

Randomised Coffee Trials - Hume-Border Region 2017

All great ideas start with a coffee

Do you work in Upper Hume-Border
Mental Health or AOD services?

WE WANT YOU! to JOIN US (in March) in a: RANDOMISED Coffee TRIAL

What it is about?
AOD and mental health workers face challenges in providing effective services to people with dual diagnosis and other complex needs. Often the most effective responses occur when AOD & MH workers work together to deliver integrated treatment. While working collaboratively sounds good it can be challenging to find good opportunities to build strong relationships with people in the 'other' sector.
Randomised Coffee Trials (RCTs) are a powerful new idea from the UK, to break down silos and connect people across systems. [More info on RCTs](#)

How does it work?
Hume-Border's (probably Australia's!) first RCT will be run in March 2017. Interested workers from across MH and AOD services are encouraged to put their name in with the organisers. On Fri March 3rd you will be given the name & contact of your coffee date in the 'other' sector - it's up to you to contact each other to make a time for a catch-up. Vouchers to cover costs (\$10 limit) are available for [Gail O'Grady](#) (Wangaratta) [The Grout](#) (Wodonga) and [Lisa Dale](#) (Albury). In your coffee date talk about what you like - doesn't have to be work! When you have had your coffee date email the organisers & tell us one thing new you learned on your coffee date. That's it! ☺

Where do I join?
HEBMHD employees
Rsvp & enquiries to: Gary Croton
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Gateway employees
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Rsvp by March 1
Coffee dates completed by March 31

Randomised Coffee Trials (RCTs) are an innovation, originating in the UK in 2013, used to '[connect people in an organization at random and give them time to meet to have a coffee and talk about whatever they wish](#)'. RCTs are an attempt to build meaningful connections that can lead to real change.

Perhaps the first Australian version of an RCT occurred in the Hume-Border region of NE Victoria in the first quarter of 2017 as a partnership between **Albury Wodonga Health-Mental Health** and **Gateway Community Health Alcohol & Other Drug Service (AOD)**. This RCT was devised and facilitated by the local **Victorian Dual Diagnosis Initiative (VDDI)** worker **Gary Croton** (auspiced by AWH) and **Gateway Health's Project Coordinator - Substance Misuse Service Delivery, Vijay Kuttappan**.

This RCT was designed to pair AOD with Mental Health (MH) workers, providing small funding for coffee and encourage them to have a relaxed conversation about whatever they chose. The only expectation of the workers was to feedback one new thing they had learned in the course of the coffee. Some of the disciplines paired included:

- Youth AOD worker with CAMHS worker
- MH carer consultant with a Personal Helpers and Mentors worker
- ED AOD worker with Community MH manager
- CAMHS worker with AOD counsellor
- Psychiatrist with a withdrawal worker

The rationale for focusing this RCT on AOD & MH workers was:

- Treatment pathways between AOD and MH services can be poorly defined and difficult to navigate even for people working in the services
- People presenting with co-occurring mental health and substance use concerns (dual diagnosis) are highly prevalent in both mental health and AOD treatment settings
- There are significant costs, harms and unwanted outcomes strongly associated with having co-occurring mental health and substance use disorders

- There is potential for workers and services to be more effective in responding to mental health or substance use concerns if we can develop our capacity to recognise and respond effectively to (highly prevalent) co-occurring disorders.
- Integrated treatment is, in many cases, the most effective response to people with co-occurring mental health and substance use concerns. [Cross-sector Victorian dual diagnosis policy¹](#):
 - mandates that AOD and MH workers respond to people with dual diagnosis as core business
 - defines integrated treatment as
 1. A clinician treats both client's substance use AND mental health problems OR
 2. Clinicians from separate agencies agree on an individual treatment plan addressing both disorders and then provide treatment.
- Effective responses to people with dual diagnosis are often dependent on developed, cross sector, collegial relationships that facilitate navigable treatment pathways, case conferencing and cross-sector, secondary consultations
- MH and AOD workers work in pressured environments that allow little time for developing and maintaining cross sector relationships. Too often workers only come together only around highly-charged presentations of people in crisis situations
- Building opportunities for AOD and MH workers to meet in more informal, reflective circumstances is likely to contribute to improved cross sector relationships and understandings, navigable treatment pathways and better outcomes for people with co-occurring mental health and substance use and other complex needs.

The initiative was low cost, approximately \$200 from each agency, the worker's time and organisation time. A local challenge was that our region is significantly rural and regional with AOD and MH services radiating out of the 3 main centres of Wangaratta, Wodonga and Albury.

Samples of worker feedback included:

MH Worker: *We discussed home based detox and the risks involved, I have only ever done a couple of simple ones but won't be doing anymore. Also discussed meth withdrawal and how this occurs etc. It was very pleasant.*

AOD worker: *MH worker uses an eclectic range of therapeutic skills with his clients, including ACT, MI and CBT*

AOD worker: *I enjoyed coffee (and lunch!) with my coffee partner. One thing I learned is that she is as passionate as I am about collaboration between services and excellence in service delivery to foster better patient outcomes. Thanks for introducing us, I hope it is the beginning of big things.*

MH worker: *It was very pleasant meeting. I gained an understanding of the ACSO organisation and how it works also the AOD services offered at Gateway.*

AOD worker: *Thank-you it was very helpful and an enjoyable way to network. MH worker has offered to show me where he works which will be helpful as I am not familiar with Kerferd these days. So, the coffee trial for me was an enjoyable way to make a useful work contact in a lovely venue while taking a break from our busy and demanding roles.*

More recent feedback has indicated that some of the relationships established in the RCT have been ongoing since the initial coffee date.

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