

Comorbidity

module workbook

There are four module topics...

1. What is comorbidity?

Comorbidity, anxiety and depression.

2. Comorbidity and substance induced mental illness.

3. Personality disorders.

4. Trauma and substance misuse.

This module examines the basic knowledge required for understanding the co-morbidity of substance use and mental health. It aims to equip people with an understanding of mental health disorders commonly associated with substance misuse, the nature of co-occurrence, commonly co-occurring psychological disorders and what the average comorbidity worker might do with it all.

Mental health problems are common in people with substance use disorders. It follows that people without specialist knowledge are likely to encounter these challenges. This module addresses the needs of staff at different levels of expertise and with different treatment roles.

This workbook has been designed for use in conjunction with result4addiction. It will take you to the relevant content on the website.



Read this guidance before you start

You can work through the topics at your own pace, however, to keep up a momentum we suggest you set a timetable. Each topic has a variety of tasks: watching videos, reading scientific articles, taking in checklists, for example (see icons below).

Use the workbook to navigate the four topics. Be sure to add your reflections in the spaces provided. When you have completed the module, you can save the workbook as a digital record or download a hard copy of your work.

Ideally you will convene, or join, a Study Group (this could be a peer group, just one colleague, or a trusted supervisor) for your topic discussions. Arrange your meeting times right away and use these as the deadline for completion of each topic. The aim of the Study Group is to sharpen up your thoughts.

Key to task icons



This icon indicates the first task which is about getting an understanding of each topic. There are links to essential study materials in the result4addiction website (reading, videos and slideshows).



The second task is the Debating Forum where you will find arguments for and against a controversial subject. The point of the task is to get an understanding of the balance that often has to be struck when deciding on your practice.



When you finish each topic you should meet up with your study group and review what you have learned and how you will incorporate the group's ideas into your practice.



After each task click on this icon to record your reflections and plans. This is an important record of your progress through the module. You will be able to download a PDF to keep with your learning portfolio.

Topic One - comorbidity and common disorders



First task

Read the subject matter of this topic

1. When you go to the *What is comorbidity* page

- Understand the mechanisms of comorbidity
- Understand the difference between mental illnesses and mental health disorders

Go

2. When you go to the *Comorbidity – dealing with anxiety and addiction* page

- Familiarise yourself with the different manifestations of anxiety.
- Consider the difference between anxiety that is induced by specific drugs and withdrawal symptoms. Read the Substance induced anxiety box. Consider the important implications of distinguishing these.
- Read the This is what to do about it section and watch the two videos.

Go

3. When you go to the *Comorbidity – dealing with depression and addiction* page

- Familiarise yourself with recognising the severity of depression.
- Consider the difference between depressed feelings that are induced by specific drugs, their after effects and withdrawal symptoms and the important implications of distinguishing these.
- Read the This is what to do about it section.

Go

When you have finished click to record and save your reflections about this task



Topic One - comorbidity and common disorders



Second task The debating forum

Motion: Lifestyle change is the only intervention needed for the treatment of anxiety and depression

For...

People leading healthy lifestyles do not suffer from anxiety or depression. It follows that any intervention that can bring about a reduction or elimination of an unhealthy lifestyle is going to be the best and most cost-effective treatment for comorbidity. These interventions are widely available including as self-help.

Against...

Lifestyle interventions are a crucial part of treating addiction problems; however, anxiety and depression are barriers to change and pharmacotherapies which have a much more rapid effect will benefit these people more. Moreover some comorbidity is too severe to respond to lifestyle change alone.

These summaries of two research articles should help you clarify your thoughts on the issues raised by the debate...

Healthy lifestyles

This study aimed to identify adult lifestyle behaviours (diet, physical activity, sedentary time, smoking, alcohol, cannabis, and other drug use) at age 20 years and their associations with depression, anxiety, and stress symptoms at age 22 and 27 years. Three groups were identified:

- Healthy group evenly split between men and women – 65% of study participants: 98% non-smokers, 82% low level drinkers or abstainers, 71% non-cannabis users, 69% physically active, diets were poor.
- High substance use and low activity group – 84% women.
- High substance use and very poor diet group – 99% men.

