A Randomised Controlled Trial of a Novel Early Integrated Psychotherapy to Reduce Substance Use in Youth with Co-Occurring Mental Illness Seeking Primary Mental Healthcare: The INTEGRATE Study

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Introduction: Adolescence and young adulthood are key developmental periods for the emergence of both substance use disorders and primary mental health conditions. Youth with mental illness are at increased risk of developing substance use disorders; presentation for mental healthcare may offer an opportunity for early intervention targeting substance use harms in this group. This study examined whether a novel integrated psychological early intervention (INTEGRATE), designed to target risk factors for substance use disorder while incorporating cognitive behavioural therapy for mental health symptoms, reduces substance use frequency compared with treatment as usual (TAU) among youth presenting for primary mental healthcare with co-occurring substance use.

Method: Seventy-one participants aged 12–25 years with high-prevalence mental health symptoms (e.g., depression, anxiety) and current substance use who were seeking primary mental healthcare in Melbourne, Australia and who declined referral to substance-specific treatment were randomised to receive up to 10 individual sessions of INTEGRATE or TAU over 16 weeks. The primary outcome was changes from baseline to week 16 (post-treatment) in past-month days of alcohol and/or other non-tobacco substance use assessed using the Timeline Follow-Back. Secondary outcomes included psychiatric symptoms and daily functioning.

Results: Sixty-three young people completed the intervention (13.90±11.13 mean days of substance use at baseline). Controlling for baseline use, there was no main effect of Time [$F(1,63.9)=0.07$; $p=0.79$] or Time x Treatment group interaction [$F(1,63.9)=0.01$; $p=0.94$] on past-30 days substance use frequency at week 16. Anxiety scores decreased more in the INTEGRATE than the TAU group [$F(1,58.7)=11.18$; $p=0.001$] over time.

Discussions and Conclusions: Findings showed no changes in substance use frequency in either group, reinforcing the complex nature of reducing substance use in young people with mental health challenges. Further research is required to determine how best to reduce risks and impacts of substance use problems in this population.

Implications on communities, practice, policy and/or First Nations communities: These findings highlight the challenges of reducing substance use among young people presenting to primary mental healthcare with co-occurring mental illness. At a community level, they underscore the need for early, accessible, and developmentally appropriate interventions that address both mental health and substance use in an integrated manner. For clinical practice, results suggest that brief psychological interventions alone may be insufficient to reduce substance use frequency in this population, indicating a need for more intensive, or multimodal approaches. From a policy perspective, investment in integrated

youth services and stepped-care models that incorporate substance use expertise within mental health settings is required.

Disclosure of Interest Statement: The authors declare no conflicts of interest related to this study. There are no financial relationships with any organisations that might have an interest in the submitted work, nor are there any other relationships or activities that could have influenced the results or interpretations in this abstract.