

How are services providing care for people with co-occurring mental health and alcohol and other drug needs?

# Who is CESPHN?

- CESPHN was established to strengthen primary care, work towards integration across sectors and commission health services to meet the health needs of the local community.
- We support people who live and work in the central and eastern Sydney region
- PHN Funded services include those across Mental Health & Suicide Prevention, Alcohol and Other Drugs, Aboriginal Health, After Hours and Population Health services.

# Mental Health and AOD needs in our region

- [CESPHN Annual Needs Assessment](#) identifies priority populations with our region
- People living with co-occurring AOD and mental health conditions have been identified as a priority in our region and can experience barriers to effective service provision
- Scoping Report conducted – [Current practices and support needs of healthcare providers in CESPHN in relation to addressing patients' co-occurring mental health and alcohol and other drug issues](#) (2017)

# Recommendations

1. Provision of education and training opportunities for healthcare workers in mental health and AOD comorbidity
2. Improved access to up-to-date evidence-based information on mental health and AOD use: Development of evidence-based resources for practitioners, clients and carers, and communication of evidence-based information via online and social media
3. Provision and ongoing support of clinical supervision for healthcare providers in mental health and AOD comorbidity
4. Development and maintenance of an online service directory
5. Development and pilot testing of innovative services and enhancement of existing services to address areas of unmet need
6. Development and pilot testing of an accreditation program for peer workers to legitimise and ensure that peer workers have the skills necessary to undertake these valuable roles
7. Provision of specialist training scholarships and subsidised placements in AOD and mental health services
8. Development and pilot testing of a model of coordinated care

# MH & AOD Working Party

## A LOCAL WORKFORCE APPROACH TO SUPPORTING INTEGRATED CARE

- Range of members including GPs, Local Health District, NGOs, nurses, people with a lived experience of MH or AOD, allied health, pharmacy and universities
- Looked at developing a range of strategies to address recommendations from the scoping study
- [Mental Health and Alcohol and Other Drugs Action Plan](#) and [poster](#)

### Implement new or enhanced approaches to coordinated care



- Identify existing local services that include elements of an effective model of coordinated care or create opportunities to trial new models.
- Determine scope of project (location, target population, organisations involved, time, cost, and an evaluation framework)
- Implement pilot project
- Promote project learnings across platforms and expand provision of effective coordinated care.

### Improve access to evidence based resources and training



- Identify & promote MH & AOD co-occurring best practice training and resources through strategic and targeted communications to GPs, Allied Health, NGOs and Pharmacists
- Develop webpage on CESPHN website<sup>1</sup> to become a repository of information
- Include requirement for MH & AOD workforce development in CESPHN commissioned service provider contracts
- Investigate practice development and education opportunities for General Practice in MH & AOD
- Determine key training themes and criteria required for endorsed training and specific areas of practice to target; utilising workforce development frameworks and NSW Clinical Care Standards.

### Increase availability of clinical supervision



- Promote opportunities for workforce to become clinical supervisors
- Include clause for Clinical Supervision within CESPHN MH & AOD contracts
- Arrange joint supervision sessions across MH & AOD workforce
- Increase information about Clinical Supervision within Comorbidity Guidelines<sup>2</sup>

### Provide training scholarships and subsidised placements



- Offer seeding grants to MH/AOD workforce for the provision of ongoing professional development
- Fund placements in accredited training and qualifications
- Foster cross-collaboration and communication across MH & AOD through pilot projects, such as Randomised Coffee Trials<sup>3</sup>

# Commissioning Services

## **Contractual clauses included in agreements with mental health and alcohol and other drug providers**

- Ensures effective support for people with co-occurring mental health and drug and alcohol needs
- Reference to the Comorbidity Guidelines training package
- Clinical Supervision for funded staff

# Capacity Building

- **Train-the-Trainer Program**  
Working effectively with co-occurring MH and AOD needs within an LHD setting
- **Training opportunities for the workforce**  
Mental Health Coordinating Council Cert IV  
Double Whammy Training (By CCWT)
- **Resources and information**  
Development of a co-designed co-occurring Mental Health and Alcohol and Other  
Drugs webpage on the [CESPHN website](#)

