

Submission: Productivity Commission Draft Report on Mental Health

The ADF's April 2019 Submission focussed on:

- the reciprocal nature of the relationship between psychoactive drug use and mental health problems;
- the need for improved identification and treatment of both conditions; and
- effective strategies to reduce risk factors common to alcohol and other drug (AOD) problems and mental ill health.

The ADF has used Recommendations from its April 2019 Submission as a gauge for response to the Draft Report. The ADF has provided feedback to Information Request 23.1.

ADF Recommendation 1, April 2019: That the Productivity Commission identify the important role of alcohol and other drugs in the development and exacerbation of mental health problems.

Comment on Draft Report: The ADF believes the Draft Report achieves this. For example, Section 9.2 *Substance use comorbidities* notes:

- Substance use (alcohol and other drugs) disorders often co-occur with other mental health disorders. It is an area inhabited by some of the most vulnerable people in Australia (Penington Institute, sub. 264, p. 3).
- The rate of substance use and mental health comorbidity among people who seek treatment is so high that it is considered 'the expectation, not the exception' (SCMH 2006, p. 366). A systematic literature review of the prevalence of comorbid mental health disorders in people presenting for substance use treatment in Australia found rates ranging from 47% to 100% (Kingston, Marel and Mills 2016).

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Many psychoactive licit and illicit drugs taken by large numbers of Australians are implicated in the development and exacerbation of psychotic episodes and longer-term experience of psychosis. The drugs include alcohol, cannabis, meth/amphetamine, cocaine, psychedelic drugs and the class of illicit drugs known as “new psychoactive substance”. (ADF submission p.6) The use of alcohol and other drugs, to self-medicate or otherwise, can exacerbate pre-existing mental health conditions. People who have affective disorders such as anxiety and/or depression are at higher risk of harmful drug use and drug dependence. (1)

ADF Recommendation 2, April 2019: That the Productivity Commission report on the reciprocal nature of alcohol and other drug and mental health conditions and notes that without appropriate treatment for co-occurring problems, the individual is less likely to make a full recovery from either condition. Research suggests that people with a dual diagnosis of alcohol and/or other drug use disorders and mental health conditions respond well to integrated programs that address both their mental illness and substance use.

Comment on Draft Report: Section 9.2 notes: In addition, substance use comorbidity creates a worse impairment and worse prospects for recovery than either condition alone. It is essential that both health conditions be addressed concurrently in order for an effective outcome. (Alcohol and Drug Foundation, sub. 288 p. 5; SANE Australia, sub. 130, p. 5).

ADF Recommendation 3, April 2019: That the Productivity Commission recommend that the Australian government develop a campaign in concert with the health sector to combat stigma for people who suffer from alcohol and drug addiction and have mental health conditions.

Comment on Draft Report: The ADF broadly supports *Recommendation 20.1: A National Stigma Reduction Strategy*. This includes a focus on the community and health professionals; development of an evidence base of effective anti-stigma activities; and the incorporation of stigma reduction programs in the training of all mental health professionals. The ADF welcomes guidance to “focus on the experiences of people with mental illness that are poorly understood by the community, including those with schizophrenia and borderline personality disorder”, as well as “target stigma reduction messages for different audiences, and address different aspects of stigma, including the desire for social distance, and perceptions of danger and unpredictability”. The World Health Organisation rates illegal drug dependence as the most stigmatized health

condition and lists alcohol dependence as the fourth most stigmatized. Reducing the stigma around alcohol and other drug dependency is important if those in need are to gain help as early as possible. Medical professionals who provide mental health and alcohol and other drug services have an important role in changing public discourse so that drug dependency is viewed as a health issue and not a moral failure. (ADF submission p.8)

ADF Recommendation 1, January 2020: Given the rate of comorbidity between of Mental Health problems and AOD disorders, however, the ADF believes AOD stigma should be explicitly acknowledged by the Productivity Commission as an area of focus in a National Stigma Reduction Strategy.

ADF Recommendation 4, April 2019: That the Productivity Commission recommend the integration of care for people with co-occurring mental health and alcohol and other drug problems to ensure they receive the most effective care for a full recovery from both conditions.

Comment on Draft Report: The Draft Report acknowledges: "Substance use comorbidity is common for individuals with some types of mental illness, and where relevant care plans will need to cover drug and alcohol issues. Further, a large proportion of people who present for substance use treatment display symptoms of mental disorders (while not meeting the full criteria for a diagnosis of a disorder). For effective treatment there should be an alignment between mental health and alcohol and drug policies". (p.26)

Chapter 10 comprehensively outlines the challenges of integration within the mental health sector and across sectors.

