

AOD & Mental Health Working Relationships

Limestone Coast Alcohol and Other Drugs Regional Summit November 2023

Summary Statement

This report summarises the information and knowledge gained by Substance Misuse Limestone Coast (SMLC) from the 38 agencies and organisations represented at the Limestone Coast Alcohol and Other Drugs (AOD) Regional Summit held on November 2023 in Mount Gambier. 65 regional service providers attended which was a 40% increase in attendees from the 2021 Summit.

Three keynote speakers provided evidence-based information during the morning sessions about what comorbidity is, how it affects those who have substance use disorders (SUDs), and how a comorbidity service works in regional Victoria. During the afternoon session sixty-five clinicians, agency executives, and service managers participated in a workshop to provide greater depth and clarity about the issues faced by regional clients and to identify gaps in service provision.

The guest keynote speakers were Michael White, Executive Officer of the South Australian Network of Drug & Alcohol Services (SANDAS), Dr. Melinda Beckwith PhD, Senior Research Officer for the University of Sydney, Medicine and Health, and the Matilda Centre for Research on Mental Health and Substance Use provided insights into the complexities of comorbidity and clinical interventions. Mark Powell, Acting CEO of Warrnambool's Western Regional Alcohol and Drug Health (WRAD Health) provided detailed information on how WRAD Health provides comprehensive, holistic support and treatment to individuals and others affected by addictive behaviours and associated issues.

The following gaps from the 2021 Limestone Coast AOD Regional Summit have been identified as still relevant within the region's AOD sector:

- Clients requiring medically supervised alcohol detoxification must still travel to Adelaide;
- An 'information void' and out-of-date websites are confusing for clients and impacting on referral pathways;
- Country locum GPs, who are often the first point of call, are often unaware of local services to refer to, as are practice managers;
- Clients don't know which door to walk into, or where to access help;

The following service gaps were identified within the Limestone Coast AOD sector at this year's Summit:

- Individuals unable to access mental health care plans;
- No dual diagnosis (comorbidity) collaborative services, instead we have silo services;
- No or limited AOD Services for young people;
- Most services are not accessible outside of Mount Gambier.
- GP's do not have an interest in the AOD health area.

- Stigma, fear and not knowing where to go are the highest reasons for people not seeking help.
- There is no pre-release support for those who are incarcerated in Mount Gambier.
- Current funding models do not allow for comorbidity services or professional development.

SMLC prepared and distributed this report to all participants and interested stakeholders. The report aims to establish a shared understanding of the local context and to work collaboratively on improving AOD and mental health comorbidity services provision and outcomes for the benefit of our community.

Acknowledgments

SMLC is funded by the Federal Department of Health.

We acknowledge the Traditional Owners of Country throughout Australia and recognise their continuing connection to land, waters, and culture. We pay our respects to Elders past, present and emerging.

Disclaimer -

This is a summarised report.

While experts and industry participants provided valuable data, advice, and opinions, the views expressed have been interpreted solely by SMLC. Conclusions have been drawn from survey responses, workshop data and social media feedback. Any misinterpretations or omissions are the responsibility of SMLC.

Aims of the Summit

SMLC is a Not-for-Profit organisation that provides leadership, health promotion, education, and advocacy in the AOD landscape for the Limestone Coast region and is a focal point for initiatives that work across allied agency boundaries. SMLC currently leads the implementation of Planet Youth, an internationally recognised health prevention and promotion model that surveys secondary school students to understand the extent of adolescent AOD use and exposure issues and acts to provide an international preventative framework for youth in partnership with the national peak body, the Alcohol Drug Foundation (ADF). SMLC also provides frontline worker AOD training, family support education, and other AOD educational programs for regional industries.

One of SMLC's key objectives is to advocate for the many agencies and frontline professionals working in the Limestone Coast. As part of SMLC's advocacy for the AOD sector, the second Limestone Coast AOD Regional Summit was convened in Mount Gambier on 23 November 2023.

The 2023 Summit aimed to collect relevant data and insights about the interface between AOD and Mental Health services that provide clinical interventions for people in the Limestone Coast. While there is an understanding of this co-occurrence nationally, there is little data available on the barriers, gaps, and pathways open to people with a dual diagnosis in the Limestone Coast and service provider's perspectives of these gaps.

This Summit was the second opportunity that Limestone Coast regional AOD leaders and clinicians have had the opportunity to come together and discuss shared problems and challenges in AOD services, and work together to determine future planning needs for the region.

