

PROJECT EVIDENCE

PROJECT EVIDENCE for Treatment of Mental Disorders. The project coordinator is Dr Allan Mawdsley. The version can be amended by consent. If you wish to contribute to the project, please email admin@mhyfvc.org

[6] Standard Treatment

- a) Outpatient psychotherapies, medication and procedures
- b) Inpatient psychotherapies, medication and procedures
- c) Ancillary support services

[6 a] Outpatient psychotherapies, medication and procedures

Specialist mental health services should offer a range of therapeutic programs for disabling mental health problems in the community. Service provision, clinical research and training are closely linked in the Tier Three facilities but the practice guidelines published by those services should be implemented at all levels of their service delivery facilities.

These are grouped under nine headings: (i) organic brain disorders, (ii) substance abuse disorders, (iii) psychotic disorders, (iv) mood disorders, (v) anxiety disorders, including stress-related, somatoform and obsessive-compulsive disorders, (vi) physiological disorders, including eating, sleeping and sexual, (vii) personality disorders, (viii) intellectual disability and developmental disorders including autism spectrum disorders, (ix) behavioural and relationship disorders of childhood.

All disorders in childhood require wholistic management involving caregivers. See PE4 for a general outline of case identification and assessment and PE2a(i) for infant mental health. See PE6a(ix) for a general outline of case management for young people.

PE6a (ii) Substance Abuse Disorders

Substance misuse is the harmful use of drugs or alcohol for non-medical purposes. Often associated with the use of illicit drugs, legal substances can also be misused, such as alcohol, prescription or over-the-counter medication, caffeine, nicotine and volatile substances (e.g. petrol, glue, paint). Most people with a substance use disorder are using alcohol.

Misuse is characterized by a preoccupation with or craving for the substance, a greater priority to substance use than other goals and/or a difficulty controlling consumption. Use of the substance may continue despite negative impacts on other activities, roles, relationships and physical and mental health. Increased tolerance to the substance and withdrawal symptoms may also occur. Broad impacts on social and cognitive functioning and on physical and mental health emerge. Diffuse cognitive impairment may persist for up to 12 months post-detoxification in alcohol dependence. Psychological comorbidity is common, particularly mood and anxiety disorders. (Kavanagh and Connor, 2014 InPsych).

Addiction is a physical and/or psychological need to use a substance, often caused by regular continued use. Some substances are more highly addictive than others. Some people are more likely to become addicted to a substance depending on mental, physical and lifestyle factors.

People use drugs and alcohol for many reasons – to relax, have fun, socialise, cope with problems, escape life or dull emotional/physical pain. Using substances to cope doesn't make problems go away and can make them worse or add new problems to the mix. Becoming dependent on drugs in order to cope, rather than getting help or finding positive solutions, can create longer term problems.

Substance abuse and addiction can have short-term and long-term impacts on physical, mental, social and financial health. Referral is indicated for:

- **Physical health** - nausea, aches and pains, sleep problems, weight gain/loss, infections, accidents, illness or chronic disease.
- **Mental health** - depression, anxiety, paranoia, psychosis
- **Personal relationships** - family problems, arguments, relationship breakdowns, loss of friends
- **Work or financial** - job loss, trouble at work or study, debt, unemployment
- **Social impacts** - loss of interest or time to do things you like, reduced participation in social activities, criminal problems, anti-social behaviours, isolation

Signs and Symptoms of Substance Abuse

- Regular or continued substance use to cope emotionally, socially or physically
- Neglecting responsibilities and activities that are important or enjoy (e.g. work, study, family, hobbies, sports, social commitments)
- Participating in dangerous or risky behaviours as a result of substance use (e.g. drink driving, unprotected sex, using dirty needles)
- Relationship problems (e.g. arguments with partner, family, friends, or losing friends)
- Physical tolerance – needing more of the substance to experience the same effects
- Withdrawal – physical and mental withdrawal symptoms when not using the substance, or needing the substance to feel “normal”
- Losing control of substance use – being dependent or unable to stop even if wanted
- Substance use takes over life (e.g. spending a lot of time using, finding or getting the substance and recovering from the effects, waking up planning how to access the substance or how to pay for it or hide from others and constantly thinking about this).
- General change in the child’s behaviour, academic, sporting and social, such as withdrawal from previous activities
- Sleeping and eating changes

It is difficult for substance abusers to accept that there is a problem and to ask for help. When concerned that a child is using substances it may be helpful to consult a clinician such as a psychologist to discuss how to broach the subject with the child. Whilst external limits have some role, the main solution to substance misuse depends on strengthening the internal locus of control through the person “owning” the need for change. For success it is necessary for the affected person to:

1. **Recognise that substance use has become a problem** - realizing and accepting that one is abusing or addicted to substances is the first step to finding help.
2. **Seek support** - getting through this solo can be difficult. Talk to friends, family, your doctor, other health professionals or a telephone helpline about the substance use.
3. **Investigate options for help** - manage and treat substance misuse and addiction through counselling, medication, rehabilitation centres, self-help programs or support networks. A number of options might need to be tried before finding what works – it’s important to keep trying.
4. **Find alternative coping strategies** - if using substances to cope with life or escape personal problems, other ways are needed to manage the situation and deal with life’s stress and pressures. Dealing with other problems can make it easier to recover and not relapse.

5. **Deal with setbacks and keep going** - Recovery can be a long and difficult road. Expect some setbacks and don't focus on failures. Focus on plans and understanding triggers and how to best respond to them in future.

Evidence based psychological treatment guidance includes:

- Psychoeducation for child and family
- Cognitive behavioural therapy (CBT), which applies learning based approaches to modify behavior and cognitions and increases confidence and empowers families and children
- Groups such as Alcoholics Anonymous who offer 12 step approaches and support for family members /carers and programs for young people.

Two online sources of information and treatment options are:

<https://www2.health.vic.gov.au/alcohol-and-drugs/aod-treatment-services>

<https://www.lifeline.org.au>

<https://aamelbourne.org.au/>

For a discussion of the prevention of mental disorders due to substance abuse, see PE3a(iii).

[To go to Best Practice Model BP6a close this file and go via Best Practice Index]

[To go to Policy POL6a close this file and go via Policy Index]

Last updated 10/1/2022