The implementation of the Royal Commission into Victoria's Mental Health System

Windana's position statement

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Contents

Introduction **2**

Windana's positions and recommendations **2**

Evidence summary **3**

The Royal Commission into Victoria's Mental Health System Recommendations relating to the alcohol and drug sector 3

The Royal Commission into Victoria's Mental Health System's comments on Mental Health and AOD integration 3

The Royal Commission's view of implementing integration 4

VAADA's Submission to the Royal Commission into Victoria's Mental Health System 5

VAADA recommendation 1 5

VAADA recommendation 12 5

VAADA recommendation 18 6

VAADA recommendation 21 6

VAADA recommendation 22 6

Reference List **7**

1. Introduction

The Royal Commission into Victoria's Mental Health System (Royal Commission) presents an opportunity to put people at the centre of Victoria's integrated model of care.

However, the magnitude of this reform risks widening the pre-existing resourcing gap between the mental health and alcohol and drug (AOD) sectors. Any reform and integrated system design must provide clarity and certainty to ensure the alcohol and drug sector remains a specialist service sector within the broader model of care.

The increasing number of people presenting with co-occurring conditions (someone with a substance use concern and a mental health concern) means a specialised, well-funded and fit-for-purpose AOD sector is more important than ever. This will ensure Victorians can access the tailored care they need, irrespective of their substance use or mental health concerns.

Below is a summary of Windana's positions and recommendations ensuring the alcohol and other drug response is not lost in the implementation of the Royal Commission.

2. Windana's positions and recommendations

- The AOD sector must remain a specialist service sector in any integrated system design, as acknowledged in the Royal Commission report.
    - This will ensure the psychosocial and therapeutic models that support true collaboration between client and service provider – which underpin the AOD sector strengths commended in the Royal Commission report – remain at the forefront.
- Consultation and collaboration between the Victorian Government and the AOD sector is needed around whether the AOD sector will continue to be solely part of the Health portfolio or if it will be merged into the Mental Health and Wellbeing portfolio.
    - This clarity is vital to ensure the AOD sector is meaningfully included in the development of government regulations stemming from the Mental Health and Wellbeing Bill (2022) (nothing about us, without us), and so the AOD treatment demand is accounted for in future funding allocations associated with the reform.
- An integrated system must be designed with the service user at the centre, and include two-way referral pathways between the AOD and mental health sectors.
- A new Chief Addiction Medicine Specialist role is established to advise government, support continuous improvement and advocate for the rights of people accessing alcohol and drug treatment services, ensuring that the needs of people experiencing co-occurring conditions are represented in the governance arrangements for this reform.
- New funding models and workforce strategies for the AOD sector reflect the complex needs of service users and qualifications needed in a workforce to meet these needs (*see funding model and workforce development position statements for more information)*
- Guaranteed AOD sector and AOD lived-experience involvement in the various governance arrangements and bodies being established through the new Mental Health and Wellbeing Bill.

3. Evidence summary

Royal Commission into Victoria's Mental Health System Recommendations that reference the alcohol and drug sector

Recommendation 8 (3c)

- Ensure that there is at least one highest level emergency department suitable for mental health and alcohol and other drug treatment in each region (RCVMHS 2021a, p. 44).

Recommendation 35

- In addition to recommendation 8 (3c), it needs to be ensured that all mental health and wellbeing services, across all age-based systems, including crisis services, community-based services and bed-based services, provide integrated treatment, care and support to people living with mental illness and substance use or addiction. Further, these services should not exclude consumers living with substance use or addiction from accessing treatment or support (RCVMHS 2021a, p. 71).

