

Response to the NSW Mental Health Commission Mental Health and Wellbeing Strategy

August 2025

The Network of Alcohol and other Drugs Agencies (NADA) is the peak organisation for the non-government alcohol and other drugs sector in NSW. We represent 87 organisational members that provide services in over 100 locations across NSW, employing over 1,000 staff. They provide a broad range of services including health promotion and harm reduction, early intervention, treatment and continuing care programs. Together, we improve the health and wellbeing of people who use, or have used, alcohol and other drugs across the NSW community.

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ABOUT NADA

The Network of Alcohol and other Drugs Agencies (NADA) is the peak organisation for non-government alcohol and other drug (AOD) services in NSW. We lead, strengthen and advocate for the sector. Our decisions and actions are informed by our members' experiences, knowledge, and concerns.

We represent 87 organisational members that provide services in over 100 locations across NSW, employing over 1,000 staff. Our members are diverse in their structure, philosophy, and approach to service delivery. They provide a broad range of alcohol and other drugs services, including health promotion and harm reduction, early intervention, treatment and continuing care programs.

We provide a range of programs and services that focus on sector and workforce development, data management, governance and management support, research and evaluation, sector representation and advocacy, and actively contribute to public health policy.

Together, we improve the health and well-being of people with living and lived experience of alcohol or other drug use across the NSW community.

NADA has award-level accreditation as reviewed by Quality Innovation and Performance (QIP), under the Australian Service Excellence Standards (ASES). A quality framework accredited by the International Society for Quality in Health Care – External Evaluation Association (IEEA).

To learn more, visit www.nada.org.au.

PREPARATION OF THIS SUBMISSION

This submission is based on feedback from the NSW NGO alcohol and other drugs (AOD) sector.

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Response to the NSW Mental Health Commission Mental Health and Wellbeing Strategy

1 The Mental Health service system

- 1.1 What is working well?
- 1.2 What is not working?
- 1.3 What needs to change?
- 1.4 How should change happen?

NADA Position:

1.1 What is working well?

Co-occurring needs surrounding substance use and mental health are common (Mills et al 2019). Among people entering alcohol and other drug (AOD) treatment in Australia, 50-76% meet the diagnostic criteria for at least one co-morbid mental illness. NADA member services have a long history of providing treatment to people with co-occurring mental health concerns. Systematic reviews suggest that integrated treatment combining substance use and mental health interventions in residential services are best practice (Hatton et al 2025) and where this has been implemented outcomes are improved. In 2023/2024, NADAbase data for services that use the Kessler 10 indicated that 74.9% of people who accessed NSW NGO AOD treatment showed a decrease in psychological distress (NADA, 2024).

There are several new and existing service models that support the mental health and wellbeing of NSW communities. **Safe Haven services** are part of the Towards Zero Suicides initiative, the NSW Government's commitment to reducing suicide rates in NSW. Emergency Departments (EDs) can be a challenging environment for people experiencing suicidal distress. Safe Havens provide an alternative space for people in distress and are staffed by peer workers. Many people experiencing suicidal distress report use of alcohol and other drugs (AOD).

Current **tele-health services such as Mental Health Emergency Care-Rural Access Program (MHEC-RAP)** provide services where large distances and staff shortages mean that rural hospitals are unable to provide skilled mental health assessments and management for patients with mental health emergencies.

New approaches under the Special Commission of Inquiry into the Drug 'Ice' response include new models of care for AOD treatment that have been developed and launched both in hospital settings and in the community, for example, **Safe Assessment Units and AOD Hubs. NADA supports the introduction of these new services that will contribute to reducing pressure on EDs and aim to improve consumer and staff experiences.**

NSW Health's Centre for AOD funded twelve **AOD Hubs** across the state in response to Ice Inquiry recommendations. Hubs aim to improve partnerships and linkages for mental health, AOD and other support services. Some of the hubs include programs designed for specific groups, e.g. people who have been in contact with the justice system, pregnant women, families with children, people in regional areas, young people, people experiencing homelessness and Aboriginal people. Linkages are provided to services to support people with housing, training, legal advice, employment and NDIS packages.

