NATIONAL PRACTICE FRAMEWORK

For the management of co-occurring mental health conditions in alcohol and other drug treatment settings.

Katherine L Mills
Tanaya Narbey-Rolph
Christina Marel

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Disclaimer

The National Practice Framework is intended to provide guidance for organisations and practitioners working in the Australian alcohol and other drugs (AOD) sector. While every effort has been made to ensure the accuracy and relevance of the information contained within the framework, they do not constitute legal advice or mandatory clinical protocols. Practitioners must exercise their professional judgment and consider local policies, legislation, and individual client needs when applying the framework and the principles therein. The authors and publishers accept no responsibility for any outcomes resulting from the application of these principles in practice.

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Steering Committee Members

Shalini Arunogiri
Michele Campbell
Anthony Cidoni
Gillian Clark
Kate Conigrave
Michael Daley
Carol Daws
John Della Bosca
Hayley Diver
Emily Ebdon
Camille Falkiner
Eddie Fewings
Mary Harrod
Suzie Hudson
Nicolle Ait Khelifa
Will Liaw
Anita Mills
Kim Newrick
Grace Oh
Jill Rundle
Timothy To
Dan Wilson

Expert Advisory Group Members

Julaine Allan
Ana Maria Allimant Holas
Andrew Amor
Josh Anlezark
Ros Atkinson
James Blogg
Ashlea Borg
Andrew Bruun
Tim Carey
Dylan Clay
Allan Colthart
Tanya Dearle
Kate Derry
Vanessa Edwige
Sue El Chami
Inez Faingaa-Manu Sione
Erin Fearn-Smith
Kerri Felemonow
Mat Flynn
Cath Foley
Kate Gibney
Marlene Gilbert
Ruby Grant
Maeve Hawkes
Yasmin Iese
Angie Kocsisek
Matt Larkin
Ashleigh Lin
Jonathon Louth
Ruth McNair
Rochelle Menzies
Michael Mitchell
Lauren Mullaney
Jonnah Ortega
Nicole Price
Kathy Ramsey
Kittu Randhawa
Rohan Rasiah
Alexa Robles
Genavieve Sakr
Atousa (Tess) Sanjarvash
My Phuong Sramek
Carol-Ann Stanborough
Teguh Syahbahar
Tina Taylor
Sonali Varma
Gowan Vyse
Bernadette Ward
Lisa Wood
Julie Woods
Beau
Fiona
Grace
Lakshita
Mia
Timothy

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Glossary

Alcohol and other drug (AOD) sector	The network of organisations/services that address AOD use and related issues including inpatient and outpatient treatment facilities, support services, and community-based programs. The sector's primary goal is to minimise harm and promote positive outcomes for individuals, families, and communities.
Co-occurring conditions	The co-occurrence of one or more AOD use conditions with one or more mental health conditions.
Cultural competence	The ability to understand, respect and interact appropriately and effectively with people who belong to a variety of cultural groups including, but not limited to, priority populations (e.g., Aboriginal and Torres Strait Islander people; people from multicultural communities, gender and sexually diverse groups).
Cultural safety	An environment that people experience as spiritually, socially, emotionally, and physically safe; where people feel valued and respected; and there is no attack on, or challenge to, or denial of, their identity – who they are and what they need.
Inclusive care/ practice	Creating an environment where everyone feels welcomed, respected, valued, and able to fully participate, regardless of their background, identity, or circumstances.
Mental health conditions	Refers to both diagnosable mental health disorders as well as the presence of significant symptoms without a diagnosable disorder.
Organisations/ services	Used interchangeably to refer to entities in the government, non-government or private sectors that provide specialised services for the treatment of AOD-related issues. These include, but are not limited to, facilities providing inpatient or outpatient detoxification/withdrawal management, residential rehabilitation, pharmacotherapies (e.g., methadone, buprenorphine or combination buprenorphine/naloxone for opioid dependence), and outpatient counselling.
Practitioners	All who work in AOD treatment settings in roles that support and care for people who are seeking treatment. This includes, but is not limited to, nurses, addiction medicine specialists, general practitioners (GPs) and other medical practitioners, psychiatrists, psychologists, counsellors, social workers, peer/lived and living experience (LLE) workers, Aboriginal health workers, and other AOD workers.
Priority population groups	Populations including Aboriginal and Torres Strait Islander peoples; people from multicultural communities; people who identify as gender and/or sexually diverse; people with disability; people experiencing homelessness; people living in rural, regional and remote areas; women; and young people.
Recovery	The process of working towards a self-defined state of personal, social and emotional wellbeing. Recovery is broad in its focus and may or may not relate to achieving reductions in, or the cessation of, AOD use; nor does it necessarily relate to achieving remission of mental health symptoms.
Shared decision-making	A collaborative process where clients and their healthcare providers work together to make healthcare decisions, combining clinical evidence with the person's personal values, goals, and preferences.
Support network	A person's support network may comprise family members (including a person's chosen family), friends, loved ones or other members of their community that a person derives support from.

Introduction

This document provides a framework to guide best practice in the management of mental health conditions in alcohol and other drug (AOD) treatment settings. The introductory text provides a background to the context and process by which the following nine principles were developed:

1. Inclusive, equitable, and accessible care: A 'right door' approach
2. Recognition of co-occurring mental health conditions as core business
3. Holistic, person-centred care
4. Integrated, collaborative care
5. Connection and engagement
6. High-quality evidence-based care
7. Trauma-informed care
8. Dignity and respect
9. Skilled and proficient workforce

The National Practice Framework for the management of mental health conditions in AOD treatment settings outlines principles for the delivery of ***inclusive, equitable, and accessible care*** *that recognises* ***co-occurring mental health conditions as core business****, is* ***holistic and person-centred, integrated and collaborative****, with a focus on* ***connection and engagement****. It promotes* ***high-quality evidence-based care*** *that is* ***trauma-informed****, upholds* ***dignity and respect****, and is delivered by a* ***skilled and proficient workforce****.*

Context

Australian population estimates indicate that approximately one in two people who experience an AOD use disorder meet diagnostic criteria for at least one co-occurring mental health disorder[1]. However, the prevalence of mental health disorders is higher among those presenting to AOD treatment, suggesting that their co-occurrence may be the norm rather than the exception in many AOD treatment settings[2]. While estimates vary, commonly occurring mental health disorders include mood and anxiety disorders (e.g., depression and bipolar disorders; obsessive compulsive, generalised and social anxiety disorders); post-traumatic stress disorder; personality, psychotic, and eating disorders; and neurodevelopmental disorders[2]. In addition to these disorders, a substantial number of people presenting to AOD treatment experience symptoms of disorders without meeting criteria for a diagnosis of a disorder; their symptoms may nonetheless impact significantly on their social, occupational or other areas of functioning[3].

The relationship between mental health and substance use is complex and bidirectional. The presence of a mental health disorder may heighten a person's risk of subsequently developing a substance use disorder, however, problematic substance use may also precede and/or worsen mental health symptoms. Irrespective of their order of onset, once established, both may serve to maintain and exacerbate the other, and potentiate the development of further disorders[3]. People presenting to AOD treatment who experience co-occurring mental health conditions also tend to experience a range of other concerns including medical, family, and social problems (e.g., housing, employment, welfare, legal problems), and share common factors that may underlie both their AOD use and mental health concerns (e.g., a history of trauma exposure, childhood adversity, socioeconomic disadvantage)[3]. As such, AOD services and practitioners frequently need to manage mental health conditions of varying severity within the context of providing AOD treatment, in addition to the range of other presenting issues that are often exacerbated among people who experience co-occurring conditions.

But co-occurring mental health conditions are not an insurmountable barrier to treating people experiencing AOD use disorders. On the contrary, people who experience co-occurring mental health conditions can benefit from usual AOD treatment just as much as those who do not[3]. The purpose of this national practice framework for the management of mental health conditions in AOD treatment settings is to guide organisations and practitioners to effectively support the people who access their services in achieving their goals.

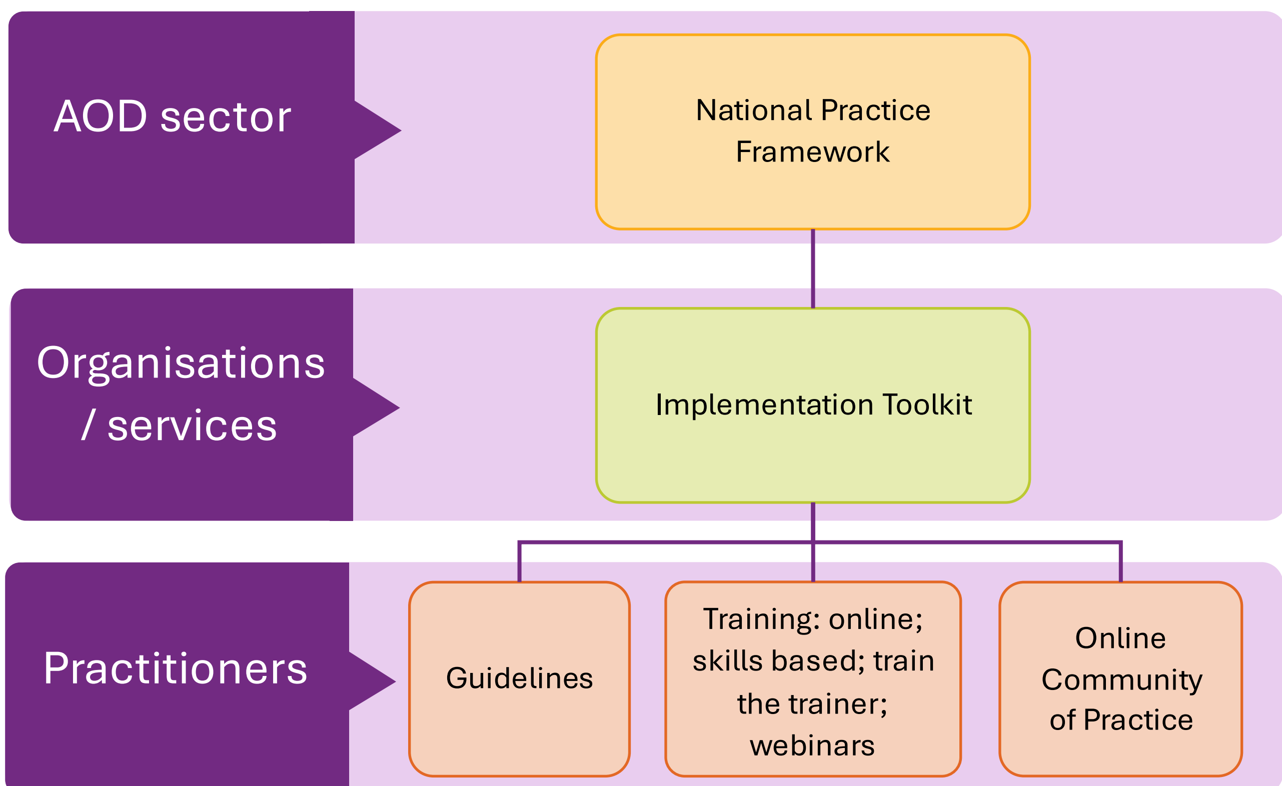
Purpose and scope

The principles provide a framework to guide best practice in the management of mental health conditions in AOD treatment settings by promoting a coordinated and consistent approach to service improvement and professional development in the AOD workforce. The principles are part of a broader program of work, referred to as the 'Comorbidity Project', that has been undertaken by the Matilda Centre for Research in Mental Health and Substance Use with the AOD sector over many years.

