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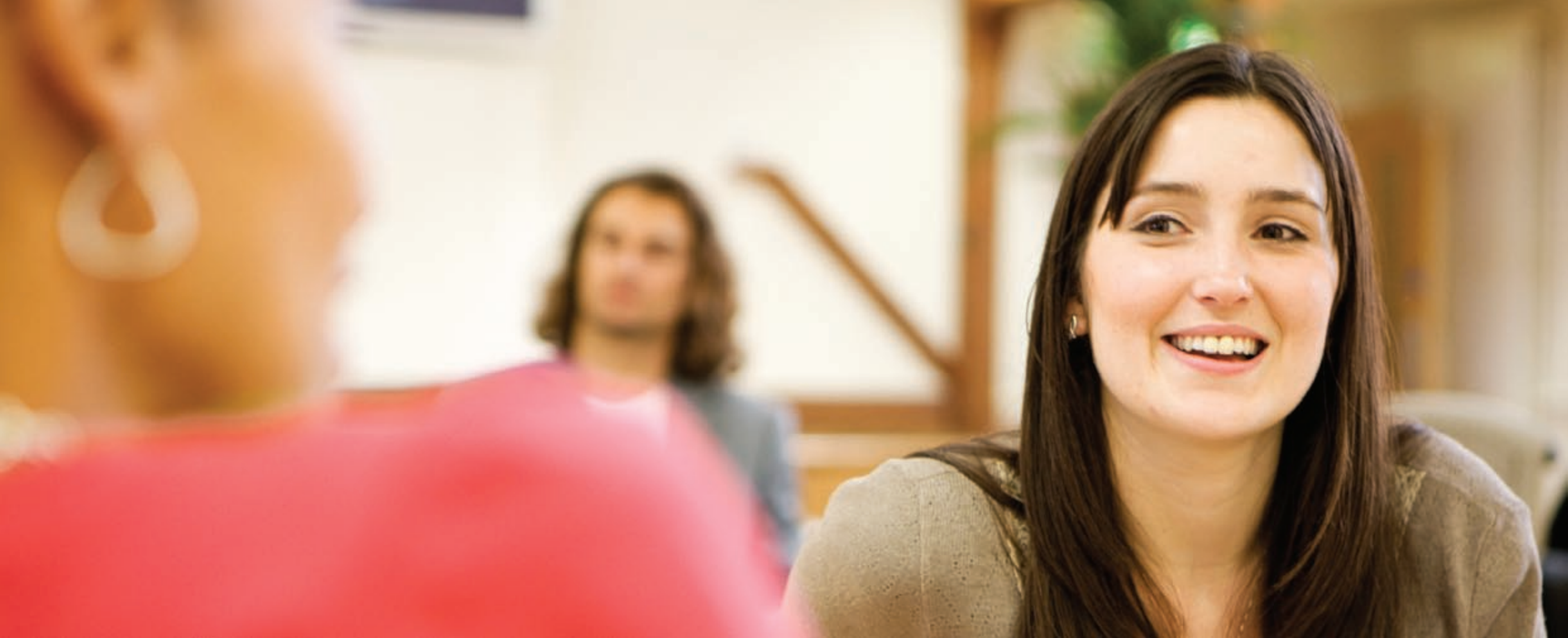
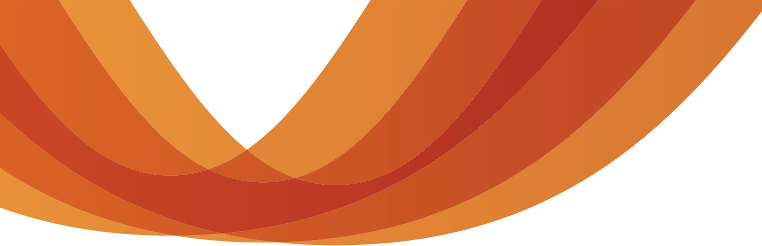


Comorbidity Capacity Building Toolkit



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Acknowledgement

WANADA would like to acknowledge the contribution of participating Improved Services Initiative (ISI) agencies for their valuable input in providing content for the resource. The development of the resource has been supported with funding through the ISI, a project funded by the Department of Health and Ageing.

