



Presentation - crisis situations

- *EDs*
- *Psychiatric units*
- *Emergency services - ambulance and police*
- *Homeless environments*
- *Justice and correction settings*
- *Aboriginal and Torres Strait Islander peoples*
- *Vulnerable young people*
- *Those affected by alcohol and related brain damage*



Why now?

- Causes and antecedents overlap
- Complicates management and treatment
- Compounding disability and disadvantage with problems for follow-up and rehabilitation
- Neglect is widely acknowledged.

Context of co-morbidity concepts

- This situation is common, of course!
- Being a person
 - Mind & thinking
 - Body & function
 - Sustenance – food, fluid & substances
- Connexions can go awry!
- Science defines – disorders, diseases
- Specialists focus on – diagnoses, organs, domains, biochemistry
- No science in between
- The intersections are ubiquitous
- Primary care is very important

Rules for doctors

- Inevitably seen in GP
- Interesting
- Cannot be defined out
- Other people can help
- Other team members are needed
- There is no magic
- Harm minimisation and limit setting
- Follow-up – ‘chain of care’
- Treatment often deals with both!
- Dependence is often secondary



Further rules for doctors

- Affects the management of all conditions
- Time – programmed time – shared time
- Diagnostic information often fails to help
- Focus on practical measures
- Follow-up 'chain of care'

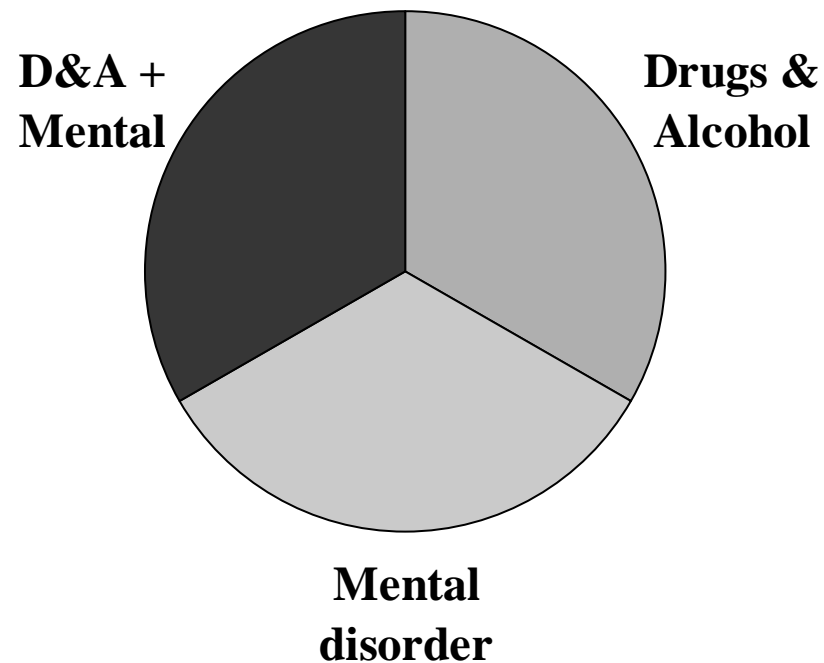


Medications

- **Multiple effects**
 - Pain and withdrawal
 - Pain and depression
 - Mental state and dependence
- **Anti-dependence drugs**
 - Other cravings and motivation
 - Social stabilisation and mental state
- **Adverse effects**
 - Block analgesia
 - Increased depression
 - Interaction – difficulty in stabilisation
 - Unpleasant and harmful physiological effects
 - Suicide risk