Recommendation 36

- That a new statewide specialist service should be established, built on the foundations established by the Victorian Dual Diagnosis Initiative, to:
    - Undertake dedicated research into mental illness and substance use or addiction
    - Support education and training initiatives for a broad range of mental health and alcohol and other drug practitioners and clinicians
    - Provide primary consultation to people living with mental illness and substance use or addiction who have complex support needs
    - Provide secondary consultation to mental health and wellbeing and alcohol and other drug practitioners and clinicals across both sectors.
- Further, the number of addiction specialists (addiction medicine physicians and addiction psychiatrists) in Victoria should be increased and the Victorian Government should work with the Commonwealth Government to explore opportunities for funded addiction specialist trainee positions in Victoria (RCVMHS 2021a, p. 72).

The Royal Commission into Victoria's Mental Health System's comments on Mental Health and alcohol and drug integration

The lack of integration between the mental health sector and AOD treatment services was cited as a structural problem that undermines integrated treatment care and support, despite the high level of co-occurrence (RCVMHS 2021b, p. 372). It was stated that, in the reformed mental health service system, treatment and therapies will encompass integrated treatment, care and support for co-occurring mental health and substance use or addiction issues (RCVMHS 2021b, p. 393). The Royal Commission stated that there was a high level of co-occurrence. It estimated that 43.8% of consumers aged 26-64 who used public specialist mental health services in 2019-20 were also living with substance use or addiction (RCVMHS 2021b, p. 406).

According to the Royal Commission, the evidence suggests that integrated care for mental health and AOD issues is associated with benefits, such as:

- Increased participated in care and treatment programs and involvement with services
- Reductions in substance use and improvements in mental health conditions
- Improvements in other indicators of wellbeing, such as quality of life and decreased risk of homelessness or interaction with the justice system (RCVMHS 2021b, p. 406).

The Royal Commission suggests that the 'siloing' of mental health and AOD services is not delivering good health and wellbeing outcomes, with many people being 'bounced' between the different services (RCVMHS 2021c, p. 286). Decades of operating as separate service systems has meant that many mental health services see AOD issues as outside their core business and are sometimes reluctant to treat clients living with substance use, meaning that the AOD sector is overburdened having to care for clients with dual diagnosis and complex mental health support needs (RCVMHS 2021c, p. 286). Across Victoria, there are only 28 'dual diagnosis' rehabilitation beds, which the Royal Commission has opined is far too low a number (RCVMHS 2021c, p. 307).

On the other hand, the Royal Commission has acknowledged some of the benefits of the separate systems approach for the AOD sector, as it has allowed it to become a specialist service provider (RCVMHS 2021c, p. 308). Further, the Royal Commission commended the AOD sector's approach of:

- Putting clients 'at the heart of decision-making'
- Having a peer and lived experience workforce
- Its holistic model of care
- The acknowledgement of the relationship of trauma and stress with AOD issues
- Offering therapeutic alternatives to medication and care and recovery coordination
- Offering treatment, care and support that is compassionate and non-judgmental
- Being proficient in partnerships with other systems and organisations (RCVMHS 2021c, p. 308).

However, the Royal Commission states that the current mental health system's strength over the AOD sector is its higher level of specialisation of workforce and its tendency to have closer connections to research and the development of evidence-based approaches to treatment, care and support (RCVMHS 2021c, p. 309).

Nonetheless, as a result of separate service systems, people with AOD issues often face exclusion from treatment from mental health service providers, as they often tend to focus narrowly on a person's mental health needs and will refer people with AOD issues to an AOD service provider instead, even if they have complex mental health issues (RCVMHS 2021c, p. 316).

The Royal Commission's view of implementing integration

Regarding Implementation, the Royal Commission states that it does not want to prescribe a single model of integrated care (RCVMHS 2021c, p. 331). Nonetheless, the Royal Commission expects that integrated care is to be provided by all Local Mental Health and Wellbeing Services and Area Mental Health and Wellbeing Services (RCVMHS 2021c, p. 331). The Royal Commission sets out three models of integrated care that the Local Mental Health and Wellbeing Services and Area Mental Health and Wellbeing Services should achieve integration by. These services should base their integration off one or more of the following models suggested by the Commission (RCVMHS 2021c,

p. 331):

- Model 1: Multidisciplinary Team
    - ‘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’ (RCVMHS 2021c, p. 332).

