

Mental health services-mental health, alcohol and other drug use disorders

Ministerial statement

MS DAVIDSON (Murrumbidgee-Assistant Minister for Families and Community Services, Minister for Disability, Minister for Justice Health, Minister for Mental Health and Minister for Veterans and Seniors) (11.16): I rise to address a resolution of this Legislative Assembly on the integration of mental health and alcohol and other drug treatment services in the ACT, which was passed on 2 December 2021.

This motion is an important one for the people in our community who experience both mental health and alcohol or other drug issues, including for their carers and families. As highlighted in the motion, the Productivity Commission inquiry report on mental health found that “many people with mental illness and comorbid physical health problems or substance use disorders do not receive integrated care, leading to poor outcomes”. This underlines the importance of providing high quality services and continually reviewing to improve the integration of our services to better meet the needs of our community.

I thank the members opposite for raising this important issue and for giving us the opportunity to provide a detailed overview of the ACT government’s services and commitments to address co-occurring mental health and substance use issues and how we are working to continually improve our integration and coordination of mental health and alcohol or other drug services.

I would like to start with a summary of the scope and cost impacts. The Australian National Survey of Mental Health and Wellbeing in 2007 found that 35 per cent of individuals with a substance use disorder also meet the diagnostic criteria for at least one co-occurring mood or anxiety disorder. This rate is even higher for people receiving treatment for either condition.

A recent Australian study found that 70 per cent of those in alcohol and drug residential rehabilitation were experiencing a current anxiety disorder, and 55 per cent were experiencing current depression. A 2010 survey of people with psychosis found that 50 per cent of people with a psychotic disorder requiring treatment also had a lifetime history of alcohol use or dependence.

According to the Matilda Centre at the University of Sydney, co-occurring mental health and substance use issues are also chronic, common and costly diseases of the young. People with co-occurring mental health and substance use issues are more likely to experience more frequent hospitalisations; longer

stays in emergency departments and premature discharge from inpatient units; higher levels of suicidal ideation; and worse economic and social outcomes, including problems with housing and homelessness, employment, income support and legal problems.

This clearly shows that co-occurring mental illness and alcohol and other drug issues have health and social impacts on people and their families and the community around

them. But they also have significant economic and healthcare costs associated with their treatment and management. Given these challenges, it is critical that appropriate supports are in place.

It is therefore no surprise that people with mental illness and substance use issues are a key priority group in the National Drug Strategy 2017-26, in the ACT government's Drug Strategy Action Plan 2018-21 and in the next drug strategy action plan that is currently being developed. It is also a key commitment that is outlined in the 10th parliamentary and governing agreement for the Legislative Assembly, which includes commitments to improve programs that target and support alcohol or other drug use and mental health together.

In responding to this need, it must be acknowledged that people experiencing mental illnesses and substance use issues experience differing levels of severity and that there are potentially a very large number of combinations that result in a wide spectrum of mental illness and substance use co-occurrence presentations.

As such, there is no one single model of care or service that can cater to the needs of all people. The ACT government recognises that better integration of existing services, and collaboration and engagement across the service system, is crucial to prevent people from falling through the cracks. The integration of mental health and substance use services requires a tiered model that can provide a spectrum of services and supports that are available and skilled to effectively meet each individual's unique needs.

Integration refers to a wide range of coordination and collaboration activities between the sectors, which are able to provide holistic support for people across the spectrum of mental health and alcohol and other drug issues. These include activities focusing on supporting cross-referral, multidisciplinary teams, cross-sector training and education, and supporting people to navigate through the system.

So what is in place now? Across the ACT there is a wide range of both mental health and alcohol and drug services that range from prevention and early intervention services through to tertiary inpatient services for people who need intensive supports.

These services are delivered by a mix of government and non-government organisations. This range of services supports people at the differing stages of need, and combinations of support can reflect the potentially differing level of needs of people with co-occurring conditions. This is a critical goal for the health system in order to be able to provide the right level of care at the right time and in the right place. Most of these services are provided free or at low cost to clients. Our public mental health and alcohol and drug services provide supports at the middle and tertiary levels, with the mental health and the alcohol and drug services integrated and managed within the one division of Canberra Health Services.

