

Integrated treatment, care and support for people with co-occurring mental illness and substance use or addiction

Guidance for mental health and wellbeing & alcohol and other drug
services (Victoria)

OFFICIAL - DRAFT



Department
of Health

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In this document, 'Aboriginal' refers to both Aboriginal and Torres Strait Islander people. 'Indigenous' or 'Koori/Koorie' is retained when part of the title of a report, program or quotation.

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1. Introduction

Many people experience co-occurring mental illness and substance use or addiction, with some leading international experts considering this ‘the expectation, not the exception.’¹

There is promising evidence to suggest that integrated treatment, care and support results in better outcomes for people with co-occurring mental illness and substance use or addiction needs (people with co-occurring needs).²³ While there are pockets of excellence and examples of good integrated practice across the mental health and wellbeing and alcohol and other drug (AOD) systems, the Royal Commission into Victoria’s Mental Health System (the Royal Commission) found that comprehensive and integrated treatment, care and support is not readily available to all who need it.

Instead, many people experience siloed approaches to service delivery that treat their interrelated needs separately. A common experience is that people are referred back and forth, having to retell their story to different workers in different services; in some cases, people are excluded from services altogether.⁴

People with co-occurring needs consistently report experiences of compounded forms of stigma and discrimination in both service provision and wider community contexts. Some commonly held misbeliefs are that people who use substances are dangerous, cannot make decisions and are to blame for their experiences.⁵ This can have profound and enduring impacts on the lives of people with co-occurring needs, and their families and supporters. Such beliefs can discourage people from seeking support in the first instance, and undermine and negatively influence the treatment, care and support they receive.⁶

In making its recommendations, the Royal Commission envisaged a future in which people with co-occurring needs have access to integrated treatment, care and support in a variety of settings, consistent with the intensity of their needs and preferences. It also made clear that no person should be excluded from mental health and wellbeing services because of their co-occurring substance use or addiction needs (see recommendations 35, 36 and 8(3)(c) at **Appendix A**).

The Royal Commission’s recommendations are focused on delivering an integrated experience of treatment, care and support for people with co-occurring needs, while maintaining the unique strengths of both the mental health and wellbeing and AOD systems.

For this reason, rather than recommending system integration, the Royal Commission envisaged a future where both systems consistently offer welcoming, compassionate and capable responses to

¹ Kenneth Minkoff and Christie A. Cline, Developing Welcoming Systems for Individuals with Co-Occurring Disorders: The Role of the Comprehensive Continuous Integrated System of Care Model, *Journal of Dual Diagnosis*, 1.1 (2005), 65–89, p. 71.

² Minkoff and Cline, p. 67; Robert E Drake and others, Implementing Dual Diagnosis Services for Clients With Severe Mental Illness, *Psychiatric Services*, 52.4 (2001), 469–476 (p. 471); Christina Marel and others, Guidelines on the Management of Co-Occurring Alcohol and Other Drug and Mental Health Conditions in Alcohol and Other Drug Treatment Settings, 2016, p. 98

³ Throughout this document, unless otherwise specified, the term ‘people with co-occurring needs’ is taken to mean ‘people with co-occurring mental illness and substance use or addiction.’ A full definition appears at page 3.

⁴ The Royal Commission into Victoria’s Mental Health System Final Report, 2021, Volume 3, chapter 22, pp. 310-311 and 316.

⁵ There are four different types of stigma that are related and mutually reinforcing: self-stigma (the process whereby a person internalises negative attitudes and applies these views to themselves), public stigma (publicly held attitudes or behaviours towards people with co-occurring needs), structural stigma (exclusionary policies, practices or systems) and stigma by association (stigma experienced on the basis of association to a person with co-occurring needs). (The Royal Commission into Victoria’s Mental Health System Final Report, 2021, Volume 3, Chapter 25, p.520-521; Witness Statement of Dr Chris Groot, 4 September 2019; Witness Statement of Dr Michelle Blanchard, 27 June 2019.)

⁶ The Royal Commission into Victoria’s Mental Health System Final Report, 2021, Volume 3, chapter 22, pp. 317-318.

people with co-occurring needs and their families and supporters. This means that people with different levels of needs will be supported in the following ways:

- people with co-occurring needs who have **moderate-to-high intensity** mental health support needs will have their comprehensive needs met primarily through the **mental health and wellbeing system**
- people with co-occurring needs who have **low intensity** mental health support needs will have their comprehensive needs met primarily through the **AOD system**.

While the mental health and wellbeing and AOD systems will remain distinct, to realise the Royal Commission's vision, both systems will need to operate more closely together, based on a shared understanding of best practice for integrated treatment, care and support.

The *Integrated treatment care and support for people with co-occurring needs: Guidance for Victorian mental health and wellbeing and AOD services* (the '**Guidance**') sets out a vision for integrated treatment, care and support that will meet the expectations of people with co-occurring needs, and those of their families and supporters. This is only the first step in the journey to transform our ways of working across, and within, both the mental health and wellbeing and AOD systems. Implementation planning is considered at sections 5 and 6 of the Guidance.

In developing the Guidance, the Department of Health has consulted widely with people with lived and living experience, families and supporters, workers and services providers across the mental health and wellbeing and AOD sectors. It has also been informed by leading integrated care policies and programs, including Victoria's [Dual Diagnosis: Key Directions and Priorities for Service Development](#)⁷ and the influential work of Christie Cline and Kenneth Minkoff in developing the [Comprehensive Continuous Integrated System of Care](#)⁸ model. For details on the Department of Health's engagement approach see **Appendix B**.

2. Purpose of the Guidance

This section defines important terminology and language, outlines the purpose and scope of the Guidance, and describes how the Guidance interacts with planned reform initiatives.

Terminology and language

The language used in this document aims to be inclusive and respectful. Where possible it is aligned with preferred terms adopted by the Royal Commission⁹ and the *Power of Words: Having alcohol and other drug conversations: A practical guide*.¹⁰

Two key phrases used in this Guidance are 'co-occurring needs' and 'integrated treatment, care and support'. These phrases are defined specifically in Figure 1 below. A full glossary is available at **Appendix C**.

⁷ Dual diagnosis, key directions and priorities for service development, 2007.

⁸ [Comprehensive Continuous Integrated System of Care](#)

⁹ Royal Commission Final Report 2021, Volume 1, Glossary, pp.652-677.

¹⁰ The Power of Words: having alcohol and other drug conversations: A practical guide, 2021.

Figure 1: Definition of key terms

| | |
|---|--|
| Co-occurring needs | <p>The term ‘co-occurring needs’ can be used to describe a range of different support needs that a person may experience at the same time.</p> <p>However, for the purposes of the Guidance, this term is used to refer to the needs of people who experience co-occurring mental illness (including people experiencing suicidal thoughts and behaviours) and substance use or addiction, with or without a formal diagnosis.</p> <p>This definition acknowledges the diversity of people’s experiences with mental illness and alcohol and other drug use.</p> |
| Integrated treatment, care and support | <p>Treatment, care and support is integrated if it offers a welcoming, hopeful, timely, coordinated and seamless response to a person’s co-occurring mental health and substance use or addiction needs.</p> <p>Integrated treatment, care and support must:</p> <ul style="list-style-type: none">• Respond simultaneously to a person’s co-occurring needs whenever that is the person’s preference. The support provided should be led by an individual’s priorities, goals and preferences, and empower the person with co-occurring needs, and their families and supporters, to achieve the outcomes that are important to them.• Prioritise simplicity and continuity of care for the person with co-occurring needs, and their families and supporters. Often this will mean a person with co-occurring needs prefers a single worker or single provider contact, however if this is not possible, multiple workers or service providers may be involved. |

Purpose and scope of the Guidance

This Guidance applies to mental health and wellbeing and AOD services supporting people with co-occurring needs and their families and supporters.¹¹

The purpose of setting out a vision for integrated treatment, care and support in the Guidance is to ensure that we are in the best position to collectively support people with co-occurring needs and their families and supporters, whether that care is experienced in the mental health and wellbeing or AOD systems.