The Comorbidity Project aims to support AOD services and practitioners to provide evidence-based support to people experiencing co-occurring mental health conditions. Funded by the Australian Department of Health, Disability and Ageing, the Comorbidity Project has developed a range of evidence-based resources (Figure 1) to strengthen the capacity of the AOD workforce to respond to co-occurring mental health conditions. These include the *'Guidelines on the management of co-occurring alcohol and other drug and mental health conditions in alcohol and other drug treatment settings'*[3], accompanying training programs, and additional resources designed to support practitioners' continuing professional development and enhance organisational capacity to respond effectively to co-occurring conditions. Visit https://comorbidityguidelines.org.au/ for further information and links to these resources.

Ultimately, all of these resources share a common goal: to strengthen the capacity of AOD services and practitioners to support clients in achieving their recovery goals in a holistic and person-centred way, that extends beyond abstinence or reduced use.

Figure 1. Resources to support the AOD sector in responding to mental health conditions



Intended audience

The principles have been developed for organisations and practitioners within the government, non-government or private sectors that provide specialised services for the treatment of AOD-related issues. Organisations/services within the Australian AOD treatment sector are entities that provide specialised services for the treatment of AOD-related issues. These services include, but are not limited to, facilities providing inpatient or outpatient detoxification/withdrawal management, residential rehabilitation, pharmacotherapies (e.g., methadone, buprenorphine or combination buprenorphine/naloxone for opioid dependence), and outpatient counselling services.

Practitioners within the AOD sector are people who work within AOD treatment settings in roles that support and care for people who are seeking treatment. This includes nurses, addiction medicine specialists, general and other medical practitioners, psychiatrists, psychologists, counsellors, social workers, peer/lived and living experience (LLE) workers, and other AOD workers. Although developed for organisations and practitioners within the AOD treatment sector, people access a broad range of other health and social services that cross the spectrum of prevention through treatment and beyond. As such, organisations and practitioners working in other areas may also find this resource useful.

Language

We recognise the importance of using language that is person-centred, respectful, non-judgemental, compassionate, and empowering. As such, we have attempted to use language that reflects these principles in the development of the framework. We acknowledge, however, that what may be considered stigmatising, judgemental or paternalistic to one person, may not be viewed the same way by others. Similarly, while some people may perceive diagnostic labelling as stigmatising and disempowering, this is not the case for everyone; others may view formal diagnostic labelling as a way of validating and explaining their experiences.

Over time, preferences regarding the terms used to refer to the co-occurrence of AOD and mental health conditions have evolved. We use the terms 'co-occurring conditions' or 'co-occurring AOD and mental health conditions' to describe circumstances in which a person is experiencing difficulties in relation to either condition, irrespective of whether they meet criteria for a diagnosis of a disorder. There has been a similar evolution in terms of language used to describe different population groups. We acknowledge, however, that there are no all-inclusive terms, and not everyone will identify with the language used in the framework. We ask that readers bear in mind the intent that underlies what has been written.

Development

The framework was developed by the Matilda Centre for Research in Mental Health and Substance use with guidance and oversight from a Steering Committee comprising representatives from both the government and non-government AOD sectors, people with LLE and others with relevant expertise from across Australia. Expert Advisory Groups were formed to provide perspectives in relation to eight priority population groups identified in consultation with the Steering Committee. These groups included Aboriginal and Torres Strait Islander peoples; people from multicultural communities; people who identify as gender and/or sexually diverse; people with disability; people experiencing homelessness; people living in rural, regional and remote areas; women; and young people. Members of these Expert Advisory Groups comprised people with lived or living experience who identified as belonging to each group, as well as practitioners or other professionals with experience and expertise working with people who identified as belonging to each group (see p.4). Key-stakeholders were invited to provide comment on the draft principles before the framework was finalised.

Implementation

The principles outlined below collectively represent the standard of care that should be expected across the AOD sector. Specifically, they encompass the values, attitudes, knowledge and skills required of the AOD workforce, services and systems to successfully respond to co-occurring AOD and mental health conditions. The principles are not a policy directive, nor are they intended to replace or take precedence over local policies, procedures, legislative requirements or other directives. Rather, the principles should be used in conjunction with existing organisation- and discipline-specific standards, competencies, accreditation, and regulatory requirements. They are not, in their current form, an accreditation standard.

Each principle is accompanied by examples of how the principle can be implemented in practice at the organisational and individual AOD practitioner level. It is essential that organisations have measures in place that support and empower practitioners to implement the principles. The capacity of individuals to implement the principles at the practitioner level will be severely limited if appropriate organisational level supports are not in place (e.g., appropriate policies and procedures, access to relevant training, resources, and materials). In essence, for every action that practitioners are expected to implement, there should be organisational policies, procedures or other frameworks, structures or resources that support them to do so. Similarly, it is unreasonable to expect that services can implement the principles in full if they do not have appropriate funding, resources, or support to do so.

The capacity of organisations and practitioners to implement the principles may also vary depending on the nature of the services provided and practitioners' qualifications, experience and roles. It is therefore not expected that every service or all practitioners will be able to implement all of the example principles in action to the same degree or in the same way; however, organisations and practitioners should strive to apply the principles to the best of their capability given their unique circumstances, and operationalise them as appropriate to their context.

Principles

The principles outlined below provide a framework to guide best practice in the management people experiencing mental health conditions in AOD treatment settings. In this section, **each principle is supported by 'Principles in action' to provide guidance on how each principle may be implemented in practice at the organisational level, as well as the individual AOD practitioner level** (brief summaries of these are provided in the Appendix). A list of resources that may be useful in supporting services and practitioners in enacting each principle is also provided at the end of this document. This is by no means an exhaustive list and organisations and practitioners are encouraged to refer to additional resources that are relevant to their practice.

It is important to note that **all principles should be considered in line with the 'first, do no harm' principle** that underscores the provision of all health care. Further, **the framework assumes implicitly that all organisations adopt a harm minimisation framework**. Many of the principles are applicable to the provision of healthcare more broadly, but we have nonetheless included them to highlight their relevance when working with people with co-occurring AOD and mental health conditions specifically.

The order in which the principles are presented do not infer an order of importance or that any one principle takes precedence over another. Nor are the principles mutually exclusive, and there may be overlap in how they may be actioned. That is, one action may address, or be relevant to, the implementation of multiple principles. This overlap reflects the complex and intersecting nature of people's lived experience and the impact of practices across multiple domains.

1 Inclusive, equitable and accessible care

Adopt a 'right door' approach. Like the principle of 'no wrong door', the 'right door' approach is a whole-of-system approach that acknowledges every entry point into the health and social services system, including AOD services, as a gateway to care that is tailored to the person's unique needs and circumstances. However, the 'right door' approach goes beyond the 'no wrong door' principle, with its added focus on actively creating conditions that engage people with the health system. The 'right door' approach seeks to ensure that every person feels welcomed and supported from their very first interaction with a service – whether online, by phone, or in person – and throughout all subsequent engagements. It is a universal principle that applies to prospective, current, or former clients, as well as members of the broader community. Although there may be circumstances in which a referral to another service is appropriate to meet a person's needs, no one should be turned away based on how or where they seek help. Instead, services must collaborate to identify the most appropriate care pathway and actively assist the person in connecting with the right supports.

Embedding this approach is fundamental to upholding the moral and legal right of all people to equitable access to high-quality care, irrespective of the presence of co-occurring mental health conditions or other complexities. Achieving equity in access requires actively identifying and removing barriers to access, particularly in systems that can be complex, time-consuming, and overwhelming to navigate – especially for people with co-occurring mental health conditions. These challenges are often compounded for people from priority population groups and those with intersecting identities due to factors such as limited accessibility, differences in health literacy, stigma, socioeconomic disadvantage, discrimination, and experiences of feeling unwelcome. Improving equity of access is essential to ensure that people can receive the support they need, when they need it.

Principle in action – organisations/services:

- **Adopt a whole-of-service commitment to inclusive, equitable and accessible care:**
  - Embed a clear and actionable commitment to a 'right door' approach and equitable access to care across the entire organisation's culture.
  - Ensure this commitment is reflected in all service documentation (including strategic plans, policies, and procedures) and guides organisational decision-making, service design, and service delivery.
  - Ensure the 'right door' approach is applied consistently, at all stages of client engagement and by all staff, irrespective of whether they work in client-facing or non-client facing roles (e.g., practitioners, administrative staff, facilities teams, contractors, managers, and board members).
  - Foster flexible service models that accommodate diverse needs, such as drop-in appointments, home visits/outreach services, and cultural support options.
  - Undertake regular review of organisational policies and procedures, capacity and capability as part of continual service improvement and reduce barriers to the provision of inclusive equitable and accessible care (e.g., intake, delivery and discharge systems that limit or impede access to appropriate care).
  - Recognise the boundaries of the organisation's capacity and service offerings in relation to service inclusion and exclusion criteria, other services available in the AOD sector, as well as broader health, social, and other service sectors.