# How are services working with clients with co-occurring mental health and AOD needs?

## ACON Substance Support Service

- Free AOD Counselling for people of diverse gender and sexuality, their partners, family and friends
- Utilises outcome measures such as the Kessler Psychological Distress Measure (K10) & Severity of Dependence (SDS) & Quality of Life at intake and throughout treatment
- ACON Care Coordination Team and Peer Mental Health Worker also available for additional support

## Want to talk about your drinking or drug use?

Access our free  
**LGBTQ Substance Support  
Counselling Service**



This service has been made possible by funding from Central and Eastern Sydney PHN and the NSW Ministry of Health



# How are services working with clients with co-occurring mental health and AOD needs?

## Connect and Thrive – National Psychosocial Support (NPS) Program

- In CESPHE Region, Connect & Thrive Program is delivered by Flourish Australia
- Provides psychosocial support services to assist people with severe mental illness and reduced psychosocial functional capacity who are not receiving psychosocial supports through the National Disability Insurance Scheme (NDIS).
- Individual and group support is available and has a focus on supporting people to build capacity in areas such as social skills and friendships, daily living needs, finding and maintaining a home, budget and finances, educational goals, substance use issues and building broader life skills
- Support clients to access AOD support and treatment and have linked into the local D&A Units, SMART Recovery Groups and Residential Rehabilitation Centres for clients

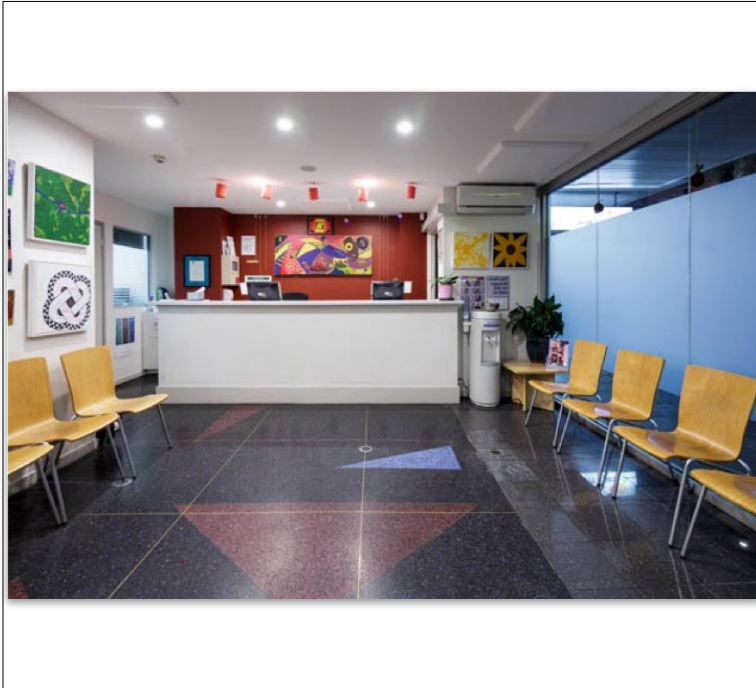
# Thank you

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# HOW ARE SERVICES PROVIDING CARE FOR PEOPLE WITH CO-OCCURRING AOD AND MENTAL HEALTH NEEDS?

**Kate Hocknull | Mental Health Nurse Coordinator | Uniting MSIC**

# Uniting MSIC Overview



**Stage 1**  
Reception area with clinic + counselling room



**Stage 2**  
Injecting room with 16 spaces



**Stage 3**  
After Care

# Who utilizes an injecting centre?

## Census Demographics

69% male , 29% female, 2% transgender

Average age 43 years, commencement of injecting @ 19 years

17% clients identify as Aboriginal and/or Torres Strait Islander

Most frequently injected drugs are Heroin (54%) & Methamphetamine (31%)



## Health and Social Welfare Experiences



Belackova, Silins, E., Salmon, A. M., Jauncey, M., & Day, C. A. (2019). "Beyond Safer Injecting"-Health and Social Needs and Acceptance of Support among Clients of a Supervised Injecting Facility. *International Journal of Environmental Research and Public Health*, 16(11), 2032– <https://doi.org/10.3390/ijerph16112032>

Goodhew, Salmon, A. M., Marel, C., Mills, K. L., & Jauncey, M. (2016). Mental health among clients of the Sydney Medically Supervised Injecting Centre (MSIC). *Harm Reduction Journal*, 13(1), 29–29. <https://doi.org/10.1186/s12954-016-0117-y>

# Guiding principles utilized in a harm reduction context

01

Do no harm

02

Provide equity of access to care

03

Adopt a 'no wrong door' policy

04

Adopt a holistic approach

05

Adopt a client-centred approach

06

Recognise that **comorbidity** is common and that all clients should be routinely screened for comorbid conditions

07

Adopt a non-confrontational approach to treatment

08

Emphasise the collaborative nature of treatment

09

Recognise that the management of **comorbidity** is part of **AOD** workers' core business.

