CREMS Webinar Series: Welcome!

UPCOMING WEBINARS

SEPTEMBER 9, 2015: 11AM AEST
Using eHealth to treat co-occurring mental health and substance use disorders in youth
MR MARK DEADY

NOVEMBER 5, 2015: 2PM AEST
Locating free resources to support evidence-based practice
DR ERICA CROME

AVAILABLE ON DEMAND

Co-occurring mental health and substance use disorders: how do they affect young people?
DR CATH CHAPMAN

Drug and alcohol use among young people. What can parents and schools do to prevent the harms?
DR NICOLA NEWTON AND DR LEXINE STAPINSKI

To find our more: http://comorbidity.edu.au/training/webinars

Join our mailing list to receive updates about upcoming webinars.
What is CREMS?

CREMS aims to significantly improve understanding, prevention, and treatment of comorbid mental health disorders and substance use.

NHMRC Centre of Research Excellence in Mental Health and Substance Use (CREMS)
CREMS Team

NHMRC Centre of Research Excellence in Mental Health and Substance Use (CREMS)

Directed by Prof Maree Teesson
Using eHealth to treat co-occurring mental health and substance use disorders in youth

Mark Deady
Overview

- Prevalence
- Harms
- Current treatment
- Internet therapy
  - SHADE
  - DEAL Project
  - iTreAD
  - SHADoW
  - iHelp
  - Breaking the Ice
### Main causes of DALYs for 15–24-year-olds

<table>
<thead>
<tr>
<th></th>
<th>15–19 years</th>
<th>Total DALYs (x1000)</th>
<th>20–24 years</th>
<th>Total DALYs (x1000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unipolar depressive disorders</td>
<td>86 (9.9%)</td>
<td>Unipolar depressive disorders</td>
<td>79 (7.9%)</td>
<td></td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>46 (5.3%)</td>
<td>Road traffic accidents</td>
<td>56 (5.6%)</td>
<td></td>
</tr>
<tr>
<td>Road traffic accidents</td>
<td>46 (5.3%)</td>
<td>Violence</td>
<td>47 (4.7%)</td>
<td></td>
</tr>
<tr>
<td>Bipolar disorder</td>
<td>44 (5.1%)</td>
<td>HIV/AIDS</td>
<td>44 (4.4%)</td>
<td></td>
</tr>
<tr>
<td>Alcohol use</td>
<td>34 (4.0%)</td>
<td>Schizophrenia</td>
<td>42 (4.2%)</td>
<td></td>
</tr>
</tbody>
</table>

(Gore, et al., 2011)
In 2009, the financial cost of mental illness in people aged 12-25 was $10.6 billion.

- $7.5 billion (70.5%) was productivity lost due to lower employment, absenteeism and premature death
- $1.6 billion (15.5%) welfare payments and taxation forgone
- $1.4 billion (13.4%) was direct health system expenditure
- $65.5 million (0.6%) was other indirect costs (e.g. carer, funeral).

This amounts to $10,544 per person with mental illness aged 12–25 per year.

(Access Economics Pty Limited, 2009)
<table>
<thead>
<tr>
<th></th>
<th>16–25 years</th>
<th>Overall</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Of those with a current <strong>mood</strong> disorder...</td>
<td>28%</td>
<td>16%</td>
<td>... meet criteria for a current <strong>substance use</strong> disorder</td>
<td></td>
</tr>
<tr>
<td>Of those with a current <strong>anxiety</strong> disorder...</td>
<td>30%</td>
<td>32%</td>
<td>... meet criteria for a current <strong>substance use</strong> disorder</td>
<td></td>
</tr>
<tr>
<td>Of those with a current <strong>substance use</strong> disorder...</td>
<td>14%</td>
<td>20%</td>
<td>... meet criteria for a current <strong>mood</strong> disorder</td>
<td></td>
</tr>
<tr>
<td>Of those with a current <strong>substance use</strong> disorder...</td>
<td>23%</td>
<td>31%</td>
<td>... meet criteria for a current <strong>anxiety</strong> disorder</td>
<td></td>
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</table>
Compounds the problems of either condition in isolation

Associated with:

- ↑ Suicidality  (Sher, 2006; Sher, et al., 2009)
- ↑ Hospitalisation and ED visits  (Pettinati, 2004; Curran, et al. 2008)
- ↑ Other illness/substance misuse  (Erfan, et al. 2006; Davis et al. 2008)
- ↑ Early relapse  (Dodge, et al. 2005)
- ↓ Treatment outcomes  (Tomlinson, et al. 2004)

...compared to those without such comorbidity.
Early intervention is crucial

In order to:

• Arrest problems early
• Avoid career and study disruption
• Reduce long-term health consequences
• Develop healthy coping skills

... However...
Although one in four young people between the ages of 16 and 24 experienced a mental disorder in the last 12-months...