Drug problems - 30% - 80% mental disorder

Mental disorder - 30% - 80% have a drug & alcohol problem

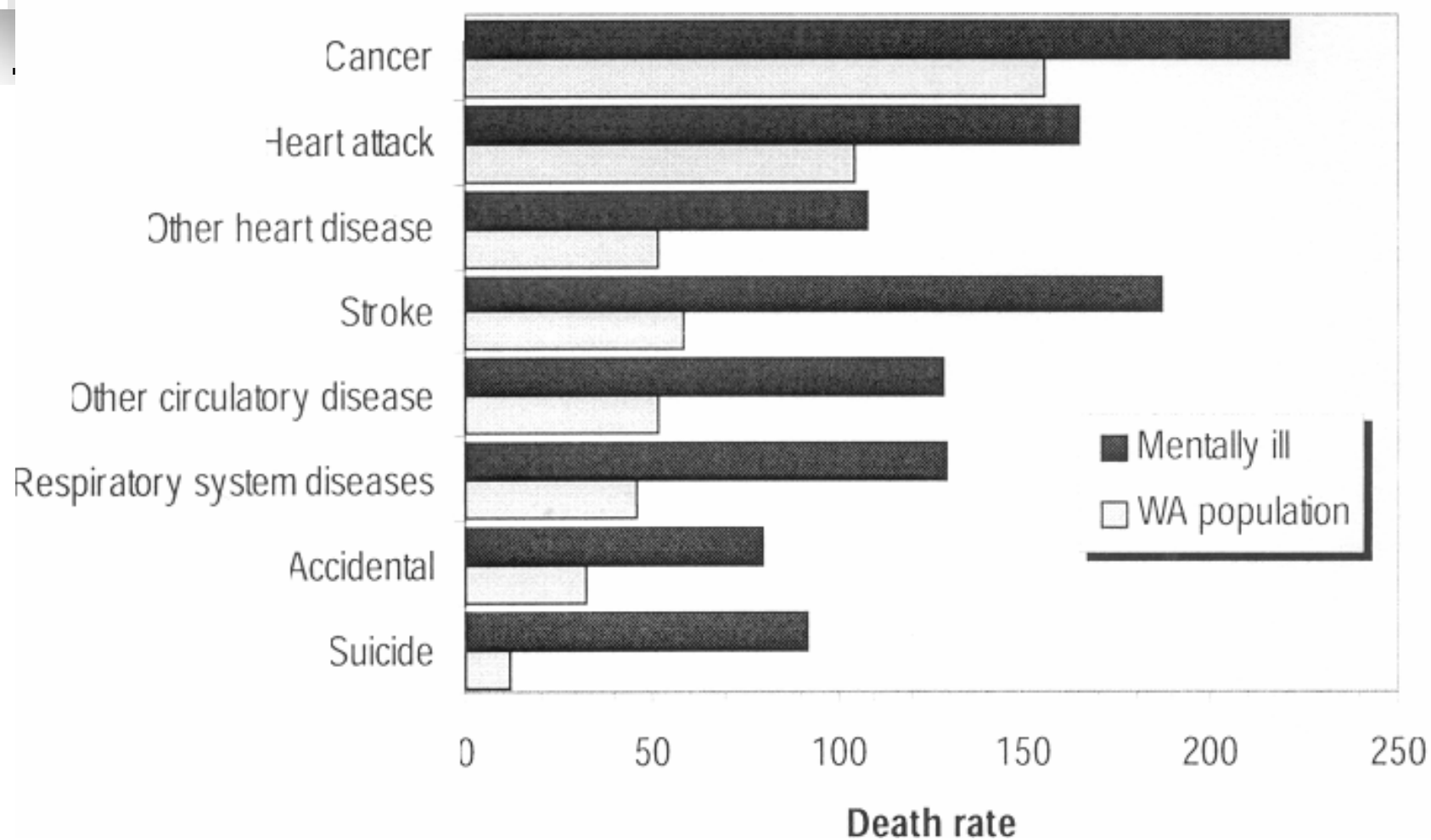


Problems in treatment - access

- high prevalence rates in services, but often 'denied'
- barriers
- eligibility issues
- exclusion

- 'Clean skins' are preferred

Figure 1: Death rates in people with mental illness compared to the WA population



