

# Improved Services Initiative

Summer 2009/10 - Issue 2

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### Want to contribute to the next newsletter?

Contact the peak in your local state or territory (details on the back).

## THE NATIONAL NEWSLETTER FOR THE IMPROVED SERVICES INITIATIVE

### WELCOME

The summer edition of the newsletter again tells us about the many activities undertaken by AOD Treatment Services across Australia highlighting the benefits of the Improved Services Initiative funding and the capacity building progress of the 122 Alcohol and Other Drug Treatment Non-Government Organisations. In this edition you will read of the many ways agencies have been supported with this funding to achieve the stated goals of capacity building. The articles featured highlight improved IT and data systems, many examples of sustainable partnerships, systemic organisational change, as well as skill development of organisational staff and resources and mechanisms developed for consumers. All to achieve integrated comorbidity capacity within agencies.

The written contributions from organisations in this Summer Edition demonstrate a diversity and complexity that reflects the initiative of the AOD Treatment sector in approaching change to better meet the needs of those who experience mental health and drug and alcohol issues. Unimposed change or the freedom to change has created many solutions that can be shared and in most instances applied in other situations.

The Improved Services Initiative provides an environment where services have been assisted to undertake systemic change.

### National Comorbidity Guidelines

Seminars on the implementation of the *Guidelines on the Management of Co-occurring Drug and Alcohol and Mental Health Conditions in Alcohol and other Drug Treatment Settings* developed by NDARC were held throughout Australia in February and March 2010. The half-day seminars provided an overview of the National Comorbidity Guidelines with a focus on the implications for clinical practice.

Training packages have also been developed to support implementation of the Guidelines within services and will include a trainers' guide, scenarios, pre and post workshop questionnaires, handouts and evaluations forms.

The training package, which will be available on the NDARC website by the end of March 2010, will be presented in PowerPoint slides and include six sessions that cover:

1. Overview of the Guidelines and Comorbidity
2. Classification of Mental Health Disorders
3. Assessment of Comorbidity
4. Management and Treatment of Comorbidity
5. Working Collaboratively
6. Specific Population Groups

ACT AOD SECTOR PROJECT  
<http://www.aodsector.org.au>



South Australian Network of Drug & Alcohol Services



**T**hey say that the more the vines have to struggle the sweeter the grape and the better the wine. Now I'm not certain that such an analogy is entirely appropriate for this publication – but I will proceed in good faith and hope that I don't get edited out of existence! It is no secret that Queensland has seen a number of incumbents occupy the CSSSPP position. All have been committed to the project and have worked diligently in pursuit of its goals, with the diversity of their backgrounds subtly influencing the project's evolution and development.



The French have a word for that combination of rain, sun, soil, slope that imparts a unique character to the grape – terroir. In a similar vein, programs emerge and develop in response to the unique constellation and combination of elements within which they have their roots. Clearly the CSSSPP position was and is very much a part of the Improved Services Initiative terroir in Queensland, as it is elsewhere.

I was interviewing last week and when we came to the obligatory – “Do you have any questions?” segment, the person asked- “How would you describe QNADA and the Improved Services Project?”. I replied – “resourceful, resilient and full

of character.” Qualities, I think, that will stand us in good stead as we face that common “end of project” challenge of optimizing the sustainability of the gains we have made.

In Queensland we have a number of programs that are functioning at an advanced level in terms of providing integrated services for dually diagnosed persons. Mirikai, a Therapeutic Community operating on the Gold Coast was last year awarded full accreditation under the QIC National Mental Health Standards (as well as maintaining its ATODS accreditation).

Psychiatrists and other visiting mental health professionals work out of a newly constructed purpose built treatment services building. The program also hosts a complex needs assessment service with 3 full time staff working in close conjunction with a Complex Needs Assessment Panel representing some fourteen agencies and government departments operating across the coast. Mirikai's primary consumer group is 17 -29 year olds who present with significant mental health issues in addition to a drug dependency.

At the other end of the scale, in Kingaroy, a small to medium country town in regional Queensland, a single ISPO works across a geographically widespread network of A&D community based services to assist them deal more effectively with the mental health concerns being experienced by their clients. Here the terroir is very different – and this is reflected in the program structure, focus and functioning. The eclecticism and creativity of the country folk is evident in the way in which they utilize their limited resources to fashion and deliver a range of high quality programs and services.