WANADA staff acknowledge Aboriginal and Torres Strait Islander people as the Traditional Custodians of this country and its waters. WANADA staff wish to pay their respect to Elders past and present and extend this to all Aboriginal people reading this message.

WANADA Comorbidity Capacity Building Toolkit

For many years, the Western Australian Alcohol and Other Drug (AOD) sector has provided alcohol and drug consumers with services to meet their complex needs.

The National Improved Services Initiative (ISI), funded by the Commonwealth Department of Health and Ageing (DoHA) has dedicated funding to the Non Government Organisation (NGO) AOD sector since 2008. These funds were principally designed to build service capacity, so that the sector could respond more effectively to AOD consumers with mental health issues.

There are many ways services can build capacity to meet their consumers' needs; however the ISI grant recipients concentrated on five key activities –

- review, develop and implement policies and procedures around working with consumers with complex needs
- build skills, confidence and competence in staff through professional development and training
- develop and build on linkages and partnerships with the wider health, social and community sectors
- embed quality improvement process and systems which allow organisations to systematically review and improve their services
- develop and review effective data collection mechanisms.

Piloting the partnership model

Some WA ISI grant recipients chose to use a consortia model to pioneer comorbidity centred partnerships among AOD services. Learnings from this model were used to assist in developing formal partnerships with mental health services.

In a bid to support as much of the NGO AOD sector as possible, 30 AOD agencies were engaged in capacity building projects, but while this consortia approach was unique to WA, it only represented about one third of the state's NGO AOD sector receiving funding from the ISI.

Service consortiums varied from relatively large to small collectives, with some based around consumer or service types such as women, youth, non-residential and residential metropolitan rehabilitation services.

Other consortiums were formed around services within a particular region, for example, local Aboriginal Community Controlled organisations; or services across a number of regions managed by one organisation, as well as individual organisation grant recipients.

WANADA Comorbidity Capacity Building Toolkit Cont.

Toolkit content

The WANADA Comorbidity Capacity Building Toolkit is based on the knowledge gained throughout the ISI project and aims to provide guidance for other WA AOD services planning to undertake capacity building initiatives.

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The Consortium and Collaboration Model

What is the consortium and collaboration model?

In WA the ISI project was informed and driven primarily by the consortium model, that is agencies of a similar service type who work together and are lead by an identified lead agency to achieve project outcomes.

All ISI project objectives were achieved through the use of this model. However not all ISI grant recipients in WA used the consortium model. Feedback from services participating in the ISI project identified some key benefits to utilising the consortium model:

> ***"Survival of the sector relies on a sector wide approach. Consortia model is the way to go for service survival. We needed a different mind set, a change from competition to partnering. The consortium model helped us to work toward this."***

Service provider, 2010 November ISI Consultation Forum

The consortium models sector wide impact

- Raised the awareness of services working together in a different way, as a sector for the benefit of the sector. Involvement in the consortium model assisted ISI services to focus on the future of not only the individual service but also the future of the sector as a whole.
- Supported the growth of the sector through raising the profile of the small services and increasing shared knowledge about what others were doing.
- Increased the accessibility of the funds to a wider reach of the sector, rather than just pockets of agencies getting all the funds.
- Increased the opportunities for services to partner with other agencies and brought parties together.

ISI participants found the partnering process increased both the credibility and exposure of the services.

Consortium models add value

- Increasing sector learning and enhanced understanding as a result of sharing knowledge, skills and resources.
- Implementing diverse and effective training which led to significant skills development across the sector. Sharing expertise and increased sector learning, has brought a greater level of professionalism to the workforce.
- Increasing services' capability and introducing more resources into the sector.

Consortium models and sector change management

> ***"The whole sector working together in a different way"***

Service provider, 2010 November ISI Consultation Forum

Hints and tips for developing and maintaining a consortium as reported by ISI consortium participants or lead agencies.