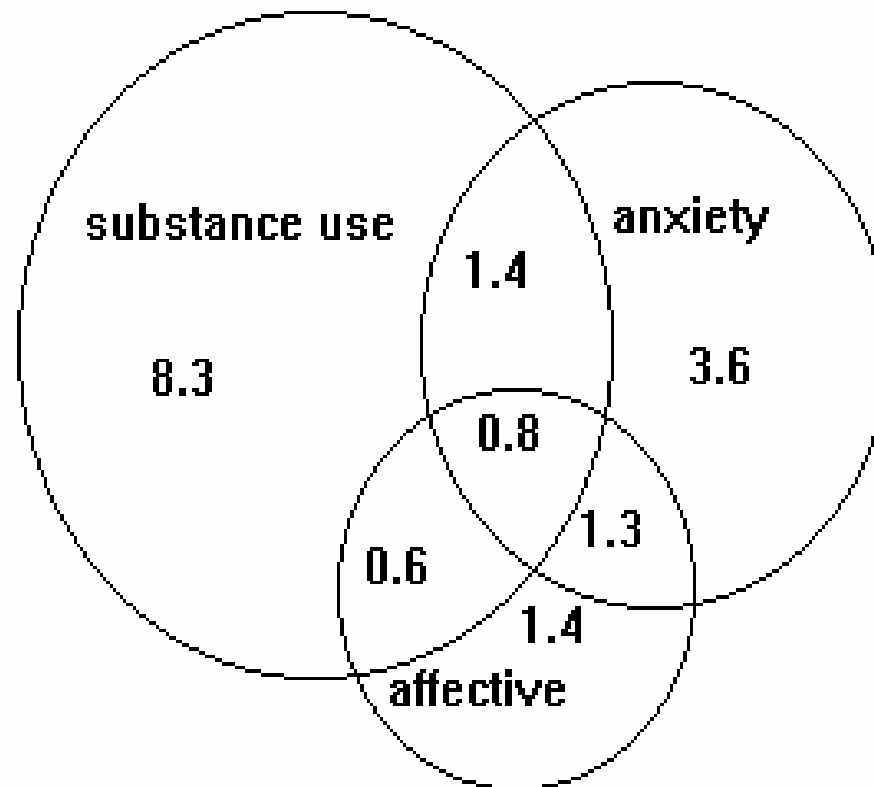


Mental Disorders in Australia

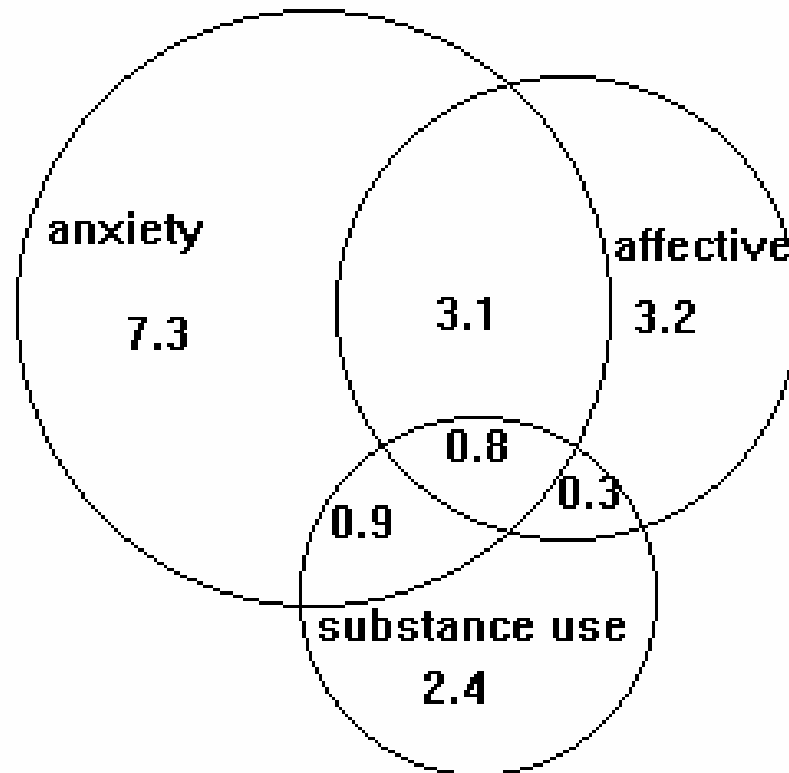
- 17.7% of adults had at least one mental disorder in the past twelve months

- Anxiety Disorders 9.7%
- Affective Disorders 5.8%
- Alcohol & Drug Disorders 7.7%
 - alcohol 6.5% drugs 2.2%
- Personality Disorders 6.1%
- Psychosis 0.5%

Comorbidity in Australia: males



Comorbidity in Australia: females



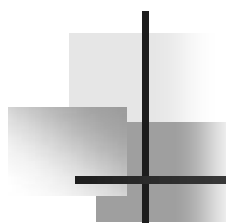
Leading causes of burden of disease & injury: 15-24 year old Australians

• Males

- road traffic accidents
- alcohol dependence
- suicide
- bipolar affective
- heroin
- schizophrenia
- depression
- social phobia
- borderline personality
- generalised anxiety disorder

• Females

- depression
- bipolar affective
- alcohol dependence
- eating disorders
- social phobia
- heroin
- asthma
- road traffic accidents
- schizophrenia
- generalised anxiety disorder



Burden of disease in Young people 15-24 years

- Females 8 out of 10 is from substance use and mental disorders
- Males 9 out of 10 is from substance use and mental disorders