Between these poles lies a rich mix of service structures serving a variety of client groups.

The QNADA CSSSPP hosts monthly meetings of service providers and less frequent intensive forums for those agencies unable to attend the more regular events. Predictably, issues surrounding sustainability are a major focus of discussion currently. The group is considering the option of retaining a consultant to provide both group input and individual work with agencies to develop and implement sustainability strategies that are sensitive to and consistent with their particular terroir.

## Supporting Complex Needs One Opportunity at a Time

The Salvation Army's Bridge Program Tasmanian statewide services have undergone significant change and growth because of the Improved Services Initiative funding. Statewide programs include day programs, residential rehab, aftercare, community outreach, chaplaincy and AOD support for offenders.

Consultants from the School of Sociology & Social Work at the University of Tasmania, oversee the Improved Services Initiative in its work with the Bridge Program staff.

### Key Activities in 2008-2009

**Resources for Consumers and Practitioners** – The establishment of a resource room was complemented by the design of new comorbidity-specific resources by the ISI project officer, Hannah Graham. Resources comprise 'recovery postcards', comorbidity fact sheets & work sheets, alcohol posters, personal wellbeing plans, client privacy rights brochures, and flowcharts for mental health related emergencies (e.g. psychosis, panic attacks, self-harm). A staff comorbidity induction pack as well as a student placement induction pack for university and TAFE students on work placement was created. Some of these fantastic resources are available free online go to

<http://www.utas.edu.au/sociology/CRU/cru.html>

**Interagency Networking and Collaboration** – In addition to the significant cross-sectoral networking, the activities of Mental Health Week and Drug Action Week saw various creative awareness-raising activities. 'Self Care & Hope for Health' afternoon tea for workers, clients and families with poignant contributions from consumer and carer guest speakers were highlights.

**Professional Development** – Extensive training opportunities, in 2009, resulted in growing momentum and confidence of staff. Training places were offered to staff from other agencies, further increasing networking and cross-fertilisation. Workshops on specialist motivational interviewing skills, consumer participation, and mindfulness cognitive behavioural therapy were popular. All case facilitators now access regular external paid clinical supervision by an accredited clinician of their choice.

The opportunity to work with staff competent in comorbidity with a passion to assist clients with complex needs does inspire hope for positive change – for clients and our sector.

The focus of activities in 2010 is to strengthen collaborative partnerships and referral pathways. Finally, we aim to embed the outcomes to ensure a sustainable influence beyond the life of the project.



Our 'Self Care & Hope for Health' Mental Health Week Afternoon Tea

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The Bridge Program

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## Cross Sector Clinical Supervision: Building Capacity in Comorbidity Services

**K**uitpo Community is a residential alcohol and other drug treatment service operating from a Therapeutic Community model. Kuitpo is a program of UnitingCare Wesley Adelaide and is located in the Adelaide Hills, South Australia.

The Improved Services Initiative at Kuitpo Community has focused on building cross sector relationships with the mental health sector to provide professional development opportunities for its staff. The introduction of clinical supervision relating to the delivery of comorbidity services is an example of such a relationship.

The partners involved in the implementation of cross sector clinical supervision are Kuitpo Community and Southern Adelaide Mental Health Services. This partnership commenced in January 2009 on a six month trial basis and has since been extended.

Briony Lia, a Mental Health Nurse Practitioner (Candidate) and experienced clinical supervisor in the mental health sector, provides monthly group supervision sessions onsite to four counsellors, an assessment worker, transitional support worker and relevant students at Kuitpo Community. Two hour sessions are structured with an educational component relevant to working with comorbid clients, in addition to comorbidity specific case reviews.

Examples of education topics include mental health screening and assessment tools, suicide risk and non suicidal self injury, pharmacotherapy for mental disorders, recovery principles, mental health legislation and the guardianship board, stigma in mental illness and relevant referral pathways. Applicable reading materials and websites are also provided.

Confidentiality is maintained between supervisor and supervisee, while the organisation receives feedback on content and process via monthly feedback sheets provided by the supervisor and six monthly formal evaluation processes.

All staff also undertake monthly individual clinical supervision provided internally by UnitingCare Wesley Adelaide.