The Mental Health, Justice Health and Alcohol and Drug Service Division, also known as MHJHADS, provides an integrated structure under one executive director and enables a close working relationship between each of these services and more coordinated governance and administrative processes.

Within this area, a wide variety of services are delivered. The alcohol and drug services provide specialist medical services; consultation and liaison, opioid medication, or pharmacotherapy, treatment; withdrawal or detoxification; Drug Court services; counselling; and police and court drug diversion services. These services are provided as inpatient and outpatient services. The mental health services deliver a range of inpatient and outpatient services, including assessment and liaison, assertive community outreach, day programs and inpatient and residential care. In addition, the Health Directorate provides funding to a range of non-government organisations that provide a range of services across the mental health and alcohol and other drugs sectors.

Services supporting people with alcohol and other drug use issues include counselling, case management, residential and non-residential withdrawal programs, rehabilitation, and needle and syringe distribution services, as well as intensive treatment through residential programs and day programs.

Case management is a frequently used model of alcohol and other drug treatment support, and is a more structured type of holistic approach, taking into account all client needs, including general welfare needs, and includes assessment, planning, linking, monitoring and advocacy.

Rehabilitation focuses on supporting clients in stopping their drug use and also preventing psychological, legal, financial, social and physical consequences of problematic drug use. However, specialist alcohol and other drug treatment services provide not only alcohol and other drug treatment to individuals but also support services to their families, their carers and friends. This includes information and education, counselling and other supports.

Examples in the ACT include the Canberra Alliance for Harm Minimisation and Advocacy, which carry out overdose response training for consumers and their families and develop suitable information materials for people who use drugs. The Karralika Family Program provides alcohol and other drug residential rehabilitation services for men, women and couples with accompanying children up to the age of 12. The program provides comprehensive care that is focused on the individual to address underlying reasons for alcohol and drug dependence. Key components of the program include parenting education, family counselling and supported playgroups, with a focus on working with the whole family, including children, using a trauma-informed and strengths-based approach.

The Health Directorate also provides funding to NGOs to provide a range of mental health supports, including psychological therapy, counselling, residential-based programs, and community access supports to individuals with mental illness and their families and carers.

While I have described a range of services for both alcohol and other drug and mental health, I am pleased to say that MHJHADS, the Health Directorate and community NGOs are also working closely together to deliver and promote greater connection and coordination of supports. In addition, there are a number of services that provide

integrated support for people with co-occurring mental health and alcohol or other drug issues at different levels of need.

In response to the outbreak of COVID-19 in August 2021, MHJHADS set up a COVID-19 community response team, which included experienced mental health and drug and alcohol nurses who provided clinical support to people in quarantine and isolation. These nurses conducted assessments, provided support to people affected by substance use and dependence, and helped to manage withdrawal symptoms and mental health issues.

Based on the success of this initiative, the mental health and drug and alcohol nurses have joined the rapid evaluation and care in the home, or REaCH, team. This tri-service approach supports the primary health, mental health and drug and alcohol needs of people across the ACT who are in quarantine or

isolation. The REaCH team is supporting clients in the community that may otherwise be without appropriate services and may require admission to hospital.

In the emergency department, consultation and liaison nurses across both the alcohol and drug and mental health services have increased their presence and are able to conduct assessments, provide support and referral to people affected by substance use, and help to manage any withdrawal symptoms for anyone presenting to the ED.

The mobile primary care outreach clinic is a new service established with joint funding by the ACT Health Directorate, Capital Health Network and John James Foundation. The mobile primary care outreach clinic-also known as PAT, pathways to assistance, or “Pat the Van”-is operated by Directions Health Services. This mobile outreach service provides weekly integrated primary care, appropriate acute care services-health, mental health and alcohol and other drug-and access to a range of supports to highly vulnerable people with complex service needs, at five locations across the ACT for free and without an appointment.

