



Alcohol, Tobacco & other
Drugs Council Tas Inc.

Submission to the
Tasmanian Government

*Rethink Mental
Health Project
Discussion Paper*

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Alcohol, Tobacco and other Drugs Council of Tas Inc. (ATDC)

www.atdc.org.au

ABN: 91 912 070 942

Phone: 03 6231 5002

Facsimile: 03 6231 6099

PO Box 4702

Bathurst Street Post Office

Hobart, TAS 7000

Contact: Jann Smith, CEO

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The Alcohol, Tobacco and other Drugs Council

The Alcohol, Tobacco and other Drugs Council of Tasmania (ATDC) is the peak body representing the interests of community sector organisations (CSOs) that provide services to people with substance misuse issues in Tasmania. The ATDC is a membership based, independent, not-for-profit and incorporated organisation.

The ATDC is the key body supporting the sector to secure adequate systemic support and funding for the delivery of evidence based alcohol, tobacco and other drug (ATOD) initiatives. We support the sector through training and sector capacity building, as well as undertaking policy and development projects with, and on behalf of, the sector.

We represent a broad range of service providers and individuals working in prevention, promotion, early intervention, treatment, case management, research and harm reduction.

We play a vital role in assisting the Tasmanian Government to achieve its aims of preventing and reducing harms associated with the use of alcohol, tobacco and other drugs in the Tasmanian community.

By working with all levels of government and the community the ATDC seeks to promote health and wellbeing of all Tasmanians through a reduction of the harms caused by substance use. Our priorities are set by the membership and Board and focus on the prevention of the uptake of harmful alcohol or drug use, the provision of effective treatment for alcohol or drug misuse and the long term promotion of health and relapse prevention.

A broad and regionally dispersed membership base ensures the ATDC maintains a strategically relevant position within the overall understanding of what services are provided, what services are needed and how best to achieve the goal of reducing the negative impacts on the Tasmanian community from alcohol and drug use.

The ATDC is committed to the following eight broad principles:

- Harm minimisation
- A population health approach
- A continuum of service types
- Consumer participation
- Consumer self determination
- Evidence based practice and policy
- Partnership and collaboration
- Recognition of Aboriginal and Torres Strait Islander Australians.



Our Vision

A Tasmania without drug or alcohol related harm or discrimination.

Our Mission

To provide independent leadership and advocacy; strengthen partnerships through inclusion, and support consumer participation in the promotion of holistic alcohol, tobacco and other drug (ATOD) services for all Tasmanians.

Our Goals

Goal 1: To provide effective leadership and representation for the alcohol, tobacco and other drugs sector.

Goal 2: To build sustainability of the ATDC and the alcohol, tobacco and other drugs sector.

Goal 3: To maximise consumer engagement in service planning and delivery.



Introduction

The Alcohol, Tobacco and other Drugs Council welcomes the opportunity to make a submission to the Tasmanian Government's Rethink Mental Health Project and comment upon the *Rethink Mental Health Project: A long term plan for mental health in Tasmania Discussion Paper*.

The alcohol and other drugs (AOD) sector provides specialist services for people with substance misuse issues. It is important to emphasise that not everyone who has an AOD issue has a mental health problem and not everyone with a mental illness has AOD issues. Despite this fact a key area of interest for the ATDC is the intersection between the mental health and AOD sectors to meet the particular needs of people with co-existing mental illness and substance misuse issues.

The ATDC believes that to adequately address mental health issues, clinical and non-clinical services and government and community sector organisations need to work more collaboratively to achieve better service integration and ultimately improve mental health and wellbeing outcomes for consumers.

A number of individuals, peak, service, consumer and carer organisations will be making submissions in response to the Rethink Mental Health Project Discussion Paper. For that reason the ATDC submission specifically highlights a number of key areas for consideration:

- The Service System
- Service Integration and Comorbidity
- Consumer and Carer Consultation and Engagement
- Promotion, Prevention and Early Intervention
- Workforce Development and Capacity Building.

The Service System

Tasmania needs a mental health service system that is accessible, comprehensive, timely, non-judgemental, equitable and holistic. The system needs to be client-centred with a range of integrated services available that make it easier for consumers and their carers to transition through services.

Tasmania's mental health service system is historically characterised by a distinction between the delivery of clinical services and non-clinical services, with the former provided mainly by the Tasmanian Government and the latter delivered by community sector organisations. Ultimately this current paradigm may constrain Tasmania's service system as mental health service provision evolves and as services need to work in a more holistic and integrated manner into the future. Essentially services should be funded or purchased based upon an organisation's capacity to provide high-quality and accessible services to meet the needs of a particular client group.

The ATDC is concerned about a current gap within the service system regarding the lack of provision of 'step up, step down' services for consumers transitioning in and out of the system. A model has been identified in another jurisdictions such as the adult prevention and recovery care services (PARC) model adopted in Victoria.



Adult prevention and recovery care (PARC) services are short-term, residential treatment services located in the community, which have a recovery focus. PARC services provide early intervention for consumers who are becoming unwell and for those in the early stages of recovery from an acute psychiatric episode, to strengthen and consolidate gains from the inpatient setting.

