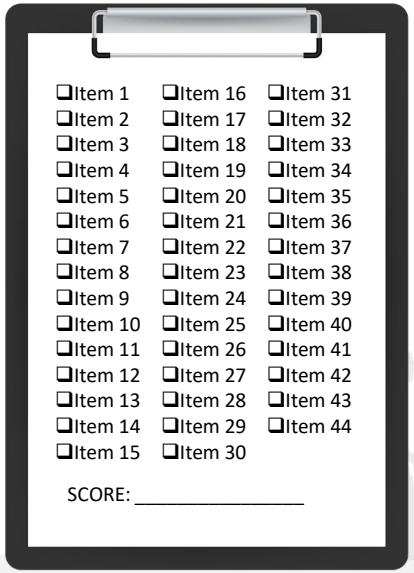
Our baseline audits returned an average score of 2.7, which the DDCAT classifies as an Addiction Only Service (AOS). AOS is defined by the DDCAT as a service that has limited capability to accommodate people with co-occurring mental health needs.

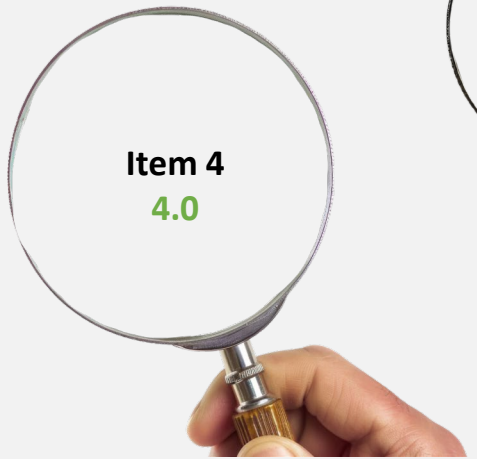


However, a limitation of audit tools is that they are black and white.

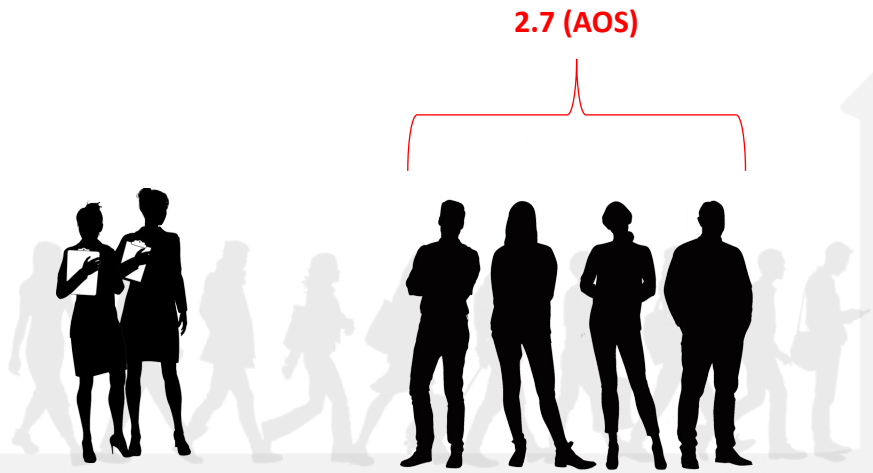


Audits are designed to measure practices being present and consistent in order to return a quantitative score.



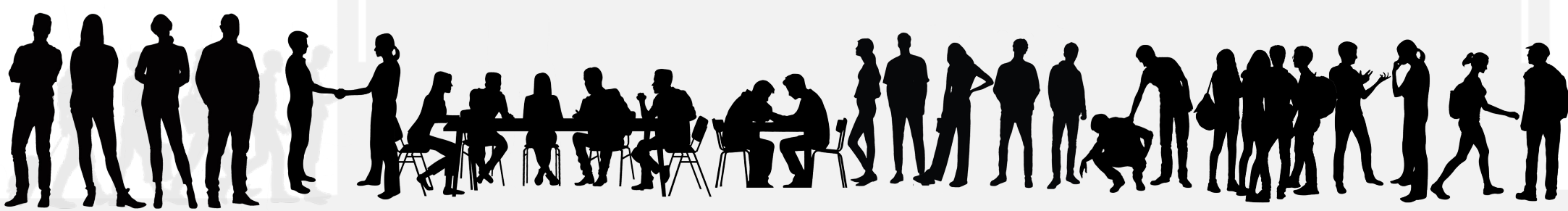


Audits tell us what.

