

Royal Commission into Victoria's Mental Health system : some points of relevance to the AOD sector

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The human spirit

Preliminary statements

These reforms **align** with those recommended by the *Mental Health Inquiry Report*.

The report recommended that **all governments** 'should require mental health services, including **hospitals and clinical and community health services**, to ensure treatment is provided for both substance use' and mental illness for consumers with both.

This recommendation was based on the findings that mental illness and substance use or addiction are interrelated and that **integrated care has numerous recognised benefits**.

22.7 The future system:

providing integrated treatment, care and support for mental illness and substance use *or* addiction



“Integration”

Integrated treatment

“However, most Victorian mental health services are not providing integrated treatment, care & support.

Instead consumers **must navigate two distinct systems** that often treat their interrelated needs separately.

This approach to care is at odds with what many consumers, families, carers and supporters want and reflects **a siloed approach to service delivery**. Consumers have told the commission that the lack of integrated care offerings in Victoria is inconsistent with their needs. For examples, one consumer explained that:

“You can get set up with a [care] plan, but you have to chase it all down... you have to go from here, to here, to here and not all the workers are working together... there’s no cohesion”

Integrated treatment

Ms Catherine White, a witness before the Commission, with lived experience of alcohol use and mental illness, told the commission that when she sought help, the connection between her use of alcohol and her mental health was not well understood and did not inform the model of care she was offered:

“Not a lot of people get the connection between trauma, mental health and addiction. For example, even the psychologist who diagnosed me with PTSD... ignored the fact that I was still drinking. I obviously didn't have the necessary coping skills. I kept getting triggered and drinking... he minimised the distress of my alcohol abuse, virtually dismissed it which made me feel like it wasn't a big issue. However, it was affecting all areas of my life and I needed a professional to view it as a problem it was for me. I felt embarrassed, ashamed and invalidated. “

“Integration”

“It will be critical to ensure that
the strengths of Victoria’s alcohol and other drug sector are retained
in any future integration, including within individual services.

**Integration should not come at the expense of the consumer-
centred model of care that Victoria’s alcohol and other drug sector has
been able to develop over many years.”**

Options for integration

Stakeholders from a broad range of sectors have recommended that the commission create the necessary reforms to provide consumers with **integrated treatment, care and support**. However the commission acknowledges that different stakeholders have different perspectives about *how* integration should be achieved.

Table 22.1: Models for implementing integrated treatment, care and support in local mental health and wellbeing services and area mental health and wellbeing services

Model 1: Multidisciplinary teams

Practitioners and clinicians, as well as peer workers, provide integrated care in a single service setting. There is a high degree of collaboration and coordination to deliver consumer care

For examples, in an acute bed-based service, multidisciplinary teams such as mental health nurses, addiction medicine specialists, psychiatrists, lived experience workers, social workers and other allied health workers work together in an integrated way to deliver treatment, care and support. An example of care provided by multidisciplinary team is that delivered by First Step (mentioned throughout this chapter. First Step's model of care involves multidisciplinary practitioners and clinicians working together to deliver care in a single setting. The team includes GPs, addiction specialists physicians, nurses (including mental health nurses), lawyers, clinical and counselling psychologists and a psychiatrist.

Model 2: Co-location and care coordination partnerships

Different services physically co-located and deliver coordinated care.

For example, in community mental health services, a mental health service and a non-government provider of alcohol and other drug services physically co-locate. Through care coordination and single care planning they deliver the integrated services needed to meet the consumer's needs. Regular case conferencing and shared consumer records and information enable seamless and coordinated care, where all care providers work towards joint care goals. Care coordination and shared information systems are critical components in this model.

