



27 March 2019

Mental Health Inquiry
Productivity Commission

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

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 more than 2,000 people across Victoria each year, providing AOD treatment services including residential withdrawal services, residential rehabilitation and a suite of non-residential services.

Windana Drug and Alcohol Recovery (Windana) welcomes the opportunity to provide feedback on relevant queries raised in the Productivity Commissions Issues Paper into ‘the Social and Economic Benefits of Improving Mental Health’. The Commonwealth Government should be commended on commissioning this inquiry.

The paper alludes to the devastating harms which are associated with mental illness and the related costs at a time, nationally, where there is an increasing focus on related elements. Various state and national activities include a focus on family violence, alcohol and other drugs [AOD] (particularly ice) and significant emerging activity with the NDIS rolling out nationally, effectively trebling the allocations available to support people with disability. Despite these encouraging priorities, various harms associated with disadvantage continue to increase at great social and economic expense to the nation; these include increasing AOD-related harms, rates of incarceration and suicide, among many more. Mental illness is highly prevalent across these streams of societal harm, which provides an example of the need for an all-encompassing process in examining mental illness. We note, for example, that the Issues Paper lists ‘substance use disorders’ under ‘scope for this inquiry under consideration’; leaving AOD (substance use) out of scope for this inquiry would effectively remove a key source of data to inform the harms and subsequent solutions and therefore limit the usefulness of any analysis and recommendations that may be forthcoming.

1. AOD should be in scope for this inquiry.

We further note that while this inquiry mentions elements related to societal harm, the metrics utilised to assess value or harm are largely financial. This diminishes the value of vulnerable individuals who may not make strong financial contributions to society, contributing to stigma and discrimination. The inherent value of personhood should supersede any material or financial measure of worth.

2. The focus of the inquiry should surpass financial considerations to include social aspects.

Workforce

A secure, stable and supported workforce will deliver better outcomes for all Victorians. This applies irrespective of the sector, and to that end, there is a need to resource cross sector capacity building endeavours to safeguard the community sector workforce and associated sectors for the benefit of all Victorians. The AOD sector experiences rolling challenges in recruiting and retaining a skilled and experienced workforce, especially in rural and regional parts of Victoria. This impacts upon those communities.

3. Resource cross sector capacity building endeavours across the AOD sector to enhance the therapeutic value of AOD treatment among those experiencing co-occurring AOD and mental health issues.

Stigma

Stigma persists in creating and sustaining barriers to service access contributing to broader harms across both mental health and AOD impacted cohorts. Stigma prevails as a strong deterrent to help seeking, including access AOD treatment, and therefore is a factor and driver in perpetuating harm.

4. This inquiry should recommend measures to reduce stigma towards AOD and mental health impacted cohorts

With the above considerations in mind, we will provide feedback on elements discussed in the Issues Paper reflecting on our experience as a leading not for profit AOD treatment provider.

Questions on specific health concerns:

- **What changes do you recommend to healthcare to address the specific issues of suicides and comorbidities among people with a mental illness. What evidence is there to support your suggested actions and what types of improves would you expect in terms of population mental health, participation and productivity?**

While the comorbidities listed in the issues paper bear reflection, we note the absence of co-occurring AOD and mental illness; Marel et al (2016) note that approximately 300,000 Australians experience AOD dependency and at least one other disorder. The same work highlights that over six in 10 individuals who use AOD daily have experienced a mental illness in the past 12 months. AOD should be considered in this inquiry and listed alongside the other elements as a prevalent co-occurring condition.

The Welcome House

In relation to co-occurring AOD and mental health presentations, Windana has introduced an innovative program to support our pre-existing residential rehabilitation services in Victoria. This program, an international model, is implementing the first Welcome House in Australasia. Welcome Houses provide step up/step down capability for AOD dependent people entering a rehabilitation program. This allows for individuals experiencing complexity including co-occurring mental health and AOD concerns to move back to the Welcome House if the rigours of the residential program exacerbate the co-occurring mental illness. More than 80 percent of participants in our residential rehabilitation program have a diagnosed mental illness. Prior to this facility, the participant may have left the program, perhaps engaged various forms of mental health support or withdrawn from all supports, at increased risk to their health and wellbeing. Often, people are too unwell to remain in our program and not unwell enough to get access to acute mental health care, effectively falling through the cracks of the mental health and AOD systems.