Deaths in the age group 15-44 years

- 30 % of deaths are due to suicide and opiate overdose

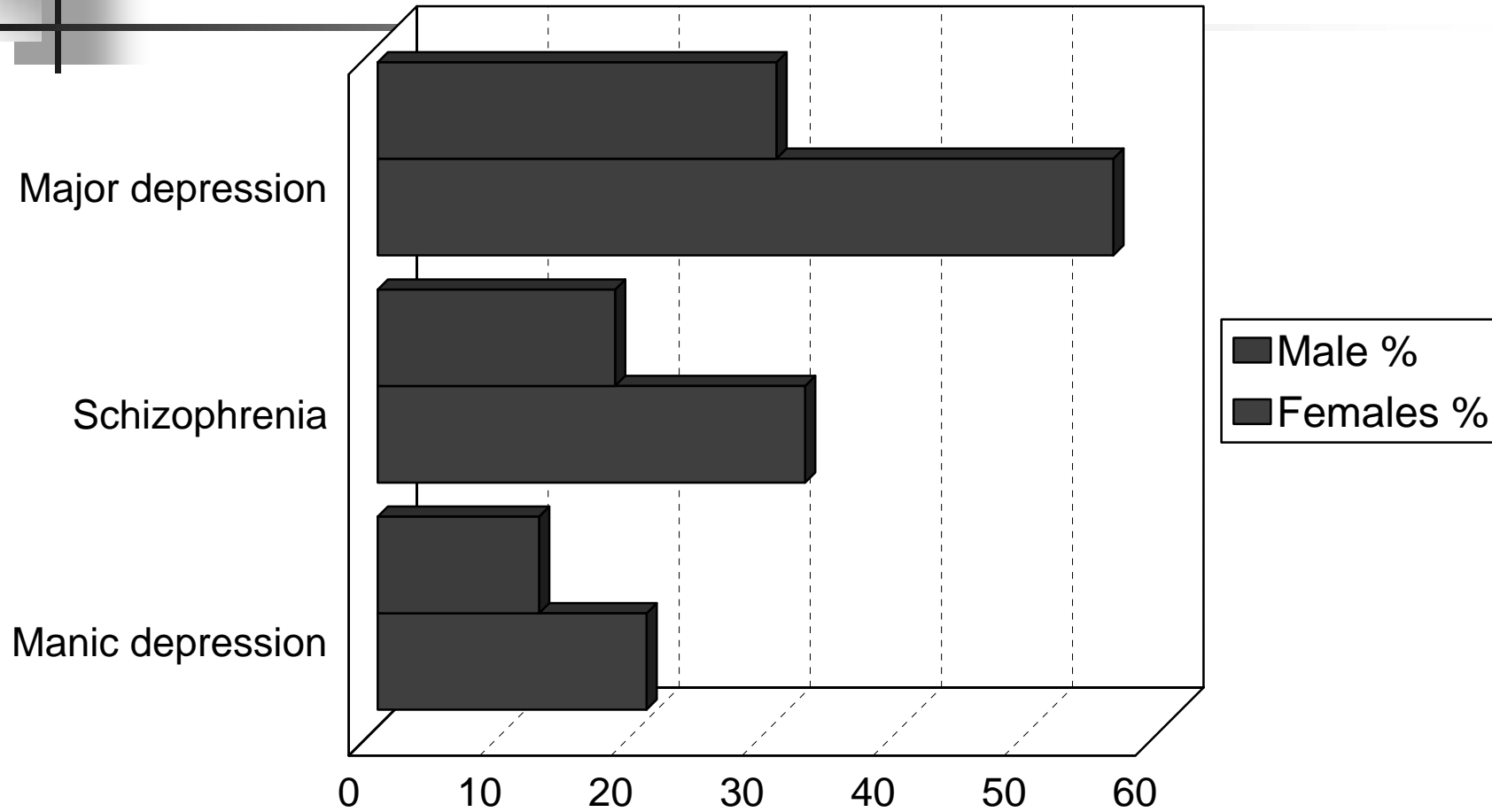
Made up of

- Suicide 1 in 5
- Opiates 1 in 11

- Does not include related deaths eg. MVAs

NSW Prisoners

Symptoms requiring referral for...



Preliminary findings, Butler T, Corrections NSW, 1997.

