

Autumn 2013

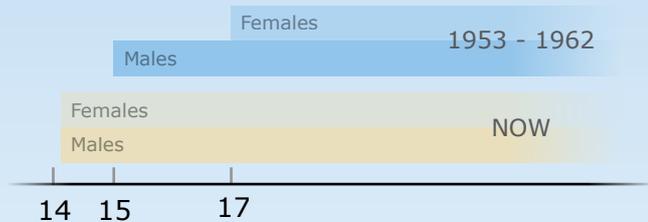


## Research reveals women's issues Supporting women to change the family legacy

Tracey Hammett, Program Director

**R**esearch evidence presented by Professor Maree Teesson from the National Drug and Alcohol Research Centre has shown some significant findings indicating that patterns of problem drinking are changing for women in Australia, and around the world.

Teenage males and females now typically have their first drink at the same age – just over fourteen. In contrast women born between 1953 and 1962 generally had their first alcoholic drink at the age of 17 – two years later than men of their generation.



Men are twice as likely as women to experience problems with alcohol and other substances but this is changing. In the 10 years between 1997 and 2007 a significantly bigger increase was seen in problem drinking for women aged 20 – 29 as compared with women in their 30's and 40's, and male and female rates of substance use disorders are converging in 12 out of 14 countries.

Though problem drinking and episodic (binge) drinking rates are on the rise, particularly among younger Australians, with the increase being greater in women, only a third of people with alcohol use disorders will receive treatment over their lifetime.

Those people who do seek treatment for their alcohol use disorder wait, on average, 18 years to access treatment!

These findings correlate strongly with our experience at SPP, particularly this long period of time between the onset of symptoms of problem drinking and the point at which they seek and/or actually access treatment.

By the time people find their way into treatment the entire family is usually exhausted from the cycle of despair that accompanies untreated addictions, and co-existing issues such as depression or anxiety disorders, and trauma related conditions.

Families are often so willing to do anything they can to help the person they care about who is caught in the grip of an addiction, or is suffering with depression, but there are many challenges in getting the people with the problem to reach out for help, and even more challenges in getting the people who are supporting them to reach out for the help, information and treatment they need themselves.

Despite these increasing rates of problem drinking among women, and the long access to treatment rates, we find that behind every addict seeking treatment there is still more likely to be a woman than a man.

Our experience shows that mothers, wives and/or daughters are more likely to have supported the journey into treatment for their family member, than fathers, husbands or sons. We have been running our "Family Education and Support Group" on a Tuesday night over the last year for people wanting to learn how to effectively help someone they care about who is struggling with addictions or mental illness. **90% of attendees are women.**

*Continued...*

The family legacy of addiction is well known - the child of a parent who is struggling with alcoholism is adversely impacted in so many ways that we are able to predict their likely issues in adulthood. They are called ACA's - Adult Children of Alcoholics, and are likely to have dysfunctional patterns of relating at the very least, and are more likely to have addiction issues themselves or have long-term relationships with people who have an addiction.

Families tend to develop patterns of thinking and behaving governed by attitudes and rules (often unspoken) about how people should or should not think or feel, and in a family impacted by addiction this becomes the central organizing factor around which these rules develop. They are passed down the generations as the children take on the family attitudes in their own parenting, including gender roles and biases, or they rebel and strive to do the complete opposite with their own children.

Unfortunately the opposite of dysfunctional attitudes and rules is usually more dysfunctional attitudes and rules that are just as problematic. It is the moderate mid ground that represents maturity, health and happiness rather than the extremes.

Families need help to explore the difficult and challenging issues that may not have been addressed effectively in the past, within the family.

This is why we talk about changing the family legacy - by getting into treatment or supporting someone they care about into treatment, women can, and do, create change by breaking unhealthy multi-generational cycles, and building new legacies of recovery for families that lead to healthier and happier ways of living and relating, down through the generations.

Both current research and our experience tell us that clients embrace recovery more effectively when family members also have the opportunity to engage in educational and support programs designed to meet their needs.

The more members of the clients family and home environment that have an understanding of the disease of addiction, and the signs, symptoms and progression of mental illness, the underlying issues and family dynamics, and who are actively developing new skills and awareness around these factors, the more supported the client is likely to be in early Recovery and the risk of relapse is significantly reduced.

