WINDANA
Life. Changing.

Mental illness touches almost all Victorians. The impact of mental illness is ubiquitous, affecting families, communities and workplaces. This Royal Commission is highly relevant to Windana Drug and Alcohol Recovery (Windana) as significant numbers of the people engaged in our community and residential programs live with a Dual Diagnosis. The findings and recommendations from this Royal Commission will likely significantly impact many of our service users.

Windana is a leading Victorian alcohol and other drug (AOD) treatment provider 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 programs. Our data indicates that approximately 80 per cent of clients in our residential rehabilitation programs have a diagnosed co-occurring mental illness.

Many AOD service users have also received mental health support. Historically the coordination of that support has been challenging, with some service users falling through the gaps as they are often both too unwell to benefit from AOD treatment and the severity of their substance dependence issues presenting barriers to mental health support. This submission will reflect Windana's experience as a leading AOD treatment provider, capturing the experience and knowledge of senior staff and broadly reflecting on AOD dependence and related issues as they intersect with mental illness and wellbeing.

1. What are your suggestions to improve the Victorian Community's understanding of mental illness and reduce stigma and discrimination?

Stigma is pervasive and multifaceted. The harms associated are significant, from an adverse impact upon self-esteem and social participation, to a reduction in help-seeking behaviour. Stigma is apparent not only among those experiencing mental illness but also evident with AOD dependency, homelessness, a criminal record, unemployment and issues specifically associated with members of LGBTIQ communities. Many more community groups frequently experience stigma. People who experience mental illness also endure these other, often related morbidities that compound stigma, exacerbate mental health concerns and reinforce the negative and inimical features of the co-occurring morbidities. Stigma impairs community participation and weakens personal hope.

Reducing stigma associated with mental illness requires a focus on stigma across all intersecting cohorts. Tackling stigma associated solely with mental illness will have little benefit for people living with Dual Diagnosis or any of the other indicators of disadvantage listed above. To that end, the broader Victorian community would benefit from appreciating the experience and impact of disadvantage, and the manifold manifestations and facets of stigma.

A range of terms used regularly in public discourse denigrate various groups. Language that implies criminality among certain cohorts, including but not limited to, those experiencing homelessness, people who use drugs, the unemployed and single and solo parents. A dialogue that seeks to prioritise wellbeing across the spectrum of disadvantage will contribute to greater community cohesion, solidarity and applied capability.

Recommendation 1: that the Victorian government lead a campaign to reduce stigma across cohorts experiencing disadvantage through a comprehensive and enduring communication campaign.

2. What is already working well and what can be done better to prevent mental illness and to support people to get early treatment and support?

On several occasions Windana staff have requested that the [redacted] attend to assess clients who have experienced a deterioration in mental health and an exacerbation of acute symptoms. While the responses have varied, there have been several occasions where the [redacted] team has not arrived, necessitating attendance from police and/or emergency services. Beyond the disruption to other service users, this is not an optimal outcome for the at-risk client, is a poor use of resources and a lost opportunity to intervene as early as possible. It is not unreasonable to assume that an AOD service user experiencing an acute mental health issue should be a priority patient. Greater capacity within the mental health workforce is necessary. The AOD sector has benefited from investment in Dual Diagnosis training for staff in recent years. However, AOD funding models are insufficient to support multidisciplinary teams that include more highly skilled and credentialled staff. Additional resources that enable AOD services to embed psychologists and mental health nurses in programs, and purchase psychiatry will alleviate pressure on the mental health system and provide place based, client focussed care.

4. What makes it hard for people to experience good mental health and what can be done to improve this? This may include how people find, access and experience mental health treatment and support how services link with each other.

Fragmentation of service systems mitigates potential positive outcomes for complex people who require support from multiple service systems. Despite government endeavour, there remains a cohort of people living with Dual Diagnosis who do not fit into either service system. These people are often too unwell to be supported in an AOD setting and not

unwell enough to get access to acute or community mental health services, often leading to greater demand on emergency services, police (and corrections) or the coronial system.

There is a need for greater cross-sector capacity building between AOD and mental health workforces, including seamless referral pathways, managed by a single caseworker with expertise spanning the community sector.

