How do mental health and substance use disorders affect young people?

Speaker Key:

LS Dr. Lexine Stapinski

CC Dr. Cath Chapman

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00:00:00	LS	Two webinars coming up before the end of the year. So in September we have another topic relevant for working with young people which may be of interest to you. Mr Mark Deady will be talking about how we can make use of eHealth to treat co-occurring mental health and substance use disorders in youth. And then in November, we'll have Dr. Erica Crome who'll be talking about ways to locate free resources to support evidence-based practice.
00:00:30		So if you visit our training and webinar page at comorbidity dot edu dot au, you'll be able to find out more about these webinars or join our mailing list for updates about future events. And on our website, we also have links to handouts and video recordings of our past webinars. So our webinar in May which was on what schools and parents can do to prevent drug and alcohol harms in young people will be available online there to watch if you missed it.
00:01:04		In just a moment, I'll introduce our speaker for today. But before I do, just a quick overview for those of you who are joining us for the first time about what CREMS is and what we do at our organisation. So CREMS stands for the NHMRC Centre for Research Excellence in Mental Health and Substance Use.
00:01:31		And what CREMS is all about is conducting research to improve our understanding of mental health and substance use disorders. And understanding in particular how and why these problems co-occur. And in addition, we're working to develop improved management and prevention strategies and conducting research to identify what are the most effective ways to prevent and treat these problems.
00:01:58		To achieve these aims, we work closely with services, schools and community groups and this webinar series is another way that we can foster those lines of communication. So what we've got here is a photo of the team at CREMS and you can see one of our youngest members, little Harry there. And then on the left

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		in the pink is our director, so Professor Maree Teesson. So what I'd like to do now is introduce with great pleasure our speaker for today, Dr. Cath Chapman.
00:02:32		Who is a senior lecturer at CREMS within the National Drug and Alcohol Centre. And Cath's research interests include the epidemiology of mental and substance abuse disorders, service utilisation and pathways to care as well. As the way in which epidemiological data can inform health services, prevention, policy and planning. So thank you very much for being here with us today, Cath.
00:03:01		And what I'll do now is pass over to you. And Cath's going to be talking to us about comorbidity, what it is and how does it affect young people? So really important topic. Thanks, Cath.
	CC	Thanks, Lexine, for such a lovely introduction and thank you so much for joining us today. As Lexine mentioned, I'm going to be talking about a programme of work that's been underway for a number of years, examining the population prevalence of mental and substance use disorders among young people with a particular emphasis on the implications for research and treatment.
00:03:33		As Lexine mentioned, the work's being conducted through the CREMS programme here at the National Drug and Alcohol Research Centre. So in terms of how I've structured the presentation today, I'm going to talk a little bit initially about what we mean about comorbidity and what I'll be talking about today. Then I'm going to focus on what we know about co-occurring mental and substance use disorders among young people in Australia.
00:03:57		I'm going to talk a little bit about recent trends, particularly in terms of some changes we're seeing with alcohol and other drug use in Australia. And I'm going to talk a little bit about implications and future directions. So first of all, what is comorbidity? What do we mean by comorbidity? We're really talking about the co-occurrence of more than one disorder within an individual. Now we can be talking about the co-occurrence of substance use and mental disorders and that's what I'll be focussing on today.
00:04:27		But we could also be talking about people experiencing more than one mental disorder or more than one substance use disorder. We could be talking about people experiencing mental and physical disorders or indeed substance use disorders and physical disorders. And we could be talking about the co-

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		occurrence of disorders at the same time within the same 12-month period or over lifetime. And today I'm going to be talking mainly about disorders that co-occur within a 12-month period. And I'm also going to move on and talk a little bit about the co-occurrence of disorders over lifetime.
00:04:59		And have a little look at onset and development and what that means. I'm going to be focussing today on three groups of disorders: mood disorders, anxiety disorders and substance use disorders. Mood disorders refer to depression, bipolar disorder and dysthymia. But because we'll be mainly looking at population data, we'll be mainly talking about depression because that's the most prevalent or the most common mood disorder in Australia.
00:05:30		Anxiety disorders refer to post traumatic stress disorder, obsessive compulsive disorder, social phobia, panic disorder and agoraphobia. And substance use disorders refer to both abuse and dependence on alcohol and other illicit substances such as cannabis. I mention cannabis because again, we're looking at population data and the most commonly-used illicit substance in Australia is cannabis.
00:06:59		So firstly, what do we know about comorbidity among young people in Australia? I'm going to be talking about data mainly from the Australian National Survey of Mental Health and Wellbeing which was conducted in 2007 in Australia. It was a nationally representative household survey of over 8,000 people aged 16 to 85 who completed a fate-to-face structured diagnostic interview of mental and substance use disorders. And it was the second time a national survey of this kind had been conducted.
00:06:31		The first time was in 1997 but in 2007, it was the first time we asked people questions about their experience of mental and substance use disorders over the course of their lifetime, which makes it a really rich data set to examine. It's in fact the most comprehensive data set we have in Australia to examine mental and substance use disorders in the population. So how many young people, that is how many people in Australia aged 18 to 24 experience a mental or substance use disorder in any year?
00:07:05		One in five males, 21% of males and one in four females will meet the criteria for a mental or substance use disorder. So that means that in any year, one in four young people will meet criteria for a mental or substance use disorder, which is more than 670,000 Australians. Mental and substance use disorders among young people are common.

