THE SECOND NATIONAL CREMS CONFERENCE

Substance use and mental health concerns in young people: Sharing online and interactive resources

We are delighted to announce our plans for the second National CREMS conference! This year, CREMS speakers will showcase the innovative evidence-based resources developed for the prevention and treatment of comorbid mental health and substance use conditions in young people. This workshop will include an update on the latest research examining the effectiveness of interventions, directions for development of future interventions and opportunities to experience the online programs. Access to the online programs and clinical resources will be made available at the conference.

The Conference will take place at the Perth Convention and Exhibition Centre on Tuesday 26th August, held in conjunction with The Mental Health (TheMHS) Conference. Speakers include Professor Vera Morgan (University of Western Australia), Dr Cath Chapman (University of New South Wales), Dr Erica Crome (Macquarie University), Dr Emma Barrett (University of New South Wales), Dr Lexine Stapinski (University of New South Wales), Ms Nina te Pas (University of Western Australia), and Ms Mel Forbes-Harper (International School of Western Australia).

For more information see the flyer. To register, please follow this link. We look forward to seeing you there!
The comorbidity between attention deficit hyperactivity disorder (ADHD) and substance use disorders (SUD) is well documented. ADHD in childhood is a significant risk factor for the subsequent development of SUD. Where symptoms are of greater severity and persist through adolescence into adulthood, the likelihood of comorbid SUD is increased. General population estimates suggest that 5–10% of children and 3–4% of adults have ADHD. In contrast, a recent meta-analysis of the literature suggests an overall pooled prevalence of ADHD among adults with SUD of 21%. Prevalence estimates, however, vary widely between studies, ranging from 2–83% among substance abusers and 10–54% among those seeking SUD treatment.

There is increasing recognition of the clinical importance of ADHD in those with SUD. ADHD not only increases the risk for SUD, but also complicates SUD course and treatment. ADHD is consistently associated with greater polydrug use and an earlier onset, greater severity and increased chronicity of SUDs, as well as lower rates of retention in treatment and higher rates of relapse.

Whilst ADHD is clearly over-represented among those with SUD, the magnitude of this comorbidity is uncertain. To date, studies investigating the comorbidity between ADHD and SUD have varied in the methods employed for the diagnostic assessment of ADHD and SUD. As such, it is unclear whether the large variation in prevalence is due to differences in methodology, differences according to the type of SUD (i.e., alcohol use disorder, cannabis use disorder, stimulant use disorder, etc.), or differences in sample-specific factors (e.g., demographics, geography, SUD treatment status and setting) and the following questions remain unanswered:

- Are there geographical differences in the prevalence of ADHD in SUD populations?
- Are there differences in the prevalence of ADHD in SUD populations with different substances and severity of abuse/dependence?
- Are there differences in the prevalence of ADHD in SUD populations when the same diagnostic methods and outcome measures are used?

To answer these questions and advance the mental health and substance use comorbidity field, an international research network was established - the International Collaboration on ADHD and Substance Abuse (ICASA) Foundation. The ICASA Foundation has initiated an ongoing program of international multi-site research examining the prevalence, correlates and genetics of adult ADHD among substance use disorder populations. Dr Sharlene Kaye is a member of ICASA and leads the Australian arm of this research program.

The International ADHD in Substance use disorders Prevalence (IASP) study is the first international collaborative project initiated by ICASA and is the first cross-national study of ADHD among SUD treatment seekers.

The ICASA Network
The IASP study is a two phase study consisting of a screening phase and a diagnostic phase. In the screening phase, 3,558 adults attending drug and alcohol treatment services across 10 countries were screened for the possible presence of adult ADHD using the Adult ADHD Self-Report Scale (ASRS) Screener (Version 1.1). In the diagnostic phase, 1276 participants across 7 countries were assessed with structured diagnostic interviews to establish the presence of DSM-IV SUD, DSM-IV and DSM-5 childhood and adult ADHD, and other psychiatric disorders (i.e., major depressive disorder, bipolar disorder, antisocial personality disorder, borderline personality disorder).