CONSULTANT PROFILE



## Dr David Mee-Lee

Senior Vice President for 'The Change Companies®'

Board-certified psychiatrist

Certified by the American Board of Addiction Medicine (ABAM)

Chief editor of the ASAM Patient Placement Criteria

David Mee-Lee is a leading expert in co-occurring substance use and mental disorders with over 30 years experience in person-

centered treatment and program development. He is not your usual psychiatrist, nor is he your usual educator. He writes and speaks in down-to-earth, jargon-free language and makes learning challenging and enjoyable.

Dr. Mee-Lee's past clients have involved both provider and practitioner groups, as well as managed care organizations. He was a consultant in the first major managed care Medicaid project for substance abuse in Massachusetts, as well as public sector managed substance abuse care in Iowa.

Dr. Mee-Lee has published many papers and book chapters on addiction. Among a variety of instruments he has co-authored is an instrument for individualized treatment planning, the Recovery Attitude and Treatment Evaluator (RAATE).

David is a Board-certified psychiatrist and is certified by the American Board of Addiction Medicine (ABAM). David has trained and consulted for hundreds of organizations, ranging from small mental health centers to government departments and national behavioural healthcare companies. David is the Senior Vice President for The Change Companies®.

SPP has enjoyed a long relationship with Dr Mee-Lee and are thrilled to once again be able to host an audience with him in June this year. Please email [registrations@southpacificprivate.com.au](mailto:registrations@southpacificprivate.com.au) to register your interest in attending.

# Researchers deliver warning over increased detection of alprazolam (trade name Xanax) in heroin related deaths

## The problem

Benzodiazepine use is common among people who inject drugs and their contribution to heroin overdose is well established. Alprazolam is not recommended as a first line treatment for anxiety and panic because of risk of dependence and potential for misuse.

## Goal

To track trends in alprazolam prescribing and supply over the period 1990 to 2010 and investigate its detection in heroin related deaths

## How did they investigate?

Researchers from the University of Monash and the University of New South Wales calculated the number of prescriptions of alprazolam in Victoria for each year from 1990 to 2010 and the annual numbers of heroin related deaths in which alprazolam was detected.

## What did they find out?

There was a huge increase in alprazolam prescribing over the 20 years from 1990, a big jump in heroin users obtaining the drug illicitly and in its detection in heroin overdose.

Alprazolam supply in Victoria increased by 1426% between 1990 and 2010 and the number of prescriptions increased by 611% from 609 per 100,000 population to 4327 per 100,000 population over that period. There was a disproportionate increase in prescriptions of the 2mg formulation. Alprazolam use among injecting drug users rose from 8 per cent to 69 per cent from 2005 to 2011 and 80 per cent of this was obtained illicitly. In the 20 years from 1990 there were 2392 heroin related deaths in Victoria. Until 2004 the detection of alprazolam was detected in only two deaths but rose to 28 per cent of deaths (27 deaths) in 2010.

## What does it mean for health care professionals?

Practitioners need to be aware that alprazolam use is common among heroin users and most of this is obtained illicitly. It appears to be particularly toxic in overdose and had been detected in an increasing number of heroin related deaths. The researchers have raised concern about the rapid increase in prescriptions, despite recommendations that it is used short term as a second line treatment, and also about the increase in the higher dose 2mg formulation.



**Citation: Angela Rintoul, Malcolm Dobbin, Suzanne Nielsen, Louisa Degenhardt, Olaf Drummer**

*Recent increase in detection of alprazolam in Victorian heroin-related deaths, Medical Journal of Australia, 4 March, 2013.*

## Preventing mental illness in children at higher risk due to parental depression and other comorbidities

### The Problem

Parental depression is a well established risk factor for mental illness and is associated with adverse outcomes, including depression and psychosocial difficulties, in adolescent offspring of affected parents.

### Goal

The goal of the study was to look at whether the number of co-occurring disorders (such as alcohol abuse, anxiety and antisocial behaviour) in mothers with depression increased the risk of mental illness in their children.

### How did they investigate?

The research team from Cardiff University and University College London assessed 315 mothers with recurrent depression at baseline and in two further waves over a four year period. Psychiatric disorder in adolescents was assessed using the Child and Adolescent Psychiatric Assessment.

### What did they find out?

At follow up the rates of new onset disorders among children free of any disorder at baseline increased according to the number of additional clinical problems in mothers.

### Professionals?

A number of studies have pointed to an association between parental depression and adverse outcomes for children. This study highlights the fact that treating the depression alone may not be sufficient to prevent adverse outcomes in children, particularly where alcohol abuse and anti social behaviour are comorbid with depression. Supportive interventions exist for children who are affected by depression and comorbidities in parents and these can be run alongside existing treatment for the parent.

