

# FACT SHEET

## TRAUMA, MENTAL HEALTH AND ALCOHOL AND OTHER DRUG USE

- Mental health disorders are very common amongst clients in alcohol and other drug (AOD) treatment. Similarly, mental health clients in treatment have high rates of AOD problems and a significant percentage of people seeking AOD treatment have also experienced sexual violence, often from childhood, although not exclusively.
- It is very common for people seeking treatment from sexual assault services to have both AOD and mental health issues.
- Experiencing sexual violence as a child increases the risk of developing both mental health and AOD problems and increases vulnerability to further sexual assault as an adult.

AOD use is often a very functional response to reduce trauma-related mental distress, i.e. an attempt to relieve the distress of painful thoughts and feelings. **(Refer to Fact Sheet Why do people use drugs)**

## COMPLEX PRESENTATIONS

The frequent co-occurrence of mental health, trauma and AOD issues means that clients often present with complex problems for the following reasons:

- A lived experience of trauma, often repeated interpersonal trauma (complex trauma) from childhood, is associated with increased AOD use and co-occurring mental health challenges;
- Intensive, regular or dependent use of AOD increases the potential for developing psychological problems;
- Having primary mental health / psychological problems increases the potential for developing problematic AOD use;
- Individuals experiencing drug use problems may develop independent (non-drug) psychiatric problems;
- Cognitive and emotional features of drug problems often present like psychiatric symptoms such as depression and anxiety. These symptoms can also be related to sexual abuse; and,



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- Sometimes high prevalence mental health disorders (e.g. anxiety and depression) coincide by chance with high prevalence AOD (e.g. alcohol use).

Because these presentations are complex, diagnosis and treatment needs to take all conditions into consideration and consider the trauma which often underpins the presentations.

A common response has been to deal with the presenting problem alone, treat the symptoms and not the whole person and refer to other services for the co-occurring problems. This can lead to fragmented and unhelpful treatment, which does not address the core issues underlying the presentations.

## NEED FOR A TRAUMA-INFORMED APPROACH

There is a growing awareness of the need for a more holistic and integrated approach in responding to AOD and mental health problems using a trauma-informed approach.

This approach, looking at a person as a whole as opposed to their symptoms, can help reduce the stigma experienced by trauma sufferers who also develop AOD problems.

The trauma-informed approach is based on the principles of:

- providing safety;
- maximizing trustworthiness;
- maximizing choice and control;
- collaborating and empowering; and
- understanding cultural and gender issues.

<https://www.blueknot.org.au/Resources>

A trauma-informed approach provides a safe, supportive and therapeutic environment, in which the person feels safe and empowered, with the choice to seek support, and explore issues how and when they are ready to do so. It focusses on the legacy of their trauma and its impacts on their daily lives and seeks to minimise the risks of re-traumatisation and promote healing.

The integration of trauma, mental health and AOD treatment approaches is absolutely critical to improve the outcomes for those experiencing problematic AOD use.

NEED  
SUPPORT

