Submission to:

WA Education and Health Standing Committee Inquiry into the Adequacy and Appropriateness of Prevention and Treatment Services for Alcohol and Illicit Drug Problems in Western Australia

July 2009

Inquiry into the Adequacy and Appropriateness of Prevention and Treatment Services for Alcohol and Illicit Drug Problems in Western Australia

beyondblue welcomes the opportunity to formally respond via submission to the WA Education and Health Standing Committee Inquiry into the Adequacy and Appropriateness of Prevention and Treatment Services for Alcohol and Illicit Drug Problems in Western Australia.

About *beyondblue: the national depression initiative*

beyondblue: *the national depression initiative* is a national, independent, not-for-profit organisation working to address issues *associated* with depression, anxiety and related disorders in Australia.

beyondblue works in partnership with health services, schools, workplaces, universities, media and community organisations, *as* well as people living with depression and their carers, to bring together their expertise. Specific population groups that *beyondblue* targets due to the high prevalence of depression and anxiety are young people, Indigenous peoples, people from culturally and linguistically diverse backgrounds, people living in rural areas, and the elderly.

beyondblue has five priority areas that it structures its work around. These are:

1. Increasing community awareness of depression, anxiety and related substance use disorders and reducing stigma;
2. Providing people living with depression and their carers with information on the illness and effective treatment options and promoting their needs and experiences with policy makers and healthcare providers;
3. Developing depression prevention and early intervention programs;
4. Improving depression training and support for general practitioners and other healthcare professionals;
5. Initiating and supporting depression-related research.

Submission structure

In this submission, we will respond to the second Terms of Reference issue regarding services for the treatment and support of people with alcohol and drug problems.

Depression/anxiety will be addressed within the context of alcohol and drug use and the importance of mental health being a part of specialist alcohol and drug services.

In this submission we provide relevant evidence and information on mental health issues, particularly depression and/or anxiety, in people with alcohol and illicit drug problems; as well as recommendations relating to mental health in this target group.

Prevalence and impact of depression and anxiety

Mental health is of critical importance to overall health. Depression and anxiety disorders have a significant impact on health in the community, with 20.5% of women and 13.3% of men experiencing depression and/or anxiety at any one time.[1] Women disproportionately experience mental illnesses but also often act as carers for others experiencing mental illness. Figure 1 below shows the gender differences amongst specific affective and anxiety disorders, whereby women experience higher levels of all types of anxiety and affective disorders, excluding bipolar affective disorder.

Anxiety / Affective Disorder
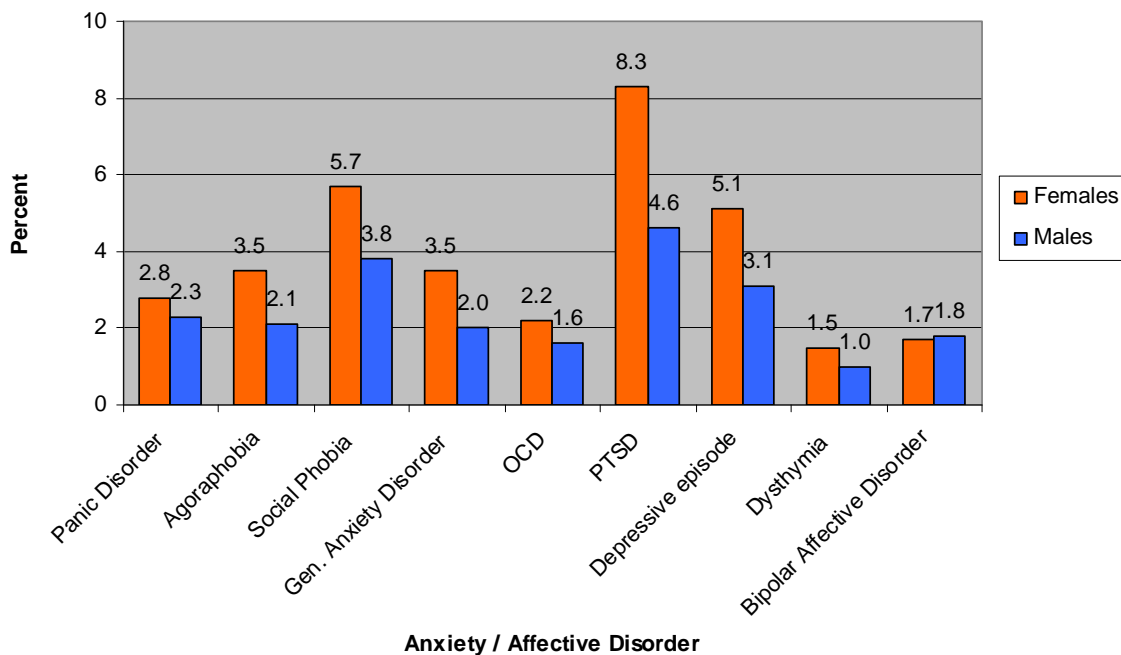
Figure 1: 12-month Anxiety and Affective Disorders by Gender