"Single care plans are likely to be most beneficial for people with co-existing physical health conditions, including substance abuse, which require coordination between primary care, specialist mental healthcare and other clinical service providers." (p.349).

The Draft Report notes "substance use comorbidity has been a focus area for about 20 years" (p.325); "increasing interest and investment in co-located services" by Federal and State governments; and the strong support for co-located services and community hubs from inquiry participants. Headspace is a prominent example. (p.361)

The ADF particularly welcomes *Draft Recommendation 10.3 Single Care Plans for Some Consumers* and *10.4 Care Coordination Services*.

ADF recommendation 2, January 2020: That, given the extent of Mental Health-AOD comorbidity, the Productivity Commission recommend that research be undertaken to inform national best practice guidelines for treating people with co-occurring mental health and alcohol and other drug problems.

ADF Recommendation 5, April 2019: That the Productivity Commission recommend that all mental health services and alcohol and other drug services are required to ensure their staff have the capability to identify and assess all patients and clients for mental health and alcohol and drug problems.

ADF Recommendation 6, April 2019: That the Productivity Commission recommend the routine screening of all clients for co-occurring mental health and alcohol and other drug conditions should be adopted by general practitioners and mental health and alcohol and other drug services.

Comment on Draft Report: The Draft Report acknowledges some staff “lack the skills to confidently and appropriately deal with people who have substance use comorbidity” and “the training of staff and professionals should increase the effectiveness of treatment and make services less reluctant to take on people with comorbidities ...”. (p.327)

The Draft Report notes that Federal and State Governments have been developing a workforce development program as under the National Mental Health and Suicide Prevention Plan; and that the Federal Government has announced a new National Mental Health Workforce Strategy as part of this.

Recommendation 3, January 2020: That the Productivity Commission recommend that governments' mental health workforce strategies acknowledge the need for staff to have the skills to assess patients for AOD problems.

ADF Recommendation 7, April 2019: That the Productivity Commission recommend higher levels of funding of research into the etiology and treatment of co-occurring alcohol and other drug problems and mental health conditions.

Comment on Draft Report: Section 25.4 *Research* notes: “Research generates reliable information on which to base decisions and policies. Importantly, it can shed light on the

importance of causal mechanisms, such as: what causes mental ill-health, what are its impacts and why interventions do or do not work." (p.1032)

The ADF agrees with *Draft Recommendation 25.9: That a Clinical Trials Network be established*. A national mental health research system would help address duplication, retain knowledge, foster sharing of data and create efficiencies. The ADF believes such an approach would make it easier to conduct research into co-occurring alcohol and other drug problems and mental health conditions.

ADF Recommendation 8, April 2019: That the Productivity Commission recognise that the reduction of early alcohol and other drug use by young people will lower the incidence of alcohol and other drug problems and adverse mental health states.

Comment on Draft Report: *Chapter 17 Interventions in early childhood and school education* notes that addressing "risk factors and symptoms early is a cost-effective approach to improving children's life-long outcomes" (p.649). And while the report comprehensively acknowledges the strong rate of mental ill health-AOD comorbidity, there needs to be greater focus on AOD as a risk factor for mental health problems.

Early use of psychoactive drugs produces a heavier history of substance use and problems and increasing risks of early drug dependence and self-harm [10]. Heavy episodic drinking by adolescents has been shown to increase the risk of suicide after controlling for depressive symptoms and the risk of self-harm is elevated using any drug [31]. In addition to anxiety and suicide, heavy drinking during adolescence is associated with other psychiatric co-morbidities including bipolar disorder, conduct disorder, and attention deficit hyperactivity disorder [32]. An example of the early impact of drug use is found in an Australian study of the relationship of cannabis use to mental health in adolescents: daily use of cannabis by females resulted in a fivefold increase in depression and anxiety after controlling for effects of other substances; weekly use of cannabis in females predicted a subsequent two-fold increase in depression and anxiety in early adulthood, after controlling for baseline mental health status and other confounders. Notably, symptoms of depression and anxiety in adolescence did not significantly predict cannabis use [33]. (ADF submission, p.10)

In its submission (p.13-14), the ADF described community-led prevention programs such as its Local Drug Action Teams and Good Sports, as well as Iceland's Planet Youth. Since the ADF's initial submission in April 2019, the New South Wales and South Australian governments have approved the ADF to conduct trials of Planet Youth. Aimed at changing the social environment by bringing together parents, schools and local organisations to strengthen protective factors such as parental involvement, peer support and extra-curricular activities.

Recommendation 4, January 2020: That the Productivity Commission recognise that the reduction of early alcohol and other drug use by young people will lower the incidence of alcohol and other drug problems and adverse mental health states.