Only 30 Addiction Medicine Specialists' practice in Victoria (PABN 2017), far fewer Addiction Medicine Specialists and addiction medicine psychiatrists per capita than other comparable jurisdictions in Australia. The AOD sector would greatly benefit from more ready access to Addiction Medicine Specialists and vitally Addiction Medicine Psychiatrists.

Recommendation 2: A program to increase the number of Addiction Medicine Specialists and addiction medicine psychiatrists be developed.

With more than six in ten individuals experiencing mental illness having a separate morbidity (Productivity Commission 2019), the service linkages necessary to support people who present with greater levels of complexity need to be comprehensive, supported and seamless. Limitations in necessary service linkages amount to limitations in necessary service access, leading to poor outcomes. Windana clients receive a holistic approach to their health and wellbeing, where we seek to address the concerns of the whole person. While this can be challenging within a tight funding environment, Windana maintains strong networks with a range of related organisations and support services to maximise positive treatment outcomes. Greater funded support needs to be afforded to maintaining and building up networks and referral pathways. Additionally, funding to include provision of Addiction Medicine Psychiatry in AOD programs, particularly residential programs is crucial.

Recommendation 3: Greater funded support to establish and maintain networks and referral pathways across community and health service systems.

5. What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this?

Several publications conclude that clusters of disadvantages exacerbate and perpetuate harm across vulnerable communities including:

- The Australian Institute of Health and Welfare (2018) which highlights that those who have engaged with both homelessness and AOD services present with more complex needs, including co-occurring AOD and mental health issues and more acute housing distress than those who have only engaged either AOD or homelessness support services;

- Jesuit Social Services (2015), in its publication 'Dropping off the Edge' (DOTE) examines disadvantage across Australia, found that the regions that experienced extreme disadvantage across most of the 22 indicators in 1999 remained extremely disadvantaged in 2015. In addition, In Victoria, four per cent of postcodes accounted for 28.2 per cent of the highest level of disadvantage across all indicators, with psychiatric admissions, criminal convictions, unemployment, family violence and low education levels consistent across these regions. Furthermore, those in the highest three percent of disadvantaged postcodes were 2.4 times more likely to be on disability support and twice as likely to have criminal convictions when compared with the average.

While there is no single quick fix remedy for entrenched intergenerational disadvantage, several longer-term endeavours may be effective for example

a. *Justice reinvestment*: Foster a model of justice reinvestment which, using sources such as DOTE identify areas that show multiple signifiers of disadvantage and enhance the requisite services to address those issues. A key aim of justice reinvestment is to address the elements of disadvantage that contribute to increased justice interventions (including incarceration) and subsequently reduce future demand for these services.
   The current trajectory for prison investment growth, evident from Budget data, indicates that the corrections budget has increased by 90 per cent, almost four times the growth in education (25 per cent) over the six years from 2011/12 – to 2017/18. Research indicates that the incidence of prisoners experiencing mental health issues is up to 11 times greater than the general population. Similarly, the prison population is eight to 11 more likely to experience substance use issues (Butler et al 2006). Expanding the prison system to the detriment of services that can reduce the causes and incidence of crime, including AOD and mental health issues, is having the effect of warehousing people unable to access necessary support. A robust program of justice reinvestment would work to reverse this crisis in corrections.

Recommendation 4: Establish a reference committee with representation across multiple areas of social and health related services to develop a model of justice reinvestment that addresses the drivers of disadvantage.

b. *Continuum of Care:* Community health services are generally funded to provide episodic care with limited capacity to provide consistent support beyond the expiration of the course of treatment. In AOD, many agencies undertake workarounds where they can provide support or at least check in on service users. The absence of a well-funded program of aftercare within the suite of funded services impairs the effectiveness of a treatment intervention.

Regarding AOD treatment, the evidence indicates that better outcomes are achieved if an aftercare program is available (Inciardi et al 2004).

A step up – step down approach to AOD treatment provision, enabling a more accurate, timely and effective delivery to the service user would enable a more person-focussed approach to treatment. It would also provide a model of care that facilitated an aftercare approach, allowing for service users to re-enter a more intensive level of support if they experience difficulties.

