Building Capacity in Non-government Alcohol and Drug Services

The Queensland Experience

A Tough but Perfect Confluence

Report Summary

qnada
QUEENSLAND NETWORK OF ALCOHOL AND OTHER DRUG AGENCIES LTD.

Purpose

This booklet has been prepared by QNADA to summarise the key elements of research conducted by ConNetica Consulting on our behalf. The full report documents the cultural change processes use by eleven alcohol and drug agencies in Queensland provided with capacity building grants from the Department of Health and Agening to reorient their services to better meet the needs of people with substance misuse and mental health issues. Responses are analysed and classified into cultural change pathways and resource inventories designed to share the experience with other services. The research also has significant implications for funding bodies.

The full study can be accessed online at

www.qnada.org.au

Cover Photo: Supplied by www.dcq.org.au
Photographer: Helen Commens

The Queensland Channel Country is a web of waterways flowing into each other through an arid landscape. This *'tough but perfect confluence'* is an evocative image of the many threads that came together in this project.

QUEENSLAND NETWORK OF ALCOHOL AND OTHER DRUG AGENCIES LTD.

QNADA, the Queensland Network of Alcohol and other Drug Agencies, is the peak organisation for non-government alcohol and drug agencies throughout Queensland. Our mission is to represent our members to build a sustainable non-government alcohol and drug sector in Queensland.

The ISI is a rare project and DOHA is to be congratulated for having the foresight to design a project like this. It gave us the resources and enough flexibility to do what made sense here in this service, in our local areas and with the needs of our client group.

The project has made a significant difference to client outcomes. The project has saved the government money because many people with complex needs related to comorbidity are now being assisted as against being excluded or banned from services.

An ISI Project Coordinator

President's Foreword

It is with pleasure that I write the foreword to this, our first publication. It is indicative of our commitment to evidence-based practice and our capacity to support the alcohol and drug sector in this important work.

During the three years covered in this report, QNADA has supported participating services through networking, information dissemination, representation in government forums and providing an ear to workers when times were difficult. QNADA also forged links with the mental health sector and other community service peak bodies to increase the overall understanding of the complex needs of people with substance abuse and mental health comorbidity.

We were very fortunate to have ConNetica conduct the research on our behalf. John Mendoza, Principal of ConNetica, has a national profile in both the mental health and alcohol and other drug sector. Leanne Craze, ConNetica Senior Consultant is well regarded for her work in the Mental Health field. Leanne was the recipient of an Achievement Award at the National Mental Health Services Conference this year. Their knowledge of the challenges faced by the services to achieve cultural change within their organisations to address the needs of client with a dual diagnosis greatly enhanced the outcomes of this research.

Looking back over the past three years, as I read this work, I realised how momentous the changes were for participating organisations, including my own organisation, DRUG ARM Australasia. The Improved Services Program has greatly enhanced the charity's ability to deliver quality alcohol and other drug education, treatment and outreach services to the community.

Fortunately, QNADA has captured much of the tools and resources developed by these services and by other organisations researching and developing mental health and drug and alcohol comorbidity. This work, along with the stories recounted here, will make the transition to being capable of addressing comorbidity much easier for other services in the sector.

I congratulate the organisations that participated, and the team of researchers for their contributions to this work. I thank the Treatment Programs & Policy Section and the Department of Health & Ageing for their funding and support.

Dr Dennis Young
President, QNADA

Background

Australian research in 2004 showed that almost two in five people who used an illicit drug experienced high or very high levels of psychological distress. The *National Comorbidity Initiative* was an important component in the Council of Australian Governments (COAG) National Action Plan on Mental Health 2006-2011. The Improved Services Initiative (ISI) built on the National Comorbidity Initiative and specifically focused on building the capacity of non-government drug and alcohol treatment services to provide best-practice services that effectively identify and treat coinciding mental illness and substance abuse. The 2006-2007 Australian Government Budget provided $73.9 million over the five-year period for the ISI program. Of this $67.7 million was allocated for the building of capacity in Alcohol and Other Drug Non-government treatment services. This funding resourced the cultural change projects covered in the study.