- **Create a welcoming, inclusive, safe and accessible environment:**
  - Ensure that environments, services, buildings, digital spaces, and technologies are inclusive and easy to navigate, and that accommodations and accessibility requirements are considered.
  - Consider accessibility from geographic (e.g., outreach to remote areas), physical (e.g., wheelchair access, sensory-friendly spaces), technological (e.g., telehealth, virtual care platforms; website accessibility guidelines), and other perspectives (e.g., child-friendly spaces) to enhance inclusivity.
  - Provide clear, user-friendly descriptions of service processes to reduce confusion and enhance accessibility for all clients.
  - Ensure materials provided are accessible to a variety of populations with a range of abilities across all forms of communication (e.g., spoken interactions, written materials, tactile and sensory-supportive formats, online and digital products).
  - Clearly communicate which services are available in languages other than English.
- **Foster inclusive visual and cultural representation:**
  - Use multilingual signage and translated materials to accommodate diverse language needs.
  - Ensure service settings visibly reflect diversity through posters, artwork, and other resources.
  - Represent people of all ages, cultural backgrounds, gender identities, and sexual orientations, including Aboriginal and Torres Strait Islander peoples.
- **Build a diverse and inclusive workforce:**
  - Foster a diverse and multidisciplinary work environment that includes representation from priority population groups at all levels (e.g., practitioners, administrative staff, facilities teams, contractors, managers and board members).
  - Embed Aboriginal-identified roles, bilingual/bicultural staff, and peer/LLE positions within the workforce.
  - Where direct employment is not possible, partner with organisations that represent or support these priority population groups.
- **Deliver role-specific staff training:**
  - Equip staff with the knowledge and skills needed to implement the ‘right door’ approach effectively via tailored role-specific training (e.g., customer service and cultural competency training for reception staff; trained in referral pathways and warm handover procedures).
- **Embed cultural competency and inclusive practice:**
  - Provide cultural competency, cultural responsiveness, and inclusive care training to all staff irrespective of whether they are in client-facing roles.
  - Equip staff to understand cultural norms regarding respectful interactions and engage appropriately with priority population groups.
- **Establish formalised partnerships and referral pathways:**
  - Facilitate access to care by fostering the actions outlined in relation to the provision of integrated and collaborative care.
- **Seek accreditation and develop action plans**
  - Seek accreditation from relevant bodies such as Rainbow Health Australia to ensure the service is practicing inclusivity in relation to gender and sexual diversity.
  - Develop and implement a Reconciliation Action Plan to formalise and advance the organisation’s commitment to Aboriginal and Torres Strait Islander peoples.
  - Embed disability and peer/LLE frameworks into organisational planning.

Standard in action – practitioners:

- **Create welcoming experiences:**
  - Ensure every interaction – whether online, by phone, or in person – is warm, respectful, and inclusive.
  - Apply this approach consistently across all engagement points, regardless of whether the person is a potential, current, or former client, or another member of the community.
  - Treat all people with dignity, irrespective of the staff member's role in care or whether the service is the most appropriate for their current needs.
  - Accommodate accessibility requirements across all forms of communication including, for example, spoken interactions, written materials, tactile and sensory-supportive formats, online and digital content.
- **Adopt a holistic, person-centred and collaborative approach to care:**
  - Foster the actions outlined in the holistic and person-centred care principle that focus on treating the whole person, not just their condition.
  - Take into consideration the person's physical, emotional, social, cultural, and environmental context, and tailor support to their unique circumstances, values, and goals.
- **Support priority populations with culturally responsive practice:**
  - Recognise that people from priority population groups may engage with services in non-traditional ways and consider flexible service models to accommodate this.
  - Develop close working relationships with organisations and practitioners who specialise in supporting diverse population groups and use these partnerships to provide culturally safe, comprehensive, and appropriate care.
  - Regularly undertake and apply learnings from cultural competence training that builds cultural awareness, competence, and responsiveness.
  - Focus on understanding diverse cultural perspectives, communication styles, and systemic barriers to enhance engagement and care for people from varied backgrounds and communities.
- **Accommodate sensory and environmental preferences:**
  - Adjust the environment to support accessibility and individual preferences that may affect comfort and engagement in therapeutic settings, considering factors such as lighting, noise levels, and other sensory needs.
- **Commit to ongoing self-reflection and learning:**
  - Engage in regular self-reflection to examine personal biases, assumptions, and areas for growth.
  - Use insights from reflection to inform inclusive, person-centred care.
  - Undertake ongoing training in cultural competency, responsiveness, and inclusive care.
  - Use this knowledge to ensure respectful, culturally appropriate interactions and service delivery.
- **Facilitate access to services through active referral and handover:**
  - In alignment with the principle of integration and collaboration, identify and connect people with services appropriate to their needs.
  - Ensure transitions between services are smooth, respectful, and person-centred, and support warm handovers by attending joint meetings or follow-ups where possible.

2 Co-occurring mental health conditions as core business

The frequent co-occurrence of mental health conditions among people accessing AOD services means that responding to these is a core responsibility of AOD organisations and practitioners. While the capacity to respond may vary depending on the service type and/or practitioner role, all services – regardless of scope – should incorporate some level of response to mental health conditions as part of routine practice.

Principle in action – organisations/services:

- **Prioritise co-occurring mental health conditions in organisational frameworks:**
  - Recognise the management of co-occurring mental health conditions as a core organisational priority and reflect this commitment in strategic and operational planning documents, tailored to the organisation's scope of practice.
  - Incorporate consideration of co-occurring mental health conditions into risk management strategies, policies, and procedures that balance dignity of risk with duty of care (including, clinical risk management plans, clear escalation procedures for people at-risk, and staff training on how to implement these procedures effectively).
- **Embed routine screening, monitoring, and outcome measurement:**
  - Make the screening, assessment, and ongoing monitoring of mental health symptoms a routine part of service delivery, noting that symptoms may change throughout treatment.
  - Include mental health outcomes as key performance indicators (KPI) to evaluate service effectiveness and impact.
  - Provide access to evidence-based and culturally appropriate screening and assessment tools.
  - Ensure staff are trained in the appropriate use of these tools and in interpreting results (including provision of appropriate feedback to the person) to inform care planning and care coordination.
- **Support accurate and considered record keeping:**
  - Design documentation systems that allow for detailed recording of clients' responses to mental health assessments while also remaining sensitive to privacy and confidentiality concerns, stigma and potential medico-legal issues.
  - Reduce the need for clients to repeatedly retell their experiences by ensuring information is captured and shared appropriately.
- **Use data to inform service planning and sector development:**
  - Collect and analyse data from mental health assessments to identify trends to inform internal service planning and improvement; monitor progress against KPIs, and contribute to broader planning across the AOD, health, and social service sectors.

Principle in action – practitioners:

- **Recognise and address co-occurring mental health conditions as part of routine clinical care:**
  - Undertake training to obtain the knowledge and skills required to identify and respond to mental health conditions and integrate this approach into everyday practice.
  - Ensure responses are aligned with professional role, scope of practice, and organisational policies and procedures.
- **Routinely screen and monitor mental health:**
  - Screen, assess and monitor mental health using evidence-based and culturally appropriate screening and assessment tools and incorporate findings into collaborative treatment planning.
  - Explain to clients the rationale for mental health assessments, the process, how the information will be used, and who will have access to it.
  - Explore the person's lived experience by understanding the relationship between AOD use and mental health, and tailoring interventions accordingly.
  - Interpret and communicate assessment results effectively, providing respectful feedback to clients and, where appropriate, their support networks, to support engagement and care.
- **Document mental health information accurately:**
  - Record relevant mental health information shared during screening and assessment clearly and accurately while also remaining sensitive to privacy and confidentiality concerns, stigma and potential medico-legal issues.
  - Ensure documentation is accessible to the treating team to support continuity of care to reduce the likelihood of clients being asked to repeat assessments unnecessarily.
- **Share safety information proactively:**
  - Routinely exchange information about potential or existing safety risks that may affect people accessing the service.
  - Use mechanisms such as safety huddles to support team awareness and coordinated responses.
  - Implement and undertake regular review of clinical risk management plans.

3 Holistic and person-centred care

A holistic, person-centred, and collaborative approach recognises the importance of treating the whole person, not just their AOD use and mental health. It involves consideration of the broader context of a person's life and wellbeing, including social and demographic factors such as age, gender, sexual orientation, culture, ethnicity, spirituality, socioeconomic status, physical health, cognitive abilities, housing and financial stability, family and relationships, social connections, employment, and legal issues. These interconnected domains can significantly influence a person's AOD use, mental health, and ability to engage with treatment, and therefore must be addressed as part of effective care.

A person-centred and collaborative approach ensures that the person's priorities, experiences, and goals remain central to all aspects of treatment planning and decision-making. This approach empowers individuals to take ownership of their care, with practitioners working in partnership to support them in achieving their goals. While practitioners bring professional expertise, individuals are recognised as experts in their own lives and retain the right to make informed decisions about their treatment. This requires active listening, meaningful engagement, and shared decision-making to ensure that care is delivered in genuine partnership rather than a process in which decisions are imposed.

Principle in action – organisations/services:

- **Integrate holistic assessment into policies and practice:**
  - Embed policies and procedures that support the assessment of a wide range of demographic and social factors.
  - Encourage the use of this information to inform treatment planning and support clients in developing goals that extend beyond AOD-related outcomes (e.g., reflecting other aspects of a person's life such as wellbeing, relationships, housing, and community connection).
  - Implement outcome measures that extend beyond AOD use to reflect a diversity of client goals (e.g., quality of life, functioning, and wellbeing).
- **Embed person-centred and collaborative treatment practices:**
  - Develop policies and procedures that emphasise shared decision-making between practitioners and people accessing services.
  - Ensure treatment planning includes open discussions about goals, risks, and benefits, that are tailored to each person's circumstances.
- **Equip practitioners with tools to deliver holistic, person-centred models of care, and practise shared decision-making:**
  - Provide staff with information and training to enhance understanding and application of holistic, person-centred care approaches.
  - Provide practical resources and tools to support practitioners in implementing collaborative approaches effectively.
  - Within the organisation's scope of practice, embed programs that respond to a wider range of client needs beyond AOD treatment alone.
  - Implement virtual meeting capabilities to enable participation from different locations and make inter-service collaboration more accessible.

- **Embed culturally appropriate frameworks:**
  - Partner with Aboriginal-led organisations to implement the Social and Emotional Wellbeing Framework, a stepped care model that supports culturally safe and comprehensive care, including traditional healing practices.
  - Partner with multicultural community leaders, places of worship, and ethnic-based support services to enhance cultural responsiveness and community engagement.
- **Establish frameworks and partnerships for multidisciplinary care:**
  - Foster the actions outlined in relation to the provision of integrated and collaborative care to meet holistic needs.