...less than 25% of these affected young people accessed health services in a 12-month period.

(Reavley, et al., 2010)
**Why do young people not seek treatment?**

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<th>Individual determinants</th>
<th>Structural determinants</th>
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<td>• Lack of relevant services</td>
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(Barker, et al., 2005; Rickwood, et al., 2007)
THE INTERNET

Using the Internet to overcome these barriers?
Why the Internet?

18-33 year olds

- Go online
- Email
- Use search engine
- Look for health info
- Social networking
- Watch a video

(Pew Internet Project, 2010)
Where are young people most comfortable seeking information, advice, or support in a time of crisis?

A. Telephone hotline
B. Friends
C. Internet
D. Parents
Where are young people most comfortable seeking information, advice, or support in a time of crisis?

- Friend
- Internet
- Parent/s
- Relative/family friend
- Magazines
- Teacher
- School counsellor
- Community agency
- Telephone hotline

(Mission Australia, 2012)
Why the Internet?

- Gen Pop
- Mild Dep
- Mod-Sev Dep
- Risky Drink
- Harmful Drink
- Psychosis
- PTSD + AOD

Legend:
- Mobile
- Mobile with Internet
- Internet
Advantages of online treatment:

- Anonymity
- Reach
- Cost
- Empowerment
- Flexibility

(Burns, et al., 2009; Nicholas et al., 2004)
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(Barker, et al., 2005; Rickwood, et al., 2007)
Meta-analyses for depression:

- $d = 0.41$ (Andersson & Cuijpers, 2009)
- $d = 0.32$ (Barak, et al, 2008)
- $d = 0.32$ (Spek, et al, 2007)
- $d = 0.28$ (Cuijpers, et al, 2011)
- $d = 0.42$ to $0.65$ (Griffiths, et al, 2010)
- $g = 0.78$ (Andrews, et al, 2010)

Meta-analyses for alcohol:

- $d = 0.48$ (Barak, et al, 2008)
- $g = 0.39$ (Riper, 2011)
- $d = 0.42$ (White, et al, 2010)
- $d = 0.22$ (Riper, et al, 2009)
- $d = 0.26$ (Rooke, et al, 2010)

Equivalent to standard to traditional, face-to-face therapies

**Comorbidity treatment?**

- Disorders exacerbate + maintain one another
- These issues “cluster” together in young people
- Clients willing to target multiple problems simultaneously
- Generalise strategies across multiple problems
- Multiple opportunities to engage clients in treatment

(Falk, et al, 2009)
The **Self Help for Alcohol/other drug use and DEpression (SHADE)** program for the general population

- First computerised therapy for this comorbidity
- CBT and Motivational Interviewing based
- 10 session or individual skills modules

Powerful effect of assessment + BI.

All interventions beneficial:

• Therapist-delivered CBT/MI and clinician-assisted SHADE equivalent

Clinician-assisted SHADE treatment promising

• Uses at least 50% less clinician time to produce similar, sustained reductions in depression, alcohol, cannabis use

• ?Role of first face-to-face session

• ?Impact of weekly therapist contact
THE DEAL PROJECT
The DEAL Project

- Brief (4-week) intervention for depression and alcohol use problems
- Non-confrontational approach regarding alcohol use
  - Motivational enhancement principles
  - CBT components
  - Skills-based
- Interactive
  - Follow the story of a selected case study
  - Personalised normative feedback
  - User interaction and control (flexible in timing + content)
The DEAL Project

**Week 1 – WHERE ARE YOU AT?**
- Psycho-education, assessment, goal setting, normative feedback, mood/activity/alcohol use monitoring