- Any change raises challenges to be overcome. Primary among these is the resistance to change. Effective change management requires creating a vision, developing support and preparation.
- Planning for a consortium should incorporate time for relationship building between consortium members.
- It is important to commence a consortium model project with clearly defined roles, objectives, processes, outcomes, communication protocols and pathways.
- Smaller consortium groups were found to be more effective.
- To successfully facilitate process and avoid duplication, it is important that a well-positioned organisation be the supportive change agent for or within the consortium.

Partnerships and Linkages

Partnerships and linkages with the wider health, social and community support systems are vital to extending the capacity of AOD services. This was emphasised by the services involved with the ISI. The building of partnerships enables services to ensure the individual needs of their consumers are better met, with improved referrals, through-care, shared care, case management and better awareness of what support consumers will be receiving from partner organisations. This ultimately results in a holistic service approach, addressing more than AOD issues. Partner organisations from the wider health, social and community sectors are therefore supported to have more confidence when working with their consumers that have AOD issues.

It's all about the relationship

Services involved in developing partnerships consistently agreed the key to successful partnerships is the relationship itself. ISI services found investing time in the relationships was worthwhile and had an immeasureable impact on the success of the partnership and the resultant outcomes for consumers. Services acknowledged resources, including time, need to be allocated to the building and maintaining of partnerships.

Partnerhsips planning was assisted by adopting the **plan, do, check, act** continuous quality improvement process. Before even commencing the planning phase services found it useful to spend time defining the scope of the service they provide compared to the needs of their consumers. The scoping activity assisted them to identify service gaps that might be addressed through partnering with another service. This enabled the services to then clearly define the benefits of each partnership that would complement their current services.

Key considerations for planning a partnership

- What could be our common goal for consumer outcomes?
- What's in it for us? What's in it for them?
- What resources are needed to support an effective working relationship?
- What resources do we/they have to support building the relationship between our services?
- How can we initiate support for the partnership from all levels of the services?
- How will we maintain the relationship even with staff turnover (e.g. does this require a review of staff induction, job descriptions, handover policies etc.)?
- Is there a need for a dedicated staff member(s) to develop and maintain this partnership?
- Are there networking activities that could support stronger relationships?
- Do we formalise the partnership – e.g. through a Memorandum of Understanding/Partnership Agreement?

Developing relationships

While services were developing relationships, key areas of consideration were identified. Some of these arose out of the understandings taken from the partnership process and the barriers that they may have encountered. To reduce the impact of the barriers services fostered approaches that fell into broad clusters under the headings of respect, equity and communication.

Key considerations for organisations developing partnerships

Respect

- Be aware of service boundaries.
- Consider your service "culture" and that of the services you are wanting to partner with.

Equity

- It's important to give and take.
- Embrace and celebrate change.

Open and positive communication

- Be clear around goals and expectations of the partnership.
- Consider using new and emerging information and communication technologies to support relationship development.

Maintaining relationships

Ideally ISI services ensured that they had mechanisms in place to measure the impact or outcome of a partnership. This enabled them to modify and improve the partnership.

Key considerations for reviewing partnerships

- Are the goals and expectations of the partnership clear?
- Do the partner services relate with respect, equity and open communication?
- Is there support at all levels of the services for the development of partnerships and linkages?
- Has the partnership been supported by the relevant staff?
- Has staff turnover impacted on the partnership?
- Is there a need for formalising the partnership?
- Are there adequate resources to maintain the partnership?
- Do the partner services regularly network to support staff relationship development?
- Has the partnership resulted in improved outcomes for consumers?
- What improvements could be made to enhance the effectiveness of the partnership?

"Perseverance and consistency are important"

"It is important to acknowledge the time and effort required in establishing and maintaining a relationship and also at times the difficulties that may be faced"

"A key message – don't give up..."

ISI Project Participants

Partnerships and Linkages - An ISI Service Case Study

"Our expertise is working with AOD; our strength is in the relationships we foster."