The Guidance:

- is targeted to leaders across the mental health and wellbeing and AOD systems who are responsible for shaping service design, delivery and implementing reform
- complements, rather than replaces, existing policies and frameworks that support the delivery of integrated treatment, care and support. **Appendix D** provides further detail on these existing policies.

People with co-occurring needs may also experience a range of other health, social and legal issues that require a coordinated and holistic service response. While the focus of the Guidance is on co-occurring mental illness and substance use or addiction, it is important to acknowledge that improving the health and wellbeing of all people accessing mental health and wellbeing and AOD support relies on collaboration with other systems that sit outside of the mental health and wellbeing and AOD systems.

¹¹ **Appendix C** provides further detail on these services.

A phased approach to implementation guidance

The Guidance provides the concept and foundations for our new approach to integrated practice. It is, however, only the first phase of the reform journey. More detailed implementation advice to support services and workers to achieve our shared vision for people with co-occurring needs and their families and supporters will be forthcoming.

In the future we will build on the Guidance, developing a series of related products as outlined in Figure 2. A range of enabling actions will also be undertaken to bring each phase to life (for further information see section 5).

Figure 2: A phased approach to achieving our shared vision for people with co-occurring needs and their families and supporters

| Phase | Purpose | Key product |
|----------------|--|--------------------------------------|
| Phase 1 | Define a shared understanding and vision for integrated treatment, care and support and identify next steps for achieving this vision. | The Guidance |
| | Service delivery models of care to support implementation of integrated treatment, care and support in mental health and wellbeing services. | Implementation Guidance |
| Phase 2 | Understand future need for integrated treatment, care and support and plan for future allocation of resources. | A statewide service and capital plan |
| | Map new and reformed services responsible for delivering integrated treatment, care and support, including pathways and relationships between services to support interoperability across systems. | A service capability framework |
| Phase 3 | Detailed practice guidelines to support the operations of services and workers, such as intake and assessment tools, risk assessments and treatment, care and support practices. | Practice guidelines |

Alignment with concurrent reforms

The Royal Commission’s vision for integrated treatment, care and support will only be realised if it is embedded across all aspects of the mental health and wellbeing reform agenda.

This means that this Guidance should be used to inform the design and implementation of all relevant reforms – whether they be new service models, governance and accountability structures, leadership or workforce changes, or efforts to ensure ongoing excellence in meeting community mental health and wellbeing needs.

Figure 3 highlights examples of these initiatives and their relationship to the Guidance. Detail on how mental health and wellbeing reform activity will support the delivery of integrated treatment, care and support in the coming months and years is at section 5.

Figure 3: Relationship between the Guidance and other reform initiatives

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| New and reformed mental health and wellbeing services | <p>Local Adult and Older Adult Mental Health Services (‘Local Services’)</p> <p>Up to 60 new Local Services will provide a welcoming front door to the public mental health and wellbeing system where people first access support.¹² Local Services will offer integrated treatment, care and support to people with co-occurring needs and their families and supporters, consistent with the Guidance.</p> |
|--|---|

¹² Recommendation 3(2)(a): Establish service delivery across Victoria at local, area-based and statewide levels comprising: between 50 to 60 new Adult and Older Adult Local Mental Health and Wellbeing Services that operate with extended hours and are delivered in a variety of settings. The Royal Commission into Victoria’s Mental Health System Final Report, 2021, Volume 1, Chapter 5, p. 191.

Local Services are required to be networked with the public health services funded to deliver Area Services in the catchment within which the Local Service operates. This will enable smooth referral pathways for people, including people with co-occurring needs.

All Local Services will be established by the end of 2026, with the first six to open by the end of 2022.

Area Mental Health and Wellbeing Services ('Area Services')

Area services are being reformed, with their capacity and scope of practice expanded.¹³ This includes providing integrated treatment, care and support to people with co-occurring needs by end 2022, consistent with the Guidance.

As a first step, Area Services are preparing Transformation Plans which are due in July 2022, to support the implementation of a range of activities to meet the Royal Commission's reforms. The Transformation Plans have an initial focus on eight priorities, including the delivery of integrated treatment, care and support to people with co-occurring needs.

Suicide prevention

The Hospital Outreach Post-suicide Engagement (HOPE) program is a follow-up and aftercare service for people who attend a hospital emergency department in crisis or following a suicide attempt. It provides clinical and social support tailored to the individual needs of each person.

The HOPE program has been expanded to all Area Services across Victoria.¹⁴ A new HOPE service and care model for children and young people has also been established at three of four Child and Youth Area Mental Health and Wellbeing Services.

In addition to HOPE services, an intensive 14-day support program for adults experiencing psychological distress is also being established.¹⁵ The program will provide community-based problem-solving support and wellness and distress management planning. It will also support connections to other services. Co-design activities will be undertaken in 2022 to inform the design and development of the program.

Suicide prevention programs will be inclusive of people with co-occurring needs and will deliver integrated treatment, care and support that is consistent with the Guidance.

Self-determined Aboriginal Social and Emotional Wellbeing services

In partnership with the Victorian Aboriginal Community Controlled Health Organisation (VACCHO), Aboriginal Social and Emotional Wellbeing teams are being expanded across all 25 Aboriginal Community Controlled Organisations. Four existing sites have had their funding continued with additional teams to come on board in the coming months. These multidisciplinary teams are comprised of mental health clinicians, lived experience workers, cultural experts and workers with other specialist expertise relevant to the needs of their local communities, including AOD workers.

¹³ Recommendation 3(2)(b)(c): Establish service delivery across Victoria at local, area-based and statewide levels comprising: 22 Adult and Older Adult Area Mental Health and Wellbeing Services and 13 Infant, Child and Youth Area Mental Health and Wellbeing Services delivered through partnerships between public health services or public hospitals and non-government organisations that deliver wellbeing supports. The Royal Commission into Victoria's Mental Health System Final Report, 2021, Volume 1, Chapter 5, p. 191.

¹⁴ Interim Recommendation 3: expand follow-up care and support for people after a suicide attempt by recurrently funding all area mental health services to offer the HOPE program. Royal Commission into Victoria's Mental Health System, Interim Report, 2019, Chapter 15, p.444.

¹⁵ Recommendation 27(3): develop an intensive 14-day support program for adults who are experiencing psychological distress, modelled on Scotland's Distress Brief Intervention program. The Royal Commission into Victoria's Mental Health System, Final report, 2021, Volume 2, Chapter 17, p.452.

