Gippsland PHN

Indigenous Dual Diagnosis Service Program

PROGRAM GUIDELINES

Table of Variations

Ref	Variation Type	Variation
1.0	Update to all sections	Information removed throughout the document
2.0	Update to all sections	Inclusion of and/or where referencing Aboriginal and Torres Strait Islander People Update Department of Health name to Department of Health and Aged Care
2.1	Section 6	Inclusion of section 6: Funding Guidelines

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1. Purpose of the Operational Guidelines

The purpose of the Operational Guidelines (the Guidelines) is to provide operational advice, expectations and guidance and should be read with reference to the Service Order for the delivery of the Gippsland PHN Indigenous Dual Diagnosis Service (IDDS) Program and the Gippsland PHN Commissioned Services Program Guidelines.

The Guidelines are not intended to be the only source of guidance for clinicians, nor should they take precedence over state or federal policy, which is subject to change. The Guidelines should be followed subject to the clinician's judgement in each individual case.

2. Context

Colonisation has had grave and lasting consequences upon the health and wellbeing of Aboriginal and/or Torres Strait Islander[1] people. For this population, the interconnected issues of cultural dislocation, personal trauma and the persistent stresses of disadvantage, racism, alienation and exclusion have contributed to elevated risks of mental health problems, harmful alcohol and other drug (AOD) use and suicide.[2]

Illicit drug and alcohol use is disproportionately greater among Indigenous, rather than non-Indigenous, populations.[3] For Aboriginal and/or Torres Strait Islander people, it has been identified that cultural and spiritual factors influence symptomology, interpretation of the problem, the acceptability of treatment, and ultimately the outcome for the individual(s). Therefore, consistent with the National Aboriginal and/or Torres Strait Islander Peoples' Drug Strategy (2014-2019), the primary aims of the Indigenous Dual Diagnosis Service (IDDS) Program is to reduce the mental, physical and cultural harms inflicted by AOD misuse.

3. Program summary

Gippsland PHN's IDDS Program is funded by incentives and grants through the Australian Government Department of Health and Aged Care (DoHAC). Gippsland PHN has the flexibility to commission evidence-based treatment services to meet local needs, catchment priorities and service gaps.

The Program is commissioned within the overarching parameters of the *Primary Health Network Grant Programme Guidelines* and contributes to the key program objectives of:

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[1] There are national, regional and community differences in preferences for identifying as 'Aboriginal', 'Torres Strait Islander' and 'Indigenous' or by clan group (ie. Gunai/Kurnai in Gippsland, Eastern Victoria). It is recommended that you always ask clients how they prefer to describe their cultural heritage and community (Australian Institute of Aboriginal and Torres Strait Islander Studies, 2018). Viewed 18 January 2020, https://aiatsis.gov.au/explore/articles/indigenous-australians-aboriginal-and-torres-strait-islander-people. In these guidelines, these terms will be used interchangeably.

[2] Purdie, N., Dudgeon, P. & Walker, R. (Eds.) (2010). *Working together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice*. Canberra: Australian Government Department of Health and Ageing, Australian Council for Education Research, the Kulunga Research Network, and Telethon Institute for Child Health Research.

[3] Australian Institute of Health and Welfare 2021. Alcohol, tobacco & other drugs in Australia. Cat. no. PHE 221. Canberra: *AIHW*. Updated 24 September 2021, https://www.aihw.gov.au/reports/alcohol/alcohol-tobacco-other-drugs-australia

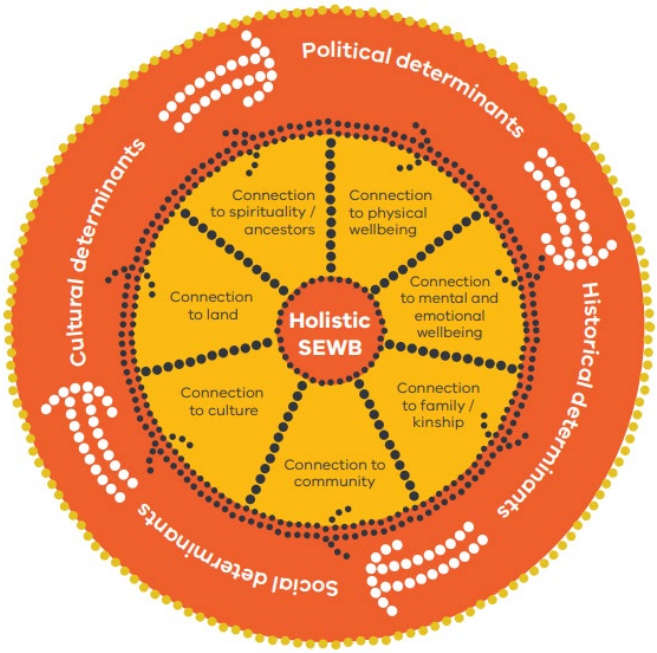
- Increasing the service delivery capacity of the drug and alcohol treatment sector through improved regional coordination and by targeting areas of need with a focus on methamphetamine use in the community;
- Improving the effectiveness of drug and alcohol treatment services for individuals requiring support and treatment, by increasing coordination between various sectors and improving sector efficiency;
- Increasing the service delivery capacity of the drug and alcohol treatment sector through improved regional coordination and by targeting areas of need with a focus on methamphetamine use in the community; and
- Improving the effectiveness of drug and alcohol treatment services for individuals requiring support and treatment, particularly for methamphetamine use, by increasing coordination between various sectors, and improving sector efficiency.