Current landscape in the Limestone Coast

The Limestone Coast is comprised of 7 local government areas with approximately 69,000 people spread over 21,000 square kilometres and multiple towns. The most populous area is the City of Mount Gambier with approximately a third of the total Limestone Coast population.

Mount Gambier's Aboriginal and Torres Strait Island Health agency, Pangula Mannamurna is the one agency that provides a comorbidity service in the Limestone Coast.

Currently, two other non-Government AOD agencies provide specific AOD assessment, counselling, treatment, detox, and referral for other psychosocial services. To enter a detox program through one of those non-Government agencies in the Limestone Coast, clients must be medically safe, have a support person, and have a home. Those who have a medical history of seizures, or have been using GHB, or have an alcohol dependence, or do not have a fixed address are not eligible and must travel to Adelaide or elsewhere to access detoxification.

Other services offered by this agency are relapse prevention groups, living skills groups, and family support groups. The agency also has two family residential rehabilitation homes for Aboriginal and Torres Strait Island family groups, with the provision of some outpatient counselling and group support.

This agency has recently received funding to design, develop, and deliver a therapeutic community residential rehabilitation facility that has 24/7 staffing. This is in the process of being developed with plans to open in 2024.

Currently, Limestone Coast residents who require residential therapeutic community rehabilitation can only access this service outside of the region, with the closest Government-run rehabilitation service near Adelaide.

One evidence-based AOD agency travels the Limestone Coast region and also visits the privately run Mount Gambier prison to provide face-to-face AOD counselling and therapy, and also delivers one on one AOD counselling and therapy one afternoon a week at the youth mental health agency in Mount Gambier.

There is currently one Limestone Coast General Practitioner (GP) who provides Medication Assisted Treatment for Opioid Dependence (MATOD). The ripple effect of this means that the region's Government AOD agency delivers MATOD prescriptions and provides maintenance counselling and psychosocial therapy for opioid dependence only, to fill the gap of a service that has been historically provided by GP's. This puts further pressure on the non-Government AOD agencies and creates waiting lists of people wanting to access AOD counselling and treatment for all other substances.

The Mount Gambier Hospital does not currently provide planned alcohol detox services, and this is due to change when the new AOD detox service is built. The suggested opening date is December 2025. The detox addition to services in the Mount Gambier Hospital is a direct result of SMLC's advocacy work that stemmed from the 2021 Limestone Coast AOD Regional Summit.

Other Limestone Coast towns may have an alcohol detox service in their hospital, depending on the relationship between the individual GP and the hospital. Limestone Coast residents currently wishing to enter a planned medically managed detox service must travel to Adelaide for withdrawal management services provided by Drug and Alcohol Services SA (DASSA).

Funding Challenges

The challenges associated with substance use disorder (SUD) are myriad, interlinked, and different in each town/city. While substance dependence affects an individual, the flow-on effects represent a substantial long-term cost in both financial and emotional terms, impacting community and family wellbeing, placing strains on health and medical services, police and justice systems, and impacting community safety. While many communities experience this problem, strategies for prevention, treatment, and rehabilitation require a whole of community approach. Competitive tendering in regions has some unique challenges that impact on evidence-based service delivery and staff wellbeing. Each time a round of funding is determined, new programmes are often funded by different providers with different records management processes and staff move from agency to agency. Clients in the AOD space are vulnerable people usually with comorbidity. They deal with various agencies where it takes time to build trust relationships and discontinuous service damages the progress of outcomes. Clients can be left wondering who, when, and what will become available to support them in the future.

The metrics for key performance indicators should also be more nuanced in recognition of specific regional challenges. For example, staff appointed in regions need to travel significant distances to provide services, and this time is often not included in the tendering process, leaving outreach services with little or no allocation. Project-based funding provides little job security for staff employed in regions, and appointees can often be those who are starting careers with little experience, and responsibilities are complex. The opportunities for career progression (without moving to capital cities) can be few with significant churning of the workforce as skilled workers seek greater security. This also impacts client services as trust needs to be rebuilt and new inexperienced staff inducted into different processes and procedures. The reality is that clients cannot afford to travel for services and

there is very limited (if any) public transport means that services may not be as responsive/available/timely for client needs as would be beneficial for support required. The post COVID-19 moves to telehealth are a further erosion of qualitative care for new vulnerable clients.

