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MENTAL HEALTH COMMISSION

Inquiry into the Adequacy and Appropriateness of Prevention and Treatment Services for Alcohol and Illicit Drug Problems in WA

Neil Guard Acting Commissioner

Wynne James Manager

Mental Health Commission

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Mental Health Commission

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Alcohol-related statistics

- *Alcohol misuse costs the Australian community $15.3 billion each year when factors such as crime and violence, treatment costs, loss of productivity and premature death are taken into account* (Collins and Lapsey 2008)

- *51% of alcohol consumed is drunk at levels that pose a risk of short-term harm* (Heale et al 2008)

- *One in eight adults (approx 2 million people) drink at risky/high risk levels* (ABS 2005)

- *Over 3000 Australians die each year as a result of harmful drinking* (Chikritzhs et al. 2007)

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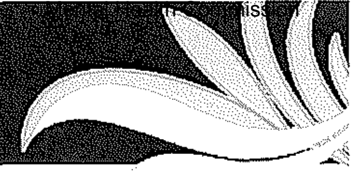

Mental Illness and Substance Use – facts and figures

- *Lifetime prevalence of Substance Use Disorders (SUD) (alcohol/drug):*
  - *General population - 19%*
  - *Schizophrenia - 47%*
  - *Affective disorders - 60%*
- *25-35% with severe MI report SUD in last 6 months*
- *People with Schizophrenia are 4.6 times more likely to have substance use disorder than the general population*

(Regier et al 1990)

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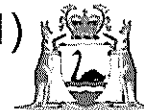
Mental Health and Alcohol Use - Prevalence

- *People with Severe Mental Illness (SMI) are three times more likely than the general community to have an alcohol use disorder*
- *People with primary alcohol use disorder also likely to have a mental illness (37%)*
- *Mental illnesses most commonly associated with alcohol use disorder are anxiety, depression and antisocial personality disorder*
- *Gender difference – women more likely to suffer from anxiety and depression and be vulnerable to long-term effects*

(Regier et al 1990; Burns et al 2001)



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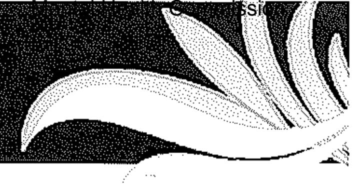

Substance use amongst clients using a psychiatric service in WA

- *32% daily alcohol use*
- *50% smoked cannabis in the last month*
- *22% admitted to daily cannabis use*
- *5% used amphetamine in last month*
- *3% used heroin in last month*
- *2% used inhalants*
- *47% admitted to poly-substance use*

(Spencer 1999)

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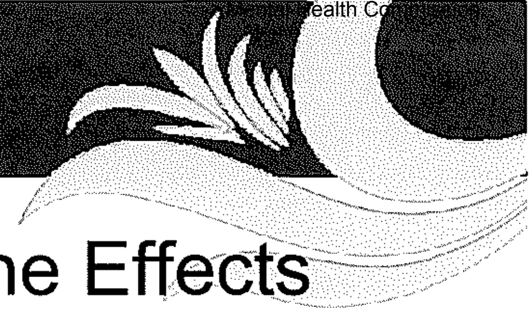

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Mental Health and Alcohol Use – The Effects

- *Impact depends on type and severity of alcohol use and of the Mental illness*
- *Increased risk of suicide**
- *Increased use of treatment services*
- *Poor treatment outcomes*
- *More severe illness course*
- *Disruptive behaviour and non-compliance*
- *Incarceration and homelessness*

* 41%Men and 27%women in WA who suicided between1986-2006 had a positive reading at time of death

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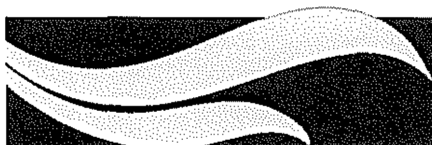

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WA Mental Health Service Data - Alcohol

- *Of all admissions to publicly funded authorised and designated mental health inpatient units in 2008/09, 2% were related to alcohol as the primary reason for admission and 14% were related to alcohol as the secondary reason for admission based on diagnostic and coding information*

- *Of all admissions to Graylands Hospital in 2008/09, 3% were related to alcohol as the primary reason for admission and 19% as the secondary reason for admission based on diagnostic and coding information*

- *Of all occasions of service provided by public ambulatory/community mental health clinics (non-admitted services) in 2008/09, 0.4% were related to alcohol as the primary reason for presentation based on diagnostic and coding information*

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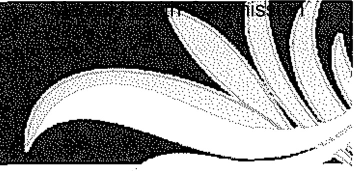

WA Mental Health Service Data – Illicit drugs

- *Of all admissions to publicly funded authorised and designated mental health inpatient units in 2008/09, 4% were related to illicit drugs as the primary reason for admission and 18% as the secondary reason for admission based on diagnostic and coding information*

- *Of all admissions to Graylands Hospital in 2008/09, 8% were related to illicit drugs as the primary reason for admission and 29% as the secondary reason for admission based on diagnostic and coding information*

- *Of all occasions of service provided by public ambulatory/community mental health clinics (non-admitted services) in 2008/09, 1.3% were related to illicit drugs as the primary reason for presentation*

