

Co-morbidity of substance misuse and mental illness collaborative study (COSMIC)

A study of the prevalence and management of co-morbidity amongst adult substance misuse and mental health treatment populations

(Weaver et al, 2002)

In brief

Background and aims

The study measured the extent of co-morbidity among users of substance misuse services and mental health services. It described the range of co-morbid presentations and treatment needs and looked at differences between London and other areas of the country.

Design

This was a two-phase study. The research team collected demographic and diagnostic data on the users of substance misuse and mental health services and conducted an interview survey with a random sample of people using these services.

Findings

- Some 74.5% of users of drug services and 85.5% of users of alcohol services experienced mental health problems. Most had affective disorders (depression) and anxiety disorders. A relatively high rate of psychosis was also observed.
- Almost 30% of the drug treatment population and over 50% of those in treatment for alcohol problems experienced 'multiple' morbidity (co-occurrence of a number of psychiatric disorders or substance misuse problems).
- Some 38.5% of drug users with a psychiatric disorder were receiving no treatment for their mental health problem.
- Some 44% of mental health service users reported drug use and/or were assessed to have used alcohol at hazardous or harmful levels in the past year.

Main implications

- Service users with co-morbidity had significantly poorer social functioning. They also had a greater need for care interventions in comparison with non co-morbid service users.
- Service users with co-morbidity had more unmet needs, even when they were receiving higher levels of provision from services.
- Co-morbidity is often not picked up by substance misuse or mental health services, indicating needs for improvement in staff training and routine assessment and recording.
- Substance misuse services and mental health services should be able to deliver interventions to their many patients with co-morbidity who require treatment but do not meet the eligibility criteria of community mental health teams or substance misuse services.
- For people with severe and enduring mental illness, intensive joint working may be required and services for this group should generally be led by mental health services (in line with the Department of Health policy of mainstreaming and *Models of care*).

Research summaries

This series provides brief reviews of studies conducted in the UK, based on the executive summaries of the reports prepared for the Department of Health (DH). This series focuses on issues that are relevant to practitioners and other key stakeholders. It aims to give treatment service commissioners and providers, as well as service users and carers, ongoing access to new evidence.

This briefing provides a summary of a study on substance misuse and mental health co-morbidity. It is part of a series on this topic, also funded by the DH Drug Misuse Research Initiative (DMRI wave I). For details of the other publications, please see back cover.

Research summaries do not constitute NTA or Department of Health (DH) guidance or recommendations. The views expressed by the studies are not necessarily those of the DH or the NTA.

Co-morbidity of substance misuse and mental illness collaborative study (COSMIC)

Summary of the report prepared on behalf of the COSMIC study group by: Tim Weaver, Vikki Charles, Peter Madden and Adrian Renton (Department of Social Science & Medicine/Centre for Research on Drugs & Health Behaviour, Imperial College of Science, Technology & Medicine, 2002)

Aims of the study

The study sought to:

- estimate the extent of substance misuse and mental health co-morbidity among users of substance misuse and mental health treatment services
- identify the range of co-morbid problems among these populations
- assess the treatment needs (met and unmet) of co-morbid service users
- compare the differences between populations drawn from London and other urban areas.

Study method

The study was conducted with users of drug and alcohol services and patients attending community mental health services across two inner city areas in London (Brent and Hammersmith & Fulham) and two outside London (Nottingham and Sheffield).

Phase 1 involved collecting demographic data and data on diagnoses for all patients currently attending participating services from key workers.

Phase 2 took the form of an interview survey with a random sample of patients and included assessment for co-morbidity. The random sample was drawn from:

- statutory drug treatment services (216 service users)
- alcohol treatment services (62 service users)
- mental health services (282 patients).

The patients randomly selected for the samples were typical of those using the services studied.

Findings

Co-morbidity among the users of substance misuse services

Prevalence of mental health problems

Types of disorder observed

Some 74.5% of patients from drug services and 85.5% from alcohol services were assessed to have one or more of the disorders listed below:

Table 1: Prevalence estimates

	Prevalence estimates	
	% Drug treatment population	% Alcohol treatment population
Psychotic disorder	7.9%	19.4%
Personality disorder	37%	53.2%
Depression and/or anxiety disorder	67.6%	80.6%
• Severe depression	26.9%	46.8%
• Mild depression	40.3%	33.9%
• Severe anxiety	19%	32.3%

Regional variations

There were no significant differences between the prevalence of psychiatric disorders in London and non-London centres.

