From Awareness to Action: Advancing Integrated Care for Mental Health and Substance Use

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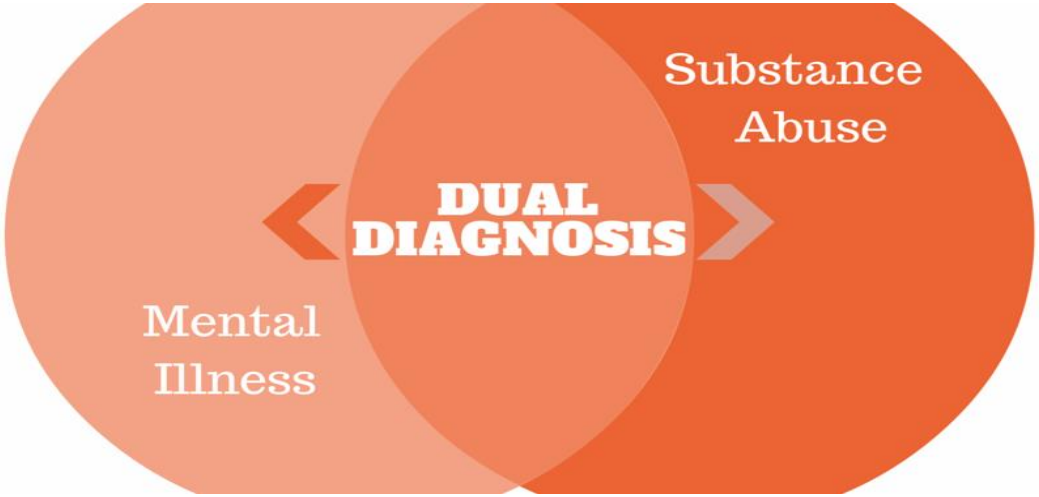
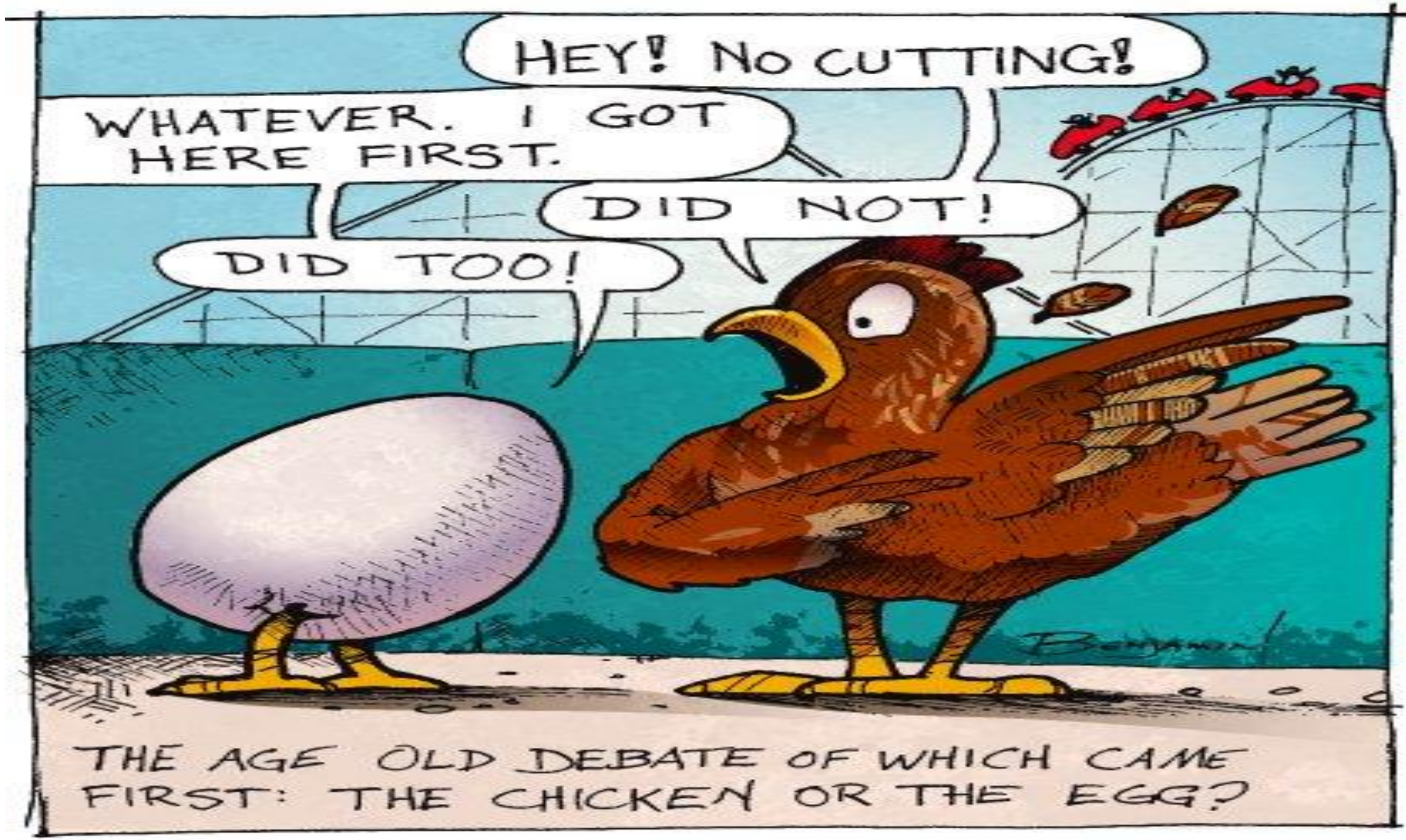
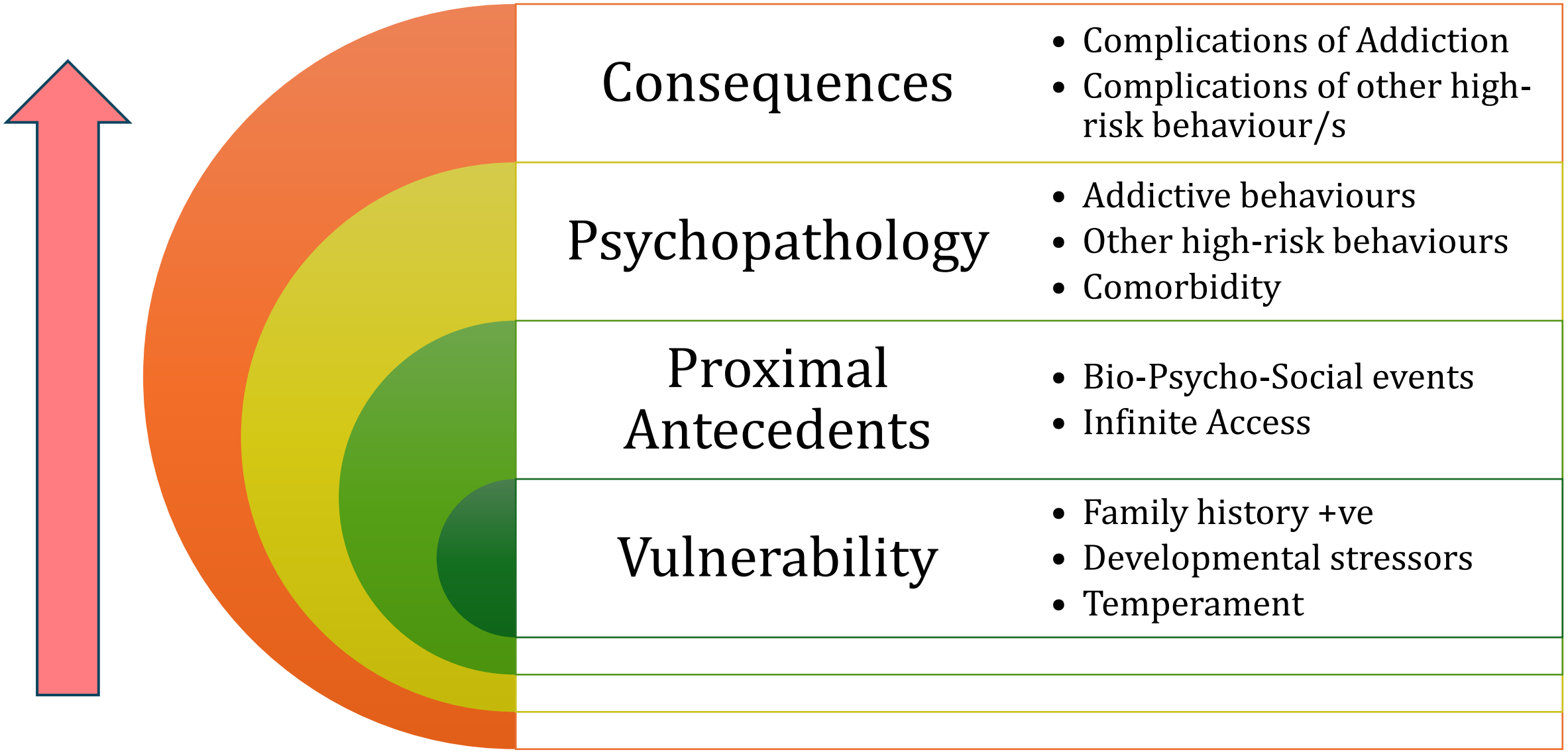


