

## Caring for our Comorbid Youth

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Since 1996, the Connexions and Gateway programs at Jesuit Social Services have assisted over 700 young people suffering from a combination of mental illness and addiction. However, the large number of young people identified as suffering from this 'dual diagnosis' or comorbidity, poses a huge challenge to Australia's health service system.

Jesuit Social Services (JSS) first established its Connexions program to fill what was identified as an unmet need among mainstream health services. While there has been an increase in the number of specialist services to address this need, the essential problem is that wider health sector is still under the presumption that comorbidity is the exception, rather than the rule, for young people.

### The Scale of the problem

Mental disorders accounted for annual health expenditure of \$3 billion in Australia in 2000-01. Approximately 60% of disability costs in 15-24 year old Australians are due to mental health problems<sup>1</sup> and there is an over representation of people with mental health and substance misuse problems in the criminal justice system.

Drug use can induce, exacerbate or obscure some symptoms of mental illness<sup>2</sup> and this potential for the two problems to interact complicates assessment and treatment. However, the National Comorbidity Survey in the U.S. indicated that many mental disorders develop in childhood and early adolescence and that these mental disorders precede the development of substance related disorders for many individuals.<sup>3</sup>

In Australia (1999), mental disorders (including alcohol abuse, heroin abuse, depression, bipolar, suicide and self inflicted injuries) were found to account for 55% of the disease and injury burden for 15-24 year olds<sup>4</sup> with co-occurring disorders becoming the rule rather than the exception in many treatment settings.<sup>5</sup>

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<sup>1</sup> Mathers, C., Vos, T., Stevenson, C. (1999), *The Burden of Disease and Injury in Australia*, Australian Institute of Health & Welfare, Catalogue No. PHE 18, Canberra, p.16.

<sup>2</sup> Szirom, T., King, D., Desmond, K. (2004), *Barriers to Service Provision for Young People with Presenting Substance Misuse and Mental Health Problems*, National Youth Affairs Research Scheme, Canberra, p. 15.

<sup>3</sup> Kessler, R. (1994), The national comorbidity survey of the United States, *International Review of Psychiatry*, vol.6, pp. 365-376, in R. Hegner [1998], *Dual Diagnosis: The Challenge of Serving People with Concurrent Mental Illness and Substance Abuse Problems*, National Health Policy Forum, issue brief no. 718, Washington, DC, p. 4.

<sup>4</sup> Mathers, C., Vos, T., Stevenson, C. (1999), *The Burden of Disease and Injury in Australia*, Australian Institute of Health & Welfare, catalogue no. PHE 18, Canberra, p. 20.

<sup>5</sup> Teesson, M., Burns, L. (Eds.) (2001), *National Comorbidity Project*, (National Drug Strategy and National Mental Health Strategy), Commonwealth Department of Health and Aged Care, Canberra, p. 15.

### Case Study

A 22 year old female experienced sexual and physical abuse as a child and was raised in child protection from age 8. She completed year 8 at school and since then, has experienced long periods of homelessness. She suffers depression, anxiety and has been a chronic cannabis and sporadic heroin user. She has attempted suicide on multiple occasions and has also had hospital admissions for drug-induced psychosis. She is a smoker with physical problems including hepatitis C, chronic tooth decay and impaired motor skills following an overdose. She is currently on a disability pension.<sup>6</sup>

The National Comorbidity Project (2001) identified young people as at increased risk of poor treatment outcomes and social disadvantage as a result of having a coexistent mental health and substance misuse problems.<sup>7</sup> Many young people suffering from comorbidity experience a childhood or adolescence characterised by poor educational achievement, family breakdown, child abuse, domestic violence and involvement in crime that results in leaving home at an early age or being sentenced.<sup>8</sup> Their emotional, social and educational development is impaired and they may have difficulty maintaining relationships, stable accommodation, attaining employment or reacting in a socially acceptable manner.

In many cases, a lack of family and community support leads to increasingly chaotic substance abuse, particularly when combined with homelessness; this often results in the young person coming into contact with the juvenile justice or criminal justice systems. This cycle of substance misuse, homelessness and crime acts as a major barrier to accessing and remaining in services. They are at increased risk of suicide or deterioration of their mental condition and may experience further marginalisation, violence, sexual assault, incarceration and exploitation. High rates of tobacco smoking<sup>9</sup> and other risk behaviours place the young person at risk for a range of physical health problems such as STD's, blood borne viruses<sup>10</sup> and smoking related diseases in later life.

The National Survey of Mental Health and Well-being found that almost one in five Australians aged 18 years or more met criteria for a mental disorder at some stage in the previous 12 months, but only 38% of people with a mental disorder had used health services<sup>11</sup>.

