

MI Fellowship™ practice framework: Working with substance use

Comorbid mental health and substance use problems (MHSUP) occur in up to 71% of people in mental health services, and 90% of people in substance use treatment settings. Once both mental and substance use problems have been established, the relationship between them can be unhelpful in terms of the impact on wellbeing.

MI Fellowship's principles in working with substance use

We will:

- Take a harm reduction approach that does not exclude people with substance use issues from receiving services
- Work in partnership with AOD services to ensure coordination and continuity of care
- Ensure that families are provided with information and support

1.1 Evidence base for MI Fellowship's approach to working with substance use

Individuals with comorbid MHSUP experience a more complex and severe clinical profile than those without, and are at greater risk for a range of harms, including suicide, and 20-30 years reduced life expectancy (NDARC, 2013.) Despite evidence that any treatment is at least partly effective for comorbid MHSUP, many people never receive face-to-face intervention; some people may also be excluded from mental health services because of their problematic substance use.

A harm minimisation approach focuses on reducing the harm to individuals and the community from alcohol and drug use. This includes providing safer using information, needle and syringe exchange programs, brief interventions and a range of other work focussed on enhancing the safety.

There is increasing evidence that integrated care, addressing both the mental health and substance use problem concurrently (by the same provider or the same service), is effective. Access to integrated comorbidity treatments is crucial in overcoming the problem of comorbid mental health and substance use problems (MHSUP) and its associated harms (NDARC, 2013)

1.3 Features of MI Fellowship's approach to working with substance use

MI Fellowship will:

- Take a harm reduction approach that does not exclude people with substance use issues but focuses on safety and minimising the negative impacts of substance use
- Use screening tools as part of assessment and actively refer people to appropriate AOD support services
- Work in partnership with specialist AOD services as part of an individual's integrated support plan
- Support participants to access peer support programs with a focus on substance use problems
- Offer Well Ways Duo peer education program to families and friends of people with comorbid MHSUP

1.4 References

'One person, diverse needs: living with mental health and alcohol and drug difficulties. A review of best practice', 2013, National Drug and Alcohol Research Centre, University of New South Wales

'A contributing life', 2013, National Mental Health Commission annual Report Card on Mental Health and Suicide Prevention.

Community Recovery Model

People affected by mental illness have the right to create a good life: making a home, engaging in meaningful work or learning, and building good relationships with friends, family and people in their community.

MI Fellowship's Community Recovery Model recognises that real and lasting recovery does not occur in isolation, and can be best achieved by working at three levels to:

- promote recovery and positive change for people with mental illness
- assist families and friends to build resilience
- create welcoming communities.



family and friends

- We understand mental illness
- We know what helps recovery
- We look after our own wellbeing

Individual

- I can take charge of my life
- I feel connected to people
- I am part of my community

Community

- We include people with mental illness
- We stand up for equal rights
- We create opportunities for people

Helpline 03 8486 4222
or help@mifellowship.org 9am to 5pm, Monday to Friday

Mental Illness Fellowship Victoria
276 Heidelberg Road Fairfield Victoria 3078 T: 03 8486 4200

