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Mental Health Royal Commission

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VAADA summary for the AOD sector

The final report of the Mental Health Royal Commission was Tabled in Parliament on 2nd March 2020. The report is comprised of 5 volumes and outlines 65 recommendations for the Victorian Government to consider and implement. The Government has already committed to addressing all 65 recommendations.

The report is extremely comprehensive in its identification of the current issues in Victoria's mental health sector, and the implementation of its recommendations will result in significant change to the service system. The planning and implementation of the changes will be assisted by the establishment of the Collaborative Centre for Mental Health and Wellbeing announced in the Commission's Interim Report.

Some of the recommendations are directly relevant to the alcohol and other drug (AOD) sector. These include:

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;'

Treatments and therapies are later defined in **Chapter 7** (Volume 1 pp392) as 'including a broad range of psychological therapies, medical treatments, other therapeutic interventions and integrated support for physical health and substance use or addiction.'

The inclusion of integrated treatment that includes AOD as a core function of MH services is potentially a significant step forward for clients with co-existing AOD and MH problems in accessing the treatment they need, in that these changes should promote greater inclusivity, and increased access for this cohort to MH services. The definition should also encourage MH clinicians to adopt a more holistic approach to clients presenting with a range of complex issues, reducing stigma in the longer term. The report (Volume 1 pp 404) showcases First Step (mental health, addiction and legal services hub in St. Kilda) as being an example of a service utilising a multidisciplinary team that has adopted a client-centred approach.

Recommendation 8:

'Responding to mental health crises:

3. 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.'

This recommendation builds on the 'highest capability' emergency department funding (2018/2019) to develop and implement therapeutic crisis responses. **Chapter 9.3.2 Coordinating crisis responses and follow-up care** (Volume 1 pp 519) further identifies that 'the Commission expects that crisis response services will assess people's need for alcohol and other drug treatment and assist that treatment where required.'

In relation to the highest capability emergency department, the report (Volume 1 pp545) also outlines the following:

- Operate 24/7
- Be in a separate area of the emergency department, with careful consideration to facility design to ensure a therapeutic, low stimulus environment…… Patients identified at triage as having mental health and/or alcohol and drug needs will be streamed directly to this area, unless they require high-level medical attention……
- Integrate mental health and substance use or addiction services (with AOD workers embedded in the team) in addition to physical health responses
- Include a co-located short-stay unit (4 – 8 beds) for people who require a short period, ideally up to 24 hours, of stabiisation and crisis support.

The Commission further encourages (Volume 1 pp547) the consideration of additional refinements to the original crisis hub model:

- Flexibility to adapt the model in non-metropolitan areas
- The crisis hub should be close to, and have close links with an area for assessing and managing people with acute, severe behavioural disturbance
- Flexibility to provide outreach services for up to 28 days following discharge
- The employment of peer workers who work alongside mental health clinicians, AOD clinicians, social workers and emergency department staff.

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. '

The components of Recommendation 11 are further expanded in **Chapter 10 – residential bed based services 10.3.4** (Volume1 pp 602) Supporting people with co-occurring mental illness and substance use or addiction.

This chapter indicates that all consumers must receive integrated treatment for co-existing AOD and MH issues, and that will require the expertise of multi-disciplinary teams and access to addiction specialists where necessary.

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)©, 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.

This recommendation has sweeping implications for the service response to consumers presenting with co-existing AOD and MH issues. Mental health services will no longer be able to exclude consumers on the

basis of their AOD problems, and an emphasis will be placed on the simultaneous management of both conditions rather than one after the other.

Recommendation 36:

'A new statewide service for people living with mental illness and substance use of 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 addition 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 physicinas and addiction psychiatrists) in Victoria.

3. Work with the Commonwealth Government to explore opportunities for funded addiction specialist trainee positions in Victoria.

A more detailed explanation of both of these recommendations is outlined in **Chapter 22 'An integrated approach to improve consumer outcomes.'** (Volume 3 pp285). Services should consider co-existing AOD and MH services to be the 'expectation, not an exception.'

The Commission further indicates that reforms should include:

- 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*
- 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.
- Bed-based services will provide holistic and integrated treatment, care and support to consumers who need it for substance or addiction and are described in Chapter 10.
- 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.

Chapter 22 goes on to describe the Commission's approach to mental illness and substance use including the scope of the enquiry, the language used, prevalence, current services and barriers to treatment, and more importantly **Chapter 22.7 The future system: providing integrated treatment, care and support for mental illness and substance use or addiction.** (Volume 3 pp328).

The commission acknowledged differences between stakeholders' views as to how 'integration' is defined, and chose to focus on instigating reforms that could deliver an experience of integrated care for consumers together with some flexibility in how services align with one another. The approach is therefore defined as being:

‘*Any process by which mental health, and alcohol and other drug services are appropriately integrated or combined at either the level of direct contact with the individual client with (co-occurring needs) or between providers or programs serving these individuals…. Integrated services can be provided by an individual clinician, a clinical team that assumes responsibility for providing integrated services to the client, or an organized program in which all clinicians or teams provide appropriately integrated services to all clients.* [1]

The Commission further noted the concerns of some contributors around systems integration whereby the two sectors are combined administratively, and offered an alternate pathway:

`The Commission intends that the strengths of the alcohol and other drug sector be retained and suggests that integration through partnerships and consortiums be considered as ways to enable this.’ (Volume 3 pp332)

It is envisaged that the statewide service will work closely with the Collaborative Centre for Mental Health and Wellbeing, in particular with translational research and workforce training. The provision of primary and secondary consultation will provide additional support to AOD clinicians in their service delivery.

The Commission noted that Turning Point’s addiction medicine trainee project will increase Victoria’s number of addiction specialists, but recommended further investment in this area by the Victorian Government.

The Commission outlines its reforms for commissioning (Recommendation 51, Volume 4 pp168) and workforce (Recommendation 57, Volume 4 pp 451). Whilst AOD is not directly mentioned in either recommendation, the inclusion of AOD (via the embedding of integration) into the core business of the MH sector means that there will be implications for the AOD sectors in these areas in the future.

VAADA welcomes the recommendations in the report, and their potential impact in the longer term on improving treatment outcomes for consumers living with co-occurring MH and AOD issues. The contributions of VAADA and other AOD stakeholders via submissions and witness statements appear to have been heeded, and reflected in the recommended reforms.

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[1] Kenneth Minkoff and Nancy H. Covell, *Integrated Systems and Services for People with Co-ocurring Mental Health and Substance Use Conditions: What’s Known, What’s New, and What’s Now?* (National Association of State Mental Health Program Directors, 2019), p.15.