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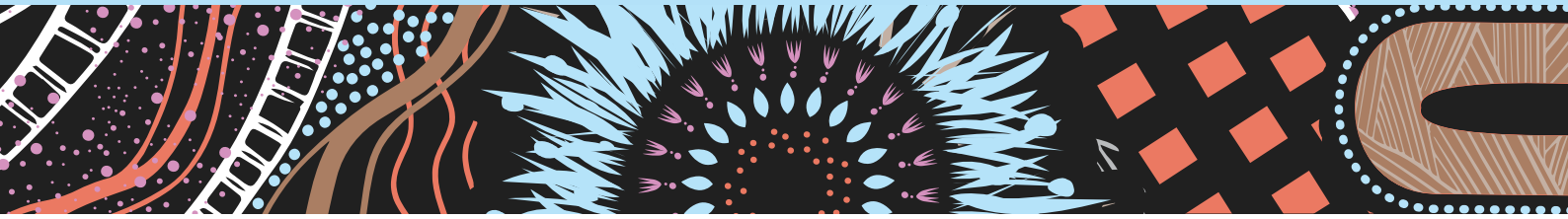
Harmful use of alcohol and other drugs, its co-occurrence and relationship with mental health and wellbeing of First Nations people of Australia: a review of the key issues, policy and practice approaches

Summary paper



This paper is a summary of the *Harmful use of alcohol and other drugs and its relationship with the mental health and wellbeing of First Nations people: a review of the key issues, policy and practice approaches* publication by Julia Butt, Edward Wilkes, Emily Ripley, Jocelyn Jones and Annalee Stearne.
This publication was commissioned by and published on the Australian Institute of Health and Welfare Indigenous Mental Health and Suicide Prevention Clearinghouse. It can be accessed online at <www.indigenousmhspc.gov.au>.

Some people may find the content of this report confronting or distressing. If you are affected in this way, please contact **13YARN (13 92 76)**, **Lifeline (13 11 14)** or **Beyond Blue (1300 22 4636)**.

Key findings

- The harmful use of alcohol and other drugs (AOD) is interconnected with mental ill health.
- AOD-related harm and mental health disorders are 2 leading contributors to the burden of disease for First Nations people in Australia, accounting for 23% of the total burden.
- Young people, people involved with the justice system and those experiencing homelessness are at high risk for both AOD harm and mental ill health (AOD-MH).
- Siloing of AOD and mental health policy can create barriers for people seeking treatment and support.
- High quality services recognise the importance of integrated responses; community ownership; culture; family; trauma; and the relationship between those dealing with AOD-MH and their service providers.
- The inclusion of First Nations people in policy development is vital to improving their health and wellbeing. Facilitation of First Nations perspectives and views in the development of AOD-MH strategies needs to be directed and led by First Nations people.

What we know

Mental health and alcohol and other drug use disorders are 2 leading contributors to the burden of disease for Aboriginal and Torres Strait Islander (First Nations) people in Australia, accounting for 23% of the total burden in 2018 (AIHW 2023a). Comparatively, cancer and cardiovascular disease contribute 9.9% and 10%, respectively (AIHW 2022a). Harmful alcohol and other drug use and mental ill health (AOD-MH) are acknowledged as significant impediments to the social and emotional wellbeing (SEWB) of First Nations communities, and both stem from inequality, racism and the ongoing impact of colonisation. Young people, people involved in the criminal justice system and those experiencing homelessness are high-risk groups for both AOD harm and for mental ill health. Despite this, there is a lack of detailed information on the co-occurrence of mental health and AOD-use disorders – a problem that has been noted for at least the last 2 decades (for example, by Hunter 2003). Services need to address these complex co-occurring conditions in an integrated way. However, implementation of integrated care is hindered by the structural separation of the AOD and mental health sectors, funding shortfalls, workforce issues, and by a lack of culturally secure services.

This review synthesises the limited research on AOD-MH in First Nations communities. Suicide risk is higher among those who have mental health concerns, those who use alcohol and other drugs, and those with AOD-MH. The interrelationship between AOD use and suicide risk is covered in another paper, *Harmful alcohol and other drug use and its implications for suicide risk and prevention for First Nations people: a companion paper*.

Existing and potential interventions for AOD-MH were reviewed and some promising programs are described. There are likely to be other programs for AOD-MH, but reporting their outcomes is hampered by the lack of AOD assessment within mental health settings and vice versa.