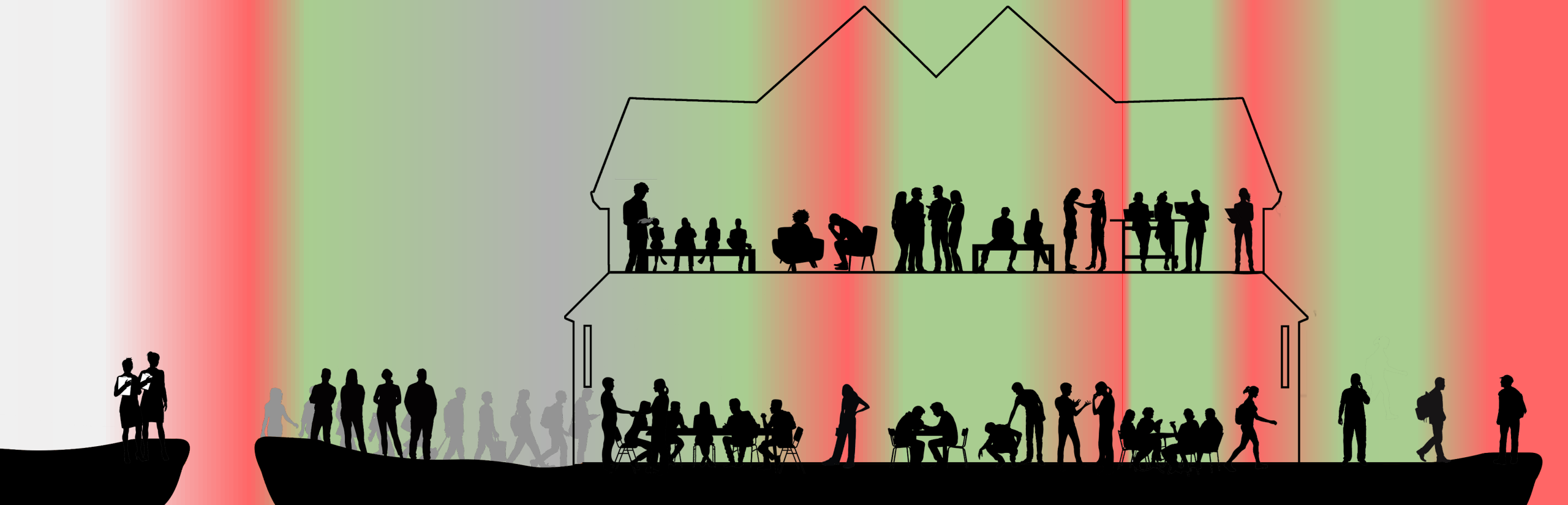


Not <u>why.</u>

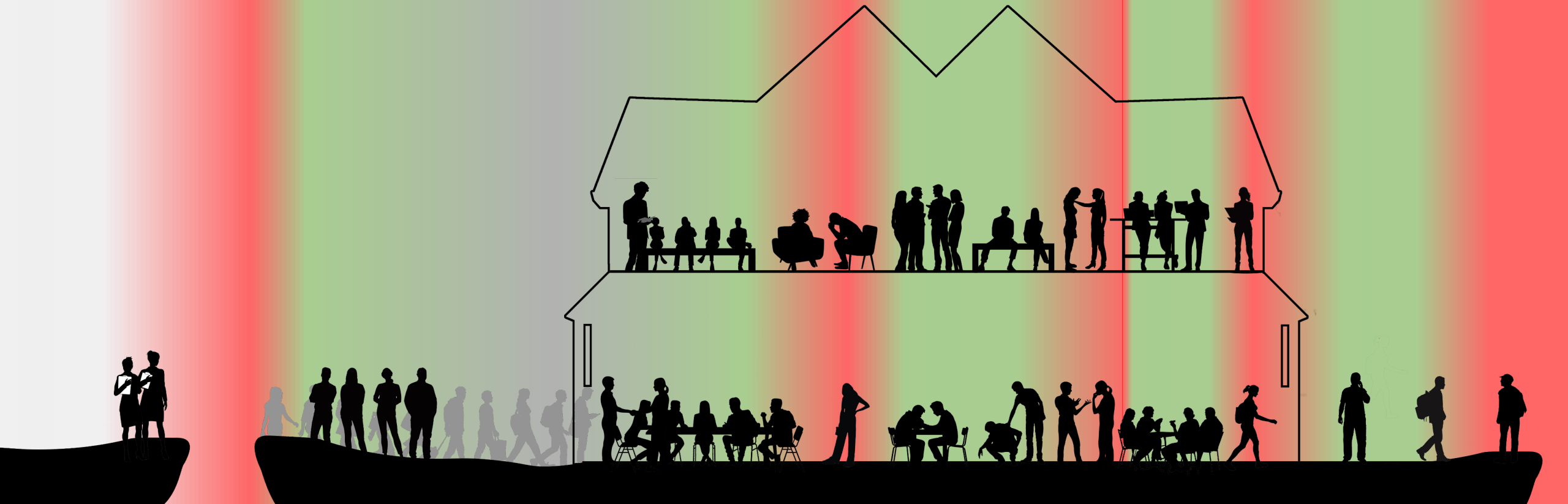
To explore the barriers and facilitators to meeting audit standards, we conducted a secondary thematic analysis of interviews ($n = 32$) collected from service managers, staff, people with lived experience of receiving AOD treatment and their loved ones as part of the audit.



The reasons behind the score became clearer (and less black and white).

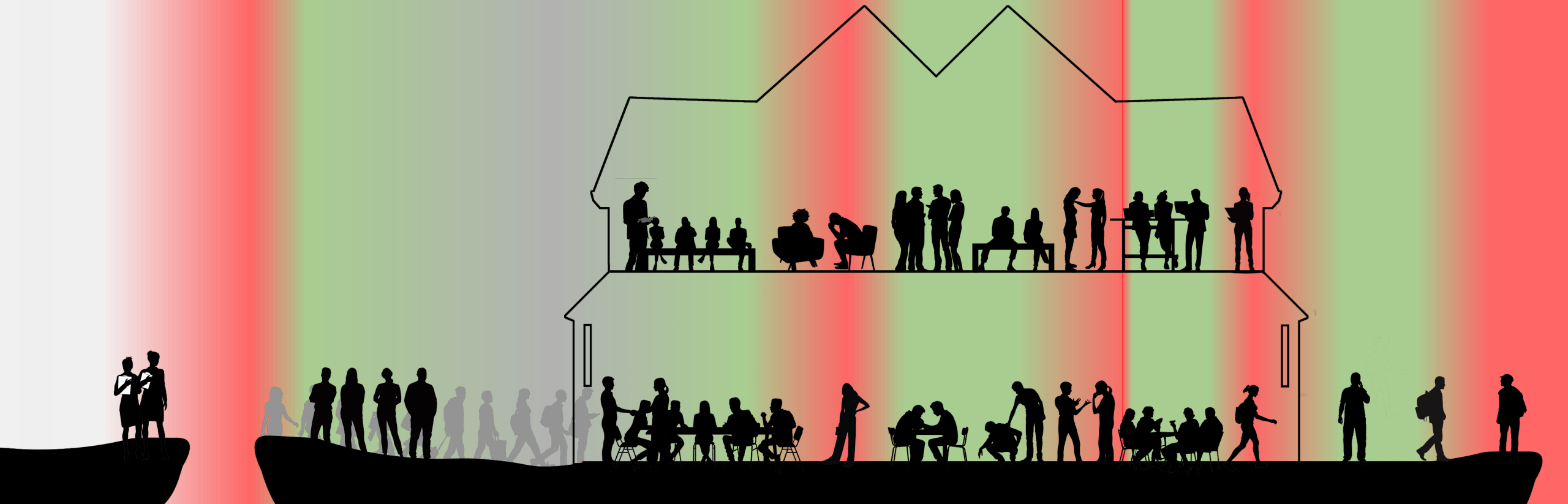


AOD services experienced a combination of barriers, facilitators and grey areas to meeting audit standards.



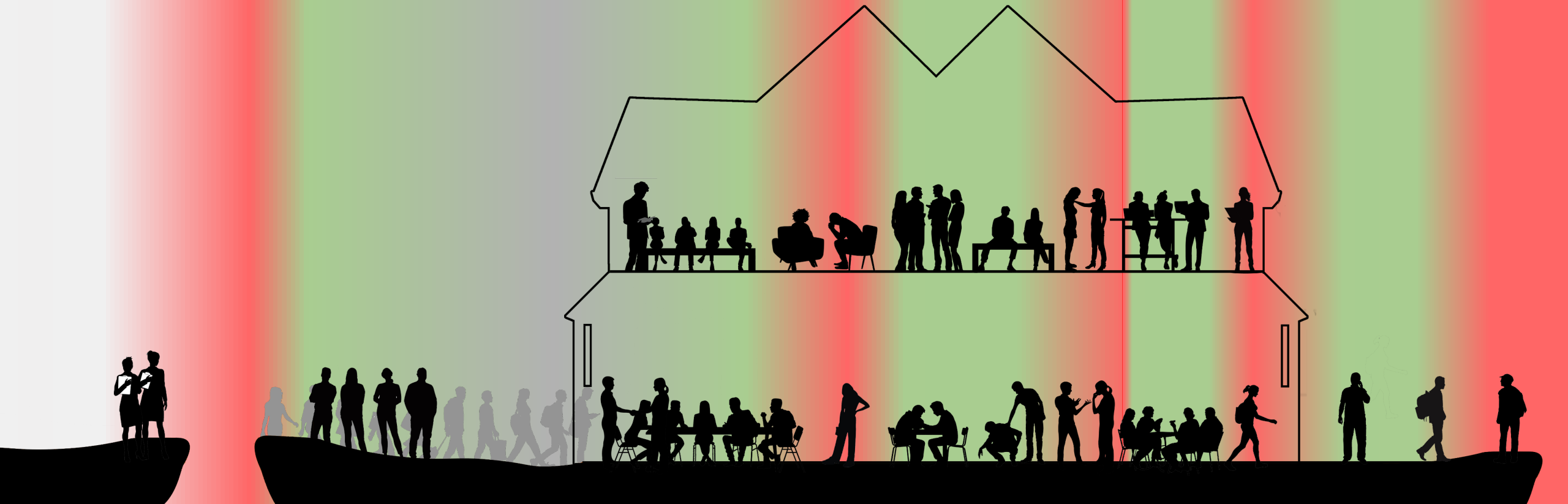
Barriers prevented AOD services from meeting audit standards.