National Capacity Building grants

As part of the ISI, non-government drug and alcohol treatment services across Australia were funded by the Australian Government Department of Health and Ageing through a competitive grants process to undertake a range of capacity building activities including organisational cultural change, workforce training, developing partnerships with local area health services and developing and implementing policies and procedures that support the identification and management of clients experiencing coinciding drug and alcohol problems and mental illness. The funding available was significant with grants of up to $500,000 over a three-year period being awarded.

Between them, the services funded in Queensland covered a comprehensive array of service models and organisational types. There were faith-based charities, local community organisations and user support services. One was a national service while another had services in three states. One had services in three sites within Queensland and another had outreach workers across the state. Some were stand-alone alcohol and drug services, some included medical facilities and others a complete array of social services. One specialised in Aboriginal and Torres Strait Islander clients, and a number counted a significant proportion of First Peoples as their clients. Other agencies specialised in young people and some had expertise in working with the homeless and prison populations. Some agencies wanted to find ways to help people with comorbidity, some wanted to improve the services they already provided to them and some agencies, already competent in comorbidity treatment, use the project to align the rest of their services.

The successes reflected in this research project were shared across this diverse range of service and organisational types highlighting the effectiveness of the funding model in achieving its outcomes in a complex environment. It also indicates that the diversity of the alcohol and drug sector, so essential in providing client choice, need not be an impediment to sector-wide changes in policy or service improvement.

Other National Comorbidity Initiatives

In addition, the Improved Services Initiatives funded a range of supporting initiatives including:

- The trial dissemination of *PsyCheck*, a mental health screening tool;
- The development of National Comorbidity Clinical Treatment Guidelines;
- The development and roll out of *Can Do: Managing Mental Health and Substance Use in General Practice*;
- Comorbidity Professional Development Scholarship Program;
- Comorbidity Service Model Evaluation Project; and
- Supporting supervision of post-graduate psychology and social worker placements.

Non-government drug and alcohol peak bodies (or their equivalent) in each state and territory (QNADA in Queensland) were also funded to support the successful ISI organisations through the *Cross Sectoral Support and Strategic Partnership Project* to coordinate a state-wide approach to the project. QNADA, the Queensland peak, supported the eleven Queensland funded services as they undertook their capacity building projects.

This substantial investment in evidence-based tools, sectoral support and parallel projects greatly enhanced the success of the Improved Services Projects.

The Cultural Change Research Project

The aims of this research project were twofold. The first aim was to document the processes of cultural change that had evolved during the program. The second was to use the findings and lessons learned to develop cultural change tools and resources to assist the drug and alcohol sector in Queensland as it undertakes further cultural change in the future.

For details on the study methodology visit the QNADA website at www.qnada.org.au.

The cultural change journey of the ISI funded agencies

From the outset, the eleven organisations understood that this was not going to be an easy project.. The full report documents the cultural change journey undertaken by agencies and details their struggles, their wins and losses, and how a range of key factors combined to create both an imperative for, and awareness of, the need for change.

As such, the report outlines how undertaking the project was experienced as *'a tough but perfect confluence'* by the funded agencies in Queensland. Rich in quotes and personal anecdote. the report also details strategies and resources developed, lessons learned and the suggestions of agencies for future cultural change initiatives in Queensland.

Identifying the cultural change required

An initial task for agencies was to identify what needed to change in their culture and what they wanted their culture to change to. The directions for culture change identified by agencies included:

- Becoming specialists with complexity;
- Regaining relevancy to the lives of clients;
- Becoming specialists in comorbidity;
- Becoming a leading partner in a local network of services for people with comorbidity;
- Being a 'no wrong door';
- Becoming a provider of a highly regarded suite of services treatment and programs for people with comorbidity;
- Being cultural inclusive, outward looking and ever reaching out to new client groups;
- Become recognised a provider of a revitalised, contemporary and evidence-based model of therapeutic community; and
- Become an alcohol and drug agency that steps over the 'psychosis line in the sand'.

Agencies also began the task of identifying and understanding their organisation's culture(s) and whether and how it needed to change in order to improves services for people with comorbidity. A useful tool in this process was The Baseline Study provided by the Queensland Branch of the Department of Health and Ageing. Using a series of prompts, the Baseline Study required agencies to assess and describe the capacity of their respective organisational cultures to accommodate people with comorbidity in their communities. Three years on, the Baseline Study provided an excellent tool for reflection in the interview component of this research.

