



SEAMLESS SUPPORT

INTEGRATED TREATMENT EXPERIENCES FOR ALCOHOL AND OTHER DRUG USE AND MENTAL ILL-HEALTH



A majority of lifetime mental ill-health has its onset before the age of 25 years. Similarly, the onset of problematic alcohol and other drug use increases from adolescence into early adulthood. The potential for these experiences to overlap and the wide range of potential impacts can have lasting effects that persist throughout adulthood.

Many young people with co-occurring problematic alcohol and other drug (AOD) use and mental ill-health have additional needs for psychosocial support. Psychosocial support can not only address broader welfare and education needs, but it can also scaffold continued engagement with health services and treatment adherence.

Integrated treatment can be provided within a single service - and potentially by a single clinician - or delivered collaboratively by two services in the same location or close by. Most important, is that a young person experiences integrated treatment delivery.

KEY POLICY SOLUTIONS

SERVICES	COLLABORATION	COMPLEX NEEDS
<p>Review integrated service models to inform best practice guidelines.</p> <ul style="list-style-type: none"> map existing services to identify best practice in integration models; guide implementation within existing services; and inform the commissioning of integrated services for young people. 	<p>Support collaboration and develop workforce capacity to implement integrated treatment.</p> <ul style="list-style-type: none"> coordinate care pathways; formalise local networks to enable collaboration; and review and update university curricula, with shared language and framework for identification, diagnosis and treatment. 	<p>Trial a single site multidisciplinary service model for young people with complex service needs.</p>

SERVICES

Improved mapping of services, and the funding models supporting them, would enable future prioritisation of coordinated funding to maximise integrated treatment delivery and support the establishment of structured referral pathways.

Guidelines support the delivery of evidence-based treatments and need to be expanded to include detailed, practical resources for youth-specific care and application in both AOD and mental health settings.

COLLABORATION

Expanding resourcing for treatment planning will enable greater participation from allied health professionals in supporting young people. To facilitate treatment planning, Medicare Benefits Schedule items for multidisciplinary case conferencing need to be expanded.

Implementing case management roles within services, and resourcing formalised networks will enable the coordination of care pathways between services. Improved collaboration within and between services will deliver an enhanced experience of service integration for young people.

Education and training resources and curricula need to be aligned to provide consistent language to facilitate communication between services and health professionals.

COMPLEX NEEDS

There is a pressing need for an integrated service model in response to young people with complex needs and high illness severity in both problematic AOD use and mental ill-health. Developing services to respond to complex needs requires flexible approaches to coordinating integrated experiences and the need for workforce development to provide treatment for these young people.



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