Most barriers were external, and beyond the control of AOD services.

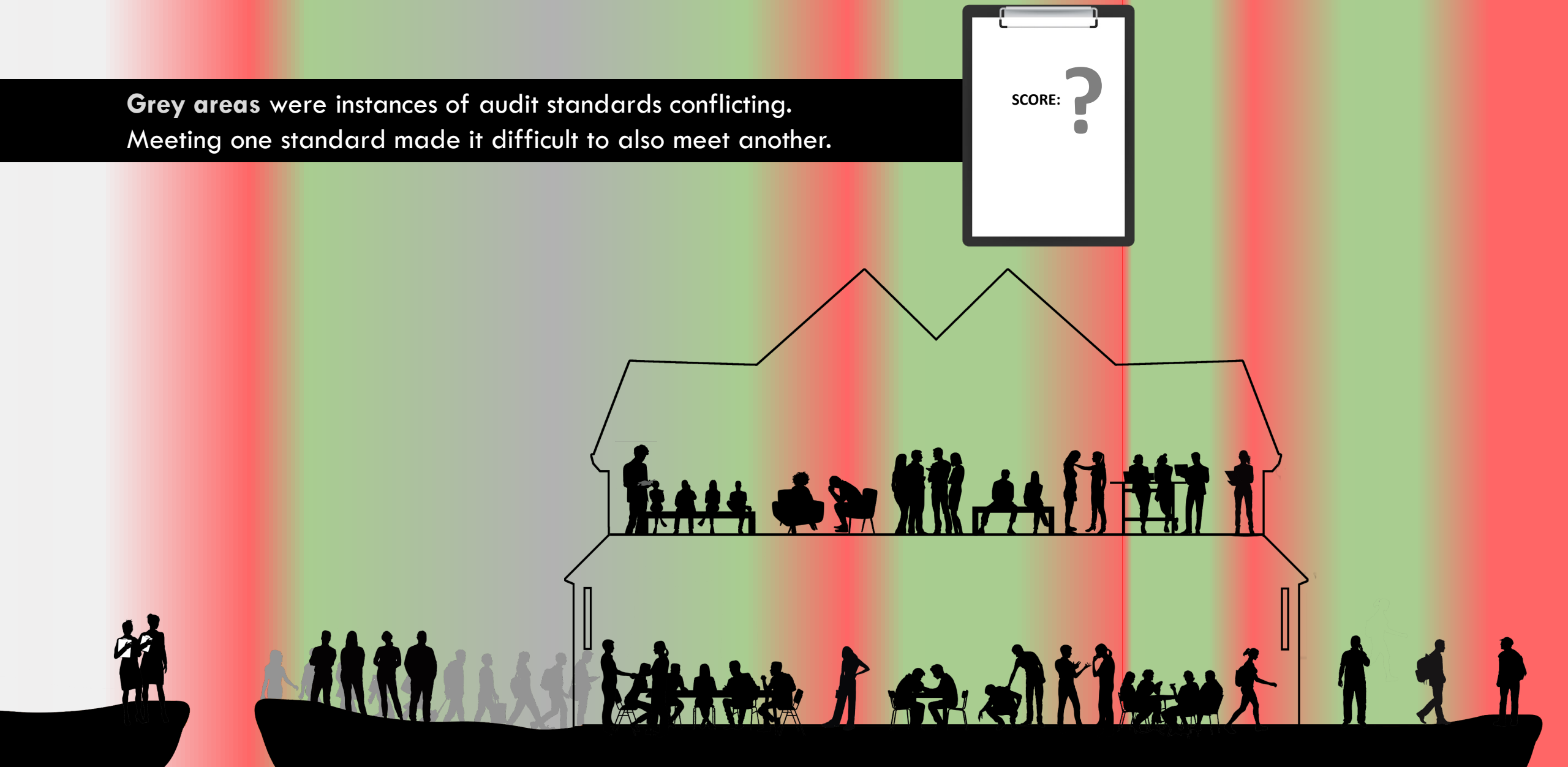


Facilitators enabled AOD services to meet audit standards.

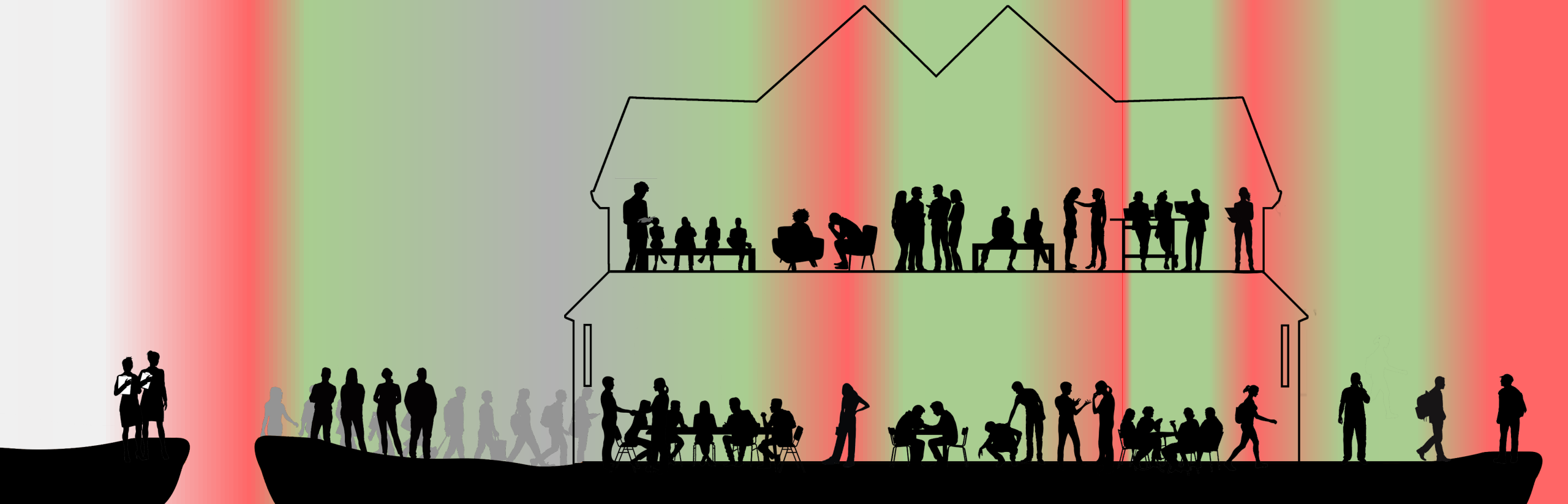
Most facilitators were internal, and a strength of AOD services.



Grey areas were instances of audit standards conflicting.
Meeting one standard made it difficult to also meet another.

