



## Mental health services referrals

**RECOMMENDED BEST PRACTICE POLICIES** to increase access to mental health services for people who use drugs:

- Educate clients about mental health service options
- Refer clients to mental health services in the community
- Establish and maintain relationships with a variety of agencies providing mental health services, in particular those with experience working with people who use drugs
- Evaluate and publish any referral initiatives undertaken

### Key messages

Needle and syringe programs (NSPs) and other harm reduction programs can play a key role in helping clients access mental health services. However, literature assessing the frequency and outcomes of these types of referrals is lacking.

Many people who inject drugs and/or smoke drugs like crack cocaine have concurrent mental health disorders, including heightened rates of depression and other problems. The prevalence of mental health disorders tends to be higher among women who use drugs compared to men. Further, people who inject drugs and have concurrent disorders have been shown to exhibit worse mental health symptoms, fewer social supports and resources, and high-risk behaviours for blood-borne infection.

People with co-occurring substance use and mental health disorders have reported unmet needs for mental health services. Across Canada, the integration of substance use treatment and mental health services at both the service and system levels has been a growing trend. Currently, there is a lack of evidence concerning the benefits, opportunities, and challenges related to the integration of harm reduction programs, including NSPs, and mental health services. Such integration may require hiring new harm reduction program staff with appropriate training and qualifications. Peers may play a role in helping connect clients to services in the community.

People with mental health disorders often experience stigma from society at large including healthcare providers, and such experiences and/or anticipation of negative experiences can discourage clients of harm reduction programs from seeking out mental health services. Illicit drug use, injection drug use, and living with HIV and/or hepatitis C are highly stigmatized as well. People who use drugs in ways that increase the risk of blood-borne virus transmission and suffer from a mental health disorder(s) may thus experience double or overlapping stigma, and in turn this may prevent them from accessing multiple services. This is an especially important consideration for harm reduction service providers to be aware of and integrate into their practices by, for example, developing understanding of experiences of stigma and discrimination in their region. Trauma is another key consideration. Many NSP clients report past and recent histories of trauma and/or re-exposure to trauma, and report that drug use has been a way to help deal with the physical, emotional, or psychological pain from trauma.