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<sup>6</sup> Jesuit Social Services (2005), *Gateway Program: Client Case Studies* [unpublished document, accessed May 2005].

<sup>7</sup> Szirom, T., King, D., Desmond, K. (2004), *Barriers to Service Provision for Young People with Presenting Substance Misuse and Mental Health Problems*, National Youth Affairs Research Scheme, Canberra, p. 20.

<sup>8</sup> Tickell, C. (1999), 'Comorbidity – The social implications', *Drugs: Education, Prevention and Policy*, vol. 6, no. 2, pp. 175-179 in *ibid.*, p.20.

<sup>9</sup> Australia Bureau of Statistics (2003), *National Health Survey: Mental Health Australia, 2003*, ABS, catalogue no. 4811.0, Canberra, p 13.

<sup>10</sup> Davis, C. (2003), *Caught in the Gap: Dual Diagnosis and Young People - A Report on the Issues*, NSW Association for Adolescent Health, [Sydney], p. 13.

<sup>11</sup> McLennan, W. (1997), *Mental Health and Wellbeing: Profile of Adults in Australia*, Australian Bureau of Statistics, Canberra, pp. 5 and 14.

## Accessing Appropriate Care

The practical and philosophical division of mental health and drug treatment services makes it difficult for comorbid individuals to access appropriate treatment. The medical or disease model operating within the mental health sector focuses on the organic nature of substance abuse and mental illness, whereas drug and alcohol services function within a harm minimisation model that recognises drug use as a part of society.<sup>12</sup> This lack of a common language creates difficulty in determining the best treatment for comorbidity and adversely impacts on measures to streamline care. Clients with mental health or substance misuse problems are frequently referred from one service to another for their 'other problem' resulting in what has been termed 'ping pong' referrals, resulting in poor treatment outcomes.

Further integration of the mental health and substance abuse sectors is critical to addressing this problem. However, treatment of comorbidity in young people needs to appreciate some of the broader issues associated with mental illness and addiction, including homelessness and criminal behaviour.

Although services remain fragmented and difficult to access for comorbid young people, there are positive signs for the future. Over the past twenty-seven years, Jesuit Social Services has provided assistance to troubled young people. Through its Connexions and Gateway programs, JSS has expanded its focus to the complex needs of young people suffering from the combination of mental health issues and substance misuse.<sup>13</sup> These programs combine to offer a holistic model of care, incorporating counseling, assertive outreach, case management, housing assistance, an arts and culture program, education and training assistance, outdoor activities and health promotion activities.

## Reconfiguring the Delivery of Services

Definitions of comorbidity should recognise a range of diagnosed and undiagnosed mental health issues that run alongside problematic drug use.<sup>14</sup> The Jesuit Social Services Connexions program specifically uses the terminology 'coexistent mental health and substance misuse problems' to define its client group. Consequently, young people with complex needs that arise from coexistent mental health and substance misuse problems rather than from a diagnosable mental disorder or substance abuse disorder are within the program reach.

There is no consensus regarding the most effective approach to treat comorbidity. The United Kingdom has attempted to improve the delivery of care through a 'mainstreaming' approach that treats comorbidity within existing mental health services through localised dual diagnosis outreach

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<sup>12</sup> McDermott, F., Pyett, P. (1994), 'Co-existent psychiatric illness and drug abuse: A community study', *Psychiatry, Psychology and Law*, vol. 1, no. 1, pp. 45-52.

<sup>13</sup> Jesuit Social Services (2004), *Annual Report 2004*, Jesuit Social Services, Melbourne, pp. 8-10.

<sup>14</sup> Szirom, T., King, D., Desmond, K. (2004), *Barriers to Service Provision for Young People with Presenting Substance Misuse and Mental Health Problems*, National Youth Affairs Research Scheme, Canberra, p. 1.

teams. The United States has been a proponent of an integrated treatment model, which aims to synthesise substance use and mental health treatment frameworks and interventions into a model that provides clients with comprehensive treatment according to their needs.<sup>15</sup> Most studies of integrated treatment are U.S based and focus on adults with severe mental illness and substance abuse problems. Comparisons to consecutive or parallel treatment found that integrated treatment resulted in higher reductions in substance abuse and hospital use and to have better patient retention particularly if delivered for 18 months or longer.<sup>16</sup>

