Western Health

Drug Health Services Research Statement and Plan 2026-2030

March 2026

Western Health Drug Health Services Overview

Western Health Drug Health Services (WHDHS) provides Mental Health and Alcohol and Other Drugs (MHAOD) programs and Addiction Medicine services to the community and within the Western Health hospital in-patient network. These include residential and non-residential programs, youth and adult programs and specialist programs for women. The WHDHS team is multidisciplinary and includes medicine, psychiatry, nursing, allied health & community service professionals. WHDHS takes a biopsychosocial approach to supporting clients with mental health conditions and/or substance use, with a focus on supporting client goals and harm reduction.

Current WHDHS research activity is mostly limited to studies conducted in collaboration with partner organisations, limited case series, consensus statements and narrative and literature reviews. Key research partnerships include the Burnet Institute (with whom Western Health cofounded and run the National Prison Addiction Medicine Network) and the Monash Addiction Research Centre. Registrars and medical students also conduct research projects as part of their placement at WHDHS.

WHDHS delivers services to a large and diverse population which provides many opportunities for research. WHDHS also has existing links with a wide variety of community organisation and health organisations which could be leveraged into becoming partner health providers for research particularly practice-based research. 'Practice-based research' is defined as the creation of new knowledge and the use of existing knowledge in a new and creative way that is informed by and that informs our practice; reflects the range of clinical disciplines at WHDHS; and has operational significance for AOD practice.

WHDHS Research Objectives

The WHDHS Research Statement and Plan is aligned with the WH Strategic Plan 2024-27, WHDHS Clinical Service Plan, WHDHS Strategic Plan 2023 – 2025 which includes a strategic goal for research at WHDHS '***we discover and learn***' and outlines three key research objectives:

- Objective 9: To establish a practice-based research strategy.
- Objective 10: To work with our partners to leverage our strengths to achieve research outcomes.
- Objective 11: Our people embrace and appreciate the value of practice-based research.

The ***overall research objectives*** of WHDHS are to:

- generate knowledge and evidence about models of care from the perspectives and experiences of clients, people with lived experience / peer support workers and clinicians;
- address emerging AOD issues, barriers to care, trends and patterns; and
- translate the generated evidence into clinical practice and regularly evaluate processes and outcomes.

The outcomes will include enhanced evidence-informed, person-centred, effective, responsive and acceptable models of care and service improvements; improved health outcomes and care experiences for people with MHAOD; and increased WHDHS workforce satisfaction, wellbeing, ability to provide care, research capability and engagement.

WHDHS research themes

To achieve its research objectives, WHDHS aims to conduct practice-based research focused on the following **three themes**:

Developing, implementing and evaluating innovative and low barrier models of care

(including services, psychosocial/early interventions, treatment options; opportunities to pioneer new multidisciplinary care models and evidence-based practice as highlighted in the WHDHS Clinical Services Plan (particularly for priority populations such as pregnant women) and Initiative 3.2 of the WH Strategic Plan 2024-27):

- Innovative multidisciplinary models of care (including extended scope of practice for allied health professionals/nurses, telehealth clinics)
- Engagement with community models of care and delivery
- Service improvement / program evaluation
- Novel mechanisms and interventions to assist patients with substance use to rapidly access care
- Provision of MHAOD services in emergency departments including Crisis Hub models

Understanding and responding to client needs and preferences

(including interventions / engagement, services and care models for particular client groups especially those identified as priority populations in the WHDHS Clinical Service Plan):

- People with Dual Diagnosis: mental health conditions, trauma experience (e.g. adverse childhood experiences, interplay between trauma and Substance Disorders (SUDs) and trauma informed care approaches)
- Women including pregnant women and women in prison
- People with different gender identities and sexual orientations
- People from culturally and linguistically diverse (CALD), refugee backgrounds (e.g. culturally responsive care)
- First Nations people
- People with socioeconomic disadvantage or homelessness
- Young people
- People with disability
- People from regional and remote communities

Strengthening the WHDHS workforce

(goal of the WHDHS Clinical Services Plan)

- Understanding and promoting workforce wellbeing and satisfaction
- Developing and implementing strategies to increase and broaden the workforce and models of working within Addiction Medicine/WHDHS
- Inclusion of the lived experience / peer support workforce in research and designing inclusive models of care (Initiative 1.1 WH Strategic Plan 2024-27)
- Actively encourage and identify opportunities for WHDHS staff to lead and participate in research (Initiative 5.2 WH Strategic Plan 2024-27)

WHDHS Research Approach

To ensure research undertaken at WHDHS is high-quality, successful and has clinical impact, all research at WHDHS will be based on the following principles:

Principle/enabler (ie what)		**Relevance to research/outcomes** (ie why/how)	**Measure(s) of success**
	Actively **engage people with lived experience**	People with lived experience (eg clients, carers/families, peer support workers) will be actively engaged throughout the research process (eg co-design, co-production) to ensure relevance (ie research is focused on their needs, preferences, priorities, and experiences).	• Increased research participation and engagement of people with lived experience • Improved client experience, outcomes, models of care
	Be undertaken in **partnership**	Research will be undertaken in partnership with key DHS community organisations, health services, universities, government/policy makers as appropriate to ensure exchange of knowledge, enhance collaborations, 'scale up' pilot interventions, and maximise research opportunities.	• Increased number of research agreements, grants and projects with key academic and health service partners
	Include an **equity focus**	WHDHS research will incorporate and acknowledge data collection and analysis by sociodemographic characteristics (such as gender and indigenous status) to ensure the findings inform equitable access to care and equitable models of care, advance health equity, and reduce inequities/disparities.	• Research projects include relevant data collection and analysis (eg gender) • Findings translated into more equitable models of care; effective services • Improved client experience, outcomes • Recognition and support of unique needs of client population(s)
	Be led, monitored and overseen by a **research governance committee**	The committee will include WHDHS staff with addiction and mental health clinical, lived experience and research expertise, meet regularly, and track and report on WHDHS research activities (including grants, projects, publications, conference presentations).	• Research undertaken at WHDHS is ethical, effective, and aligned with WH/WHDHS objectives • WHDHS research is reported and regularly reviewed • Continual review and improvement of WHDHS research
	Be aligned with **relevant Western Health Strategic Plans**	Alignment with the Western Health Strategic Direction 2024-27, 2021-2026 Western Health Research Strategic Plan, WHDHS Clinical Services Plan and WHDHS Strategic Plan 2023-2025 to ensure consistency with overall health service research and WHDHS strategic objectives.	• WHDHS research is relevant to and reflects WH and WHDHS objectives