Of 27yr olds, the percentage with anxiety, depression and stress was:

- Healthy group: 10.3% | 14.2% | 13.2%
- High use, low activity group: 26.2% | 21.2% | 29.4%
- High use, high activity & poor diet group: 15.7% | 17.6% | 13.7%

Topic One - comorbidity and common disorders



Second task

The debating forum continued...

Prescribing for anxiety and depression

This study examined the prescriptions of people referred to a specialist addiction unit. 67% of drinkers, 39% of opiate users, and 82% using other drugs (mainly stimulants) had been prescribed at least one psychotropic medication (did not include opiate substitutes). It is estimated that in the general population 7.5% of individuals with anxiety or depression need pharmacotherapy.

Antidepressants have only a modest benefit in people with co-morbid depression and substance use problems and only in more severe cases. A high prevalence of comorbidity has been questioned due to problems inherent in distinguishing independent mental health disorders from substance-induced disorders. Dependence, intoxication and withdrawal symptoms mimic mood and anxiety disorders.

Find the full text of the articles here...

Collins S et al (2023) A longitudinal study of lifestyle behaviours in emerging adulthood and risk for symptoms of depression, anxiety, and stress. *Journal of Affective Disorders* 327: 244-253
doi.org/10.1016/j.jad.2023.02.010

Oluoyase AO et al (2013) A study of the psychotropic prescriptions of people attending an addiction service in England. *Advances in Dual Diagnosis* 6: 54-65 DOI: [10.1108/ADD-03-2013-0005](https://doi.org/10.1108/ADD-03-2013-0005)

When you have finished click
to record and save your
reflections about this task



Topic One - comorbidity and common disorders



Third task

Study group discussion

Once you are happy that you have covered all the tasks, it's time to go to your study group discussion. Here are some suggestions for structuring your discussion...

- Why is it important to distinguish drug/alcohol related mood disorders from those that have other roots?
- What are the best ways to assess low mood and anxiety?
- What are the things the average practitioner can do?
- How can family and friends be encouraged to help?

When you have finished click
to record and save your
reflections about this task



Topic Two - drug and alcohol induced mental illness



First task

Read the subject matter of this topic

1. When you go to the *What is comorbidity* page

- Read the *What is the treatment for comorbidity* section.
- Watch the video by Rebecca Lee on providing comorbidity services.
- Check out the Quadrant Model and see if it might inform your local services.

Go

2. When you go to the *Comorbidity – drug and alcohol induced mental illness* page

- Read through the accounts of drugs causing psychosis, delirium, dementia and alcohol leading to vitamin deficiency, delirium and psychosis.
- Watch Jessica Bird's video on how to manage psychosis.

Go

3. When you go to the *Comorbidity research* page

- Make sure that you study all the epidemiology tables and that you understand the relationships between substance use and mental health disorders. Make sure you understand what an odds ratio means.
- Watch the video by Paul Fletcher about the nature of psychosis

Go

When you have finished click to record and save your reflections about this task



Topic Two - drug and alcohol induced mental illness



Second task The debating forum

The Motion: Specialist services are not specialist enough if they fail to give vitamin prophylaxis and treatment

For...

Specialist services must be equipped to deal with the gamut of problems that come under the umbrella of substance misuse. It is critical that service can recognise and treat as well as prevent brain damage. It will increase the stigma attached to people with addiction problems to abrogate this responsibility.

Against...

There is no reason why specialist services should shoulder the costs of making medical procedures available. Addiction agencies need to develop expertise in psychosocial interventions rather than employ staff to deal with rare conditions that are best referred to an Accident & Emergency Department.

This summary of a research article should help you clarify your thoughts on the issues raised by the debate...

Thiamine Administration

The article reviews the evidence for the effectiveness and safety of administering intravenous vitamins for people at risk of or currently experiencing Wernicke's encephalopathy. It is a useful guide for agency policy on prescribing.

It is generally agreed that parenteral thiamine hydrochloride, given early enough, and in a sufficient dose, can prevent permanent brain damage in individuals with Wernicke's encephalopathy. It is equally true that many individuals with Wernicke's encephalopathy remain untreated or inadequately treated and suffer brain damage which can be demonstrated in post-mortem studies.