Windana has recently established a leading international approach to AOD residential rehabilitation treatment provision, implementing Australasia's first Welcome House. Windana's Welcome House is an evidence-based approach that provides a soft entry into the rigorous residential rehabilitation system as well as an opportunity to temporarily transition out of residential treatment if the service user is experiencing challenges. The latter can be especially beneficial for residents who experience an exacerbation of their mental illness. International evidence has shown reduced drop out rates within the critical first 30 days of treatment along with improved rates of program retention and completion (Tompkins et al 2016), with one program achieving a 90 per cent improvement in retention over six years, leading to better treatment outcomes.

Recommendation 5: Greater support should be provided to AOD service users to enable a continuum of care through the development of a step up – step down model of AOD service delivery. This should include capital works funding to develop further welcome houses.

6. What are the needs of family members and carers and what can be done better to support them?

The involvement of the family is central to supporting the service user and ensuring that the family itself is also supported. Many families of AOD service users have watched their loved ones experience acute mental health issues, for some enduring situations and others acute psychosis associated with substance use. They have been worn down by varying, and at times inconsistent, responses within service systems, with the outcomes determined by the service system with which they chose to engage.

Lengthy waiting times for AOD treatment has led to some engaging with unregulated for-profit providers, netting dubious results often at a great financial cost. Greater oversight on the unregulated for profit AOD treatment industry is necessary. Despite the welcome expansion of residential rehabilitation capacity funded by the Victorian government, wait times remain and families continue to live with the uncertainty and risk associated with caring for acutely unwell people who may be at risk of causing harm to other or themselves.

Recommendation 6: the Victorian Government provide funding for the development of additional residential rehabilitation beds to meet pressing community demand and provide capital funds to support expanded services.

Both service user and family support groups should be further supported by government While many AOD agencies have engaged with service users to co-design local agency policy, there is at best limited governmental support for service users and family engagement. Beyond the value provided by those with lived experience, the rising overdose toll provides an additional pressing reason to provide those who have lost loved ones with a voice in the development of policy.

Recommendation 7: Additional recurrent funding be provided to enhance service user and family involvement in agency and broader AOD policy development.

7. What can be done to attract, retain and better support the mental health workforce, including peer support workers?

This submission has commented on limitations in cross sector capacity. Separate but related to this point is the risk of workforce churn and spin through funding a significant boost in workforce of a single sector. An increase in workforce recruitment in the mental health sector would impact upon related sectors, such as AOD, with many experienced AOD clinicians transitioning to a better remunerated sector. Any increase in workforce capacity must be tempered with an assessment of the impact of recruitment on other sectors and the quantity of available candidates. Development of a broad community sector industry plan, that considers and plans for the workforce demands across the entire community sector is required.

An Industry Plan would diminish the risk of increasing one workforce to the detriment of another. It would highlight the opportunity to develop specialist clinicians in the area of Dual Diagnosis to further build cross sector workforce capacity. It would assess and plan for endeavour to ensure that rural and regional recruitment remains viable. At Windana, there have been significant challenges in successfully recruiting to positions in rural and regional Victoria, which would be more tenuous if associated sectors experienced a boost in funding. An industry plan could also establish the demand and need for a cross a number peer workforce and determine the necessary planning to ensure future capacity.

The plan would also provide for and detail activities relating to training, cross sector capability and seek to diminish the risk of workforce churn and spin. A robust, resourced plan will ensure a strong and sustainable community services workforce, including mental health.

Recommendation 8: develop an industry plan for the Victorian community sector.

9. Thinking about what Victoria's mental health system should ideally look like, tell us what areas and reform ideas you would like the Royal Commission to prioritise for change?

This submission has highlighted the complexity of service users who often require a multi-disciplinary approach and how in many cases service fragmentation, limitations in referral pathways and episodic responses have limited the efficacy of these interventions.
The mental health service system should be easily accessible, strongly linked with related service systems and be supported by a broader industry plan that provides security and sustainability for the community series sector and generates effective cross sector capacity building endeavour. While strong linkages should be evident, the mental health sector, like other sectors, should retain a high level of expertise creating a point of difference from other sectors. Similarly, other sectors, such as the AOD sector, need to retain a high level of expertise for although many AOD service users present with co-occurring mental health and/or other morbidities, there are many presenting with primary AOD issues that are best addressed through a specialist AOD treatment service.