Whilst detailed data analysis is still underway, the following findings have been observed:

- Even when the same diagnostic methods and outcome measures are used, there is still substantial variability in the prevalence of adult ADHD between different countries. The prevalence of DSM-IV and DSM-5 adult ADHD was lowest in Hungary (DSM-IV: 5%; DSM-5: 8%) and highest in Norway (DSM-IV: 31%; DSM-5: 33%). The amount of variability compared to previous studies, however, is markedly reduced from 2-83% down to 5-31%.

- Variability in prevalence is partly explained by primary substance of abuse. The prevalence of adult ADHD is lower for those with an alcohol use disorder as their primary SUD (5-22%) and higher in those with an illicit drug use disorder as their primary SUD (12-57%).

- DSM-5 changes to adult ADHD criteria do not substantially increase the range of prevalence rates (DSM-IV prevalence range: 5-31%; DSM-5 prevalence range 8-33%).

- Three quarters (75%) of those with adult ADHD had at least one additional comorbid psychiatric disorder compared with 37% of those without ADHD. Those with a primary alcohol use disorder were over four times more likely to have a current major depressive episode. Irrespective of the type of SUD (i.e., alcohol vs illicit drugs), comorbid adult ADHD was associated with increased odds of current hypo/mania, antisocial personality disorder and borderline personality disorder.

- The ASRS is a robust screener for the detection of adult ADHD in a treatment seeking SUD population, although further diagnostic assessment of those who screen positive for ADHD is still warranted.

To date, the IASP study has produced four publications (see here for details), with several more articles submitted and in preparation. For further information on ICASA Foundation research, go to www.adhdandsubstanceabuse.org.
Suicide is the most common cause of death in Australian males aged 15-44 years, and the tenth most common cause of death overall for males (ABS, 2013). In 2012, there were more than 2,500 suicides in Australia and the suicide rate among the indigenous population was twice as high as the suicide rate in the general population (22.4 per 100,000 vs 11.0 per 100 000). In addition, every year 65,000 Australians make suicide attempts, 400,000 experience suicidal thoughts, and 35,000 are admitted to hospital for suicide related injuries. Financial costs of suicide have been estimated at $17.5b, or 1% of GDP (ConNetica Consulting 2009).

A large fraction of suicides can be prevented by early identification and intervention, and effective treatment of mental problems, especially in affective disorders. However, most people who suicide have had no contact with any health or social organisation that can assist them. The Centre of Research Excellence in Suicide Prevention (CRESP), Black Dog Institute, is concerned with lowering suicide rates in Australia and brings together key researchers to work towards this aim. The CRESP Chair is Prof Helen Christensen, Director of the Black Dog Institute and CREMS Chief Investigator, whose research focus is in e-health interventions, particularly prevention and treatment of anxiety, depression and suicide.

Funded in 2012 by the Australian National Health and Medical Research Council (NHMRC), our Centre aims to bring together leading experts to undertake the necessary research to effect rapid advances in suicide prevention. The team consists of six NHMRC research fellows, established suicide researchers in Australia and New Zealand, and international suicide prevention experts from Europe, Asia and USA. Organisations that deliver suicide prevention services such as crisis support services, helplines, online services, mental health promotion, and advocacy organisations are collaborating with CRESP as Industry Partners. Today, CRESP Industry Partners include beyondblue, Community Response to Eliminate Suicide (CORES Australia), Lifeline Foundation, and mentalhealth@work®.

CRESP aims to generate new research to increase the knowledge base regarding effective prevention and treatment in suicide prevention. These aims are being achieved via four research streams:

- Better delivery of interventions
- Better knowledge of causes and risks
- Improved help-seeking
- Improved prioritising of suicide funds

The ‘better delivery of interventions stream’ involves testing the effectiveness of interventions delivered to risk groups using the latest developments in e-health technology through mobile phones, ipads or computers. For example, the Healthy Thinking Project aims to implement and test, using randomised controlled trial methodology, the first English-language web-based self-help intervention aimed specifically at reducing suicidal ideation.