| | |
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| | <p>A new Aboriginal Social and Emotional Wellbeing Centre of Excellence is also being established to support Aboriginal Community Controlled Organisations to deliver culturally safe and appropriate treatment, care and support. The Centre will also share research and best practice in relation to social and emotional wellbeing. ¹⁶ VACCHO and the Department of Health have been working together in partnership to set the foundations for the Centre of Excellence. In the future, the Centre will also host two co-designed healing centres. In doing so, the Centre recognises that healing is an essential component of improved Aboriginal social and emotional wellbeing.¹⁷</p> <p>This Guidance acknowledges that Social and Emotional Wellbeing services should be delivered within a holistic framework that is aligned with Aboriginal concepts of social and emotional wellbeing. As described in Balit Murrup, this 'enables concepts of mental health to be recognised as part of a holistic and interconnected Aboriginal view of health, which embraces social, emotional, physical, cultural and spiritual dimensions of wellbeing.'¹⁸</p> <p>Consistent with the principles of self-determination and community control,¹⁹ the Guidance reflects and supports Aboriginal concepts of social and emotional wellbeing. As noted in Balit Murrup, embracing these concepts can assist policy makers, organisations, clinicians and support staff to better meet the needs of people with co-occurring needs, and their families and supporters.²⁰</p> |
| Regional governance | <p>By the end of 2023 Regional Mental Health and Wellbeing Boards will be stood up and responsible for planning, funding and monitoring mental health and wellbeing services.²¹ This includes commissioning integrated treatment, care and support for people with co-occurring needs, aligned with the Guidance.</p> <p>In March 2022, the Chairs for eight new mental health Interim Regional Bodies were appointed to advise the Department of Health about the needs of their local communities, to assist in the planning and delivery of mental health and wellbeing services.</p> |
| Workforce supply and development | <p>The delivery of integrated treatment, care and support requires a diverse, skilled and multidisciplinary workforce. Released in December 2021, Victoria's mental health and wellbeing workforce strategy 2021- 2024 provides a strategic approach to expand and strengthen the capability of the workforce.²²</p> <p>The Department of Health is continuing to work with the community and sector partners to implement the Workforce Strategy, which will be reviewed and updated every two years.</p> <p>Published in December 2021, the Victorian Mental Health and Wellbeing Workforce Capability Framework articulates the knowledge and skills required of the mental health and wellbeing workforce.²³ This includes strengthening the integrated care capability of the workforce, consistent with the Guidance.</p> |

¹⁶ Interim recommendation 4: expand social and emotional wellbeing teams throughout Victoria and that these teams be supported by a new Aboriginal Social and Emotional Wellbeing Centre. Royal Commission into Victoria's Mental Health System, Interim Report, 2019, Chapter 16, p.465.

¹⁷ Recommendation 33: Build on the interim report's recommendation 4 to support Aboriginal social and emotional wellbeing, and resource the Social and Emotional Wellbeing Centre to establish two co-designed healing centres. Royal Commission into Victoria's Mental Health System, Final Report, 2021, Volume 3, Chapter 20, p.141.

¹⁸ Balit Murrup, Aboriginal social and emotional wellbeing framework, 2017-2027, 2017, p.10.

¹⁹ See Balit Murrup, Aboriginal social and emotional wellbeing framework, 2017-2027, 2017, p. 8.

²⁰ Balit Murrup, Aboriginal social and emotional wellbeing framework, 2017-2027, 2017, p. 26.

²¹ Recommendation 4(3): establish legislated Regional Mental Health and Wellbeing Boards to: (a) commission mental health and wellbeing services; and (b) hold individual providers to account to improve the outcomes and experiences of people who use their services. The Royal Commission into Victoria's Mental Health System Final Report, 2021, Volume 1, Chapter 5, p. 192.

²² Recommendation 57(3): develop, implement and maintain a Workforce Strategy and Implementation Plan by the end of 2021. The Royal Commission into Victoria's Mental Health System Final Report, 2021, Volume 4, Chapter 3, p. 451.

²³ Recommendation 58(2): develop a Victorian Mental Health and Wellbeing Workforce Capability Framework. The Royal Commission into Victoria's Mental Health System Final Report, 2021, Volume 4, Chapter 3, p. 452.

| | |
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| | The first iteration of the Capability Framework represents a point in time, it will continue to be reviewed and revised across a ten-year reform journey. |
| Outcomes and performance monitoring | <p>A new Mental Health and Wellbeing Outcomes and Performance Framework will drive accountability and help track performance and outcomes for improving the mental health and wellbeing outcomes of Victorians.²⁴ This includes improved outcomes for people with co-occurring needs, aligned with the principles and expectations of the Guidance.</p> <p>To inform the design and development of the Framework, a series of workshops involving people with lived experience, families, supporters and sector representatives were held in the first half of 2022, with broader community engagement activities via the Engage Victoria platform planned for mid-2022. The Framework is due to be released by end 2022.</p> |

3. Delivering integrated treatment, care and support across multiple systems

This section outlines the roles and responsibilities of systems and services in delivering integrated treatment, care and support, in order to achieve better outcomes and experiences for people with co-occurring needs, and their families and supporters. It also describes the different ways services may configure themselves to deliver integrated treatment, care and support.

Services responsible for delivering integrated treatment, care and support

People who experience both mental illness and substance use or addiction will have their needs comprehensively met in an integrated way. Substance use or addiction will not be a barrier to accessing treatment, care and support from the mental health and wellbeing system. Mental illness will not be barrier to accessing treatment, care and support from the AOD system. People with co-occurring needs will no longer be turned away or excluded from services. Instead, they will receive equitable access to the treatment, care and support they need to live a life they value.

The mental health and wellbeing system

The mental health and wellbeing system is responsible for supporting people with co-occurring needs who experience moderate-to-high intensity mental health support needs. People accessing treatment, care and support from mental health and wellbeing services are primarily doing so to address their moderate-to-high intensity mental health support needs, however, many also experience co-occurring substance use or addiction. The mental health and wellbeing system will support people to meet both needs in an integrated way, with services receiving capability building support from the new statewide service for people with co-occurring needs. The statewide service will also provide primary consultation to a small number of people with the highest-intensity substance use or addiction support needs.

²⁴ Recommendation 1(1): develop a Mental Health and Wellbeing Outcomes Framework to drive collective responsibility and accountability for mental health and wellbeing outcomes across government portfolios and recommendation 49: establish a new performance monitoring and accountability framework. The Royal Commission into Victoria’s Mental Health System Final Report, 2021, Volume 1, Chapter 3, p. 91.

The AOD system

The AOD system is responsible for supporting people with co-occurring needs who experience low intensity mental health support needs. People accessing treatment, care and support from AOD services are primarily doing so to address their substance use or addiction needs, however, many also experience co-occurring low intensity mental health support needs. The AOD system will support people to meet both needs in an integrated way, with support from the mental health and wellbeing system and capability building support from the new statewide service for people with co-occurring needs.

No wrong door

Regardless of whether a person seeks support for their co-occurring needs in the mental health and wellbeing or AOD system, they will be met with a welcoming and compassionate approach, based on a philosophy of 'how can we help.'

Mental health and wellbeing and AOD services will meaningfully and actively respond to the needs and preferences of people with co-occurring needs, either through direct service provision or warm referral processes. This includes ensuring people with co-occurring needs can maintain their preferred service provider and worker relationships (where this is the person's preference). It also means ensuring people have the flexibility to move between different services and systems in line with their changing needs and preferences.²⁵

Mental health and wellbeing and AOD services will also need to work closely with a wide range of other service systems. This includes primary care, hospital and community-based healthcare and social services responding to issues like homelessness, housing and child and family safety, as well as criminal justice services like police and corrections. These services play an important role in working alongside mental health and wellbeing and AOD services to support people with co-occurring needs, and their families and supporters.

The statewide service for people with co-occurring needs

The new statewide service for people with co-occurring needs (the statewide service) comprises Turning Point as the lead organisation, and an initial network of four addiction services. The key role of the statewide service is to provide support to, and build the capability of, the mental health and wellbeing and AOD systems to deliver integrated treatment, care and support.

As the statewide service lead, and in line with its establishment plan, Turning Point will:

- develop and deliver an education and training program that will increase the integrated care capability of workers
- lead research into co-occurring mental illness and substance use or addiction
- provide brief centralised secondary consultation across both the mental health and wellbeing and AOD systems
- coordinate access to addiction services where further support is required for people with high-intensity AOD support needs.

The statewide service will deliver these core functions in line with the principles and expectations outlined in the Guidance.

²⁵ See appendix C for a definition of 'no wrong door approach.'

Initially, a network of four addiction services will facilitate access to specialist care closer to home via primary consultation and secondary consultation to build the integrated care capability of workers. Primary consultation will be available to a small number of people with the highest-intensity substance use or addiction needs and co-occurring mental illness. Addiction services will initially be accessed only through Area Services. Over time, as the number of addiction specialists increase, access to addiction services will be expanded to both Local Services and primary and secondary mental health and related services.