The Summit

In November 2023, 68 agency executives, managers, frontline professionals, politicians, and policymakers from non-Government and government agencies who work with the Limestone Coast's AOD sector were invited by SMLC to the Limestone Coast AOD Regional Summit, in Mount Gambier at Wulanda. This was a 40% rise in delegates from the 2021 Summit. The focus of the 2023 Summit was comorbidity, where there are two or more diagnosed disorders that require treatment at the same time, and in this context, substance use disorder and mental health disorders. The Summit allowed those in attendance to collaboratively identify gaps and needs in the regional AOD and mental health services by highlighting the challenges people have in accessing comorbidity services. The day was structured for attendees to listen to keynote speakers who informed on comorbidity and how service delivery can be achieved in a regional setting. With information on board, delegates workshopped in groups on identifying local challenges and solutions for service providers and their clients to access comorbidity services in a large geographical area.

Keynote Speakers

Michael White

The Summit's first keynote speaker was Michael White, EO South Australian Network of Drug and Alcohol Services (SANDAS). Michael discussed the complex social issues that people face with substance use disorder (SUD) and the lack of integrated commissioning for AOD service providers in funding treatment provision. Of those people who have a diagnosed SUD, 40-60% also have a diagnosed mental health disorder (MHD), although this comorbidity is a barrier to accessing mental health services and the underlying MHD can affect the capacity to change AOD behaviours. Michael discussed further the requirements needed for changing the status quo; state and federal governance models, funding sufficient to address regional needs, locally planned – community-controlled services, and integrated service delivery – case planning.

Dr Melinda Beckwith

The second keynote speaker was Dr Melinda Beckwith, Senior Research Officer, The University of Sydney, Faculty of Medicine and Health, The Matilda Centre for Research in Mental Health and Substance Use. Melinda explored and discussed how common comorbidity is in Australia, with 1 in 5 (21.5%) people having a SUD or MHD in the last 12 months and 2 in 5 (42.9%) having either of those conditions in their lifetime, with approximately 1% having comorbidity. Melinda further discussed that at least 1 in 2 people accessing AOD treatment, experience a co-occurring mental health condition, but that many more experience symptoms of mental health distress or problems with substance use without meeting diagnostic criteria, she then explained in detail, causal models, and problems with diagnosing psychological disorders.

Dr Beckwith expanded the theme by giving details on commonly used models of treatment, the risks associated and practical issues of those common treatments, and details of the current preferred treatment. The CCISC model, = Comprehensive, Continuous Integrated System of Care was identified as the current best practice model to use for comorbidity and this is achieved by services that are welcoming, accessible, recovery-oriented, trauma-informed, co-occurring capable, and culturally competent. The CCISC model requires all services, clinicians, and care providers within the service to

meet basic dual diagnosis capability (DDC) and all staff assist each other to support individuals and families with a range of complex needs.

Dr Beckwith then gave insight into the current research being undertaken by the Matilda Centre, University of Sydney. Their research project, based in New South Wales with 4 AOD services, audited services' Dual Diagnosis Capability in Addiction Treatment using 8 domains, and cross-referenced with 21 guiding principles from the Australian Guidelines on Co-occurring Conditions. The services audited were two residential rehabilitation programs, one therapeutic community program, and a community-based service within a consortium model with varying treatment durations. Three services were rated Addiction Only Service (AOS) at baseline and one service was rated as DDC at baseline, this points us to the conclusion there is more work to be done in supporting AOD services in becoming DDC and dual diagnosis enhanced (DDE).