10. What can be done now to prepare for changes to Victoria's mental health system and support improvements to last?

Wellbeing: The New Zealand Government recently released its 'wellbeing' budget, which, reflecting on a wide range of indicators, is based on the premise that while economic growth and sustainability is a high priority, a focus on economic growth does not always lead to long term improvements in community wellbeing. The Government, in consultation with the broader community, developed the Living Standards Framework (LSF) to measure current and future wellbeing as well as risk and resilience (New Zealand government 2018). While this paper will not delve into the specifics of the wellbeing budget, the following should be considered in supporting long term positive change, not only with the mental health system but broader community supports:

- The LSF provides a platform to collect and assess multiple data sources across a range of areas to assist in policy development for Treasury which accounts for the 'social' cost benefits of each action. Such a measure provides an opportunity to measure the whole lived experience and develop sensible pragmatic policies with the potential for significant long-term benefits.

  In Victoria, and more broadly Australia, there has been little endeavour to assess the data in such a manner, with various data sources reporting in the absence of broader systemic relevance, leading to uncoordinated growth across fragmented sectors. The absence of funded means to develop strong outcome data across a range of sectors continues to beleaguer best practice.
- Through measuring current and future wellbeing, the policy advice provided has a strong focus on benefits and positive generational change. This is contrary to the short to mid-term outlook afforded to many policies and the often-limited long-term

forward planning applied in considering long term sector sustainability and community wellbeing.

- This approach outlines the goals detailing the achievement of higher levels of community wellbeing, allowing for broad input and consideration on how to achieve these goals. Regarding mental illness, the at-risk populations, associated drivers of mental illness and the policy levers available could be considered within the broader context of achieving wellbeing across a wider range of indicators rather than examining each issue in isolation of the broader social and wellbeing context.
- The LSF is a work in progress rather than a finished product, with the intention of developing improvements in data collection and analysis to provide a more concise picture. Good data systems are proximately aligned to good policy. Currently in Victoria, there is varying quality in data systems across the community sector.
- Aligning with the notion of wellbeing is the need to realign the emphasis between bio, psycho and social models of care. Currently, the bio and psycho models of care receive far greater support than social models.

Recommendation 9: Audit Victorian data sources including those measuring harms, service demand and outcomes to determine gaps and limitations in data. The audit would provide recommendations to progress the development of sophisticated and contemporary data systems to inform evidence informed policy development.

Lessons from past reforms: There are lessons to be learnt from the recommissioning of the Victorian AOD and community mental health service systems which should be heeded in the progression of any further reform. It is important to ensure:

- Co-design with impacted community groups;
- Timely communication to impacted community groups to ensure that they are aware of any system changes; the AOD sector experienced a reduction in demand of 20 per cent following the recommissioning in 2014 which was attributed to poor communication during a haphazard change in the AOD service system;
- Timely communication of changes to impacted agencies to minimise workforce anxiety and subsequent attrition;
- Adequate time to trial any significant changes in intake and assessment, data systems, funding models and treatment types;
- Clarity on departmental expectations regarding form and function, as well as intent and rationale of any reforms.

11. Is there anything else you would like to share with the Royal Commission?

Enhanced AOD treatment in correctional facilities: Victoria should trial a prison based residential rehabilitation program like Wandoo Rehabilitation Prison in Perth. Currently,

there are several drug treatment beds (25 in one prison) as well as a specialist rehabilitation prison; beyond the rhetoric, specific content relating to these elements including efficacy and impact are unknown. However, with both initiatives being conducted within the mainstream confines of a standard prison, it is unlikely that any specialist focus and priority to addressing AOD dependence issues can be achieved.

The Wandoo Rehabilitation Prison in Perth provides a six-month substance treatment program separate to the mainstream system. With the high prevalence of substance related offences there would be ample candidates who could benefit from this program.

Diverting people from the prison system: there are a range of measures currently in place such as the Drug Court and the CISP program which can provide supportive options separate to incarceration. These types of measures should be supported, with consideration to expanding the Drug Court model into County Court, allowing for greater support among more serious offenders potentially generating greater outcomes among a more complex cohort. Police programs such as *Pacer* which involve police and clinical experts attending circumstances where individuals are presenting in acute crisis have also achieved some success and should be supported.

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