Acknowledgement

- I would like to begin by acknowledging the Traditional Custodians of the lands on which we are all meeting from today. I pay my respects to their Elders past and present and extend that respect to all Aboriginal and Torres Strait Islander peoples joining us.


HEY! NO CUTTING!
WHATEVER. I GOT HERE FIRST.
DID NOT!
DID TOO!
THE AGE OLD DEBATE OF WHICH CAME FIRST: THE CHICKEN OR THE EGG?

Understanding the Evolution of Addiction



Relationship between SUD and Mental illness

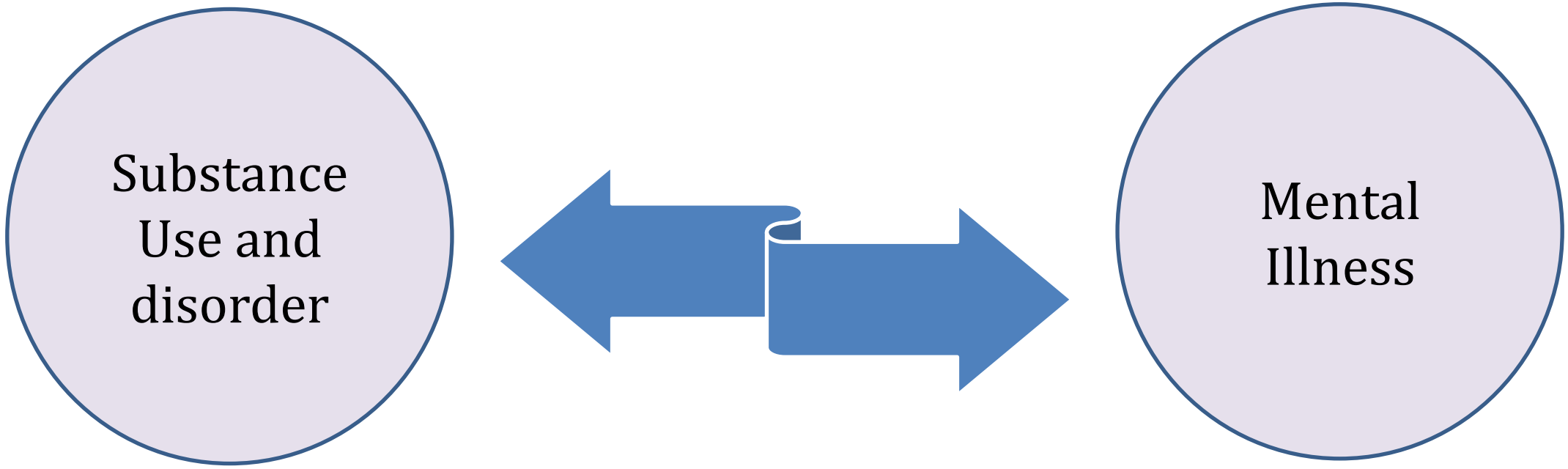
Understanding the Link

- Shared risk factors: trauma, stress, neurodevelopmental vulnerabilities
- Clinical overlap: Depression, Anxiety, ADHD, PTSD with substance use
- There are 3 proposed mechanisms

Unidirectional Causal Association

Primarily SUD to Mental illness

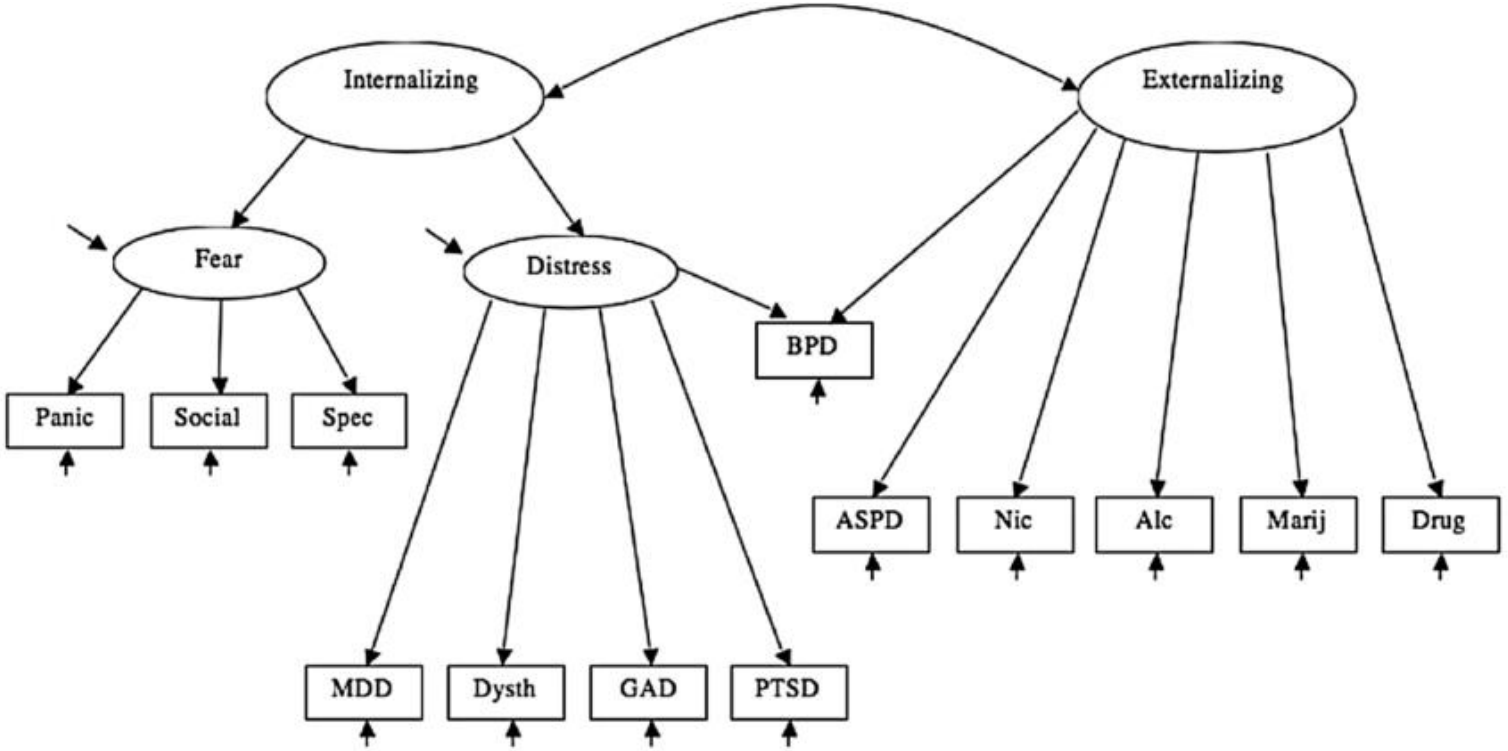
Reciprocal direct causal associations



Self medication hypothesis
Altered Stress responsivity
Altered reward perception

Direct neurotoxicity
Kindling
Catecholamine hypothesis
Stress diathesis models

Transdiagnostic Relationships



1. Shared genetic and environmental causes

2. Shared psychopathological characteristics of broader diagnostic entities (eg, externalising /internalising/psychotic/autistic spectrum disorders)

Spectrum of mental illness	Alcohol dependent (n=558) (% of total population with alcohol use)	Drug users (n= 80) (% population within illicit use)
Affective	20.8%**	45.0%)**
Psychotic	17.1%	23.8%
Neurotic	9.0%*	22.5%**
Others	29.0%	30 37.5%
ADHD	67.6%	

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Who are at risk?

