



What works? research into illicit drug use by mental health consumers aged 18-30

Raising awareness and changing behaviour through targeted health promotion campaigns

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in partnership with Mental Health Association
NSW; NSW consumer Advisory Group;
Association of Relatives and Friends of the
Mentally Ill – ARAFMI NSW



Who are we? The community partners

Mental Health Association NSW - mental health promotion and mental health information - needs information to develop health promotion campaigns in mental health

ARAFMI - parents, relatives of people living with mental illness who are concerned at high rates of cannabis use particularly by young people in early stages of mental illness

NSW Consumer Advisory Group - network of consumers of mental health services who want good evidence about treatment practices for people living with mental health who have a substance use problem



Lived experience - partner organisations

- NSW Consumer Advisory Group - many consumers of mental health services have used cannabis - some have stopped, others occasionally use and some are dependent
- Community stigma related to the idea that drug use 'causes' mental illness
- Problems of access for co-morbidity



Anecdotal information from the community

- Relatives - some knew that their family member has used cannabis and had successfully stopped; others were concerned at ongoing use and concomitant deterioration in mental health
- Relatives mentioned some factors they thought were important: peer influence; cannabis relieving side effects of antipsychotic medication



The research question

- To identify what people living with mental illness say about why they use cannabis; what might prompt them reduce or stop using the drug; what maintains the behaviour for those who continue to use cannabis.



Reported drug use

- Strong relationship between self-reported mental health problems and drug use.
- Users of every illicit drug were significantly more likely to report having experienced a mental health problem



Reported cannabis use

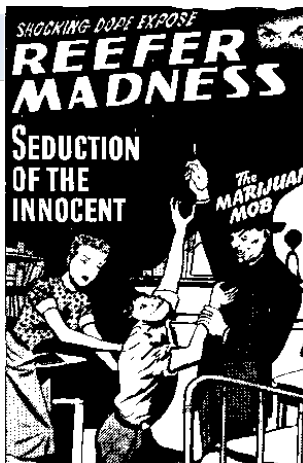
- Those experiencing mental health disorders use cannabis at higher rates than those who are not experiencing mental health disorders
- Cannabis users are more likely to experience mental health problems than their non-cannabis-using peer

(Hall & Pacula, 2003; McLaren, Lemon, Robins, & Mattick, 2008; Hall & Degenhardt, 2000)



Cannabis use among those with mental illness – why the connection?

1. Cannabis causes psychosocial problems
2. Psychosocial problems prompt the use of cannabis – including ‘self-medication’



Psychosocial factors

- ‘Self-medication’ hypothesis
- Peer drug use
- Socio-economic disadvantage
- Alcohol use
- Prior victimization
- Parental marital status
- School grades



Qualitative research aims

- Not structured on categories of medical diagnosis or survey
- We want to inform an understanding of the *experience* of mental illness and cannabis use
- Beliefs, behaviours, contexts, and culture – the daily experience



Project aims

- Inform an evidence base on the educational, treatment and practical needs of young people living with mental illness and who use cannabis
- Identify the salience of cannabis; analyse basic cultural ideas about cannabis; and assess what messages might resonate with young people who want to reduce or stop using cannabis



Methodology

- Focus groups with young people:
 1. without a history of continued cannabis use
 2. who no longer use cannabis
 3. who use cannabis at present and have done so over an extended period



Recruitment

- Participants to be recruited through consortium partners membership databases via mailouts to members, posters at community health centres, youth centres, Drug and Alcohol support centres, universities ...



Would you like to be involved?

Do you work with young people living with mental illness?

We will be conducting focus groups in July so please call or email

Email: A.Olsen@mentalhealth.asn.au

Phone: (02) 9339 6017