Principle in action – practitioners:

- **Consider cultural and social context in care:**
  - View each person in light of their cultural, social, physical, and mental health context.
  - Reflect on all aspects of a person's background, environment, and cultural landscape when developing case formulations, treatment plans, and delivering care.
  - Ensure care is culturally responsive and tailored to the person.
  - With a person's consent, seek the perspectives of a person's support network and consider their perspectives and insights as part of a holistic approach to care.
- **Adopt culturally informed care models:**
  - Integrate collectivist values, cultural beliefs, and community-focused perspectives into care for people from multicultural communities.
  - Enable and respect the use of traditional healing practices of Aboriginal and Torres Strait Islander and multicultural communities.
- **Adopt a strengths-based collaborative approach to care:**
  - Recognise and build on a person's strengths and resilience and adopt collaborative shared decision-making approaches that empower people to make informed choices about their care.
  - Support people in developing their own treatment goals that extend beyond AOD-related outcomes (e.g., goals related to a person's quality of life and functioning), recognising that for some, meeting basic needs may take precedence over AOD-specific goals, and people have the right to live the lives they choose even if their choices involve risk.
  - Ensure treatment planning reflects and prioritises what matters most to the person.
  - Empower peoples' autonomy and self-determination in all aspects of their care.
  - Pay particular attention to empowering people from priority population groups, respecting their lived experiences and preferences.
  - Use accessible tools and resources to support shared decision-making and ensure people can easily access and understand treatment information (e.g., risks and benefits).
  - Respect the person's decisions regarding their treatment goals and preferred steps to achieve them, recognising that these goals may differ from the practitioner's views.
  - Be thorough in collecting outcome measures that extend beyond AOD use to reflect a diversity of client goals (e.g., quality of life, functioning, and wellbeing).

- **Respect individual perspectives on co-occurring conditions:**
  - Acknowledge that people may not perceive a connection between their AOD use and mental health.
  - Respect their focus, whether it is on one condition or both, and tailor support accordingly.
- **Understand local community contexts:**
  - Commit to understanding the cultural and social context of the local community and the communities clients belong to.
  - Build knowledge of local land, culture, lore, people, and community norms and use this understanding to inform culturally safe and respectful practice.
- **Build and maintain cross-sector relationships to meet holistic needs:**
  - Actively network with practitioners and service providers across health, social services, education, housing, justice, and other relevant sectors.
  - Use these relationships to enhance collaboration and improve care coordination.
- **Connect people with external support networks and involve support networks in care:**
  - Undertake the actions outlined in later principles to facilitate connection and engagement with external supports and networks and involve support networks in care.

4 Integrated and collaborative care

Delivering care that is integrated and collaborative requires a broad, multidisciplinary approach to ensure that each person receives support that genuinely meets their needs. Integrated care involves the coordination of health and social services to provide seamless, effective, and person-centred support. It is central to providing continuity of care, particularly within complex systems that can be difficult to navigate for people experiencing challenges related to co-occurring AOD and mental health conditions. Strong connections across AOD services, primary care, mental health, and the broader health and social services sectors enable practitioners to collaborate effectively, draw on collective expertise, and ensure coordinated, responsive care pathways to prevent people from 'falling through the gaps' of service systems.

With the person's consent, this collaborative approach should extend to the active involvement of their nominated support network in care planning and decision-making. Support persons can offer valuable perspectives and should be kept appropriately informed, while also being encouraged to contribute insights that enhance treatment planning. At the same time, it is critical to clearly establish what information a person is comfortable sharing and to respect their preferences regarding the involvement of family, carers, or others. In some situations, such involvement may be inappropriate or unsafe (e.g., in the context of domestic or family violence) and these circumstances must be carefully considered to ensure that care remains person-centred, respectful, and safe.

Principle in action – organisations/services:

- **Establish formal partnerships, supportive care and referral pathways:**
  - Establish collaborative partnerships (e.g., memorandums of understanding; service level agreements) with service providers across the AOD, mental health, medical, social, legal, and housing sectors; GPs; local community organisations, including Aboriginal Community Controlled Health Organisations and specialist services that support other priority populations such as multicultural and gender and sexually diverse communities.
  - Include clear protocols and procedures for referrals, shared care pathways, care coordination, and warm handovers with these service delivery partners.
  - Implement step-up and step-down models that include facilitated connections and warm handovers to ensure smooth transitions between services and levels of care, including crisis care pathways and shared escalation protocols.
- **Support multidisciplinary, inter-service and cross-sector collaboration:**
  - Embed frameworks within policies, procedures, and partnership arrangements that promote the engagement of multidisciplinary care teams.
  - Ensure policies and procedures support practitioners to actively build and maintain connections across health, social and other services by including these responsibilities in position descriptions and allocating time and resources for inter-service engagement and relationship-building.
- **Enable flexible, accessible and secure communication and information sharing:**
  - Facilitate the use of technology to enhance collaboration by implementing virtual meeting capabilities to enable participation from different locations and make inter-service collaboration more accessible.
  - Embed technology and secure systems that allow for safe and confidential sharing of client information with other services and people involved in their care.

- **Respect and support client choice relating to the involvement of support networks:**
  - Embed policies that encourage the involvement of a person's nominated support network in their care, while also respecting their decision not to involve others.
  - Recognise that 'support network' may include diverse relationships such as community Elders, kinship groups, and chosen family.
- **Facilitate the inclusion of support networks:**
  - Ensure care frameworks actively support the involvement of support networks and reflect the varied ways people define these relationships.
  - Provide private spaces within the service for people to meet with their support networks.
  - Incorporate technology to support virtual meetings with support networks across different locations.

Principle in action – practitioners:

- **Build and maintain collaborative service relationships:**
  - Recognise the fundamental role of GPs and other primary care physicians in providing holistic and continuous care for people experiencing co-occurring AOD and mental health conditions and involve them in treatment planning.
  - Proactively develop and sustain links with a range of local services to support specialised, coordinated, and continuous care.
  - Leverage the expertise of specialist services to ensure culturally safe, relevant, and effective support.
  - Maintain these relationships to understand other service models and treatment approaches.
- **Engage in multidisciplinary care and practise inclusive decision-making:**
  - Participate actively in multidisciplinary care, including attending case meetings facilitated by external services.
  - Work with GPs and other care providers to deliver comprehensive, wrap-around support tailored to the individual's holistic needs.
  - Ensure all relevant stakeholders are actively involved in care planning and decision-making and kept informed throughout the care process.
  - Collaborate closely with the person's case manager and other providers to maintain continuity across services.
- **Support transitions:**
  - Provide facilitated referrals and warm handovers when referring people to other services or practitioners to improve access and engagement.
  - Support seamless transitions between services by ensuring the person has made contact with the new service before discharge.
  - Actively follow up on referrals you receive by contacting other providers to gather relevant information.
  - Ensure timely and informed responses to support continuity of care.
- **Involve support networks in care:**
  - Ask clients who they would like to be involved in their treatment and, with their consent, actively include their support network in all aspects of care.

  - Respect the person's preferences and ensure their consent is clearly documented, including any limitations on information sharing.
- **Communicate transparently with support networks:**
  - Provide nominated support people with clear, high-quality information to promote transparency and engagement.
  - Share care plans and relevant resources to keep support networks informed and involved.
- **Provide family and carer support:**
  - Provide psychoeducation for members of support networks to help them understand co-occurring AOD and mental health conditions.
  - Equip support networks with tools to better assist the person accessing services.
- **Connect support networks to external services:**
  - Actively link support people to external services that can assist them.
  - Understand and utilise available resources for families, carers, children, and other support people to strengthen the broader care system.

5 Connection and engagement

This principle comprises two key components: connection and engagement between the person and i) their practitioner or service provider, and ii) their broader community. Building strong, trusting, and supportive relationships with clients who are experiencing co-occurring AOD and mental health conditions is essential for meaningful and enduring engagement, the delivery of holistic care, and improved outcomes. Equally important is fostering a sense of connection with community networks which is often lacking for people with co-occurring AOD and mental health conditions. Connections with service providers and community play a vital role in helping people achieve and sustain their goals and therefore should not be treated as separate or secondary to treatment – they must be integrated as a core element of any treatment program.

Principle in action – organisations/services:

- **Prioritise relationship-building as a core component of service delivery:**
  - Recognise the importance of community and connection in treatment planning and delivery.
  - Embed programs and activities that foster rapport and trust between people accessing services and practitioners.
- **Facilitate peer/LLE connection and community engagement:**
  - Offer regular social activities (e.g., BBQs, walks, movie nights) to promote connection among clients.
  - Tailor activities to suit diverse cultural groups, such as storytelling circles, music or dance sessions, faith-based gatherings, and cultural celebrations.
  - Where appropriate, include family, carers, and support networks in these activities.
  - Encourage practitioners to help clients build connections with community groups and social structures, especially for those from priority populations.
- **Embed cultural competency and inclusive practice training:**
  - Provide mandatory, ongoing training for all staff on cultural norms, communication styles, and respectful engagement, irrespective of whether they are in client-facing roles.
  - Raise awareness of barriers to connection such as language, stigma, migration trauma, visa insecurity, racism, and family/community obligations.
- **Strengthen local partnerships:**
  - Build relationships with local community organisations that enable connection (e.g., sports clubs, walking groups, book clubs, bush regeneration, community gardens, and cultural groups) and ensure staff are informed about available programs and supports.

Principle in action – practitioners:

- **Prioritise connection and engagement:**
  - Invest time in building strong, supportive relationships with people accessing the service.
  - Include connection and engagement as a core component of treatment and care planning.
  - Recognise the value of relational support in recovery and wellbeing - meaningful relationships are foundational to effective care.

- **Create opportunities to know the person:**
  - Actively seek opportunities within treatment and service activities to better understand the people you support.
  - Use these interactions to build trust, rapport, and a deeper understanding of each person's context and needs.
- **Understand mental health and its potential impact on engagement:**
  - Increase understanding of different mental health conditions and how they may affect a person's ability to connect, communicate, or engage with treatment.
  - Utilise this knowledge to inform relationship-building and treatment planning.
- **Recognise cultural influences on connection:**
  - Deepen one's understanding of diverse cultural norms, values, and expectations that shape how people connect and engage.
  - Pay particular attention to how connection may be disrupted for people from priority population groups and integrate this awareness into practice.
- **Facilitate community connection:**
  - Recognise the therapeutic value of community connection in recovery and wellbeing.
  - Identify and support opportunities for people to connect with the broader community.
  - Encourage engagement with external programs that align with a person's interests such as sports, walking groups, book clubs, bush regeneration, community gardens, and cultural groups.
  - Understand and engage with resources available to families, carers, children, and support networks.
  - Collaborate with other health and social service providers to strengthen the support system around each person.
- **Address power and cultural imbalances:**
  - Be aware of the inherent power dynamics between practitioners and clients, and how these may affect engagement.
  - Take steps to reduce power and cultural imbalances to foster more equitable relationships.

6 High-quality evidence-based care

Organisations and practitioners have a responsibility to deliver care that is guided by the best available evidence and continuously updated as new knowledge emerges. This care should be aligned with each person's individual needs and treatment goals. There are a large number of resources available to support evidence-based practice, some of which are listed at the end of this document.