Use of alcohol and other drugs and related harms in First Nations communities

Evidence suggests that First Nations people use alcohol and other drugs at 1.5 times the rate of non-Indigenous people and experience harms at 2.3 times the rate (James et al. 2020). The majority of AOD relevant national data sets focus on prevalence of use and/or diagnosis of a use disorder, and in the case of alcohol, the level of drinking risk. The most pertinent data for this paper is from the National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) 2018–219 (ABS 2019):

- While the proportion of First Nations people who consumed alcohol was lower than for Australians in general, First Nations people experienced a disproportionate amount of harm from AOD (AIHW 2023a).
- 50% of First Nations people over the age of 15 consumed alcohol above the single occasion risk guidelines (AIHW 2023b).
- 28% of First Nations people over the age of 15 reported using drugs in the previous 12 months (AIHW 2023b).
- First Nations males were more likely than females to have used alcohol (at a lifetime risk level), cannabis and amphetamines, and were at greater overall risk for AOD-related harm (AIHW 2023a, 2023b).

Harmful use of alcohol and other drugs within the context of social and emotional wellbeing

Social and emotional wellbeing is a nationally accepted, holistic model encompassing 7 health and wellbeing domains (Gee et al. 2014; Martin et al. 2023). These are connection to Country; to spirit, spirituality, and ancestors; to body; to mind and emotion; to family and kinship; to community; and to culture. Harmful AOD use can negatively affect all SEWB domains individually and disrupt connections between domains for individuals, families, and communities. For example, harmful AOD use can have an impact on individual health and chronic health conditions, thereby disrupting 'connection to body' (Gray et al. 2018), 'connection to community' and 'connection to spirit' (Butt et al. 2022; Gendera et al. 2022; Gray et al. 2018; Snijder and Kershaw 2019; Snijder et al. 2021; Strong Spirit Strong Mind 2021).

The inter-relationships between harmful alcohol and other drug use and mental ill health

There is considerable cross-over between experiences of harmful AOD use and mental ill health, yet either can occur independently. Three potential causal pathways explain the AOD-MH relationship (Marel et al. 2022):

- There are shared common pathways leading both to harmful AOD use and to mental ill health, including the social determinants of health. There may also be community, family, and individual factors that can predispose a person to developing AOD-MH, including genetic predisposition; personal risk factors including an individual's personality, and their family and personal ways of functioning; a history of personal and intergenerational trauma; and role modelling and normalisation (Marel et al. 2022).
- AOD use may may be a direct cause of mental ill health or vice versa.
- There are indirect causal relationships between harmful AOD use and mental ill health. For example, early-onset regular cannabis use predicts early school withdrawal and difficulty in finding employment (Stiby et al. 2014). Failure to find employment may lead to symptoms of depression (Hudson and Hudson 2021; Marel et al. 2022).

While recognition of these causal pathways can inform intervention, it is potentially more important to consider how AOD use and mental ill health influence each other (Hepsibah 2015; Lee et al. 2014). For example, AOD use can provide temporary relief from mental health symptoms but ultimately worsen an individual's overall mental (and physical) health.

Social determinants of health

Harmful use of AOD and mental ill health are both intimately related to the ongoing effects of colonisation and to the broader social determinants of health (Wilkinson and Marmot 1998). First Nations people have experienced the effects of structural inequality from colonisation onwards, effects that have persisted due to systemic racism and greater exposure to social disadvantage. Inequalities in the social determinants of health arise from increased experiences of insecure housing, interpersonal violence, and incarceration. These factors are themselves interrelated and have a bi-directional relationship with mental health and harmful AOD use, both as determinants and as impacts (Gall et al. 2021). For example, mental ill health contributes to housing instability or homelessness, and housing instability or homelessness makes a significant contribution to deteriorating mental health and increased suicide risk (AIHW 2022b).

Policy and intervention approaches tend to separate these intersecting and complex issues into discrete areas despite recognition that, to have lasting and impactful change, approaches to addressing AOD-MH need to consider the social determinants of health (Butt et al. 2022; Cripps 2023; Dudgeon et al. 2010; Gray and Wilkes 2010; Krakouer et al. 2022; Wilkes et al. 2014).

Principles of quality service delivery

A number of issues around planning and resourcing, cultural security of service provision, ease of access, and workforce stability need to be addressed to provide high quality AOD-MH care:

- Numerous reports have highlighted the need for appropriate planning and resourcing of First Nations AOD and MH interventions and have recognised the harm of underfunding, non-recurrent funding, and fragmented services (AMSANT 2011; Gray et al. 2014). This is similarly true for AOD-MH.
- The prioritisation of community engagement and partnership in the delivery of programs is necessary and requires an investment of time and resources (Blignault et al. 2015).
- A 'no wrong door' approach is critical to delivering quality care (Deady et al. 2013; Lee and Allsop 2020; Marel et al. 2022). This emphasises that any door in which a client enters is the right door – whether AOD, MH or primary health care.
- Service delivery needs to be flexible.
- Culturally developed treatment approaches need to be valued and resourced.
- Effective screening of AOD and MH at the entry point into a service or program is critical.
- Services need to address complex co-occurring conditions in an integrated way.
- A stable and skilled workforce is the most critical element to delivering services to First Nations AOD-MH consumers.