NSW Prisoners

Selected alcohol and other drug problems

	Male %	Female %
Past harmful alcohol use	57	49
Past illicit drug use (any)	64	73
Heroin use in prison	20.4	23.7
AOD with offence	69	69
Current smoker	72	77

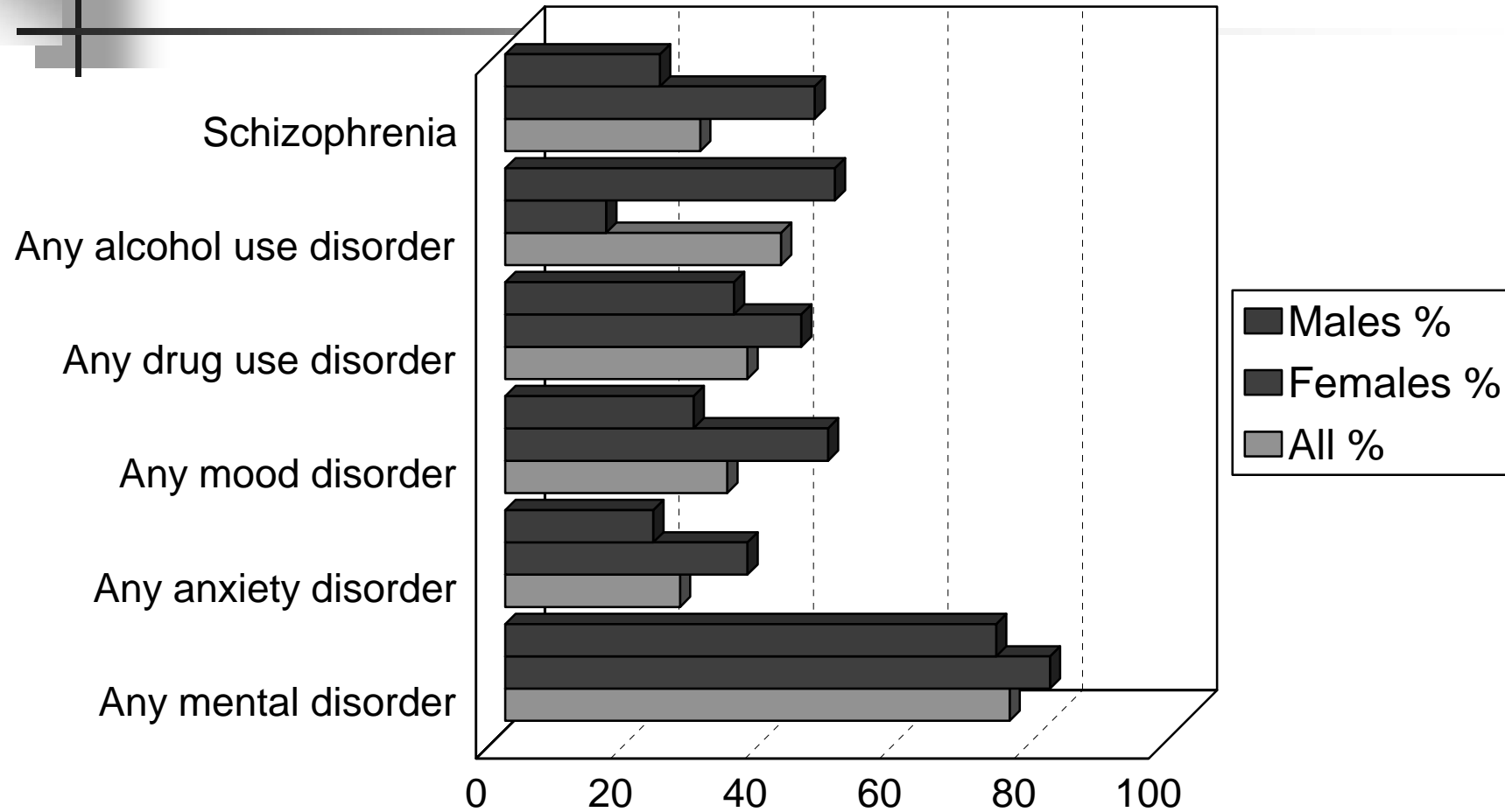
Preliminary findings, Butler T, Corrections NSW, 1997.