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00:07:27		When we look at how those rates compare to the rest of the population, what we notice is that mental and substance use disorders are very common in young people and they decline with age. They're more common among young people than in the rest of the population. And that's for both males and females. Given they're common, given we know that around one in four young people meet criteria for a mental or substance use disorder, what does this mean when we consider the impact at a population level?
00:07:59		In fact, mental and substance use disorders are the leading cause of disability in young people aged ten to 24 around the globe. In fact, five of the ten leading causes of disability around the world among people aged ten to 24 relate to mental or substance use disorders. So in terms of their public health impact, the public health impact of these problems for young people is significant.
00:08:24		And when we start to ask questions about the types of disorders that young people have, the first thing to notice is that if we look here at males, the most common type of disorder among young men is substance use disorders. In any year, 15% or one in seven Australian men aged 16 to 24 have a substance use disorder. Among women, the rates are lower. Around 10% but still significant. One in ten young women will meet criteria for a substance use disorder in any year. Anxiety disorders are the most commonly experienced type of disorder for young women.
00:09:01		Se 18% for females and this compares to 7% for males. Mood disorders are also more common in females. We can see 8% of females compared to 4% of males will experience a mood disorder in a 12-month period. Now those of you doing the maths across these groups will have worked out that they add to more than the total young men and women with a mental and substance use disorder. And this is because many people experience more than one
00:09:30		In fact, 25% of young people with a mental or a substance use disorder have more than one. If we look at males there, we can see that while 83% of them experience one mental disorder in a 12-month period, 17% of them experience more than one. This compares with around 31% of females. So comorbidity is more common in females.
00:09:59		We've talked about how common comorbidity is, we've talked about what it means at a population level in terms of its impact. But what does it mean in terms of impact at an individual level?

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		We know there are significant harms associated with comorbidity and they include not only more severe cause of illness in terms of mental and substance use disorders, but there are many other harms associated with comorbidity in terms of increased risk of self-harm and suicide.
00:10:30		Increased risk of homelessness. Increased risk of violence. Stress on relationships. Poorer physical health and decreased social and occupational opportunities are significant. Now before we move on to talk about onset, I wanted to do a quick poll. I wanted you to think about which disorders you think tend to develop first over the course of people’s lifetimes.
00:11:00		Is it mood disorders? Is it substance use disorders? Or is it anxiety disorders? I’m going to give you a moment to do that poll.
00:11:30		Okay. I think most people have had a chance to do the poll. Those of you that said anxiety disorders answered correctly. Anxiety disorders tend to have their onset around the age of 15.
00:12:00		This compares with substance use disorders which tend to have their onset around age 19 and mood disorders which tend to have their onset a little bit later. But what we have learned from looking at this population data is that mental and substance use disorders begin in adolescence and early adulthood. And adolescence is important because we know that having any mental or substance use disorder increases the risk of developing any other disorder. So onset is important.
00:12:30		Now the other reason why this is critical, this period of onset, is because we know that adolescence is a time of profound brain development. Brain maturation is not complete until age 24. And these brain changes that occur during adolescence are associated with increased risk taking, increase in low-effort, high-excitement activities, increased interest in novel stimuli, increased impulsiveness and a decrease in planned thinking.
00:12:58		When I show this slide to parents of teenagers, it tends to resonate fairly well. But if we consider what happens when symptoms of anxiety or depression are added into this mix, or substances such as drugs and alcohol, we can understand why the onset of mental and substance use disorders is so critical. We also know that onset is critical for a number of other reasons. We know that early onset is associated with a number of negative outcomes.
00:13:29		People with an early onset of mental or substance use disorder, that is before the age of 16 years, they are between three and ten