Multiple mental health problems

Some 54.8% of users of alcohol services had two or more psychiatric disorders. Among drug service users 36.1% had depression and/or anxiety without any other disorder, but 31.9% were assessed to have two or more disorders. The majority (76.5%) of patients with psychosis also had a personality disorder and rated positive for depression and/or severe anxiety.

Drug and alcohol co-morbidity (hazardous or harmful alcohol misuse)

Some 33.3% of drug treatment service users reported drug and alcohol co-morbidity and levels were significantly higher in London compared to non-London centres. Overall, 29% of users of alcohol services also reported drug use in the past year, while 11.3% exhibited dependent drug use.

Drug service assessments of psychiatric disorder

The research team compared their assessments of psychiatric disorders in drug misuse service users with diagnoses recorded by key workers. They found that mental health disorders were often not picked up by staff, suggesting a need to develop consistency in both training and recording.

Treatment issues

Characteristics of co-morbid service users

- Significantly poorer social functioning and a greater need for community care interventions
- Perceived to be more chaotic and more aggressive by key workers, while co-morbid users of alcohol services were perceived as being more difficult to manage.
- Drug service users with personality disorders were rated as having relatively poor engagement with services.

Interventions received

- Co-morbid service users were more likely to receive counselling-based interventions.
- Co-morbid users of alcohol services were more likely to receive relapse prevention.

Unmet needs

- There were higher levels of unmet need among co-morbid patients, despite the higher levels of provision offered.

Mental health interventions by drug treatment services

Access to services

- More than a third (38.5%) of drug treatment service users assessed as having a psychiatric disorder had no contact with health services specifically for their mental health problem; only 17.4% of those assessed as having such a disorder did have contact with mental health services. Others with co-morbidity were under GPs or substance misuse psychiatrists for their mental health problems.
- Overall, 18.1% of drug service users were assessed as having mental health problems and needs associated with high potential for referral to, and management by, mental health services; only half of these cases were receiving care from mental health services.
- Drug service users with psychosis were most likely to have contact with mental health services. Most of those with anxiety or depression had no contact with services for their mental health problems. Drug service users also in contact with mental health services tended to receive specialist mental health assessment/monitoring and medication for their psychiatric condition.

Mental health interventions by alcohol treatment services

Access to services

- Over a third (32.3%) of alcohol service users surveyed were assessed as having care needs with high potential for referral to, and management by, mental health services; 65% of them were already managed by mental health services.
- Half the patients with a psychiatric disorder reported consulting a psychiatrist and more than a third (37.7%) reported contact with mental health services, constituting a significant level of unmet need among the remainder.

Co-morbidity among adult mental health service treatment populations

Prevalence of substance misuse and dependence:

Trends and patterns in substance misuse

High rates of co-morbidity were observed among patients of mental health services. 44% of patients self-reported problem use of drugs, and/or were assessed to have used alcohol at hazardous or harmful levels in the past year.

A quarter of patients of mental health services (25.2%) reported hazardous or harmful alcohol use in the past year. A third (30.9%) reported problem drug use in the past year. Cannabis was the most frequently reported drug (25.2%). Approximately half of those reporting drug use only used cannabis (14.5%), while 12.8% reported poly-drug use, including 5% who used opiates. 16.7% of patients were assessed as dependent on one or more illicit or non-prescribed drug.

Regional variations

The prevalence of problematic drug use and drug dependence among mental health patients was significantly higher in the two London centres than in the two non-London centres. London-based patients also reported a significantly higher use of cannabis, sedatives and crack cocaine.

Trends in alcohol use

A quarter of patients (25.2%) reported hazardous or harmful alcohol use, with no significant difference between London and non-London samples.

Treatment issues

Characteristics of co-morbid patients of mental health services

- Significantly poorer social functioning, more severe psychiatric symptoms and a greater need for community care interventions.
- Perceived as more chaotic, more aggressive and less compliant with care plans.

