



22 January 2020

Mental Health Inquiry
Productivity Commission

<https://www.pc.gov.au/inquiries/current/mental-health/submissions>

ABOUT WINDANA

Windana Drug and Alcohol Recovery (Windana) is a leading Melbourne-based alcohol and other drug (AOD) treatment centre specialising in holistic, client-focused recovery service programs. Clients choose from residential and a range of supportive community-based, harm reduction, recovery and rehabilitation programs. We help people rebuild their lives in a safe, caring environment and support our clients wherever they are in the recovery process. Windana assists close to 2,000 people across Victoria per annum by providing AOD treatment services including residential withdrawal services, residential rehabilitation and a suite of non-residential services

RECOMMENDATIONS

Recommendation 1: develop a step up – step down model of care with increased capacity to support those experiencing acute AOD and mental health concerns. The model should include seamless service pathways to less intensive support services.

Recommendation 2: increase the capacity of the AOD sector to meet demand.

Recommendation 3: A community sector Industry Plan should be progressed to support the community sector workforce to respond to the causes of mental health.

Recommendation 4: This inquiry should recommend measures to reduce stigma towards disadvantaged cohorts, including, but not limited to, those experiencing mental illness, alcohol and other drug dependency, homelessness and unemployment, as well as that experienced by LGBTIQ communities.

Recommendation 5: Establish a reference committee with multidisciplinary representation to develop a model of justice reinvestment which is suitable for selected high-risk regions to address the drivers of disadvantage.



Windana Drug and Alcohol Recovery (Windana) acknowledges the Productivity Commission in developing the Draft Report which canvasses a range of recommendations to better support people experiencing mental illness.

The findings and recommendations detail the foundations to achieve system reform and address several long-standing structural impediments to positive mental health. These include the interface between mental illness and the justice system, housing, the NDIS, employment, stigma and workforce issues.

While alcohol and other drugs (AOD) is in focus and regularly discussed in the Draft Report, the discussion does not translate into recommendations, resulting in a missed opportunity to progress substantive social and economic improvements. The absence also means that some Australians experiencing co-occurring mental illness and AOD dependency are not adequately represented in this endeavour. This submission will canvas associated limitations.

PLUGGING SERVICE GAPS

The Victorian Royal Commission into Mental Health Interim Report (2019) (Interim Report) noted that 35 per cent of individuals with AOD issues experience mental health concerns. This finding aligns with Windana's experience, with high numbers of Windana's various treatment programs experiencing co-occurring mental health and AOD issues. Windana's treatment programs support many of these service users to achieve positive outcomes.

However, some Windana clients experience mental health issues that limit their ability to complete treatment. Many find it difficult to access mental health support due to their AOD issues.

In Victoria, six hospitals maintain integrated mental health and alcohol and other drug service hubs providing a point of referral for those people requiring an acute response. An expansion of this system, to provide a model of care where at risk individuals can step up into an intensive clinical multidisciplinary supportive environment during an acute phase of illness should be considered. When the symptoms improve, they could step down into a less intensive community service response.

Recommendation 1: develop a step up – step down model of care with increased capacity to support those experiencing acute AOD and mental health concerns. The model should include seamless service pathways to less intensive support services.

DEMAND FOR AOD TREATMENT

AOD treatment services are overwhelmed by forensic demand, with many people presenting with co-occurring mental health and AOD dependency. Forensic AOD clients are prioritised ahead of voluntary service users. As a result, voluntary clients are less able to access timely AOD treatment and often progress to the forensic system or engage an unregulated, for-profit support provider.

Volume One of the Draft Report cites UNSW Drug Policy Modelling Program research (Ritter et al 2019) which indicates that between 180,000 and 533,000 Australians would be engaging AOD treatment services to meet national demand. Figures provided by the Interim Report (2019) indicate



between 60,000 and 180,000 of this cohort may be experiencing co-occurring mental health and AOD issues.

AOD treatment provides a protective element for those unable or otherwise disengaged from treatment and related services systems at greater risk of harm, including fatal overdose. Dwyer et al (2017) note, reflecting on fatal overdose involving pharmaceuticals in Victoria, that 73 per cent of the victims had a history of mental illness, with the majority having experienced mental health concerns for longer than a decade.