An evaluation of this partnership was undertaken in May 2009, informed by a staff focus group and implementation of a clinical supervision validated

questionnaire measure. Results of the evaluation highlight the effectiveness of this partnership to date.

The staff focus group highlighted a variety of perceived benefits from the cross sector supervision in relation to building capacity in providing comorbidity services. Of particular benefit is the training and case review function pertaining to mental health issues. Other benefits include skill development relating to mental illness, increased understanding of referral options, increased confidence and accountability, reflective practice, and an integrated perspective of treatment issues. Results of the questionnaire highlighted the importance of cross sector clinical supervision in promoting reflective practice, improving skills through advice and guidance, and providing a high



*The Grounds at Kuitpo Community on a 32 hectare property*

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level of support to staff.

In conclusion, the partnership between Kuitpo Community and Southern Adelaide Mental Health Services is a positive example of the alcohol and other drug sector and clinical mental health sector working together to improve outcomes for comorbid clients. This partnership provides a collaborative, effective relationship between Government and Non Government services across sectors to share skills, expertise and learning opportunities.

# Dual Tools in the Golden Town

## Victoria's Statewide Network

In Victoria, the Improved Services Initiative Project Coordinators decided that our rural network meetings should be a 2-day activity. The objective being to showcase comorbidity capacity building initiatives from a rural perspective.

The meetings I have attended in Melbourne have been fantastic opportunities to network, share experiences and hear about comorbidity services that are available in Melbourne. So, it was with great trepidation I set out to plan a 2-day network meeting in Bendigo. I soon discovered the pressure that VAADA support staff must face each month in planning all the meetings.

I also discovered that a number of people take leave in December! So this eliminated two prominent presenters from the schedule. On top of this my fellow Dual

Diagnosis Working Party members were not available to share Bendigo's Comorbidity vision. What was I to do?

Undaunted I continued with my plan to showcase the internal capacity building progress within Bendigo Community Health Service (BCHS). The great talent and depth within BCHS was demonstrated during the two days, and it was a great opportunity to highlight what we do every day within our organisation. More importantly, it highlighted the comorbidity capacity building that has occurred since the ISI project has commenced. The 'Dual

Tools' (I named it this because the original name was too long winded) project was showcased.

BCHS staff presented on PsyCheck and how it has been incorporated into practice. The Lifestyle Program at Nova House, Case Conferencing across different disciplines, the AOD Regional Network Meetings, together with Dual Diagnosis work being undertaken at Bendigo and District Aboriginal Cooperation (BDAC) were presented.

The General Manager Healthy Communities (BCHS) spoke on the Bendigo Bushfires and



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Bendigo Community Health Services

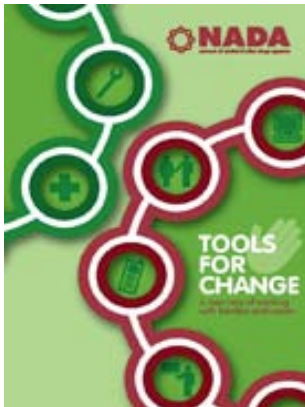
tel 03 54 300 500

Health Assessments pilot program, which incorporated screening tools for mental health and substance use. It was a riveting presentation and one that highlighted that comorbidity capacity building has gone beyond the AOD team within BCHS.

The rural program was extremely informative, very well received and entertaining, especially the laughter club! The Deputy CEO of BCHS closed the meeting, which I believe demonstrated the importance and the value placed in the ISI capacity building project within BCHS.

*It is important to look at the value within before searching for better outside.*

## Tools for Change: A new way of working with families and carers



**N**ADA developed the Tools for Change toolkit under a project that aims to improve the support offered to the families and carers of clients with co-existing mental health and drug and alcohol problems that access non government drug and alcohol services.

This practical toolkit provides services with a range of evidenced based interventions, service models and practical tools to assist in working towards more family inclusive service delivery.

Download a copy of the toolkit at [www.nada.org.au](http://www.nada.org.au).

## Building Capacity in the Far West of Australia

Western Australia

**S**taff at Rosella House, a therapeutic community in Geraldton, ended the year 2009 with the completion of minimum skills training. This training covered the mental health component of the PsyCheck assessment tool, improving the client management skills and, above all, providing staff with confidence in assisting clients in their rehabilitation.