Model 3: Service delivery partnerships

A mental health service partners with another care provider, such as a non-governmental organisation, to deliver some aspects of consumer's care within the mental health service

For example, in a community bed-based services, the mental health service could partner with a non-government organisation to provide peer-support workers or counselling for consumers with substance use issues or addiction, delivered in the mental health service. An example of this is community health organisation Cohealth's Homeless Outreach Mental Health Service. This service is located at Cohealth's Melbourne CBD site and involves a range of partner organisations (Inner West area mental health service, Launch Housing and McAuley Services for Women that work together to deliver integrated care to people experience homelessness, mental health and other complex support needs. Cohealth itself offers a range of services for people who use substances: Health care, drug and alcohol counselling, needle exchanges and non-residential withdrawal nursing services.

Options for intergration

Broadly, these perspectives are:

- **Full system integration** – Integration of mental health services and the entire alcohol and other drug sector in Victoria, including shared governance and funding
- **Service integration** – Integration of treatment, care and support offered in mental health services while retaining a separate alcohol and other drug sector in Victoria
- **Increased service linkage** – enabling increased coordination and collaboration between mental health and alcohol and other drug services, such as stronger referral pathways.

“Language”

“Dual diagnosis”

The term 'dual diagnosis' is out 😊

Mr Patrick Lawrence, CEO, First Step stated that:

It is wrong to think that these two factors are inherently more important than psychosocial indicators such as poverty, social isolation, dysfunctional relationships, emotional under-development or homelessness.

It is important to diagnose 'dual' mental illness and addiction, but a good service goes much further.

We sometimes refer to this as 'dual diagnosis plus plus' at First Step.

The term 'dual diagnosis' is almost never used at First Step because almost all of our clients have multiple treatment needs...



Stigmatising terms

‘**Problematic** alcohol and drug use’ or ‘**problematic** substance use’ were terms commonly used by the former Victoria Department of Health and Human services.

In the course of this inquiry, witnesses have told the commission that pejorative terms to describe a person’s substance use (including adjectives such as ‘**problematic**’) **place a moral value judgement on substance use, which can contribute to stigmatising attitudes or beliefs.**

Stigmatising terms

“Clean urine”

“Dirty urine”

“Using again”

“Failed treatment”

“Ex-addict”

“Manipulative”

“Splitting”

“Attention seeking”



DRUG

HELP & SU

COVID-19

TALKING ABOUT DRUGS

REDUCING RISK

The Power of Words

The Power of Words practical guide and desktop flip book are designed to support healthcare and other professionals working with people who use alcohol and other drugs to reduce stigma and improve health outcomes.

Stigma is a common and complex problem for people who use alcohol and other drugs. The World Health Organization has ranked illegal drug dependence as the most stigmatised health condition globally, with alcohol dependence listed at number four.

Digital flip-book



The Power of Words

Having conversations about alcohol and other drugs
A quick guide

Future of the AOD sector

AOD sector

The commission **recognises the importance of Victoria's alcohol and other drug services** and their role in providing treatment, care and support to thousands of Victorians who seek help from them each year, and who benefit from their model of care.

Victoria's alcohol and other drug services will continue to form an important part in the continuum of care for consumers **but will no longer be expected to provide care for those with the most complex mental health support needs.**

The capability of the alcohol and drug sector to deliver treatment, care and support to consumers with less complex support needs **will be enhanced** through the work of the new statewide service.

What does the future look like?

The intent of the commission's reforms is to reorient that treatment, care and support for people with complex and related support needs to **Local Mental Health and Wellbeing Services and Area Mental Health and Wellbeing Services**, which will offer integrated care as well as wellbeing supports.

Ensuring consumers can get the right treatment, care and support at the right time will be achieved through a responsive and integrated system.

These reforms are described in detail throughout this report and include the following:

What does the future look like?

- **Regional Mental Health and Wellbeing Boards** will promote integration through commissioning, including collaborating with alcohol and other drug services within each region, as described in Chapter 28: *Commissioning for responsive services*

What does the future look like?

New community-based mental health and wellbeing services will provide integrated treatment and therapies.

This **includes** treatment, care and support to consumers who have co-occurring challenges **with substance use or addiction**, as set out in Chapter 7:

Integrated treatment, care and support in the community for adults and older adults and Chapter 13: Supporting the mental health and wellbeing of young people

What does the future look like?

