

Literature review on Alcohol and Other Drugs and Mental Health Comorbidity

Thursday 1 October 2009

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Today's presentation

- Background to project
- Present findings of literature review
- Highlight key issues emerging from literature



Background



- MHCA commissioned to conduct literature review relating to substance misuse and mental health disorder comorbidity.
- Funding provided by the Office for Aboriginal and Torres Strait Islander Affairs (OATSIH).



Terms of Reference

“Review the literature on AOD and mental health co-morbidities and provide advice on its relevance to future directions in AOD, mental health, and social and emotional wellbeing strategies in the Northern Territory”.



Structure

Part A: Overview of mental illness, drug misuse and co-morbidity

Part B: Best practice management

- System governance and management
- Access, coordination and linkages
- Assessment
- Treatment
- Follow-up
- Quality Assurance
- Workforce



Scope and approach

- International literature – predominantly coming from US, UK, Canada and NZ
- Focus on key studies
- Emphasis on studies relating to best practice



Overview



International:

- most co-morbid clients also experience other complex social problems.

National:

- the term 'social and emotional wellbeing' preferable to 'mental health'
- concept of cultural competence
- treatment engagement
- treatment effectiveness is linked to social support
- lack of these services in Australia



Extent of comorbidity



International:

- comorbidity increasingly recognised internationally

National:

- comorbidity now the norm?
- “ Evidence now suggests that drug and/or alcohol misuse among patients with mental disorders must be considered as usual rather than exceptional” (WA 2006)



System governance & management



International

- WHO principles – integrated care etc

National

- emergence of specific strategies on comorbidity
- 'no wrong door' strategies in Vic and Qld



Access, coordination & linkages



International:

- rural/remote residents have fewer mental health and general health services than urban residents.

National:

- Aboriginal people living in remote communities have very limited access to suitable mental health care and currently have high rates of chronic mental illness.



Assessment



International:

- screening for both SA & MH issues
- importance of initial engagement
- uniformity in screening and assessment
- an assessment tool of itself is not sufficient for providing a comprehensive assessment

National:

- screening both SA & MH disorders to assess those at high risk of comorbidity



Treatment



International:

- integrated treatment appears more effective
- still little evidence on effectiveness of particular interventions

National:

- cognitive behaviour therapy, problem solving therapy and family therapy may be effective
- generalist counselling has not been proven effective



Follow-up



International:

- treatment is generally going to be long-term and follow-up is essential

National:

- addressing the context is vital
- gaining or sustaining employment to assist in reducing alcohol intake
- need for specific relapse prevention strategies



Quality assurance



International:

- importance of worker attitudes

National:

- clinician views about working with comorbid clients
- no national guidelines



Workforce capacity & retention



International:

- staff feel under-prepared to deal with comorbid clients

National:

- staff not feeling confident in assessing aboriginal health issues
- lack of a mental health workforce may contribute to stress among the remote primary health workforce



Key findings



- Good management of co-morbidity is a particularly important issue in the NT, given likely prevalence
- Specific policy and strategy required
- Service fragmentation is a major obstacle to improvement



Future directions



- Emphasis should include:
 - committing to a 'no wrong door' approach
 - consistent assessment
 - assessing the role and effectiveness of various therapies
 - encouraging initiatives such as staff exchanges, joint training etc





Thank-you

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