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Mental Health, Alcohol and Drug Directorate
Department of Health
Via email: mhadd@health.tas.gov.au

Mental Health Council of Tasmania (MHCT) Community Consultation: Tasmanian Drug Strategy 2022-27

MHCT welcomes the opportunity to provide a response to the draft Tasmanian Drug Strategy 2022-27 (the Strategy).

MHCT provided input to the development of the Strategy during Phase 1 (2020) and is encouraged to see our recommendation that people experiencing mental illness and mental ill-health be included as a priority population has been considered. We note, however, that mental health disorder comorbidity is included under a broader category of ‘people with co-occurring conditions’ and would suggest that it warrants its own specific focus.

There is a high rate of mental health disorder and substance use disorder comorbidity (referred to herein as ‘comorbidity’) in Australia. Data indicates that 35% of Australians with a substance use disorder (31% of men and 44% of women) have at least one co-occurring affective or anxiety disorder, while 63% of Australians using alcohol or other drugs (AoD) nearly every day also have a mental health disorder.¹ The prevalence of comorbidity is even higher among individuals entering AoD treatment programs, with estimates indicating 50–76% of these individuals meet diagnostic criteria for at least one mental health disorder.^{2,3} People with comorbidity experience worse outcomes than those with only substance use or other mental health disorders, and they often do not receive effective, integrated care.⁴ Research indicates that people experiencing comorbidity are more likely to continue to use substances and be in poorer physical and mental health following treatment, than those without comorbidity.⁵ They also experience higher rates of readmission and health service utilisation, worse economic and social outcomes, and higher levels of suicidal ideation.^{6,7} These findings indicate that Australian consumers experiencing comorbidity are not currently receiving all the support that they need. It is important, therefore that the Strategy recognises and responds to this.

MHCT recommends that *Action Area 6: Intervention and Treatment*, includes a key activity to ensure access to evidence-based treatment for people experiencing comorbidity across all levels of mental health care. MHCT has heard from members that consumers are reporting that they are experiencing difficulties in accessing care for both mental health and alcohol and other drugs simultaneously. This indicates the need for improved service integration between AoD and Mental health both in the public and community healthcare setting. As stated in the final report of the Productivity Commission Inquiry into mental health, “Intervening to provide integrated care that addresses both an individual’s mental health and comorbidity needs would lead to improved outcomes for the individual and the wider community.”⁸

Delivering effective and quality evidence-based treatment requires a highly skilled workforce. MCHT recommends that *Action Area 6* also incorporates a focus on workforce development which includes

increasing the capacity of AoD workers to respond to comorbidity. Ensuring AoD workers have access to relevant mental health training, guidelines and appropriate referral pathways would strengthen workforce agility and enable the provision of more integrated care.^{9, 10}

Integrating the planning and delivery of mental health and alcohol and other drug services is critical to supporting people experiencing comorbidity.¹¹ In MHCT's initial feedback on the Strategy, it was suggested that a cross-sectorial advisory group should be established that includes consumer representation, government agencies and NGOs that can support integration and alignment of policy documents and strategies. We continue to advocate for this and would recommend that any relevant advisory and working groups that are formed as part of implementation of the Strategy include representation from consumers and the community mental health sector.

Finally, MHCT recommends that *Activity 7.1 – 'Increase the collection, sharing, collation and reporting of ATOD data across agencies, service systems and the community'* is expanded to also include data as it relates to comorbidity, along with access and referral pathways for people experiencing comorbidity. Increasing the evidence base in relation to comorbidity will enable the design and implementation of a more effective response and ultimately improve outcomes for this priority population group.

For further discussion on any elements of this response, please contact MHCT.

Yours sincerely,



Connie Digolis
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References:

¹ Marel C, Mills KL, Kingston R, Gournay K, Deady M, KayLambkin F, Baker A and Teesson M (2016) *Guidelines on the management of cooccurring alcohol and other drug and mental health conditions in alcohol and other drug treatment settings*, Centre of Research Excellence in Mental Health and Substance Use, National Drug and Alcohol Research Centre, UNSW. Available: <https://comorbidityguidelines.org.au/pdf/comorbidity-guideline.pdf>

² *ibid*

³ Kingston R, Marel C, and Mills KL (2017) A systematic review of the prevalence of comorbid mental health disorders in people presenting for substance use treatment in Australia, *Drug and alcohol review*, 36(4), 527–539. <https://doi.org/10.1111/dar.12448>

⁴ Productivity Commission (2020) *Mental Health, Report no. 95*, Ch 14. Available: <https://www.pc.gov.au/inquiries/completed/mental-health/report/mental-health-volume2.pdf>

⁵ Mills K, Marel C, Madden E and Teesson M (2019) *Lessening the Burden of Comorbid Substance Use and Mental Disorders Through Evidence-Based Care: The Case for a National Minimum Qualifications Strategy*, The Matilda Centre for Research in Mental Health and Substance Use, University of Sydney. Available: https://www.pc.gov.au/__data/assets/pdf_file/0003/240798/sub280-mental-health.pdf

⁶ *ibid*

⁷ Productivity Commission (2020) *Mental Health, Report no. 95*, Ch 14. Available: <https://www.pc.gov.au/inquiries/completed/mental-health/report/mental-health-volume2.pdf>

⁸ *ibid*

⁹ Marel C, Mills KL, Kingston R, Gournay K, Deady M, KayLambkin F, Baker A and Teesson M (2016) *Guidelines on the management of cooccurring alcohol and other drug and mental health conditions in alcohol and other drug treatment settings*, Centre of Research Excellence in Mental Health and Substance Use, National Drug and Alcohol Research Centre, UNSW. Available: <https://comorbidityguidelines.org.au/pdf/comorbidity-guideline.pdf>

¹⁰ Productivity Commission (2020) *Mental Health, Report no. 95*, Ch 14. Available: <https://www.pc.gov.au/inquiries/completed/mental-health/report/mental-health-volume2.pdf>

¹¹ *ibid*