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		times less likely to complete Year 10 compared to those with no disorder. We also know that those with earlier onset are less likely to ever get to treatment. So given this general pattern of onset of mental and substance use disorders, what does it tell us in terms of when and how they develop?
00:14:00		When anxiety disorders co-occur with other disorders, they usually develop first. And this makes sense, given what we know about anxiety disorders, that they tend to have their onset relatively early. Similarly, when mood disorders co-occur with other disorders, especially with anxiety disorders, they tend to have their onset second. However, there are some interesting exceptions. I wanted to take a minute just to talk about mood and substance use disorders.
00:14:28		Now the data I'm showing you here come from the same study that we used to look generally at the onset of mental disorders. So the data come from the National Survey of Mental Health and Wellbeing. And it's looking at males and females who develop both mood and substance use disorders over the course of their lives. Now we looked at how common it was for substance use disorders to come first, for mood disorders to come first or for them to develop at around the same time, that is in the same 12-month period. We found some interesting differences between males and females.
00:15:01		Whereas we found that in 71% of cases, males developed their substance use disorder before their mood disorder. In females, almost the opposite was true. 52% of females developed their mood disorder ahead of their substance use disorder. In terms of why, we don't really know. We do know that many people use substances in response to symptoms of depression but whether or not this is more likely to be the case for women, we don't know.
00:15:31		What we do know, also from this same study, when we looked at the strength of the relationship also between pre-existing mood disorders and substance use disorders for both men and women, having a pre-existing mood disorder increased the likelihood of developing a substance use disorder over lifetime but this effect was particularly marked for women.
00:16:00		So regardless of why this is happening, the data certainly indicate that intervening early with symptoms of mood disorder such as depression is likely to be important in the prevention of substance use disorders. And this may be particularly so for women. So mood disorders or symptoms of depression and other mood

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		disorders may be an important screener particularly for women.
00:16:24		I wanted to take a moment to talk about help-seeking because one of things we do know is that many young people with mental and substance use disorders don't seek help. In fact, overall, less than one in four young people with a mental and substance use disorder seek help. And when we look at how those rates compare to the rest of the population, rates of help-seeking are lower among young people. So so far, what I've told you is that one in four young people with have a mental or a substance use disorder in any 12-month period of whom 25% will have more than one.
00:17:02		Comorbidity is more common in females. Most mental and substance use disorders begin during the critical period…
	LS	Cath, we've just lost you there for a moment.
00:17:30	CC	About this are firstly the National Drug Strategy Household Survey 2013 data primarily.
	LS	Cath, sorry. We just lost you there for a moment. We must have just had some tech problems. So perhaps if you could just go back just 30 seconds. So maybe the beginning of data sources on the slide.
	CC	Okay. Sorry about that.
00:17:59		So the two sources of data that I'm going to use now are firstly the National Drug Strategy Household Survey which was a nationally-representative household survey that has been run every three years since 1985 in Australia. The sample size in 2013 was over 23,000. And the second source of data I'm going to use is a systematic review of the published literature on changing patterns of alcohol and cannabis use around the world that we've just completed.
00:18:28		So firstly, one of the key findings from the latest National Drug Strategy Household Survey is that more young people are choosing not to drink. So this is looking at the number of young people who have not consumed alcohol in the previous 12 months. So we can see that these rates have steadily increased from 2007 to 2013 and this has been a significant increase. This is among 12 to 17-year-olds. We've also seen a similar trend among 18 to 24-year-olds.
00:19:00		We've also seen that young people are delaying the onset of drinking. So this is now looking at age of drinking initiation. So the