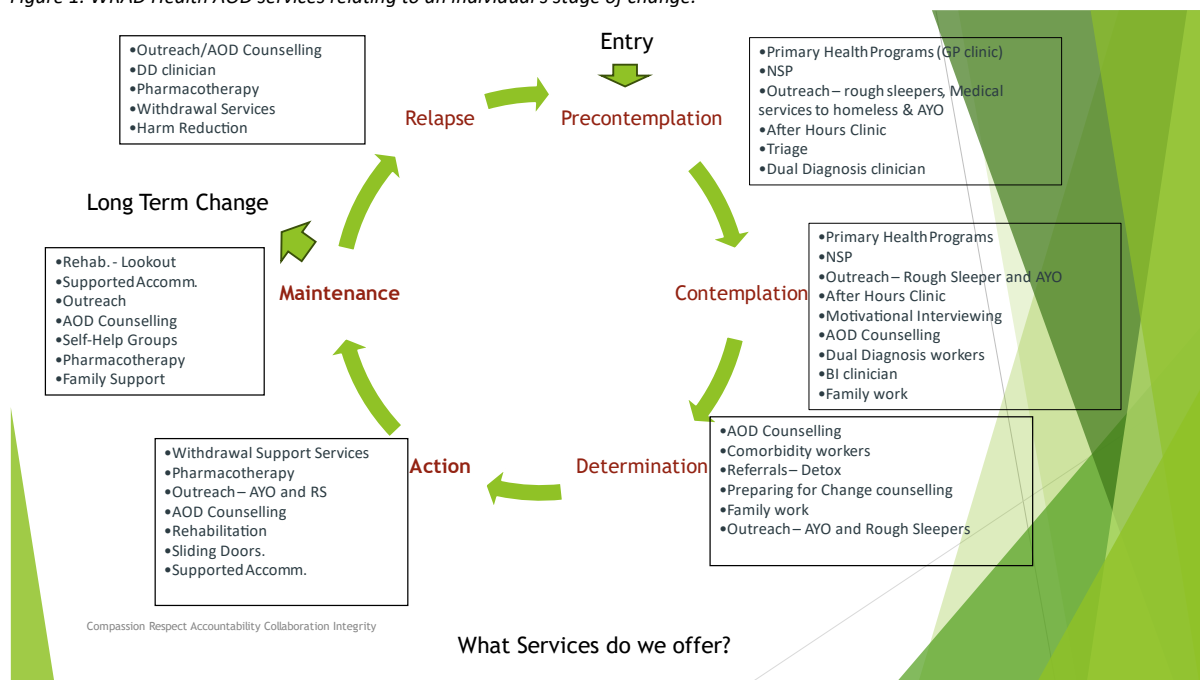
Mark Powell

After morning tea, the Summit's third keynote speaker, Mark Powell, Acting CEO WRAD Health in Warrnambool. Mark gave a detailed insight on the role and function of WRAD Health, a community-based health service incorporating an AOD clinical service providing a complete range of interventions within a harm reduction philosophy, including clinical interventions for young people, adults, forensic, dual diagnosis, families and significant others and a non-residential day rehabilitation program.

WRAD Health also operates a comprehensive medical practice with 6 general practitioners and practice nurses and prides itself on the delivery of all-inclusive health services to those in need with specialist skills in general medicine, pharmacotherapy, Medicated Assisted Treatment of Opioid Dependence (MATOD), AOD use issues and mental health outcomes. The philosophy of harm minimisation underpins the delivery of all programs offered by WRAD Health and this philosophy offers many options designed to reduce the harm of AOD use to the individual and society. Pharmacotherapy – MATOD is an effective treatment for opioid dependence. Pharmacotherapies can prove valuable in assisting clients to successfully manage physical dependence, cravings, and compulsive drug use. WRAD Health also provides pharmacotherapy services to Portland and Hamilton.

WRAD Health delivers a Victorian Needle and Syringe Program (NSP) as part of their "stand-up" triage role, and this services two functions; harm reduction and the opportunity to engage the person into treatment. WRAD Health also works in partnership with Barwon Health and Burnett Institute to ensure screening for blood-borne viruses and ensures people are engaging with treatment for HIV and hepatitis B and C, and Warrnambool is now one of the highest locations in detection and treatment.

Figure 1. WRAD Health AOD services relating to an individual's stage of change.



Mark expanded with more detail on the WRAD Health model and imparted information on how the service provides comorbidity/dual diagnosis services. WRAD Health views dual diagnosis as a “core business” and all those who attend the health service for mental health issues are screened in the intake and assessment process for co-occurring substance use. All WRAD Health mental health and AOD staff are DDC and have the knowledge and skills necessary to identify and respond appropriately to dual diagnosis clients and advanced practitioners are able to provide integrated assessment, treatment, and recovery, and this ensures there is ‘no wrong door’ to treatment and care. Further to this, the involvement of clients, families, and carers in the planning, review, and ongoing development of services is a requirement of quality service provision.

WRAD Health’s team has access to an addiction psychiatrist one day a week, a psychiatric registrar from South West Healthcare one day a week, a psychologist from Community Collective, a dietician, a mental health social worker in private practice who bulk bills WRAD Health clients and a GP who provides Eye Movement Desensitisation and Reprocessing (EMDR), acupuncture and hypnotherapy.

WRAD Health provides:

- Counselling standard and complex
- Care and Recovery Co-ordination supported accommodation.
- Diversion from Courts
- Sliding Doors non-residential day rehabilitation service - a five-day-a-week program structured around the evidence-based program, Catalist, and runs for 6 weeks.
- Family training and education for those who are supporting someone with AOD issues.
- Youth outreach worker
- Brief Intervention program
- Overdose prevention peer worker
- Family reunification peer worker
- General medical practice
- Pharmacotherapy
- Health and wellness checks

- Health Promotion
- Information, referral and advice

After Mark's presentation, lunch was offered to participants, followed by a workshop.