> "It enabled us to become both comorbidity inclusive and culturally inclusive and to amp up our emphasis on holistic care, physical, social and emotional wellbeing and healing and to reach out to further groups who are also falling between service gaps."

Copies of the Baseline Study are provided on the QNADA website at www.qnada.org.au

Processes for coming to grips with 'cultural change'

Different processes for identifying what aspects of their culture needed to change and how change might be achieved were undertaken by the agencies. Some had initially thought or hoped that if they just proceeded with developing and implementing a project plan based on the results of the Baseline Study the cultural issues would dissipate.

Others had thought that the cultural change required would become clearer as their agencies progressed. Despite the difficulty of the task, most agencies formed the view that they needed to be clear about what needed to change from as early as possible. This view was reinforced by the Baseline Study's requirement for agencies to assess their culture and to identify what would help or hinder improved services.

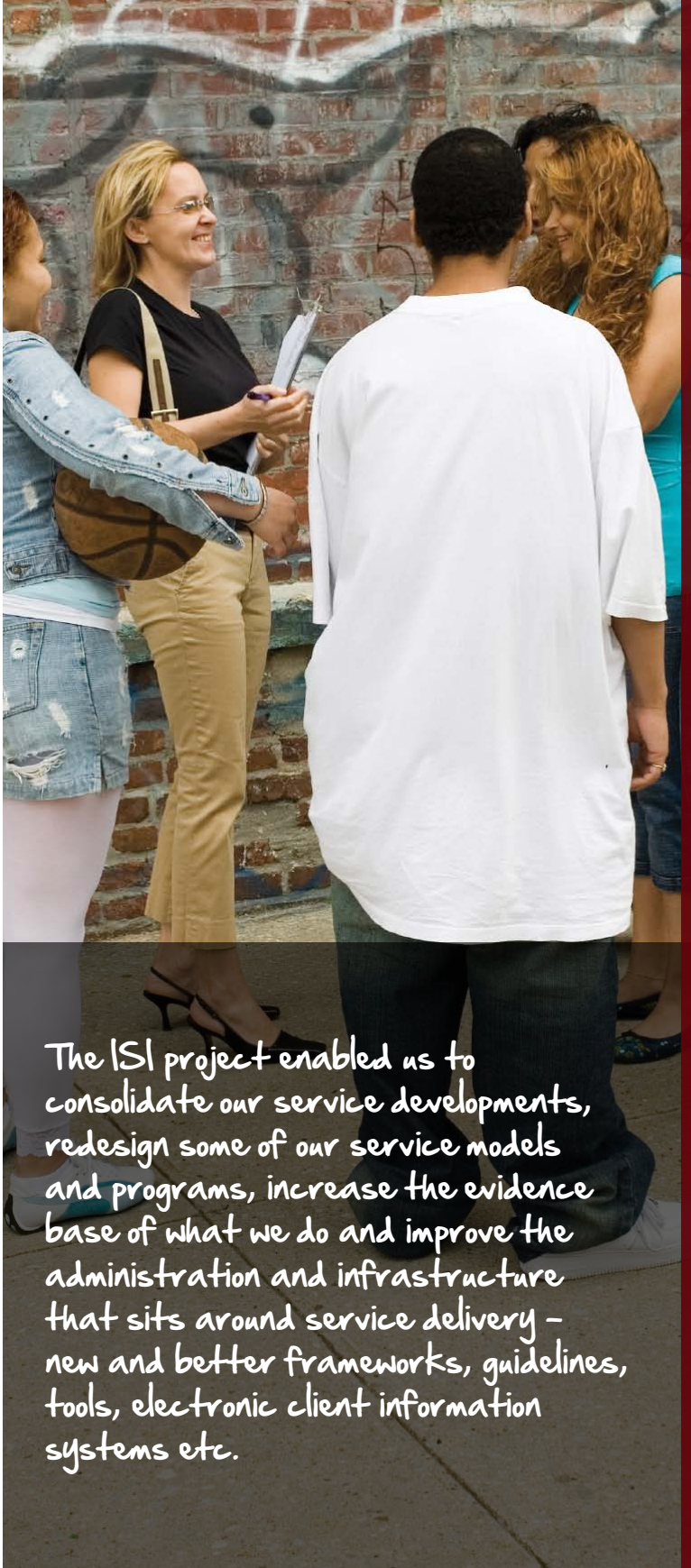
Some of the key processes for 'coming to grips' with the required cultural change included extensive research and discussions internally, with other ISI agencies and with other organisations. The full report documents these processes in detail.