4. Aims and objectives

4.1 Gippsland PHN Program objectives:

The aim of the Gippsland PHN's IDDS Program is to provide culturally appropriate, evidenced based mental health and drug and alcohol services for Aboriginal and/or Torres Strait Islander people to improve access, complement and link to existing drug and alcohol services. The program acknowledges the centrality of culture and self-determination as key foundations for service design, approach, and efficacy. Therefore, a holistic approach to Indigenous wellbeing in the treatment of comorbid mental health and AOD use is key (see Figure 1). Through this approach, the program aims to enhance the appropriateness, sustainability and coordination of care, while providing Aboriginal and/or Torres Strait Islander people culturally safe connections to the primary health system, where appropriate.

Figure 1: A model of the holistic social and emotional determinates of wellbeing[4]



Linkages will be promoted between existing services to facilitate an integrated approach by requesting the program to co-locate with the Aboriginal Community Controlled Organisations (ACCOs). Identified ACCOs in Gippsland are below:

- Gippsland and East Gippsland Aboriginal Co-operative (GEGAC) – Bairnsdale
- Lakes Entrance Aboriginal Health Association (LEAHA) – Lakes Entrance
- Moogji Aboriginal Council East Gippsland Inc. – Orbost
- Ramahyuck District Aboriginal Corporation – Sale and Morwell
- Lake Tyers Health and Children's Services – Lake Tyers

Clinicians providing IDDS Programs will also identify and support GPs and other eligible referring practitioners who are managing an Indigenous person's co-morbid mental health and AOD issues. Regarding appropriate referral procedure, the clinician will have an opportunity to contribute to, and intervene in, the person's care to ensure achievement of the best possible health outcomes.

In accordance with The National Strategic Framework for Aboriginal and/or Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing[5], the IDDS Program aims to incorporate the below principles in service delivery:

- Aboriginal and/or Torres Strait Islander leadership and partnership

[4] Gee, G., Dudgeon, P., Schultz, C., Hart, A. & Kelly, K. 'Social and Emotional Wellbeing and Mental Health: An Aboriginal Perspective.' Chapter 4, in Dudgeon, P. Milroy, M. & Walker, R. (Eds.), *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice* – Revised Edition, Commonwealth of Australia, Canberra, 2014, p.63.
[5] https://www.niaa.gov.au/sites/default/files/publications/mhsewb-framework_0.pdf

- Social determinates of mental health
- Addressing racism
- Person-centred care
- Focus on children and young people
- Integrated approaches
- Trauma-informed care
- Culturally appropriate, affordable care
- Clinically appropriate care.

The Program is structured to align with Gippsland PHN's strategic objectives as documented in the Gippsland PHN Commissioned Services Program Guidelines and the IDDS guidelines below.

4.2 Indigenous Dual Diagnosis Service (IDDS) Program objectives:

Gippsland PHN invite Health Services to contribute to an innovative, effective and quality mental health and AOD service response for the Gippsland community and work towards the following objectives:

- Increasing the service delivery capacity of the AOD sector in the provision of culturally appropriate drug and alcohol and mental health services for Aboriginal and/or Torres Strait Islander persons;
- Increase the knowledge and skill of the frontline and treatment workforce, so approach is informed by a clear understanding of the social, cultural and spiritual determinates of Indigenous health;
- Increase the workforce capacity in the Aboriginal Community Controlled Organisations (ACCO) sector in responding and working with Aboriginal and/or Torres Strait Islander people who have co-occurring mental health and AOD needs;
- Improving the effectiveness of mental health and AOD treatment services for Indigenous persons, by increasing awareness of mental health and AOD conditions and services for the Aboriginal and/or Torres Strait Islander Community;
- Strengthen linkages within the mental health Stepped Care Model and improve response, treatment and outcomes for Aboriginal and/or Torres Strait Islander people experiencing mental illness and drug and alcohol misuse;
- Reduce the harms associated with drugs and alcohol in the community and improve the overall health and wellbeing of Aboriginal and/or Torres Strait Islander people living in Gippsland;
- Establish and maintain a service model in accordance to local community need and by agreement with Gippsland PHN and key stakeholders (including the IDDS Steering Committee) to maintain an efficient and effective model;
- Support region specific, cross-sectoral and integrated approaches to AOD treatment services, based on local needs and focused on improving care coordination at the local level;