Workshop

The workshop required everyone to work with their table groups to answer questions that were pre-written onto butchers' paper, they were asked to give their opinion and insights on the questions and relate their answers to the Limestone Coast. Participants were then asked to individually translate their answers into the Slido program they had access to using the QR code being displayed on the screen, for SMLC's data collection purposes, and instant sharing. The workshop results were then shared with everyone in the room, leading to further discussions, which were recorded for reporting purposes.

Each question's answers are detailed in the following tables, with further commentary below each table which came from the discussions in the room

Question 1: What are the service gaps in the Limestone Coast region for people with both mental health (MH) and AOD issues?		
Ranked Highest to Lowest by percentages of chosen responses. Comments were added to the responses with some repeating as indicated by the number in brackets.		
Counselling Support. 27%	50km beyond Mount Gambier most services don't exist. (5)	Tackling Stigma
Accommodation Services. 25%	Dual diagnosis (9)	Pre-release support (3)
Medical Support. 24%	Access to services and cost (5)	Transport
Independent Living Support. 23%	Information void (4)	Constantly retelling my story
	Educate community (2)	Uncertainty of funding for services
	Young People (2)	Peer workers /lived experience.
	Skilled workers (3)	
	Collaborative services (2)	

There are no dual diagnosis services in the region apart from Pangula Mannamurna, the Aboriginal Health Service. Counselling support, accommodation services, and medical support were identified as the highest gaps in service delivery for people with both MH and AOD issues. Most services are not accessible outside of Mount Gambier.

There is no pre-release support for those who are incarcerated, and they are unable to access a MATOD prescriber when released, setting them up for a cycle of recidivism.

Question 2:

What are the current local treatment pathways for people with both mental health and AOD issues?

This was a multiple-choice question, and responses are shown in order of highest percentage. There was also an opportunity to add comment. Some comments were repeated, and this is indicated by the number in brackets.

Emergency Department 100%

Referral for AOD only 94%

Referral for MH only 94%

Referral for MH & AOD at separate agencies 85%

Referral for both at one agency 51%

- Ring SMLC for direction (6)
- Google search (6)
- Lifeline, crisis lines, community centre. (8)
- GP clinics (4)
- GP Clinic is the only option for upper Limestone Coast.
- Culturally inclusive?
- Cost?
- Pangula Mannamurna provides dual diagnosis.

The emergency department was highlighted as the most commonly used, local treatment pathway for people with both MH and AOD issues, with referrals to AOD-only or MH-only services also identified as common referral pathways. Discussions in the room highlighted that the SA/Vic border was problematic for those who live in border communities and need to seek services with continual care.

Question 3:

What are the local barriers for healthcare professionals in providing services to people with both mental health and AOD issues?

Responses are shown in the highest order. There was also an opportunity to add commentary. Some comments were repeated, and this is indicated by the number in brackets.

Current funding models don't allow for comorbidity services. 85%

The location of services is not accessible. 82%

Professional skilled supervision for the workforce is not easily accessible. 80%

Current and continuing training is not easily accessible. 80%

SA/Vic Border – communication between state governments, and allowing agencies to replicate evidence-based models, rather than trying to re-invent the wheel. (6)

Recruitment and retention of skilled workers (5)

Transport/Locate services outside Mt Gambier

NBN

Time between referral, assessment and beginning treatment.

Current funding models that do not allow for comorbidity services were identified as the most significant barrier for healthcare professionals in working with people with a dual diagnosis. Discussions in the room highlighted that often there is a separation in time between assessment and delivery, creating further barriers for individuals to access timely evidence-informed care.

Staff training and capabilities were identified as another significant barrier, with limited and costly options available, workforce can access 10 modules of Comorbidity guidelines training in Adelaide with a mix of face-to-face and online half days.

Lack of GPs prescribing in the region with local DASSA Nurses delivering MATOD, prescribing for and maintaining clients. The ripple effect for other regional AOD agencies and Pangula Mannamurna is long waiting lists.

Question 4: What are the local barriers for clients with MH & AOD issues to access support services?	
Ranking question, Highest issue to lowest issue, with the opportunity to add commentary. Some comments were repeated, and this is indicated by the number in brackets.	
Stigma 87%	Not enough services (8)
Don't know where to go 87%	No dedicated dual diagnosis service
Fear 85%	No complimentary services to support GP's etc (6)
Short-term funded programs 82%	Transport & childcare (6)
	No services for the diverse community (4)
	Limited advocacy
	Waiting periods
	Fear and knowing each other in small communities.