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		first standard alcoholic drink that young people have. And we can see there in 1998 it was around 14 years and that's crept up closer to 16 years now in 2013. And if we consider that we've just been talking about how critical these adolescent years are, then delaying the onset of drinking by six months, one year, two years is really meaningful and really important.
00:19:33		That was also a significant change. Now within this context, I think it's also important not to lose sight of what's going on currently because we have seen some positive changes. That there are certainly some indications in the recent data to suggest that we're seeing some positive changes. However, it's important to remember that rates of very high risk binge drinking, so 11 or more drinks on a single occasion, among 12 to 17-year-olds have not shifted from 2010 to 2013.
00:20:01		5.5% are still binge drinking at this level at least yearly and 3.7% at least monthly. Given the harms associated with binge drinking are substantial, this still represents a real area of concern. In terms of recent trends with illicit drugs, what we've actually seen is that rates of illicit drug use have remained fairly stable. You can see from 2007 to 2010 and 2013, they've remained just under 20%.
00:20:31		So I now wanted to talk particularly about recent trends in terms of gender. Now remember, one of the very first slides I showed indicated that rates of substance use disorders were much more common among young males than among young females. And that's a fairly consistent finding that has been observed in many countries for a number of years. But there is some evidence to suggest that this might be changing.
00:20:59		That girls might be catching up to their male counterparts in alcohol and other substance use. So in a recent project, we systematically summarised sex differences in key indicators of alcohol and cannabis epidemiology to ask the question have these sex differences changed over time? It was a big study that took us a long time. It took us around three years to complete the study. We included data from 82 studies from around the world. We examined 11 indicators of alcohol use and related harms.
00:21:31		And they included prevalence of any alcohol use. We looked at heavy episodic or binge drinking, risky drinking, prevalence of alcohol-related problems such as drunkenness and other consequences as well as onset of alcohol use disorder and drinking and frequency of alcohol use. We also looked at prevalence of cannabis use. Now we mapped these estimates

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		onto birth cohorts from 1895 to 1991. So we matched the estimates against the year that people were born or the five-year birth cohort in which people were born.
00:22:03		So this graph here shows you the main summary results for those 11 alcohol indicators pooled within birth cohorts. So at the left here, we've got people who were born between 1891 and 1910. And what we can see there is males were almost two and a half times more likely than women to drink or experience one of the alcohol-related harms that we spoke about.
00:22:30		And we can see that this has steadily decreased such that for those people born in the 1990s, this ratio is almost one. 1.2. Males and females are almost equally as likely to drink. Now this finding here for alcohol is across 68 studies in 36 countries among close to 4.5 million people. And the finding was robust to differences in methods between studies and it also appeared to be present in every world region that we looked at.
00:23:03		And it appeared to be robust across those 11 indicators. Changes with respect to cannabis were similar, although we only had data dating back to birth cohorts from 1941 but we did find a similar trend. That is, a linear trend where we had a decrease from a ratio of around two for males and females born in 1941 to 1.3 for males and females born in 1991. So a similar pattern.
00:23:31		We could probably spend a whole webinar talking about what could be the reasons behind that and you could have some reasons yourself on what you think is going on. But certainly there have been a number of potential explanations for these changes, including changing gender roles, normalisation of alcohol use among women and even the idea that perhaps women are under increased stress and strain and that this is leading to more problematic alcohol use.
00:24:01		And we don't really have definitive answers. Certainly in many countries including Australia, we've seen significant societal shifts over the last 100 years in acceptance of drinking among women. We've also seen significant increases in participation by women in higher education and the workforce which has led to increased financial independence and increased opportunities for women to drink. There's a really interesting study conducted in 17 countries which concluded that…
00:24:31		Which looked really at the rates of convergence between male and female substance use disorders across these different countries and what these authors concluded is that they found that rates of substance use are converging in 12 out of 14

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		countries. And most convergence was seen in countries that had experienced the most convergence in terms of gender roles. So they considered a number of factors such as levels of education, workforce participation and age of marriage.
00:24:58		Our findings from this project are also in line with those published in the recent OECD report on tackling harmful alcohol use which was released earlier this year. Now that report found interesting relationships between socio-economic status, education status, gender and alcohol use. Whereas they found that among men, lower socio-economic status and lower education was associated with higher rates of binge drinking, they found that for women the opposite was true.
00:25:27		Among women, higher socio-economic status and higher educational status was associated with higher rates of binge drinking. Now the third hypothesis up there that I've got up, the idea that women may be under increased stress and strain is again another one that has been looked at a bit in the literature but we don't really have definitive answers. And you might have ideas about whether you think women are under increased stress and strain. Certainly we've got some data from Australia to suggest that there have been some increases in levels of anxiety across the population.
00:26:02		We've got other studies that have not found this. So we really don't have definitive answers at the moment. So what are the key messages so far in terms of what we've been talking about? Firstly, comorbidity among young people is common, it's high-impact at an individual and at a population level and it often remains untreated. Most young people don't seek treatment for substance use and mental disorders.
00:26:30		Comorbidity develops during adolescence and early adulthood. It's more common among women in general and there are some positive changes in terms of alcohol use among young people in Australia but the harms are still significant and the gender gap is closing. So I now want to move on to talk a little bit about the implications in terms of what we think this is telling us.
00:26:57		And what it means not only for prevention and treatment but also in terms of the future directions of our research and the sorts of questions that we're now starting to ask, following on from this programme of work. So firstly, given what we know about the prevalence and impact of mental and substance use disorders and their onset during the critical adolescent years, it's clear that

