

# Co-occurring DSM-IV mental disorders among people experiencing methamphetamine dependence

Tayla J. Degan<sup>1,2</sup>, Lucy Tran<sup>1</sup>,  
Louisa Degenhardt<sup>1</sup>, Rebecca  
McKetin<sup>1</sup>.

*Email:* [tdegan@uow.edu.au](mailto:tdegan@uow.edu.au)

<sup>1</sup> National Drug and Alcohol Research Centre, University of New South Wales, Sydney, NSW, 2052

<sup>2</sup> School of Psychology, Faculty of the Arts, Social Sciences and Humanities, University of Wollongong, NSW, 2522



UNIVERSITY  
OF WOLLONGONG  
AUSTRALIA



UNSW  
SYDNEY

UNSW  
NDARC

National  
Drug & Alcohol  
Research Centre

# Disclosures of interest

I have nothing to disclose.

# Acknowledgements

I would like to acknowledge the traditional owners of country throughout Australia and recognise the continuing connection to lands, waters and communities. I would like to pay my respects to Aboriginal and Torres Strait Islander cultures, and to Elders past and present and any Aboriginal and Torres Strait Islander people here today.

I also want to acknowledge and thank the community of people who have generously participated in this research.

# Background

- An estimated 7.4 million people are dependent on methamphetamine.
- Co-occurring mental disorders are common among people with methamphetamine dependence.
  - Associated with greater impairment, poorer treatment outcomes, and higher treatment dropout among people with substance use disorders.
- Limited information available on number of co-occurring mental disorders among people with methamphetamine dependence.

## Aim 1

Estimate the past-year prevalence of DSM-IV co-occurring mental disorders

## Aim 2

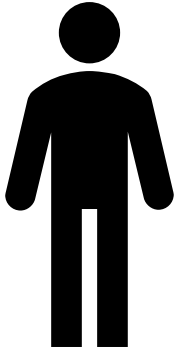
Examine the impact on health-related quality of life

## Aim 3

Explore whether they received help for their co-occurring disorders



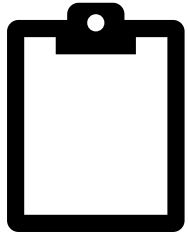
# Methods



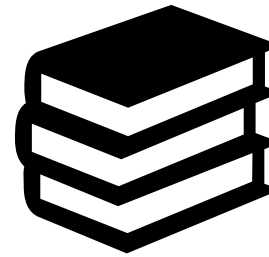
**484** adults from MATES Cohort with DSM-IV diagnosis of methamphetamine use disorder



Community-based substance use disorder facilities or non-treatment health services located in Brisbane and Sydney.



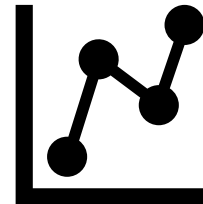
face to face structured interview



CIDI measured past year DSM-IV major depression, social phobia, and panic disorder



SF-12 measured mental and physical health status



Regression analyses to examine relationship between number of co-occurring disorders and health status

