Comorbidity and complex needs - - SANDAS Position Paper No.3

Background:

Since 2008, AOD NGOs in the sector have received funding from DoHA to build capacity and address comorbidity (where people have coexisting substance misuse and mental health issues). We now have a better understanding of the concept, the client base and practices associated with comorbidity and complex needs interventions.

From 2002, reports started showing 53 per cent and 70 per cent of registered clients of mental health and drug and alcohol specialist services had diagnosable co-existing comorbidity requiring treatment for all disorders. From 2008, a major epidemiological analysis of comorbidity overseas showed high rates of people with diagnosed alcohol and drug use disorders also suffer from one or more other diagnosed psychiatric disorders. The prevalence of poly drug use co-existing with comorbid disorders was highest amongst young adults aged 18 to 24.

In 2012, Australian data showed that in offending populations, detainees who had used at least one illicit drug during the previous month, 51 per cent reported having been diagnosed with a mental disorder compared to 37 per cent of detainees who had not used illicit drugs. This difference was more pronounced among women: 66 per cent of women who used drugs in the previous month reported having been diagnosed, compared with 40 per cent of those who had not recently used illicit drugs. Forty-eight per cent of men who had used illicit drugs in the previous month reported a diagnosis, compared to 36 per cent of those who had not recently used drugs.

SANDAS member organisations have reported comorbidity presentation rates of up to 75 per cent and AOD service sites in regional and rural areas where service access is a problem, say this rate can be up to 80 per cent, especially when there are prolonged periods of economic downturn.

SANDAS has been funded until 30 June 2015, to support the sector in furthering comorbidity and complex needs capacity building, and ensure the government's "No Wrong Door,"[1] policy is in place where AOD NGOs operate.

Commonwealth funding programs, and to some extent state funding, will continue to procure

[1] The *No Wrong Door* philosophy is about working together, innovative thinking and new ways of sharing information to achieve the best possible client outcomes.

comorbidity service responses from our sector.

SANDAS is committed to the NGO sectors ongoing involvement in, the establishment of comorbidity and complex needs services in the AOD sector.

The Comorbidity Position Paper will target

- Health and Welfare NGO Boards
- Senior and Program Managers
- Workers
- Clinical Leaders
- Related Sectors
- Policy Makers
- Funders

Comorbidity and complex needs in the South Australian NGO Sector:

SANDAS supports the sector and works with organisations in ongoing capacity building and capability development in comorbid and complex needs policies, procedures, screening, assessment, treatment planning, program content and community re-engagement when exiting treatment services.

Guiding principles in developing and providing comorbidity and complex needs services:

- Both AOD and Mental Health presentations are considered of primary importance;
- Specific considerations are given to gender, aged, youth, Aboriginal and Torres Strait Islander and, Culturally and Linguistically Diverse populations in communities;
- Support is given to establishing more accessible comorbid services in non-metro areas;
- Participation of consumers in service review, improvement and development, where possible; and
- Additional services may need to be targeted to individuals at higher risk of entering the justice system because of their comorbidity.

SANDAS, within it resources, will support the SA AOD NGO sector in the following areas:

Change management to provide comorbid and complex needs services, according to best practice, and where possible help with:

- *Exploring rationales for change*
- *Preparation for change including plan development*
- *Change and Project management*
- *Using tools to help implement and measure change*
- *Communication plans to support change*
- *Evaluation of change*

Comorbid and complex needs treatment and intervention policy areas

- *No Wrong Door - philosophy*
- *Intake, screening and assessment*
- *Exclusion criteria and referral*
- *Case formulation*
- *Shared care, integrated treatment and assessment*
- *Clinical review*
- *Crisis management*
- *Secondary consultation*
- *Community re-engagement when leaving treatment*

Process policy areas

- *No Wrong Door protocols and pathways*
- *Minimum standard and capability for staff recruitment*
- *Clear role delineation and definition for specialist staff*
- *Tools, shared and common*
- *Supervision*
- *Peer networks*
- *Workforce and professional development*

Other areas of support can include but not be limited to:

- Securing appropriate pharmacological monitoring and psychological assessment and consultation, either onsite or offsite consultation;
- Access to essential knowledge, core practice skills, specialist skills and leadership;
- Encourage NGOs without comorbidity responses to engage with “No Wrong Door” agencies;
- Service coordination;
- Developing integrated assessment care at the service level and system level;
- Easily accessible comorbidity consultation and supervision and mentoring;
- Addressing barriers to comorbid assessment and care;
- Collaborative partnerships and therapeutic alliances;
- Continuing professional development;
- Workforce development including access to appropriate supervision;
- Access to professional development events and opportunities;
- Support research and best practice development;
- Support systems to maintain and extend treatment effectiveness;
- National coordination and consultation programs and activities; and
- Quality Improvement and Management

While efforts have been made to incorporate and represent the views of our member organisations, the position presented in this paper are those solely of SANDAS.