PARC offers a unique setting for consumers to start their recovery journey and resume their role in the community by providing coordinated, recovery-oriented treatment and support.

Through working in partnership clinical mental health services and a recovery service, currently a psychiatric disability rehabilitation and support service (PDRSS), PARC enables consumers with severe mental illness to receive both clinical intervention and treatment and active support for their recovery in a safe and supportive setting. The PARC setting encourages links to consumers' natural supports and their participation in community life. ¹

Tasmania also lacks residential services for people with co-occurring mental illness and substance misuse issues as there are currently no specific facilities that are able to accept individuals who have a significant mental illness and substance dependence. Instead the drug and alcohol residential rehabilitation facilities are the only place that will accept these clients and Tasmania already has limited AOD residential rehabilitation beds.

Service Integration and Comorbidity

Co-existing mental health (MH) and alcohol and other drug (AOD) issues, also known as dual diagnosis or comorbidity, covers a broad spectrum of MH and AOD problems that a person experiences concurrently. Individuals with dual diagnosis or co-existing MH and AOD problems, and their families, have multiple and complex needs that require a high-level of responsiveness across all services, levels of care and throughout all phases of recovery including engagement, screening, assessment, treatment, rehabilitation, discharge planning and aftercare.

To best respond to clients with co-existing issues an integrated model of care is required. Integrated care entails the coordination of interactions and relationships within and across services in order to provide the best possible service system response for a person with a dual diagnosis.

At the service level, a central feature of integrated care is the provision of mental health and substance use services in a single setting wherever possible, and if not possible, then linkages between services via agreed clinical pathways should occur. At the systems level, integrated care entails a focus on the provision of holistic and coordinated care, liaison and advice, and the development of clinical pathways between and across a range of agencies. As such, a prerequisite for the delivery of effective treatment for people with dual diagnosis is strong collaboration, cooperation and effective working relationships between the MH and AOD service sectors and broader network of social services. ²

¹ <http://www.health.vic.gov.au/mentalhealth/services/parc.pdf>

² *Queensland Health Dual Diagnosis Strategic Plan, 2003*
http://www.health.qld.gov.au/atod/documents/dual_diagnosis.pdf



For the past 10 years, the alcohol and drug sector has been working to build relationships in the mental health government and community sectors to ultimately improve care for people with co-existing mental illness and substance misuse issues. Subsequently, a number of local and national strategic documents reference the need for improved services for people experiencing co-existing issues.

- *The National Drug Strategy 2010–2015* references the need for integrated cross-sectoral approaches to working with people with co-existing mental health and substance misuse issues.³
- Action area 20 of the *4th National Mental Health Plan* identifies that linkages and coordination between mental health, alcohol and other drug and primary care services needs to be improved to facilitate earlier identification of, and improved referral and treatment for mental and physical health problems.⁴

Since 2007, the Australian Government has provided limited funding to a small number of Tasmanian community sector AOD services to build their capacity to work with clients with co-existing mental health and substance misuse issues. The ATDC has also been funded over the same period to support capacity building and workforce development initiatives as well as helping to create partnerships and linkages between the funded organisations. In the second round of funding (which commenced in July 2012), the focus shifted to supporting capacity building across the sector (rather than just for funded organisations).

This funding was also provided to a number of similar organisations across the country. Many of these organisations have taken the opportunity to implement innovative services and implement the “no wrong door” approach to working with people with co-existing conditions. In Victoria, the Victorian Dual Diagnosis initiative was proven to be successful in improving the treatment system with a focus on partnerships and co-location of teams of clinical mental health and AOD workers and the improvement of referral pathways.

The ATDC has been responsible for implementing a number of activities to improve the services available for people with co-existing mental illness and substance misuse in Tasmania:

- A biennial Comorbidity Symposium has been held with the aim of bringing AOD and MH clinicians together to improve knowledge of best practice across both sectors.
- The ATDC cross sector bus tours are now run annually with over 75 people attending each year from a range of services across the state. The aim of the bus tours is to encourage collaboration and increased referral between AOD, MH and other social service organisations.
- The Comorbidity Workplace Exchange Project began in 2012 with a number of AOD community sector workers taking the opportunity to spend up to a week in a Mental Health Services (DHHS) team to learn about the MH system structure with the aim of increasing referrals and shared care of people with co-existing mental illness and substance misuse issues.
- A range of professional development activities have also been provided to the AOD sector and also the broader health and community services sector to improve the skills of workers in adequately identifying and treating co-existing mental illness and substance misuse.

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[http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/DB4076D49F13309FCA257854007BAF30/\\$File/nds2015.pdf](http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/DB4076D49F13309FCA257854007BAF30/$File/nds2015.pdf)

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[http://www.health.gov.au/internet/main/publishing.nsf/Content/9A5A0E8BDFC55D3BCA257BF0001C1B1C/\\$File/plan09v2.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/9A5A0E8BDFC55D3BCA257BF0001C1B1C/$File/plan09v2.pdf)



To ensure that the service system across mental health services and drug and alcohol services is well equipped to deal with co-existing mental illness and substance misuse issues we need better governance arrangements between different tiers of government and with the community services and private sector to coordinate services, monitor performance, build accountability and achieve shared goals.