Background

The manager of Holyoake's Northam Wheatbelt Community Drug Service Team (WCDST) wanted to provide a better service for their many clients with co-occurring mental health concerns. He recognised that in order to do this, they needed to develop a positive working relationship with Northam's mental health services.

The following 2010 case study was recorded by the WCDST manager at that time.

Some of Holyoake's issues had included limited resources, staff retention and turnover. The service recognised that forming a partnership with a local mental health service would need to address these areas of concern in order for both partners to benefit.

Holyoake focused on –

- developing a great service model that better meets the needs of clients experiencing co-occurring substance use and mental health issues
- client management across partner services
- sharing some resources
- up-skilling both services' teams
- learning to use the expertise in other services
- measuring what we know and being able to measure change
- reviewing the progress and the effectiveness of the partnership.

'Planning is key...'

The approach taken by the WCDST was to first recognise the limitations of our resources and the service we can provide within those limitations. We thought it was important to be able to define what we currently do, what we would like to do, and the training and other changes needed to achieve our new goals, including building relationships with other services. The overall purpose of this was for better outcomes for our clients.

"Planning partnerships is key. If you take the approach that if 20% is planned and 80% is random, the relationship might survive but it won't flourish under those conditions."

Holyoake identified specific staff members who would be involved in the partnership. They received training on dual diagnosis and support to develop the partnership with the mental health service.

"We recognised we needed to spend time defining our role otherwise we would become involved in a lot of different areas that didn't relate to our business."

Healthy relationships

When considering the elements of a healthy relationship Holyoake recognised that there were many different things involved. They acknowledged that what was mainly needed was two people making contact and wanting to develop the relationship.

"Beyond that we needed some good ways of measuring how the relationship would grow and involve staff in the partnership. There also has to be a very strong desire from both service managers to close the gap for clients, and demonstrate the advantages of the partnership to staff. Managers really need to be involved in the process and need to create buy-in.

Getting teams together was the first thing. Getting them talking to each other was next, and then building on that relationship and providing an environment for those relationships to flourish was one way we found to maintain the relationship."

Holyoake WCDST recognised it had an approach to partnerships that might be seen as unconventional. They invited other local services over for a BBQ. This created an environment where staff were able to informally talk and share experiences. Or staff from each of the services would walk across the road and have a yarn and coffee.

Other elements of the partnership that assisted the WCDST and mental health services to develop their relationship included an agreement for open communication, confidentiality, shared care guidelines, modelling best practice in shared care, and looking at training between the teams.

"We needed to recognise the limitations of resources for both agencies, so that we each had realistic expectations and were clear about each service's role."

Agreement on a screening tool that could be used by both services was found to be beneficial as each service informed the other of the language they adopted when using the tools and provided education or training for the staff in their use.

Both agencies found that using a common screening tool gave them a good framework when discussing their consumers. Staff were better positioned to be able to articulate their observations and understood the scores or levels of consumer assessment a lot more clearly.

There was an increase in the level of confidence in each other's professional judgement. The progress of the agreement of a common screening tool had ensured that AOD wasn't being looked at without considering mental health; treating both disorders concurrently to bring about a better outcome for the consumer.

The working relationship between staff members functioned really well and outcomes for the consumers improved. Comments from WCDST staff indicated the key elements for having a healthy relationship were established through the teams getting together, networking amongst each other and slowly building relationships over time. Building partnership takes time and effort.

Partnerships and Linkages - An ISI Service Case Study Cont.

Maintaining the relationship

The environment for maintaining relationships had already been established and regular contact with each other resulted in increased confidence with each other's services and continuing communication about their roles.

Case consultation, case management, clinical review, education and professional development are all examples of ways the WCDST and mental health agencies maintained the relationship. Getting staff to talk to each other about their clients and creating case plans which were congruent and consistent and didn't work against each other was a great outcome. Case plans were designed around creating sustainable and attainable goals for the clients.

"Mental health staff view our staff as having expertise in AOD and have a lot of faith in how our staff work and their skill base. This has been very important from both agencies."