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		prevention and early intervention are critical. We need to deliver accurate and evidence-based information.
00:27:30		We need to empower our young people to make positive choices about alcohol and other drug use. And we need to make use of technology. Given what we know about how few young people access traditional forms of care, we need to deliver care using media and technologies that young people are familiar with and comfortable with. We now have fairly compelling evidence that online, school-based prevention programmes can be effective in terms of preventing substance use and related harms.
00:28:02		A number of these effective programmes have been developed here at CREMS and there are now six randomised control trials and more than 14,000 young people have participated in them and they're showing some really good results. Now those of you that listened in to the last webinar would have heard Lexine and Nicola Newton talking about some of these programmes. If you're interested in finding out more about these prevention programmes, particularly the best school-based programmes, please go to our CLIMATE Schools website.
00:28:32		You can register to gain access to these programmes and you can find out some more about them. Similarly, if you're interested in getting some more evidence-based resources for teachers, for parents or for students in terms of drug and alcohol use, please go to our Positive Choices website. And I've got the last website down there for you just to remind you that Mark Deady who's going to be talking at our next webinar is actually going to be talking about an online treatment.
00:28:59		An app he developed looking at co-occurring depression and alcohol use among young people. And he's going to be talking a little bit about that and the use of eHealth in treating comorbidity at the next webinar. Now I wanted to spend a little bit of time thinking about this because traditionally we have tended to think about alcohol and substance use disorders particularly among young people as problems that primarily affect our young men.
00:29:34		And it's clear that we need to reframe our thinking about young women and alcohol and drug use. And it follows that we need to pay attention to how our young women and our young men are responding to our prevention programmes. Now I put and young men in there because I think sometimes when we see a significant change in population data, we can shift our heads along with that data and forget to look at exactly what's

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		happening.
00:29:59		We have a significant problem with alcohol and drug use among young men in Australia so we need to pay attention to both our young men and our young women in terms of how they're responding to our prevention programmes. But certainly given the changes in young women, it is something we are paying close attention to in terms of the results from our latest trials. And one of the things I wanted to draw your attention to briefly is some colleagues here at CREMS Nicola Newton and Maree Teesson and others developed a serious online game to enhance engagement in drug education.
00:30:35		And the idea behind that was to better engage boys in drug education. And it's just interesting that one of the things we're finding from some of the preliminary results from our first trial is yes, the game certainly was engaging for both boys and girls. But in fact, when we were looking at changes in knowledge, we found some increased changes in females compared to males.
00:31:00		And that was just interesting because it was a little bit surprising to us. So if you're interested in playing that game or downloading it for someone else to play, please go and have a look. And in terms of future directions for prevention work and where we're at now and what we're starting to look at, many of the programmes that have been developed to date have focussed on the prevention of substance use and related harms.
00:31:29		But we are halfway through a national trial at the moment looking at evaluating an integrated programme for the prevention of co-occurring mental and substance use disorders. And that trial is running in over 6,000 in Western Australia and New South Wales and Queensland. And we should have results from that trial in the next two to three years. And we've been collaborating with Professor Gavin Andrews at St Vincent's Hospital as well as investigators in WA and Queensland.
00:31:59		And we're really excited in terms of what we're going to see from that trial. So stay tuned. We're also, from the same trial, starting to have a look at understanding peer influence and its relationship to drug and alcohol use and mental health problems among adolescents. And that's again a pretty new area for us and a new area in terms of comorbidity as well. There is a literature on the influence of social networks, particularly in drug and alcohol use but it's fairly limited.