Cultural change and the importance of the moment

The AOD sector in Queensland, like other community health sectors throughout Australia, is in an environment of rapid and extensive change with implications for how health and community agencies are to be funded and for how they are to operate. Some of the change and developments have included the introduction of the *Better Access to Mental Health Care and Psychological Services* and the announcement of the introduction of Health Hospitals Networks, Medicare Locals, a Preventative Health Agency and e-health infrastructure. Associated with these developments are major changes in Commonwealth/State responsibilities and in funding arrangements and models. This will require more investment in relationship and stakeholder management, particularly as the new structures and arrangements bed down. Though just where AOD agencies fit in the scheme of things remains unclear at the time of the interviews. AOD agencies have, however, become increasingly aware that they will be required to:

- Work in local partnerships;
- Be a player in integrated and coordinated care locally and regionally; and
- Be able to demonstrate their services are evidence-based and locally relevant.

Agencies have also been realising that they will be required to demonstrate their strong clinical governance and compliance with relevant new national standards and guidelines.



At the same time as agencies were considering the implications of these changes, new opportunities and challenges had emerged via the National Amphetamine-Type Stimulant Strategy 2008-2011, Round Three of the Non-Government Treatment Grants Program and various Queensland Government funding programs. These external drivers combined with a range of internal events or trends were prompting agencies to look internally and to assess their level of readiness to successfully position themselves for growth and development or to simply remain competitive.

Early challenges and difficulties

Agencies faced many early challenges ranging from recruitment, organisational resistance to change and being able to source expertise, training and support at a sufficiently early point. Once the Project Plan had been completed there were a number of common starting points including:

- The Board and CEO affirming the Baseline Study, the Project Plan and the need for change;
- Obtaining wider ownership internally of the need for change;
- Establishing an early focus on the relational and supporting staff to be a part of the change; and
- Establishing strategic external partnerships.

Considerable time and energy was devoted to managing concerns and fears among staff about the change. One Project Coordinator described this task as one of the hardest aspects of the role.

> "QNADA supported the eleven Queensland funded services as they undertook their capacity building projects. Capturing the learning from these projects was a key goals of QNADA."

Making some early progress

Most Project Coordinators commenced with an audit of their organisation's policies and procedures and compared these to a review of the research and literature to determine what treatments, programs and services were evidence-based and/or best practice. Incorporating co-morbidity into mission statements and sub-ordinate policies and procedures was pivotal for many agencies.

Some agencies used the research to develop and apply a comorbidity best practice checklist and a comorbidity skills audit so that they could have clearer and more detailed benchmarks. The dovetailing of the accreditation processes with the ISI capacity building project also assisted to promote greater organisational ownership.

> "We started with the Baseline Study and mapped out what we needed to do. We then started work on our organisation's policies and procedures and mission statement so that comorbidity and mental illness were included and integral to everything this organisation does."

Whilst doing this largely desk-based initial work, Project Coordinators also commenced setting in place processes for stakeholders to be involved in and informed about the project. Most agencies established processes for obtaining the advice and input of external experts including clinical review or reference groups. Such mechanisms assisted in opening the agency to external expert influence and helped to create ownership and deeper understanding among staff. Most Project Coordinators also gave early priority to sourcing as much training as possible including presentations from people who spoke about their own experience of living with mental illness and or comorbidity. The provision of initial training and the prospect of attaining formal qualifications began to act as counteracting forces to concern and resistance to change.

A list of key training products is available in the full report at www.qnada.org.au

The design and implementation of a new electronic assessment and client information system doubled as training and education – introducing client outcome measures whereby staff could see the results of their work and of the cultural change.