- Patients with comorbidity were younger
- Younger age at onset of substance use
- Illicit substance use
- SUD with ADHD
- SUD with ASPD
- Family h/o psychiatric illness

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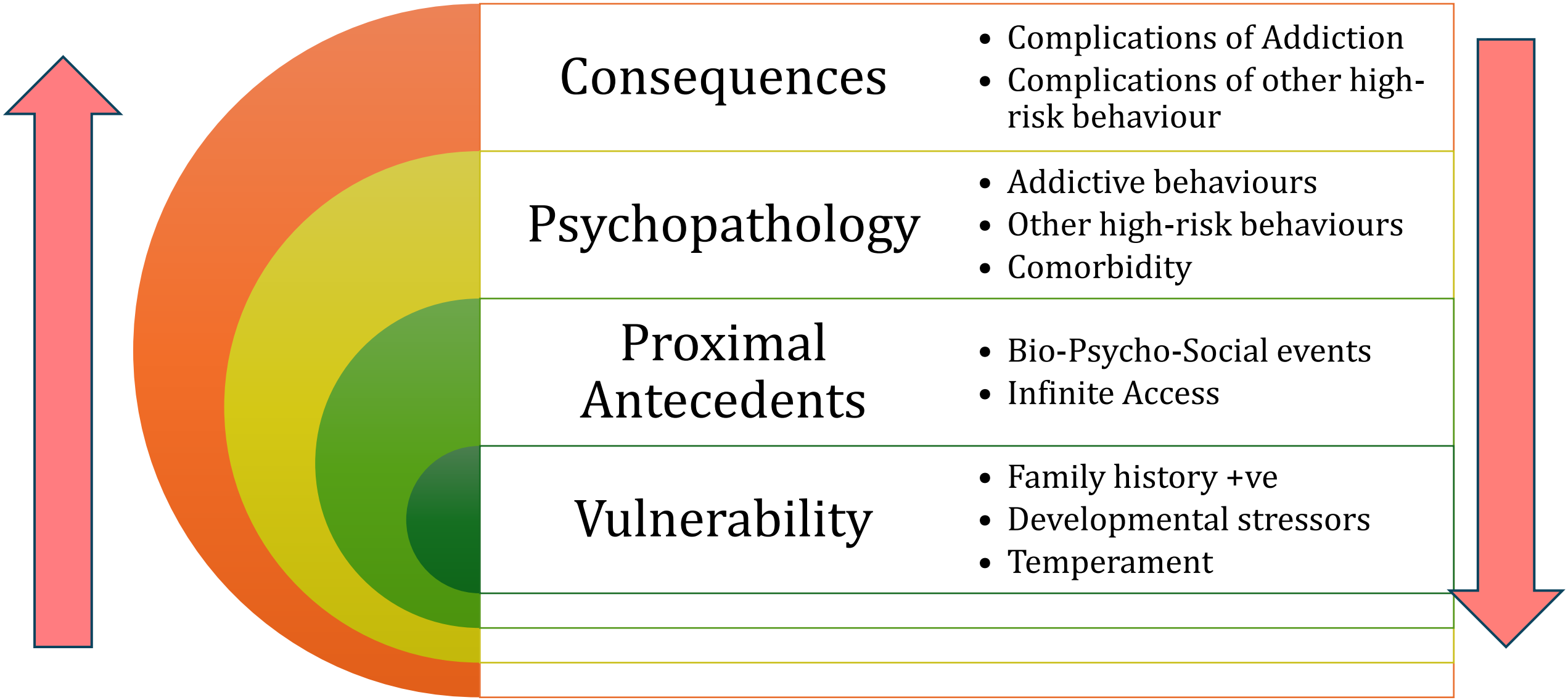
Understanding the Treatment of Addiction



Treatment Paradigms

1. Sequential Treatment Model
2. Parallel Treatment Model
3. Integrative Treatment Model

Treatment Paradigms: Sequential Treatment Model

Treat one disorder first (usually substance use), then address the other (mental illness).

- Pros: Easier to implement in resource-limited settings.
- Cons: Delays comprehensive care; untreated condition may worsen.
- Example: Detoxification followed by psychotherapy for depression.

Treatment Paradigms: Parallel Treatment Model

Both conditions treated simultaneously but by separate teams or programs.

- Pros: Addresses both issues without delay.
- Cons: Risk of fragmented care; poor coordination between providers.
- Example: Addiction clinic and mental health clinic working independently on the same patient

Treatment Paradigms: Integrative Treatment Model

A single, coordinated plan addressing both conditions together by a multidisciplinary team.

- Pros: Best evidence for improved outcomes; holistic approach.
- Cons: Requires skilled workforce and systemic integration.
- Example: Combined pharmacotherapy and CBT delivered by a team of psychiatrists, psychologists, and social workers

An Addiction Psychiatry Inpatient Chapter

- Dr. Vijay Ganasan
- Dr. Arun Kandasamy
- Dr. Abiram Selladurai

Cockburn Health AOD

- Statewide referral pathway
- Integrated psychiatry + AOD model
- MDT structure
- Withdrawal + relapse prevention + discharge planning

Why this matters?