10

Adopt a non-judgemental attitude

11

Consult and collaborate with other health care providers

12

Ensure continuity of care

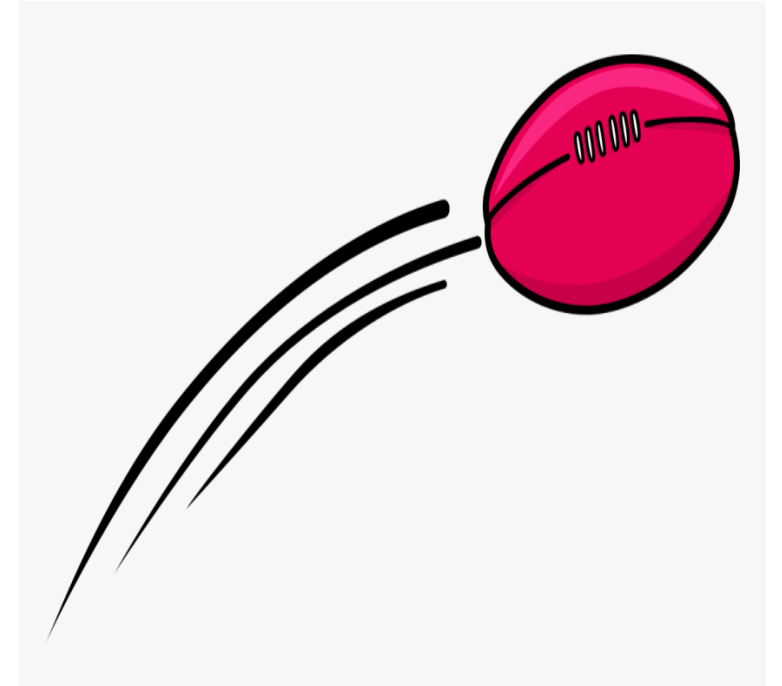
Marel, Mills, K. L., Kingston, R., Gournay, K., Deady, M., Kay-Lambkin, F., Baker, A., & Teesson, M. (2016). Guidelines on the management of co-occurring alcohol and other drug and mental health conditions in alcohol and other drug treatment settings (Second edition.). Centre of Research Excellence in Mental Health and Substance Use, National Drug and Alcohol Research Centre, University of New South Wales.

# Putting the principles into practice

## Ben's Story

Ben is a male in his forties who we first met at MSIC about 15 years ago. Ben has long history of public injecting and homelessness dating back to his teenage years. Ben has a passion for Aussie rules and his beloved Geelong footy club .

- When he first presented to us he struggled to follow rules. His frustration tolerance was low and he can quickly become emotionally dysregulated, loud, hostile and threatening.
- He was able to express to us that he has never had a sense of belonging or feeling accepted anywhere.
- We heard about his background, how he survived a childhood of long-term sexual abuse as well as severe physical and psychological abuse and neglect from his primary care givers. Maternal alcohol consumption meant that Ben has foetal alcohol spectrum disorder (FAS) as well as a profound attachment disorder.
- Knowing this made it easier to understand why Ben has a long history of poor relationships, poor impulse control, PTSD, hears voices and experiences paranoia, addiction to opioids and difficulty in both expressing and regulating his emotions.



# Putting the principles into care planning

## 01

### **No Wrong Door**

Where many other services had closed their doors to Ben, the MSIC continued to work with him.

Development of flexible behavior support plan

Rather than banning Ben, staff were encouraged to remember the behavior is a symptom of other things, not deliberate

## 02

### **Adopt Holistic Approach**

Ben had both mental health and AOD support needs

Ben reported feeling lonely

Ben had never had stable accommodation and was barred from going into housing offices

## 03

### **Client-Centered**

Due to significant trauma, Ben was initially distrustful of other services

Ben wanted external services to meet him at MSC

Mental health team, housing team, and MSIC staff had weekly case meetings with Ben onsite

## 04

### **Connect, Collaborate**

Whilst Ben had recent MH admission, discharge planning was poor

MSIC staff stepped in to implement discharge plan suggestions

All services were clear of roles and scope.