ADF Recommendation 9, April 2019: That the Productivity Commission recommend the Australian Government ensure Aboriginal and Torres Strait Islander people and communities have access to extensive prevention and treatment for alcohol and other drug and mental health disorders.

ADF Recommendation 10, April 2019: That the Productivity Commission recommend the Australian Government ensure alcohol and other drug and mental health programs for Aboriginal and Torres Strait Islander populations are developed and delivered with the support and participation of Aboriginal and Torres Strait Islander people.

Comment on Draft Report: The report acknowledges that “Aboriginal and Torres Strait Islander people are disproportionately affected by mental ill-health and social exclusion due to many factors, including persistent disadvantage, discrimination and racism, and intergenerational trauma”. (p.787). The ADF strongly supports Draft Recommendation 21.2 (p.868) – Empower Indigenous Communities to Prevent Suicide which proposes a “a renewed National Aboriginal and Torres Strait Islander Suicide Prevention Strategy” and that “Indigenous organisations should be the preferred providers of local suicide prevention activities for Aboriginal and Torres Strait Islander people.”

Recommendation 11, April 2019: That the Productivity Commission recommend the department of education in each jurisdiction invest in the training of teachers for the delivery of effective drug education and ensure that all schools are resourced to provide pastoral care services that will assist all students to complete secondary schooling.

Comment on Draft Report: While the Draft report does not explicitly recommend investment in drug education, it ADF supports Recommendation 17.5 Wellbeing Leaders in Schools: All schools should employ a dedicated school wellbeing leader, who will oversee school wellbeing policies, coordinate with other service providers and assist teachers and students to access support.

Recommendation 5, January 2020: That the Productivity Commission recommend that drug education be a strong focus in the next review of the Australian Curriculum.

Recommendation 12, April 2019: That the Productivity Commission recommend government support for evidence informed, community-based prevention programs that address risk and protective factors to influence the prevalence of alcohol and other drug and mental health problems and note the extensive delivery of current programs across the country.

Comment on Draft Response: The Draft Report notes: "Supporting the mental health and wellbeing of children and young people has been on the policy agenda for many years. But despite substantial efforts — including billions of dollars spent, countless hours of work by teachers and other education professionals, doctors, nurses, specialists and experts, and Australia being considered globally as a country with proactive, comprehensive early intervention and prevention measures — improvements in the mental health of children and young people have been limited." (p.650)

Furthermore, the Productivity Commission "finds that evaluation and research activities are not being fully used to deliver continuous improvement in mental health policies, programs and services. There is a lack of a culture for routine program evaluations and where evaluations and research are undertaken, they do not always provide practical knowledge and evidence. Moreover, where evidence is developed that can improve practice, it is not well communicated, translated or implemented." (p.917)

Subsequently, the ADF supports Draft Recommendation 17.6 Data on Social and Emotional Wellbeing which proposes "expand the collection of data on child social and emotional wellbeing, and ensure data is used (and used consistently) in policy development and evaluation ... State and Territory departments of education should use existing school surveys to monitor the outcomes of wellbeing programs implemented in schools. These should be used to identify schools that require additional support to implement effective wellbeing programs. ... The Australian Government should fund the creation of an education evidence base, including an evidence base on mental health and wellbeing. This should include funding networks of schools to trial and evaluate innovative approaches." (p.697). Any efforts to expand collection of data should consider the comprehensive data collections already in place to ensure reduced duplication and load on schools and young people in collecting that data. We should be maximally using what is already in place.

AOD problems and mental ill health share many risk and protective factors. As an evidence based organisation that delivers AOD prevention programs, the ADF strongly encourages a stronger data and evaluation framework in the mental health domain.

Information request 23.1 - Architecture of The Future Mental Health System

ADF response: The ADF agrees structural reform is necessary. Any changes should include commissioning for AOD services to ensure they are integrated while not compromising treatment of people who require AOD support and do not have co-existing mental health illness. Along with other public health organisations, the ADF has endorsed the AOD treatment sector's Federal Budget request. The Draft Report notes: "The alcohol and drug sector may also have funding issues, which could lead to people with comorbid mental health problems being turned away. Modelling suggests there is a large unmet demand for alcohol and drug treatment, with demand estimated to range from about 412 000 people up to about 756 000 people and current treatment capacity estimated to be about 200 000 to 230 000 people (Ritter, Chalmers and Gomez 2019, p. 42)." (p.326.) A substantial injection of funds is required in the AOD treatment Sector.

1. Liang W, Chikritzhs T, Lenton S. Affective disorders and anxiety disorders predict the risk of drug harmful use and dependence. *Addiction*. 2011;106(6):1126-34.