Western Australian Network of Alcohol & other Drug Agencies

Office of the Chief Psychiatrist

WA Targeted Review: People with Severe Mental Illness and Challenging Behaviour

Draft for Discussion

WANADA Response

Thank you for the opportunity to contribute to the conversation on how to establish more effective treatment and support responses for people with severe mental illness and challenging behaviour.

Language (a typical first response item)
From WANADA's perspective the Draft Review repeatedly uses the terms 'substance abuse' and 'substance misuse'. In the first case scenario, Helen's story, the term substance abuse and misuse may apply as the substance being injected by Helen is reported as substances such as bleach. The use of these terms, however, is repeated throughout the Draft Targeted Review to apply to alcohol and other drugs. Terms such as 'misuse' and 'abuse', when referring to alcohol and other drugs, are emotive and do not support clarity in relation to the extent of any problem or risk. As such the terminology is both harmful and can be interpreted as discriminatory. To avoid negative inferences WANADA suggests clarifying any issues associated with alcohol and other drug use more appropriately including: 'use' (recognising that associated problems may occur even when the use itself is not a concern); 'harmful use' (in cases such as binge drinking); or 'dependence'.

Other terminology presented in the Draft Targeted Review may present barriers to understanding and the achievement of effective care coordination. WANADA would be happy to discuss these in person.

Challenging behaviour
The Draft Targeted Review does not clearly identify what is included as a 'challenging behaviour'. All of the 'problems' listed on page 12 of the Draft Targeted Review are either challenges for services or are co-occurring conditions rather than behaviours (i.e. homelessness, and comorbidities such as substance use, intellectual disability, or poor physical health). This is not to discount the reality that people with severe and enduring mental illness, much like people engaging in harmful alcohol and other drug use or with alcohol and other drug dependence (whether it is co-occurring or not), may present with challenging behaviours such as being a risk to themselves or others.

Understanding the scope – rebalancing the mental health service system
The extent of the cohort represented in the Draft Targeted Review is unclear. Data provided in the review are state-wide despite the scope of the review being metropolitan adult mental health inpatient and community services. Based on data provided, it is also unclear whether the response is related to the state-wide estimated:

- 6,000 adults in Western Australia with severe and persistent mental illness;
- 4,000 – 4,500 with Schizophrenia and related disorders;
- 800 – 1,000 have a severe and enduring illness; or
- 75 – 100 individuals have high levels of homelessness and substance use, who frequently come into contact with the justice system. It is not clear if it is this cohort subset that captures those presenting with challenging behaviours.

Based on *A Safe Place – Accommodation Support Strategy: Oversight Group* document (22 November 2019), WANADA assumes that the service provision for this cohort falls within the responsibility of the 768 mental health hospital beds and the 346 community beds. Given the size of the cohort, and expenditure on these system areas ($429.9 M), WANADA supports the Draft Targeted Review reflection on how 'well the current model of mental health service provision caters for people with complex needs and severe enduring mental illness.'

The data provided in this Draft Targeted Review, the Western Australian Auditor General's Report, and the Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015 – 2025 (The Services Plan) collectively highlight inefficiencies of the current mental health service system. It is less clear, however, whether The Services Plan's call to rebalance the mental health system through significant investment in community mental health treatment, support and prevention services[1] is considered within the Draft Targeted Review.

The Auditor General has recently reported that there has been limited progress in implementing The Services Plan to rebalance the service mix. It was reported that with the service mix largely unchanged, people are "being cared for in the most intensive and higher cost care settings, which is both an inefficient and often less effective way to provide care".[2]

It is WANADA's understanding that the call for a system rebalance does not apply to the specialist alcohol and other drug service system. The Services Plan highlights alcohol and other drug service investment is broadly required across all service types, including bed-based services (including residential rehabilitation/therapeutic communities), community non-residential treatment, and support.[3]

Cross-sector care coordination, continuity of care, and collaboration

Evidence-based guidelines developed for the alcohol and other drug treatment sector informs practice (including when working with people with co-occurring substance use and severe mental health disorders). These guidelines present the evidence for a combined approach of psychosocial interventions in conjunction with medical intervention, reinforcing the value of a coordinated collaboration.