Principle in action – organisations/services:

- **Commit to evidence-based practice across the organisation:**
  - Embed a service-wide commitment to delivering treatment based on the best available evidence.
  - Ensure this commitment is reflected in all service documentation, including strategic plans, policies, and procedures.
- **Foster a culture of evidence-based care:**
  - Ensure documents that support the delivery of high-quality treatment that are based on the best available evidence include strategies and actions for staff to practice in accordance with and measure their practice against.
  - Promote the importance of evidence-based approaches across all relevant forums.
  - Encourage practitioners to adopt and adapt their practice in line with emerging research and best practice guidelines.
- **Ensure access to high-quality evidence-based training and resources:**
  - Provide ongoing training and professional development on evidence-based practices.
  - Make evidence-informed resources readily available to all staff to support informed decision-making and high-quality care delivery.

Principle in action – practitioners:

- **Engage in continuous professional development:**
  - Aligned with the actions to enable a skilled and proficient workforce, proactively seek out and regularly participate in, professional development activities (e.g., conferences, webinars, online modules) to keep informed about emerging evidence and practices.
  - Integrate new knowledge into treatment planning to ensure care remains current and evidence-based.
- **Ensure cultural appropriateness in care:**
  - Consider whether a treatment being considered is culturally appropriate to a person and whether a culturally-adapted model of care should be considered.
- **Use evidence-based approaches and resources:**
  - Apply evidence-based approaches to support people in achieving their treatment goals and in making informed choices about their care.
  - Ensure that treatment approaches are grounded in current evidence and best practice.

7 Trauma-informed care

Experiences of trauma can significantly influence the development and persistence of both AOD use disorders and mental health conditions. Given the high prevalence of trauma exposure among people accessing AOD services – especially those with co-occurring mental health conditions or from priority population groups – the provision of trauma-informed care is essential. A trauma-informed approach recognises the widespread impact of trauma and its potential influence on a person's presentation. At its core, this approach prioritises the delivery of care in environments that are physically, psychologically, and culturally safe – fostering healing and agency and avoiding re-traumatisation.

Principle in action – organisations/services:

- **Adopt a whole-of-service trauma-informed approach:**
    - Embed trauma-informed principles across all organisational policies, procedures, and practices.
    - Ensure all staff – regardless of role – understand and reflect the principles outlined in this Framework in their work.
- **Upskill staff in trauma awareness and practice:**
    - Provide training for all employees to build awareness of the prevalence and impact of trauma.
    - Support staff to integrate trauma-informed knowledge into their practice in ways that are relevant to their role and capacity.
    - Ensure clinical and practice supervision includes reflection on whether practitioners' approaches align with trauma-informed care principles.
- **Create physically, psychologically, and culturally safe environments:**
    - Foster the actions outlined for providing inclusive, equitable and accessible care to develop an environment that is welcoming, inclusive, and safe.
    - Prioritise client choice and control wherever possible to enhance safety and comfort.
    - Conduct regular audits to assess and improve the organisation's ability to provide trauma-informed care.
    - Consider and attempt to minimise factors related to the physical environment that may trigger trauma responses (e.g., layout, lighting, décor, media content, and staff dress codes).
    - Regularly evaluate service programs to identify and revise any policies or procedures that may be experienced as confrontational or punitive rather than therapeutic.
- **Support practitioner wellbeing:**
    - Recognise the emotional impact of this work, particularly for practitioners who may have experienced trauma themselves.
    - Provide practitioners with appropriate resources and support to prevent secondary/vicarious trauma.
    - Implement processes to support staff when discussing trauma and traumatic experiences with clients.
- **Enable safe feedback mechanisms:**
    - Establish clear, safe pathways for staff and clients to raise concerns about organisational culture or care practices.
    - Ensure these mechanisms support physical, psychological, and cultural safety and are accessible to all.

Principle in action – practitioners:

- **Adhere to trauma-informed organisational practices:**
  - Follow organisational policies, procedures, and practices that support trauma-informed care.
- **Promote physical, psychological, and cultural safety:**
  - Create environments where people feel physically, emotionally, and culturally safe.
  - Be mindful that some people may have experienced trauma within health settings.
  - Ensure interpersonal interactions are respectful, non-threatening, and culturally sensitive.
- **Understand challenging behaviours as survival strategies:**
  - Recognise that behaviours often labelled as "challenging" may be adaptive responses to trauma, and respond to these with empathy and curiosity, rather than judgement.
- **Reflect on potential triggers in practice:**
  - Consider whether aspects of interactions may trigger traumatic memories (e.g., physical touch, stigmatising language, power imbalances, and assumptions about gender or sexuality).
- **Adopt a strengths-based collaborative approach to care:**
  - Recognise and build on a person's strengths and resilience and prioritise collaboration over directive approaches.
- **Empower autonomy in care:**
  - Promote a sense of control and autonomy for people in their treatment, ensuring that care is guided by the person's goals, values, and lived experience.
  - Ask people how they would prefer to be supported, involve them in decision-making and respect their preferences and choices.

8 Dignity and respect

A non-judgemental approach is central to upholding dignity and respect. It requires engagement with people in ways that are respectful, open-minded, and free from bias, stigma, or discrimination. It is grounded in empathy, understanding, and acceptance, ensuring that all people accessing AOD and other health or social services feel acknowledged, supported, and safe, regardless of their presentation or personal circumstances. However, people who use AOD and/or experience mental health conditions often encounter stigma and discrimination within health settings and the broader community. These experiences can negatively impact their willingness to seek help, their access to equitable care, and their confidence in sharing personal experiences or trusting service providers – particularly for those with co-occurring conditions or previous negative experiences with service providers. The use of appropriate, respectful language is therefore essential, as even unintentional misuse can reinforce harmful stereotypes and perpetuate stigma. At the same time, it is important to recognise that ongoing emotional distress and past experiences can shape how individuals respond to care, with approaches perceived as demanding or confrontational often proving counterproductive and potentially triggering feelings of criticism, rejection, or overwhelm – leading to disengagement. Respectful care must therefore prioritise thoughtful, empathic communication that fosters understanding, minimises distress, and supports meaningful, trusting engagement.

Principle in action – organisations/services:

- **Embed non-judgemental practice in organisational foundations:**
  - Clearly reflect a commitment to non-judgemental, inclusive care in organisational values, policies, and procedures.
  - Ensure these principles guide equitable access to services and are embedded across all levels of service delivery.
  - Recognise that shame related to AOD use may be especially pronounced among priority population groups.
- **Protect privacy and confidentiality:**
  - Embed strong privacy and confidentiality policies and ensure clients are informed of their rights and any circumstances in which this may be breached (e.g., when required by law or as part of duty of care).
  - Promote trust and safety by making these policies transparent and applying them consistently.
- **Foster an inclusive and compassionate organisational culture:**
  - Build a culture that is empathic, respectful, and free from discrimination and stigma.
  - Ensure this culture is embedded across all aspects of the organisation/service and reflected by all staff members including, but not limited to, practitioners, administrative staff, facilities teams, contractors, managers and board members.
- **Use inclusive and recovery-focused language:**
  - Ensure all service documentation, promotional materials, and resources use language that is person-centred, strengths-based, recovery-oriented, non-stigmatising, and inclusive.
  - Use appropriate language guides to inform the development of these materials.

- **Integrate non-judgemental practice into workforce expectations and training:**
  - Include non-judgemental approaches and adherence to organisational values as core requirements in staff position descriptions.
  - Ensure these expectations are reinforced through recruitment, onboarding, regular training, and performance management processes.
  - Equip staff to understand cultural norms regarding respectful interactions and engage appropriately with priority population groups.
  - Facilitate opportunities for reflection and learning to help staff challenge assumptions and reduce stigma in their practice.
- **Provide opportunities for feedback:**
  - Provide multiple forums through which service users can provide feedback on their experiences in a safe and, if preferred, anonymous fashion; and implement systems for reviewing and responding to feedback.

Principle in action – practitioners:

- **Practice with openness, empathy, and respect:**
  - Take personal accountability for engaging with people in a manner that is open, empathic, and respectful and create a space that is non-judgemental.
  - Show kindness and empathy in all interactions.
  - Recognise the stigma that can surround AOD use and mental health conditions and their co-occurrence and create environments where people feel safe to speak openly without fear of judgement or discrimination.
  - Actively challenge stigma through the use of respectful, inclusive, trauma-informed and person-centred language.
  - Recognise a person's right to live the life they choose even if their choices involve risk.
  - Ensure that client confidentiality and privacy are upheld at all times.
- **Be curious:**
  - Approach each person with curiosity about their experiences and circumstances, understanding that a person's AOD use and mental health are only one aspect of a person's life.
  - Avoid defining people by their diagnoses or behaviours.
- **Adopt a strengths-based collaborative approach:**
  - Focus on a person's strengths, capabilities, and potential in treatment and care planning.
  - Empower people by recognising and building on what is working well in their lives.
  - Adopt collaborative shared decision-making approaches that empower people to make informed choices about their care.
- **Practice motivational enhancement, not confrontation:**
  - Align interactions with motivational enhancement principles – supportive, non-confrontational, and non-punitive.
  - Avoid accusatory or harsh feedback; instead, aim for honest, respectful communication that maintains trust.
  - Balance setting boundaries with empathy to foster positive relationships between practitioners and clients.

- **Reflect on biases and challenge stereotypes:**
    - Engage in ongoing self-reflection to identify and challenge personal biases and assumptions.
    - Recognise the harmful impact of stereotypes, particularly those related to AOD use and mental health.
    - Reflect on ways that stereotypes may be inadvertently reinforced through language and behaviours.
    - Recognise how unconscious bias can influence interactions and shape decision-making.
    - Strive to eliminate bias and assumptions from practice that may negatively impact care.
- **Be open to change and feedback:**
    - Actively invite and be open to receiving critical feedback from peers, supervisors, and clients.
    - Use feedback as an opportunity for growth and improvement and embrace change as part of evolving best practice and professional development.

9 Skilled and proficient workforce

Services, care, and treatment should be delivered in alignment with the skills, qualifications, experience, and scope of practice of both organisations and individual practitioners to ensure safe, effective, and high-quality care. The capacity of organisations to address co-occurring mental health conditions will differ depending on their purpose, scope, and available resources. Likewise, practitioners vary in their roles, training, and experience. It is essential that services and practitioners operate within their defined scope of practice. When a person's needs exceed the capacity of a service or practitioner, appropriate referrals or collaboration with other services should be initiated to ensure those needs are met.