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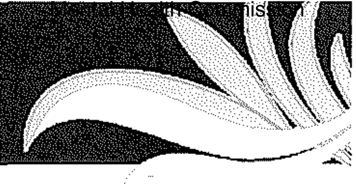

Alcohol - Indigenous people

- *Over the 5 year period from 2000 to 2004, an estimated 1,145 Indigenous Australians died from alcohol-related injury and disease caused by drinking*
- *Suicide (19%) and alcoholic liver cirrhosis (18%) account for almost 40% of all alcohol-attributable deaths among Indigenous men*
- *Alcohol liver cirrhosis (27%) haemorrhagic stroke (16%) and fatal injury caused by assault (10%) are the most common causes of alcohol-attributable death among Indigenous women*
- *Average age at death from alcohol-related causes among Indigenous people is about 35 years* (Chikritzhs et al. 2007)

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Prevalence of psychiatric disorder among users of drug and alcohol services

- *Up to 80 % of clients attending drug and alcohol services meet DSM IV criteria for psychiatric disorder (lifetime)*
- *68% meet criteria for a current disorder*
- *Most common psychiatric disorders are; personality disorder, anxiety disorder, mood disorder and schizophrenia*

(Ross *et al* 1998)

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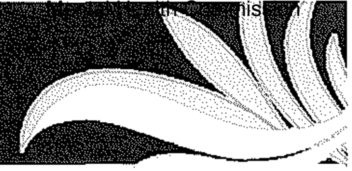

Why is there an association between the two?

- *Substance use causes mental illness?*
- *Shared risk factors*
- *Self medication - symptoms or side effects*
- *Mental illness predisposes to positive reinforcing effects of substances*
- *Mental illness - hypersensitive to effects of substances?*
- *Social vulnerability of mental illness brings people into contact with substance abusing population*
- *Substance use facilitates social contact / coping*

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Complex and mixed group

- *People with addictions who have some psychiatric symptoms*
- *People with SMI who use psychoactive substances*
- *People with co-occurring SA disorder and a psychiatric diagnosis*
- *People who have experienced both types of disorder sometime in their life*

(Lehman 1994)

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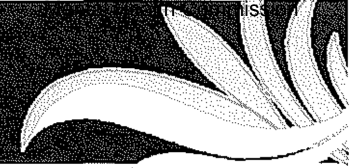

Management - what works?

- *Attend to both disorders concurrently ('integrated treatment') – do not prioritise one at the expense of the other*
- *Attempt to enhance motivation with a simplified form of motivational interviewing:*
  - *reasons for use, relationship between use and mental health problems, concerns about use*
  - *difficult if lifestyle is unlikely to improve after ceasing high-risk AOD use*

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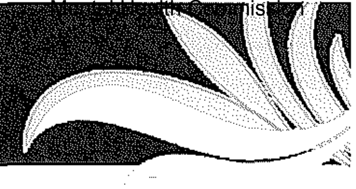

Management - what works?

- *Set small, yet achievable goals*
- *Take a structured problem-solving and skills-enhancement approach*
- *Risk management is a priority – this population is at high risk of:*
  - *contracting blood-borne viruses*
  - *poor nutrition*
  - *Accidents/assaults*

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Management - what works?

- *Interventions reflect patient's 'readiness to change'*
- *Aim to increase awareness of the impact of each problem*
- *Involve family / carers*
- *Withdrawal management may assist long-term engagement in care*
- *Include:*
  - *information provision*
  - *structured problem-solving*
  - *motivational interviewing*
  - *brief behavioural or cognitive approaches*

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Service delivery issues/challenges

- *Services developed from separate historical/ philosophical origins*
- *Separate structures and physical/geographical locations*
- *Generally provide parallel or sequential rather than integrated treatment*
- *Specialised (and separate) training*
- *Generally limited skills in the other area*
- *Entrenched values and some opposition to change*

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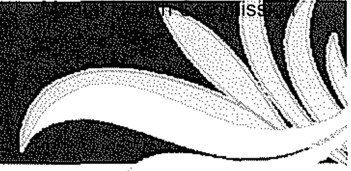

Recent WA Initiatives

- *Major focus on development of effective linkages and partnerships between the DAO/Mental Health Division and funded/provided services in recent years:*
  - *State Strategic Dual Diagnosis Planning Group;*
  - *Western Australian Substance User's Association outreach counselling services to inpatients of Graylands*
  - *Improved Services Initiative to build the capacity of non-government drug and alcohol treatment services to address co-occurring conditions;*
  - *the headspace project under the Promoting Better Mental Health - Youth Mental Health Initiative; and*
  - *the recent establishment of a shared Ministerial portfolio for Mental Health and the Drug and Alcohol Office*

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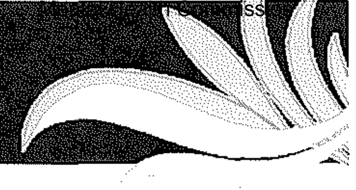

Current Initiatives

- *WACSUMH - structure established to coordinate and progress initiatives to improve service responses*
- *4 key priority areas:*
  - *workforce development*
  - *integrated care pathways*
  - *prevention and promotion*
  - *maximising funding opportunities*
- *Draft MH Strategic Plan*
- *WA Suicide Prevention Strategy*
- *Closing the Gap Initiatives*

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