**Citation: Ruth Sellers, Stephan Collishaw, Frances Rice, Ajay K. Thapar, Robert Potter, Becky Mars, Gordon T. Harold, Daniel J. Smith, Michael J. Owen, Nick Craddock and Anita Thapar Risk of psychopathology in adolescent offspring of mothers with psychopathology and recurrent depression. The British Journal of Psychiatry (2013) 202, 108–114. doi: 10.1192/bjp.bp.111.104984**

## Patients who exhibit high craving for alcohol respond less well to treatment than those with depression in patients with comorbid alcohol use disorders and depression

### Background

Comorbidity of mental health and substance use problems are high – with around 25% per to 50% of patients experiencing more than one disorder. Comorbidity is known to result in poorer treatment outcomes particularly where the two disorders are treated separately as one feeds the other. However it can be difficult to predict which patients will respond best to treatment.

### Goal

To investigate whether craving measured prior to commencement of treatment could be a useful tool to identify who would respond best to treatment among a group of depressed drinkers.

### How did they investigate

Researchers from Queensland University of Technology, University of Newcastle and University of New South Wales analysed a subset of 260 participants from a randomised controlled trial comparing treatments for comorbid alcohol and depression.

### Results

Pre treatment craving for alcohol was significantly predictive of weekly alcohol consumption at 18 weeks and 12 months post –treatment. Depression was not predictive of alcohol treatment success.

### Implications for health care professionals

Depression prior to entry for treatment is not related to how successful patients are at abstaining or cutting down from drinking after treatment. However if a depressed patient has a strong craving for alcohol before entering treatment this may affect success in giving up drinking or cutting back. Treatment and support for patients with comorbidity should be planned accordingly.

# An alternative to DSM IV and DSMV diagnostic measures

## Background

The impending publication of DSMV is already proving controversial. An alternative method of diagnosis, more in tune with everyday psychiatric practice, is prototype matching. Instead of counting symptoms of a disorder and determining whether they cross an arbitrary cut off, the task of the diagnostician is to gauge the extent to which a patient's clinical presentation matches a paragraph-length description of the disorder using a simple 5-point scale, from 1 ("little or no match") to 5 ("very good match").

## Goal

The aim of the study was to examine the reliability of prototype diagnosis for mood and anxiety disorder.

## How did they investigate?

The investigators from Emory University and Harvard Medical School conducted three studies. The first study examined clinicians' DSM IV and prototype diagnoses with their rating of patients' adaptive functioning and patients' self reported symptoms. In the second study independent interviewers made a prototype diagnosis following structured clinical interview. In the third study an interviewer made an independent rating of global adaptive functioning.

The main outcome measure was patients' self reported mood and anxiety levels along with independent ratings of adaptive functioning . Patients were recruited from outpatients and primary care clinics, with a focus on highly prevalent mood and anxiety disorders.

## Results

The authors concluded that prototype diagnosis is a viable, reliable alternative to DSM1V. Clinicians' prototype diagnoses showed small to moderate correlation with patients' self report and performed as well or better than DSM1V. Prototype diagnoses from independent interviewers substantially outperformed DSM1V in predicting adaptive functioning. They also concluded that, in contrast to widely held views that clinicians do not use DSM1V, they found that clinicians in the US do use it but its complex algorithms make it unwieldy for general clinical practice.

## Implications for health care professionals

Given the high interest in the upcoming DSMV which is already proving controversial, alternative diagnostic tools may be needed particularly if they are easier to implement in general psychiatric practice and more in tune with everyday practice.

**Citation: Jared A. DeFife; Joanne Peart; Bekh Bradley; Kerry Ressler; Rebecca Drill; Drew Westen. Validity of Prototype Diagnosis for Mood and Anxiety Disorders JAMA Psychiatry. 2013;70(2):140-148.**



## SPP 41 beds, and still growing...

SPP opened our doors 20 years ago, in 1993, with just 8 beds. During the 90's the number of clients we were able to provide inpatient treatment for doubled to 16 and then to 24. By 2006 we had a license for 37 beds, and in February 2013 we have grown to 41 beds!

Professor Phillip Mitchell, speaking at Sydney University about the findings of the Global Burden of Disease Study 2010 revealed that the major cause of disability, across the world, is mental illness.