The ACT government has a long history of partnering with a broad range of dedicated and nation-leading community alcohol and other drug and mental health NGO services. The screening and assessment of mental health is a routine practice for community alcohol and other drug treatment providers and reflects a person-centred approach to working with people on co-occurring issues.

These services also provide support to access specialist mental health services where needed. A key example of a community partner service delivering integrated care is Ted Noffs, which includes a comprehensive mental health history and suicide assessment as part of the specialist alcohol and drug admission assessment.

Ted Noffs has a psychologist on staff who can assist young people attending the alcohol and other drug program with mental health issues as part of their treatment plan, with clinical treatment planning each week and consultation with a clinical psychologist. They also maintain joint management, consultation and liaison with Mental Health ACT and partnerships with other mental health services.

While services do currently provide and facilitate dedicated treatment and support for people with mental health and substance abuse issues, the ACT government recognises that there is much more work to do to continue to meet the growing need of the community and to support people.

Finally, I would like to outline some of these new developments. MHJHADS recently undertook a project to include an alcohol and drug intake worker in the Home Assessment and Acute Response Team, HAART. This intake worker enabled the HAART team, who provide mental health assessments to people at home or in the community to facilitate care and treatment, to identify people with identified alcohol and other drug use vulnerabilities and to strengthen the partnerships with the Alcohol and Drug Services. The alcohol and other drug nurse practitioner is now working with HAART to continue to assist in improving the management of people accessing HAART who have co-occurring mental health and alcohol and other drug issues.

In addition, Youth Drug and Alcohol Program clinicians from the Alcohol and Drug Service are completing training in family therapy in order to provide an extension of the therapy to the wider family. A comorbidity clinician from the Alcohol and Drug Service is also providing smoking cessation and nicotine management education to primary health staff and forensic mental health staff at the Alexander Maconochie Centre.

Currently, MHJHADS are also finalising the development of the Responding to People with Co-occurring Mental Health and Drug and Alcohol Conditions Plan. This plan will provide guidelines and priorities for the treatment and support of people with co-occurring mental health and drug and alcohol conditions within the public health system and is due to be completed this year.

This plan aligns with the Health Directorate's work regarding the next Drug Strategy Action Plan, which is currently in development, after the completion of the previous Drug Strategy Action Plan 2018-2021. This next Drug Strategy Action Plan will again focus on people with co-occurring mental health and substance use issues as a priority group and will help to identify the best evidence-based policy and program activities and investments to develop and maintain effective integrated mental health and substance use sectors.

While these plans are in development, the Health Directorate is also moving forward with work for the integration of these services. As an example, the ACT government has committed to the redevelopment of the Watson health precinct to deliver a world-class, community-led alcohol and other drug and mental health treatment precinct for those most in need.

The government provided \$803,000 in the 2021-22 budget for this work, including \$550,000 in funding for the initial design work for rebuilt facilities for the Ted Noffs youth alcohol and other drug residential rehabilitation; the CatholicCare youth mental health facility; and an Aboriginal and Torres Strait Islander alcohol and other drug residential rehabilitation facility. The total funding also includes \$253,000 in funding for staff for Winnunga Nimmityjah, to help that organisation plan for the new facility.

Winnunga will lead the early planning and design work for the Aboriginal and Torres Strait Islander residential alcohol and drug rehabilitation facility, with support from the ACT Health Directorate.

The government has also announced that a new facility will be built for Gugan Gulwan Aboriginal Youth Corporation. This facility will provide new opportunities for Gugan Gulwan's youth alcohol and other drug services, among other services it provides. These facilities are intended to complement existing services, including the Ngunnawal Bush Healing Farm, which offer the opportunity for cultural healing and physical and mental support for those who experience co-occurring mental health and alcohol or other drug issues.