Hospital Mental Health and Drug and Alcohol Consultation Liaison services have a key role in the assessment and management of mental health and drug and alcohol related conditions during hospital

presentations and/or during care. Where co-located, these roles work together to achieve best outcomes for consumers presenting with co-occurring needs. **NADA recommends expansion of these roles to further enhance the ability of EDs to meet the needs of people presenting. The co-location of peer workers with these roles in EDs is also recommended.**

The introduction of **Safe Assessment Spaces** at selected EDs by NSW Health represent a significant advancement in the management of people with mental health and alcohol and other drug concerns. These spaces offer a tailored approach that prioritises safety, support, and effective treatment. They are designed to enhance the overall quality of care in emergency settings while addressing the specific needs of vulnerable populations. Expansion of these units across the state would support access to timely and specialised treatment.

The Community Mental Health Drug and Alcohol Research Network (CMHDARN) is a partnership project between Mental Health Coordinating Council (MHCC), the Network of Alcohol and other Drugs Agencies (NADA) and the Mental Health Commission of NSW. It aims to raise awareness of co-occurring needs by fostering a research culture with opportunities for collaborations amongst community organisations and universities and engage the mental health and AOD sectors in practice-based research. **Increased resourcing would allow more than one capacity building grant of \$20k to an NGO annually to expand the impact of this initiative.**

1.2 What is not working?

Traditional funding streams of the mental health and alcohol and other drugs sectors have led to discrete models of care. While this does not necessarily mean services do not work together to address the people's needs, it can mean that people presenting to services do not fit the service, rather than the service having the capacity for a "no wrong door" approach and working together to facilitate the best outcomes for people.

A more coordinated approach to service delivery with specialised integrated mental health and AOD services would facilitate a better experience for people accessing treatment. This aligns with a need for workforce capacity building and increased resources for services to provide intensive support for people living with psychosocial disabilities related to mental health and AOD. **Increased funding for AOD services to embed mental health nurses and allied health roles within services would support the AOD sector to provide more effective treatment for people with co-occurring mental health concerns.**

As highlighted in the National Mental Health Commissions National Report Card 2024, **cost, stigma and discrimination, financial insecurity, and gaps in social connection continue to limit access to quality care and recovery pathways** for people with direct experience of mental health support needs.

1.3 What needs to change?

NADA supports a whole of government approach to align mental health and alcohol and other drugs services to foster collaboration and a "no wrong door" approach.

Increased access to subsidised psychology and psychiatry services for people engaged in AOD treatment would facilitate better outcomes. Where there are existing mental health clinicians within AOD services there is a streamlined process for accessing the support required and greater capacity for shared care approaches. **Further funding for AOD services to embed mental health clinicians in existing services would support this approach alongside building the mental health capability within the AOD workforce.**

There are 23 Safe Havens across NSW. These Safe Havens are based on, or near, hospital grounds. They are staffed with suicide prevention peer workers to offer emotional support and provide information on available services. **NADA supports expanding these Safe Haven services to provide safe spaces for people experiencing distress** across NSW.

1.4 How should change happen?

Recommendation 1 of the NSW Ice Inquiry called for delivery of trauma-informed training to all NSW Health and NGO staff. **NADA support improved access to professional development and training** to support and sustain the current and future AOD workforce and to support cross sector capacity. Building the capacity of AOD workers to manage people who experience major mental health concerns would enhance support to those who need it most. **Access to AOD education is also a priority for workers in the mental health sector** who frequently engage with people who use AOD, to build their capacity to support people and promote cross sector partnership. **Upskilling the mental health sector in harm reduction approaches** to AOD use would support them to work with people where they are at. Inclusion of community education and education to people who use AOD would increase awareness and help reduce stigma and discrimination.

Co-design of services and interventions with people with lived and living experience of mental health and alcohol and other drug use would support a more comprehensive and collaborative approach.

2 Mental Health Wellbeing in communities

2.1 What could improve mental health and wellbeing across our communities?

2.2 What roles should NSW government departments and agencies play in that?

2.1 What could improve mental health and wellbeing across our communities?

NADA supports **appropriate funding for the integration of health and social services**, informed by existing evidence-based models that are working well. There is also a need for **increased investment in telehealth and remote services, particularly for those in rural and regional areas**, including capacity building to support skill development and access to technology.

