



## WANADA Submission to draft Mental Health, Alcohol and Other Drug Workforce Strategic Framework 2018-2025

### About WANADA

---

WANADA is the peak body for the alcohol and other drug education, prevention, treatment and support sector in Western Australia. WANADA is an independent, membership-driven not-for-profit association.

WANADA is driven by the passion and hard work of its member agencies, which include community alcohol and other drug counselling; therapeutic communities; residential rehabilitation; intoxication management; harm reduction; peer based; prevention; and community development services.

Alcohol and other drugs, including tobacco, are a health and social issue that impacts the whole community. The alcohol and other drug sector provides specialist services to meet the diverse needs of people in Western Australia. WANADA aspires to drive across sector solutions that focus on a whole of community approach to addressing health and wellbeing issues associated with the use of alcohol and other drugs.

### Response Overview

---

WANADA welcomes the release of the draft Mental Health, Alcohol and Other Drug Workforce Strategic Framework 2018-2020 (draft Framework).

WANADA has been closely involved in the development of the draft Framework, and congratulates the Mental Health Commission (MHC) on the comprehensive stakeholder engagement and consultation process undertaken to date, including support for WANADA to undertake sector engagement to inform WANADA's *Comprehensive Alcohol and Other Drug Workforce Development in Western Australia: Full Report* (WANADA Workforce Development Report).

Overall, the draft Framework is comprehensive, well-structured and accessible. Feedback provided within this submission incorporates further feedback from the sector. It is intended to provide additional clarity regarding the document and support its alignment with the WANADA Workforce Development Report.

### Language

---

There is continuing concern within the alcohol and other drug sector that it has to adopt mental health terminology within State Government strategies, despite these terms not being aligned to the alcohol and other drug setting. WANADA recognises the MHC's efforts to address this concern in consultation undertaken to date. The following comments are to be considered as an extension of this discussion, following further investigation and sector consultation:

- **Recovery** – WANADA notes the MHC's efforts to amend the definition to be more inclusive of an alcohol and other drug perspective. To further refine this definition,

WANADA refers the MHC to the UK Drug Policy Commission Recovery Consensus Group report *A Vision of Recovery* (July 2008), which extensively outlines the features and process of recovery<sup>1</sup> in the alcohol and other drug sector.

- **Lived experience** – WANADA notes the MHC’s efforts to amend the definition to better reflect an alcohol and other drug perspective, however WANADA recommends “experiential knowledge” as the preferred term for use in the alcohol and other drug context. WANADA believes the term experiential knowledge is more empowering and supportive of the principles of engagement.

## Comprehensive Alcohol and Other Drug Workforce Development in Western Australia: Full Report

---

WANADA was engaged by the MHC to ensure input from the alcohol and other drug sector informed the development of the draft Framework. The WANADA Workforce Development Report, developed as a result of this work, describes the background, context and issues currently facing the alcohol and other drug workforce and outlines recommendations to consider in the development of a state strategy.

WANADA notes that the recommendations from the WANADA Workforce Development Report have been largely included in the draft Framework.

### Key Challenges and Opportunities

---

- **Rapid service expansion** (p.20) – WANADA notes that this challenge is limited in scope to the impact of the NDIS. While this is relevant, rapid service expansion has occurred as a result of other drivers, including increased government funding to establish and/grow services.  
The Mental Health, Alcohol and Other Drug Services Plan 2015-2025 outlines the significant growth in AOD services needed to meet community demand. This has implications for the expansion of a suitably qualified and skilled workforce and should be referenced, and addressed within the draft Framework through specific future-workforce planning strategies.
- **Critical skill shortages** (p.20) – To holistically capture this challenge, WANADA recommends that the issue of education, training and work readiness is included.
- **Increased community, consumer, family and carer expectations** (p.21) – To ensure it holistically captures the issue, WANADA recommends that reference is made to existing barriers that impact engagement, particularly stigma and discrimination.
- **Recruitment and retention challenges** (p.23) – WANADA recommends that training and succession planning are also referenced within this point.
- **Changing social problems and differing drug use patterns** (p.23) – It is unclear as to whether the workforce referred to is generalist, specialist, sector-specific or a combination. WANADA recommends this section is amended to be more specific,

---

<sup>1</sup> UK Drug Policy Commission Recovery Consensus Group (2008), *A vision of recovery*.  
<http://www.ukdpc.org.uk/publication/recovery-consensus-group/> Accessed 24 August 2018.

and also references the synergies of delivering shared care through collaboration, by including the wording: “a requirement to work in a more multi-disciplinary, holistic and integrated way”.

- **Co-competent skills** (p.23) – There has been a steady increase in the alcohol and other drug sector’s capacity to address co-occurring alcohol and other drug and high prevalence mental health issues over many years. WANADA recommends that this point is amended to acknowledge this.