Information from the 2011 National Survey on Drug Use and Health, SAMHSA, USA, Sept 2012 states "Addiction programs see a tiny sliver (1.5%) of the

estimated 19.3 million persons aged 12 or older needing, but not receiving treatment for illicit drug or alcohol use."

(SAMHSA; Substance Abuse and Mental Health Services Administration, USA)

The growing need for expert treatment for addictions, mental illness and co-existing conditions is reflected in the increasing numbers of clients seeking treatment at SPP.

We are thrilled to have an additional 4 beds now operational to support those people on our constant waiting list to get in to treatment sooner!

## BOOK REVIEW

### Art from Adversity

by Anne Therese Naylor

SPP was delighted to get our hands on an advance copy of this book before the official launch in May. We were even more pleased to begin reading it and discover the author's reference to South Pacific Private right in the opening pages!

Art from Adversity is a very personal story, told honestly and passionately. It feels very natural. It is filled with metaphor and also with gorgeous examples of the author's art – a literal and visual treat.

This "bug's eye" view of life with bipolar is fascinating, frightening and also heartening. Anne presents it all – the good, the bad and the ugly. Her account of the inspiration and drive that she found during her periods of mania, and how this led her to creating visual art is told with the bittersweet tinge of experience that knows of the fall that inevitably follows.

We were also struck by the real-life moments of discrimination that the author faced. How could you not cringe when reading of a teacher's response to the request to accommodate an acknowledged disability? It's a stark reminder of the stigma that persists around mental illness – and to a general ignorance in our society around what it means to have a mental illness, and how to treat people who do.

At SPP we know that about one third of Australians will experience a mental health difficulty at some stage, with the figure rising close to half when disorders related to drugs or alcohol are included.

However, fewer than half of these seek help from a health service. This highlights the issue of stigma and it being one of the biggest barriers to treatment.

Anne makes a clear point about treatment in her book. She emphasises the importance of seeking treatment, seeking it early – and then maintaining treatment even (and especially in the case of bi-polar) when you are feeling good. We wholeheartedly agree.

The book concludes with a section of very useful resources and ways to access help.

*South Pacific Private is proud to support the launch of "Art from Adversity".*

**WHEN:**

Saturday 4 May 2013, 2-4pm

**WHERE:**

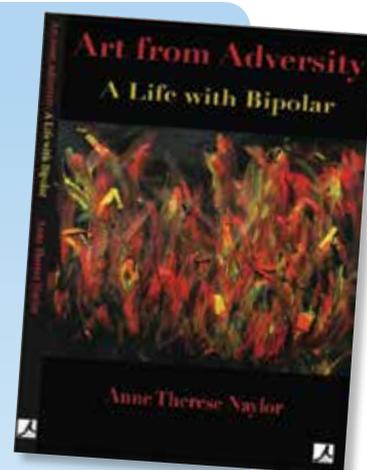
The Harold Park Hotel, Corner Ross and Wigram Streets, Glebe

**RSVPs essential:**

email [info@ipoz.biz](mailto:info@ipoz.biz) or call (07) 3324 9319

**NOTE:**

All proceeds from book sales to be donated to CADE Clinic for mental health research





## VIETNAM VETERANS WORKING WITH SOUTH PACIFIC PRIVATE

Over the past months a relationship has been developing between Vietnam Veterans Association of Australia members that are particularly involved in mental health issues, and South Pacific Private.

Vietnam Veterans, and in fact veterans of military conflicts, often suffer from mental health conditions, Post-Traumatic Stress Disorder, Anxiety, Depression and alcohol related conditions are often identified.

Veteran Pension Officers and advocates are often called on to assist these veterans and their families in dealing with the department of Veteran Affairs in claims for treatment and compensation.

Using the facilities of South Pacific Private Hospital to confirm diagnosis, and have treatment started sooner rather than later is a positive step towards dealing with these problems.

We in the Vietnam Veterans Association are all volunteers, many trained as Pension and Welfare Officers, we are also dedicated to helping any veteran from all conflicts and are starting to receive quite a few calls from the younger veterans of the post 1975 conflicts.

The Vietnam Veterans Association relies to a large extent on donations from the public. If you are interested in making a donation to support the association and the work they do for our veterans then please contact: VVA NSW, C/- Mr T. Walker, PO Box 153, Portland NSW 2847

### UPCOMING EVENTS

## Professional Grand Round

Join the team here at SPP for our next Professional Grand Round (PGR) in April to discuss:

### Addiction Treatment

#### What are the differences and similarities between chemical addictions and process addictions?

The presentation will be led by our Medical Superintendent, Dr Ben Teoh along with an in-depth case study presented by members of the treatment team.