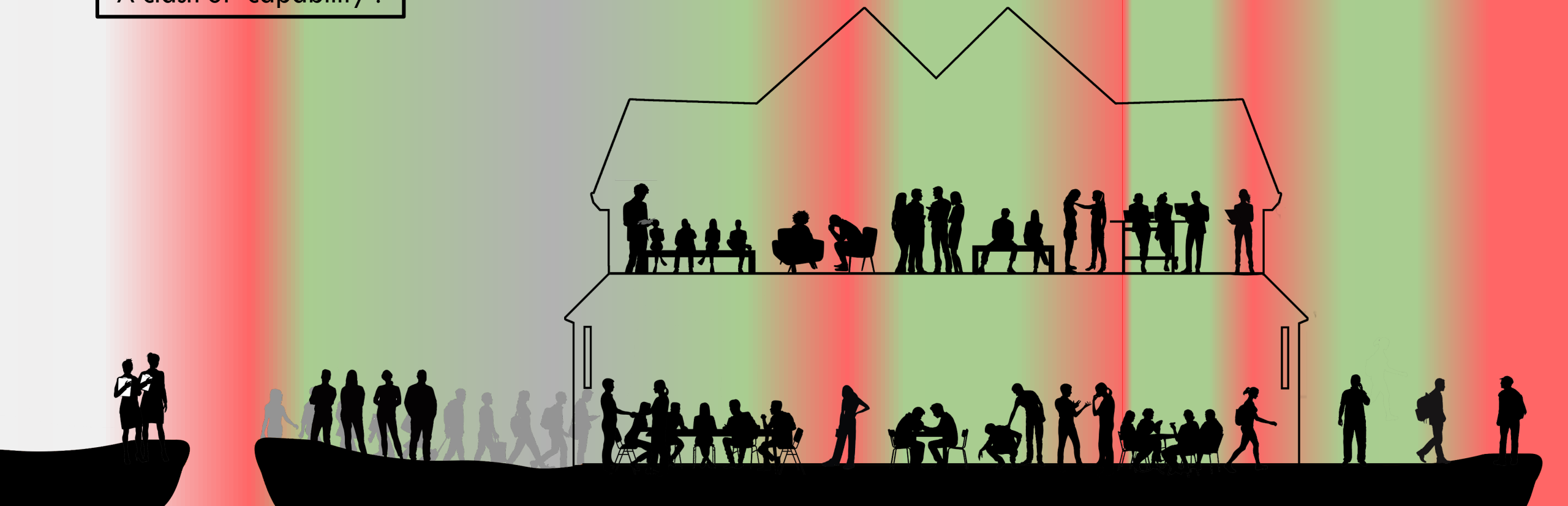


Barriers, facilitators and **grey areas** existed at both the organisation and workforce level, and revealed four themes.



Theme 1

ORGANISATIONAL AUDIT STANDARDS: A clash of 'capability'?



ORGANISATIONAL AUDIT STANDARDS:

BARRIER: Systemic gaps limit the feasibility of a 'medical' approach

Audit standards were based on a medical model of care that required services to have substancial levels of support, funding and specialist mental health resources.

ORGANISATIONAL AUDIT STANDARDS:

BARRIER: Systemic gaps limit the feasibility of a 'medical' approach

However, AOD service managers and staff were in agreement that this approach wasn't feasible.

ORGANISATIONAL AUDIT STANDARDS:

BARRIER: Systemic gaps limit the feasibility of a 'medical' approach

This was due to a combination of needing more support from mental health services…

"*We had to get a letter off the Minister at one point to say we fit in this LHD…because everyone was arguing we didn't fit.*"
– Service manager, Service #3

ORGANISATIONAL AUDIT STANDARDS:

BARRIER: Systemic gaps limit the feasibility of a 'medical' approach

More funding…

"*Again, lots of things cost money and* [our clients] *don't have it. They're the most vulnerable, and people without the financial support. Often supports like that are expensive.*"
– Service manager, Service #1

ORGANISATIONAL AUDIT STANDARDS:

BARRIER: Systemic gaps limit the feasibility of a 'medical' approach

…and more guidance for treatment approaches.

"*I've spent a lot of my time thinking about that. Even at all the other places I worked at, there was no standardised treatment; everyone was just stabbing in the dark…*"
– Service manager, Service #2

ORGANISATIONAL AUDIT STANDARDS:

FACILITATOR: 'It's up to us': loving them back to life

In contrast to the 'medical model' of the audit standards, AOD services prioritised a holistic approach.

"*Yes, it's just person-centred…Loving them back to life, hopefully.*"
– Staff member #2, Service #1

ORGANISATIONAL AUDIT STANDARDS:

FACILITATOR: 'It's up to us': loving them back to life

This holistic approach was supported by a strong therapeutic alliance…

"*A lot of the time when people access services, there's a huge chasm between the person walking in the door and the person behind the desk…People aren't going to make changes based on what I say unless they trust me as a person, and trust is earned. So I'll work on that, work to build a relationship with someone.*"
– Staff member #2, Service #4

ORGANISATIONAL AUDIT STANDARDS:

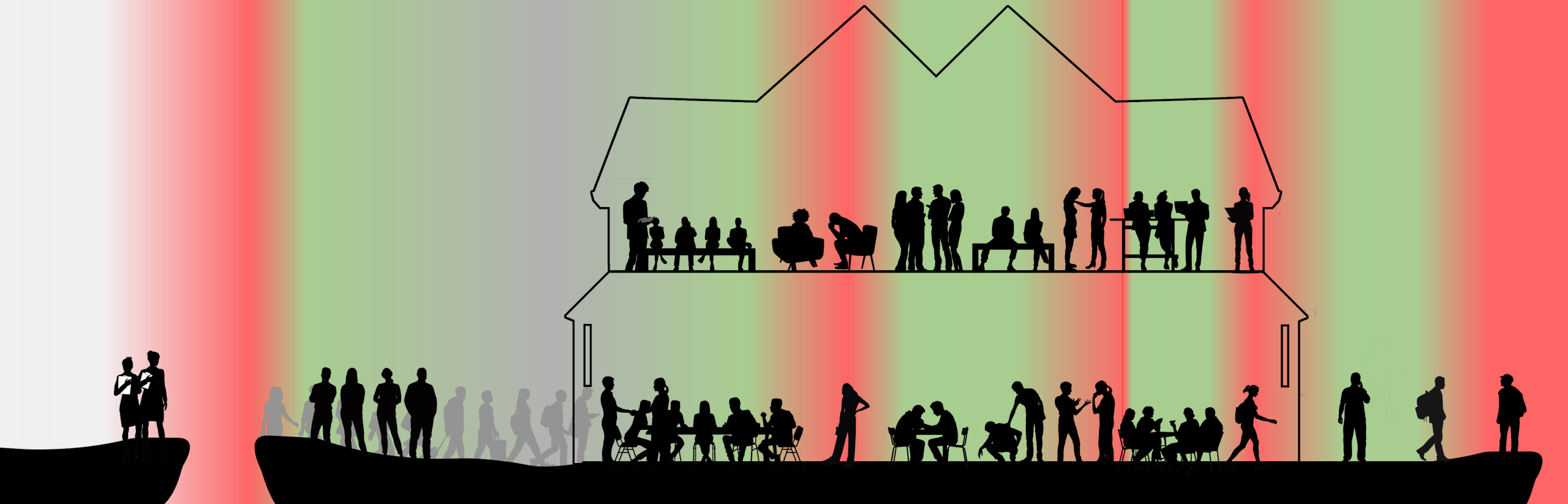
FACILITATOR: 'It's up to us': loving them back to life

…and client-centred treatment planning.