## **A Youth Focus**

Young people with coexistent mental health and substance misuse problems need a flexible youth friendly approach. A discussion paper from the National Mental Health Strategy states that engaging young people in treatment “requires sensitive, creative and innovative approaches that transcend many existing service boundaries”.<sup>17</sup> For young people, attempting to access and engage with health and other services can be a humiliating, frightening and frustrating experience. A common theme from consultations, is that young people with comorbidity will only attempt to access care when in crisis and a negative experience can result in loss of trust in services and a reluctance to attend follow up care.<sup>18</sup>

Young people generally prefer the models of engagement found in youth services and youth drug and alcohol services and when consulted about barriers to service provision overwhelmingly stated “having a trusting relationship with a practitioner(s) was the primary factor they found most helpful in accessing and maintaining involvement with services”.<sup>19</sup> Engagement is a key component of youth specific services that recognise the importance of gaining a young person’s participation in a relationship before support for more complex issues will be accepted. This is viewed as particularly relevant to comorbidity as denial of one or both condition is common.<sup>20</sup>

There is a need for expansion to other regions in Australia of youth specialist mental health services that are able to provide a range of mental health services including early intervention, treatment high prevalence disorders such as anxiety and depression, treatment of serious mental illness and expanding to substance misuse treatment in the seriously mentally ill.

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<sup>15</sup> Szirom, T., King, D., Desmond, K. (2004), *Barriers to Service Provision for Young People with Presenting Substance Misuse and Mental Health Problems*, National Youth Affairs Research Scheme, Canberra, p. 48.

<sup>16</sup> Drake, et al., *op. cit.*

<sup>17</sup> National Mental Health Strategy (2004), *Responding to the Mental Health Needs of Young People in Australia: Discussion Paper, Principles and Strategies*, Commonwealth of Australia, Canberra, p. iii.

<sup>18</sup> Davis, C. (2003), *Caught in the Gap – Dual Diagnosis and Young People: A Report on the Issues*, NSW Association for Adolescent Health, [Sydney], p. 27.

<sup>19</sup> Szirom, T., King, D., Desmond, K. (2004), *Barriers to Service Provision for Young People with Presenting Substance Misuse and Mental Health Problems*, National Youth Affairs Research Scheme, Canberra, p. 4.

<sup>20</sup> *ibid.*, p. 25.

## Housing is a Precursor to Treatment

Integration in its narrowest sense is the combination of mental health and substance abuse treatments and whilst important, the needs of young people with comorbidity are broader than solely a treatment focus. Addressing basic needs such as food and shelter is often a necessary precursor to treatment. Other issues that often accompany comorbidity, e.g. unemployment, homelessness and criminal or antisocial behaviour, act to limit a young person's opportunities to move toward improved social and economic participation.

Access to stable housing for young people with comorbidity is a priority. Youth, drug and alcohol and mental health workers have noted alike that it is difficult, if not impossible to address the deeper issues for young people with comorbidity, while they remain transient and in a state of crisis.<sup>21</sup>

The process of gaining accommodation involves long waiting times, housing shortages and being moved from service to service which for some young people compounds feelings of rejection.<sup>22</sup> Having comorbidity itself is a barrier to accessing accommodation. Evaluation of Supported Accommodation Assistance Program (SAAP) services found that younger clients or those with a history of violence, criminal behaviour, intoxication, substance abuse, mental illness or no long term income were more likely to be excluded.<sup>23</sup>

Increased funding for crisis and longer-term housing and collaboration between housing and mental health and substance abuse services are essential.

## Conclusions

The service needs of young people with co-existent mental health and substance misuse problems are diverse and complex. A coordinated approach to comorbidity is essential to improving outcomes for young people and needs to be achieved through building capacity of mental health and drug and alcohol services at all levels to accurately assess, treat or appropriately refer comorbidity.

Accompanying comorbidity is the risk of a myriad of social and physical problems such as homelessness, poor education, unemployment, poor family relations, blood borne viruses and being the victim or perpetrators of crime and violence. Integrated care has been mooted as the optimum clinical response and although this approach holds promise, comprehensive responses that are able to address broader non-clinical issues are critical.

The recent Senate Inquiry into Mental Health indicates that Australia is at an important juncture in its approach to assessing what it is to be mentally ill in

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<sup>21</sup> Szirom, T., King, D., Desmond, K. (2004), *Barriers to Service Provision for Young People with Presenting Substance Misuse and Mental Health Problems*, National Youth Affairs Research Scheme, Canberra, p. 34.

<sup>22</sup> *ibid.*, p. 28.

<sup>23</sup> Szirom, King, Desmond, *op. cit.*

this country, and what mix of services are required to assist the mentally ill to achieve their full potential. One can only hope that an outcome of this process is a real effort to prioritise the needs of Australia's comorbid youth within the mainstream mental health service system of the future.