Turning Point will commence operations by end 2022 and the first four addiction services by January 2023.

How services can configure themselves to deliver integrated treatment, care and support

The Royal Commission identified three ways mental health and wellbeing services might choose to configure themselves to deliver integrated treatment, care and support to people with co-occurring needs (refer to figure 4).

Mental health and wellbeing services will have the flexibility to determine which approach, or combination of approaches, best meets the needs of their local communities.²⁶ Regardless of the approach adopted, all mental health and wellbeing services will deliver integrated treatment, care and support that comprehensively meets the needs and preferences of people with co-occurring needs, and their families and supporters, in those services specifically.

Figure 4: How mental health and wellbeing services can configure themselves to deliver integrated treatment, care and support²⁷

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| Multidisciplinary teams | Workers from different disciplines employed in a mental health and wellbeing service work together to deliver integrated treatment, care and support in a single service setting. There is a high degree of collaboration and coordination between workers of different disciplines. |
| Co-location and care coordination partnerships | A mental health and wellbeing service physically co-locates with an AOD service to deliver coordinated treatment, care and support. Through care coordination, single care planning and shared information systems, both services work together to deliver integrated treatment, care and support. |
| Service delivery partnerships | A mental health and wellbeing service partners with an AOD service to deliver some aspects of a person’s treatment, care and support within the mental health and wellbeing service. |

4. Vision, principles and expectations of integrated treatment, care and support

This section articulates our overall concept and direction for how people with co-occurring needs and their families and supporters should experience treatment, care and support:

²⁶ As the Royal Commission noted, Local Mental Health and Wellbeing Services and Area Mental Health and Wellbeing Services will be assisted by Regional Mental Health and Wellbeing Boards to determine the most appropriate approach. Royal Commission into Victoria’s Mental Health System Final Report, 2021, Volume 3, Chapter 22, p. 331.

²⁷ Royal Commission into Victoria’s Mental Health System Final Report, 2021, Volume 3, Chapter 22, p. 332.

- the **vision** briefly sets out the desired future state
- the **principles** describe key concepts to inform the implementation of integrated treatment, care and support
- the statements of **shared understanding** provide essential context about the rights, needs and experiences of people with co-occurring needs, and their families and supporters
- the **expectations** articulate service providers' broad obligations when supporting people with co-occurring needs and their families and supporters.

Our shared vision for people with co-occurring needs

Our shared vision is for a future in which all people with co-occurring needs enjoy their best possible health and wellbeing, with equitable access to integrated treatment, care and support that meets their needs and preferences and proactively involves families and supporters.²⁸

Achieving our vision is a shared responsibility across the mental health and wellbeing and AOD systems and the Victorian Government.²⁹ Other health, social and justice service systems also play a critical role in supporting people with co-occurring needs to achieve better outcomes.

Principles and expectations for integrated treatment, care and support

Figure 5 outlines the principles and expectations of mental health and wellbeing and AOD services when supporting people with co-occurring needs, and their families and supporters. Applying and delivering on these expectations is a shared responsibility of all services and workers involved in the provision of integrated treatment, care and support – supported by enabling actions (see section 5).

Services' local models of care should be consistent with this guidance. While the principles and expectations provide universal concepts and broad obligations, integrated treatment, care and support will be delivered flexibly across different service settings based on services' core functions and models of care.

The principles and expectations are intended to apply specifically to the delivery of integrated mental health and wellbeing and AOD treatment, care and support. They do not provide a holistic framework for integrated practice, and do not exhaustively describe all the desirable principles and expectations which may be applicable for mental health and wellbeing and AOD services in the general course of their service provision.

²⁸ In this context 'our' refers to mental health and wellbeing and AOD services responsible for supporting people with co-occurring needs (as defined in Appendix B) and the Victorian Government, as defined by the Department of Health.

²⁹ As represented by the Department of Health.

Figure 5: Principles and expectations of services supporting people with co-occurring mental illness and substance use or addiction

Note on terminology: In Figure 5, 'People with co-occurring needs' refers to people experiencing co-occurring mental illness and substance use or addiction. See the Glossary at Appendix C for more information on the terms used in this Guidance.

| Principles | Expectations |
|--|---|
| <p data-bbox="78 469 353 512">1 Inclusion</p> <p data-bbox="163 550 1010 675">All mental health and wellbeing and AOD services welcome people with co-occurring needs, and their families and supporters</p> <p data-bbox="163 718 506 754">Shared understanding</p> <p data-bbox="163 788 1021 882">People with co-occurring needs have a right to enjoy their best possible health and wellbeing, and are entitled to respect, dignity and equity in the provision of treatment, care and support.</p> <p data-bbox="163 906 999 1034">People with co-occurring needs may have low trust in services as a result of experiences such as stigma, poor worker knowledge, discrimination, trauma, or involuntary, punitive and custodial interventions (either in service or wider community contexts).</p> <p data-bbox="163 1059 949 1123">Building and maintaining trust and engagement requires a compassionate, empathetic service response that fosters hope.</p> | <p data-bbox="1095 469 2152 552">Welcome people with co-occurring needs and their families and supporters.</p> <p data-bbox="1095 576 2152 608">Take every opportunity to ensure they feel safe, accepted and free to be themselves.</p> <p data-bbox="1095 651 1805 692">Offer hope, respect and non-judgement.</p> <p data-bbox="1095 716 1397 748">Do not judge people for:</p> <ul data-bbox="1095 767 2145 877" style="list-style-type: none">• their co-occurring needs, substance use, or mental health symptoms• not following, or circumstances not supporting them to follow, treatment, care and support recommendations <p data-bbox="1095 895 1630 927">... or for any related harm or consequence.</p> <p data-bbox="1095 951 2163 1015">Establish a sense of safety, connection and trust and inspire hope in the possibility for positive change.</p> <p data-bbox="1095 1034 2152 1098">Proactively address stigmatising language and practices across all aspects of service delivery.</p> |

2 Access

People with co-occurring needs, and their families and supporters, have equitable access to treatment, care and support

Shared understanding

Co-occurring needs are common (the 'expectation, not the exception' for service providers) and should be anticipated as part of core business.

A person's co-occurring needs should not exclude them from access to treatment, care and support. People may have already experienced access inequities, including Aboriginal people who have disproportionately experienced exclusionary policies and practices. People with co-occurring needs may also have a range of other needs alongside their mental illness and substance use or addiction.

A wide range of populations and communities may require tailored approaches to accessing integrated treatment, care and support (and may also be more likely to have co-occurring needs). People's individual circumstances may also influence their ability to engage with services, requiring individual approaches.

Ensure there are 'no wrong doors'³⁰ and viable support pathways.

Ensure people with co-occurring needs, and their families and supporters, have access to integrated treatment, care and support (including harm reduction), no matter which point of entry they have taken.

Maximise continuity of care throughout a person's journey, including at transition points.

When service transition or referral is necessary and the person agrees, ensure the experience is proactive, practical and as seamless as possible, minimising the need for people to retell their stories.

Maximise accessibility.

Maximise accessibility, safety and capacity to respond to the specific local needs of: women; people with intersectional needs, people from culturally and linguistically diverse backgrounds, older and younger people, the LGBTQIA+ community, gender diverse people, and people with disabilities.

Welcome all people and support them as a whole person with unique needs.

Ensure Aboriginal cultural safety and self-determination.

Build cultural safety to ensure Aboriginal people feel safe to access your service in a manner that validates their identity and experience. This may be underpinned by local or organisational partnerships with Aboriginal community-controlled organisations, facilitating First Peoples' right to make decisions on matters that affect their lives and communities.

³⁰ See appendix C for a definition of a 'no wrong door approach.'