- Facilitate and support evidence-based treatment for clients using a range of substances, including flexible and stepped care models tailored to individual need;
- Promote linkages with broader health services, including mental health services and general practice, to better support integrated treatment and referral pathways to effectively support Aboriginal and/or Torres Strait Islander people with mental health and ADO needs; and
- Promote quality improvement approaches and support health professionals through education and training.

5. Program scope

5.1 Service planning

When planning and developing the IDDS Program, Health Services are to ensure they are responsive to the health needs in their community that utilise available and skilled workforce and align to the aim and objectives of the Program. It is expected that Health Services will adopt broad processes when planning and delivering an IDSS Program such as:

- Engaging with the Gippsland PHN Health Planning, Research and Evaluation team to access and/or assist with the interpretation of health and population data and other statistical information to assist to identify community needs;
- Ensuring Aboriginal and/or Torres Strait Islander people are meaningfully included and genuinely consulted in the development and planning of services;[6]
- Ensuring that service development is cognisant of the holistic view of Aboriginal health, which focuses on the physical, spiritual, cultural, emotional and social well-being of the individual, family and community;[7]
- Recognising appropriate and effective strategies, and therefore outcomes, include a collaborative approach between government agencies (ie. justice and law enforcement, health, housing, employment, welfare, and child and family services) and ACCOs;
- Ensuring that available resources are provided in a well-targeted fashion that supports sustainability and evidenced-based results, including a range of short and long-term funding models, and is coordinated across funding sources;
- Acknowledging the role that race, gender and cultural awareness plays in the likelihood for treatment engagement and efficacy (eg. the consideration of clinician gender for 'men's business' and 'women's business', respectively);

[6] National Aboriginal and Torres Strait Islander Peoples' Drug Strategy (2014-19)

https://www.health.gov.au/sites/default/files/national-aboriginal-and-torres-strait-islander-peoples-drug-strategy-2014-2019_0.pdf

[7] ibid

- Identifying and engaging with local stakeholders to plan, implement, report, continually review and evaluate activities; and
- Consulting and liaising with other local health and community services to assist in integrating services, identifying complementary services whilst avoiding duplication.

Refer to Gippsland PHN Population Health Planning Resources for assistance.

Gippsland PHN's IDDS Program **will not support** treatment types or activities that are:

- Non-evidence-based treatment models;
- Unapproved pharmacotherapy treatments;
- Court diversion programs; and
- Duplicative activity already funded by the Commonwealth, State and Territory governments, and any other Public Health Organisations.

5.2 In-Scope Alcohol and Other Drug activities

Treatment types must be modelled to suit the needs of specific target population groups/high risk groups and should consider a Stepped Care approach, comprising of a hierarchy of treatment types (from low to high intensity) matched to the needs of the individual.

Where AOD services are provided to priority population groups/high risk groups, relevant guidance materials/frameworks for service modelling should be adapted and provided to Gippsland PHN by the Health Service within the annual Activity Work Plan or alternative approved Activity Plan.

Gippsland PHN identify and define the following community-based AOD treatment types as in-scope activities under the Gippsland PHN IDDS Program:

Treatment Type	Description
Brief intervention	A Brief intervention service involves engaging with people who are at risk of greater harm or developing drug and/or alcohol dependence. This is commonly a single, time-limited session incorporating prevention and harm reduction strategies. **This activity is generally less than 20 minutes in duration.**
Psychosocial therapy (AOD counselling, psychotherapy, Cognitive Behavioural Therapy [CBT], dialectical behavioural therapy, mindfulness, and other evidenced-based	Psychosocial therapies are recovery orientated and aim to provide the client with the necessary psychological and physical resources to change their AOD use behaviours. Psychosocial support can range from a single session to extended periods of one-to-one engagement dependent on the needs of the individual. **This activity generally exceeds 20 minutes in duration per session.**

therapeutic approaches as appropriate)	
Group - Support or education based	Group is defined as two or more clients who are receiving the same service at the same time from the same staff member. A group program is recovery orientated support or education-based which offers support to individuals both pre and post treatment.
Non-residential programs **(e.g. Day rehabilitation)**	Non-residential programs are structured programs which require individuals to engage with daily support over a period of weeks (e.g. counselling, groups, financial aid, physical support programs, pharmacotherapy maintenance, legal aid etc.) while continuing to live in their own homes.

