SUBMISSION TO THE AUSTRALIAN SENATE SELECT COMMITTEE ON MENTAL HEALTH FROM THE NATIONAL DRUG AND ALCOHOL RESEARCH CENTRE, UNIVERSITY OF NEW SOUTH WALES

The focus of this submission is comorbid mental health and substance use disorders. We have recently published a monograph summarising current research in, and knowledge of this much neglected area of mental health (Teesson and Proudfoot 2003). The following submission is a summary of the main thrust of the monograph.

COMORBID MENTAL HEALTH AND SUBSTANCE USE DISORDERS

Mental disorders complicated by alcohol and other drug use disorders, and vice versa, have been recognised as having a poorer prognosis than those without such comorbid disorders. Comorbidity of substance use and severe mental disorders is associated with an increased risk of illness and injury including self-harm and suicide. Comorbid disorders are more likely to become chronic and disabling, and result in greater service utilisation and increased health care costs.

Prevalence and impact of comorbidity

The Australian National Survey of Mental Health and Wellbeing found that about one in four persons with an anxiety, affective or substance use disorder also had at least one other mental disorder. This meant that they had two or more different classes of disorder, such as an anxiety and affective disorder, or an anxiety and a substance use disorder. A small proportion of men (0.8%) and women (0.8%) had all three types of disorder (i.e. an anxiety, affective and substance use disorder).

As Table 1 indicates burden of disease studies have found that, apart from the burden resulting from road traffic accidents (and asthma in females), the greatest disease burden amongst 15-24 year olds is the result of alcohol dependence, suicide, bipolar affective disorder, heroin dependence, schizophrenia, depression, social phobia, borderline personality disorder, generalised anxiety disorder and eating disorders (Mathers and Vos 1999). Comorbidity of these disorders is high with over 50% having comorbid disorders.

Table 1: Ten leading causes of burden of disease and injury in 15-24 year olds in Australia in rank order

Males	Females
1. road traffic accidents	1. depression
2. alcohol dependence	2. bipolar affective
3. suicide	3. alcohol dependence
4. bipolar affective	4. eating disorders
5. heroin dependence	5. social phobia
6. schizophrenia	6. heroin
7. depression	7. asthma
8. social phobia	8. road traffic accidents
9. borderline personality	9. schizophrenia
10. generalised anxiety disorder	10. generalised anxiety disorder

The importance of prevention

One prevention opportunity, which is fairly unique to mental health, builds on comorbidity. Evidence from epidemiological research suggests that prevention of comorbidity would reduce a substantial proportion of all lifetime psychiatric disorders and an even greater proportion of ongoing disorders. Research also suggests that it is plausible to intervene with primary disorders to prevent secondary ones developing. However, prevention of mental disorders has a low priority in the health care agendas of most countries. This is despite the fact that there has been a substantial growth in the knowledge about both environmental and genetic risk factors for mental disorders and substance use disorders, and a number of promising models for early intervention now exist.

The importance of developing effective interventions

While prevention is crucial, so too is investing in treatments that work. That psychological treatments benefit the majority of patients is already well established. Nathan and Gorman (1998) used findings from replicated randomised controlled trials to show that 38 specific treatments were more efficacious than placebo in 14 psychiatric disorders. However very few have been trialled with individuals with comorbid disorders.

The importance of adequate and effective service provision

Those people who have comorbid conditions see themselves as much more disabled than those with a single substance use or psychiatric disorder; hence their over-representation in health services. However, they are usually in treatment for a single disorder, and the services are not enabled to tackle their comorbidity. Research on service delivery is scarce, turf wars are common and people with comorbid mental disorders and substance use disorders often fall through the cracks in the separate service systems. Services which receive Government funding should be required to screen for comorbid disorders and to ensure best practice is implemented for both unitary and comorbid conditions.

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Conclusion
Comorbidity is common, yet insufficient research and funding have been directed towards explicating and alleviating the serious problems associated with comorbidity. A telling figure is that the percentage of the health dollar allocated to mental health services in Australia is currently 5% while the burden of disease due to the mental disorders is rated world-wide at 20%. In all 0.4% of the gross domestic product is spent on mental health and drug and alcohol in Australia. This is half of what Canada, the UK and New Zealand spend. Add to this the fact that this funding is allocated in general to treatment services for single disorders, with scant regard for individuals suffering comorbid conditions, then it is clear that such individuals tend to be seriously neglected within the present health system. However it is clear that effective early intervention strategies for those at risk in childhood have been identified and should be broadly implemented. Although much further research is needed, effective treatments for comorbidity in both the psychotic and non-psychotic disorders are emerging and research and training should be fast-tracked to impact the suffering and the high service usage associated with comorbidity.

References

Mathers, C. and Vos, T. 1999 Australian Institute of Health and Welfare, Canberra.
Nathan, P. E. and Gorman, J. M. 1998 *A guide to treatments that work*.
Teesson, M. and Proudfoot, H. (Eds.) 2003 *Comorbid Mental Disorders and Substance Use Disorders: Epidemiology, Prevention and Treatment,* Australian Government, Canberra, Australia.

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