

Alcohol and other drug use by young people with a mental illness

For many young people the experience of mental ill-health and alcohol or other drug use go hand in hand. Co-locating services and providing joint treatment overcomes the barrier of divided services and shortfalls of treating health issues in isolation.

KEY ISSUES

A peak in the onset of mental illness between the ages of 12 and 25 years coincides with many young people's first exposure to alcohol and other drugs. Young people with a mental illness are more likely to use alcohol and other drugs.

- 48 percent of young people with a mental disorder also have a substance use disorder
- one-in-four young people report using alcohol or other drugs to manage their mental health
- among 13-17 year olds with severe depression 24 percent smoke and 34 percent drink alcohol.

Divided treatment services for mental ill-health and alcohol and other drug use is a barrier to accessing the range of health services young people with co-occurring issues need.

Low rates of access to mental health services by young people is linked with high rates of alcohol and other drug use and limits the potential for early intervention. Delayed access to treatment for these health issues increases the risks of poor longer-term health outcomes.

KEY RESPONSES

Earlier and improved rates of access to health services for young people could be achieved by:

- Increasing access to treatment by comorbid young people through a three year trial of a targeted Joint Dual Diagnosis Treatment Plan (similar to the Better Access model but with sessions for both illnesses) as part of the Australian Government's packaged care policy for people with a severe or complex mental illness.
- Utilising eHealth products and services to provide new opportunities for improved engagement with young people. The speed with which new programs are being developed requires a system for evaluation and accreditation.
- Young people can experience medical clinics as unwelcoming and stigmatising. Primary Health Networks could trial enhancements (such as those used by headspace) to make existing primary health clinics more youth-friendly.

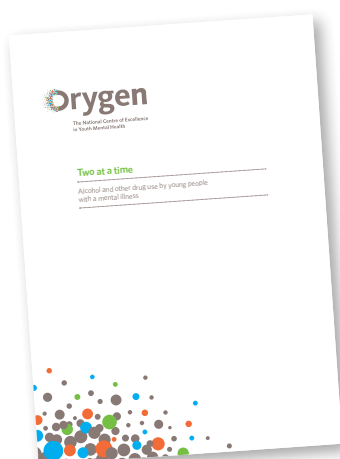
KEY RESPONSES

The integration of services for young people with co-occurring mental ill-health and alcohol and other drug use would be progressed by:

- The Council of Australian Governments (COAG) continuing to lead progress in this area by developing a national framework for integrated treatment.
- Providing training in the screening, assessment and initial treatment of mental health symptoms for all disciplines working in primary and specialist alcohol and other drug use services and vice versa. Specific training modules would provide accreditation for the provision of joint treatment services.
- Addressing existing shortfalls in the provision of mental health and alcohol and other drug services for young people. The co-location model used by headspace centres is suited to a trial of an evidenced-informed early intervention pilot of joint treatment services for young people.

There is a need to increase our understanding of what works in the treatment of comorbidity in young people. This understanding would be enhanced by:

- Conducting a longitudinal study to better understand the incidence of comorbidity in young people, including the age of onset, duration of illnesses and relationship between mental ill-health and incidence of alcohol and other drug use.
- Developing a research agenda to fill in evidence gaps for the treatment of alcohol and other drug use among young people with a mental illness.
- Measuring the outcomes, efficacy and cost efficiency of existing and piloted early intervention programs including a comparative analysis of face-to-face and technology based early interventions.
- Collecting economic data on the cost of delayed access to health services. Analysis and modelling of the specific and broader cost of delays in treating young people with a mental illness and co-occurring alcohol and other drug use is required.



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