"I came in here with no goals or any idea what I'm doing or what I'm going to do and now I have a lot more of a solid idea of what I want to do outside of here in terms of my mental health and going over that with my counsellor. We set down our goals, our values." – Client #2, Service #3

Theme 2

INTAKE: No wrong door vs work within capacity

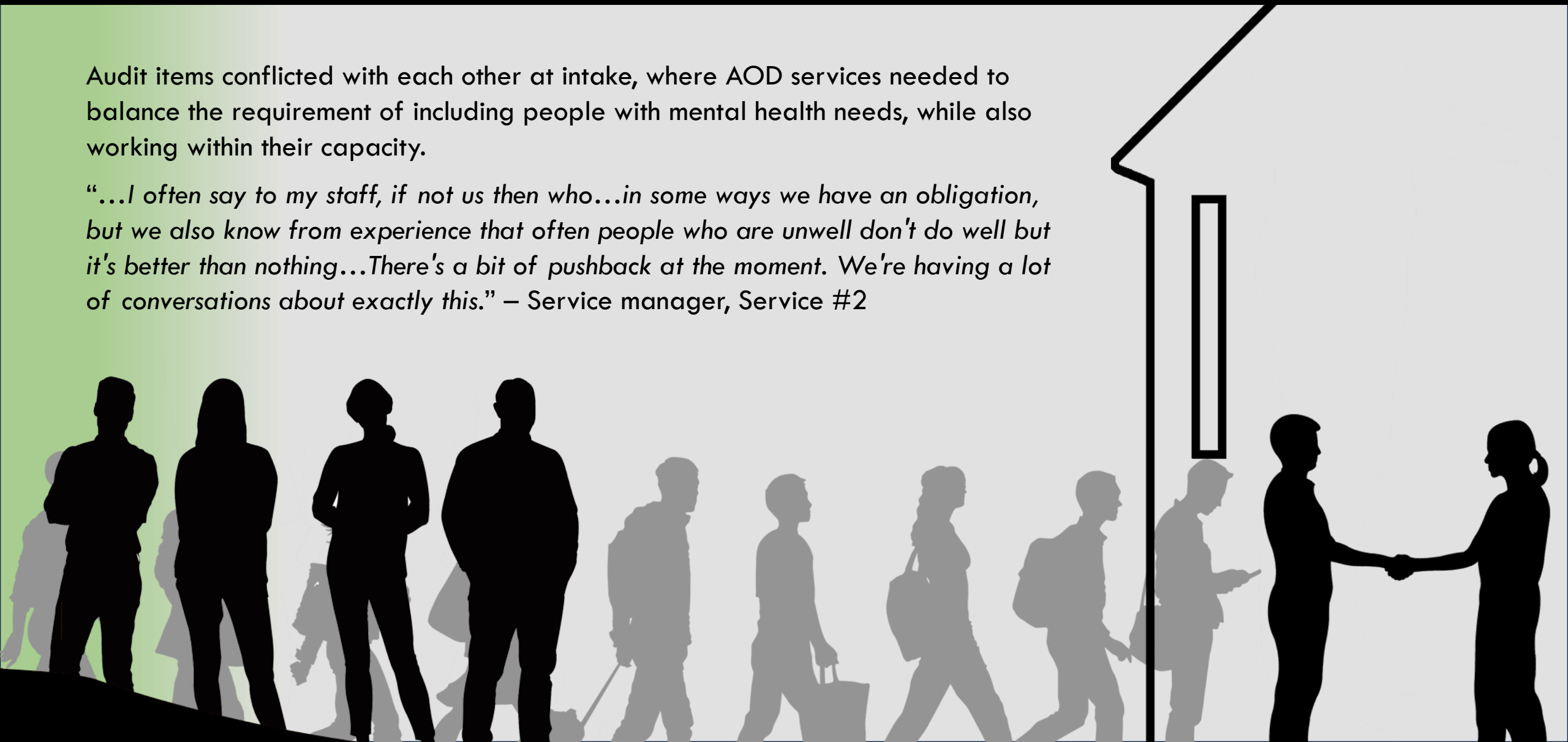


INTAKE

GREY AREA: No wrong door vs work within capacity

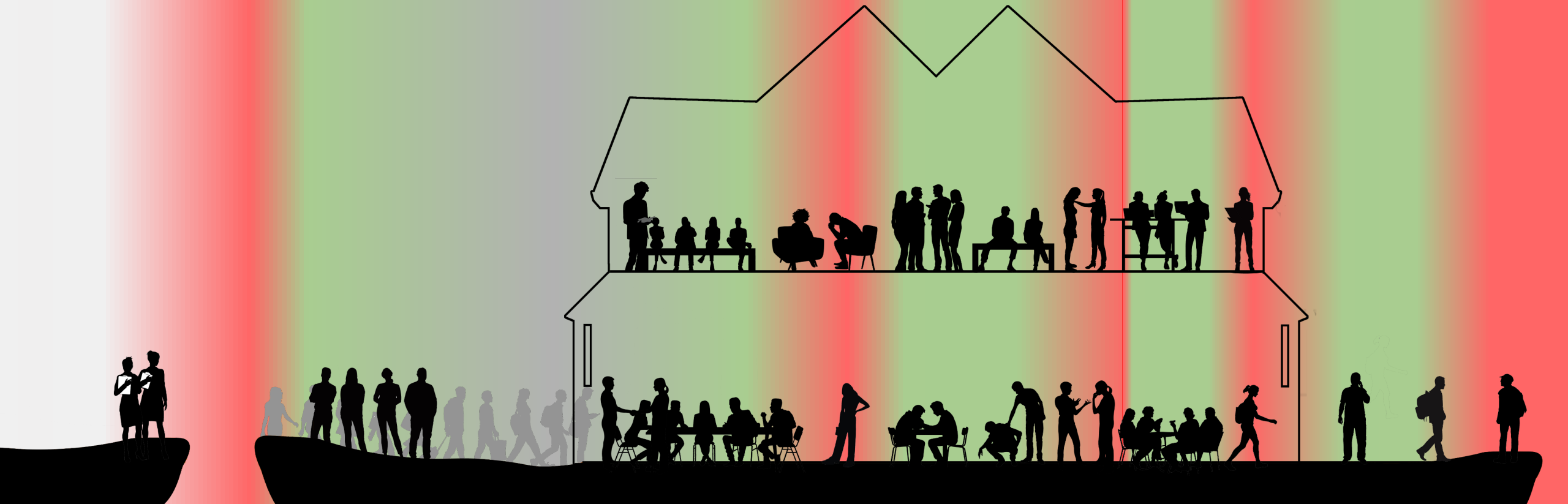
Audit items conflicted with each other at intake, where AOD services needed to balance the requirement of including people with mental health needs, while also working within their capacity.

"*…I often say to my staff, if not us then who…in some ways we have an obligation, but we also know from experience that often people who are unwell don't do well but it's better than nothing…There's a bit of pushback at the moment. We're having a lot of conversations about exactly this.*" – Service manager, Service #2



Theme 3

IN PRACTICE: Love is a battlefield



IN PRACTICE: Love is a battlefield

ORGANISATION LEVEL FACILITATORS

‘co-occurring conditions are a core part of business as usual…’

“*We like to do everything as a team. No one person has the responsibility solely to make sure* [the client] *succeeds because the way our service is set up is that it's 24/7 rotation. There's always going to be someone else here to meet the need of* [the client].”
– Staff #3, Service #1

ORGANISATION LEVEL BARRIERS

‘…but business as usual means burnout.’