**Week 2 – GETTING MOVING AGAIN**
- Behavioural components, decisional balance (alcohol use), behaviour change, activity scheduling

**Week 3 – TAKING CHARGE OF YOUR THOUGHTS**
- Mood monitoring, cognitive restructuring

**Week 4 – COPING WITH TOUGH SITUATIONS**
- Coping skills: mindfulness + relaxation, problem solving, drink reduction + refusal, relapse planning + management
“I didn’t want to do anything, or see anyone, or feel anything. It all seemed to require energy I didn’t have. I would skip shifts at work and just lie around the house with this cloud of shitty thoughts hanging over me. Getting wasted whenever I could. I wound up ignoring everyone’s phone calls. If I got offers to do anything I just felt, like, what’s the point?”
IDENTIFYING UNHELPFUL AUTOMATIC THOUGHTS

People with depression tend to “read into” situations in a negative way. This means the automatic thought is a negative (“glass half-empty”) one. This can often lead to cycles of negativity, stronger feelings of depression and unhelpful behaviours (such as drinking) in order to cope. But it all comes from the “B” (belief) component of the ABC model.

Is this what you found in your ABC model?

Next up are six of the most common unhelpful thinking styles. Scroll over each for a description.
Results – Depression severity

PHQ-9 score (EMM)

Timepoint

Baseline | Post-treatment | 3-months | 6-months

DEAL Project
HealthWatch
Results – Alcohol use

Drinks per week (EMM)

Timepoint

Baseline | Post-treatment | 3-months | 6-months

HealthWatch

DEAL Project

Drinking days per week (EMM)

Timepoint

Baseline | Post-treatment | 3-months | 6-months

HealthWatch

DEAL Project
WHERE TO FROM HERE?
DRINKING & FEELING DOWN?

Are you between the ages of 18 and 30?  
Do you like to have a drink or two?  
Do you sometimes feel down or depressed?  

www.itread.com.au
Internet Treatment for Alcohol use and Depression

First RCT of an Internet-delivered treatment for comorbid depression and binge-drinking in young people, augmented with social networking support

3 conditions

- Online monthly self-assessment (OSA)
- OSA + access to a web-based intervention for binge drinking and depressed mood (DEAL)
- OSA + DEAL + access to a purpose-built social networking site (Breathing Space)
SallyH posted a blog: What we know about thinking, drinking and depression

There has been a lot of research world-wide about the impact of alcohol and depression on the brain and thinking. In general it’s been shown that people with depression can have difficulty concentrating, paying attention, making decisions and seem to have reduced processing speed....See more

an hour ago

JennyG posted a comment: Connections, Breathing Space

I have been inspired to get back into some regular reading again by some lovely people I spent time with last night.

2 hours ago

Mr.Bill posted a comment: Connections, Breathing Space and 2S more

In spite of what or where we have been, we can choose a new path to follow.
You hear nothing further from your friend and keep going on your way. You pass by your local liquor store, where you can see there is a free wine tasting inside and heaps of alcohol on sale.

You should really just go into the shop, buy the booze and get out again you are already late and people are waiting for you, but you have a few wines as well as buy some to take to the party.

You think that you’ll have a terrible time at the party if you show up late, without alcohol, and with everyone smashed. You buy some drinks for the party, and for on the way.

You feel like the party will be totally unbearable if you don’t do something about how you are feeling. People will think you are boring and will never invite you again. You have a few free wines and buy some to take.
Serious game for depression and alcohol misuse

- See links between mood and drinking

“Choose-your-own-adventure” approach

- Successful arrival at a party
I don't want to drink as much these days but I can't go to a party and not get smashed.

I can't believe I just tripped over. They are all laughing at me because I am such an idiot.

It's been ages since there was a good party. I wonder who is going.

No one I like tends to like me back so there isn't any point trying to talk to Jordan at the party.

The police are idiots, what are they going to do, throw me in gaol for having a good time?

My friends will dump me if I don't join in.
Module Videos

Setting the Scene  Smoking  Getting Active  Eating Well

Activity Boxes

Pros and Cons  Costs of Smoking  SMART Goals  Activity Summary
Multi-component interventions promising

Similar approaches seem to work in similar ways in both general and mental health populations

People will engage with an online intervention targeting healthy lifestyles issues

Much more work needs to be done
Funded by the Commonwealth Department of Health and Ageing (AUSTRALIA)

Adapt face-to-face ATS interventions
Randomised controlled trial

BREAKING THE ICE
Health

Now, think about your health at the moment.