The agencies also developed and implemented a service model and a manual that has 12 procedures or work instructions that are not only about consumer service, but also how the staff interact and liaise with each other. The manual covered things such as communication, consultation and shared care practices. A Memorandum Of Understanding (MOU) was written up and signed. Planning for the review of the MOU was incorporated into the initial MOU to ensure continuous quality improvement was maintained.

Overcoming challenges and barriers

Challenges or barriers	Ways they were overcome
Change Processes	"Expect learning pain and provide opportunities for up-skilling of staff" "Celebrate small wins – acknowledge the incremental changes, staff will see the advantages and anxiety dissipates"
Personality differences	"Focus on the key objective being to improve outcomes for the client. Keep coming back to that. Keep yourself in check - this reduces frustration around personality differences"
Manager and staff resistance	"Role model and demonstrate in your own work. Persist and persevere"

Impact for consumers

"Consumer outcomes are better as it has stopped the back and forth and the splitting of services."

AOD consumers with mental health issues now only have to tell their story to one service, and their needs are addressed or identified clearly at the first point of contact.

As an example, if a consumer comes to the WCDST and has mental health concerns that are beyond the skill level of Holyoake staff it's only a matter of a phone call and the consumer can be assessed immediately.

This is a significant improvement for these clients, whereas before they would have to wait to see the mental health triage.

The pathways created by the partnership are very good, with streamlined access to mental health and streamlined access to the WCDST. This type of service also works particularly well for clients with personality disorders.

The strong relationship between the agencies and the respect for each other among the staff are clear benefits and positive outcomes for the consumers.

Quotes from Northam Holyoake manager

Consumer Participation

Listening to the consumer and engaging with the community

Organisations involved in the ISI project agreed that a central part of planning and developing a quality service is primarily achieved by focusing on engaging consumers at all levels within the organisation.

This will ensure that the service is meeting the needs of the consumers as effectively as possible.

Levels of engagement

A variety of different and successful approaches to involving consumers were identified by ISI services. These included –

- collecting and collating regular/standardised individual consumer outcome feedback within the organisation to assess the benefit to the consumers of the service provided
- embedding regular consumer satisfaction surveys to assess, for example, the relationship between the consumer and the staff/organisation and consumer accessibility to the service
- developing collaborative treatment plans with each consumer embedding routine data collection in the service in order to inform program gaps and development needs. The ISI participants also identified data that needed to be collected to inform their comorbidity service approach
- holding regular consumer focus groups to inform program planning
- involving consumers in peer based service provision
- supporting consumer participation in organisation decision making structures for example:
    - reviewing organisational policies and procedures
    - participating in strategic and other planning days
    - contributing to the identification of service gaps and thus informing funding submissions
    - informing staff recruitment panels
    - participating on the Board of Management
    - involving consumers in peer review.

Consumer engagement was identified as supporting services to review and adapt their practices to meet the needs of people with complex issues.

Consumer Participation Cont.

Community engagement

Organisations participating in the ISI recognised the importance of services having a good understanding of why consumers with comorbidity concerns chose to access, or come to their service in the first place. Acquiring this understanding requires the service to engage with not just consumers who access their service, but also with the broader community.

Activities found useful when engaging the community.

- Gaining an awareness of existing community groups in order to identify opportunities for feedback on community perception and expectation of the service, its achievements and gaps.
- Having community representatives on reference groups including population specific groups to inform planning, engage the community, networking and scheduling regular forums to promote and showcase the service.
- Holding or being involved in community events such as open days.
- Encouraging visits from other community services.
- Conducting community surveys.
- Acknowledging carers and families as being a member of the consumer and community voice/representation by holding family forums.

Maintaining consumer participation

Where organisations have been able to sustain meaningful consumer involvement there has generally been a formalised organisational process to support their participation.

ISI services identified examples including –

- procedures to support consumers understanding of what happens with the information they provide. Consumers are more likely to participate if they feel the information they've provided will be respectfully used
- paying for consumers' decision making and input
- making consumer participation a routine component of continuous quality improvement. For example, considering forming a consumer quality improvement group.