A common frustration

Though all the Project Coordinators were undertaking similar sets of tasks, at this early and crucial stage of the project there were no mechanisms in place for collaborative planning, resource development and collaborative sourcing of training and other external services or for the sharing and pooling of resource and expertise. Neither the research projects that were expected to provide tools nor the QNADA project designed to provide support were available at the start of the program.

A schema of observed cultural change pathways

Upon reflecting on the Project Coordinator's accounts of the ups and downs and twists and turns of change in their organisations, and drawing on a number of theoretical approaches, the following schema of pathways is proposed in the study:

- Watershed Pathway;
- Empirical and Structural Pathway;
- A Hearts and Minds Practice-Centred Pathway;
- A Community-based and Partnership Centred Pathway;
- A Cultural Change 'Creep' Pathway.

These pathways are developed and explained in the full version of the study available at www.qnada.org.au

Elements common to the observed pathways for cultural change included:

- Board and management endorsement of the Baseline Study and the need for cultural change;
- The intertwining of the ISI project with accreditation processes;
- Staff training and up-skilling;
- The embedding and weaving of comorbidity in corporate documentation;
- Attaining a critical mass of support internally and/or externally;
- Significant improvements in assessment, treatment planning, care coordinator processes and new client information systems; and
- Significant service improvements.

Differences included the level of emphasis given to partnerships, community involvement, staff and client participation, the relative balance struck between top down and bottom up approaches and the level of reliance on data and information derived from benchmarking, auditing and evaluation.

No single approach or pathway dominated. Rather it appears that the pathways differed according to traditions within each organisation, project phases, the aspects of cultural change being pursued and the different tasks being undertaken. It is possible that aspects of each of the described pathways were operating in each agency at different points throughout the project.

Actions areas rated as most important to cultural change

Table 1 *(page 11)* reveals the Action Areas that were rated by agencies as being most important to cultural change within their organisations.

Almost all of the agencies rated 'Workforce Development, Personnel Support and Retention' and 'Case Coordination and Partnerships' as most important to attaining cultural change. The contribution of each action area is covered in detail in the on-line report on the QNADA website.

Summary of action area outcomes and their contribution to cultural change

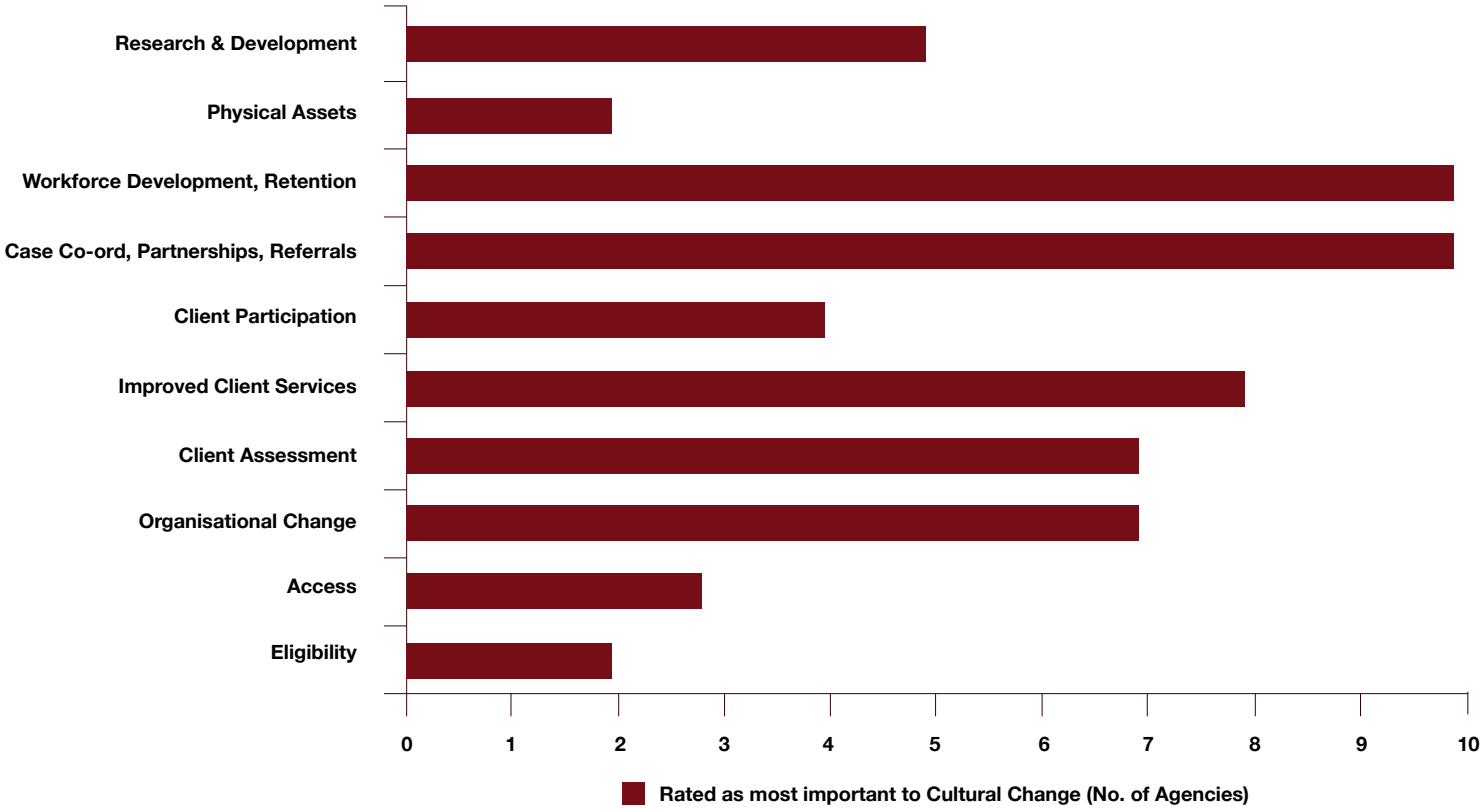
Some of the major contributions to culture change in the key action areas are evident in the reflections of agencies.