The course was adapted from the publication “Mental Health Resource for AOD Workers”, developed by NSW Health. Following the 13 week training course participants completed a written examination. All successful staff members were presented with Achievement Certificates.

The training covered:

- An overview of mental health and mental illness
- Classification of mental illness
- Anxiety disorders
- Depression
- Bipolar disorders
- Psychotic disorders
- Personality disorders
- Mental health interventions
- Report writing



**Contact:**

John Hopkins  
Drug Arm WA (Geraldton)

- Understanding medication in the treatment of mental illness
- Overview of comorbidity in Australia
- Types of comorbidity
- Urine screening
- Common aetiology
- Cognitive Behaviour Therapy
- The principles of Cognitive Behaviour Therapy

The knowledge gained from the training enables staff to undertake further training in PsyCheck and the AimHi screening tools.

“It has been a busy 2009 and much has been achieved in the Capacity Building Project in the Mid West” says John Hopkins.

# Mapping Comorbidity Service Provision in Alcohol and Other Drug Services in the ACT

In response to an increasing demand on the AOD services system in the ACT, the ACT AOD sector identified the need to support multidisciplinary and cross sectoral workers to provide more appropriate and effective referrals. It was agreed that a comprehensive directory of alcohol and other drug services was needed to support referrals, raise awareness and map service provision, increase intra and cross sectoral knowledge, foster collaborations; and to communicate the diverse range of services and programs in the ACT.

To address this, the ACT AOD Sector Project received funding in 2007 from ACT Health to lead the ACT AOD sector to collaboratively develop, and undertake 6 monthly updates of what is now considered an essential tool for workers cross-sectorally, *The ACT Alcohol and Other Drug Services Directory*.

In 2008, funding from the Improved Services Initiative enabled the establishment of the ACT Comorbidity Strategic Working Group. One of many activities on this group's workplan is to support the AOD sector to communicate information on the extent of services provided for people experiencing comorbidity.

Through the Groups effort, the *ACT AOD Services Directory* became the first document to elicit information on comorbid service delivery in the ACT health funded AOD services in one resource, and is now one of the most comprehensive directories of its kind in Australia.

The resource is used by a range of professionals and is distributed in hard copy as well as being accessed electronically at [www.aodsector.org.au](http://www.aodsector.org.au) by over 100 workers each month. It is hoped that the success to date can be built on to expand the scope of the directory and its usefulness to a range of professionals working with people experiencing comorbidity.



More information at [www.aodsector.org.au](http://www.aodsector.org.au)

## About the ACT Alcohol and Other Drugs Sector Project

The ACT AOD Sector Project, auspiced by the Youth Coalition of the ACT is a capacity building project that began in July 2007, and is funded by ACT Health.

The Project aims to build the capacity and identity of the AOD sector in the ACT, foster intra and cross-sectoral relationships, and improve outcomes while maintaining respect for the diversity of services and for people who are affected by AOD.

## Capacity Building in the Far North

### Banyan House talks about improving its residential therapeutic community

**B**anyan House is a Therapeutic Community located in Darwin and has offered treatment to people recovering from alcohol and drug addictions and any co-occurring mental health disorders since 1978.

Our mission is: *To understand and reduce the harm to people, families and communities caused by substance misuse and any co-occurring mental health disorders.*

Last year was a tremendous period of change for us. Courtesy of the NT Government, Banyan House completed a \$4.7m refurbishment. And the Improved Services Initiative has enabled us to improve screening, assessment and ongoing treatment procedures and to strengthen links with mental health agencies in Darwin.

We also commenced participation in a research project titled *Best practice guidelines for evaluating Indigenous residential alcohol and drug programs*. The research is being undertaken by Dr. Richard Chenhall, Menzies School of Health Research, Darwin, and involves implementation of a client assessment inventory, designed specifically for use in a therapeutic community, to provide a measure of clients' progress through treatment.

The research in New South Wales, Western Australia and the Northern Territory will look at how residential treatment programs are

providing their services, and in particular how agencies can make evaluations of programs more appropriate to the experiences of residents through treatment.

In 2010 Banyan House residents will (with consent) participate in an additional research project aimed at using digital learning communities to improve long-term recovery and employability skills.

