

Identifying Barriers to Opioid Pharmacotherapy Delivery in Mental Health Services in Victoria

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Introduction: Traditionally opioid agonist treatment (OAT) has been provided in Victoria by primary care or specialist addiction services. Numerous barriers for clients with co-occurring mental illness and substance use have been reported when accessing OAT. These barriers have not been systematically evaluated. This project aimed to conduct an anonymous online survey to document current OAT practice in Victorian Area Mental Health and Wellbeing Services (AMHWBS) and identify opportunities for additional resources to support access for consumers with co-occurring conditions.

Methods: An online, anonymous survey was developed and distributed via weblink to Victorian AMHWBS managers and clinicians, including lived experience workers, familiar with OAT provision in their service. Ethics approval was granted by Eastern Health Human Research Ethics Committee. The primary aim was to describe current workforce practices for OAT provision in Victorian AMHWBS. Descriptive analysis was undertaken of demographics and service characteristics. Qualitative responses were categorised thematically.

Key Findings: 132 survey responses were received. Of these, 103 were from eligible AMHWBS and sufficiently complete for analysis; with varying levels of missing data for response types. 79 respondents (76.7%) worked at metropolitan AMHWBS. Respondents worked in inpatient (23.3%), outpatient (26.2%) and mixed services (25.2%). 63 (61.8%) respondents had experience providing OAT. Barriers to OAT provision were reported more frequently in inpatient (47%) versus community services (40%). However, the key barriers identified were similar in both contexts, including prescriber and pharmacy access and a lack of staff training.

Discussions and Conclusions: This survey provided an initial snapshot of OAT practice in Victorian AMHWBS. Being both voluntary and anonymous, it may not be a true reflection of practice in all Victorian AMHWBS. The incomplete responses may reflect a lack of detailed knowledge about OAT provision in AMHWBS and an opportunity for further research. It has identified the opportunity for further resource development to reduce OAT access barriers.

Implications for Practice or Policy: This survey identified training and resource needs for Victorian AMHWBS to develop capability and capacity in OAT provision for clients with co-occurring conditions. Hamilton Centre, the Victorian Statewide Service for Addiction and Mental Health, intends to work with services to develop resources to fulfill this need.

Disclosure of Interest Statement: *This survey activity was undertaken as part of the Hamilton Centre, funded by the Victorian State Department of Health.*