

“I am numbing the pain”:

Mental health among clients of the Sydney Medically Supervised Injecting Centre

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Introduction and Aims:

The Sydney Medically Supervised Injecting Centre (MSIC) is a supervised injection facility (SIF) where people who inject drugs (PWID) can inject drugs legally under the supervision of trained health professionals. MSIC has supervised more than 930,000 injections and managed over 5,925 overdoses without a single fatality. Approximately 70% of clients had never accessed a local health service prior to registering at MSIC.¹

PWID are generally more likely to have lower levels of education and employment, a prison history and live in unstable housing and these statistics are true of the over 15,000 registered clients of the Sydney MSIC.

Staff engage this ‘hard to reach’ population and aim to improve access to health, drug treatment and psychosocial services, including mental health. To date more than 11,500 referrals have been made, connecting people to health, social and mental health services.

MSIC is uniquely placed to assess and engage with PWID regarding their mental health. Mental health referrals have been facilitated greatly by the introduction of a dedicated mental health nurse position in late 2012.²

In late 2014, MSIC initiated a quantitative research project to assess the mental health of clients via a suite of assessment tools. The aim was to develop a clear picture of client’s access to mental health services, their mental health symptoms, their social networks and current & past trauma.



Of the 15,000 clients, 70% had never accessed a local health service prior to registering at MSIC

Design and Methods:

The mental health of 50 of the most frequently attending MSIC clients was assessed by the service’s mental health nurse.

Frequent attendance was defined as the top 100 clients visiting MSIC between 1st October and 31st December 2014 (visit count ranged from 29 to 321). The top one hundred visitors were engaged and enrolled until a sample of 50 was achieved. For the 20 minute interviews clients were reimbursed with a \$40 gift voucher.

A broad mental health history (including suicide and self-harm histories) was collected as well as: Lubben’s Social Network Scale³; Basis-24* (measures depression, functioning, relationships, self -harm, emotional lability and substance abuse over the last week); trauma scales and measures of PTSD symptoms.^{4,5}

Results:

- Of the 50 clients interviewed:
- 70% male, 26% female and 4% transgender
 - mean age 42 years
 - 16% were Aboriginal
 - 62% unstable accommodation
 - 92% unemployed
 - 70% prison history

Table 1: Mental health measures of MSIC clients compared to general population

MSIC clients	General population rates
82% received mental health diagnosis	45% of Australians experience a lifetime mental health disorder ⁴
48% depressive diagnosis	20% of Australians experience depression directly or indirectly in their lifetime ⁵
33% psychotic illness	Approx. 1% of Australians are diagnosed with schizophrenia ⁶
54% suicide attempt history	3.3% of Australians have had a suicide attempt in their lifetime ⁷
34% Self - harm	17% of females and 12% males in Australia have a lifetime prevalence of self-harm ⁸
76% no support from mental health services	N/A

Social networks and isolation

The Lubben’s Social Network Scale is traditionally used to assess contact with family and friends among the elderly. Among those interviewed the mean score was 9 (range 0 to 24) and individuals with <12 are considered to be socially isolated. Unsurprisingly, this indicates strong levels of social isolation among MSIC clients.

Mental health symptoms, in the last week

The Basis-24 Scale revealed a mean total score for the sample of 2.59 (SD = 0.79) which can be compared to an inpatient mental health populations of mean 1.85 (SD = 0.83).⁹ This indicates clients experienced more severe mental health symptoms over the past week than an inpatient mental health population.

¹ As of May 2015
² Position currently funded to June 2016, via Commonwealth Substance Misuse Grant
³ validated assessment scale
⁴ Australian Bureau of Statistics, 2009
⁵ Australian Psychological Society, 2012
⁶ Australian Schizophrenia Research Institute, 2013
⁷ The Department of Health, 2014
⁸ Moran et al, 2012
⁹ US inpatient mental health population N =2656

Mental health treatment and medication

Only 24% of clients were currently receiving mental health treatment of any sort. Of these, only 8% had treatment from a psychiatrist or trainee psychiatrist and 2% from a General Practitioner. Forty-four percent reported taking a prescribed psychiatric medication, including 20% oral or injectable antipsychotics and 20% antidepressants and 4% a mood stabilizer.

Mental health symptoms among clients were much higher than a mental health inpatient population⁹

Trauma

The average number of traumas experienced was 4.54 (SD = 2.45) and the average number that were experienced before the age of 16 was 3.04 (SD = 2.50).

The average PCL-C score was 44.54 (SD = 17.33) and the cut off score for a diagnosis of PTSD is 50.

Eighteen clients had a score above 50, which indicates they are suffering PTSD, but only six clients reported that they have been diagnosed.

Table 2: Trauma levels experienced by MSIC Clients

Trauma	Percentage
War/Combat	12%
Accident	58%
Natural Disaster	34%
Witness someone injured killed	78%
Raped	42%
Molested	52%
Physically Attacked	72%
Weapon/Captive/hostage	68%
Tortured/Terrorist	34%

Participants have experienced an average of 5 traumatic events in their lifetime and 3 of these have occurred before the age of 16

Conclusion:

This is a unique study of the mental health of people who use supervised injecting facilities (SIF) or drug consumption rooms (DCR). Learnings include the need for multiple strategies to maximise the mental health outcomes of PWID, such as:

- establish and foster good working relationships with local mental health services to create effective mental health referral pathways;
- ensure that a specialized mental health clinician is employed in SIFs and DCRs;
- up skill staff through ongoing training in mental health and risk assessments and trauma informed care;
- establish regular onsite psychiatric clinics for clients who do not access mainstream health services.

Implications for Practice:

Specialized mental health services are essential partners in the establishment of SIFs and DCRs due to the high levels of mental distress amongst PWID and the multiple traumatic events they experience.

This study builds the evidence of the high prevalence of untreated and supported mental health problems among PWIDs. We found a disconnect between PWID receiving psychotropic medication (44%) and having a qualified prescriber (10%). There needs to be improvement in the sector awareness of the high prevalence of mental health problems and levels of trauma amongst PWID to foster a more humanistic care - understanding trauma demands compassion and an understanding of the ‘numbness’ that is sought via drug use.

We believe a service such as SIFs and DCRs require a dedicated mental health nurse and that these positions are not a luxury but a vital necessity.

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