Guidance for Primary Health Networks Commissioning of Alcohol and Other Drug Treatment Services (DoH 2017)

5.3 Workforce competency

Health professionals providing services through the IDDS Program are recognised health professionals with the qualifications and skills to provide expert care and advice. They must practice in accordance with the relevant professional standards as established by their professional body and/or the regulating and registering authority, Australian Health Practitioner Regulation Authority (AHPRA).

Clinician qualifications for IDDS delivery:

Essential:

- Registered Nurse Division 1, with a formal post-graduate qualification in Mental Health Nursing or Registered Nurse Division 3; or
- Degree or diploma of a recognised school of Occupational Therapy or to be eligible to be a member of the Victorian Association of Occupational Therapists (trained in mental health); or
- Appropriate post-graduate qualifications in Psychology; or
- Degree in Social Work eligibility or other qualification acceptable for membership to the Australian Association of Social Work (AASW).

Desired:

- Certificate 4 in AOD or other related tertiary qualification. Commencement of Certificate 4 in AOD will be considered by Gippsland PHN as appropriate, however, pre-approval by Gippsland PHN is required;
- Experience in working effectively with clients who have a broad range of Dual Diagnosis types;
- A person of Aboriginal and/or Torres Strait Islander background;
- Experience in delivery of education and training to client groups and other health and welfare agencies;
- Demonstrated clinical skills in the engagement, screening, assessment and treatment of a person's clinical mental health and/or AOD services; and
- Knowledge of relevant government policy frameworks.

Specific, but not exhaustive, considerations for the treatment of Indigenous persons[8]:

- The necessity and appropriateness of family involvement in treatment;
- The necessity of the holistic approach to Indigenous health;
- Detailed awareness of the ongoing consequences of European colonisation;
- Awareness of how stigma and victimisation interplay with mental health and AOD use;
- Consideration of the cultural appropriateness of what may appear as a 'psychotic' episode (ie. seeing or hearing an ancestor after they have passed is a culturally valid experience);
- Sensitivity to the shame experienced by an Aboriginal person, which may inadvertently be compounded by treatment offered/received from a non-Indigenous clinician;
- The avoidance of jargon and the use of culturally appropriate terms to describe AOD use;
- Awareness that a clinician, by default of being non-Indigenous, may be objected to resentment, anger and/or suspicion;
- Awareness of the potential anxiety induced by enclosed spaces;
- The avoidance of interrogatory, direct questioning (mediated questioning may be useful here);
- Awareness that seemingly evasive behaviour are typically signs of respect (e.g. avoidance of eye contact, brief answers, etc);
- Avoiding the invitation of cultural prohibitions (e.g. referring to a deceased elder by name or appearing to criticise elders or family members); and
- Gender considerations of the clinician in the receipt of 'men or women's business.

Funding guidelines

6.1 Workforce acquittal

Commissioned Health Services may have diverse employment models that vary from full-time salaried engagement of the IDDS Program, which may lead to sharing of staff/contractor time across multiple programs. Where this occurs, organisations must ensure that time/services are properly attributed to each program. It is therefore important that organisations clearly delineate between IDDS Program funds (and their use) and funds received from other sources (e.g. Victorian State Government).

Measures should be taken to ensure that if professionals are recruited from an existing local service, this service is not left under resourced because the position cannot be backfilled.

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[8] Lee, K., Freeburn, B., Ella, S., Miller, W., Perry, J., and Conigrave, K. (2012). *Handbook for Aboriginal alcohol and drug work*. Sydney, Australia: University of Sydney; Berry, S.L. and Crowe, T.P. (2009). A review of engagement of Indigenous Australians within mental health and substance abuse services. *Australian e-Journal for the Advancement of Mental Health*, 8, 1-12; Marel et al. (2016). *Guidelines on the management of Co-occurring alcohol and other drug and mental health conditions in alcohol and other drug treatment settings*. (2nd Ed.). NHMRC Centre of Research Excellence in Mental Health and Substance Use (National Drug and Alcohol Research Centre). Sydney, Australia: University of New South Wales. https://comorbidityguidelines.org.au/pdf/comorbidity-guideline.pdf

IDDS Program funding should not be used to pay for services funded under other programs such as Victorian State Government funding. Program funds must be separately reported to Gippsland PHN in the financial statements and reports submitted by the funded organisation under the Terms of the Service Order.