Depression and anxiety are the leading cause of disease burden among Australian women accounting for 10.0% of the total burden of disease, outranking ischaemic heart disease (8.9%) and stroke (5.1%).[2] For men, depression and anxiety is the third leading cause over overall male burden of disease accounting for 4.8% of the disease burden, behind ischaemic heart disease (11.1%) and type 2 diabetes (5.2%).

When non-fatal disease burden is considered, however, depression and anxiety are the leading cause of burden for both men (10.0%) and women (18.1%). The burden of depression and anxiety not only manifest in years of life lost, but costs significantly in direct health costs, lost income, decreased productivity, relapse, relationship breakdown, and impaired and/or reduced care giving and wellbeing.

Comorbid depression/anxiety and alcohol and illicit drug use

Alcohol use and depression/anxiety

Alcohol abuse is associated with a high prevalence of several mental health conditions, including social phobias and anxiety disorders, bipolar disorder and depression.[3]

A meta-analysis of 35 epidemiological studies showed that alcohol problems are more common in people who are depressed than in the general population.[4] The meta-analysis reported a median prevalence of current or lifetime alcohol problems in depressed patients of 16% and 30% respectively, compared with 7% and 16–24% current or lifetime alcohol problems in the general population. Furthermore, the study found that alcohol abuse was associated with worse outcomes in terms of depression course, self harm and suicide risk, social functioning and health care use.

The research surrounding alcohol use and anxiety disorders has shown that individuals with social phobias are much more comfortable in social situations if they have used alcohol,[5-7] and that these individuals are at high risk of dependence if they continue to drink to manage their condition.[8]

Illicit drug use and depression/anxiety

The complex range of problems that produce dependent drug use are often related to emotional, psychological and physical trauma, and depression. People with mental health conditions generally find drugs to be an effective short term way of self medicating, escaping anxiety, depression and other disorders. Many consumers of mental health services have a history of drug use and self medication with drugs – usually alcohol, tobacco and cannabis.

Mental health disorders among individuals with substance use issues have been associated with significantly poorer outcomes including:
- increased substance use
- worsening psychiatric symptoms
- increased use of institutional services
- poor medication adherence
- homelessness
- poor social outcomes including impact on carers and family
- increased suicidal behaviour
- contact with the criminal justice system.

There is extensive evidence indicating that co-occurring depression/anxiety and illicit drug use is highly prevalent. Findings from the Illicit Drug Reporting System (2004)[9] reveal that the main reasons for illicit drug users attending a health professional were for depression (69%), anxiety (34%), schizophrenia (12%), panic (8%), drug induced psychosis (6%), manic depression (5%) and paranoia (5%).

The Senate Select Committee on Mental Health (2006) estimated that 30-50% of all drug dependence is associated with mental health disorders. In fact, the Committee noted that comorbidity is the expectation not the exception for people receiving treatment for either mental health or a substance abuse disorder.

Despite the above range of problems, effective screening, assessment and treatment interventions are available and, most consumers can and will achieve positive outcomes with appropriate treatment and support.

Services for people with comorbid depression/anxiety and alcohol and illicit drug use

The need for services to better meet the needs of those requiring treatment and support for people with comorbid depression/anxiety and alcohol and drug use is not new. It is also well recognised that individual's presenting with this form of comorbidity do not always receive quality and effective care and often 'fall between the cracks' of the specialist alcohol and drug and mental health sectors.