I am also very pleased that the ACT and commonwealth governments' mental health and suicide prevention bilateral schedule, announced on 27 March 2022, includes a co-funded commitment of over \$8 million over four years for the development of the new integrated Youth at Risk program. The development of this program is closely informed by a six-month scoping project, funded through the 2020-21 budget and undertaken by the ACT Health Directorate in 2021.

This scoping work included an environmental scan, evidence review and broad consultation with more than 70 ACT mental health and human services agencies. The project provided detailed advice on an evidence-based response to meet the needs of young people who had experienced trauma and/or emerging co-occurring mental ill health and alcohol and other drug issues.

This program will deliver integrated care through a new adolescent trauma service, build sector partnerships and enhance flexible outreach for youth at risk, including young people with co-occurring mental ill health and alcohol and other drug misuse. It will include a territory-wide integrated framework of supports to reform the current service system and build increased capability to respond across sectors, settings and professions. Planning for the new service will commence in the second half of this year.

The ACT government has also recently signed the National Mental Health and Suicide Prevention Agreement, with the commonwealth government and other state and territory governments. This national agreement sets a national, integrated, system-level framework for mental health and suicide prevention reform and commitments between the commonwealth, state and territory governments.

In this agreement, the ACT government advocated strongly for the inclusion of people with co-occurring mental health and alcohol and other drug issues as a priority population group. This will help to guide national activities, with shared responsibilities between the commonwealth and the state and territory governments to support these people. In particular, a key goal of this will be to support better integration across primary care, community and tertiary services.

These plans and agreements will guide both the clinical and policy goals and activities over the next few years and will be crucial for guiding the integration of these services over future years, building on the ACT health system's current capacity and further developing the already established approaches.

While these plans are in development, there is more that the ACT government will be pursuing in the short term to support the integration of these services in the community. This includes establishing an advisory group of local substance use and mental health stakeholders and experts, including representatives from community organisations, primary care and hospitals, to provide advice on integration activities; and supporting the development of a stronger connection across the community mental health and alcohol and other drug sectors to enhance local knowledge and skills development.

To facilitate this, the ACT government has already started working in partnership with local mental health and alcohol and other drug peak organisations to identify how to best support the community sector and to build the local interest and knowledge, to support people with co-occurring mental health and alcohol or other drug issues.

I believe that, together, all of these initiatives that I have described are a good platform for the ACT to further develop integrated and coordinated mental health and substance use supports for people. I am conscious that there is no finish line with regard to integrating services. Rather, continuous development and iteration is required to meet the growing demands and needs in the ACT.

As the Minister for Mental Health, I am committed to continuing to work closely with my colleague the Minister for Health to ensure that our ACT services are closely integrated and able to provide the right care, at the right time, in the right place. This cooperation also will be important as the ACT government progresses our nation-leading harm minimisation approach to alcohol and other drugs policy, which is a key tenet of the Drug Strategy Action Plan but is also a key theme of the proposed Drugs of Dependence (Personal Use) Amendment Bill 2021, currently standing in the name of Mr Pettersson.



I note that the debate on this bill has been delayed until after this update. While I will leave that particular discussion until then, I would like to say that I hope that this statement and the upcoming debate on the amendment bill will go some way to alleviating the stigma that people with co-occurring mental illness and alcohol or other drug issues experience and are exposed to. Issues of stigma and discrimination can lead to people with these co-occurring issues not being able to seek treatment or being refused services.

One of the reasons for this, as highlighted in the Productivity Commission's inquiry, is that many still see substance use issues as an issue of character or personal choice and not as a problem that is influenced and exacerbated by a range of social and economic determinants. I want to say to everyone listening today: there is no shame in seeking help if you or others around you have identified mental health or alcohol and other drug issues in your life that you want to address. I hope that we will see more people able to identify when they need help and coming forward for assistance to receive the support they need and to continue on a path to recovery.

I present the following paper:

Mental health, alcohol and other drug use disorders-Treatment services-Update to Assembly resolution of 2 December 2021-Ministerial statement, 4 May 2021.

I move:

That the Assembly take note of the paper.

Question resolved in the affirmative.