> ***"It is only by valuing consumers participation that they will continue to participate"***

Quote taken from a participant at the ISI consultation forum Nov 2010

Workforce Development

One ISI objective was to develop workplace skills to enhance staff competence and raise their confidence when working with individuals, family members and communities affected by AOD and co-occurring mental health issues. All ISI service workers recognised that a systemic approach to workforce development was vital to achieving this objective.

The National Centre for Education and Training on Addiction (NCETA) defines Workforce Development as

> ***"...a multi-faceted, systemic approach to building the capacity and sustainability of the AOD workforce."*** [1]

ISI organisations acknowledged that knowing their community, their consumers' needs and their current and future service direction is crucial in supporting internal workforce development activities.

Aligning with NCETA's approach, the organisations focused on three key areas of workforce development –

Individual development

- training for staff with the view to identifying core competencies as a minimum
- supporting the practical application of relevant training in the workplace
- supporting team development through knowledge and skills transfer and maintenance.

Organisational development

- ensuring workforce sustainability, including remuneration, career pathways and staff wellbeing
- providing supervision and mentoring opportunities
- workforce mapping to identify skills and knowledge gaps and subsequently better meet consumer and the community needs
- developing workforce policies and procedures to assess staff roles relative to the service's desired capability to meet specific needs, e.g. the Dual Diagnosis Capability in Addiction Treatment Index Toolkit (DDCAT).

Systems development

- maintaining and developing partnerships and potential partnerships with a clear understanding of the organisation's own service capacity and successfully negotiating service delineation between partner organisations
- workforce planning, for example, influencing the type and level of skills and knowledge used by education institutions engaged in training future workforces
- maintaining awareness of external environmental, policy and resource dynamics and influences that may affect AOD workplace systems.

Staff core competency training requirements identified by ISI services

ISI participants found that, typically, workers in the WA AOD sector had received some AOD specific training prior to their employment. However, in general they are less confident when responding to consumers with mental health concerns.

Participants have indicated a range of strategies for addressing workforce development and the following training modules were collectively recommended for their ability to deliver core competency training requirements and improve workers confidence when working with consumers with mental health issues.

[1] Roche, A.M., Pidd, K. (2010). Alcohol & Other Drugs Workforce Development Issues and Imperatives: Setting the Scene. National Centre for Education and Training on Addiction (NCETA), Flinders University, Adelaide. ISBN: 978 1 876897 29 1

Workforce Development Cont.

National comorbidity guidelines

Guidelines on the management of co-occurring alcohol and other drug and mental health conditions in alcohol and other drug treatment settings.

These guidelines are designed to improve AOD workers' confidence & skills when working with clients with co-morbidity.

They were developed by the National Drug and Alcohol Research Centre and primarily target and assist AOD employees working in AOD treatment settings, but they are also used by other health professionals engaged with dual diagnosis patients.

The guidelines and a training package can all be downloaded from the publications section of the NDARC website at www.med.unsw.edu.au

Suicide prevention training

Studies indicate a six-fold risk of suicidality among those with alcohol dependence, compared to their peers.[2]

This training provides information relating to suicide risk assessment and suicide prevention.

Courses are generally held over 2 days

Train the Trainer courses have a longer duration 3-5 days, and requirements for continuing accreditation may apply.

One Life Gatekeeper Training

Provided through Centrecare Corporate and replacing Gatekeeper Training. Training can be tailored to organisations needs. One Life Gatekeeper Training is a comprehensive and modern approach to reducing suicidal behaviour, promoting family, school and workplace environments as avenues of social support. Information about the training can be accessed via www.centrecarecorporate.com.au

Gatekeeper Training

Originally funded through the Telethon Institute for Child Health Research. ISI participants noted that this training was good for developing staff knowledge & skills relating to suicide prevention & risk assessment. This website provides a list of qualified Gatekeeper trainers within WA. Certain criteria must be met in order for the Gatekeeper trainers to remain accredited. Visit www.ichr.uwa.edu.au

Applied Suicide Intervention Skills Training (ASIST)

Provided through LivingWorks and presented at the National ISI Forum in Adelaide as valuable training which targets caregivers who want to feel more comfortable, confident and competent in helping to prevent the immediate risk of suicide.