3 Capability

Services have the skills, knowledge and attitudes – at the worker, organisational and systemic levels – to meet people’s co-occurring needs, and the needs of their families and supporters³¹

Shared understanding

Mental health and substance use can influence each other.³⁵ They can create complex interactions and – while individual experiences vary – may significantly exacerbate each other, increasing the risk of poor health and wellbeing. The likelihood of experiencing harm is shaped by a person’s physical, social, economic and policy environment.³⁶

Treatment, care and support that addresses both mental illness and substance use or addiction in an integrated way can offer benefits for people with co-occurring needs to help them live a life they value.

Even when it also introduces harm or risk, substance use typically offers a range of compelling desirable effects for individuals, including functional and therapeutic benefits and pleasurable rewards.

Some people may not wish to reduce or eliminate substance use at a given time, or perhaps ever. Similarly, some people may not wish, or may not be in a position, to access recommended medications or

³¹ This capability could be held by a single worker, a team of workers in a multidisciplinary team or organisations from different disciplines and settings working collaboratively to deliver integrated support.

³² See glossary for a definition of ‘social and emotional wellbeing’.

³⁵ Mental illness and substance use are complex human phenomena, requiring an ongoing global research effort to further advance our understanding of causes, mechanisms, effective service offerings, and opportunities to protect and enhance human health and wellbeing.

³⁶ Rhodes, "The ‘risk environment’: a framework for understanding and reducing drug-related harm", *International Journal of Drug Policy*, Volume 13, Issue 2, 2002, Pages 85-94.

Meet both co-occurring needs.

Respond to a person’s co-occurring needs in a timely and coordinated way, consistent with their priorities and preferences, using trauma-informed practices.

Offer integrated treatment, care and support options that are:

- inclusive of biological, psychosocial and peer-based support offerings (for example, talking therapies, care coordination, harm reduction, group-based peer support and mutual aid, and/or medication)
- appropriate to the person’s age, development, stage of change, and risk and protective factors
- informed by the person’s self-determined identity, experiences, and any other relevant social and cultural factors
- for Aboriginal people, aligned with Aboriginal concepts of social and emotional wellbeing.³²

Take a person-led approach.

Take active steps to understand how a person self-defines their experiences, including why they may use substances. Focus on a person’s strengths and work with them where they are (not where you think they should, or could, be).

therapies. This does not reduce their entitlement to treatment, care and support.

Families and supporters often experience particular stressors and harms related to the intensity of a person's co-occurring needs, and must have their own needs met for them to continue their support role. They may also have past experiences of stigma, shame and inadequate system responses to their own or their loved one's needs.

Support people to determine their own goals, needs and preferences. Empower them to make decisions about their treatment, care and support and make positive changes, including learning new skills to help them meet their goals.

Support harm reduction.

Approach mental illness and substance use from a health and wellbeing perspective. Provide practical opportunities to promote wellbeing and reduce associated risks, especially where a person with co-occurring needs continues to use substances, for example safer consumption practices and overdose prevention.

Support and involve families and supporters.

Listen to, recognise and respond to the needs of families and supporters.³³ This may include providing practical self-care strategies, information about co-occurring needs and linkages to support services and programs. Proactively involve families and supporters in decision-making about treatment, care and support, consistent with the preferences of the person with co-occurring needs.

Collaborate and learn.

Implement local strategies to increase cross-sector collaboration, communication, learning and development to continuously improve support for people with co-occurring needs.³⁴

³³ Understand the relationship of care between the person with co-occurring needs and their families and supporters. Ensure that support and involvement of families aligns with the principles and obligations in the *Carers Recognition Act 2012 (Vic)*.

³⁴ See section 5 of the Guidance for further information on opportunities for cross-sector collaboration.

4 Participation

People with co-occurring needs and their families and supporters are empowered to influence and improve the services that work to support them

Shared understanding

People with co-occurring needs – as well as their families and supporters – have distinct lived and living experiences which have inherent value.

Respecting, listening to, and acting on these experiences can improve service delivery and outcomes of treatment, care and support.

People's individual circumstances, experiences of stigma, shame and criminalisation may impact their ability to meaningfully engage and participate.

Create meaningful participation and leadership opportunities.

Provide opportunities for participation and leadership in service design, development, delivery and evaluation (noting that different participation approaches will be required to meet people's individual needs and circumstances). This may include co-production processes and the employment of the lived and living experience workforces.

Create regular opportunities to ask people with co-occurring needs and their families and supporters, who may not be engaged with treatment, care and support, what they may want from your service, listen to their answers, and take meaningful action.

5. Making integrated treatment, care and support happen

This section outlines the range of enabling activities that the Department of Health, our sectors and stakeholders will collectively undertake to bring to life our vision for people with co-occurring needs, and their families and supporters.

Key enablers

The Department of Health, the sectors and our stakeholders are collectively responsible for developing and implementing the Royal Commission's recommendations through various enabling activities (refer to figure 6 for a definition of enablers).

Figure 6: Defining 'enablers'

'Enablers' of integrated treatment, care and support are those **system settings, resourcing, relationships, policies and processes that create the right cultural and operational conditions** for people to have their co-occurring needs met.

Enabling actions can be broad and systemic (like outcomes frameworks) or specific and targeted (like clinical or practice guidelines for different kinds of services).

Many of these enabling activities are already being developed and implemented as part of other mental health and wellbeing system reforms but will require consideration as to how they can promote integrated treatment, care and support. For example, principles and expectations outlined in the Guidance will be used to drive accountability measures, including via the new Mental Health and Wellbeing Outcomes and Performance Framework,³⁷ and through new service models.

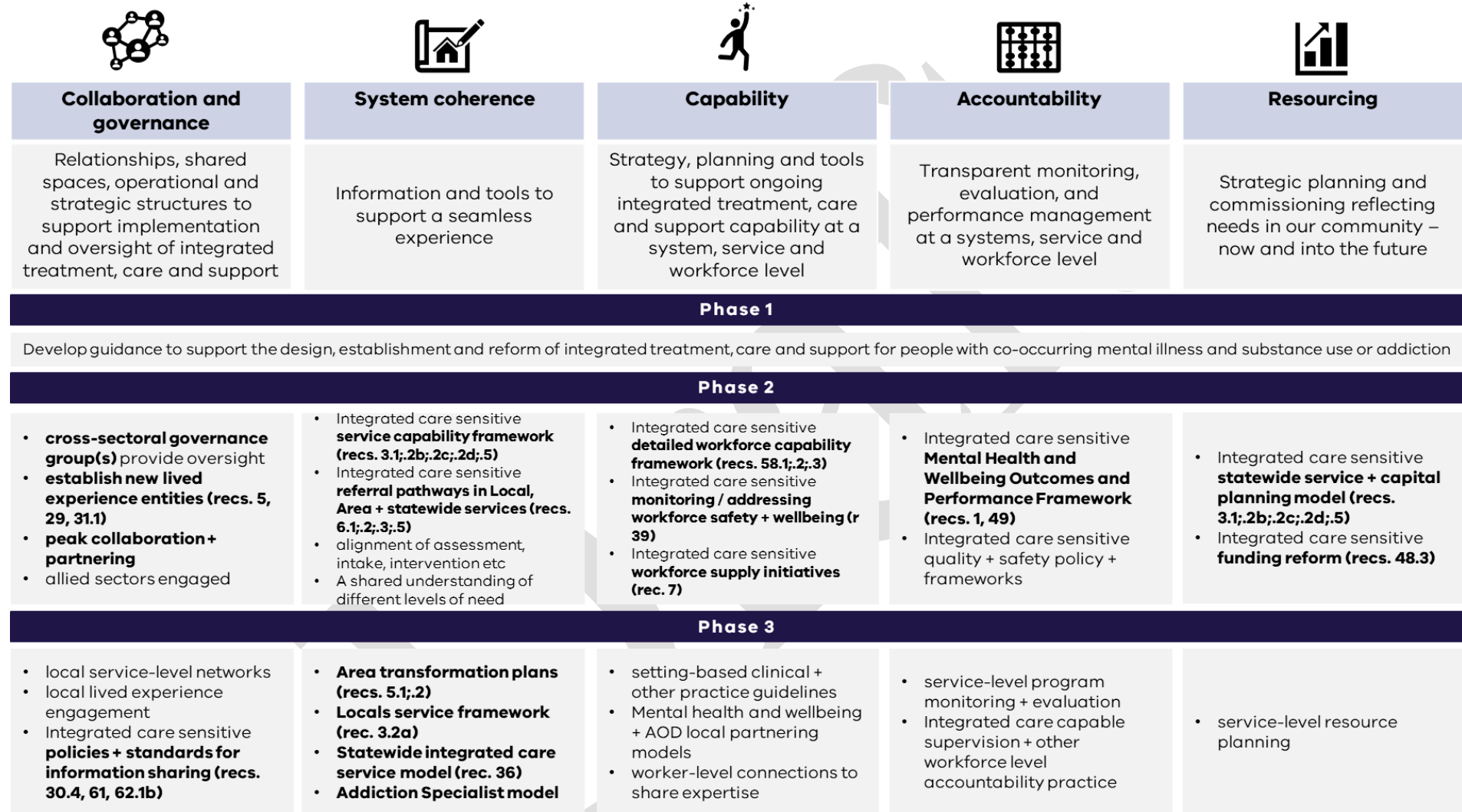
Some enabling activities are unique to the delivery of integrated treatment, care and support, for example, reviewing intake and assessment practices and treatment, care and support practices, to ensure they are inclusive of people with co-occurring needs and their families and supporters.