Greater professionalism and an up-skilled workforce.

Agencies reported that the ISI initiative enhanced their organisation's capacity for training, professional development and up-skilling of staff.

Importantly, agencies reported observing a much greater commitment to, and interest in, practice development among staff.

Table 1: Priority Given to Action



Improved and expanded services – a culture not afraid of change and development.

Outcomes of the ISI project that supported culture change include the following.

- Increase confidence of staff in working with young people with comorbidity.
- Interns and psychologists are now located on site and assist to break down barriers and enhance the skills and knowledge of staff.
- A visiting private psychologist whose sessions are well received and regarded.
- A significantly increased capacity to provide training on a monthly basis.

Improved and expanded partnerships – an outward looking, more flexible and collaborative culture.

Confidence also increased as agencies forged more working relationships with mental health professionals – agencies reported integrated services with a visiting psychiatrist, registrar, GP, psychologists, mental health nurse through an onsite medical centre and an onsite Early Psychosis program.

Improved client outcomes – a culture inclusive of comorbidity and complexity.

Agencies reported that now that they have systematic processes for routinely measuring and recording client outcomes, they are able to observe improvements in client outcomes as well as to identify areas of unmet need or areas that require more focused attention.

Staff attribute improvement in client outcomes to a number of factors but commonly point to the more holistic approach to working with clients with both alcohol and drug problems and mental illness.

All of the ISI agencies reported that they are now working with people with more complex needs than was the case previously. The agencies noted that many of those with comorbidity and/or more complex needs would have been unlikely to receive support or assistance from their programs in the past.

Capturing the tools and resources developed or used by agencies – Cultural Change Resource Inventories

The final section of the report provides a series of resource inventories that emerged from the wealth of information provided by agencies about the processes, tools and resources they used to achieve cultural change.

Inventory 1:	Cultural change themes
Inventory 2:	Organisational strategies and processes
Inventory 3:	Client Assessment and Cultural Change
Inventory 4:	Practice Development and Cultural Change
Inventory 5:	Improved Client Services and Cultural Change
Inventory 6:	Case Management and Care Coordination and Cultural
Resource 7:	Training and Workforce Development and Cultural Changes
Inventory 8:	Partnerships & Cultural Change
Inventory 9:	Cultural Change Pathways
Inventory 10:	Future Strategies for further cultural change.

