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Draft Model of Care for Phase 1 of Youth Treatment Orders

I write on behalf of the Royal Australian and New Zealand College of Psychiatrists, SA Branch (RANZCP SA), in response to the public consultation on the draft Model of Care for Phase 1 of Youth Treatment Orders.

The RANZCP is a membership organisation that prepares doctors to be medical specialists in the field of psychiatry, supports and enhances clinical practice, advocates for people affected by mental illness, and advises government on mental health care. The RANZCP comprises over 6,900 members, including more than 5,100 qualified psychiatrists and around 1,800 members who are training to qualify as psychiatrists. Its members hold expertise relevant to this response as members of the RANZCP Faculty of Addiction Psychiatry and Faculty of Child and Adolescent Psychiatry.

RANZCP SA acknowledges the damaging impact drug dependency is having on young people, their families and communities and the importance of early intervention to address substance abuse.

At the outset, we would like to reiterate our concern there is insufficient evidence regarding the effectiveness of involuntary treatment in rehabilitating or achieving long-term behavioural change for substance use disorder.

Those concerns notwithstanding, RANZCP SA has two comments in relation to the draft Model of Care.

1) Specialists undertaking the assessment.

Section 6.3 specifies the senior medical consultants who will undertake the assessment, including a Child and Adolescent Psychiatrist, Addiction Medicine Specialist, and Paediatrician.

Specifying employer of consultants

The list specifies employers for the first two (CAMHS and DASSA). While for the most those services are where consultants are likely to be working, this section describes principles as to how assessments are to work. We suggest the consultants be broadly described, rather than narrowly limited to these services. There exist specialists from other agencies both existing and future who could also be called on by the Minister to perform these functions if required (e.g. Headspace and similar).
Assessment for the ‘diagnostic appraisal of the Substance Use Disorder, including determination of drug dependence’.

Psychiatrists who are members of the Faculty of Addiction Psychiatry are accredited specialist consultants in addictions and should be included alongside Addiction Medicine Specialists in the three person assessments.

These specialists have undertaken advanced subspecialty training under the RANZCP and, like Addiction Medicine Specialists, are specialists in this area. They are familiar with the relevant legislation, are highly qualified in assessing and determining dependence and will in addition have undertaken some child and adolescent psychiatry training.

While many RANZCP Addiction Psychiatrists hold dual College membership and are also RACP Addiction Medicine Specialists, this is not universally the case. South Australia’s cohort of Addiction Medicine Specialists and Addiction Psychiatrists is not large, however the expertise of the latter has been overlooked in the draft MoC. The public interest will be best served by including all suitably qualified specialist consultants as potential assessors.

2) Definition of substance dependence

The preamble to Section 6, covering Assessment Orders, refers to dependence as defined by the International Classification of Diseases, Tenth Revision (ICD-10). The ICD 11 is now ratified and would offer a more up to date definition for dependence.

Thank you for the opportunity to contribute to the development of this important initiative.

To respond to the matters raised in this letter or should you have any questions, please contact Mr Matt Hee, RANZCP SA Policy & Advocacy Advisor, at matt.hee@ranzcp.org.

Yours sincerely

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Chair
RANZCP South Australian Branch