Much of our enabling activity is dependent on overarching mental health and wellbeing reforms, for example, the development of new models of care. As noted earlier in the Guidance, this means that our design and implementation of reforms to support the delivery of integrated treatment, care and support must be phased.

The Guidance, and the range of activity that has supported it, acquits the first phase. The second and third phases of activity will be supported by a range of enabling activities, as outlined in Figure 6. Activities that are already underway are identified in **bold**. Examples of other activities that can be undertaken in the future are also identified. This includes the collaborative development of practical tools and guidance that will support services in delivering integrated treatment, care and support consistency with the Guidance, such as a shared understanding of the different levels of people's support needs (low, medium and high).

³⁷ Recommendation 1: build on the interim report's nine recommendations and develop a Mental Health and Wellbeing Outcomes Framework to drive collective responsibility and accountability for mental health and wellbeing outcomes across government portfolios. Royal Commission into Victoria's Mental Health System, Final Report, 2021, Volume 1, Chapter 3, p.91.
Recommendation 49: establish a new performance monitoring and accountability framework. Royal Commission into Victoria's Mental Health System, Final Report, 2021, Volume 4, Chapter 28, p.103.

Figure 7: Enabler types and activity streams



A priority enabler: cross-sector governance and collaboration

Cross-sector leadership and collaboration is a critical enabler to the delivery of integrated treatment, care and support and provides an opportunity for both sectors to learn from one another and share their skills and expertise.

Oversight of the implementation of the Guidance will be led by the Department of Health.

Structures to support collaboration

Our new approach to integrated practice will be supported by collaborative cross-sector governance that brings together people from across different disciplines, professions and experiences.

As a first step, the Department of Health will work with our existing governance arrangements, along with other key stakeholders, to ensure that an integrated treatment, care and support reform effort is being appropriately managed at a systems, service and worker level. The Department of Health will also consider what ongoing governance arrangements are appropriate. This may include:

- adjustments to reform and other governance arrangements
- development of specific governance arrangements as part of new and reformed service models.

The Department of Health will finalise this work by the end of 2025.

6. Next steps

Achieving the best possible health and wellbeing outcomes for people with co-occurring needs and their families and supporters will take time and focus.

While the Guidance represents an important milestone, it is only one step in our journey. As summarised in figure 7 above, the implementation of this guidance is dependent on a range of mental health and wellbeing reform activities occurring over the coming months and years.

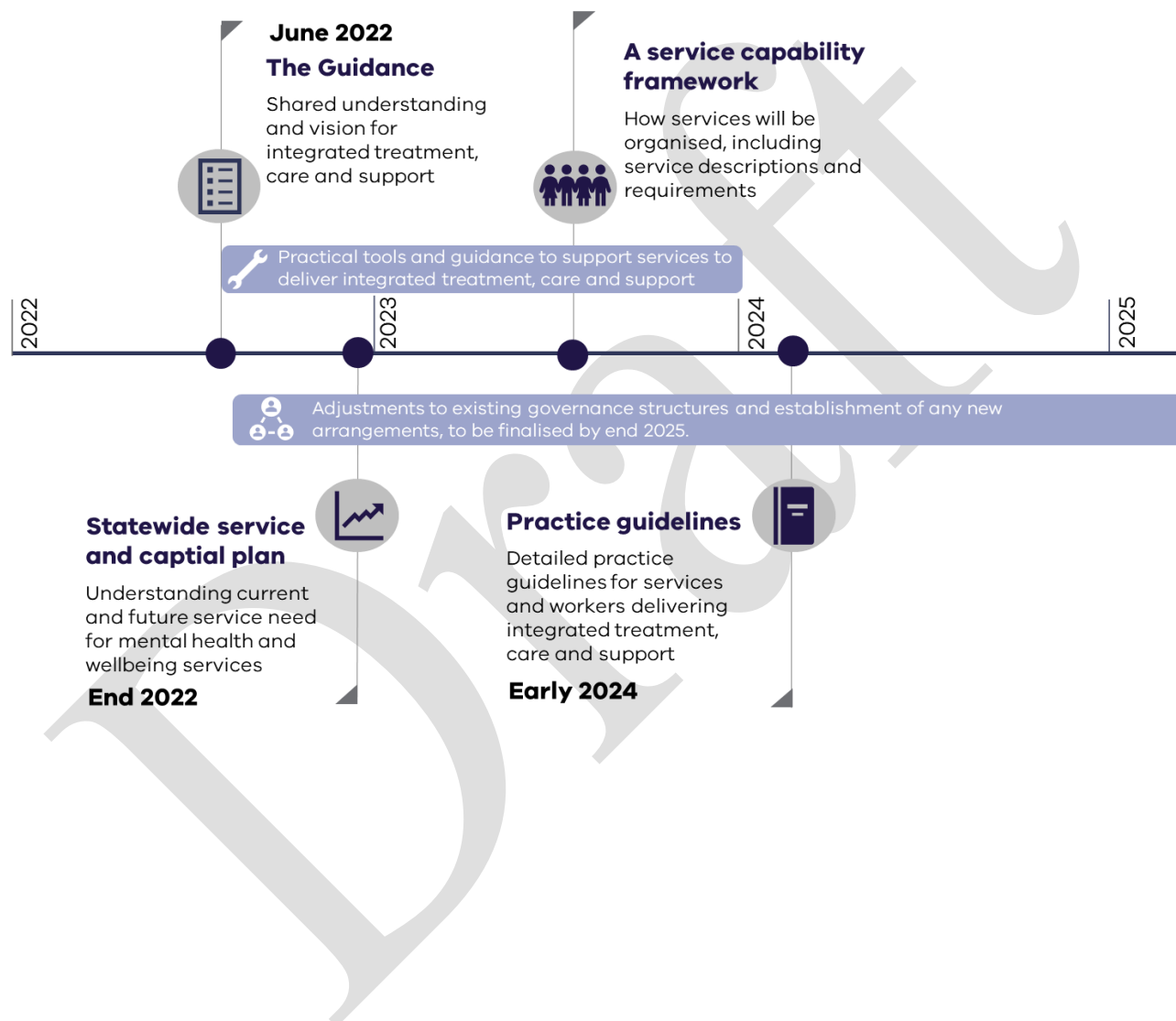
Some key milestones as outlined in figure 8:

- from **June 2022**, adjustments will be made to existing governance structures to support cross-sector collaboration and implement and monitor enabling activities. Any necessary changes will be finalised by **end 2025**
- from **June 2022**, a range of practical tools and guidance to support mental health and wellbeing and AOD services to deliver integrated treatment, care and support will be progressively designed and rolled out, including developing a shared understanding of the different levels of people's support needs (low, medium and high).
- by end **2022**, a statewide mental health and wellbeing service and capital plan will be published to understand the future need for mental health and wellbeing services and plan for the allocation of resources. This includes planning for the delivery of integrated treatment, care and support to people with co-occurring needs and their families and supporters, and modelling demand for AOD services.³⁸

³⁸ Recommendation 47(2): develop and publish a statewide mental health and wellbeing service and capital plan and eight regional mental health and wellbeing service and capital plans, with the first plans to be endorsed by the Mental Health and Wellbeing Secretaries' Board by the end of 2022, with the remainder approved by the end of 2023. Royal Commission into Victoria's Mental Health System, Final Report, 2021, Volume 4, Chapter 28, pp.101 and 120.

- a **service capability framework** will be released that explains how mental health and wellbeing services should be organised to meet people’s needs, including people with co-occurring needs and their families and supporters. The service capability framework will include service descriptions and service requirements, including pathways and relationships between services.³⁹ At the same time, complementary activity for the AOD sector will be finalised, including updates to the [AOD Program Guidelines](#).⁴⁰
- in early **2024**, **practice guidelines** for services and workers will be released, providing detailed advice to support the operations of services, including intake and assessment tools, risk assessments and treatment, care and support practices.

Figure 8: Key milestones to support the delivery of integrated treatment, care and support



³⁹ Recommendation 3(5): establish the requirements for each service and the links between them through a 'service capability framework'. Royal Commission into Victoria's Mental Health System, Final Report, 2021, Volume 1, Chapter 5, pp.191 and 262.

Appendices

A. The Royal Commission into Victoria's Mental Health System

In March 2021, the final report of the Royal Commission was tabled in parliament. The report contains 65 recommendations, set over a 10-year reform vision, in addition to nine recommendations from the Royal Commission's interim report. The Victorian Government has committed to implementing these recommendations in full.

The Royal Commission's recommendations include specific reforms to improve outcomes for people with co-occurring needs and their families and supporters. These are described in figure 9.

Figure 9: The Royal Commission's recommendations to improve the outcomes of people with co-occurring needs, and their families and supporters

| | |
|-------------------------------|---|
| Recommendation 35 | <p>That the Victorian Government, by the end of 2022, ensure all mental health and wellbeing services, across all aged-based systems, including crisis services, community-based services and bed-based services:</p> <ul style="list-style-type: none">• provide integrated treatment, care and support to people living with mental illness and substance use or addiction; and• do not exclude people living with substance use or addiction from accessing treatment, care and support.⁴¹ |
| Recommendation 36 | <p>That the Victorian Government establish a new statewide service to:</p> <ul style="list-style-type: none">• undertake dedicated research into mental illness and substance use or addiction• support education and training initiatives for a broad range of mental health and AOD workers• provide primary consultation to people living with mental illness and substance use or addiction who have complex support needs• provide secondary consultation to mental health and wellbeing and AOD workers. <p>That the Victorian government increase the number of addiction specialists in Victoria, including via exploring opportunities with the Commonwealth Government.⁴²</p> |
| Recommendation 8(3)(c) | <p>That the Victorian Government ensure that there is at least one highest-level emergency department suitable for mental health and AOD treatment in each region.⁴³</p> |

⁴¹ Royal Commission into Victoria's Mental Health System, Final Report, 2021, Volume 3, Chapter 22, p.283.

⁴² Royal Commission into Victoria's Mental Health System, Final Report, 2021, Volume 3, Chapter 22, p.284.

⁴³ Royal Commission into Victoria's Mental Health System, Final Report, 2021, Volume 1, Chapter 9, p.505.

B. How the Guidance was developed

The Guidance was developed in collaboration with people with lived and living experience of co-occurring needs, and their families and supporters, key experts and the mental health and wellbeing and AOD sectors.

Various engagement activities were undertaken to incorporate the diverse views, perspectives and expertise of stakeholders, as depicted in figure 10. The Department of Health is deeply grateful for the contributions of those who participated, particularly to those people who shared their lived and living experiences of co-occurring needs, and their families and supporters.

Figure 10: Overview of stakeholder engagement activities (*Drafting note: to be updated following survey*)



C. Glossary

Language and words are powerful and have different meanings to different people. There are many words that people use to describe their experiences of mental health and the use of substances. The language used in this document aims to be inclusive and respectful, however it is acknowledged that not all people will identify with the terminology used.

Where possible, the language used in this document aligns with the terms adopted by the Royal Commission⁴⁴ and preferred terms outlined in the *Power of Words: Having alcohol and other drug conversations: A practical guide*⁴⁵ which aims to reduce stigma and improve health outcomes for people who use substances through welcoming and inclusive language. Figure 11 provides a definition of key terms used throughout the Guidance.

Figure 11: Glossary of key terms used throughout the Guidance

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| Addiction | A medical term used to describe a condition where someone continues to engage in a behaviour despite experiencing negative consequences. ⁴⁶ |
| Addiction specialists | Addiction specialists are medical doctors (both physicians and psychiatrists) who have advanced training in addiction, including drug and alcohol addiction. |
| Adult and Older Adult Local Mental Health and Wellbeing Services | New services that will deliver treatment, care and support to people aged 26 years or older. They will be delivered in a variety of settings where people first access services and receive most of their treatment, care and support. The delivery of integrated treatment, care and support to people with co-occurring needs is a core function of all Adult and Older Adult Local Mental Health and Wellbeing Services. |
| Adult and Older Adult Area Mental Health and Wellbeing Services | Existing services that are being reformed to provide tertiary-level, high-intensity and complex support responses via multidisciplinary teams to people aged 26 years or older in both community and bed-based settings. The delivery of integrated treatment, care and support to people with co-occurring needs is a core function of all Adult and Older Adult Area Mental Health and Wellbeing Services. |
| AOD services | A collective term for all AOD services funded by the Victorian Department of Health and covered by the AOD Program Guidelines, including prevention, early intervention, harm reduction, treatment and ongoing support programs. ⁴⁷ This includes AOD services available for all Victorians as well as targeted services such as Aboriginal and youth services. This Guidance applies when AOD services are supporting people with co-occurring needs and their families and supporters. ⁴⁸ |
| Co-occurring needs | The term 'co-occurring needs' can be used to describe a range of different support needs that a person may experience at the same time. However, for the purposes of the Guidance, this term is used to refer to people who experience co-occurring mental illness (including people experiencing suicidal thoughts and behaviours) and substance use or addiction, with or without a formal diagnosis. |

⁴⁴ Royal Commission Final Report 2021, Volume 1, Glossary, pp.652-677.

⁴⁵ The Power of Words: Having alcohol and other drug conversations: A practical guide, 2021.

⁴⁶ The Power of Words: Having alcohol and other drug conversations: A practical guide, 2021, p.4.