“*It ebbs and flows…Love, kindness, compassion, tolerance, patience, wisdom, all the elements that makes something whole, whilst they’re present, anything can happen here. Whenever those things are compromised, this place can fall to ruin.*”
– Staff #3, Service #2

IN PRACTICE: Love is a battlefield

TREATMENT LEVEL FACILITATORS

‘co-occurring conditions are a core part of treatment…’

“I heard it and I was like, ‘Emotional regulation. Okay, that makes sense. How the hell do I do that?’…I’ve gotten to understand way more about my own mental health…we learn so much of that kind of stuff in group…And there’s all these other worksheets that go with the treatment plan that you can read to go with it.”
– Client #2, Service #2

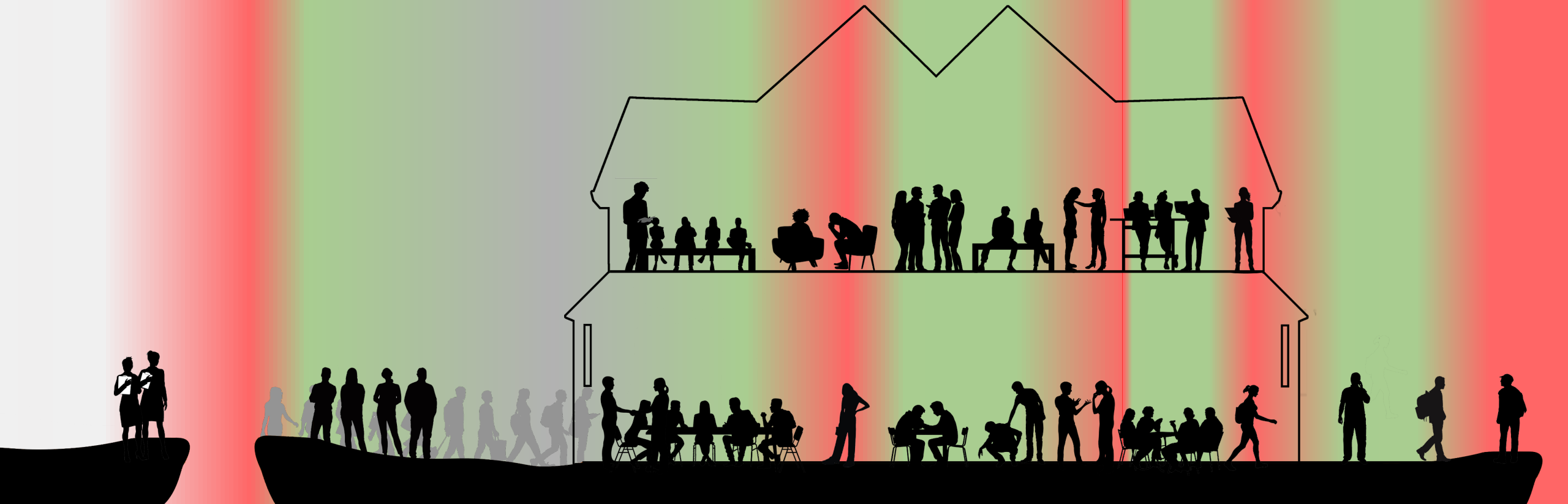
TREATMENT LEVEL BARRIERS

‘…but we just can’t help everyone.’

“…they need just…more counsellors or psychologists than what they’ve got, just the one…the access to the mental health support on those tough days could be really hard…there’s some people who’ll act out…they will get the attention…It was like the squeaky door’s going to get the oil.”
– Client #3, Service #2

Theme 4

AFTER TREATMENT:
Back to cracks?



AFTER TREATMENT: Back to cracks

FACILITATOR: Gone but not forgotten

The availability of aftercare or re-accessing care supported recovery…

"*I can always ring* [staff member] *if I get depressed or something, or having trouble trying to deal with something. I know the support network here is still there whenever I need it.*"
– Client #1, Service #4

AFTER TREATMENT: Back to cracks

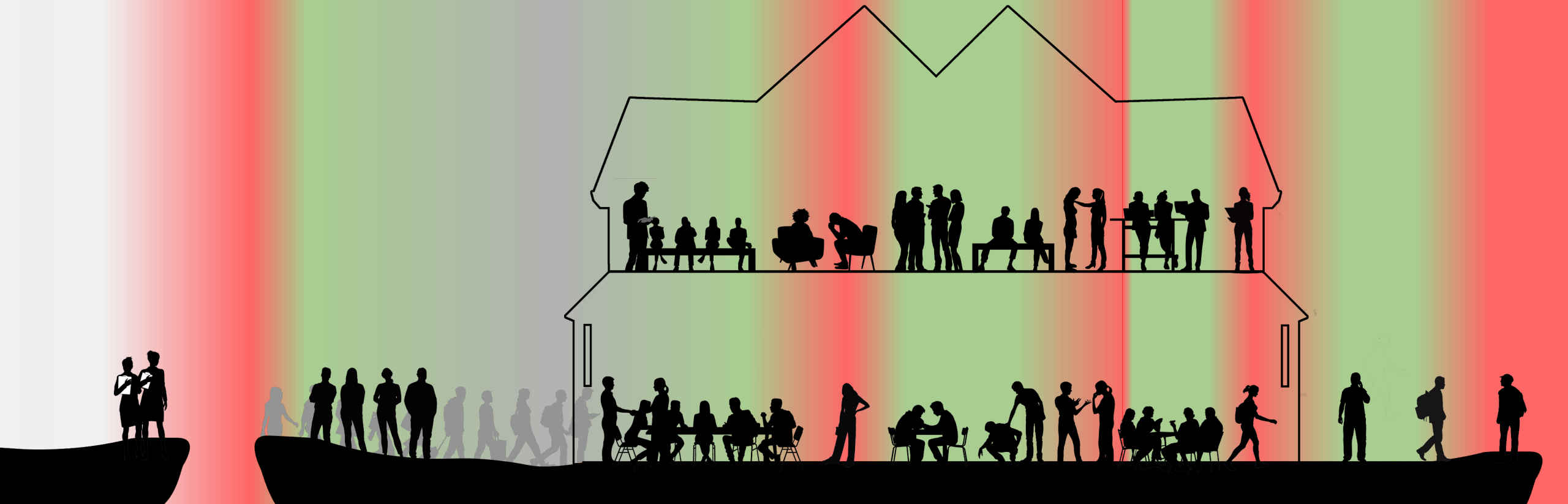
BARRIER: 'Recovery is left to me.'

…but when this wasn't available, clients or loved ones were responsible for continuity of care.