<https://www.uniting.org/community-impact/uniting-medically-supervised-injecting-centre-msic>

Visit

uniting.org

Or call us at

1800 864 864

**Uniting**

How AOD services  
are providing care  
for people with  
co-occurring AOD  
and mental health  
needs

Part of a webinar series on the Comorbidity Guidelines

## Co-occurring Mental Health and AOD Use.

- Much of AOD and MH service delivery remains separated and distinct.
- Much of the clinical evidence available points to integrated approaches providing best outcomes for people with co-occurring MH / AOD.
- Integrated approaches have been successful in engaging and retaining clients with co-occurring MH / AOD.
- These [people with co-occurring mental health and drug and alcohol challenges] are the people who tend to have poorer outcomes and higher costs of care. However, instead of systems being designed to clearly welcome and prioritise [them], individuals and families with complexity have historically been experienced as misfits at every level.”

## Co-occurring Mental Health and AOD Use

- 60% of people living with mental health also experience substance use issues <sup>1</sup>
- 55% of people living with substance use issues also experience a co-occurring mental health condition <sup>1</sup>
- Integrated approaches have been successful in engaging and retaining clients with co-occurring MH / AOD.
- These [people with co-occurring mental health and drug and alcohol challenges] are the people who tend to have poorer outcomes and higher costs of care. However, instead of systems being designed to clearly welcome and prioritise [them], individuals and families with complexity have historically been experienced as misfits at every level.” <sup>2</sup>

<sup>1</sup> Jaffe A, Jiang D, Huang D. Drug-abusing offenders with co-morbid disorders: Problem severity, treatment participation, and recidivism. *Journal of Substance Abuse Treatment*. 2012;43:244-50

<sup>2</sup> Cline and Minkoff cited in Croton, G. Better Outcomes: Towards a Victorian Complexity-Capable Service System. Submission to the Royal Commission into Victoria's Mental Health System. Victorian Dual Diagnosis Initiative, 2019

## Person-led and holistic care

- It is not an impossible task to support someone with co-occurring MH and AOD use.
- Try not to replicate the separation of services people w/ co-occurring MH and AOD have likely experienced previously.
- Take the moments that are presented to you, respect the vulnerability of a person reaching out for help and for support.
- Look more for what you *can* do to support someone, not for the reasons why you can't.

## Person-led and holistic care

- Respect an individual as the expert in themselves.
- “Not a lot of places will treat you if, you know, you're a drug user with mental health problems. They are like, lost cause one like that, you know.” - Speak Out client, 2020
- Being person-led / client-centred is about hearing and responding to what the person you're supporting identifies *themselves* as the significant issues and ways to impact them.

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- Being person-led / client-centred is about hearing and responding to what the person you're supporting identifies *themselves* as the significant issues and ways to impact them.
- Working holistically and being led by the person can help you disentangle how to support someone, and how to respond to complexity.

## Person-led and holistic care

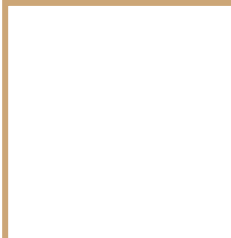
- Not just listening and doing whatever someone asks of you. Rely upon your training, your role and your instincts on how to work with what you're hearing, but allow the person agency in next steps.
- I don't see it as our roles to tell someone how to be or who to be.
- **Limitations:** your roles will have scope and criteria for service delivery, so you will not always be able to provide exactly what someone requires. Still find where there is a chance to positively impact.
- Warm referrals, or partnering with another external support.

## Person-led and holistic care

- People are often disempowered by others identifying for them what it is that they think they need.
- Find opportunities to be different, to run counter to the common experiences of people with co-occurring AOD / MH. What does the person your supporting really need from you? How can you empower and centre their voice?
- Looking to understand 'why' someone identifies certain things as the 'big issues' is an opportunity to understand the context and goals of an individual, and to begin to build a connection.

## Collaboration and Connections

- The guidelines reference a number of common services or service areas that an AOD worker may need to engage in supporting a client.
- Try to build on your service knowledge and build a community of connections you can draw upon to provide the best level of service / care to your client.
- Understand the limitations of your role and your service, and consider how this can be supplemented.



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