Each resource inventory identifies an important frame or action area critical to achieving and sustaining cultural change. Together they provide a comprehensive and integrated set of change strategies, initiatives and resources. Importantly they provide an enduring framework for the sector to use as a repository of knowledge and resources for supporting continuing organisational change and development. The inventories are by no means complete and the ConNetica Research Team suggests that QNADA and the ISI funded agencies continue to develop and populate the inventories.

To access the inventories go to www.qnada.org.au

What worked well

Strategies that were observed to have worked well during the project included:

- The provision of extensive opportunities for training and improved practice skills;
- Staff involvement in the change;
- Linking change to the familiar;
- Client involvement and guidance;
- A focus on improved outcomes;
- ISI agencies coming together to share resources and problem solve; and
- ISI Project Coordinators having both clinical experience and management experience.

Key enablers of cultural change

Some of the key enablers of cultural change identified by agencies included:

- The ISI and its funding;
- The leadership exhibited by the agency management team;
- Strengthened clinical governance across the agency;
- Multidisciplinary team environment;
- Partnerships with external bodies;
- Open communication with all staff; and
- Engagement of change champions within the agency.

A further important enabler of cultural change was the introduction of new systems and resources that improved safety and quality whilst also making work easier and more rewarding.

Hardest things to change or the most difficult tasks

Some of the hardest things to change according to Project Coordinators included attitudes and practices and obtaining support for departing from the way things had always been done. A further difficulty was introducing a number of new systems, tools and programs all at once and getting the pieces to all come together.

The three most commonly identified barriers or obstacles identified by agencies were:

- Difficulty in recruiting and retaining a Project Coordinator with the right skill set and experience;
- Releasing staff for training, and funding appropriate staff to backfill positions;
- Problems associated with the funding cycle and the organisation's capacity to spend certain line items within specified timeframes of the cycles.

What didn't work

Though what didn't work differed from agency to agency, some of the most commonly reported items by Project Coordinators included:

- Duplication of effort;
- Agencies not having a mechanism to report to funders the impact on the organisation of having complex clients and of doing harder work and to have this impact acknowledged by funders;
- Being able to give sufficient priority to building partnerships whilst also managing the internal change processes and project implementation;
- Being able to successfully engage staff of mental health services who were sufficiently senior to make decisions that could make a difference on the ground;
- Being able to develop and sustain a sufficient focus on client participation.

Key turning points

Some of the key turning points identified during the research project included:

- Endorsement by agency management of the Baseline Study's findings, endorsement of ISI project's directions, endorsement of the imperative for change and declaration of confidence in the Project Coordinator;
- The agency's Board affirming comorbidity as core business as reflected and signposted through incorporation of comorbidity into the mission statement of the agency;
- Organisational restructure to reflect role with comorbidity;
- Reconfiguration of the position of Project Coordinator and responsibility for the project's coordination and implementation;
- Linking the ISI project with a co-occurring accreditation process; and
- Addressing the risk associated with comorbidity and more complex needs.

Other important turning points included the provision of particular training during which staff became convinced they could work safely and effectively with people with comorbidity. The roll out of Certificate IV training programs in some organisations free of charge to all interested staff was also pivotal.

Sustainability of the change

Many aspects of the cultural change were considered sustainable having been embedded in the organisation's mission, corporate documentation and processes. Aspects of the change that were considered to possibly not be sustainable include:

- Continuing to work with the same level of complexity without resourcing of clinical governance and clinical leadership;
- The same level of subsidised workforce development opportunities;
- Ongoing training when trained staff leave the agency;

- Retention of staff without parity of wages to government sector; e.g. "we train staff up with great programs, then lose them to higher paid positions"; and
- Resourcing a dedicated focus on partnership building and sustaining.

Taking the lessons learned forward – suggestions for Department of Health and Ageing

There is little doubt based on the results from this research that the ISI Project has hit the mark in terms of enabling AOD agencies to develop a capacity to address the needs of clients with comorbid mental health problems. Moreover, the project has gone beyond the original objectives in that it has transformed all the services provided by funding organisations, not just those that address clients with comorbidity.