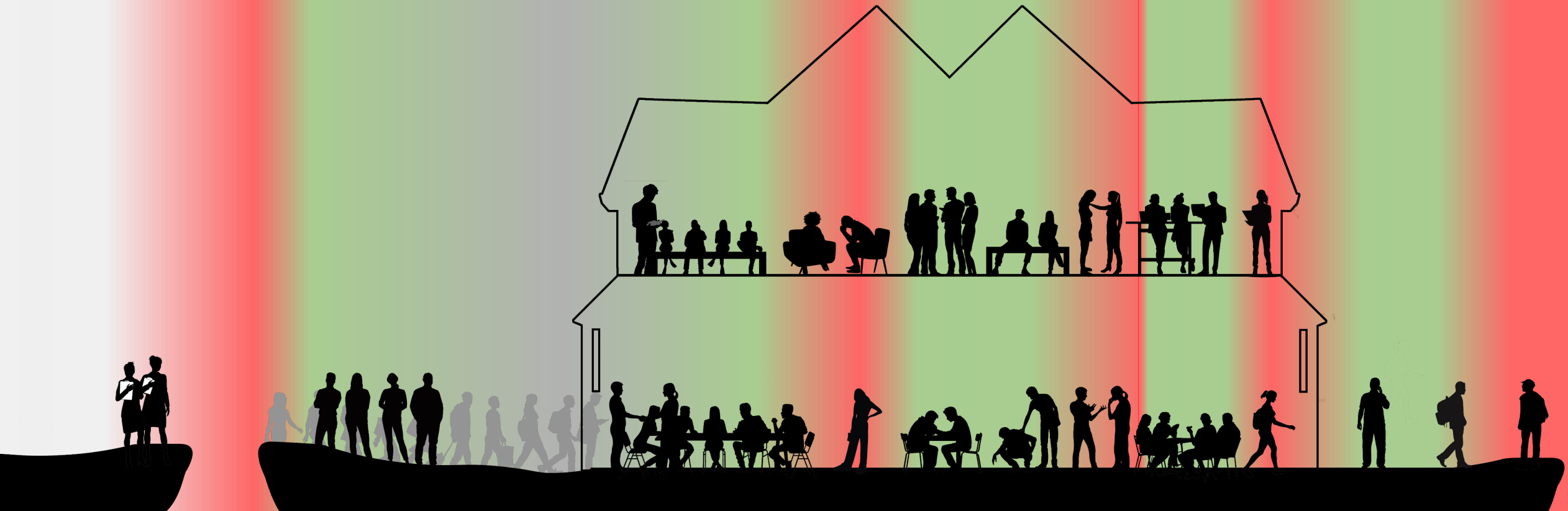
"…when he leaves there, we're all going to be terrified…I mean we're not therapists. We try as hard as we can…I just feel like, if we had ways of contacting people that could help, or if we were told, 'This is what needs to be done, etc etc,' we could have helped a bit more."

– Loved one #2, Service #2

So what does this mean?



Our thematic analysis showed that AOD services are both striving and struggling to implement audit standards, and **many barriers were systemic and outside of their control.**

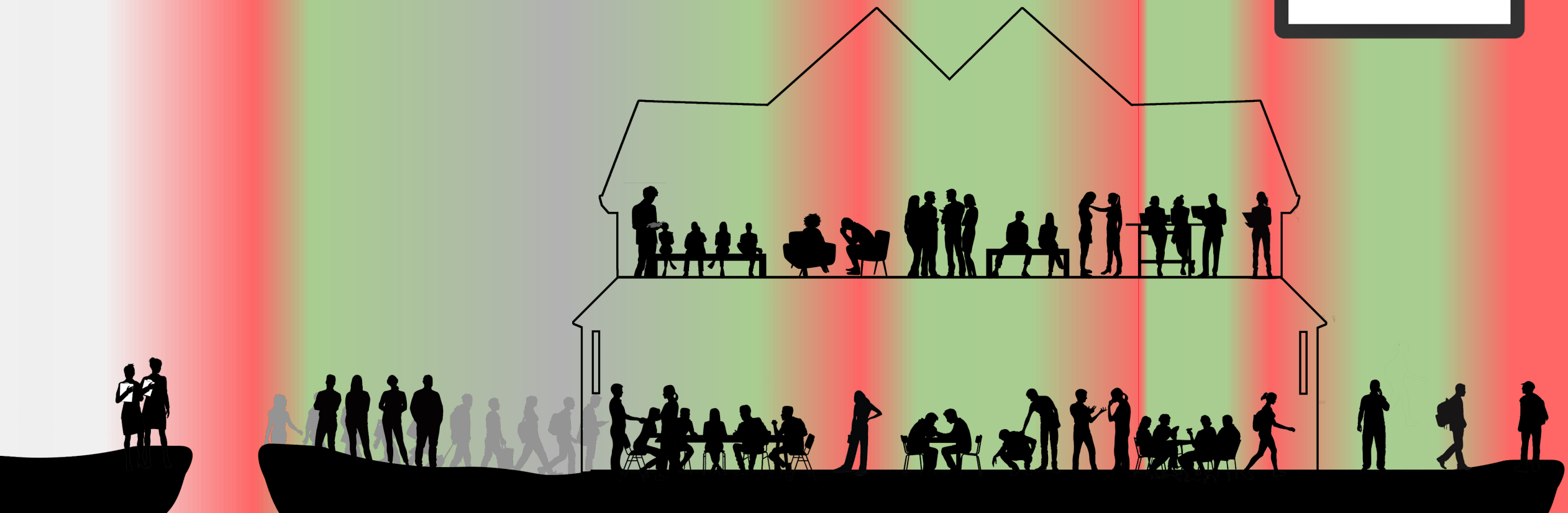


Is it helpful to measure AOD service's organisational capability for mental health needs using a treatment standard that requires substancial funding, time and resources?