The ‘better knowledge of causes and risks’ stream investigates new models of suicide causation using advances in our understanding...
of the psychology of suicide behaviour. The ‘improved help-seeking’ stream investigates the effectiveness of potentially useful methods to increase help seeking, including self-screening, suicide literacy and lowering stigma around suicide and mental health issues. The fourth stream, ‘improved prioritising of suicide funds’ aims to develop guidelines to assist policymakers in determining priorities for funding suicide prevention programs. It involves modelling the effectiveness of interventions, their costs and impacts.

In November 2013 in partnership with WA-based suicide prevention group Alive and Kicking Goals, our Centre launched a trial of the world’s first suicide prevention app designed especially for use by indigenous people on mobile phones or tablet devices. Based on psychological therapies proven to reduce suicidal thoughts, the app called iBobbly (a name derived from a Kimberley greeting) delivers treatment-based therapy in a culturally relevant way. It draws heavily on indigenous metaphors, images and stories drawn from local Aboriginal artists and performers.

In addition to conducting high quality innovative research, including applications of e-health technologies, CRESP’s goal is to disseminate evidence-based practice and policy. This is being achieved through scientific publications in Australian and internationally, the Centre website, contacts with the media, policy consultations and conference workshops and presentations. In August 2013, CRESP presented a full-day workshop, The Science of Suicide Prevention, at the annual Mental Health Services Conference in Melbourne. This workshop brought together researchers in suicide prevention, genetics, psychiatry, biostatistics and epidemiology in order to addresses the need to examine the science of suicide prevention and its translation.

Put simply, the aim of CRESP is to save lives.

I am a doctoral student at the Centre for Emotional Health (CEH) at Macquarie University under the supervision of A/Prof Andrew Baillie and Dr Carolyn Schniering. My research is on the underlying relationships between depression, anxiety and sexual dysfunction, and by the time you read this, I will have submitted my PhD.

I completed an undergraduate psychology degree at Macquarie University in 2008 before moving interstate to volunteer across a variety of community services and non-government organisations. In 2010, I returned to Macquarie University to complete Honours in Psychology, with the goal of becoming a registered psychologist, and wrote my thesis on a preliminary investigation of the structural relationships between depression, anxiety and sexual dysfunction. During that year I was surprised to learn how little is known about these relationships, and I also discovered my passion for learning and research. With the offer of a PhD scholarship in 2011, my path down an academic road was set out before me, and I haven’t looked back since.

My current research has taken a latent variable approach to understanding the relationships among depressive and anxiety disorders and symptoms of sexual dysfunction (i.e. sexual problems) by statistically examining the nature of the underlying relationships between the disorders. Two thirds of the Australian population aged over 16 are sexually active, and over half of these people experience sexual problems in any given year, which are associated with marked personal distress and decreased quality of life. Sexual problems also have exceptionally high rates of co-occurrence with depression and anxiety, and this comorbidity is related to increased chronicity and severity, resistance to treatment, and worse long-term outcomes for patients across all three diagnostic categories. Despite this, sexual dysfunction appears to be a blind spot in mental health research, and there is very little research on how or why these disorders are related to one another. Understanding these relationships is the first step towards efficacious diagnosis and treatment programs, and consequently has become an area I am excited and motivated to learn about.

