



Royal Commission into Mental Health & AOD

April 2021

- mental health system fragmented; ‘a serious and often detrimental mismatch between what individuals seek and what the system offers’
- Weak governance arrangements between Vic and Cwlth
- Chronic underinvestment
- Repeal mental health act

RCMH (cont...)

- On stigma: 'the relationship between the government, service providers and people with lived experience is impeded by many factors: a history of service failures, a lack of accountability and widespread stigma and discrimination against people living with mental illness or psychological distress'
- System is driven by crisis with ED often an entry point

RCMH - stats

- 1,607,000 at risk
- 1,147,000 presenting annually
- 620,000 with mild MH
- 314,000 with moderate MH
- 213,000 with severe MH
- 73% of people with MH issues presenting 20+ times to ED exp AOD dependence
- Just over 20% of all MH ED presentations are triggered by AOD
- 26,252 AOD related MH ED admissions 2019/20

Recommendation 5

‘Core functions of community mental health and wellbeing services

1. a Core function 1: *integrated* treatment, care and support that comprises:
 - A broad range of treatments and therapies;’

Recommendation 8

‘Responding to mental health crises:

Improve emergency departments’ ability to respond to mental health crises by:

- 3c ensuring there is at least one highest-level emergency department suitable for mental health and alcohol and other drug treatment in each region.’

Recommendation 11

‘New models of care for bed-based services:

1. Review, reform and implement new models of multidisciplinary care for bed-based services that are delivered in a range of settings, including in a person’s home and in fit-for-purpose community and hospital environments.’

Recommendation 35

‘Improving outcomes for people living with mental illness and substance use or addiction’

1. By the end of 2022, in addition to ensuring there is at least one highest-level emergency department suitable for mental health and alcohol and other drug treatment in every region (refer to recommendations 3 (3) and 8 (3(c))), ensure that all mental health and wellbeing services, across all age-based systems, including crisis services, community-based services and bed-based services:
 - a. provide integrated treatment, care and support to people living with mental illness and substance use or addiction; and
 - b. do not exclude consumers living with substance use or addiction from accessing treatment, care and support.

Recommendation 36

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

1. Establish a new statewide specialist service, built 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 initiatives 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;
 - d. Provide secondary consultation to mental health and wellbeing and alcohol and other drug practitioners and clinicians across both sectors.

Recommendation 36 (cont...)

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.

Implications for the sector

- Are there examples in your region where models of service integration already exist?
- What changes do you anticipate in the composition of service user presentations?
- What are the workforce implications of:
 - Regional MH and AOD ED expansion, subsequent referrals
 - Secondary consults

Implications for the sector (cont)

- Commissioning with a view for integrated service provision?
 - PHN?
- Stigma?
- Corrections?
- Threats and opportunities
- did they miss anything?

Current initiative

- The (Victorian) Department of Health has released an EOI (\$300,000) for an AOD service to pilot Drs Ken Minkoff and Chris Cline's Comprehensive, Continuous, Integrated System of Care (CCISC) Model - ziapartners.com
- Applications close April 29th
- The initiative is the result of a collaboration between the Department, VDDI, VAADA and CMHL, with Drs Minkoff and Cline as consultants