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00:32:31		So it's one of the things that we're hoping to have a look at and try and tease out some of these relationships and have a look at the roles that peers play. We're also looking at the development of an internet-based prevention programme for parents which we are hoping to trial because we know that parents pay a key role in the prevention of substance use disorders among young people. So we're really interested in looking at what happens if you trial a parent programme alongside one of our successful student programmes.
00:33:00		So we're hoping that we can also do that in the next couple years. In terms of our programme of epidemiological or population health research, what I've told you about today draws data from a number of studies that have been done over the last few years. And we are continuing to look at the life course of alcohol use disorders and continuing to ask questions about in particular, what role do comorbid mood and anxiety disorders play?
00:33:31		And what can this tell us, not only about the development of disorders, but in terms of guiding the timing and targeting of interventions. What can this tell us in terms of the critical developmental windows where we might intervene? So we're continuing to ask those questions of our Australian data sets. We're also continuing to look at the changing landscape of alcohol use disorders among young Australians and there's a large programme of work underway.
00:34:00		Much of it led my Michael Livingstone here at NDARC and we're working with him to look at rates of binge drinking among Australians to look at what changes are occurring and are they the same for men and women? Because remember I said one of the key findings from the latest data from the National Survey is that we're seeing some drops in binge drinking. So we're really interested to have a look at that historically and to start to ask some structured questions about what's going on.
00:34:29		Now I've got there a list of sources for you if any of you are interested in having a look at where I got some of that data. Now I've put some links there to a few of the reports that are available online. The first there is available from the ABS, the key findings from the National Survey of Mental Health and Wellbeing. So if any of you are interested in that, you can download the report and have a look at some of the findings. If any of you are interested in particularly looking at the National Drug Strategy Household report, you can also download that

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		detailed report.
00:35:01		If any of you are really interested in looking at the tables, you can also download some of the tables. And if any of you are interested in treatment of comorbidity, because I haven't talked much today about treatment of co-occurring mental and substance use disorders, not only can you join our webinar later in the year with Erica Crome but also you can go online and access our comorbidity guidelines which are available online at the moment but they're currently being updated.
00:35:30		And the new version of them should be available soon. I'd just like to finally acknowledge our CREMS team. I know Lexine put this photo up earlier but I just wanted to let you know that there is Mr Mark Deady who will be running our next CREMS webinar. So please come and join us if you're interested in hearing from him. Thank you very much.
00:35:56		Thank you for listening and please send your questions and comments in if you haven't already. And hopefully we'll be able to answer some questions for you. Thanks.
	LS	Thanks so much, Cath, for that. That was really great and I know I certainly learned a lot. And we would really like if anyone has any comments about what you've heard about or any questions to send them through. We've got some time left to talk about some of the issues and any questions.
00:36:28		Now we do have a few that have already come in. So first of all, just to let you know someone's asked about the slides, the handouts and the availability of those. So the handouts for this presentation are already available… Sorry, will be made available from our website after the presentation. We've got another comment through just commenting on how great the presentation was, so that's great.
00:36:58	CC	Thank you.
	LS	And Cath, we've got a question to start the ball rolling. One thing that you talked about which was really interesting was this delay to seek help for young people. And a lot of us are thinking about how concerning that is, given what you've talked about in terms of the impact of these problems. Do you have any ideas about some of the barriers that might be relevant for young people in terms of seeking treatment?
00:37:32	CC	Sure. Thanks, Lexine. One of the things that I didn't mention which I'll just tell you about from another study. There's another

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		study where we looked at not just rates of treatment seeking… We were looking at alcohol-use disorders. But not just how many people sought treatment but how long it took people to first seek treatment after they had first started experiencing symptoms of alcohol use disorders.
00:37:58		So we were looking at the time between onset of symptoms and first treatment seeking. And what we found was that in Australia, the median delay between onset of symptoms of alcohol use disorder and treatment seeking was 18 years. So a long, long time. And when we started to have a look at that within the population, we found a couple of things. We did find that people with earlier onset of alcohol use disorders took longer to get to treatment which is really concerning.
00:38:28		One of the other things we also found which I'll just mention within the context of comorbidity is whilst we found that having a co-occurring anxiety disorder meant you were more likely to get to treatment and to do so faster, this was not the case for mood and substance use disorders. I think that's particularly relevant and I know Mark will talk more about that. But to get back to your point, Lexine, there are significant barriers for young people in terms of accessing formal healthcare services. We know that most young people don't go and see their GP.
00:39:00		I think around 10% of all GP visits in Australia are accounted for by young people. So if we're going to… And that's for all health reasons, not just for mental health and substance use disorders which we know are associated with significant stigma for young people. In fact, when we ask young people about why they don't seek treatment, many people say that they didn't think anything could help or they didn't know where to get help or they were worried about what people would think if they went for help.
00:39:31		Part of the appeal about the use of technology and the use of the internet is it really gets over some of those barriers for young people. And that's why I think that's the area where we're starting to see some real success in terms of accessing care for young people.
	LS	Excellent. And just on that, we've got another question about when people finally do seek treatment, thoughts on where do they tend to go? So GP, mental health, alcohol and other drug service?
00:40:00		What kind of services do you find people would or do you have the impression people would access?