The decision to give any medication will depend, in part, on the perceived risk-benefit ratio. Where this ratio is unknown or where the risk is perceived to be unreasonably high, therapy is frequently withheld.

In the UK the usual treatment for suspected or actual Wernicke's is Pabrinex™ which contains a high dose of thiamine and other vitamins. It is difficult accurately to estimate the incidence of anaphylactic reactions caused by Pabrinex™. However, available data indicate that there have been 10 anaphylactic reactions to Pabrinex from between 5,431,235–6,651,947 patient-days of treatment. In short the risk is extremely low and lower than many other medications.

Find the full text of the articles here...

Thomson A, Guerrini I, and Marshall JE (2019)
Incidence of Adverse Reactions to Parenteral
Thiamine in the Treatment of Wernicke's
Encephalopathy, and Recommendations *Alcohol
and Alcoholism* 54: 609–614 doi:
[10.1093/alcalc/agy091](https://doi.org/10.1093/alcalc/agy091)

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Topic Two - drug and alcohol induced mental illness



Third task

Study group discussion

Once you are happy that you have covered all the tasks, it's time to go to your study group discussion. Here are some suggestions for structuring your discussion...

- Check out that you have understood some of the problems facing people with personality disorder.
- How do you think you might address some of these problems in your workplace?
- Do you have policies and training in place to deal with challenging behaviour?
- What training do you feel you as an individual need, or would like to have?

When you have finished click
to record and save your
reflections about this task



Topic Three - personality disorder



First task

Read the subject matter of this topic

1. When you go to the *Comorbidity research* page

- Read about the epidemiology of personality disorder and the relationship with mental illness.

Go

2. When you go to the *Personality disorder* page

- Read the overview of different kinds of personality disorder.
- Read about Dialectical Behaviour Therapy (DBT) as the treatment of choice for emotional regulation.
- Watch the videos by Dani Brown describing DBT and giving a short demonstration of one component in the second video.

Go

When you have finished click to record and save your reflections about this task



Topic Three - personality disorder



Second task The debating forum

Motion: The stigma attached to personality disorder is inevitable

For...

There is a low level of understanding personality disorder in the general population and this results in mislabelling and negatively labelling its manifestations. There is also a perception that there is little that can be done about personality disorder. To exacerbate the problem, personality disorder is often manifest in behaviours that are socially disruptive.

Against...

There is a low level of understanding of both mental and physical health disorders in the general population: most illnesses and disorders are stigmatised but nonetheless the stigma can and should be addressed. One of the ways to address the stigma is to familiarise the population with the fact that help can be given for both the patient and their friends and family to manage the problem.

This summary of a research article should help you clarify your thoughts on the issues raised by the debate...

Psychiatric Literacy

The place of personality disorder and its treatment have been debated in the psychiatric literature and in the politics of provision. Low levels of knowledge of the variety of conditions and their management mean help is not often sought, and not often forthcoming. This article reports research that gets at the root of these problems and suggests some ways forward.

The researchers report on a study of the levels of knowledge about personality disorder in a “convenience sample” of 223 lay people. The nature of the sample means it was quite biased towards students (60%) and a more literate sub-sample of the general population.

A questionnaire entitled ‘eccentric people’ contained vignettes of 10 personality disorders which were to be rated as well as labelled. The researchers found that lay people recognise people with personality disorders as being unhappy, unsuccessful at work and as having poor personal relationships, but do not associate these problems with psychological causes.

Topic Three - personality disorder



Second task

The debating forum continued...

The level of knowledge in the general population is low

Different personality disorder types were differentially recognised and understood. With the exception of 3 personality disorders, the correct identification (applying the correct label) rate for the personality disorders was very low, below 7%. Paranoid and obsessive compulsive disorders were more often correctly labelled than the others. The labels of depression, autism spectrum disorder and low self-esteem were most likely to be erroneously used. A history of psychological education and illness were found to be positively correlated with correct recognition of 70% and 60% of the personality disorders, respectively.

Implications for personality disorder recognition and treatment

Mental health literacy is related to help-seeking behaviour and diagnosis as well as stigma and the potential social neglect of people living with particular disorders. Personality disorder is often perceived as offensive behaviour to be avoided and/or punished rather than treated and managed by professionals, family and friends. Improved recognition, as with so many other disorders, will result in improved access to the right treatment and help for individuals with problems and their families and friends.