Finally, our thanks go to those who have provided some great guidelines and self-assessment resources to help agencies improve services. We now have access to:

- NT AOD standards
- ATCA [Australian Therapeutic Community Association] standards
- Dual Diagnosis Capability Assessment
- Guidelines on the Management of Co-Occurring Alcohol and Other Drug and Mental Health Conditions



find out more at  
[www.banyanhouse.org.au](http://www.banyanhouse.org.au)



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**K**edesh Rehabilitation Services (KRS) is a treatment, training & research organisation that successfully secured funding for the Improved Services Initiative to provide a unique training program - The Mental Illness & Substance Use (MISU) Program to NSW based non government residential drug and alcohol services.

KRS aims are to meet the needs of individuals whose drug/alcohol use has produced a range of psychological and behavioural problems and require a medium-term admission to an in-patient treatment facility.



Further information at [www.kedesh.com.au](http://www.kedesh.com.au)

KRS has of 3 integrated treatment programs:

- Kedesh Adult Programme – an inpatient / outpatient drug, alcohol and gambling rehabilitation service for adults
- Kedesh Adolescent Programme (KAP) – an inpatient / outpatient drug, alcohol and gambling rehabilitation service for Young Persons
- Kedesh Family Programmes – provides counselling, group work and education for families who are affected by drug and alcohol misuse.

More recently KRS and NADA collaborated in the development of a program to build the capacity of residential NGO drug and alcohol treatment agencies to better manage clients with mental health and drug and alcohol issues.

The MISU program has been designed to provide individualised and supported training to meet the needs of staff and management of an organisation. The emphasis is on promoting organisational change in the way complex clients are assessed, treated and understood.

KRS was funded by the Department of Health and Ageing, under the Improvement Service Initiative to roll out this project to NSW NGO residential services.

The capacity building project works with staff to elicit attitudes, confidence and skill sets in working with this client group. Training is then delivered over a set number of structured training hours to address these. Resources and exercises are provided for staff to continue learning in the clinical setting. The project also works with the organisations' management to review and amend operational policies, procedures and practices.

Some of the modules include, but are not limited to the following:

- Duty of Care
- Assessment
- CBT
- Motivational Interviewing
- Depression
- Anxiety
- Post Traumatic Stress Disorder
- Borderline Personality Disorder
- Suicide & Self harm
- Self care
- Sleep hygiene
- Journal writing
- Goal setting
- Problematic relating styles

KRS will continue to deliver this training through out this calendar year, for further information [www.kedesh.com.au](http://www.kedesh.com.au).

## Bottom Up, Top Down Capacity Building at Anglicare Victoria

Anglicare Victoria provides Community Services and Out of Home Care to vulnerable children, young people and families in Victoria. AGENDAS (Anglicare Greater Eastern Drug and Alcohol Service) is just one of the services Anglicare Victoria provides in the Eastern Metropolitan Region of Melbourne and provides Alcohol and Drug counselling and support to individuals, families and young people.

Anglicare Victoria recognises the complex nature that substance use and mental illness has on the lives of families who present within the organisation and understand that this impacts across all programs not just A&D services.

Anglicare Victoria received funding in July 2008 with the aim to improve knowledge and understanding about mental health issues for staff working in our A&D services as well as build staff capacity across the agency, including Family Services to effectively undertake early identification of co occurring issues through screening, assessment and management in order to improve the outcomes for our clients. We aim to

strengthen partnerships, linkages and networks with the mental health service sector to ensure co morbidity is an active agenda item within our developed partnerships and networks.

The focus of our project to date has been on training and up skilling staff across the organisation as well as developing links with key stakeholders and the development of sustainable networks and partnerships. Securing the support of a RTO we are excited to offer competency based training to all staff across the organisation over the next 2 years.

The support of both the General Manager Community Programs and General Manager Leadership Training and Organisational Development has ensured that the Senior Executive Leadership team within the organisation are aware of the initiatives to date and participate actively ensuring successful outcomes and quality improvements are sustained and implemented. Support from the Knox Area Manager and the Manager A&D Services ensures staff at a local level are aware and participate fully in the initiatives and effective communication is maintained and available across the agency.



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# Women with Complex Needs



Many women who experience domestic and family violence have multiple and complex needs including alcohol and other drug concerns, mental health issues, child protection challenges and histories of abuse and trauma to name a few. Despite the fact that these issues are inter-related, service responses to address these diverse needs are often fragmented, requiring women to access multiple services to obtain the support they need.

