Mental Health and Alcohol and Other Drugs Serious Incident Review Sub-Committee

Lessons and learnings – July 2026

The following summarises key lessons and learnings identified by the review of Serious Adverse Event Reviews (SAERs) in relation to consumers experiencing co-morbid mental health issues and hazardous, harmful or dependent alcohol or other drug use. Case details have been changed.

Services should review this document to determine what further action is required.

This document contains content that may be distressing. If the content raises concern for you, speak to your manager or your Employee Assistance Program.

Collaborative Care for Comorbidity: Mental Health and Alcohol and other Drugs

Key messages:

Consumers with comorbid mental health issues and hazardous, harmful or dependent alcohol or other drug use have **complex care needs and interconnected risk factors**, including social risks that significantly increase their vulnerability.

Fragmented or siloed care limits the ability for clinicians to recognise deterioration in a person's mental state.

Collaborative care supports a holistic and coordinated approach to care, including support for social needs.

Case 1

A young consumer with alcohol use disorder was engaged in counselling with their local community alcohol and other drug (AOD) service. They lost their rental accommodation and as a result was frequently couch surfing. With housing insecurity, the consumer experienced suicidal ideation and presented to an Emergency Department (ED), resulting in a brief inpatient mental health admission. During admission, the consumer engaged in safety planning and was discharged with referral to the local community mental health service. The local community mental health service provided supportive intervention via phone and discharged to his general practitioner, without handover to the local AOD service. The consumer's engagement with his AOD counsellor became inconsistent, and the AOD service attempted to refer the consumer to the community mental health service via email, who declined the referral as it did not come from the consumer. Over time, the consumer's mental state deteriorated, with increasing alcohol use and ongoing housing instability. The consumer sadly died by suspected suicide.

Mental Health and AOD services were working independently and lacked a shared understanding of the consumer's complex needs. Initial post-discharge engagement was not supported by a collaborative approach, resulting in no shared or comprehensive assessment of risk. As the consumer's engagement declined, there was no coordinated or assertive follow-up. Additionally, housing instability was an important contributor to his vulnerability and was not addressed as part of a collaborative and holistic response to the consumer's needs.

Case 2

An older person with recurrent methamphetamine use had repeated ED presentations related to suicidal ideation associated with substance use. Referrals were made to community mental health and AOD services; however, engagement was inconsistent, with the consumer expressing frustration at having to repeatedly retell their story. A Non-Government Organisation (NGO) maintained contact to support social needs, including housing and risk of eviction. Over time, the consumer's substance use escalated and social stressors intensified, leading to a deterioration in mental health. Following a further ED presentation, the consumer was discharged and, shortly afterwards, sadly died by suspected suicide.

Multiple services were involved in the consumer's care but were working in isolation rather than as a coordinated team. As a result, no single service had oversight of the consumer's mental health, substance use, and social needs. Despite social factors being significant contributors to risk of deterioration, the not-for-profit organisation was not included in care planning. The lack of collaboration also meant there was no coordinated response to disengagement and the missed appointments. In addition, ED discharges lacked effective handover and follow-up, further contributing to a lack of awareness and understanding of the consumer's mental state deterioration.

Learnings and improvement opportunities

Across both cases, the key issue was fragmented care with Mental Health and AOD services operating in isolation rather than collaboratively. The cases highlight opportunities to improve care coordination, including consumer risk assessment and management during known high-risk periods such as transfers of care and disengagement.

Services should:

- Establish shared care plans, including ongoing assessment of risk
- Implement joint clinical meetings to support collaboration between Mental Health and AOD services
- Establish timely clinical handover processes
- Implement assertive follow up processes, including confirmation of appointments

Finally, Mental Health and AOD services should consider social issues such as isolation, homelessness, and housing instability by engaging and including support services in care planning.

Reflective prompts

Consider these prompts during clinical governance meetings, Safety Huddles, Morbidity and Mortality meetings, and local quality improvement planning:

How are we ensuring collaboration across services?	Establish clear processes for developing a single, shared care plan. Establish a process in which responsibility is not transferred but shared, regardless of where a consumer presents for care.
How do we respond to signs of mental health deterioration?	Establish a pathway for assertive follow up and coordinated responses for when appointments are missed or a consumer disengages. Establish a process to ensure services routinely share information to inform a complete understanding of risk.
How well are we addressing consumer's social needs?	Ensure discharge and referral processes include collaborative handovers and confirmed follow-up. Integrate supports for social needs into care planning.

Resources

Clinical Excellence Commission

- Safety Huddles website
- Morbidity and Mortality meetings website
- Lessons for Learning - MHAOD - Stimulants as a Red Flag and Physical Health Screening

NSW Health

- NSW Health Comorbidity Framework for Action: Mental Health and Drug and Alcohol
- NSW Health Clinical Guidelines - For the care of persons with comorbid mental illness and substance use disorders in acute care settings
- NSW Health Discharge planning and transfer of care for consumers of NSW Health mental health services (PD2019_045)

We value your feedback. If you have any questions or comments about this report, email CEC-PatientSafety@health.nsw.gov.au.