The Welcome House also acts as a thorough intake system and soft entry for residential rehabilitation services. This allows for those who are not prepared for, or able to participate in the residential program, who may disrupt the other residents seeking to capitalise on the treatment provided, to be accurately assessed for their suitability. The Welcome House also provides a gentle immersion into the rigorous treatment program allowing for an easier and smoother transition into treatment.

As our Welcome House model was introduced in 2018, we have not yet been able to determine its effectiveness. The international models however, have delivered some very promising results; in Belgium, the Welcome House has almost trebled the rate of residential treatment completion. AOD treatment is dose related, translating to better results for those who complete the full course of treatment (Vanderplasschen et al 2013).

Innovative models such as Welcome Houses, which provide immediate benefit by addressing AOD concerns and broader positive outcomes in relation to associated morbidities and vulnerabilities should be considered as part of the mix in service delivery.

- 5. Windana's Welcome House should be resourced to assist service users presenting with co-occurring AOD and mental health concerns.**

Early Intervention

Systems only record data when the service user is engaged. In the absence of engagement, the data does not exist. This does not indicate the absence of mental health issues. Various mental health and AOD concerns appear on a spectrum throughout the life cycle, culminating at certain pressure points, often triggered by adverse events and life circumstances. The service response generally occurs at the point of crisis, highlighting a range of missed opportunities in the lead up to this point. Broader aspects of social inclusion, education, participation, positive physical health and diet all can contribute to positive health outcomes. Further, identifying and responding to areas of risk which may trigger a downward trajectory to poor mental health or AOD dependency should be prioritised. This broadly relates to enacting a robust process of early intervention, across a range of vulnerable communities to reduce the frequency of circumstances that can often lead to episodes of mental illness.

- 6. A holistic all of life approach should be adopted to affect a range of early interventions to reduce the prevalence and severity of mental health concerns relating to trauma and disadvantage.**

Continuum of care

Service systems are structured and funded to be episodic in nature, delivering a specific funded course of treatment which, at the conclusion, does not provide for ongoing care. This absence of a continuum of care illustrates the disjuncture between the structure of funded systems of healthcare and the reality of episodic mental illness and/or chronic re-occurring AOD dependency. It is often in these periods where support has waned at the conclusion of a course of treatment where the ex-service user is at greatest risk of harm.

There is a need for funded models of aftercare across AOD and mental health services. Windana currently runs Integration House which provides a supported re-entry into the community following a course of treatment within the residential rehabilitation facilities. These types of facilities should be resourced to allow for greater support in reintegration and to capitalise on the gains achieved through the residential program.

- 7. System design should recognise and respond to the need and value for a continuum of care in response to mental health and AOD issues.**

Questions on Justice

The questions detailed in this section relate to issues associated with the imprisonment of individuals experiencing mental illness. The Victorian Premier was recently cited expressing concern regarding the rapid expansion of the prison system, with 10 percent increase in the prison population in under a year (Preiss 2019) to 8,205. It has doubled since 2007 (with roughly 4180 prisoners at that time) driven by policies driving up remand and reducing the likelihood of parole (Sentencing Advisory Council). Roughly half the prison population has had a prior diagnosis of mental illness (far higher than the approximate 1:5 within the general community) (AIHW 2015) with an enduring and unacceptably high portion of Aboriginal and Torres Strait Islander people in Victoria's prison system (just under 10 percent of all prisoners).

Fresh innovative approaches are required to halt the increase of incarceration and interaction with the justice system. Building new prisons locks governments into a process of recurrent expenditure with failure rate of over 50 percent (just under 53 percent reoffend and return to corrective services within two years of release).

We recommend that the Productivity Commission reflect on the enduring harms and the uselessness of prisons in preventing these harms to prisoners, their families and importantly the community. Greater emphasis on notions such as justice reinvestment should be considered, where services which reduce disadvantage and address the causes of crime are prioritised, resulting in a reduction in demand for the prisons. Programs such as drug courts, which also cater for those experiencing co-occurring AOD and mental health concerns, should be prioritised. The Victorian Drug Court provides a return on investment with each participant in the court program in addition to one less prisoner in the system for each Court participant.

8. Innovative approaches relating to therapeutic jurisprudence such as drug courts and the prioritisation of a justice reinvestment approach should be implemented as a means of reducing offending behaviour and subsequently demand for prisons.

References

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