Over one million caregivers have participated in this two-day, highly interactive, practical, practice-oriented workshop. Access this website for further information at www.livingworks.net

[2] www.suicidepreventionaust.org accessed 2011.

Mental health training

2007 National Survey of Mental Health and Wellbeing (NSMHWB) noted a high prevalence of individuals with alcohol and other drug use disorders with mental health issues in the in the Australian general population.

The most common mental health issues among individuals with AOD use disorders are mood, anxiety and personality disorders.[3]

ISI services identified training that provides information relating to mental health issues.

There are variances in course duration and the availability of train the trainer options.

Mental Health First Aid (MHFA)

Training that can assist in early intervention and the ongoing community support of people with mental health issues. The standard course is 12 hours in duration. Courses targeting specific population groups such as Youth, and Aboriginal are also available. Instructor training (or Train the Trainer) is available and is held over 5 days.

Further information relating to these courses can be obtained through www.mhfa.com.au

Australian Integrated Mental Health Initiative (AIMHi)

Strengths based approach to Aboriginal Mental Health & Wellbeing

For further information about this package visit www.menzies.edu.au

Holyoake Education and Training Programs

Working with Co-occurring Issues – Practitioner Skills course is designed for professionals and workers in the field of counselling, community support and the mental health & AOD sectors.

Mental Health First Aid-this course provides training to give early help to people developing mental health problems and to give assistance in crisis situations. Further information available at www.holyoake.org.au

Trauma Informed Training

A variety of workshops are provided through Association for Services to Torture and Trauma Survivors (AseTTS) access the website for further information at training.asetts.org.au

Publication/Resource available through Women's Health & Family Services.

Trauma Informed Treatment Guide for Working with Women with Alcohol and Other Drug Issues. Visit www.whfs.org.au

Resilience or Mental Health Recovery training

A course designed to introduce the ideas and concepts that underpin mental health recovery practice.

A 5 day course delivered through Richmond Fellowship. Access the website for further information at www.rfwa.org.au

[3] Mills K. L, Deady M, Proudfoot H, Sannibale C, Teeson M, Mattick R, Burns L, Guidelines on the management of co-occurring alcohol and other drug and mental health conditions in alcohol and other drug treatment settings. National Drug and Alcohol Research Centre (NDARC) University of New South Wales, Sydney, Australia. ISBN: 978-0-7334-2827-2

Workforce Development Cont.

Knowledge skills transfer

ISI services found that individual worker attendance to training does not necessarily result in changed practices by the worker or by the team. As a result ISI services trialled a number of strategies to support skills and knowledge transfer for improved work practices. These strategies support a more comprehensive approach to the multi-faceted workforce development approach, promoted by NCETA.

Key strategies included –

- establishing knowledge sharing systems

  Sharing knowledge after training, this has benefits for the individual sharing because it confirms that they have reflected on what they've learnt and how it might apply specifically to their workplace. It also gives the team an opportunity to apply the new knowledge in their own practice. This knowledge sharing might be provided in "bite-size" pieces to reduce the potential for impact on current workloads of the team involved in the knowledge sharing sessions.

- requesting that all staff attending training to give a follow up presentation to the team
- conducting regular post training follow-up and/or evaluation of training's impact on clinical practice to support future training and knowledge transfer strategies
- embedding the practice of recognising and drawing on individual strengths of existing employees

  This could be achieved through supporting and encouraging the team to acknowledge individual staff member specific knowledge, skills and strengths. The action of reviewing staff strengths to inform workforce mapping or the recruitment of specific knowledge, skills or strengths which will complement the existing team is a further way of embedding this practice.