Historically, alcohol, drug and mental health services have evolved and operated separately. While there is some acceptance that both specialist alcohol and drug and mental health services are addressing the needs of comorbid clients, the extent to which the client's needs are being appropriately met within the existing service structures is questionable.

Providing effective assessment, treatment, service and care to someone with alcohol and/or other drug use problems and a mental illness is one of the biggest challenges facing frontline health care services and their workforces. The complexity of issues makes diagnosis, treatment, management and support difficult, with service users being at higher risk of relapse, self harm and suicide.

There is a need to build capacity and skills across the alcohol and illicit drug use treatment sector to assist consumers with comorbid presentations. This includes providing mechanisms that ensure access to resources and training, as well as ongoing support to assist alcohol and drug services to better link up with broader health, welfare, community support, and mental health services.

Developing a broad and workable strategy is an opportunity to provide alcohol and drug treatment services with the support and assistance to increase the skills and knowledge of workers, as well as increase the capacity of the sector to deal with the complex needs of consumers with comorbid conditions. It is important, over the long term, to develop and maintain a multi-disciplined and professional workforce to effectively manage the complexities of people with comorbid conditions.

Recommendations

1. Develop initiatives to enable workers and managers of specialist alcohol and drug services to develop/use the mechanisms and resources to achieve improvements in mental health care.

2. Develop strategies that seek to better qualify, train and professionally develop the workforce, and build capacity of the workforce.

3. Develop strategies that seek to strengthen and formalise partnerships with related professionals through linkage activities.

4. Assist development of improved networks between specialist alcohol and drug services, health care providers and community and welfare services.

5. Develop resources (eg, guidelines) for managers and staff of specialist alcohol and drug services to assist in the effective screening, treatment, management and referral of patients with mental health issues.

6. Develop workplace-based learning materials on managing consumers with a concurrent mental illness.

7. Invest in delivering face-to-face and online mental health and comorbidity training.

beyondblue has recognised the importance of the co-existence of depression/anxiety and alcohol and drug disorders and has initiated a number of pieces of work to address the issue. This includes the development of a large national community campaign on alcohol and depression and the commissioning of a large body of research in the area and it will form an expanded priority focus of *beyondblue's* work in the coming years.

beyondblue Victorian Centre of Excellence

The *beyondblue* Victorian Centre of Excellence brings together capacity, expertise and skill to enable the development and delivery of high quality, best practice responses to depression and related disorders with national applicability. The Centre was launched in 2002 and has had subsequent annual grant rounds. The following research investigating the relationship between depression/anxiety alcohol and illicit drug problems has been supported through the Centre. All project reports are available on the *beyondblue* website.

Project Title	Principal Investigator	Organisation	Funding
An inter-professional intervention to detect and manage postnatal depression among drug-dependant, pregnant women: A pilot study	Dr Susan Nicolson	University of Melbourne	$50,000
Determining the effectiveness of a new model of care for young people with co-occurring depression and substance misuse	Dr Leanne Hides	ORYGEN Research Centre	$300,000 (joint funding with Dr Lee)
Development of alcohol misuse first aid guidelines for Indigenous Australians	Professor Anthony Jorm	University of Melbourne	$90,000
Development of drug misuse first aid guidelines for Aboriginal and Torres Strait Islander people	Ms Betty Kitchener OAM	Orygen Research Centre	$99,198
Evaluation of a best practice integrated intervention for regular methamphetamine users with co-morbid depression	Dr Nicole Lee	Turning Point Alcohol and Drug Centre	$300,000 (joint funding with Dr Hides)
Exploring Melbourne's hidden epidemic: Medication overdose, depression and their management by ambulance paramedics	Dr Paul Dietze	Turning Point Alcohol and Drug Centre	$100,000
Health problems of patients with dual diagnosis: To what extent do these patients slip through the net?	Dr Petra Staiger	Deakin University	$200,000
Improving pathways of care for individuals with a dual diagnosis: implementing an early identification model at an integrated primary care and community health setting	Dr Petra Staiger	Deakin University	$212,842
Screening for co-morbid affective disorder and substance abuse disorder by general practitioners	Ms Sandra Davidson	Dept of General Practice, Monash University	$50,000
Treatment for depression: A qualitative exploration of the experiences of alcohol and drug users	Ms Tracey Talko Jacqui Cameron	Turning Point Alcohol and Drug Centre	$44,000

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