Stigma, fear and not knowing where to go were recognised as the highest reasons for people not accessing services. Discussions regarding GP's stigma towards those who seek treatment and GP's lack of AOD education. There was further discussion that prescribing is a national issue due to the lack of GPs and Michael White talked about a GP who retired and at the time had 700 people on their books they were supporting and no one has picked up their caseload.

Other discussions highlighted there are no dual diagnosis services in the region or for those detained in the Mount Gambier gaol, apart from the Aboriginal Health Service.

Question 5: What would a seamless and best practice service for clients with both MH & AOD issues look like?	
Ranking question, highest option over lowest, with the opportunity to add commentary. Some comments were repeated, and this is indicated by the number in brackets.	
WRAD type facility 85%	Bring two WRAD's to the region, one in Mount Gambier and one in Naracoorte. (2)
Co-located services with multiple agencies 82%	Integrated service is essential (2)

Co-located programs with one agency 82%	Central intake service like Family Safety Framework (3)
Multiple agencies and programs located close to one another 62%	Co-location of services saves money.

Participants identified a WRAD Health type agency as the best practice model that could be replicated in the Limestone Coast, with two WRADs in the region servicing the upper and lower Limestone Coast.

Question 6: What are the workforce shortfalls in the region?	
Ranking question, highest option over lowest, with the opportunity to add commentary. Some comments were repeated, and this is indicated by the number in brackets.	
Resident psychiatrist Skilled MH clinicians and counsellors Skilled AOD clinicians and counsellors Clinical Practice Nurses	Dual diagnosis practitioners All are ranked highest (2) AOD inpatient, and long-term rehab beds Peer workers Psychologists (3) Addiction specialists GP's – MH/AOD interest area

Discussions regarding the GP shortage highlighted that South Australia has a low number of people who want to take on GP work and that it is unacceptable that some GP's turn people away because of their AOD health issues, GP's should realise that AOD & MH are health issues and take on the responsibility for all health issues. AOD & MH need to be recognised as state health issues.

A Mental Health Treatment Plan is not easy to get in a timely manner, nor is it bulk billed, and when they can get into counselling, people are often no longer seeking that support.

There are no dual-diagnosis capable counsellors in the region.

Question 7:

What are the workforce training needs that would enhance service delivery locally?

Free text answer, with some answers being supported by more than one responder as indicated in the brackets.

Short, one- day face to face trainings – Dual diagnosis (6), Trauma (3)
Harm minimisation practices, AOD basics, and treatment options, raising awareness, referral processes & how to respond. Include all community service workforce.
Needle and Syringe Program. (2)
Stigma and advocacy training, also offered to general medicine and & the nursing community. (5)
Insight – Queensland Health has very good webinars, e.g. CBT & Drug Information

Comorbidity Guidelines

Cert 4 & Diploma - AOD/Mental Health – local & face-to-face. Reduce cost and activate workforce shortage strategy in both AOD & MH sectors. (8)
University offerings locally. (7)
University and TAFE do not provide locally and are very expensive to access online. (8)
Learning & development modules over one-off training days. (2)

Aboriginal health worker qualifications (2)
Cultural training with cultural vouching & partnership models where aboriginal practitioners are not employed. (2)
There is nothing available in the Limestone Coast Region. (5) Funding.

Give us a WRAD.
Training on how to implement an integrated service model.

Dual diagnosis formal qualifications were identified as the most common need for the regions local service workforce.

There were lengthy discussions on the high costs associated with gaining these qualifications and that accessing the qualifications locally is an issue as they are not offered as a face-to-face learning option at any local tertiary education institutions. This is seen as one of the major issues for the sector in attracting and retaining skilled staff.

The Drug and Alcohol Services SA (DASSA) workforce project was discussed by Acting State Director Kurt Towers. Kurt advised the project is developing a workforce strategy in collaboration with key stakeholders and it is hoped to be finalised in early 2024.

Question 8: If a designated comorbidity treatment facility existed, what services should it provide?	
Multiple choice question with the opportunity to provide commentary. Some comments were repeated, and this is indicated by the number in brackets. Percentages show popularity of choice.	
Outpatient 82% MH Clinicians 80% Residential Treatment 80% Clinical Practice Nurse 75% Social Worker 75% Youth AOD Worker 75% Medical Practitioner 72% AOD Clinician / Counsellor	Peer support workers (lived experience), including families. Culturally lead & informed & LGBTIQ+ inclusive (6) Aboriginal health worker Interpreters – multi-lingual staff (2) MATOD Prescriber Withdrawal nurse Psychologist (3) Dedicated Youth AOD service (3) Psychiatrist

Summit participants highlighted the services that should be provided, would look very much like WRAD Health in Warrnambool.