⁴⁷ Victorian AOD Program Guidelines, <https://www.health.vic.gov.au/aod-service-standards-guidelines/alcohol-and-other-drug-program-guidelines>

⁴⁸ AOD services are primarily responsible for supporting people with co-occurring needs who experience low intensity mental health support needs

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| | This definition acknowledges the diversity of people’s experiences with mental illness and alcohol and other drug use. |
| Discrimination | Discrimination refers to the prejudicial treatment of people based on their individual or collective characteristics. |
| Enablers | <p>‘Enablers’ of integrated treatment, care and support are those system settings, resourcing, relationships, policies and processes that create the right cultural and operational conditions for people to have their co-occurring needs met.</p> <p>Enabling actions can be broad and systemic (like outcomes frameworks) or specific and targeted (like clinical or practice guidelines for different kinds of services).</p> |
| Family | Refers to family of origin and/or family of choice. |
| Harm reduction | Evidence based public health approaches designed to reduce the harms associated with AOD use. Harm reduction strategies support safer decision making about the use of AOD, reduce preventable risk factors and contribute to better health and wellbeing outcomes. |
| Integrated treatment, care and support | <p>Treatment, care and support is integrated if it offers a welcoming, hopeful, timely, coordinated and seamless response to a person’s co-occurring mental health and substance use or addiction needs.</p> <p>Integrated treatment, care and support must:</p> <ul style="list-style-type: none"> • Respond simultaneously to a person’s co-occurring needs whenever that is the person’s preference. The support provided should be led by an individual’s priorities, goals and preferences and empower the person with co-occurring needs, and their families and supporters, to achieve the outcomes that are important to them. • Prioritise simplicity and continuity of care for the person with co-occurring needs, and their families and supporters. Often this will mean a person with co-occurring needs prefers a single worker or single provider contact, however if this is not possible, multiple workers or service providers may be involved. |
| Mental health and wellbeing services | <p>A collective term for the following mental health and wellbeing services funded by the Victorian Department of Health:</p> <ul style="list-style-type: none"> • New Adult and Older Adult Local Mental Health and Wellbeing Services (Local Services) • Reformed Adult and Older Adult Area Mental Health and Wellbeing Services (Area Services) • Reformed Youth Area Mental Health and Wellbeing Services • Suicide prevention and response services • Aboriginal social and emotional wellbeing teams • The new statewide service for people with co-occurring needs, comprised of a statewide service lead and addiction services. <p>This Guidance applies when mental health and wellbeing services are supporting people with co-occurring needs and their families and supporters.⁴⁹</p> |

⁴⁹ Mental Health and Wellbeing Services are primarily responsible for supporting people with co-occurring needs who have moderate to high intensity mental health support needs, and their families and supporters.

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| Mental illness | Refers to a medical condition that is characterised by a significant disturbance of thought, mood, perception or memory, as defined in the <i>Mental Health Act 2014 (Vic)</i> . ⁵⁰ |
| No wrong door approach | <p>A no wrong door approach provides people with appropriate treatment, care and support that is accessible from multiple points of entry. Both mental health and wellbeing and AOD services must welcome all people with co-occurring needs, and their families and supporters based on the philosophy of ‘how can we help’ and meaningfully and actively respond to their needs either through direct service provision or warm referral processes.</p> <p>A warm referral involves mental health and wellbeing and AOD services actively communicating and providing essential information about a person’s needs to minimise the need for them to retell their story.</p> |
| Primary consultation | A consultation between a worker or multidisciplinary team and a person with co-occurring needs that may be conducted in person or through teleconferencing or phone. |
| Primary mental health services | Highly accessible services where people access treatment, care and support without a referral or meeting eligibility criteria. For example, GPs and allied health professionals, such as social workers or mental health nurses. |
| Secondary consultation | Refers to a discussion between workers to work collaboratively, share knowledge and expertise about a person’s treatment, care and support. |
| Secondary mental health services | Refers to services that people can only generally access through a referral from a GP. This can include a wide range of professionals, including psychologists, paediatricians and geriatricians. |
| Social and emotional wellbeing | The Aboriginal concept of social and emotional wellbeing is ‘an inclusive term that enables concepts of mental health to be recognised as part of a holistic and interconnected Aboriginal view of health which embraces social, emotional, physical, cultural and spiritual dimensions of wellbeing.’ ⁵¹ |
| Stigma | The World Health Organization defines stigma as a ‘mark of shame, disgrace or disapproval which results in an individual being rejected, discriminated against, and excluded from participating in a number of different areas of society.’ ⁵² |
| Substance use | Substance use refers to the use of alcohol or other drugs. In some cases, substance use may become harmful to a person’s health and wellbeing or can have other impacts on someone’s life and/or that of their family and broader social network. |
| Supporter | Refers to the full range of relationships, social connections and supports that many people have in their lives. |
| Treatment, care and support | <p>This phrase is used to represent the different types of treatment, care and support that a person with co-occurring needs, and their families and supporters may require, depending on their goals, needs and preferences. This includes prevention, early intervention, harm reduction, treatment (inclusive of wellbeing supports that focus on community connection and social wellbeing) and ongoing support.</p> <p>Treatment, care and support will be delivered in a range of ways and will be accessible to the diverse needs of people with co-occurring needs, and their families and supporters.</p> |

⁵⁰ Mental Health Act 2014 (Vic), sec. 4

⁵¹ Balit Murrup, Aboriginal social and emotional wellbeing framework, 2017-2027, 2017, p.10.

⁵² Witness Statement of Associate Professor Nicola Reavley, 3 July 2019, para. 8; World Health Organization, The World Health Report 2001. Mental Health: New Understanding, New Hope, 2001, p. 16.

| | |
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| <p>Worker</p> | <p>A collective term used to describe the diversity of workers, across different professions, disciplines, backgrounds and experiences, that provide integrated treatment, care and support to people with co-occurring needs.</p> <p>This includes the lived and living experience workforce who utilise their lived or living experience, alongside discipline-specific training in service delivery and development. These workforces include lived and living experiences of mental illness or psychological distress and/or substance use or addiction⁵³ and lived or living experience as a family or supporter.</p> <p>Lived and living experience workforces may be employed in direct support roles such as peer support and education, individual and system advocacy, as well as indirect roles such as leadership, consultation, training, and research.</p> |
| <p>Youth Area Mental Health and Wellbeing Services</p> | <p>Reformed services that will provide tertiary-level, high-intensity and complex support responses via multidisciplinary teams to people aged 12–25 years (until a person’s 26th birthday) in both community and bed-based settings.</p> <p>The delivery of integrated treatment, care and support to people with co-occurring needs is a core function of all Youth Area Mental Health and Wellbeing Services.</p> |

⁵³ This includes people who have current living experience of alcohol and drug use.

D. Alignment with existing policies

The Guidance complements, rather than replaces, existing policies and frameworks that support the delivery of integrated treatment, care and support. It builds on these documents to reflect the new policy and service reform landscape as a result of the Royal Commission's recommendations. For example, it supplements:

- the [AOD Program Guidelines](#), which requires that Victorian AOD services deliver treatment, care and support in an integrated and holistic way⁵⁴
- the Royal Commission's guiding principles for Victoria's mental health and wellbeing system⁵⁵
- the [Dual Diagnosis: Key Directions and Priorities for Service Development](#), which provides guidance for service leaders and managers responsible for delivering integrated treatment, care and support⁵⁶
- [Korin Korin Balit-Djak](#),⁵⁷ meaning 'growing very strong' in the Woi-wurrung language, which provides an overarching framework to improve the health, wellbeing and safety of Aboriginal Victorians
- [Balit Murrup](#),⁵⁸ meaning 'strong spirit' in the Woi-wurrung language, which provides further guidance on the Aboriginal social and emotional wellbeing model.

⁵⁴ Alcohol and Other Drugs Program Guidelines April 2018.

⁵⁵ Royal Commission into Victoria's Mental Health System, Final Report, Volume 1, p.19.

⁵⁶ Dual diagnosis, key directions and priorities for service development, 2007.

⁵⁷ Korin Korin Balit-Djak: Aboriginal health, wellbeing and safety strategic plan 2017–2027.

⁵⁸ Balit Murrup Aboriginal Social and Emotional Wellbeing Framework 2017-2027.