- Model 2: Co-location and care coordination partnerships
    - ‘Different services physically co-locate and deliver coordinated care’ (RCVMHS 2021c, p. 332).

- Model 3: Service Delivery Partnerships
    - ‘A mental health service partners with another care provider, such as a non-government organisation to deliver some aspects of the consumer’s care within the mental health service (RCVMHS 2021c, p. 332).

Regarding the transition of Victoria’s mental health services to providing integrated care, the Commission states that this will require support, such as ‘ensuring the strengths of the Victorian AOD sector’s approach to care are adopted and retained in mental health services that provide integrated care, including the role of peer workers (RCVMHS 2021c, p. 333).

VAADA’s Submission to the Royal Commission into Victoria’s Mental Health System

According to VAADA, consultations suggested that the AOD and mental health sectors retain distinct values and frameworks (VAADA 2019, p. 26). Consolidating sectors may result in the loss of important qualities and practices (VAADA 2019, p. 26). The AOD and mental health sectors also tend to have different outcome goals. For example, ‘cure’ is generally prioritised in mental health, while ‘harm reduction’ is prioritised in AOD services (VAADA 2019, p. 26).

VAADA recommendation 1

- suggests developing an overarching joint Victorian AOD and mental health services framework to guide the respective sectors in relation to how models of integrated practice can be achieved, and also to obtain a joint approach in relation to other issues identified such as language and breaking down stigma (VAADA 2019, p. 27).

VAADA recommendation 12

- Explore the benefits and value of expanding funding to the Victorian Dual Diagnosis Initiative for workforce development activities. Create incentives for participants, especially for the mental health, primary care and emergency medicine workforces (VAADA 2019, p. 37).

VAADA states that creating opportunities for joint training and relationship building across sectors is important to improve the coordination of services to people accessing multiple health services (VAADA 2019, p. 37). Having additional AOD and mental health workforce opportunities to build relationships and shared understandings of good dual diagnosis practice are important in facilitating better care (VAADA 2019, p. 37).

VAADA recommendation 18

- Create accessible, user friendly and integrated AOD and mental health intake systems that assess if the presenting person needs support for both conditions (VAADA 2019, p. 50).

VAADA raised attention that many AOD clients are unable to access or are sometimes excluded from mental health services because of their AOD use (VAADA 2019, p. 49). VAADA also called for more simplified intake and coordination, so clients do not have to repeat their story multiple times (VAADA 2019, p. 50).

VAADA recommendation 21

- Create accountability measures to ensure all human services operate a no wrong door model, helping clients access the full range of services they need irrespective of where they first access services (VAADA 2019, p. 51).

VAADA argues that these accountability measures would allow for better integration and coordination of services (VAADA 2019, p. 51).

VAADA recommendation 22

- Pilot co-location of AOD and other community support services together for people with co-occurring AOD and mental health issues. Provide integrated intake, generalized case management and peer support services (VAADA 2019, p. 56).

VAADA argues that the use of case management and peer support will help reduce the chances of people 'falling through the gaps' (VAADA 2019, p. 56). These support services should have the capacity to increase or decrease support depending on circumstances and need and will build dual diagnosis competency across mental health and AOD sectors (VAADA 2019, p. 56).

4. Reference List

Royal Commission into Victoria's Mental Health System 2021a, *Final Report: Summary and Recommendations,* State of Victoria, Melbourne.

Royal Commission into Victoria's Mental Health System 2021b, *Final Report Volume 1: A New Approach to Mental Health and Wellbeing in Victoria,* State of Victoria, Melbourne.

Royal Commission into Victoria's Mental Health System 2021c, *Final Report Volume 3: Promoting Inclusion and Addressing Inequities,* State of Victoria, Melbourne.

Victorian Alcohol and Drug Association 2019, *Submission to the Royal Commission into Victoria's Mental Health System,* VAADA, Collingwood.