Our PGRs provide excellent networking opportunities and allow for shared learning through discussion.

**WHEN:** Friday 19 April

**WHERE:** South Pacific Private, 24 Beach Street, Curl Curl

**TIME:** 8.30am – 10.30am – concluding with morning tea

**RSVP by Friday 12 April to registrations@southpacificprivate.com.au or (02) 9905 3667**

## Psychiatrist's Dinner & Discussion Series: Sleep Disturbance and Depression

Following the success of our first psychiatry dinner discussion for 2013 on The Global Burden of Disease Project with Professor Philip Mitchell, our next psychiatry dinner will be presented by Professor Nick Glozier on Sleep Disturbance and Depression.

Nick Glozier is Professor of Psychological Medicine at the Brain and mind Research institute, Sydney Medical School and a consultant psychiatrist.

Professor Glozier will cover the burgeoning field of sleep disturbance and its inter-relationship with mood, depression, and function. The focus will be on recent findings about the nature and impact of circadian rhythm, sleep duration and sleep quality disturbances in the assessment and course of mood disorders, including which interventions are useful, which might be, and the impact of our depression treatments on sleep.



**WHEN:** Wed 15th May

**WHERE:** Holme Sutherland Building, University of Sydney

**TIME:** 6 - 8pm

**WHAT:** Dinner followed by presentation

Email [registrations@southpacificprivate.com.au](mailto:registrations@southpacificprivate.com.au) or phone (02) 9905 3667

## Experts address industry on Women, Alcohol, Substance use & Mental Health

South Pacific Private recently held a successful industry and stakeholder briefing on Women, Substance Use and Mental Health led by some of Australia's prominent speakers in the field; Professor Helen Christensen, Executive Director of the Black Dog Institute, Professor Maree Teesson, National Drug and Alcohol Research Centre and Lorraine Wood, Cofounder and Chair of South Pacific Private.

Professor Christensen advised statistics show women in Australia have higher rates of mental illness but fortunately, Australia now leads the world in providing e-health services for mental health. The outcomes of e-health services look promising; a recent trial of 350 people showed an online program offering automated Cognitive Behavioural Therapy (CBT) significantly lowered anxiety in those tested. These results are encouraging as the online program operated in isolation with no other services offered to those tested.

Professor Christensen was positive about the future of e-health, especially given that virtual clinics are now a reality. She highlighted however that existing clinics are program-driven and lack integration with other services. To leverage e-health services, Professor Christensen emphasised the need for prevention-focused trials and an exploration of how to best harness new opportunities in mobile phones, tablets, and social media trends.

Professor Teesson highlighted that 3.5 million Australians' lives are seriously affected by alcohol and drugs, with the consumption of drugs and alcohol in Australia at one of the highest rates in the world.

Professor Teesson warned that new evidence showed adolescent males and females now typically have their first drink at the same age, - just over 14 years old. In contrast, their baby boomer

Typically, females progress faster from substance use to abuse and dependence and new research shows one in five females aged 14-19 are drinking alcohol on a weekly basis. To add to the cause for concern, on average, both men and women in Australia with alcohol use disorders seek treatment a staggering 18 years after the onset of symptoms. Professor Teesson stated that prevention programs aimed at Australia's youth were essential in order to delay the onset of use and significantly reduce harms.

Lorraine Wood reminded us that those who receive treatment barely scratch the surface of those in need. Statistics released in 2011 by the Substance Abuse and Mental Health Services Administration showed that addiction programs treat approximately 1.5% of the estimated 19.3 million people aged 12 or older needing treatment for illicit drug or alcohol use.

South Pacific Private would like to thank all three of our inspiring speakers for allowing us to have this open and honest discussion about women in the public forum. From the implementation of prevention programs to the delivery of treatment it is now more important than it has ever been to continue working together in order to bring about meaningful change.



Lorraine Wood



Prof. Maree Teesson



Dr Tech & Prof. Christensen

mothers and grandmothers had their first alcoholic drink at age 17 - this "catch up" by women raises serious concerns. Though the causes are complex, Professor Teesson commented that Australia has nurtured and normalised binge drinking as an integral part of its national identity.



### Follow us on Twitter

Our Twitter network of professionals is growing! Follow us to keep up to date with the latest news, events and commentary as it relates to SPP & the general therapeutic field. [@SPPSouthPacific](https://twitter.com/SPPSouthPacific)