NADA believe the following initiatives would improve mental health and wellbeing of communities:

- Site-based multi-disciplinary mental health teams composed of workers with the skills to respond to the specific needs and demographics of the communities. This could include more Aboriginal and multi-cultural mental health workers to create cultural and clinical safety in services.
- Increased investment in hub models where multidisciplinary teams work together to increase connection, recovery and wellbeing.
- Mental health training for sectors directly interfacing with the public, such as mental health first aid training for retail and transport workers. Many people struggle with mental health concerns but never present to services. Increasing visibility through this training would effectively combat stigma and discrimination.
- Addressing data gaps related to lived/carer experience, whole-of-life outcomes, and diversity of experiences (e.g., gender diversity, LGBTQ+ experiences, intersectionality) could lead to improvements in person-centred care.
- Rolling out the Social and emotional wellbeing model across Aboriginal and non-Aboriginal services to support connection.
- Improved access to ongoing support in the community to reduce loneliness and social isolation and the capacity of people exiting residential services to access appropriate housing to avoid exits into homelessness and increased risk of loneliness and isolation.

2.2 What roles should NSW government departments and agencies play in that?

NADA supports the priority actions as part of the [2024 NSW Drug Summit report](#) for the NSW Government to address the following areas:

Increased connection to families, carers and communities

- Where required, the Centre for Alcohol and other Drugs (CAOD) and Mental Health Branch (MH) could support provision of community-led and targeted information and community development activities to meet the specific needs of priority population groups.
- NSW Health could improve navigation tools and access points for families seeking support, including implementing a lived and living experience ambassador program.
- CAOD could address system fragmentation by implementing more navigational supports and local care coordination, prioritising lived experience peer workforces and carers, by expanding models such as the AOD Hubs

Increased investment in evidence-based treatment and services

- NSW Health could appropriately fund the integration of health and social services through innovative models that respond to the holistic needs of clients, including availability of mobile and/or telehealth services, and digital programs and navigation support.
- NSW Health could ensure access to specialist mental health services is available in all residential rehabilitation services that receive public funding, to increase the number of residential rehabilitation facilities that cater to individuals with co-occurring conditions.
- Community organisations could be funded by NSW Health and DCJ to increase place-based local programs that build community capacity and connection, including out of school-hours activities and community events.
- NSW Health could strengthen efforts to reduce costs and access barriers to mental health support such as psychology and psychiatry, to reduce waiting times and improve affordability for marginalised populations.
- MH could continue the reduction of seclusion/restraint practices and increase the use of least restrictive practices.

Building workforce capacity and sustainability

- In partnership with DCJ, NSW Health could allocate funds to ensure greater access to learning and development opportunities across the AOD, child protection, mental health, and domestic and family violence sectors, to increase understanding and awareness of child and family needs in the context of parental mental health and/or use of alcohol and other drugs.
- NSW Health could increase funding for workforce development and sustainability across the government and non-government sectors and disciplines
- NSW Health could prioritise trauma-informed approaches and education for all NSW Health funded organisations.

Improved systemic response

- NSW Health could support the expansion of co-designed, lived experience-led data collection and evaluation, particularly regarding social and emotional wellbeing, care experience, and outcome priorities most valued by people with mental health concerns as part of value-based healthcare.
- Recognise and respond to the broader social determinants of mental health, particularly housing security, financial stress, and experiences of discrimination, with lived experience involvement in all solution design.
- NSW Health and DCJ could collaborate with First Nations communities to embed culturally anchored, strengths-based definitions and measures of wellbeing throughout all monitoring and reporting.
- NSW Health could partner with Homelessness Australia for the provision of safer and more affordable housing through increased investment in public and social housing, including support for transitional housing, and prioritising Housing First models. This could be an adjunct to the Housing and Mental Health agreement currently in place.

- NSW Health could increase the reach of the positive impact of the [Community Living Supports-Housing Accommodation Support Initiative](#) (HASI) and [HASI-Plus](#) programs in the context of the refreshed [CLS Service Model](#) taking effect next year and acknowledging the number of program participants who experience AOD dependency.
- In the context of the recent release of the NSW Health Homelessness Strategy 2025-2035 in addition to social and transitional housing, increasing access to a range of temporary and crisis accommodation options, particularly for people who use AOD who are excluded from so many accommodation services, would improve outcomes.

3 General Reflections

3.1 How will we know we are making a difference?

The following would be effective indicators that implemented strategies are having the intended impact:

- Improved access to support for families impacted by suicide
- Increased follow-up and assertive outreach to people after leaving a mental health-inpatient unit, ED or residential rehabilitation services
- Increased integration of services to improve outcome for people with co-occurring mental health and AOD concerns
- Integrated mental health and wellbeing response
- Improved outcomes for people with co-occurring disorders who access AOD treatment
- Decreased waiting times for treatment in EDs and for community psychiatry services.

References:

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