Question 9: Is there anything else you would like to tell us that you haven't already?
Design a model of funding that doesn't cause agencies to fall into protective mode. Short funding cycles interfere with continuous service provision!!
Agencies think they have to always protect their funding base which may cause duplication of some services and deficiencies in others.
Need for Managed alcohol program (2)
Excellent keynote speakers.
Consolidate all services both government and non-Government into a WRAD.
Advocacy for funding to continue for in-home detox to continue post-June 2024 (3)

Discussions in the room turned to issues with driving and legal cannabis and the costs. There is now a select committee looking at medical cannabis and legal issues, with the critical issues around policing raised, as the current legalities assume that consumption brings on intoxication while it is present and can be seen in testing results when often this does not equate to intoxication.

Often the SAPOL member is the person who makes an on-the-spot legal decision and this is based on social determination of policing, informed by the stigma of drug use. There must be a more robust process for decision-making and legal enforcement.

Workshop Outcomes Summary

1. Eighty-five percent of participants agree a seamless and best practice service to address both AOD and MH (comorbidity/dual diagnosis) issues is a WRAD-type facility;
2. Participants agree that there is a need for a dedicated youth AOD service in the Limestone Coast;
3. Delegates indicated a need for relevant and timely updates on local AOD service improvements and additions, and regular networking events for collaborative, strategic planning for the region;
4. More regional GPs are needed for the MATOD program to address accessibility and treatment waiting times;
5. Current funding models do not allow for regional comorbidity services, even though AOD and MH disorders are health issues that require treatment at the same time;
6. Participants overwhelmingly agreed that current gaps in local AOD services demonstrate a need for a WRAD-type facility in the region;
7. There is a strong and urgent need to address wait times and accessibility for mental health care plans;
8. Delegates ranked stigma as the highest reason for people not seeking help for AOD issues;
9. There is a need for easily accessible and affordable formal dual diagnosis qualifications for the region's workforce;
10. There is a strong need for pre-release support for people incarcerated at the privately-run Mount Gambier Prison to reduce recidivism.

After the workshop, attendees heard from local service providers about what had changed and improved in the Limestone Coast, including the new Head to Health service and Uniting Communities New Roads updates on residential rehab beds with 24/7 support.

SMLC gave an update on the Planet Youth project, trainings that were brought to the region for the local professional workforce, and SMLC's advocacy work since the 2021 Summit.

Politicians who attended and engaged in the conversations included Troy Bell MP Member for Mount Gambier, the Hon Clare Scriven MLC representing Chris Picton MP Minister for Health and Wellbeing, the Hon Ben Hood MLC, and also a representative for Nick McBride MP, Member for MacKillop.

Participant Evaluation

After all presentations, participants were asked to respond to the Summit evaluation on Slido or on hard copy. Participants were asked if their organisation attended the 2021 Summit and what was their main reason for attending today. They were asked to consider whether the presentations were relevant and timely for the AOD sector, and if the workshop was useful in gaining relevant information on issues in the AOD sector. The survey also asked participants what their main takeaway points from the Summit were, and if there was any interest in future discussion forums.

Data from the evaluation clearly shows that the 2023 Regional Summit was successful with many agencies from across the region and state indicating a strong benefit in attending. Sixty-eight individuals from 38 agencies participated in the workshop, demonstrating a broad reach and interest in the opportunity to gather and discuss needs and gaps relevant to the Limestone Coast region. Key feedback points are:

Evaluation Feedback Post-Summit			
Responses received from the questions on the evaluation		No	Yes
1	How easy was it to use Slido?	38%	62%
2	How satisfied were you with the pace of today?	15%	84%
3	Was the venue appropriate and comfortable?	5%	95%
4	Are you likely to attend a future Summit?	2%	98%
5	Did the guest speakers provide relevant and timely information today?	2%	98%
6	Was the workshop useful in gaining relevant information today?	6%	94%

Feedback Summary

The opportunity for community sector executives and managers of agencies and organisations to come together in a regional setting is rare. From the energetic discussions and lively conversations during the workshops and breaks it was clear that agencies value the opportunity to discuss shared concerns. This is a common theme SMLC has witnessed during the 6 years of providing funded workshops for frontline professionals and the last regional Summit in 2021, where the key outcomes have included the value people place on being able to meet and network with other agencies and find out more from each other.