Principle/enabler (ie what)	**Relevance to research/outcomes** (ie why/how)	**Measure(s) of success**
 Include the **dissemination of findings / knowledge translation**	WHDHS research findings will be disseminated via conference presentations (national and international), peer-reviewed journal articles (particularly Q1 journals), health service reports, clinician briefings, WH Research Week, and media items to ensure evidence is shared with other clinicians, health services, academics, and end-users; and applied in 'real world' settings.	• WHDHS is recognised as a research leader in drug health services/addiction medicine/mental health • Research findings incorporated into models of care and service improvement • WHDHS research recognised via internal and external awards • WHDHS research findings communicated in media / social media (internal and external)
 Be **multidisciplinary**, take a **biopsychosocial approach** and include various **research types and methods**	WHDHS research will include qualitative, quantitative, mixed-methods, and quality improvement studies; health services research, clinical research, and translational/implementation research; and be multidisciplinary to ensure more comprehensive understanding of the 'problems' researched and effective innovative solutions.	• WHDHS research teams include investigators from a range of professional disciplines • WHDHS research includes a variety of research types and methods • Increased WHDHS workforce engagement in research.
 Be **ethical** and include **best practice principles**	WHDHS research will abide to ethical principles and use a trauma informed approach to participation of people with lived experience (eg voluntary participation) to ensure best-practice.	• Research undertaken at WHDHS is high-quality, ethical, safe, and trauma-informed • Few/no adverse research events

Initial phase/priority actions first 12 months

Priority actions for WHDHS research over the next 12 months are:

Task/objective (ie what will be done)	**Action/task** (ie how will it be done)	**Date/timeline** (ie when will it be done)	**Outcomes/success measures** (ie how will we know it has been done)	**Lead / responsibility** (ie who)
Undertake **research priority setting** and planning	• Initial survey &/or Delphi of WHDHS staff including clinicians, peer support workers, and partner organisations • Ongoing regular surveys to assess changes in research needs priorities	June 2026 Annually	• WHDHS research priorities, themes and opportunities for 2026 – 2030 identified [initial & long term eg 1 and 5 years] • Research implementation plan (with specific research activities, timelines, KPIs) developed	Research Coordinator (SH)
Establish new and strengthen existing **research partnerships**	• Identify new strategic research partners (internal and external) • List of (new and existing) research partners prepared • Meetings organised with academic, community organisations, and health service partners	May 2026 Ongoing	• Research collaboration agreements established with partner organisations • Research grants submitted with partner organisations (n=5 per year) • Research projects undertaken with partner organisations	JC/TN/SH
Establish processes to collect data about and **monitor research activities**	• Database of WHDHS research activities and outputs (accessible to all staff) established • Existing data collection and analysis (eg PROMs, PREMs data) • WHDHS research governance committee established	March 2026	• Annual report of WHDHS research activities • WHDHS research database established and regularly updated.	Research Coordinator (SH)
Identify and apply for research/**grant funding**	• Identify relevant funding schemes / grant opportunities (eg internal WH/WH Foundation; external including government, nationally competitive funding schemes eg NHMRC, MRFF, ARC; philanthropic)	March 2026 Ongoing	• Database of funding schemes / grant opportunities established and regularly updated. • Grant applications submitted by WHDHS staff (as lead / CI n=5; AI n=5 per year)	Research Coordinator (SH)
Identify and purchase appropriate **research infrastructure**	• Appropriate research software identified and costed including software to assist with qualitative and	December 2025	• Research software (eg SPSS) purchased and installed on WHDHS computer	Research Coordinator (SH)

Task/objective (ie what will be done)	**Action/task** (ie how will it be done)	**Date/timeline** (ie when will it be done)	**Outcomes/success measures** (ie how will we know it has been done)	**Lead / responsibility** (ie who)
	quantitative data analysis, and reference management	Ongoing	• WHDHS staff trained and use research software /increased research capability • WHDHS research supported by software – more efficient, cost-effective	
Disseminate **research findings**	• Identify completed WHDHS research • Incorporate dissemination of findings plan into current WHDHS studies • Identify appropriate opportunities to disseminate findings (eg national/international conferences, peer-reviewed journals, social media/media)	Ongoing	• Journal articles submitted by DHS staff (lead /associate investigator n=10 per year) • Conference presentations (oral, poster) by DHS staff (lead / associate investigator n=4-5 per year)	Research Coordinator (SH) WHDHS clinical staff / students
Establish processes to **support successful research** and a research culture at WHDHS	• Provide research mentoring and support to WHDHS staff including lived experience experts/peer workers, nurses, registrars and medical students • Identify and secure funding (eg grant) to support the employment of a research assistant	Ongoing December 2026	• Increased WHDHS research capability • Increased number of ethics applications submitted by WHDHS staff (n=5 per year) • Research assistant employed at WHDHS.	Research Coordinator (SH)

Western Health

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We welcome you at Western health