**Do you have any worries about your health?**

Tick any of the problems below that best describe your current situation or add your own items:

- I am having trouble sleeping
- I have lost weight
- Sometimes I have problems getting an erection
- My heart has been racing
- I didn’t use a condom and think I may have caught something
- I have sores on my arms
- Problems with grinding my teeth
- I have lost my appetite
- I feel low or depressed
- I feel paranoid

Enter your own item

+ Add another item

**Factsheet**

**Get more information:**

- The health effects of using drugs

Did you know that more than 51,000 people were diagnosed with Chlamydia in 2009. More than half those infected were aged 20 to 29 and a quarter were aged under 19. If you want to know more about the symptoms of Chlamydia or other STIs it is easy to search for information online. If you are concerned about symptoms, see your doctor.
Good things about using drugs

Let's first consider what you like about using drugs.

What do you like about using drugs?
What is good about it for you?

Tick any of the following that apply to you, or add your own items:

- Helps me relax and/or forget my worries
- I like the feeling
- It's exciting and/or fun
- I do it with my friends
- I feel more self-confident or sure of myself
- It helps me when I get depressed or nervous
- It cheers me up when I am in a bad mood
- Gives me lots of energy
- Helps me to stay up all night
- Helps me relieve boredom and stress

Enter your own item

+ Add another item

SAVE MY RESPONSES
Weighing it all up – Changing your drug use

Now have a look at your list of positives and negatives about changing your drug use.

How important are each of these reasons and negatives to you personally?
If '0' was 'not important at all' and '10' was 'very important' what number would you give them?

Use the sliders to rate how important each item is to you:

<table>
<thead>
<tr>
<th>Good things about change</th>
<th>Importance (0-10)</th>
<th>Not so good things about change</th>
<th>Importance (0-10)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I would have more money</td>
<td>9</td>
<td>It would be hard to cope with withdrawal</td>
<td>5</td>
</tr>
<tr>
<td>I would feel healthier</td>
<td>9</td>
<td>I would feel low all the time</td>
<td>5</td>
</tr>
<tr>
<td>I would be proud of myself</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I could get in control of my life again</td>
<td>5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

"I’ve changed a heap myself, and I’ve learnt, I’m controlling my drug use at the moment, as in I think I’ve used 4 or 5 times in 2 months. I’m not even smoking pot very regularly any more, like I used to be a big bong head."
Practical steps you can do now

Next, what might have to happen in your life so that making a change to your stimulant use becomes a top priority? If you had a magic wand, what would you wave away in your life right now, to make it easier for you to change your using habits?

Might you have to keep yourself away from the temptation of parties and social events for a while? Might you have to clean out your stash of drugs or gear so that you do not have any left at home to tempt you? Maybe you can start to remove temptation from your life right now?

So, take a few minutes to think about what some of these things might be and type them in the space below.

Practical things I can do right now

What are some practical things you could do?

Jess took on board a lot of suggestions that the psychologist discussed with her about her quit attempt. She made contact with some of her friends and planned some things in the week ahead to keep her occupied like going to the movies and starting Zumba classes.
Internet treatment a useful step within a larger therapeutic process:

- Clinic-based delivery
- Home-based delivery
- Reduced time for clinician input
  - Depression 10-15 minutes/week
  - Insomnia – 5 minutes/week
  - No CBT/MI training required to support
  - Clinical system to assist with monitoring
eClIPSE Online tool...

- NSW health portal for comorbidity and eHealth programs
- The tool will be piloted in 2 sites in NSW:
  - One rural and one metro, over two and a half years:
    - Murrumbidgee LHD
    - Sydney South West LHD
- Identify one mental health services and one alcohol and drug service in each area
Thank you

Any questions or comments?

Special thanks to

Frances Kay-Lambkin, Louise Thornton, and Maree Teesson

For queries about access to the programs, please email:

M.Deady@unsw.edu.au
Thanks for being part of the CREMS Webinar Series.

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Video recording and handouts will be available at: comorbidity.edu.au/training/webinars

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