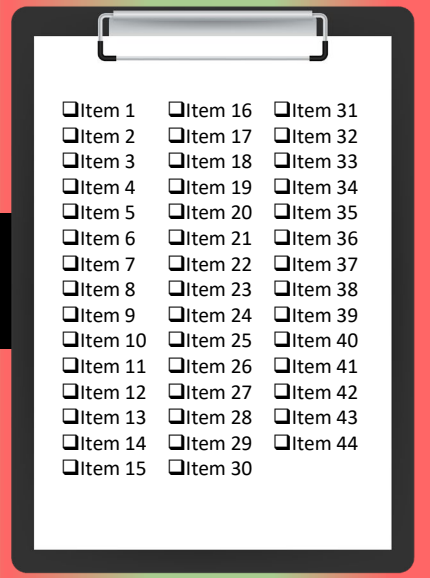
❑**Item 8:** Psychiatrist

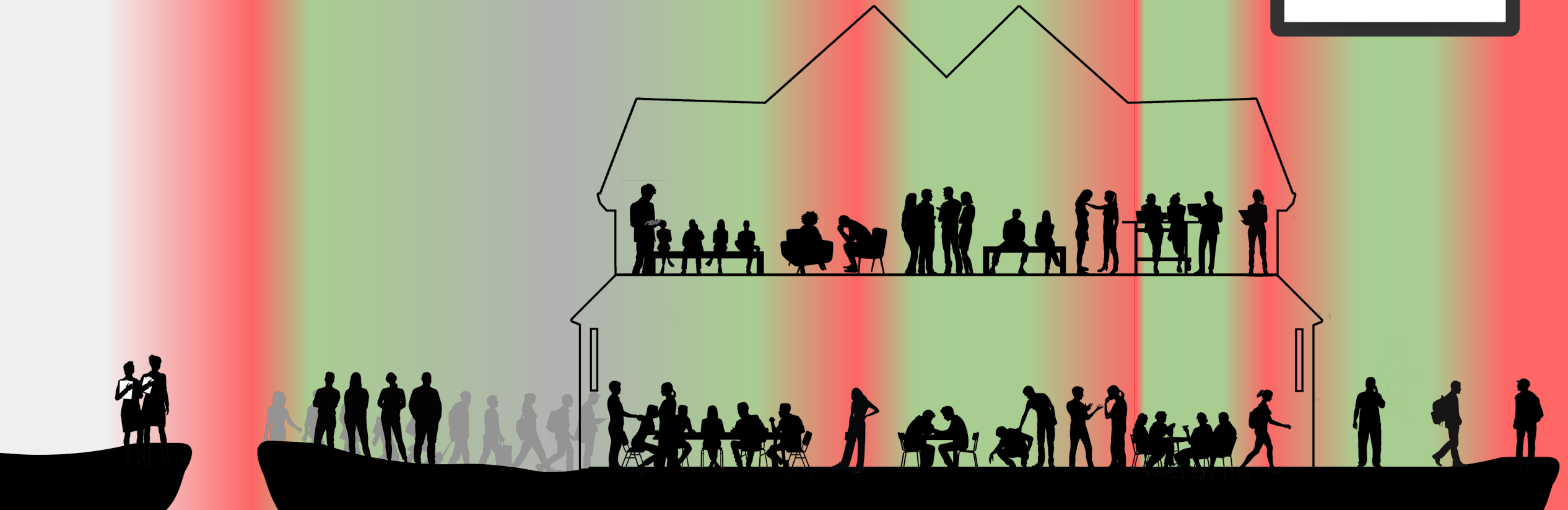
❑**Item 38:** 50% of staff licensed mental health professionals

HIGH SCORE = $$$

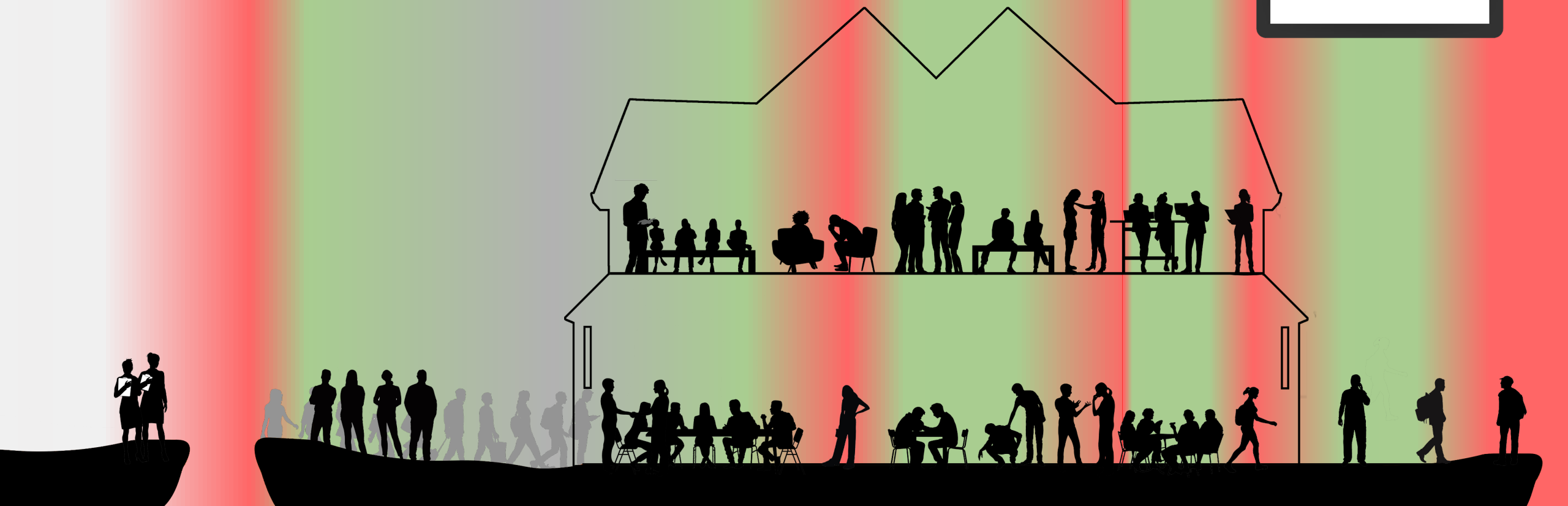


Another limitation of audit tools like the DDCAT is that all items are equally weighted toward the total audit score.

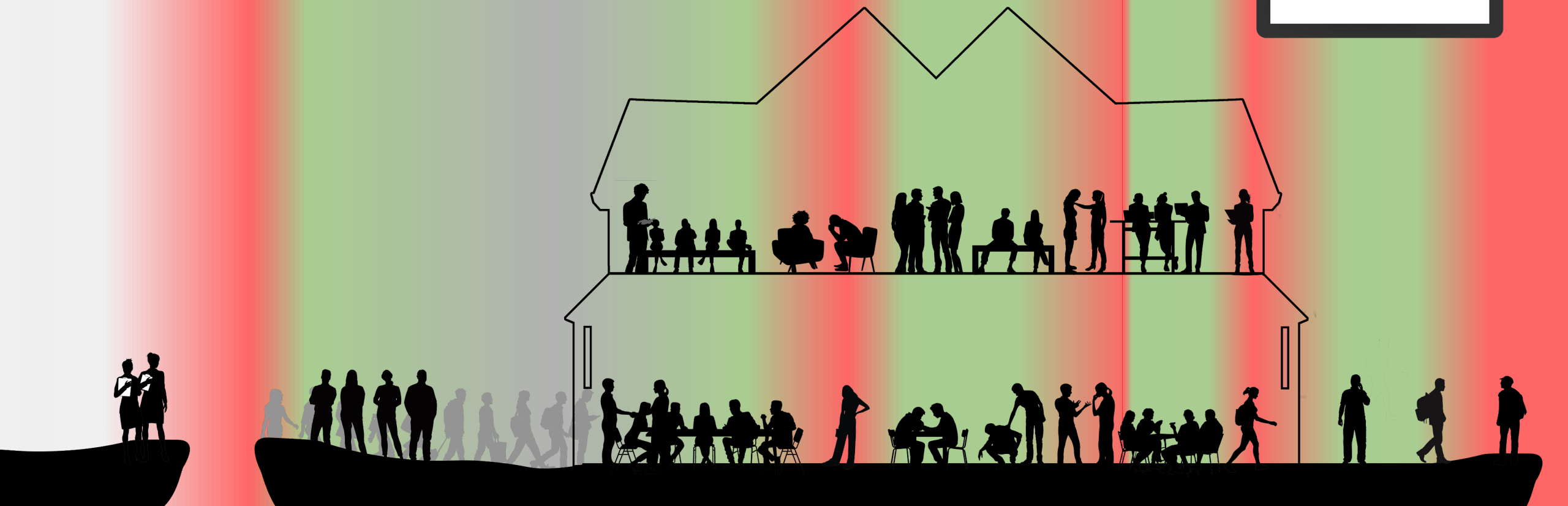




What if the criteria AOD services scored highly on contribute more to treatment outcomes? The relative impact of the DDCAT's 'medical model' approach and AOD services' holistic, client-centered approach on treatment outcomes is unclear.



As such, when using audit tools like the DDCAT, the true organisational capability of AOD services for co-occurring mental health needs is somewhat unknown.



New measures of organisational capability are needed that acknowledge systemic barriers, the strengths of a holistic, client-centered approach to care, and align with treatment outcome measures.

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Disclosure of interest

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