Continuous professional development – through formal and informal learning – is critical to enhancing the capacity and competency of services and practitioners to deliver high-quality, evidence-based care to people experiencing co-occurring mental health conditions.

Peer and LLE workers are integral to the workforce, contributing unique perspectives that foster hope, reduce stigma, support engagement, and assist individuals in navigating services, thereby strengthening holistic, recovery-oriented care.

Principle in action – organisations/services:

- **Build a diverse and inclusive workforce:**
  - Foster a diverse and multidisciplinary work environment that includes representation from priority population groups at all levels (e.g., practitioners, administrative staff, facilities teams, contractors, managers, and board members).
  - Embed Aboriginal-identified roles, bilingual/bicultural staff, and peer/LLE positions within the workforce to enhance cultural safety and lived experience representation.
  - Where direct employment is not possible, partner with organisations that represent or support these priority population groups.
- **Acknowledge the unique role of peer/LLE workers:**
  - Foster a peer/LLE workforce across client-facing and non-client facing roles and at all levels of service delivery, including positions of leadership.
  - Ensure peer/LLE workers are appropriately remunerated and recognised as integral members of the multidisciplinary team.
  - Reflect the value of peer/LLE workers in care planning and treatment models.
  - Promote their contributions as essential to person-centred and recovery-oriented care.
- **Regularly review organisational capacity and capability:**
  - Conduct regular reviews of organisational capacity and capability to respond to co-occurring mental health conditions and address any gaps or skills shortages identified.
  - Before embedding peer/LLE roles, conduct an organisational readiness assessment and address any issues raised to ensure a safe, respectful, and supportive environment for all staff.
  - Provide appropriate training to members of the workforce who do not have LLE on how to work effectively alongside a LLE workforce.

- **Build workforce capacity through professional development:**
  - Ensure all practitioners have a foundational understanding of co-occurring mental health issues and their relationship with AOD use.
  - Ensure staff position descriptions accurately reflect role requirements and are regularly reviewed through professional development and performance management processes.
  - Provide ongoing formal and informal professional development opportunities (including peer/LLE-led and peer/LLE-developed training) to help staff expand their skills and scope of practice, and to ensure staff are competent and confident in their roles.
  - Provide access to ongoing training and development opportunities tailored to peer/LLE roles, such as peer/LLE-specific conferences and events.
  - Support career progression within and beyond the peer/LLE workforce.
  - Ensure staff training is current, aligned with the latest evidence, culturally responsive, and has a focus on priority population groups.
- **Provide access to comprehensive supervision and mentoring:**
  - Offer appropriate clinical and practice supervision, including cultural and peer supervision, to strengthen practitioners' ability to respond effectively to people experiencing co-occurring mental health conditions.
  - Involve Aboriginal Elders in supervision and mentoring to support culturally safe practice.
  - Ensure supervision is used as a dedicated space for professional reflection, support, learning, continuous skill development and professional growth.
- **Embed reflective practice and performance indicators:**
  - Integrate professional development processes that encourage staff to reflect on their practice and include clear strategies, actions, and measurable indicators to guide and assess staff practice in alignment with the principles outlined in this Framework.
  - Include regular reviews and dedicated non-clinical time for this and other professional development in staff work agreements.
- **Facilitate cross-sector learning and exchange:**
  - Create opportunities for services across sectors to share knowledge and experiences, such as through worker exchange programs or placement opportunities.

Principle in action – practitioners:

- **Recognise and address co-occurring mental health conditions as part of routine care:**
  - Acknowledge that the ways in which practitioners' address co-occurring mental health conditions will differ depending on their role, qualifications, education, training, and experience.
  - Undertake role-specific training to obtain the knowledge and skills required to identify and respond to mental health conditions and integrate this approach into everyday practice.
  - When a person's needs exceed practitioners' scope of practice, connect them with practitioners or services – which may be internal or external to the organisation – that have the appropriate qualifications and expertise.
- **Integrate lived experience into treatment planning and service delivery:**
  - Work collaboratively with peer/LLE workers as valued key members of a multidisciplinary team and integrate their perspectives in treatment planning and service delivery.
  - Engage and partner with peer/LLE-led organisations.

- **Maintain professional standards:**
    - Adhere to qualification frameworks and meet continuing professional development requirements set by relevant accreditation bodies.
    - Ensure one's practice reflects the standards, ethical guidelines and expectations of one's professional role.
- **Engage in ongoing professional development:**
    - Regularly reflect on one's scope of practice and identify areas for development.
    - Proactively seek out and participate in professional development activities (e.g., webinars, self-paced modules, sector events) to improve competence and confidence in working with people experiencing co-occurring AOD and mental health conditions.
    - Build these activities into one's professional development plan to stay current with evidence-based practices.
    - Integrate self-reflection into professional development planning to ensure continuous improvement in practice.
    - Seek opportunities to expand knowledge and skills in alignment with one's role and responsibilities.
- **Engage in clinical, practice, cultural and peer supervision:**
    - Actively participate in clinical or practice supervision, including cultural and peer supervision, to reflect on and build one's capacity to work effectively with people experiencing co-occurring AOD and mental health conditions.
    - Use supervision as a space for learning, accountability, and professional growth.
- **Commit to ongoing self-reflection:**
    - Engage in regular self-reflection to examine personal biases, assumptions, and areas for growth.
    - Reflect regularly on one's own practice and participate in ongoing training focused on cultural competency, responsiveness, and inclusive care.
- **Apply new knowledge to practice:**
    - Integrate learnings from professional development into treatment planning and service delivery to ensure one's practice reflects the latest evidence in identifying, managing, and treating co-occurring AOD and mental health conditions.

Resources

The list of resources below may be useful in supporting organisations/services in implementing each of the Principles. Many are relevant to multiple Principles and we have attempted to reflect this by cross-referencing between them. This is, however, by no means an exhaustive list and organisations and practitioners are encouraged to refer to additional resources that are relevant to their practice.

Inclusive, equitable and accessible approach

1. South Western Sydney Primary Health Network **No Wrong Door Initiative**: Aims to bring together a diverse range of government, non-government and community managed organisations to achieve the mutual aim of reducing barriers and enhancing support for people experiencing severe and persistent mental illness with complex needs, their carers and families across South Western Sydney. Organisations commit to no wrong door and recovery oriented principles by signing the Mental Health Charter. https://swsphn.com.au/what-we-do/no-wrong-door/
2. NADA's **Lived Experience Insights – Improving Access and Equity in the Alcohol and Other Drugs Setting:** https://nada.org.au/resources/working-with-diversity/
3. NADA's **Access and Equity: Working with Diversity in the Alcohol and Other Drugs Settings – Second Edition**. https://nada.org.au/resources/working-with-diversity/
4. The World Wide Web Consortium (W3C)'s **Web Content Accessibility Guidelines** to support the development of web content that is more accessible to people with disabilities: https://www.w3.org/TR/WCAG21/
5. Gender and sexually diverse inclusive language guides:
    - Victorian Government **LGBTIQA+ Inclusive Language Guide**: https://www.vic.gov.au/inclusive-language-guide
    - ACON Health's **LGBTQ+ Inclusive and Affirming Practice Guidelines**: https://nada.org.au/resources/aod-lgbtiq-inclusive-guidelines-for-treatment-providers/
    - ACON Health's **Trans and Gender Diverse Inclusion Language Guide**: https://www.acon.org.au/wp-content/uploads/2020/02/TGD-Language-Guide_2020.pdf
    - Diversity Council of Australia: **WordsAtWork – Building inclusion through the power of language**: https://www.dca.org.au/research/wordsatwork-building-inclusion-through-power-language
6. Guides on the use of pronouns:
    - ACON Health's **Pronouns 101**: https://www.pridetraining.org.au/pages/pronoun-page
    - Wear it Purple's **Misgendering + Pronouns – A Guide to Using Inclusive Language When Speaking Languages Other than English**: https://www.wearitpurple.org/wip-day-resources
7. NSW Agency for Clinical Innovation's **Rainbow Resource for Mental Health Care**: A toolkit for child and adolescent mental health clinicians supporting LGBTIQ+ young people and their families. https://aci.health.nsw.gov.au/projects/rainbow-resource
8. NADA's **Working with Women Engaged in Alcohol and Other Drug Treatment**: Supports the provision of best practice interventions for women accessing AOD treatment and to effect organisational change around becoming gender responsive, family inclusive and trauma-informed. https://nada.org.au/resources/nada-practice-resource-working-with-women-engaged-in-alcohol-and-other-drug-treatment/

9. Supporting people with disability:

   - ADF's **Supporting People with Intellectual Disability who use Alcohol and Other Drugs:** https://cdn.adf.org.au/media/documents/Supporting_people_with_intellectual_disability_with_AOD1.pdf
   - People with Disability Australia (PWDA) **Guide to Language about Disability.** https://pwd.org.au/resources/language-guide/

10. Aboriginal and Torres Strait Islander inclusive practice:

    - NADA's **Alcohol and Other Drugs Treatment Guidelines For Working with Aboriginal and Torres Strait Islander People in a non-Aboriginal Setting**: https://www.nada.org.au/resources/alcohol-and-other-drugs-treatment-guidelines-for-working-with-aboriginal-and-torres-strait-islander-people-in-a-non-aboriginal-setting/
    - NADA's **Aboriginal Inclusion Tool**: https://nada.org.au/resources/aboriginal-inclusion-tool-2/
    - Reconciliation Australia's resources for developing **Reconciliation Action Plans**: https://www.reconciliation.org.au/reconciliation-action-plans/
    - Australian Indigenous **Health*InfoNet* Alcohol and other Drugs Knowledge Centre**: website that provides relevant and culturally appropriate resources and information for health practitioners and community members working to reduce harms from AOD use among Aboriginal and Torres Strait Islander people. https://aodknowledgecentre.ecu.edu.au/

11. Working with multicultural communities:

    - Australian Commission on Safety and Quality in Health Care's **User Guide for Health Service Organisations Providing Care for Patients from Migrant and Refugee Backgrounds**: https://www.safetyandquality.gov.au/publications-and-resources/resource-library/nsqhs-standards-user-guide-health-service-organisations-providing-care-patients-migrant-and-refugee-backgrounds
    - Ethnic Communities' Council of Victoria & Victorian Alcohol and Drug Association's **Preventing Alcohol and Other Drug Related Harm in Multicultural Communities:** https://eccv.org.au/preventing-aod-harm-statement/
    - RACGP's **Guide for Clinicians Working with Interpreters in Healthcare Settings**: https://culturaldiversityhealth.org.au/wp-content/uploads/2019/10/Guide-for-clinicians-working-with-interpreters-in-healthcare-settings-Jan2019.pdf
    - **CALD Assist:** Free downloadable app developed by Victoria's Western Health which can assist clinicians to communicate with people with limited English proficiency. https://www.mhcs.health.nsw.gov.au/about-us/campaigns-and-projects/current-campaigns/cald-assist
    - **Translating and Interpreting Service (TIS National)**: A language service provided by the Australian Government Department of Home Affairs providing access to interpreters and translators for people with limited English proficiency and agencies and that need to communicate with their non-English speaking clients. https://www.tisnational.gov.au/