Meeting unmet AOD demand will reduce harm and may provide a safety net for these at-risk cohorts.

Recommendation 2: increase the capacity of the AOD sector to meet demand.

WORKFORCE

Many of the challenges which the Draft Report and Victorian Interim Report observe regarding the mental health sector workforce are similarly experienced in the AOD sector. In both cases, there are common issues with cross sector capacity, training, recruitment and retention, especially in rural and regional areas along with a greater need to engage a peer workforce.

Building the capacity of the AOD workforce should be within scope of the Draft Report as many Australians experiencing mental health concerns will engage the AOD treatment sector. A community sector Industry Plan should be progressed to identify and action workforce development to enhance cross sector capacity. This plan would establish the building blocks necessary to support a community sector workforce to address the intersecting causes of mental illness and the associated indicators of disadvantage.

Recommendation 3: A community sector Industry Plan should be progressed to support the community sector workforce to respond to the causes of mental health.

STIGMA

Stigma remains a pressing issue, deterring help-seeking behaviour and impairing community wellbeing. Disadvantaged people experience various forms of stigma, compounding in cases of co-occurring issues. Recently a harmful narrative has emerged seeking to link unemployment with substance use. Many believe this thinking is designed to garner populist support for certain harmful policies, such as the drug testing of welfare recipients.

Another example of structural stigma is the belief that substance dependence is a choice, a narrative that has been used to critique a range of evidence informed harm reduction policies including supervised injecting. Victoria's Medically Supervised Injecting Room (MSIR) provides vital harm reduction services to injecting drug users, many of whom likely experience mental health concerns. While data is not available on the prevalence of mental illness among Victorian MSIR users, four in five of those using the Sydney based Medically Supervised have been diagnosed with a mental illness (O'Mara, McCoster and Sherker 2017). The Victorian MSIR is likely to host a similar cohort. The stigmatising narrative around the MSIR is especially hard on those experiencing mental illness.

Seeking to address stigma solely from a mental health perspective will leave many experiencing co-occurring mental health and other morbidities vulnerable.



Recommendation 4: This inquiry should recommend measures to reduce stigma towards disadvantaged cohorts, including, but not limited to, those experiencing mental illness, alcohol and other drug dependency, homelessness and unemployment, as well as that experienced by LGBTIQ communities.

JUSTICE REINVESTMENT

The Draft Report lends focus to the high number of those engaged with the justice system, particularly prisoners, who experience mental health concerns. Recommendations highlight the need for greater access to diversion schemes, transitional support, legal support and the provision of mental illness related healthcare within correctional facilities. These recommendations consist largely of add-ons and enhancements to the current system which, while welcome, do not go far enough to reduce the prevalence of individuals experiencing mental health issues within the correctional system and the preventable harm they endure.

Systems need to be developed to address the causes of crime and the drivers of trauma which can contribute to offending behaviour. Many of these drivers more commonly occur within regions experiencing stark disadvantage, particularly those regions where entrenched disadvantage spans multiple generations.

Jesuit Social Services (2015) in its publication 'Dropping off the Edge' (DOTE) examines disadvantage across Australia; the publication identifies regions which experienced extreme disadvantage across most of the 22 indicators in 1999 and that those regions remained extremely disadvantaged in 2015. In addition, in Victoria, four per cent of postcodes accounted for 28.2 per cent of the highest level of disadvantage across all indicators, with psychiatric admissions, criminal convictions, unemployment, family violence and low education levels consistent across these regions.

Those residing in the highest three per cent of disadvantaged postcodes were 2.4 times more likely to require disability related support and twice as likely to have criminal convictions when compared with the national average.

The co-occurring signifiers of disadvantage can be ameliorated through an increase in capacity of those services which address these concerns. Targeted service builds, along with greater access to high quality pre-school and educational facilities, employment opportunities and family services, help disadvantaged communities build greater resilience.

This approach is aligned with justice reinvestment, where service enhancements within disadvantaged areas reduce future expenditure on correctional facilities and acute services resulting in healthier, more resilient communities and economic savings for government.

Recommendation 5: Establish a reference committee with multidisciplinary representation to develop a model of justice reinvestment which is suitable for selected high-risk regions to address the drivers of disadvantage.



REFERENCES

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