Rising complexity

Increase in AOD cases and Drugs itself

Trauma prevalence

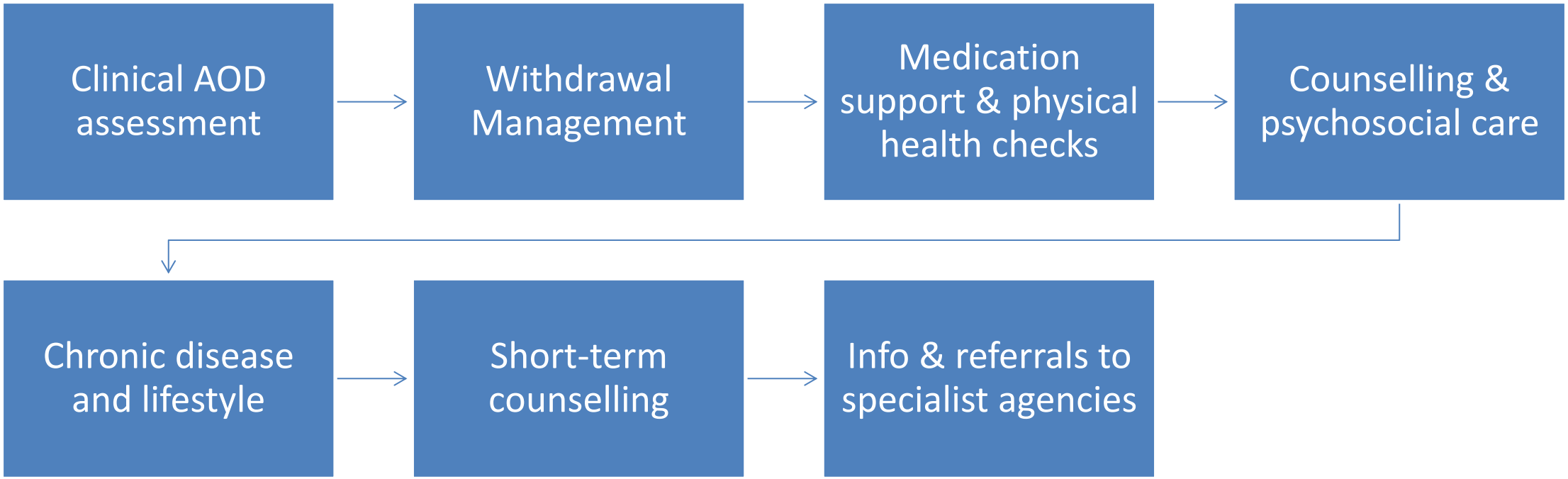
Mental illness driving relapses

Repeated ED presentations

Fragmentation between MH and AOD services

Our Team

- Psychiatrists
- Addiction Medicine Specialists
- Nursing
- Clinical Psychologists
- Social Worker
- Dietician
- Pharmacist
- Occupational Therapist
- GP
- Clerical
- AHA


Clinical AOD assessment
Withdrawal Management
Medication support & physical health checks
Counselling & psychosocial care
Chronic disease and lifestyle
Short-term counselling
Info & referrals to specialist agencies