## Principles

---

- The **breakout box** (p.25) discusses consumers’ needs regarding skills and resources to support effective participation. WANADA recommends that the content is amended to reflect the different supports required for consumer contribution at an individual, organisational and systems levels. In particular, reference should be made to the alcohol and other drug consumer systems advocacy body (strategic action p.40).
- **Principle 7: Trauma-informed and family-inclusive methods are common practice** (p.28) – The explanatory text does not reference that family members and significant others are often service users in the alcohol and other drug setting. WANADA recommends this point is included to ensure a clearer understanding of the alcohol and other drug service context.

## Strategies and Actions

---

WANADA supports the Strategies and Actions in the draft Framework. These actions are comprehensive and largely reflect those recommended in the WANADA Workforce Development Report. The following recommendations are intended to build upon the current drafting.

- **Priority Area 1**
  - o **Strategy 6** (p. 33-4) – WANADA supports improving workforce data collection, however it must be explicitly stated within this action that as there is a risk of an increased reporting burden (i.e. red tape) on services. Commensurate to actions that seek to capture additional data, a subsequent action must explore options to streamline or rationalise data collection, to minimise reporting burdens.
  - o **Strategy 10** (p.35) – WANADA supports the encouragement of partnerships and collaborations, and providing sufficient time for their development. This strategy, however, must include actions that support services to build on and maintain existing partnerships developed by organisations to meet individual service user needs.
- **Priority Area 2**
  - o **Strategy 4** (p.38) – As recommended in the WANADA Workforce Development Report, an action under this strategy should include appropriate role matching in support of an Aboriginal workforce. This action would support the suite of suggested actions already outlined and would provide a more holistic response to the Priority Area. WANADA acknowledges that role matching is also noted in Priority Area 1, Strategy 6.

- **Priority Area 3**
  - o **Strategy 2** (p.39-40) – WANADA recommends that the action “promote best-practice examples of service partnerships” is amended to include the measurement and evaluation of partnerships to best demonstrate effectiveness.
  - o **Strategy 3** (p.40) – WANADA strongly supports the consideration of options for the establishment of an alcohol and other drug consumer agency. Noting current efforts within the consumer community to establish a representative body, WANADA recommends the wording is amended to “support the development and growth of an alcohol and other drug consumer representative body, to provide systems advocacy”
- **Priority Area 4**
  - o **Strategy 4** (p.42) – WANADA supports action regarding service promotion to relevant generalist health and human service agencies. WANADA recommends the action is further strengthened to include “promote existing AOD services, including quality, outcomes and achievements...”
- **Priority Area 5**
  - o **Strategy 1** (p.43) – WANADA supports action regarding harmonised national initiatives, however, this action must also explicitly state harmonisation with relevance to the Western Australian context. This will ensure the unique attributes of the Western Australian alcohol and other drug service sector are taken into account and not compromised by national harmonisation.

## Implementation

---

### Implementation Framework

WANADA recognises that as a provider-neutral document, the intent for the draft Framework is to be flexible in identifying the most appropriate stakeholder group(s) to lead and/or support specific activities. The current structure of the draft Framework, however, lacks sufficient guidance to deliver the identified strategies. This will inhibit the effective systemic coordination and implementation of actions. These two functions are essential, if the aim of the draft Framework is to be realised.

The roles and responsibilities of key stakeholders are outlined to an extent on pages eight and nine, and Appendix D provides examples of what stakeholders can do in support of the draft Framework. Both these sections, however, are not exhaustive and would benefit from further clarity. In particular, it is the position of WANADA that all actions within the draft Framework should be attributed to specific stakeholder group(s) and include aspirational timelines.

WANADA recommends that a comprehensive implementation framework is developed to operationalise the draft Framework. This would best support coordination, transparency, stakeholder situational awareness, and realise system efficiencies. This is imperative, noting: the range of stakeholders involved; the breadth and complexity of actions; and the intended seven year timeframe for the draft Framework.

### Systems Management

In support of a more comprehensive implementation framework, the draft Framework would benefit from a clearly described systems governance structure to oversee implementation and monitoring. This should include key performance indicators, targets and desired outcomes against the draft Framework at a systems level. In addition to providing further

stakeholder clarity and stronger systems management. This would also support the effective evaluation and review of the draft Framework.

WANADA supports the proposed program logic at Appendix E, and believes that it offers a guide for relevant stakeholders. Noting the discussion above regarding the need for a clearer systems governance structure, this program logic should be supported by a strategy / systems level program logic that includes specific measurements against each strategy and the identification of responsible stakeholders groups. This will:

- provide clarity regarding systems management and governance;
- increase stakeholder accountability;
- better demonstrate the effectiveness of the draft Framework during periods of review;  
and
- demonstrate to stakeholders how individual actions are supporting the collective realisation of the draft Framework's Aim.