# Sample characteristics

Mean age 31.5 years

73% male

66% Completed  
year 10 or less

25% lived alone

87% born in Australia

70% received a  
government  
pension/allowance

73% single

71% reported  
injection was the  
main route of  
administration

81% unemployed

43% prison history

# Aim 1

## Results

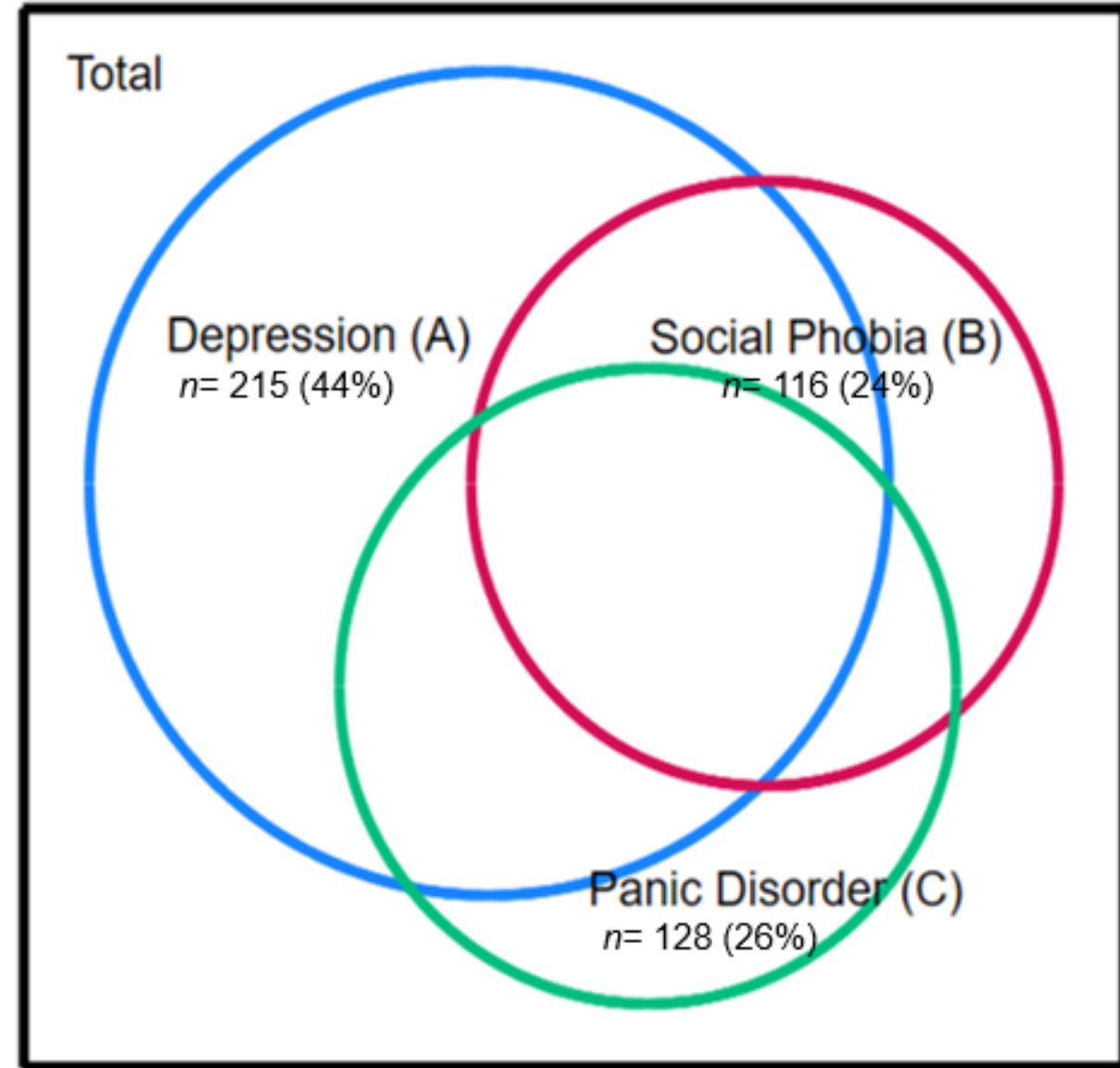
**57%** had a co-occurring mental disorder

### Number of co-occurring disorders

**31%** = **one** co-occurring disorder

**15%** = **two** co-occurring disorders

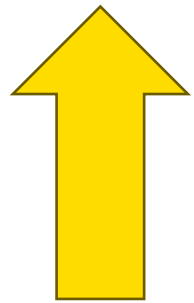
**11%** = **three** co-occurring disorders



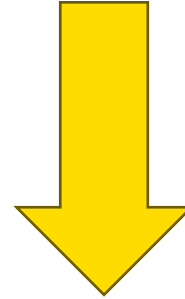


## Aim 2

# Results cont.



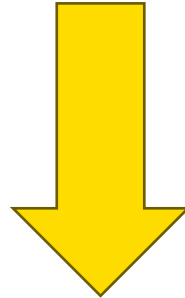
co-occurring disorders



mental health status

2

3



physical health status

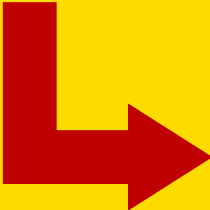
co-occurring disorders

\*\* adjusted for potential confounding factors (age, gender, migration status, unemployment, education level, relationship status, and substance use in the past month)

# Results cont.

	Major depression N= 215	Social phobia N= 116	Panic disorder N= 128
<b>Received help</b>	127 (59)	34 (29)	57 (44)
Got as much help as needed	34 (27)	11 (33)	21 (38)
Main source of help:			
General practitioner	46 (37)	13 (38)	27 (48)
Drug treatment worker/counsellor	19 (15)	8 (24)	8 (14)
Community health centre	6 (5)	1 (3)	3 (5)
Private psychologist, psychiatrist, counsellor	37 (29)	10 (29)	11 (20)
Other source	18 (14)	2 (6)	7 (13)
<b>Did not receive help</b>	88 (41)	84 (71)	73 (56)
Felt they needed help	68 (77)	66 (79)	57 (78)

**53%** received help for at least one mental disorder.

 **81%** felt that **did not** receive as much help as they needed.

# Key takeaways

- Common mental disorders are prevalent and often co-occur.
- Having more co-occurring disorders is associated with poorer mental and physical health status.
- Most people do not feel that they receive sufficient help for co-occurring mental disorders.

# Key takeaways

Services need to assess and manage co-occurring mental health concerns among people with methamphetamine dependence to help improve their mental and physical health status



# Thank you!

*Email:* [tdegan@uow.edu.au](mailto:tdegan@uow.edu.au)



UNIVERSITY  
OF WOLLONGONG  
AUSTRALIA



**UNSW**  
SYDNEY

**UNSW**  
**NDARC**

National  
Drug & Alcohol  
Research Centre