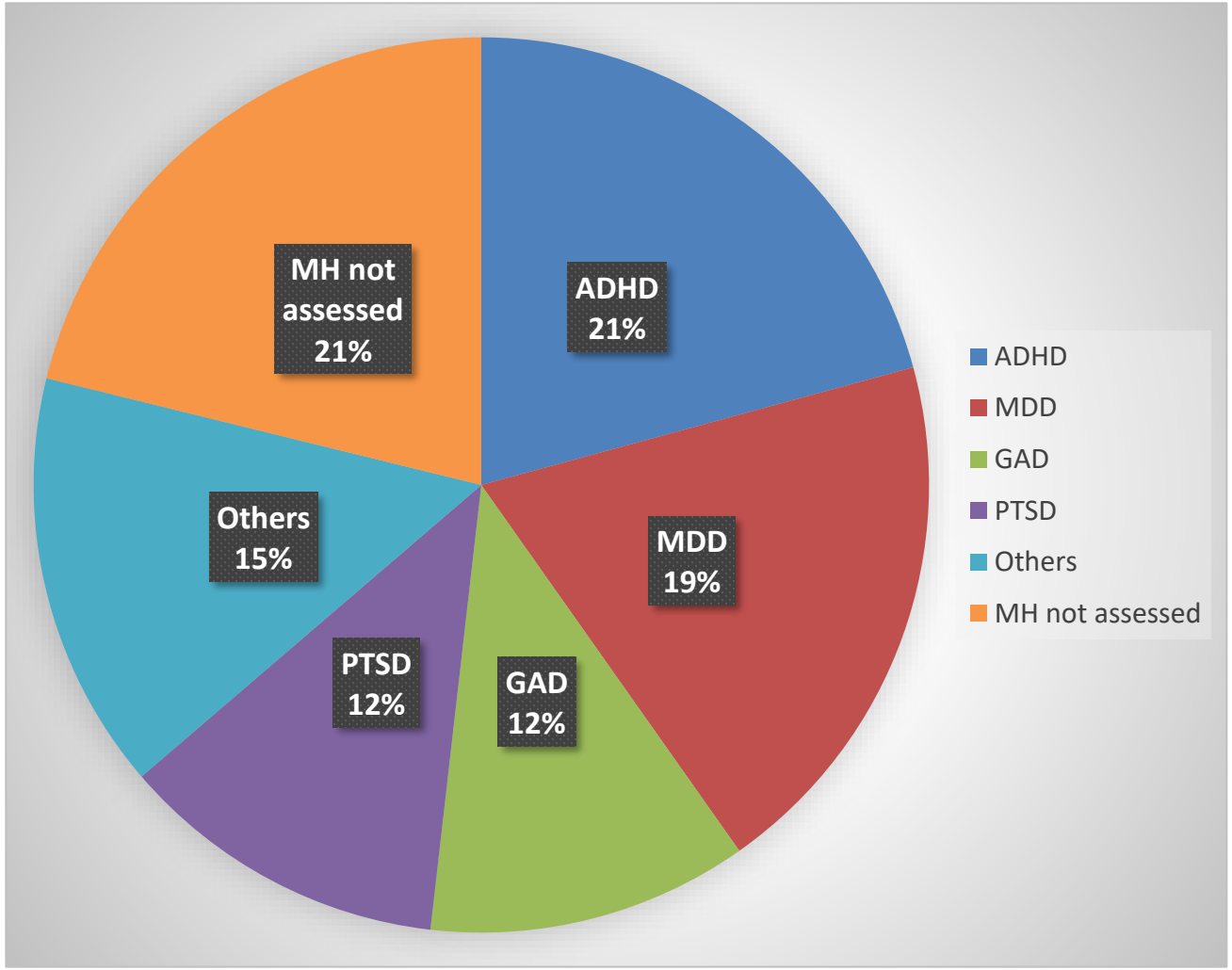
Traditional detox models

- Is detox enough?
- Repeated revolving door admissions
- Relapse reasons – underlying psychopathology, trauma untreated, no continuity, social instability, poor step-down care
- So what can we do?

Traditional Detox	Integrated Care
Withdrawal focus	Whole-person care
Shorter stabilization	Recovery planning
Limited MH input	Concurrent psychiatric treatment
Higher relapse risk	Continuity and linkage

Mental Health Comorbidity in Our Inpatient Cohort

Both a psychiatric illness and a social/system illness



Statistical findings

Clinical Demographics

- **Average age on admission: 41.9 years old**
- **12% Aboriginal/Torres Strait Islander**
- **66% History of FDV**
  - **33% Disclosed current FDV**
- **160 admissions between December 2024 – October 2025**
- **Average length of stay: 21.64 days**

Primary Diagnosis and Substance Use

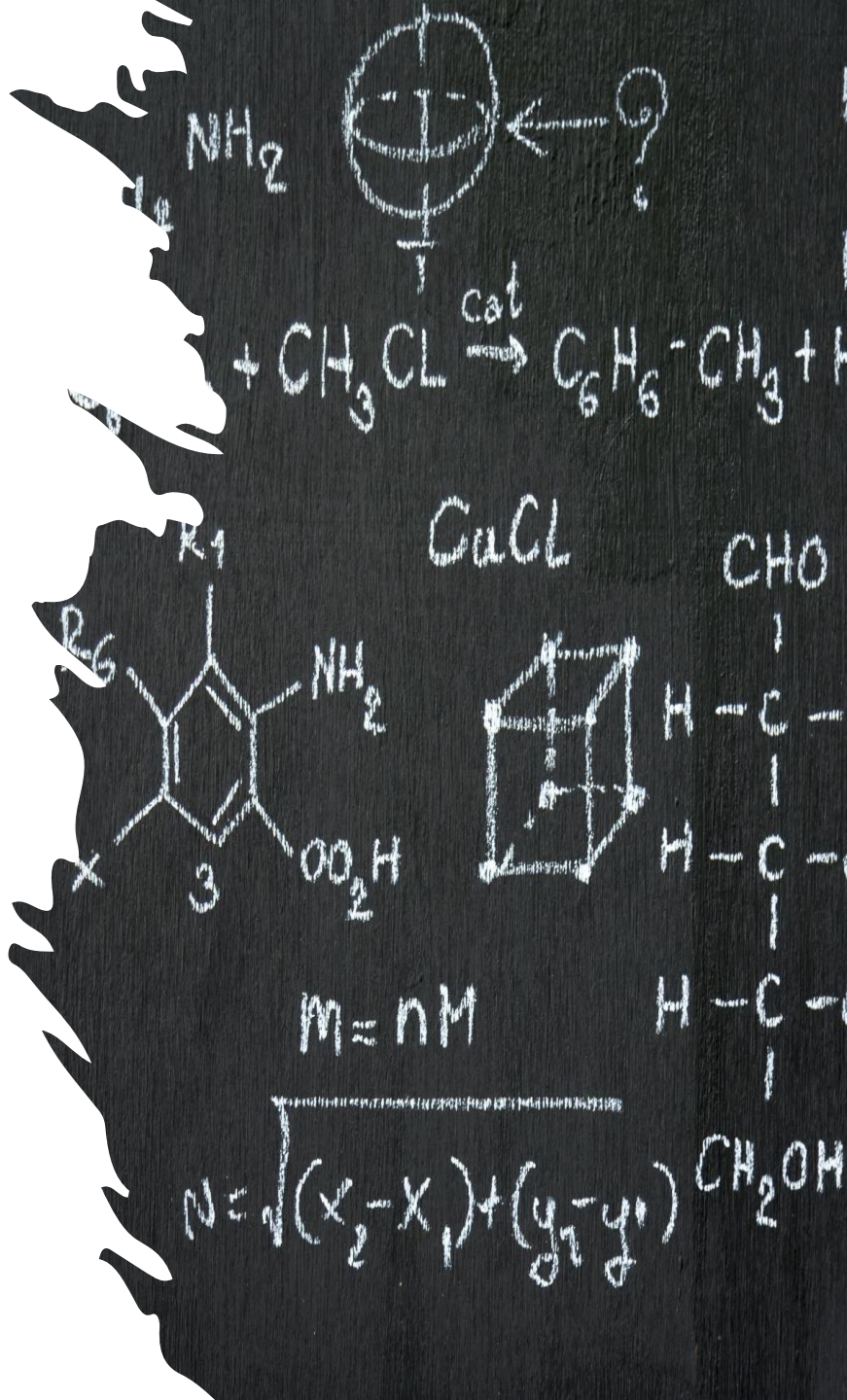
- **61% admitted for alcohol use disorder**

