Integrating Substance Use Treatment in Mental Health Care

Thanks to presenters Dr Arun Kandasamy & Dr Vijay Ganasan, psychiatrists at women's unit Cockburn Health and at the Gaming Disorder Clinical Fiona Stanley Hospital, South Metropolitan Health Service (SMHS).

In this session the relationship between substance use and mental illness assessment and treatment are explained and reasons behind the effectiveness of integrated treatment of both together, for engagement and holistic recovery.

Key Messages

Dr. Nathan Gibson, **Chief Psychiatrist**: *I have a clear expectation that providing addictions care for individuals with severe mental illness is an essential primary skillset and role for staff within mental health services in WA. This was conveyed submission to the WA Parliamentary Standing Committee on drug use in 2019.*

Ken Minkoff's cultural model, where the mental health service welcomes individuals with significant and complex comorbidities, including addictions, is the only effective model than can function in the structure of Australian mental health services today. The evidence is clear about the better outcomes available for patients.

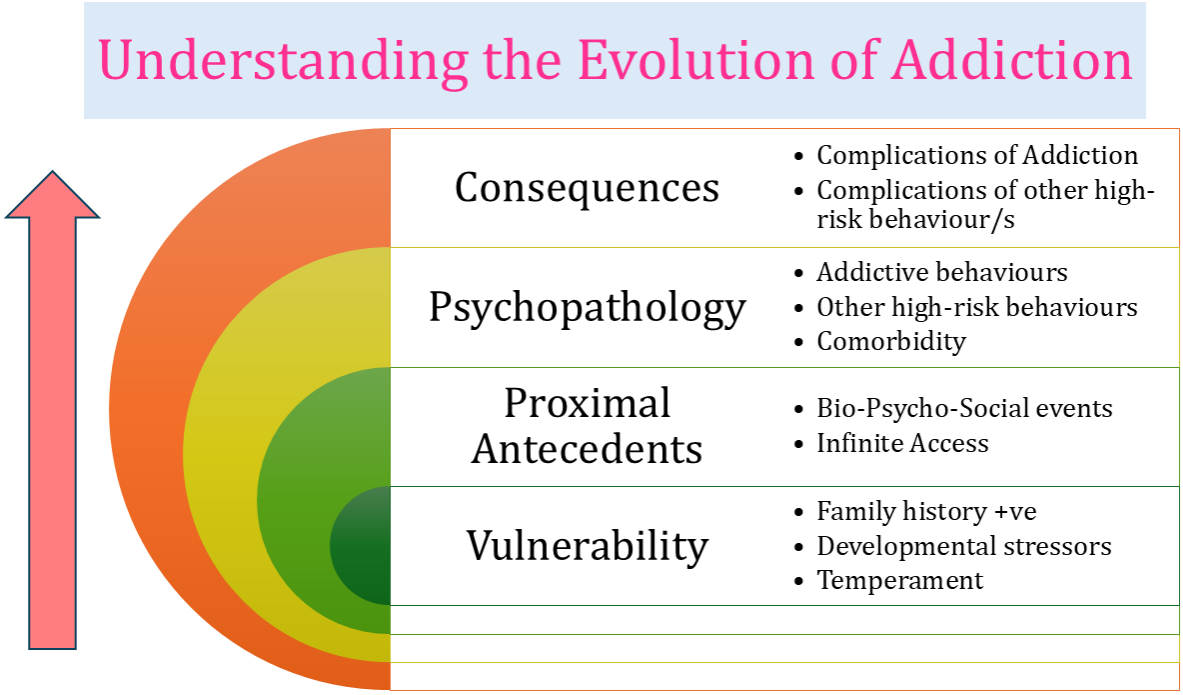
As Chief Psychiatrist, I note the critical importance of the sector leadership SMHS has shown in their championing of addictions within mental health services. I'm very grateful for the sharing their expertise today. Dr Daniella Vecchio's WA Australian of the Year 2026 award for her work in gaming disorder and digital addiction clinics demonstrates the national impact of the work.

- **Integrated care must be standard practice** – Treat mental health and substance use together as core business in all mental health services. They go hand-in-hand - it's not 'what comes first chicken or egg'.
- **Shared ownership replaces "whose patient?" thinking** – Stop service silos and take collective responsibility for dual diagnosis / alcohol and drugs use (AOD).
- **Comprehensive dual assessment is essential** – Always assess mental health, substance use, and biopsychosocial and trauma factors together as they all influence and drive each other.
- **Concurrent formulation and treatment needed** – Don't delay one condition's treatment while waiting for another to stabilise.
- **Engagement comes first** – Prioritise withdrawal relief and distress reduction to keep patients in treatment.
- **Go beyond detox to recovery** – Address relapse drivers, trauma, and psychosocial needs. The revolving door to hospital means people become harder to treat due to increased tolerances to medications.
- **Discharge planning starts early** – Build community supports and relapse prevention in treatment planning.
- **Trauma-informed, safety-first care is critical** – Assume trauma is present and ensure patients feel safe from day one by having choices, safe spaces and sexual safety measures in place. Especially women.
- **Multidisciplinary wraparound care works best** – Use coordinated teams (mental health, AOD, GP, allied health) with one shared plan.
- **Upskilling and stigma reduction are urgent** – Build workforce capability in AOD and actively challenge stigma within services

Sector Problems / Barriers	Potential solutions
Systemic fragmentation	Promote policy convergence and inter-program collaboration
Workforce limitations	Invest in training through platforms
Cultural stigma for both 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.

Development of mental illness and substance misuse

It is multifactorial and often it is an iceberg with different epigenetic, transdiagnostic issues and psychosocial stressors. People present due to the consequences of addiction and then the psychopathology comes to light.



What about the outcomes?

- Improvements exceed thresholds [7 to 10 points reduction in K10 and ≥4 points in HoNOS] considered clinically meaningful change in published studies and were **achieved within 3 weeks on the inpatient unit**.
- Demonstrates effective, focused, recovery-oriented inpatient care (Dr. Florentina Iwansantoso)

***Dr Arun Kandasamy**: 'Our sole motto is to keep the patient in the system first… give them a reward—something is getting better. You don't need to be a specialist- just start seeing them. In addiction and mental illness treatment, awareness is the first step, but action is the bridge to recovery.'*

***Dr Vijay Ganasan**: 'In the past six years, my colleague in AOD shared with me that she has not seen one patient… with AOD… without trauma.'*

A question to ask consumers:

1. **What are the benefits of using for you and how does it make you feel?**

This question focusses the person on the consequences of use – it's about a balanced focus highlighting the reasons and consequences for use with the challenges.