12. QNADA's **Working with AOD Clients Experiencing Housing Issues and Homelessness:** Practical guidance on working with AOD clients experiencing housing issues and homelessness. https://qnada.org.au/research-clearing-house/

Co-occurring mental health conditions as core business

13. The Matilda Centre's **Guidelines on the management of co-occurring alcohol and other drug and mental health conditions in alcohol and other drug treatment settings** (3rd edition) and associated training programs: Aim to improve the capacity of practitioners in the identification, management and treatment of co-occurring mental health conditions. https://comorbidityguidelines.org.au/
14. **Hamilton Centre**: In addition to fostering integrated care through its network of clinical services in Victoria, The Hamilton Centre provides resources and workforce development programs related to co-occurring mental health and substance use conditions for health and welfare professionals. https://www.hamiltoncentre.org.au/
15. **NSW Health Clinical Care Standards** – Alcohol and Other Drug Treatment: https://www.health.nsw.gov.au/aod/Pages/clinical-care-standards-AOD.aspx

Holistic and person-centred care

16. **Transforming Indigenous Mental Health & Wellbeing:** Guidance on the implementation of a Social and Emotional Wellbeing Framework: https://timhwb.org.au/
17. **Ask, Share, Know:** Guidance for people accessing services on questions they could ask to help them make informed choices about their healthcare. https://askshareknow.org.au/
18. Council to Homeless Persons' **Person-Centred Practice Guide** on providing holistic, strengths-based, trauma-informed services. https://chp.org.au/publication/person-centred-practice-guide/
19. National Disability Practitioners factsheet **What is a Person Centred Approach?** Guidance on the provision of holistic, strengths-based and trauma-informed services. https://www.ndp.org.au/images/factsheets/346/2016-10-person-centred-approach.pdf

See also #13

Integrated and collaborative care

20. **Ask Izzy**: A not-for-profit directory designed to connect people and service providers with services that can assist with everyday needs, housing, food, finances, education, employment, domestic and family violence support, health and wellbeing, and counselling. https://askizzy.org.au/
21. **National Mental Health List of Service Providers:** Provides a list of organisations, websites and services that offer support, counselling, research and information about mental health and suicide prevention. https://www.health.gov.au/topics/mental-health-and-suicide-prevention/mental-health-and-suicide-prevention-contacts
22. Australian Drug Foundation **Path2Help**: A free, confidential online tool developed by the to help people find tailored support for AOD concerns—whether for themselves or someone they care about. https://adf.org.au/help-support/path2help/
23. The Matilda Centre's online **Community of Practice:** An online community for professionals in Australia who work with people experiencing co-occurring AOD use and mental health conditions to make connections, access valuable resources. https://community.comorbidity.org.au/
24. Victorian Government's **Integrated Treatment, Care and Support for People with Co-occurring Mental Illness and Substance Use or Addiction:** Guidance to support mental health and AOD services implement recommendations of the Royal Commission into Victoria's Mental Health System. https://www.health.vic.gov.au/sites/default/files/2022-07/Integrated-treatment-care-support-guidance-for-mhw-and-aod-servic-pdf.pdf

25. VAADA and VDDI's. **Integration of Care in Practice:** Victorian examples of models of care, tools and activities that promote integrated treatment, care and support for people experiencing mental illness and substance use or addiction. https://www.vaada.org.au/wp-content/uploads/2023/06/RES_Integration-of-Care-in-Practice-2023_06062023.pdf
26. NADA's **Effective and Continuing Care:** Guidance on provision of continuity of care in AOD settings. https://nada.org.au/wp-content/uploads/2022/06/NADA-advocate-2022-june.pdf
27. NSW Health's **Alcohol and Other Drug Continuing Coordinated Care Program (CCCP):** Service to support coordination of care for AOD clients with complex support needs. https://www.health.nsw.gov.au/aod/resources/Pages/continuing-coordinated-care-program.aspx
28. NSW Government Agency for Clinica Innovation **Transition Care Network:** Principles and resources to support young people transitioning to adult health services. https://aci.health.nsw.gov.au/networks/transition-care
29. **Family Drug Support Australia**: Resources and supports for families of people who use AOD. https://www.fds.org.au/
30. NADA's **Tools for change: A new way of working with families and carers:** Guidance for practitioners on working with families and carers of clients experiencing co-existing mental health and drug and alcohol issues. https://nada.org.au/resources/tools-for-change/
31. NADA's **Working with Families** training and resources for the AOD sector and other primary health contacts to build the capacity of workers to better support families who are impacted by someone else's substance use: https://nada.org.au/resources/working-with-families/.

Connection and engagement

32. WA Mental Health Commission's **Counselling Guidelines**: Alcohol and other Drug Issues: Explores the key skills needed to work with individuals who have AOD-related issues https://www.mhc.wa.gov.au/awcontent/Web/Documents/2015-2024/mhc_counselling-guidelines-4th-edition.pdf

High-quality evidence-based care

33. NSW Health's **Treatment Approaches and Integrated Care for Alcohol and Drug Use:** An overview of the evidence base regarding AOD treatments, models of coordinated care and measuring outcome. https://www.health.nsw.gov.au/aod/summit/Publications/treatment-approaches.pdf
34. Victoria Dual Diagnosis Initiative's **Youth Dual Diagnosis Resource Guide**: Practical guide on working with your people experiencing co-occurring mental health and AOD issues. https://www.svhm.org.au/ArticleDocuments/2140/BUDDYS_Resource_Guide_FINAL.pdf.aspx?embed=y
35. NSW Health's **Alcohol and Other Drugs Psychosocial Interventions Practice Guide:** Evidence on psychosocial interventions, guidance on responding to people experiencing co-occurring concerns and resources for education on AOD service provision. https://www.health.nsw.gov.au/aod/resources/Pages/psychosocial-interventions.aspx
36. The Centre for Youth AOD Practice Development's **Youth AOD toolbox:** Guidance and resources for working with young people who use drugs and alcohol. https://www.youthaodtoolbox.org.au/

See also #13 – 14

Trauma-informed care

37. NSW Health's **Integrated Trauma-Informed Care Framework: My Story, My Health, My Future**: Brings together elements of trauma-informed care and integrated care. https://www.health.nsw.gov.au/patients/trauma/Pages/itic-framework.aspx

38. NADA's **Trauma-Informed Practices for Responding to Difficult Situations:** Contains information and advice for providing safe and inclusive service environments for people accessing support, their networks, and staff. https://nada.org.au/resources/trauma-informed/

39. MHCC's **Trauma-informed care and practice guides** including a framework for organisational change, toolkit, and policy and protocol checklist. https://mhcc.org.au/our-work/resources/?search=&resource-category=trauma-informed-care-and-practice

40. ATODA's **Scope of Practice: for Working with Service Consumers in Alcohol and Other Drug Settings who Experience or Use Domestic and Family Violence**: Clarifies the roles, responsibilities, activities and decision-making capacities of the AOD workforce as it relates to responding to domestic and family violence (DFV). https://www.atoda.org.au/wp-content/uploads/2023/07/Scope_Online.pdf

41. STARTTS' **Understanding Refugee Trauma and Recovery Guide** for practitioners working with refugees. http://startts.org.au/blog/understanding-refugee-trauma-and-recovery-a-guide/

42. NADA's **Let's Talk About Strengths**: Practical guidance on the implementation of a strengths-based approach. https://nada.org.au/wp-content/uploads/2021/03/NADA-advocate-2021-march.pdf

See also #5 – 12, 18 – 19, 43 – 48

Dignity and respect

43. NADA/NUAA's **Language Matters** Version 2: Provides best-practice guidelines on how to use language empower clients and reinforce a person-centred approach. https://nada.org.au/resources/language-matters/

44. **NSW Health Alcohol and Other Drugs Care Charter**: Encouraged staff to reflect on their work practice and provides a framework for services to assess their culture, policies, processes and physical and social environments. https://www.health.nsw.gov.au/aod/Pages/charter.aspx

45. **Mindframe**: Provides guidelines to support safe communication about suicide, mental health and AOD. https://mindframe.org.au/

46. ADF's **Alcohol and Other Drug Stigma – Why it matters and what you can do about it**: Practical steps health care workers can take to create safe and welcoming environments in their workplace. https://cdn.adf.org.au/media/documents/Mini_Bulletin-_AOD_Stigma.pdf

47. ADF's **The Power of Words: Having alcohol and other drug conversations – A practical Guide:** To support healthcare and other professionals working with people who use alcohol and other drugs to reduce stigma and improve health outcomes. https://adf.org.au/talking-about-drugs/power-words/

48. MHCC's **Recovery Oriented Language** guide and other resources: https://mhcc.org.au/resource/recovery-oriented-language-guide-resources/

See also #5 – 12, 37 – 42

Skilled and proficient workforce

49. **Insight Centre for Alcohol and Other Drug Workforce Development**: Providers of alcohol and other drug training, education, clinical resources, and practice advice: https://insight.qld.edu.au/