As well as the high rates of comorbidity among depression, anxiety and sexual problems, they also have shared cognitive, affective and behavioural characteristics, shared treatment response, and shared personality correlates. A large body of research has supported the idea that common mental disorders are organised along correlated latent dimensions (the internalising-externalising spectrum), and the aforementioned multifaceted relationships suggest that sexual dysfunction might be part of the internalising spectrum (disorders characterised by negative affect), alongside depression and anxiety. My PhD research has examined the cross-sectional and longitudinal relationships between these disorders in large community samples, and has found that dimensional models consistent with a shared underlying dimension (akin to internalising psychopathology) fit the relationships well. This
idea has important implications for how we can best diagnose and treat these disorders, especially in the case of comorbid symptom presentation. I think that transdiagnostic treatment program that target the shared aspects among these disorders could be a promising area for future research.

One of the detours in my PhD was an investigation of the most popular measures of sexual dysfunction (the Female Sexual Function Index and the International Index of Erectile Function), both of which had evident problems for their broad applicability in mainstream research. My article on these findings was recently published along with a commentary by the author of the measures, and my response to the commentary, which was the most fun I’ve had in academic discourse to date. Throughout my PhD, I have also had the opportunity to publish other research; present at national and international conferences; organise and chair a symposium at the ASPR conference last year; and visit international research teams. I have also taught undergraduate courses, supervised and mentored research students, and collaborated on a number of other research projects and grants - all of which have broadened my horizons academically, and in terms of my research interests.

I have a short-term postdoc lined up for the second half of 2014, where I will work at the CEH with a team investigating depression and anxiety in older adults. Beyond that, my academic career path is a mystery, but I find that pretty exciting.

Are you involved in assessing, managing or treating people with substance use concerns?

We need your views on how the delivery of practice related information can be improved. By participating in a short survey, you can help researchers better meet your information needs. You will also go into a draw for an iPad Air or Asus Transformer Book T100.

Click here to participate.
Congratulations! 🎉

Congratulations to PhD candidate Ms Louise Birrell who was officially awarded her Australian Rotary Health David Henning Memorial Scholarship at a Rotary event last month. Louise is undertaking her PhD with CREMS under the supervision of Dr Nickie Newton, A/Prof Tim Slade, and Prof Maree Teesson. Her PhD is investigating the comorbidity of mental health problems and substance use in young Australians. In particular, looking at the rates of depression, anxiety and alcohol use and mapping the developmental trajectory. Her research will also aim to identify common risk factors and test the self-medication hypothesis in adolescents.

Congratulations to CREMS member Prof Sudie Back on her promotion to Professor at the Medical University of South Carolina (MUSC).

Diagnosing Depression in Older Australians

This study is looking for evidence for an age related bias in diagnosing major depression in Australians. Is diagnosing older adults different from diagnosing younger adults? How can we ask people better questions about symptoms of depression they may have experienced?

If you are interested in participating (you need not have been diagnosed with major depression), please look at our website.

Click here for more information
Health Stream for DiG Festival

*The Hunter Institute of Mental Health is excited to announce a new partnership with DesigniG Festival, with the introduction of a new major health stream in this year’s conference to be held in Newcastle from 16-17 October 2014.*

This new stream will allow business, education providers, and technology providers together with young people, academics and experts from the field to network and share successes and ideas for the future.

To deliver this new addition to the festival’s program, the Hunter Institute will partner with the Young and Well Cooperative Research Centre and its 75 partner organisations to develop a dynamic and interactive mental health, technology and innovation stream.

‘Mental Health organisations now work in partnership with or employ technology experts, communication professionals, designers and people with lived experience of mental health issues,’ said Jaelea Skehan, Director Hunter Institute.

‘We can only solve 21st century problems by having 21st century approaches. This means we need to be innovative to ensure we can reach more people in ways that are most meaningful to them.’

This will include presentations, panel sessions, workshops and think-tanks that include presentations from media, educators, technology partners and many of the organisations at the forefront of innovation in mental health.

Current DiG topics being finalised are ‘Keeping Young People Safe and Connected Online’, ‘How Technology is Revolutionising Engagement and Health Care’ and ‘Arts, Health and Wellbeing’.