Experiences of First Nations people in seeking treatment

Understanding the experiences of people with AOD-MH in accessing care is vital to evaluating existing care, adapting existing models, and developing new models. There are significant gaps in service provision for AOD-MH for First Nations people.

Qualitative research has highlighted the following challenges for people who experience AOD-MH, and their families and advocates in accessing support (Barrett et al. 2019; Butt 2020; Dawson et al. 2023; Heath et al. 2022; Hepsibah 2015; Kalucy et al. 2019; Kilian and Williamson 2018; Lee et al. 2014):

- a lack of services and a lack of integration of services
- difficulty finding information about service pathways
- long and/or confusing referral between services or to access services
- inflexible service delivery approaches that affect client engagement and success
- (in some services) a lack of screening and awareness of the co-occurring condition – with inadequate screening leading to inadequate care
- being excluded from MH services due to AOD use and vice versa.

Relevant policies, programs and initiatives

Alcohol and other drugs

Two key national strategies inform the harm-minimisation approach to alcohol and other drug harms – the National Alcohol Strategy 2019–2028 and the National Drug Strategy 2017–2026 (Department of Health 2017; Department of Health 2019). These are supported by specific strategies, including for tobacco, methamphetamine, foetal alcohol spectrum disorder and the workforce (DHAC 2023; Commonwealth of Australia 2015; Commonwealth of Australia 2017a). While each strategy specifically identifies First Nations people as a priority population, at a national level in the last 10 years there has been just a single National Aboriginal and Torres Strait Islander Peoples Drug Strategy (2014–2019) (Intergovernmental Committee on Drugs 2014). This strategy mentions the co-existing relationship of alcohol and other drug use with mental health and wellbeing (Intergovernmental Committee on Drugs 2014). However, it is now out of date and not aligned with the current National Drug Strategy.

Mental health

Nationally, the mental health direction is set by The Fifth National Mental Health and Suicide Prevention Plan (the Fifth Plan) and its Implementation Plan (Commonwealth of Australia 2017b). As with the AOD strategies, the Fifth Plan identifies mental health and suicide prevention for First Nations people as a specific priority (Commonwealth of Australia 2017b).

The Fifth Plan is complemented by the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017–2023 (Commonwealth of Australia 2017a). The framework includes 4 key action areas that have AOD-related outcomes and related strategies. The framework recognises alcohol and other drug use as a risk factor but does not include approaches to strategically address AOD-MH or steps to implement and fund the proposed AOD-related outcomes.

In March 2022, the National Mental Health and Suicide Prevention Agreement came into effect (Commonwealth of Australia 2022). It commits to invest in mental health and suicide prevention services and identifies First Nations people as one of number of vulnerable and priority groups.

More detail on these and other programs and strategies is available in Chapter 4 and Appendix B of the full *Harmful use of alcohol and other drugs and its relationship with the mental health and wellbeing of First Nations people: a review of the key issues, policy and practice approaches* publication.

Programs

This review aimed to identify programs – including prevention, treatment, and workforce development – which specifically address co-occurring AOD-MH for First Nations people. Reviews can only summarise what is publicly available therefore the list compiled does not suggest that there are no other successful programs and organisations.

More details of these and other programs and initiatives is available in Chapter 5 and Appendix C of the full *Harmful use of alcohol and other drugs and its relationship with the mental health and wellbeing of First Nations people: a review of the key issues, policy and practice approaches* publication.