> *The use of pharmacotherapies is common practice in the treatment of both AOD use and mental health disorders. It is recommended, however that when pharmacotherapy is used, this should be accompanied by supportive psychosocial interventions. Symptoms are less likely to return on completion of psychological treatment compared to pharmacotherapy, where relapse upon cessation in common. Pharmacotherapies are beneficial, however, in helping people to manage symptoms and obtain maximum benefits from psychotherapeutic interventions. [4]*
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> *Pharmacotherapy for AOD dependence should not be seen as standalone treatments; their optimal use is in conjunction with other psychosocial interventions.* [5]
>
> *Psychosocial interventions are effective for people with co-occurring severe mental health disorders and substance use disorders, but must be coordinated, multidisciplinary and provide long-term follow up. [6]*

The Queensland based research, presented in the Draft Targeted Review (p.29), indicates reduced violence in community based residential rehabilitation settings compared with hospital-based settings, highlighting the importance of diverse service settings/environment to minimise challenging behaviour. This

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[1] Government of Western Australia Mental Health Commission (2019). *Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025: Plan Update 2018,* p.7. As at 2017, current community mental health treatment and support services were forecasted to meet 38% and 19% (respectively) of modelled service demand by 2025.

[2] Office of the Auditor General Western Australian (2019). *Western Australian Auditor General's Report: Access to State-Managed Adult Mental Health Services*, p.9

[3] Government of Western Australia Mental Health Commission (2019). *Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025: Plan Update 2018,* p.8.

[4] Australian Government Department of Health (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),* p.102.

[5] Government of Western Australia Mental Health Commission (2019). *Counselling guidelines: Alcohol and other drug issues (Fourth Edition 2019),* p.73.

[6] Horsfall et al., cited in Government of Western Australia Mental Health Commission (2019). *Counselling guidelines: Alcohol and other drug issues (Fourth Edition 2019),* p.262.

research, and the evidence informing alcohol and other drug treatment, challenges the Draft Targeted Review's (p.37) premise that '*serious, enduring mental illness and severe co-occurring substance use disorder should rest with mental health services'.*

The Productivity Commission Draft Report on Mental Health (2019) outlines the importance of care coordination to meet the multiple needs of people presenting to mental health and specialist alcohol and other drug services.

> *As an interim goal, all local commissioning authorities should ensure that the most vulnerable consumers — those with a severe and persistent mental illness and complex needs requiring support from multiple agencies — are using efficient and effective care coordinating services.* [7]

The Productivity Commission outlines how partnerships, alliances and networks provide a means of integration with service integrity. These are most effective, however, when all parties have a clear and agreed understanding of responsibilities and accountabilities.

> *Some of the barriers impeding successful service collaboration include a lack of shared perspective or mutual understanding, unclear accountability, and 'turf issues' arising from differences of opinion between service providers and disagreements regarding areas of responsibility… A range of approaches to collaboration, including co-location, alliances and networks, can improve service delivery and benefit consumers. Depending on the scale and type of services involved, providers could consider formalising links using memorandums of understanding to create clear accountability structures and overcome barriers to collaboration.* [8]

Establishing responsibilities and accountabilities must be based upon internal assessments of each services' capacity, as determined through clinical/practice governance.

> *Health professionals in each sector need to understand the types of co-occurring problems they may face and what is within their capacity to respond to, as well as where, at what point and how they should refer for additional support*. [9]

The alcohol and other drug services sector has benefitted from co-occurring capacity building over the past decade, enhanced initially by the Integrated Services Initiative funded by the Federal Government. This initiative included a requirement to routinely assess and identify opportunities to improve service capabilities to better meet the needs of people with co-occurring alcohol and other drug and mental health disorders (using the Dual Diagnosis Capability in Addiction Treatment (DDCAT) Index modified by the Australian Government Department of Health). As a result, specialist alcohol and other drug services have become better equipped to assess consumer co-occurring disorders, provide treatment and support within their organisation's capacity, and work collaboratively with government and community mental health services where needed. (There is activity underway to extend capacity building across both the alcohol and other drug and mental health sectors. [10])

Alcohol and other drug services have provided feedback to WANADA that consumers with co-occurring high and low prevalence mental health conditions access and have benefitted from specialist alcohol and other drug services using coordinated care arrangements. Services have commented to WANADA that such arrangements are not commonly reciprocated for people presenting to mental health services with co-occurring issues related to their alcohol and other drug use.

