

Supervised Injecting Room Use and Mental Health Contacts: Findings from the SuperMIX Cohort

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Introduction: People who inject drugs experience substantial mental health morbidity and often require support. Supervised injecting facilities (SIFs) aim to reduce overdose and other drug-related harms, and the Melbourne SIF includes linkages to mental health care. Using longitudinal data from SuperMIX, we estimated the association between Melbourne SIF use and subsequent mental health service contact.

Method: Data were from SuperMIX, a prospective cohort of people who inject drugs in Melbourne (July 2018–December 2024). The outcome was self-reported mental health service contact since the previous interview. The exposure was time-varying self-reported use of the Melbourne SIF since last interview. To ensure temporal ordering, mental health contact was lagged by one interview, with exposure–outcome intervals restricted to 30–730 days; periods with no injecting were excluded. The total effect of SIF use on subsequent mental health service contact was estimated using population-averaged logistic GEE models within a structural causal framework, adjusting for sex and time-varying age, housing status, and prior mental health service contact, with GEE accounting for within-person correlation.

Results: Of 1,651 participants interviewed after SIF opening, 410 were included in analyses (66% men; median age at baseline 41 years [IQR 35–46]). At baseline, 33% reported recent mental health service contact, 45% reported SIF use, and 16% were unhoused. While findings showed SIF use reduced the odds of subsequent mental health service contact (aOR=0.80, 95% CI=0.56–1.13), the confidence interval included the null.

Discussions and Conclusions: We found no clear evidence that Melbourne SIF use altered the likelihood of subsequent mental health service contact, though results suggested a possible protective effect. Planned analyses of linked administrative mental health data using causal inference methodology will provide more robust estimates of total causal effect.

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