The Supporting Women with Complex Needs project was a partnership between Women’s Council for Domestic and Family Violence Services (WA), and WA Network of Alcohol and Other Drug Agencies in response to increasing numbers of women presenting to Women’s Refuges with substance use issues.

The project was conducted in three stages

- a Roundtable Discussion, held at parliament house with a variety of key stakeholders
- a two-day cross sector training event, held with 60 participants from across the state
- development of the Supporting Women with Complex Needs resource



Jill Rundle, ED WANADA, Angela Hartwig, CEO Women's Council for Domestic & Family Violence Services (WA) and Hon. Robyn McSweeney MLC at the December 4<sup>th</sup> 2009 Launch

[www.wanada.org.au](http://www.wanada.org.au)

[www.womenscouncil.com.au](http://www.womenscouncil.com.au)



The Hon. Robyn McSweeney, MLC Minister for Child Protection, Community Services, Seniors and Volunteering, Women’s Interests, in December 2009 launched the resource. Jill Rundle, WANADA’s Executive Director, speaking of the benefits of collaboration for both the Domestic and Family Violence Services and the Alcohol and Other Drugs sectors, said “It is always great to work in partnership on projects, as they support networking and cross fertilisation of knowledge and skills across sectors. For this project, the collaboration has been very rewarding, and the resources produced are a testament to the willingness and desire, and indeed the need, to work collaboratively”.

Angela Hartwig Chief Executive Officer Women's Council for Domestic & Family Violence Services (WA) said “This resource is a first step towards breaking down the barriers in accessing services faced by women experiencing domestic and family violence who are also using substances.”

## FOR MORE INFORMATION

If you would like to know more about the Improved Services Initiative or any of the articles in this newsletter please contact your local representative:

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**We appreciate your feedback on the newsletter. Please send comments to your state or territory representative (listed above).**

## CONFERENCES

### Building Bridges National Community Mental Health and Addictions Conference 2010

14-16 April 2010, Wellington, New Zealand

[http://www.buildingbridges.co.nz/site/building\\_bridges\\_trust/](http://www.buildingbridges.co.nz/site/building_bridges_trust/)

### The Challenges of Co-morbidity: A forum

16 April 2010, Hobart

Contact: ATDC June Templer [junet@atdc.org.au](mailto:junet@atdc.org.au) (03) 62247780

### Harm Reduction 2010: The Next Generation

25-29 April 2010, Liverpool, England

<http://www.ihra.net/Liverpool/Home>

### Unfinished Business: Pathways to Social Inclusion

VICSERV's International Mental Health Conference

29-30 April 2010, Melbourne

<http://vicserv.org.au/conference2010/>

### Reconnexion's 5<sup>th</sup> National Anxiety and Depression Conference

17-18 May 2010, Melbourne

<http://www.reconnexion.org.au/www/464/1001127/displayarticle/conference-2010--1010900.html>

### Walking the Talk Together: Partnerships for Health Promotion

Australian Health Promotion Association 19<sup>th</sup> National Conference

30 May – 2 June 2010, Melbourne

<http://www.conferenceco.com.au/AHPA/index.html>

### NIDAC 2010 Conference: Listening, Learning and Leading

16 - 18 June 2010, Adelaide Convention Centre, SA

<http://www.nidaconference.com.au/>

### 2<sup>nd</sup> International Conference on Motivational Interviewing

7-9 June 2010, Stockholm, Sweden

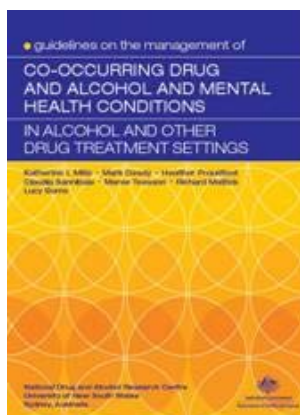
<http://www.fhi.se/en/ICMI-2010/>

### 2010 Australian Winter School

21-23 June 2010, Brisbane

<http://www.winterschool.info/>

## NEW RESOURCE



### [The National Comorbidity Guidelines](#)

can be downloaded from the NDARC website.

The training package that has been developed to support AOD workplaces to implement the Guidelines can also be accessed from the NDRAC website at the end of March 2010.