While not all consumers of the two sectors have co-occurring alcohol and other drug and mental health disorders, there is a need for service coordination for those that do. WANADA agrees with the Draft Targeted Review regarding misguided expectations that the amalgamation of the Mental Health Commission would provide a solution to integration barriers.

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[7] Australian Government Productivity Commission (2019). Draft Report on Mental Health Volume One, pp.358-9.

[8] Productivity Commission (2019). *Productivity Commission Draft Report Volume 1: Mental Health*, pp.365 – 366.

[9] Professor Nicole Lee (2019). Submission to Royal Commission into Victoria's Mental Health System.

[10] WANADA and WAAMH are currently coordinating a project to determine the usefulness, in terms of informing continuous quality improvement, of the DDCAT and the mental health equivalent index (the Dual Diagnosis Capability in Mental Health Treatment - DDCMHT) for regional services across the sectors.

> *The attempt at better integration of mental health and AOD services in WA through structural integration in the Mental Health Commission has not resulted in the delivery of integrated services for people with comorbidity at the clinical level.* (P.36)

Evidence indicates that attempts at 'vertical' integration does not deliver outcomes such as reduced harms associated with alcohol and other drug use. [11] Effective integration is, however, needed at the service level. To address co-occurring issues, therefore, it is the responsibility of cross-sector services to collaborate and coordinate care to achieve desired outcomes.

Care coordination, continuity of care, collaboration and integration requires trust, respect and acknowledgement of specialist service provision across a system. With this in mind, it is of concern that the Draft Targeted Review (p 6) highlights barriers to advancing any rebalance of the mental health system to achieve efficiency and effectiveness.

> *The pressure on community mental health services is such that many evidenced-based interventions are no longer widely available.*

The alcohol and other drug sector provides an example where adequate capacity building funding supports practice informed research, evaluation to build on an evidence base, and translation of evidence into practice for a diversity of services in the care system - including psychosocial treatment and support service provision. WANADA strongly believes that rebalancing through service expansion is not enough to achieve desired outcomes. A systemic approach that supports care coordination is needed.

Quality, governance and capability

WANADA provided feedback on several occasions to the Review of the Clinical Governance of Public Mental Health Services in Western Australia, and is supportive of the clinical governance definition, drawn from the Australian Commission on Safety and Quality in Health Care 2017 (ACSQH), that guided the review. I.e. '*the set of relationships, responsibilities, processes and systems that ensure that everyone is accountable to patients and the community for delivering health services that are safe, high quality and continuously improving'*. [12]

This definition matches the understanding of clinical/practice governance promoted by WANADA for the alcohol and other drug service sector through the WANADA Standard (the Alcohol and Other Drug and Human Services Standard, 2019). [13] There is consistency between the National Safety and Quality Health Service Standard, the NDIS Practice Standards, and the WANADA Standard in relation to clinical/practice governance requirements.

WANADA would suggest the Draft Targeted Review provide more evident links with clinical governance principles to strengthen its position, including quality as presented in Recommendation 1 of the Draft Targeted Review.

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[11] Professor Nicole Lee (2019). *Submission to Royal Commission into Victoria's Mental Health System*. This is supported by systemic reviews that have shown no benefit for integrated over non-integrated care.

[12] *Mental Health Clinical Governance Review, Overview* (2019) https://consultation.health.wa.gov.au/office-of-the-director-general/mental-health-clinical-governance-review/

[13] WANADA (2019). *Alcohol and Other Drug and Human Services Standard.* http://www.wanada.org.au/index.php?option=com_docman&view=download&alias=247-alcohol-and-other-drug-and-human-services-standard&category_slug=standard-on-culturally-secure-practice&Itemid=265