Confirmation of DiG health stream speakers and activities will be announced shortly, with a full program to be released in July.

www.digfestival.com.au

Upcoming Presentations

TheMHS Conference is the largest and longest running multidisciplinary mental health conference in Australasia. TheMHS Conference 2014 will be held at the Perth Convention and Exhibition Centre on August 26-29, 2014.

Keynote speakers include Pat Bracken, Melody Riefer and Kenneth Thompson. **Dr Lexine Stapinski** will be presenting a talk titled, ‘An integrated CBT and motivational interviewing approach for treatment of comorbid social anxiety and alcohol use disorders. For more information and to register, go to www.themhs.org.

**Prof Amanda Baker** will be speaking at the 15th International Mental Health Conference on the 25-27th August.

**A/Prof Katherine Mills** and **Dr Emma Barrett** will be speaking about treatment for PTSD and substance use at the next Anxiety Practitioners Network Seminar at CRUfAD on the 15th August.

The second National CREMS Conference will be held in conjunction with theMHS Conference on the 26th August. See the website for more information.
Announcements

Read about Dr Tonelle Handley’s research in suicide prevention in this month’s issue of Rotary Down Under. Dr Handley completed her PhD in 2013 with support from Australian Rotary Health, the Rotary Club of Parramatta City, and the University of Newcastle. Her thesis explored risk factors for thoughts of suicide in high risk groups. Australian Rotary Health have since awarded Dr Handley the highly competitive Geoff Betts Postdoctoral Fellowship to continue her work in this important area of research with the CREMS. Her current research is centred on suicide prevention strategies for young Australians with a focus on co-occurring mental health and substance misuse as key risk factors. Dr Handley was officially awarded her Fellowship at a Rotary event last month.

Post of the Month
Are you confident with CBT for anxiety disorders and want to learn more about substance use in the context of anxiety?

Attend the workshop: 5th September, Macquarie University.

facebook.com/MentalHealth andSubstanceUse

For resources and information developed specifically for the general public.

Check out our 'For the Public' resources page.

comorbidity.edu.au/cre-resources/public

twitter.com/CREComorbidity

Check out comorbidity.edu.au
Follow us on Comorbidity @CREComorbidity
Stay up to date with comorbidity research, news and events.
Visit from Assistant Professor Julianne Flanagan from the Medical University of South Carolina (MUSC), US

The CREMS team are looking forward to hosting Dr Julianne Flanagan for the month of September as a Macquarie University Human Sciences Faculty International Visiting Research Fellow. Dr Flanagan has research and clinical expertise treating comorbid trauma and substance use, as well as intimate partner violence using both individual and couple-based therapies. Throughout her visit, Dr Flanagan will be sharing her expertise with both health professionals and researchers. She will be running a full day workshop on the 5th of September with A/Prof Andrew Baillie, Comorbid Anxiety and Substance Use: Interventions for Individuals and Couples. This workshop will cover strategies for managing comorbidity between anxiety (including trauma) and substance use using both couple and individual therapy modalities. For more information about registering for this workshop please visit the website or email Barb Corapi, Marketing Officer (barb.corapi@mq.edu.au).

Dr Flanagan will also draw on her experiences of postdoctoral programs at Yale and the MUSC to co-host a workshop for Early Career Researchers. Topics included in this workshop include creating your identity as an independent researcher, getting the best from mentoring and strategies for developing strong international collaborative relationships. This workshop will be held in the last week of September at Macquarie University, and will also be a great opportunity for networking. PhD Candidates and Early Career Researchers are welcome to attend, and can request more information or discuss options for webinar access via Dr Erica Crome on erica.crome@mq.edu.au or (02) 9850 8062.

The Concurrent Treatment of PTSD and Substance Use Disorders using Prolonged Exposure (COPE) Patient Workbook and Therapist Guide is now available. Developed by leading researchers in the field, including CREMS members Prof Sudie Back, A/Prof Katherine Mills, Prof Maree Teesson and Prof Kathleen Brady, COPE is a cognitive behavioural psychotherapy program designed for patients who have PTSD and co-occurring alcohol or drug use disorder.