Cultural influences on the way mental illnesses and disorders are manifest needs to be taken account of and this study was largely conducted in a mono-cultural setting. Some problems like depression are more well known and more similarly manifest across cultures than others like schizophrenia.

Find the full text of the articles here...

Burnham A and Wincelous J (2012) Psychiatric Literacy and the Personality Disorders. *Psychopathology* 45: 29–41 [DOI: 10.1159/000325885](https://doi.org/10.1159/000325885)

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Topic Three - personality disorder



Third task

Study group discussion

Once you are happy that you have covered all the tasks, it's time to go to your study group discussion. Here are some suggestions for structuring your discussion...

- Check out that you have understood some of the problems facing people with personality disorder.
- How do you think you might address some of these problems in your work place?
- Do you have policies and training in place to deal with challenging behaviour?
- What training do you feel you as an individual need, or would like to have?

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Topic Four - comorbidity and trauma



First task

Read the subject matter of this topic

1. When you go to the *Comorbidity research* page

- Look at the epidemiology of trauma and the relationship with mental illness.
- What is the relationship between trauma and substance misuse, interestingly it can work both ways.

Go

2. When you go to the *Trusted People research* page

- Read the mothers' accounts of the family trauma stemming from a child with an addiction problem.

Go

When you have finished click to record and save your reflections about this task



Topic Four - comorbidity and trauma



Second task The debating forum

The Motion: Not everybody who has experienced trauma needs or wishes to have trauma treatment

For...

Some individuals are resilient to trauma and do not develop PTSD and some are content with their ability to cope. Combined trauma and substance use treatment requires well qualified staff who are fully supported by their organisation with training and supervision. It can be damaging to embark on exploring trauma where the requisite conditions are not in place.

Against...

A significant number of service users have experienced trauma and developed PTSD. Many state a preference for both addiction and PTSD to be treated concurrently and by a single practitioner. Where the two conditions are treated together, outcomes for both are improved. It is incumbent on organisations wishing to offer specialist addiction interventions to provide the required resources.

This summary of a research article should help you clarify your thoughts on the issues raised by the debate...

Integrated Therapy

There is a high prevalence of co-occurring PTSD and substance use disorders in addiction help-seeking populations. Treatment protocols and manuals are available, but rates of implementation are low; efficacy and effectiveness vary. It may be that practitioners are careful not to get involved in interventions where they lack the training and support to be sure that they do no harm.

Practice can be safe and improve both PTSD and SUD outcomes, but is challenging in deciding delivery sequencing of target behaviours and in the effects on practitioners. Service users have shown a preference for integrated treatment and should be given a choice of treatment methods; CBT and exposure treatment are necessary components and are both preferred. Organisations need to make significant resources available in order to deliver safe and cost effective treatment: training, supervision and opportunities for peer group support and sharing of experiences.

Find the full text of the article here...

Killeen TK et al (2016) Implementation of integrated therapies for comorbid post-traumatic stress disorder and substance use disorders in community substance abuse treatment programs. *Drug Alcohol Review* 34: 234–241. [doi:10.1111/dar.12229](https://doi.org/10.1111/dar.12229)

When you have finished click
to record and save your
reflections about this task



Topic Four - comorbidity and trauma



Third task

Study group discussion

Once you are happy that you have covered all the tasks, it's time to go to your study group discussion. Here are some suggestions for structuring your discussion...

- Have you digested which drugs can cause which mental illness?
- How does the epidemiology help to guide your thoughts about what you are seeing?
- How might you use ICD-11 in your own practice/agency?

When you have finished click
to record and save your
reflections about this task



Comorbidity

module quiz

When you have finished the module why not try the [Comorbidity Quiz?](#)

The quiz is there solely for your use to see how much you have absorbed from the Comorbidity module – it is not a test or exam. You may find it useful to highlight things you want to go over again.

If you have studied this module as part of your Continuing Professional Development you can make some final reflections on what you will take away from the module. You can add your supervisor's comments.

When you have finished click
to record and save your
reflections about this module