While the opportunity to meet is valuable, in both 2023 and 2021 Summits the feedback also highlights that agencies are disconnected from each other with limited knowledge about the specific services each provides in the region and this has not changed over time. Agencies wish this wasn't the case and have reported they are keen to work collaboratively and strategically together.

These issues underscore the newly identified gaps during the 2023 Summit;

- Individuals unable to access mental health care plans.
- Current funding models do not allow for comorbidity service provision or professional development for frontline professionals.
- One dual diagnosis service in the region which is provided by the Aboriginal Health Service.
- No dual diagnosis (comorbidity) collaborative services, instead we have silo services.
- No or very limited youth AOD services.
- Most services are not accessible outside of Mount Gambier.
- GPs are not interested in the AOD health area.
- Stigma, fear and not knowing where to go are the highest reasons for people not seeking help.
- No pre-release support for those who are incarcerated in Mount Gambier – leading to recidivism.

Actions/Future Pathways

Discussions during the Summit clearly showed that local, state, and national agencies wish to continue conversations and have a united approach to advocating for ongoing and long-term funding for the Limestone Coast region. Participants highlighted the need for working together towards a sustainable collaborative model of care requires a collective approach by all agencies.

In the short-term, SMLC will facilitate the sharing of information gathered during the Summit to local, state, and national agencies, politicians, and peak AOD bodies, along with proactive media coverage of issues raised. SMLC will continue our ongoing partnership with the ADF coordinating the trial of the Planet Youth preventative model and working with all schools in the region to implement evidence-

based AOD education as another early preventative strategy. SMLC will also continue with our commitment to bring best-practice training to the Limestone Coast in support of AOD professionals.

In the long term, SMLC will continue to provide leadership, advocacy, and education opportunities. This work will include advocating on behalf of agencies and offering further collaboration opportunities to continue the conversation about attracting ongoing funding for a long-term sustainable model for the Limestone Coast region.

This report is designed to provide a summary of the AOD landscape challenges for agencies and politicians, ahead of the next State and Federal elections.



Sophie Bouchier Program Manager



Sue Thomson SMLC Board Chairperson

Acronym's list

ADF	Alcohol Drug Foundation
AOD	Alcohol and Other Drugs
AOS	Addiction Only Service
CEO	Chief Executive Officer
DASSA	Drug and Alcohol Services SA
DDC	Dual Diagnosis Capable
DDE	Dual Diagnosis Enhanced
EO	Executive Officer
FTE	Full Time Equivalent
GP	General Practitioner
MATOD	Medicated Assisted Treatment for Opioid Dependence
MH	Mental Health
MLC	Member of the Legislative Council
MP	Member of Parliament
NSP	Needle and Syringe Program
SANDAS	South Australian Network of Drug & Alcohol Services
SMLC	Substance Misuse Limestone Coast
SUD	Substance Use Disorder

List of attending Agencies and Politicians

Aboriginal Community Connect
Ac Care Mount Gambier Family Relationship Centre
Baptist Care
Centacare Family Relationship Centre
City of Mount Gambier
Country Health Connect (Yarrow Place & Palliative Care)
Cross Border Commissioner
Drug and Alcohol Services SA
Department for Child Protection Limestone Coast
Department of Correctional Services
Department for Education SA Limestone Coast
Department for Human Services
District Council of Grant
Family Drug Support
G4S
Head to Health
Headspace
Lifeline
Life Without Barriers
Limestone Coast Community Justice Centre
Limestone Coast Domestic Violence Service
Limestone Coast Local Government Association
Limestone Coast Local Health Network
MIND
National Indigenous Australians Agency
New Roads
OARS Community Transitions
One Forty-One
Office of the Chief Psychiatrist
Pangula Mannamurna
Relationships Australia South Australia

Ruby's Reunification Program

South Australian Ambulance Services South East

South Australian Network of Drug & Alcohol Services

StandBy Support After Suicide

Substance Misuse Limestone Coast

Survivors of Torture & Trauma Assistance & Rehabilitation Service

Uniting Communities New ROADS

University of South Australia

University of Sydney

SA Police

WRAD Health

Chris Picton (represented by Hon Clare Scriven) – Minister for Health & Wellbeing

Troy Bell MP – Member for Mount Gambier

Hon Clare Scriven MLC – Member Legislative Council

Nick McBride (represented) – Member for MacKillop

Hon Ben Hood MLC – Member Legislative Council