There are a number of areas where investment is required to improve overall service system integration including:

- greater investment in information and communications technology (ICT) and policies to support (appropriate) information sharing
- streamlined clinical pathways
- common assessment tools and the development of shared care planning
- investment in joint professional development opportunities across the MH and AOD sectors (including government and community sector organisations)
- the development of formal agreements between services
- systems that recognise and reward good practice
- expanding the comorbidity workplace exchange project to offer placements between AOD and MH services (across government and community sector organisations).

Promotion, Prevention and Early Intervention

The ATDC supports an equal and significant focus on health promotion, preventative health and early intervention, alongside more acute treatment service provision. Promotion, prevention and early intervention (PPEI) should be central to all drug and alcohol and mental health organisations and services rather than attached as time-limited or funding specific initiatives.

Improving mental health outcomes will increase national productivity and participation, reaping major economic dividends. Investing in mental health promotion, prevention and early intervention to encourage help-seeking, challenge prejudice and discrimination, and avoid crisis wherever possible will minimise both social and economic costs. Empowering consumers and carers to help themselves through new technology will yield high returns on investment and allow clinicians to help those with the highest needs.

The Tasmanian Government has developed two robust evidence-based PPEI frameworks for both mental health and alcohol and other drug services:

- *Building the Foundations for Mental Health and Wellbeing: A Strategic Framework and Action Plan for Implementing Promotion, Prevention and Early Intervention (PPEI) Approaches in Tasmania*⁵
- *Everybody's Business: A Strategic Framework for Implementing Promotion, Prevention and Early Intervention (PPEI) Approaches in Averting Alcohol, Tobacco and Other Drugs Use*⁶

⁵ http://www.dhhs.tas.gov.au/mentalhealth/publications/strategic_documents/PPEI_Strategic_Framework.pdf

⁶ http://www.dhhs.tas.gov.au/_data/assets/pdf_file/0007/128086/ATODPPEI_FINAL_220313.pdf



Together these strategic frameworks provide a solid basis for future investment and activity within both the MH and AOD sectors.

During 2014-15 the ATDC has been funded to lead the development of an implementation plan for *Everybody's Business*. The activities within the implementation plans for both the AOD and MH PPEI plans are well aligned for joint work to occur in the future; particularly in relation to addressing stigma and discrimination within the community.

Consumer and Carer Consultation and Engagement

Mental health consumers are the experts in their own lives.

Mental health services have a long and successful track record of effectively engaging with consumers regarding mental health service delivery, policy and planning. Despite this there are still significant improvements to be made. Essentially meaningful involvement of people with 'lived experience' should be at the heart of service system design, delivery and evaluation. Consumers and carers must be involved in decisions that affect them, from the services available locally to the development of national policy.

Consumer and carer participation models and levels of engagement in decision making processes vary widely across the AOD sector and are markedly different to those utilised in the mental health sector. Significant benefits would be able to be realised if there was a more structured approach across the MH and AOD sectors that acknowledges the role of consumers and provides a structure for meaningful engagement with them.

Consumer and carer participation needs to be adequately funded in all service delivery contracts to ensure that there is adequate resourcing for this fundamental activity to occur. If we are to truly make a difference and implement consumer engagement in all levels of service planning and delivery we need to build it into the core practice of all organisations and by considering key arrangements such as:

- consumer participation in clinical and corporate governance
- organisational policies and procedures about consumer and carer engagement
- reimbursement and remuneration arrangements for consumers and carers
- mentoring and support for consumers and carers.

Processes and projects such as the Rethink Mental Health Tasmania are positive examples of how consumers and stakeholders are central to the redevelopment of a jurisdiction's mental health service system.

Workforce Development and Capacity Building

For the mental health system to respond with effective, timely and evidence-based interventions, service providers, clinicians and other professionals need to have the knowledge, skills and resources to connect people to the right support and services at the right time.



The mental health and alcohol and drug sectors are made up of many specialist workers. The skill sets and qualifications for MH and AOD workers must be updated and refreshed on a regular basis via professional development. The benefits to the sectors and workers alike of participating in joint professional development opportunities would be immeasurable. AOD and MH workers have many unique skills. Despite the differences between the workers within each sector the benefits associated with developing particular skill sets when dealing with shared clients with co-existing AOD and MH issues would be significant.

The ATDC is committed to the ongoing investment of financial resources into the professional development of workers within the AOD and MH sectors. Over the past few years Tasmania has seen a gradual increase in the qualification level of the AOD workforce with many workers continuing to engage in ongoing professional development. A survey of the Tasmanian AOD workforce conducted by the ATDC in 2014 found that over 95% of the workforce had qualifications of Certificate IV or higher, and with more than half of the workforce holding a degree qualification or above.

Increasingly the MH and AOD sectors are recognising the value that peer workers are able to bring to the workforce. The ATDC encourages further exploration and application of models that enable organisations and services to engage individuals with lived experience to support other service users on their journey through the service system.