> ***"It is not unusual for many organisations to have a diverse range of workers with varying clinical skills who will often see clients with diverse and complex needs."***

Service provider, 2010 November ISI Consultation Forum

- giving consideration to employees becoming credentialed as trainers in their areas of expertise or specific core competency training

  This will provide cost efficient and sustainable core competencies in the workplace. It also supports staff job satisfaction and professional and career development. Consideration could be given to planning, budgeting and supporting of train-the-trainer participation

- supporting or coordinating collective training and information exchange with key partnership organisations

  This strategy supports partnership organisations to have an improved awareness of the mix of staff skills and expertise, leading to increased better outcomes for consumers as a result of improved referral opportunities between partners. It also creates opportunities for staff exchange/secondment in partner organisations and raise awareness of how partner organisations work with consumers

- ongoing supervision might explore the application of training to determine how it has impacted on practice
- assessing service capacity to meet the needs of specific population groups would inform priority workforce development areas or opportunities for improvement within the service
- implementing the Dual Diagnosis Capability in Addiction Treatment Index Toolkit (DDCAT) which is a specific tool for assessing a service's capacity to meet the needs of people with co-occurring AOD and mental health issues.

Screening and Assessment Tools

"Screening and assessment must allow flexibility within their formalised structures, balancing the need for consistency with the need to respond to important differences among clients." [4]

ISI services agreed that in broad terms, the AOD sector does have screening, assessment and intervention models to assist their work. They acknowledged that a flexible approach to choosing screening and assessment processes was advantageous.

When gauging the flexibility of the tools, ISI services gave significant consideration to balancing a consumer focus with documentation obligations. Managing the balance between a tool that focuses on developing a therapeutic relationship and meeting records and data collection requirements was paramount in selecting suitable tools.

ISI services affirmed it is good to have a selection or battery of tools available to meet the diversity of consumer needs. The table on the facing page highlights a selection of tools used in the screening and assessment process by ISI services.

Questions ISI services found helpful to the decision making process

- Will this tool suit the consumer's needs?
- Will this tool avoid duplication?
- Will this tool allow the consumer to tell their story just once?
- Is this an effective communication tool that supports the consumer to share their story?
- Can this tool be adapted for language, literacy and specific population groups?
- Does the paperwork involved in completing the tool detract from building a rapport with the consumer?
- Is there a balance between the information gathered by this tool for funders/reporting requirements and the treatment/intervention approach for the consumer?
- Has the tool been well researched and acknowledged as a valid tool?
- Does the tool promote confidentiality?

[4] Centre for Substance Abuse Treatment, Screening, Assessment, and Treatment Planning for Persons With Co-Occurring Disorders. COCE Overview Paper 2. DHHS Publication No. (SMA) 07-4164 Rockville, MD: Substance Abuse and Mental Health Services Administrations, 1 Choke Cherry Road, Rockville, MD 20857.

Population Group	Tool	Comment
Women	Edinburgh Post Natal Depression (EPND) Scale	
Aboriginal	Indigenous Risk Impact Screen (IRIS)	
	Australian Indigenous Mental Health Screening Instrument (AIMHi)	‣ effective strengths based approach for Aboriginal consumers ‣ a pictorial tool that may be adapted for consumers from CaLD backgrounds and those with lower literacy levels
Youth	Piers Harris self esteem tool	‣ psychosocial assessment modified for youth
General	Depression Anxiety Stress Scale (DASS)	
	Kessler 10 (K10)	
	Mental State Exam (MSE)	
	Mini MSE	‣ an abbreviated version of the Mental State Exam
	Psycheck	‣ not culturally appropriate, has limitations for Aboriginal use, has an adult focus, not suitable for Youth consumers ‣ has a good mental health screening component
	Suicide Risk Assessment	‣ not always suitable for Youth, Aboriginal and CaLD consumers

Sustainable practices require organisational leadership and ownership, and this necessitates a top-down and bottom-up approach to support systemic change.

ISI services agreed that further planning and development was needed in order to establish a sustainable approach to screening and assessment. They also noted that the implementation process needs to be well justified and embedded in policies and procedures.

To assist with informing policy, services were aware of the importance of capturing data via systems which produce effective reports or statistics. Collating screening and assessment results provide important data that inform future practice.

Personal Notes

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