- **75.6% Alcohol user**
- **51.9% Illicit drug user**
- **71.9% Uses 2 substances, 31.9% uses 3 or more substances**
- **25.6% History of IVDU**
  - **16% IVDU on admission**

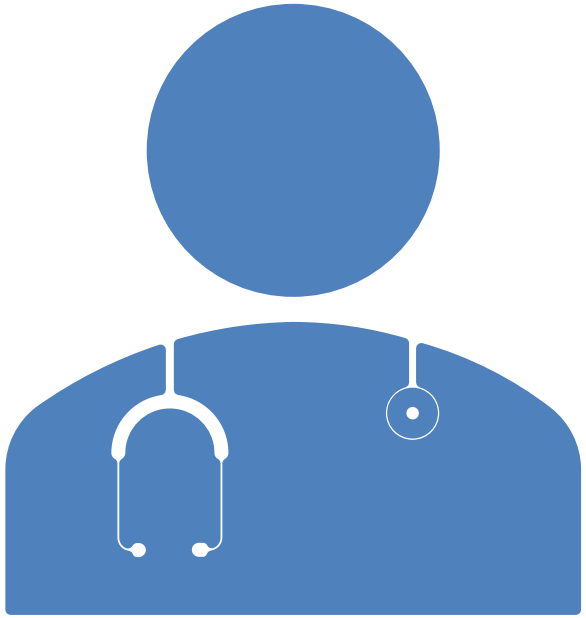
Outcome

- **K10 improvement (36.05 → 21.57; ~40% reduction)**
- **HoNOS improvement (19.54 → 7.8; >60% reduction)**
- **Improvements exceed thresholds [7 to 10 points reduction in K10 and ≥4-points in HoNOS] considered clinically meaningful change in published studies**
- ***Achieved within 3 weeks**
- **Demonstrates *effective, focused, recovery-oriented inpatient care***

*Acknowledgement to Dr. Florentina Iwansantoso

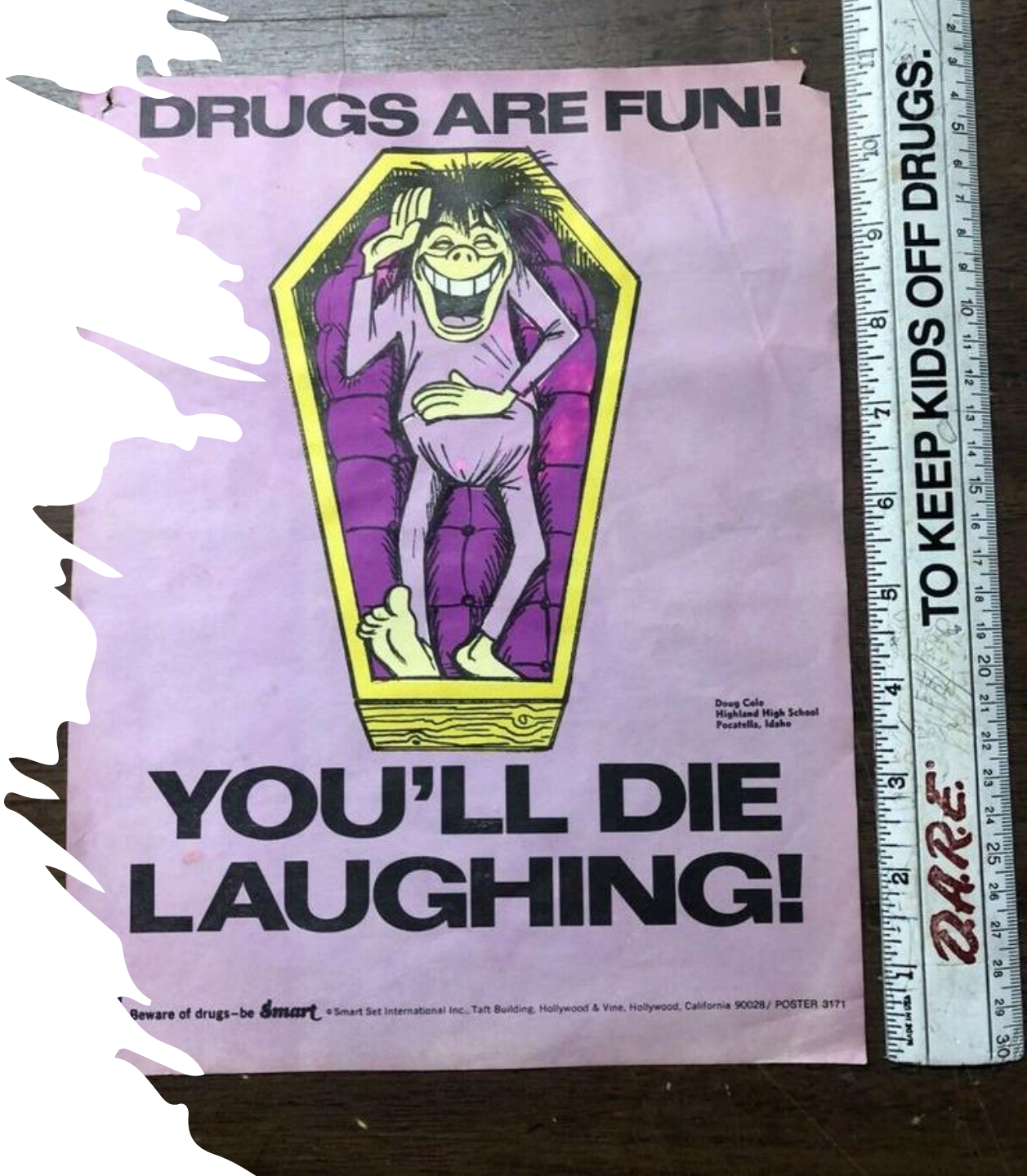


“Discharge planning is part of treatment not the end of treatment”