COPE is an integrated treatment, meaning that both the PTSD and substance use disorder are addressed concurrently in therapy by the same clinician, and patients can experience substantial reductions in both PTSD symptoms and substance use severity. Patients use the COPE Patient Workbook while their clinician uses the Therapist Guide to deliver treatment. The program is comprised of 12 individual, 60-90 minute therapy sessions.

The efficacy of COPE relative to standard care was first demonstrated in an NHRMC funded randomised controlled trial led by A/Prof Katherine Mills, and the results published in the leading medical journal JAMA. Prof Sudie Back is currently leading a further NIH funded trial examining the efficacy of COPE among US veterans.


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**UPCOMING CONFERENCES**

**23-25 July 2014**

THE 2014 AUSTRALIAN SCHOOLS CONFERENCE, BRISBANE

**25-27th August 2014**

THE 15TH INTERNATIONAL MENTAL HEALTH CONFERENCE, THE GOLD COAST

**26-29th August 2014**

THEMHS CONFERENCE, PERTH

**26th August 2014**

THE CREMS NATIONAL CONFERENCE, PERTH

**8th September 2014**

THE NDARC ANNUAL SYMPOSIUM, SYDNEY

**16-18th October 2014**

WPA SECTION ON EPIDEMIOLOGY AND PUBLIC HEALTH MEETING, NARA JAPAN
### Members

#### Chief Investigators
- Prof Maree Teesson
- Prof Amanda Baker
- A/Prof Katherine Mills
- Dr Frances Kay-Lambkin
- Prof Paul Haber
- A/Prof Andrew Baillie
- Prof Helen Christensen
- Prof Max Birchwood
- Prof Bonnie Spring
- Prof Kathleen Brady

#### Associate Investigators
- Ms Leonie Manns
- Mr Trevor Hazell
- Prof Robyn Richmond
- Dr Cath Chapman
- A/Prof Tim Slade
- Prof Brian Kelly
- Dr Brian Hitsman
- Dr Leanne Hides
- Dr Pete Kelly
- Ms Marion Downey
- Prof Michael Farrell
- Dr Glenys Dore

#### Administrative Staff
- Ms Jasmin Bartlett
- Ms Stephanie O'Donnell
- Ms Sandi Steep

#### Senior Research Fellows
- Dr Kerry Inder
- Dr Sharlene Kaye
- Dr Nickie Newton
- Dr Joanne Ross
- Dr Wendy Swift

#### Research Fellows
- Dr Emma Barrett
- Dr Ali Beck
- Dr Natacha Carragher
- Dr Lexine Stapinski
- Dr Matthew Sunderland

#### Postdoctoral Research Fellows
- Dr Heather Buchan
- Dr Erica Chrome
- Dr Tonelle Handley
- Dr Christina Marel
- Dr Kirsten Morley
- Dr Louise Thornton

#### Research Psychologists
- Ms Phillipa Ewer
- Ms Jenny Gedes
- Ms Joanne Gilsenan
- Ms Sally Hunt
- Ms Julia Rosenfeld
- Dr Alyna Turner

#### Research Officers
- Ms Xanthe Larkin
- Ms Natasha Nair
- Mr Bill Reda

#### PHD Candidates
- Ms Louise Birrell
- Ms Katrina Champion
- Mr Mark Deady
- Ms Miriam Forbes
- Ms Katrina Hammall
- Ms Erin Kelly
- Mr Warren Logge
- Ms Sonja Memdovic
- Ms Katrina Prior
- Ms Mikki Subotic
- Ms Zoe Tonks
- Ms Kris Tulloch

#### Masters Candidates
- Dr Danielle Florida

#### Associate Members
- A/Prof Sudie Back
- Dr Lucy Burns
- Dr Juliane Hellmuth
- Prof Michelle Moulds
- Ms Jaelea Skehan