Interventions received

- Despite high prevalence rates of drug misuse, only a small number (less than 5%) of mental health patients exhibited patterns of drug use that would have been likely to satisfy eligibility criteria for statutory drug treatment programmes in their areas (mainly because they were not opiate users). Given that 9.2% of cases reported severe alcohol misuse, the potential for referral to alcohol services appeared greater.

- Fewer than one in six patients who reported drug use and one in five who reported alcohol misuse received any substance-related interventions.
- Most mental health patients receiving substance misuse interventions received counselling-based interventions through mental health services (motivational interventions, harm minimisation and education).
- Very few drug users (3.4%) and people who had misused alcohol in the past year (2.8%) had had contact with specialist drug and alcohol services in the past year.
- Mental health patients using opiates were more likely to receive substance misuse interventions than patients using other drugs.
- Substance misuse interventions were provided as a result of patients requesting them or when key workers identified drug usage.

Key worker assessments of substance misuse co-morbidity

Substance misuse problems were often not picked up by mental health services, again indicating needs for improvement in staff training and routine assessment.

Practice implications of the study

Conclusions regarding service development include:

- Collaborative working between substance misuse and mental health specialists should be developed – particularly with regard to meeting the needs of co-morbid patients with psychosis more effectively.
- Substance misuse services should work more collaboratively with local psychotherapy services and GPs to improve management of co-morbid patients who do not meet the criteria for access to community mental health services (i.e. those with anxiety and depression in particular).
- Substance misuse services need the resources to deliver evidence-based treatment to co-morbid service users and training to recognise co-morbidity.
- Mainstream mental health staff require basic training on recognising and meeting the needs of patients with substance misuse problems
- Mental health services need to be more competent in managing high numbers of co-morbid patients who are unlikely to be appropriate for joint management with substance misuse services.
- Mental health and substance misuse services should work to develop joint policies around assessment, intervention and management. This will ensure earlier identification of co-morbidity and more effective interventions.

Study limitations

- The study was conducted amongst clients in treatment. Conclusions cannot be extended to those not in treatment.
- The design of the study did not allow for calculating the proportion of people assessed as co-morbid but whose psychiatric symptoms were the consequence of withdrawal, intoxication or chronic substance misuse.
- Some prevalence estimates must be treated with caution because of the small sample size – notably for the alcohol services.

For more information on definitions and instruments used by the research team to assess co-morbidity, see the version of this briefing on the NTA website at www.nta.nhs.uk/publications/research

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For more information on the COSMIC study see also:

Weaver, T et al: (2003) Co-morbidity of substance misuse and mental illness in community mental health and substance misuse services. *British Journal of Psychiatry*, 183, 304-313.

Weaver, T., Stimson, G., Tyrer, P., Barnes, T. & Renton, A. (2004) What are the implications for clinical management and service development of prevalent co-morbidity in UK mental health and substance misuse treatment populations? *Drugs: Education, Policy & Prevention*, 11(4), 329-348.

DMRI-funded studies on co-morbidity

Other DMRI-funded studies on co-morbidity include:

- Strathdee et al 2002: *Dual diagnosis in a primary care group (PCG), (100,000 population locality): a step-by-step epidemiological needs assessment and design of a training and service response model*
- Frischer et al 2002 *A national epidemiological study of co-morbid substance abuse and psychiatric illness in primary care between 1993-1998 using the General Practice Research Database.*

Executive summaries of DMRI studies are available on <http://www.mdx.ac.uk/www/drugsmisuse>. They provide more detail on research design and methodology than the summaries published by this series.

For the executive summary of the report of the Weaver et al study see: <http://www.mdx.ac.uk/www/drugsmisuse/weaver.doc>

Further information

NTA: 2003 *Models of care for the treatment of substance misusers. Promoting quality, efficiency and effectiveness in drug misuse treatment services in England.* London: NTA

DH: 2002 *Mental health policy implementation guide: Dual diagnosis good practice.* London: Department of Health.

DH: 1999 *Drug misuse and dependence: guidelines on clinical management.* London: Department of Health.

Also see:

National Institute Mental Health England
<http://www.nimhe.org.uk>

Internet resources for the International Initiative for Mental Health (IIMHL Update Dual diagnosis):
<http://radio.weblogs.com/0108660/categories/iimhlDualDiagnosis>

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