Gap between Mental health and Addiction

- Patients who fall between the systems
- Patients redirected due to substance use
- Psychiatrically unwell for AOD
- Difference governance structures
- inconsistent referral thresholds



Barriers & Potential Solutions

Problems	Potential solutions
Systemic fragmentation	Promote policy convergence and inter-program collaboration
Workforce limitations	Invest in training through platforms
Cultural stigma around addiction and mental illness	Launch public awareness campaigns and community engagement initiatives to normalize help-seeking
Access challenges	Expand digital health platforms (e.g., Tele-MANAS), mobile outreach, and culturally tailored services.

Call to Action

- ***Align policy and practice***: convergence of mental health and substance use(or at least add) programs

- ***Empower providers***: capacity building through Digital Academy and other initiatives

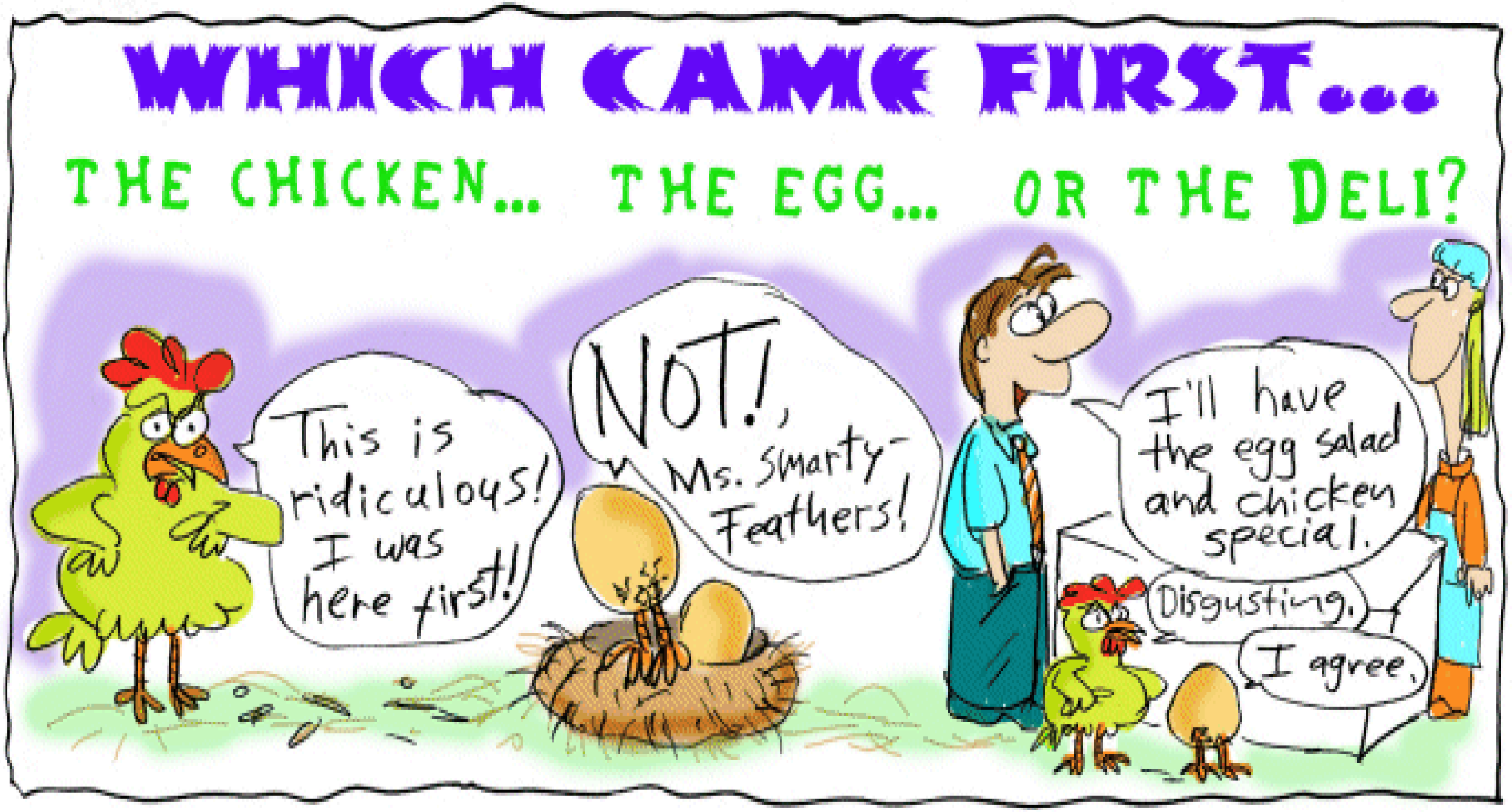
- *Final message*: ***'Awareness is the first step, but action is the bridge to recovery'***

Summary

Integrated care improves engagement

Continuity of care is central to recovery

“For many of our patients, this is not just a journey of recovery – but a journey of overcoming stigma, rebuilding safety and reclaiming identity”


WHICH CAME FIRST...
THE CHICKEN... THE EGG... OR THE DELI?
This is ridiculous! I was here first!
NOT!, Ms. Smarty-Feathers!
I'll have the egg salad and chicken special.
Disgusting.
I agree.