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	CC	In general for mental health and substance use disorders, the most common first port of call when we've looked at it in the population is GPs. Many people will talk to their GP if they're going to talk to anyone about their mental and substance use disorders. So they're a very common first port of call but we also have…
00:40:28		We also in the National Survey asked questions about informal help-seeking. So people talking to their friends, people accessing care on the internet. And we are seeing that people are increasingly using self-help and using the internet as well as a place to look for help. But we tend to find that with specialist services, often people are referred by their GPs. But certainly, GPs are still the most common first port of call for people.
00:40:59	LS	And on that note, an interesting point that's just come through here. Someone's made the point that in schools in Queensland, their impression is that consistent I'm assuming mental health and drug and alcohol education is no longer being provided within the school setting and has asked for a comment on whether that matters, given that there is so much information and help-seeking information available on the internet.
00:41:32		So does that mean that it's okay for this information not to be provided in the school context? Do you have thoughts on that, Cath?
	CC	Yes, I do. I think along with the amazing opportunities that the internet offers in terms of access to information, one of the big dangers is that it's very difficult to get access to evidence-based information.
00:41:57		And particularly when we're talking about not just evidence-based information, but evidence-based programmes. And I think that's a real issue for young people. And one of the really good things about having school-based programmes and the school-based programmes that we run are, as I mentioned, evidence-based. Six randomised control trials, more than 14,000 students and they are linked to the curriculum in each state and the National Curriculum. They're embedded in the curriculum and delivered online. I think it's really important that we are able to deliver evidence-based informations for young people.
00:42:32		So while the internet is a fantastic source of information for people, we need to be able to encourage people to access clear, accurate information. I think that's critical.

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	LS	Great. And just a note there that some of the online programmes that you've mentioned in your talk such as CLIMATE Schools are available free for anyone to use. So not just available through our research trials but anyone can access them. Any school can register to access those.
00:43:00		So moving on, we've got another question that you might have a comment on here. Someone's asked about given anxiety is often the first presenting issue, could you comment on the use of prescribed anxiety medications. Now obviously you're not a psychiatrist, Cath, but do you have any thoughts about what implications there might be of anxiety medications in terms of future substance use.
00:43:32		So in terms of tolerance, addiction to prescribed medications. Benzodiazepines we might be thinking of there.
	CC	When we're thinking, the first question is to think about what we know about what's effective in terms of treatments for anxiety disorders. And while we do know that there are some medications that are effective for anxiety disorders, there's also some really good psychological therapies that we know are as effective as medication.
00:44:01		And in some cases, more effective. And there's certainly a strong argument that these would be more appropriate among young people. So to your point, I think it's critical to consider psychological interventions as well alongside pharmacological interventions, particularly with young people and particularly, as you say, with that potential link with substance use disorders.
00:44:30		Now someone's also asked about training. We won't hold you for too much longer just answering all our questions, Cath, but someone's made an interesting point about training for service providers in co-occurring mental health and other drug-related services. So are you aware of what kind of training would be available for say GPs who are the first point of contact in terms of comorbidity.
00:45:03		Now I don't know that I can answer this question in that I don't know what training is around specifically for GPs. I know that we have a number of initiatives underway here looking at working with service providers. We have a trial that we've been doing in primary care with GPs looking at treatment for alcohol use disorders.
00:45:28		And we also have underway a project with the New South Wales