- **Bed-based services will provide holistic and integrated treatment,** care and support to consumers who need it for substance use or addiction and are described in chapter 10: Adult bed-based services and alternatives

What does the future look like?

Crisis and emergency services will provide integrated care for people with co-occurring mental illness and substance use or addiction. In addition, **each region will establish at least one emergency department that provides intensive treatment, care and support through a behavioural assessment unit** and are set out in chapter 9:

Crisis and emergency responses

A new statewide service for people living with mental illness and substance use or addiction

The Royal Commission recommends that the Victorian Government:

1. Establish **a new statewide specialist service**, build on the foundations established by the **Victorian Dual Diagnosis Initiative**, to:
 - a. Undertake **dedicated research** into mental illness and substance use or addiction
 - b. Support **education and training** initiative for a broad range of mental health and alcohol and other drug practitioners and clinicians;
 - c. **Provide primary consultation** to people living with mental illness and substance use or addiction who have complex support needs; and
 - d. **Provide secondary consultation** to mental health and wellbeing and alcohol and other drug practitioners and clinicians across both sectors
2. As a matter of priority, **increase the number of addiction specialists** (addiction medicine physicians and addiction psychiatrists) in Victoria.
3. Work with the commonwealth government to explore opportunities for funded addiction specialist trainee positions in Victoria.

“Responding to mental health crises”

Recommendation 8: Responding to mental health crises

The Royal Commission recommends that the Victorian Government:

1. Ensure each Adult and Older Adult Area Mental Health and Wellbeing Service Delivers a centrally coordinated **24-hour-a-day telephone/telehealth crisis response service** accessible to both service providers and to members of the community of all ages that provides:
 - a. Crisis assessment and immediate support;
 - b. Mobilisation of a crisis outreach team of emergency service response where necessary; and
 - c. Referral for follow-up by mental health and wellbeing services and/or other appropriate services.
2. **Expand crisis outreach services** in each Adult and Older Adult Area Mental Health and Wellbeing Services to provide treatment, care and support from a clinician and non-clinical worker such as a peer worker.
3. **Improve emergency department ability to respond to mental health crises** by:
 - a. Establish a classification framework for all emergency departments and urgent care centres, based on their capability to respond to people experiencing mental health crises;
 - b. Using the classification framework to ensure that health services are appropriately resources to perform their role in a regional network of emergency departments and urgent care centres; and
 - c. **Ensuring there is at least one highest-level emergency department suitable for mental health and alcohol and other drug treatment in each region.**

Recommendation 58:

Workforce capabilities & professional development

The Royal Commission recommends that the Victorian Government:

1. Through the Department of Health, by the end of 2021, **define the knowledge, skills and attributes required of a diverse, multidisciplinary mental health and wellbeing workforce**, starting with the priorities as described by the Royal Commission.
2. Develop a **Victorian Mental Health and Wellbeing Workforce Capability Framework** as a component of this.
3. Detail the **approach to capability development** across the mental health and wellbeing workforce as part of the workforce strategy and implementation plan.
4. Build on the interim report's recommendation 1 and enable the Collaborative Centre for Mental Health and Wellbeing, in collaboration with training providers, mental health and wellbeing services and people with lived experience, to coordinate learning and professional development activities across the whole mental health and wellbeing workforce.

Recommendation 61:

Sharing mental health & well-being information

The Royal Commission recommends that the Victorian Government:

1. **Develop policies, standards and protocols** to enable the effective, safe and efficient collection and sharing of mental health and wellbeing information.
2. Set expectations that mental health and wellbeing services will **provide opportunities for consumers to contribute to the information** held about them and gain easy access to it.
3. Collaborate with consumers to **introduce a consent-driven approach** to information sharing with mental health and wellbeing services and individuals outside of the mental health and wellbeing system.

Take home message

The Future System

“The first thing that is required in order to achieve integrated care is clinical leadership to drive cultural change.”

Questions and discussion