Homeless - Sydney 1998

- 3 in 4 have a mental disorder
- 1 in 2 have a chronic physical illness

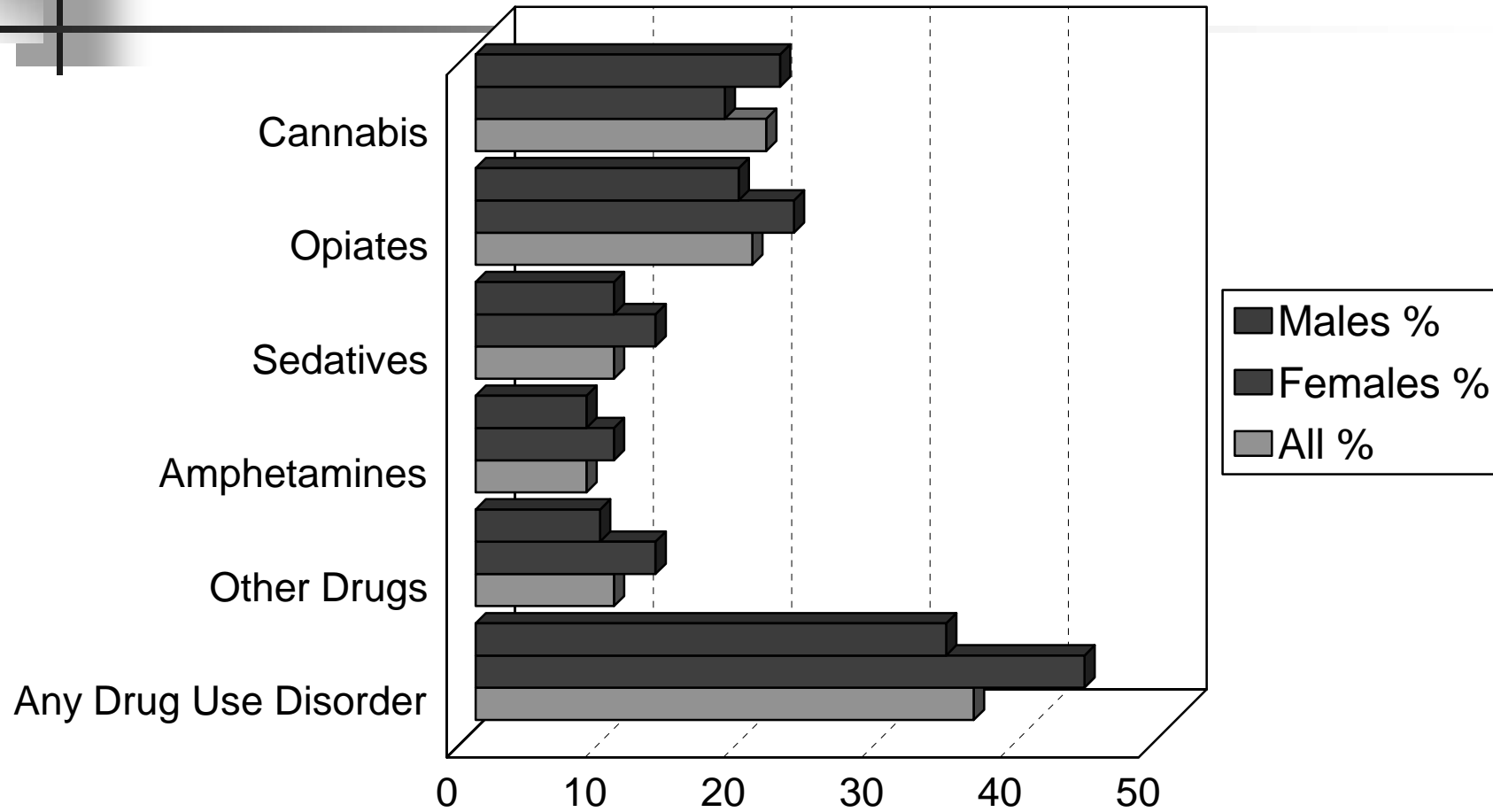
Common mental disorders - homeless



Hodder T et al., 1998

Dependence/Abuse - Homeless

12 months



Hodder T et al., 1998



Managing complexity

- Conceptually (as in the nature of diagnosis)
- Clinically
- Organisationally – needing structures



Rules of engagement

- *'duties of care'*
- *'Style of Engagement'*
- *Service delivery: 'open door'*
- *'Chain of care'.*
- *Time*
- *Connections*



For GPs and front-line staff

- Awareness of groups at risk
- Recognition of depression in young people
- Early recognition of depression in general
- Links between alcohol and other drug use and mental health
- Assessment of suicide risk
- “Pathways to care”

Matrix of care

Balancing risks, vulnerability, harms, severity, interventions

Severe
Substance
Dependence

**Drug & Alcohol
Services**

**'Integrated' Mental
Health and Drug &
Alcohol Services**

Less severe
substance
use disorder

**Primary Health
Care/General
Practice**

**Mental Health
Services**

Less severe
mental illness

More severe
mental illness