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		Department of Health looking at trying to better equip and give better access to clinicians to effective treatments for co-occurring mental and substance use disorders. But I can't really speak to specific training for GPs, I'm sorry.
	LS	And in terms of that point about increasing capacity for comorbidity. If you go to our website, the Comorbidity website, we've got the Handbook of Management for Co-occurring conditions, which is a really great starting point for people
00:46:06		So I would point you to that. We might actually include that as a link at the end of the slides that go out to people as well.
	CC	I think I did put that link on one of my slides as well. And yes, as I mentioned, that those guidelines, which have been available online have been one of our most downloaded resources by clinicians. They've been really, really well-used.
00:46:30		And I know that we do have significant training needs, but I think providing resources on the internet are also important. And one of the things that I know we'll be looking at this time around with the update of those guidelines is not just updating them in terms of the evidence base and in terms of new treatments, but also updating them in terms of the dissemination and looking at electronic dissemination and how we can really improve the dissemination and translation of those guidelines.
00:46:57		Now you've touched on prevention programmes in schools, Cath, and someone's just asked do you think offering education in schools increases experimentation among students? So that's something that might be a concern for some people. We perhaps have some evidence from our trials that can speak to that?
	CC	Yes, we do. And that was certainly one of the concerns very early on in this field in starting to look at whether we can do prevention work in schools and whether or not it would have exactly the effect that this participant has raised.
00:47:31		And in fact, we find the opposite is true. Providing young people with accurate, evidence-based information and participating in our prevention programmes reduces intentions to use, it delays the onset of use and reduces harmful use.
	LS	And it just highlights the point, though, that it's important which programmes. Not all prevention programmes are equal. So there are some that have good evidence behind them but perhaps others that don't.

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00:47:58		So that's the care that we need to take with selecting programmes.
	CC	That's absolutely true. And the website that I put up before for the Positive Choices portal which will be launched later in the year is really the first port of call that you can access for parents, teachers and students that has gathered evidence-based programmes and resources from not just Australia but also around the world. But where you can go and have a look at the evidence rating, have a look at programmes.
00:48:29		And where there are some filters if you like to make sense of the information because it is really hard when you just have a look out there.
	LS	Just to finish up, Cath, one of the things I found really fascinating about your presentation was the information about the gender gap and how that's changing over time. And I've had a question that's come through about what are the implications for providing treatment for women with comorbidity problems coming out of what we're finding?
00:49:02	CC	What are the implications for providing treatment for comorbidity? The first thing is that we need to better understand barriers to treatment for substance use disorders in particular for women. And what's interesting is that when we look at service use and the differences between men and women, which I wasn't about to touch on today, but we find that in most areas of health, women are more likely than men to seek treatments.
00:49:29		Both for most mental disorders and for physical health reasons. That's not the case for alcohol and other drug use disorders. Women are either less likely to seek treatment or no more likely than men to seek treatment. So we think there are real barriers to care for women in terms of accessing treatment for alcohol and drug use disorders. And there are a number of ideas about that. And one of them is around the possibility that there's more stigma for women.
00:49:58		That there are significant barriers in terms of women being primary carers to children and what that means for treatment. And I certainly think we need to better understand the barriers to care for women experiencing substance use disorders. So I think that is critical. Secondly, in terms of what the changing patterns might mean for comorbidity, not just for service use but the question was also about comorbidity. So I think that's critical. Secondly, in terms of what the changing patterns might mean for

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		comorbidity, not just for service use but the question was also about comorbidity.
00:58:27		Certainly, we also know having a substance use disorder increases your likelihood of developing other mental disorders, then that's something we also need to watch among women because there could be implications for development of co-occurring mood and anxiety disorders as well. And the other thing I didn't say too is we really are in the middle of this story, not at the end of this story in terms of the closing of the gender gap. Because many of these birth cohorts we have seen these big changes are only now in their 20s, 30s and 40s.
00:51:03		And we don't know… We don't have the data yet to understand whether these patterns of drinking continue as people get older, whether people age out of these drinking patterns. What is happening? Do risky patterns continue? We don't know and they're questions that we will continue to ask as we continue to monitor this changing landscape.
	LS	Yes, certainly in terms of those three hypotheses you put up for what might explain the closing of the gender gap I imagine we'll have more evidence.
00:51:33		More data to come out to really say which one of those is the best explanation for what's happening. And also, as you say, the barriers for seeking treatment, which might be different for women compared to men. Thank you so much, Cath, for answering all of our questions. We did have a lot of questions come through. So if we haven't answered yours, do feel free to email us and we can perhaps get back to you with some more information on a particular thing that you're interested in.
00:52:04		So thank you so much to everyone for being part of today's session. And we would, of course, again remind you that we have these webinars quarterly. So we do have two more webinars coming up over the year and you can find out more and register for those at our website. And in addition, if you want to see us live instead of via the magic of the internet, the CREMS Colloquium will be held in Canberra August 25th.
00:52:33		And so that will really focus on innovative treatments for mental and substance use disorders. So some of those questions that have come in around service provision, that's going to be a really great forum to find out more information about that. And again, you can register for the symposium from our website. That's it for today. So thank you, Cath.

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00:52:58		And thank you, everyone. And we hope to see you again.
00:53:02		