The funding provided agencies with the capacity to release staff for training and engage in cultural change discussions and develop and/or change systems. The governance of the project was driven with both a clear starting point (thanks to the Baseline Study) and a clear end in mind. The measures associated with the project were focussed on aspects of cultural change – changes in policy, procedures, processes, and workforce skills, attitudes and practices – and not the usual input and output measures routinely required with government funded projects.

The three-year timeframe for the funding, without annual applications for continued funding, was also seen as contributing to the success of the projects. It was very much a case of the Department of Health and Ageing defining the boundaries and the end goal and then letting the NGO agencies get on with the task. The hands-off style of the Department was praised by many of those involved. The Research Team would argue that there are few examples nationally or at a state level where the investment by government has yielded such widespread change in a group of funded agencies. The project governance has resulted in a leverage effect on the overall quality of service and capacity of the recipient agencies and not merely resulted in 'improved services for people with co-morbidity'.

This is an uncommon experience for NGOs generally and therefore one that DOHA and other Commonwealth and State agencies with responsibility for purchasing services or supporting NGOs need to note and build on.

A number of suggestions were made by agencies to assist DOHA to take forward lessons learned from this current cultural change project. The major suggestions related to:

- Changes to the tendering process for organisations based in more than one state;
- Having consistent reporting requirements and templates;
- On-the-ground support and contact with project sites;
- Having the Baseline Study and other data collation tools in place from the outset, particularly for novel and innovative programs;
- Annual Improved Services conference or similar forum to promote networking and shared learning;
- Greater clarity about the role of state peak bodies;
- Capacity to rollover funds within and between funding cycles.
- Agencies also reported suggested acknowledgement was required of the time it takes to embed cultural change to the point of sustainability.

Taking the lessons learned forward – suggestions for QNADA

A number of suggestions were made by agencies to support QNADA to take forward the lessons learned from this current cultural change project. The major suggestions included:

- Factoring in a six month development phase prior to the project's commencement on-the-ground in agencies;
- Engagement with the Boards of agencies from the outset;
- Collaborative project planning with the agencies and/or the sector;
- Walking with agencies to ensure good project beginnings;
- Sector workforce mapping and training needs analysis to aid planning for future initiatives.

Conclusion

The *Improved Services Initiative* enabled the participating agencies to achieve a significant level of cultural change. In analysing the reasons for the success of the initiative in supporting cultural change, the agencies pointed to the enabling and flexible nature of the ISI Program and the fact that the program, whilst not prescriptive, was outcome based and provided some structure and directions. Importantly, the Capacity Building Grants complemented, and were able to be used to augment, other comorbidity and alcohol and drug treatment funding.

Program Implications from the Improved Services Initiative

Analysis by QNADA found that the study highligthed the key elements of the funding program which contributed to the successful outcomes. These included:

Program objectives were evidence-based drawing on a well respected body of work identifying the mental health/drug and alcohol connection and the lack of services to people with this comorbidity.
A dedicated capacity-building grant provided to services rather than additional funds for mental health staff.
An internationally validated tool (the DDCAT) was used to measure progress toward key objectives while allowing each service to design their own pathway to achieve them.
Grant reports measured outputs that were key performance indicators.
The baseline study tool developed by the Queensland Branch of the Department of Health and Ageing established the environment in each service before the project started. This tool identified required changes that were unique to each organisation and formed the basis of the plans.
Services were given three months to conduct the baseline study and produce their plans without having to achieve any other outcomes. This gave time for consultation.
The grant allowed for adequate funds for training and backfilling positions to release staff. E-learning modules and high level educational bursaries were also offered.
Academics were resourced to provided essential tools to support new practice.
State representative organisations, such as QNADA, were funded to provide dedicated program workers to support project staff and facilitate cooperation to leverage effort.
These peak bodies worked across the health and social services sector at the policy level to extend referal pathways.
Dual Diagnosis workers were provided through the Queensland Department of Health to support coordination with other mental health and social services at the regional level.
Short courses were provided to GPs and mental health services to improve referrals.
QNADA commissioned ConNetica to conduct this research to capture the experience in order to share the benefits with other services.

Access to the full report is provided on the QNADA website:

www.qnada.org.au

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