Table 1: Details of summarised programs and initiatives

Program	Program description	Evaluation findings
'Bunjilwarra'	12-bed residential rehabilitation and healing program for First Nations young people in Melbourne. Uses a SEWB framework to address cultural, physical, and mental health through connections to land, culture, kinship, and community (Farrant and Weiss 2022).	Bunjilwarra reviewed the service model in 2021 and found that past and current clients reported positive SEWB outcomes across domains of body, mind, emotions, and culture (Farrant and Weiss 2022).
Homeless Outreach Dual Diagnosis Service (HODDS) Homeless Healthcare	Homeless Healthcare is a primary health service in metropolitan Perth for people experiencing homelessness (Wood et al. 2022). Homeless Outreach Dual Diagnosis Service (HODDS) works alongside the health care team to provide specialised AOD and mental health care. One-quarter (24%) of HODDS clients identify as First Nations people (Wood et al. 2022).	Wood and colleagues (2022) presented an evaluation snapshot of the service which did not provide client outcomes overall but identified examples of positive outcomes for clients. This included effective and proactive management of health and mental health care leading to reduced severity of illness and length of hospital stay, relapse prevention and risk reduction.
Pilot AOD-MH brief intervention in remote primary health care	Two one-hour sessions are delivered in a primary health care setting. Sessions include assessment and feedback; motivational care planning; and psychoeducation.	Nagel et al. (2009) conducted a brief randomised trial with 49 people in a remote community with AOD-MH comparing brief intervention with treatment as usual. Those receiving the intervention demonstrated greater and more sustained improvements in both mental health and alcohol dependence with a trend to reduced cannabis dependence.
Ngarrang Gulinj-al Boordup	An adult outpatient service that began in 2017 as an informal collaboration between a mainstream AOD service (EACH 2020) and an Aboriginal Health and Wellbeing Team in Melbourne.	N/A
YouthLink	YouthLink is part of the North Metropolitan Health Service in Perth. It provides treatment for young people with complex mental health and psycho-social-cultural needs. YouthLink's team includes dedicated Aboriginal mental health practitioners who provide direct clinical services, cultural consultation, and community triage. It has a 'non wrong door approach' and 50% of its First Nations clients report AOD comorbidity (Sabbioni et al. 2018).	Sabbioni et al. (2018) concluded that YouthLink was able to provide successful culturally appropriate care by ensuring a strong role for First Nations staff, adherence to principles of culturally best practice, greater service flexibility and strong relationships with community.
Strong and Deadly Futures	A school-based six-lesson wellbeing and risk prevention program that was designed for, and with, First Nations young people. Aimed at reducing AOD misuse and improving wellbeing for young people,	A pilot study identified good feasibility and acceptability for students and staff, and that the program increased AOD knowledge and reduced psychological distress (Routledge et al. 2022).
Yarning about Mental Health	A First Nations-specific training package for the AOD workforce.	The training was perceived to be highly appropriate and helpful in participants' work with First Nations AOD clients. Hinton and Nagel (2012) reported significant improvement in confidence and knowledge related to First Nations mental health and wellbeing and qualitative data supported these outcomes.

What works

To improve health and wellbeing outcomes for First Nations people, AOD-MH policy needs to be holistic; include cross-governmental strategies that value First Nations' perspectives; emphasise community control; and address systemic inequalities. Policy also needs targeted outcomes, funding, and strategies to address co-occurring conditions. This will require significant investment, integrated responses, and a national commitment to ending racism.

Successful programs include both high quality service delivery approaches (emphasising governance and planning) and high-quality services (both treatment and programs).

- Client-centred approaches that are culturally safe, focus on individual client needs and use best practice in assessment, treatment/intervention, psychosocial and cultural support work best. Family-inclusive approaches; access to traditional healing where indicated; and strong client/service-provider relationships are critical for effective outcomes.
- Adhering to culturally appropriate SEWB care principles, is essential for successful outcomes.
- Increased support is needed for families caring for loved ones with AOD-MH.
- Care models need to accommodate the diversity of co-occurring conditions, including options for people with complex needs, those with mild-to-moderate conditions, and those at risk.
- Effective service delivery should involve careful planning and resourcing; community engagement and ownership; accessible and flexible services; integrated care pathways; workforce capacity building; workforce wellbeing and retention strategies; and support for outcomes evaluation.
- Services should have the capacity for screening on entry for AOD-MH and should enact a 'no wrong door' approach. This emphasises that any door in which a client enters is the right door – whether AOD, MH or primary health care.

Conclusions

The harmful use of AOD and mental ill health are interconnected and can be a significant impediment to the SEWB of First Nations people, families, and communities. AOD and mental ill health arise because of ongoing health inequalities, systemic disadvantage because of colonisation, and racism. Both AOD and mental ill health are best considered as part of SEWB.

The review highlighted high rates of co-occurring AOD-related harm and mental ill health; with particular concerns for young people, men, people involved in the criminal justice system and those experiencing homelessness. Despite this, there is a lack of services that address AOD-MH in an integrated way. AOD and mental ill health are interconnected and integrated approaches to understanding, responding, treating, and preventing harms at the affected individual, family and community level are clearly needed. To ensure success, future developments in research policy and practice must be community-led, have culture at the centre, and be adequately funded.

To improve health and wellbeing outcomes for First Nations people, AOD-MH policy needs to be holistic; include cross-governmental strategies that value First Nations' perspectives; emphasise community control; and address systemic inequalities. Policy also needs targeted outcomes, funding, and strategies to address co-occurring conditions, and this will require significant investment, integrated responses, and a national commitment to ending racism.

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