50. **The National Centre for Education and Training on Addiction (NCETA):** Resources to support workforce development. https://nceta.flinders.edu.au/
51. ATODA and Mental Health Community Coalition ACT's **Joint statement on addressing gaps in workforce training and development**. https://www.atoda.org.au/wp-content/uploads/2024/06/Alliance-training-gaps-statement-FINAL_110424.pdf
52. **Turning Point**: In addition to providing services in Victoria, Turning Point provides training programs and resources to AOD workers and the broader health and welfare workforce. https://www.turningpoint.org.au/
53. **Mental Health Professional Online Development (MHPOD) Program**: Online education, resources, and tools to build the capacity of mental health and related workforces to effectively deliver high-quality, evidenced-based care. https://www.mhpod.gov.au/
54. **Migrant and Refugee Health Partnership:** Competency standards, online training and resources to support practitioners working with people from migrant and refugee backgrounds. https://culturaldiversityhealth.org.au/
55. NADA's **Workforce Capability Framework**: Describes the core capabilities and associated behaviours expected of all NSW non-government AOD workers. https://nada.org.au/resources/workforce-capability-framework/
56. NUAA's **ConnectED** professional development network for people in the lived or living experience AOD workforce. https://nuaa.org.au/connected
57. ATODA and Mental Health Community Coalition ACT's **Joint statement on building the capacity of the ACT peer workforce**. https://www.atoda.org.au/wp-content/uploads/2024/06/Alliance-peer-workforce-statement-FINAL_22042024.pdf
58. NSW Mental Health Commission's **Lived Experience Framework for NSW**: Guidance on inclusion of people with lived experience in the implementation of services. https://www.nswmentalhealthcommission.com.au/report/lived-experience-framework-nsw
59. NSW Mental Health Commission's **Leading the Change: A Toolkit to Evaluate Lived Experience Inclusion and Leadership**: Provides organisational tools and resources that enable organisations to assess their readiness for lived experience inclusion, monitor and measure inclusion and impact, and identify areas for growth. https://www.nswmentalhealthcommission.com.au/leading-the-change
60. National Mental Health Commission's **National Lived Experience (Peer) Workforce Development Guidelines** and companion resources: Framework and resources for establishing and supporting lived experience (peer) work in mental health services. https://www.mentalhealthcommission.gov.au/lived-experience/lived-experience-workforces/peer-experience-workforce-guidelines
61. National Mental Health Consumer & Carer Forum's **Lived Experience (Peer) Workforce Checklist**: Practical planning and reflective tool to assist organisations to recognise and implement a comprehensive plan to incorporate and strengthen a peer workforce. https://nmhccf.org.au/our-work/discussion-papers/lived-experience-peer-workforce-checklist
62. ADF's **Lived and Living Experience – Strengthening Services in the Alcohol and Other Drugs Sector:** Roles for people with lived and living experience in the AOD sector; how their unique expertise can improve outcomes for everyone; key considerations for involving lived and living experience. https://cdn.adf.org.au/media/documents/MB_Lived_and_Living_Experience.pdf
63. AIVL's **Peer Workforce Capacity Building Training Framework:** Practical, audit-style tool that enables organisations to reflect and work towards indicators of best practice. https://aivl.org.au/wp-content/uploads/2025/08/AIVL-Peer-Workforce-Guiding-Princples.pdf

64. WA Mental Health Commission's **Lived Experience (Peer) Workforce Framework**: Practical guide for building, embedding and sustaining diverse Lived Experience (Peer) Workforces across the mental health, AOD and suicide prevention sectors. https://www.mhc.wa.gov.au/our-initiatives/our-projects/lived-experience-(peer)-workforce-project
65. Australian Government Department of Health, Disability and Ageing's **National Framework for Alcohol, Tobacco and Other Drug Treatment 2019–2029:** https://www.health.gov.au/resources/publications/national-framework-for-alcohol-tobacco-and-other-drug-treatment-2019-29?language=en
66. Australian Government Department of Health, Disability and Ageing's **National Quality Framework for Drug and Alcohol Treatment Services:** requirements and standards for accreditation of AOD specialist treatment service providers. https://www.health.gov.au/resources/publications/national-quality-framework-for-drug-and-alcohol-treatment-services?language=en
67. Australian Commission on Safety and Quality in Health Care's **Credentialing Health Practitioners and Defining their Scope of Clinical Practice: A Guide for Managers and Practitioners:** https://www.safetyandquality.gov.au/publications-and-resources/resource-library/credentialing-health-practitioners-and-defining-their-scope-clinical-practice-guide-managers-and-practitioners
68. State/Territory **Alcohol & Other Drugs Sector Treatment Service Delivery Frameworks such as:**
    - Queensland: https://qnada.org.au/research-clearing-house/
    - South Australia: https://sandas.org.au/resources/aod-resources/
69. NADA's **Practice Guide – Providing Alcohol and Other Drug Treatment in A Residential Setting**: https://nada.org.au/resources/providing-alcohol-and-other-drug-treatment-in-a-residential-setting/
70. Clinical and practice supervision:
    - NADA's **Remote Supervision** resource. https://nada.org.au/resources/remote-supervision/
    - NADA's **factsheets on effective clinical and multicultural supervision**: https://nada.org.au/resources/factsheets-effective-clinical-supervision/
    - Victorian Government's **Consumer Perspective Supervision – A Framework for Supporting the Consumer Workforce:** Guide for supervisees, supervisors and organisations in undertaking strong processes to support consumer perspective supervision. https://livedexperiencedigitallibrary.org.au/browse-library/lived-experience-workforce/tools-guidelines-frameworks/consumer-perspective-supervision-a-framework-for-supporting-the-consumer-workforce
    - Victorian Government's **Carer Perspective Supervision – A Framework for Supporting the Mental Health Family/Carer Lived Experience Workforce:** Guide for supervisees, supervisors and organisations in undertaking strong processes to support family/carer lived experience perspective supervision.

See also #13 – 14

Appendix: Principles in action summaries

Principles in action – organisations/services

- Inclusive, equitable and accessible care
  - Adopt a whole-of-service commitment to inclusive, equitable and accessible care
  - Create a welcoming, inclusive, safe and accessible environment
  - Foster inclusive visual and cultural representation
  - Build a diverse and inclusive workforce
  - Deliver role-specific staff training
  - Embed cultural competency and inclusive practice
  - Establish formalised partnerships and referral pathways
  - Seek accreditation and develop action plans
- Co-occurring mental health conditions as core business
  - Prioritise co-occurring mental health conditions in organisational frameworks
  - Embed routine screening, monitoring, and outcome measurement
  - Support accurate and considered record keeping
  - Use data to inform service planning and sector development
- Holistic and person-centred care
  - Integrate holistic assessment into policies and practice
  - Embed person-centred and collaborative treatment practices
  - Equip practitioners with tools to deliver holistic, person-centred models of care, and practise shared decision-making
  - Embed culturally appropriate frameworks
  - Establish frameworks and partnerships for multidisciplinary care
- Integrated and collaborative care
  - Establish formal partnerships, supportive care and referral pathways
  - Support multidisciplinary, inter-service and cross-sector collaboration
  - Enable flexible, accessible and secure communication and information sharing
  - Respect and support client choice relating to the involvement of support networks
  - Facilitate the inclusion of support networks
- Connection and engagement
  - Prioritise relationship-building as a core component of service delivery
  - Facilitate peer/LLE connection and community engagement
  - Embed cultural competency and inclusive practice training
  - Strengthen local partnerships
- High-quality evidence-based care
  - Commit to evidence-based practice across the organisation
  - Foster a culture of evidence-based care
  - Ensure access to high-quality evidence-based training and resources
- Trauma-informed care
  - Adopt a whole-of-service trauma-informed approach
  - Upskill staff in trauma awareness and practice

  - Create physically, psychologically, and culturally safe environments
  - Support practitioner wellbeing
  - Enable safe feedback mechanisms
- Dignity and respect
  - Embed non-judgemental practice in organisational foundations
  - Protect privacy and confidentiality
  - Foster an inclusive and compassionate organisational culture
  - Use inclusive and recovery-focused language
  - Integrate non-judgemental practice into workforce expectations and training
  - Provide opportunities for feedback
- Adopt a non-judgemental approach
  - Embed inclusive values in policies and culture
  - Protect privacy and confidentiality
  - Use recovery-focused, non-stigmatising language
  - Provide ongoing staff training and reflective practice
- Skilled and proficient workforce
  - Build a diverse and inclusive workforce
  - Acknowledge the unique role of peer/LLE workers
  - Regularly review organisational capacity and capability
  - Build workforce capacity through professional development
  - Provide access to comprehensive supervision and mentoring
  - Embed reflective practice and performance indicators
  - Facilitate cross-sector learning and exchange

Principles in action – practitioners

- Inclusive, equitable and accessible care
  - Create welcoming experiences
  - Adopt a holistic, person-centred and collaborative approach to care
  - Support priority populations with culturally responsive practice
  - Accommodate sensory and environmental preferences
  - Commit to ongoing self-reflection and learning
  - Facilitate access to services through active referral and handover
- Co-occurring mental health conditions as core business
  - Recognise and address co-occurring mental health conditions as part of routine clinical care
  - Routinely screen and monitor mental health
  - Document mental health information accurately
  - Share safety information proactively
- Holistic and person-centred care
  - Consider cultural and social context in care
  - Adopt culturally informed care models
  - Adopt a strengths-based collaborative approach to care
  - Respect individual perspectives on co-occurring conditions
  - Understand local community contexts
  - Build and maintain cross-sector relationships to meet holistic needs

  - Connect people with external support networks and involve support networks in care
- Integrated and collaborative care
  - Build and maintain collaborative service relationships
  - Engage in multidisciplinary care and practise inclusive decision-making
  - Support transitions
  - Involve support networks in care
  - Communicate transparently with support networks
  - Provide family and carer support
  - Connect support networks to external services
- Connection and engagement
  - Prioritise connection and engagement
  - Create opportunities to know the person
  - Understand mental health and its potential impact on engagement
  - Recognise cultural influences on connection
  - Facilitate community connection
  - Address power and cultural imbalances
- High-quality evidence-based care
  - Engage in continuous professional development
  - Ensure cultural appropriateness in care
  - Use evidence-based approaches and resources
- Trauma-informed care
  - Adhere to trauma-informed organisational practices
  - Promote physical, psychological, and cultural safety
  - Understand challenging behaviours as survival strategies
  - Reflect on potential triggers in practice
  - Adopt a strengths-based collaborative approach to care
  - Empower autonomy in care
- Dignity and respect
  - Practice with openness, empathy, and respect
  - Be curious
  - Adopt a strengths-based collaborative approach
  - Practice motivational enhancement, not confrontation
  - Reflect on biases and challenge stereotypes
  - Be open to change and feedback
- Skilled and proficient workforce
  - Recognise and address co-occurring mental health conditions as part of routine care
  - Integrate lived experience into treatment planning and service delivery
  - Maintain professional standards
  - Engage in ongoing professional development
  - Engage in clinical, practice, cultural and peer supervision
  - Commit to ongoing self-reflection
  - Apply new knowledge to practice

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2. Kingston RE et al (2017). A systematic review of the prevalence of comorbid mental health disorders in people presenting for substance use treatment in Australia. *Drug and Alcohol Review*, *36*(4), 527-539. https://doi.org/10.1111/dar.12448

3. Marel C et al (2022). *Guidelines on the management of co-occurring alcohol and other drug and mental health conditions in alcohol and other drug treatment settings (3rd edition)*. Sydney, Australia: The Matilda Centre for Research in Mental Health and Substance Use. Available: https://comorbidityguidelines.org.au/