

Mental health, substance use, and IPV

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What We Know About...



- The relationship between poor mental health, harmful alcohol use, and IPV
- Our ability to intervene effectively to improve mental health and reduce problematic alcohol use in low resource settings
- The effect of alcohol and mental health interventions on frequency and severity of IPV and/or other forms of violence in the family
- The prospect of taking such programs to scale

Take home messages



- Interventions exist that can be delivered by lay providers that successfully reduce hazardous drinking, depression, anxiety and trauma-related symptoms (CMDs)
- Emerging evidence and theory suggest that such programs can also reduce violence in the family, including partner violence
- Existing programs are brief, seldom lasting longer than 4 to 8 sessions
- While offered now largely for “treatment,” many of the strategies used in these programs, could productively be integrated into future prevention programming

What do we know about
how mental health,
alcohol use and violence
relate?

Poor mental health and IPV

Complex, inter-related linkages; often bi-directional

STRONG EVIDENCE

(systematic review of cohort studies)

- Women experiencing recent IPV are more likely to experience depressive symptoms
- Women experiencing depressive symptoms are more likely to experience subsequent IPV
- Positive association between recent IPV and postpartum depression



Men's hazardous drinking and IPV

- Partner alcohol use is a robust correlate of IPV victimization among women globally
- Drinking, especially binge drinking by a male partner, increases frequency and severity of abuse episodes
- Magnitude of effect of alcohol on IPV is greater in countries with lower overall levels of drinking
- Association confirmed in longitudinal studies and episode-level analysis



Women's drinking and IPV

Women's Drinking

- Longitudinal studies find no association in either direction between recent IPV and heavy /binge drinking by women
- Meta-analysis finds positive association between heavy/binge drinking and lifetime experience of IPV – but could be driven by abuse in childhood



Strong evidence that we
can reduce hazardous
drinking; moderate
evidence that this in turn
will reduce IPV

Few studies examine IPV as an outcome

Two APPROACHES



REDUCTIONS IN AVAILABILITY OF ALCOHOL
VIA LAW, POLICY AND REGULATION



LOW COST INTERVENTIONS
(SUPPORT GROUPS OR BRIEF INTERVENTIONS BY LAY
PEOPLE OR NON-SPECIALIST PROVIDERS)



Population-level strategies for reducing harmful alcohol use

- Laws and policies that decrease alcohol accessibility:
 - Reduce consumption and alcohol-related harms even among heavy drinkers
 - Prevent the initiation of drinking, an important strategy for countries in the Global South where many people currently abstain
- Alcohol taxation and pricing policies are among the most effective and cost-effective measures to reduce alcohol consumption and related harms
- Longitudinal studies have demonstrated that limiting outlet density can reduce IPV and other types of violent crime.
- In Greenland, a ‘coupon-based’ program limiting adults to 72 beers per month achieved a 58% reduction in the number of police calls for IPV



Low-cost interventions

SELF HELP

- AA attendance is prospectively associated with increased abstinence at 12 and 24 months
- In 5 of 6 RCTs, AA participation had a genuine benefit on reduced drinking not attributable to self-selection bias.

INTERVENTION IN PRIMARY CARE

- Counselling for Alcohol Problems (CAP), a simple, 5 session intervention delivered by non-specialist providers is associated with sustained effects on drinking outcomes over a 12-month period
- Brief advice by health providers (5 to 30 mins) can modestly reduce harmful drinking compared to usual care among individuals not severely dependent, when measured 12 months later

Meta-analysis of >30 RCTs
show that brief
interventions can reduce
mental health symptoms
when implemented by
non-specialists in LMICs

Most share common strategies

- Thinking differently (Cognitive Behavioral skills)
 - Motivational interviewing
 - Stress management (breathing; relaxation)
 - Getting active
 - Problem solving
-
- BUT most focus on a single outcome (e.g. depression or trauma)



Until recently,
few studies
included IPV,
alcohol abuse,
or violence
against
children

This is
changing...

Problem Management Plus

- Endorsed by WHO
- 5 weekly sessions of 90 minutes
- Lay providers
- 8 days of training with practice cases and weekly group supervision
- Competency testing

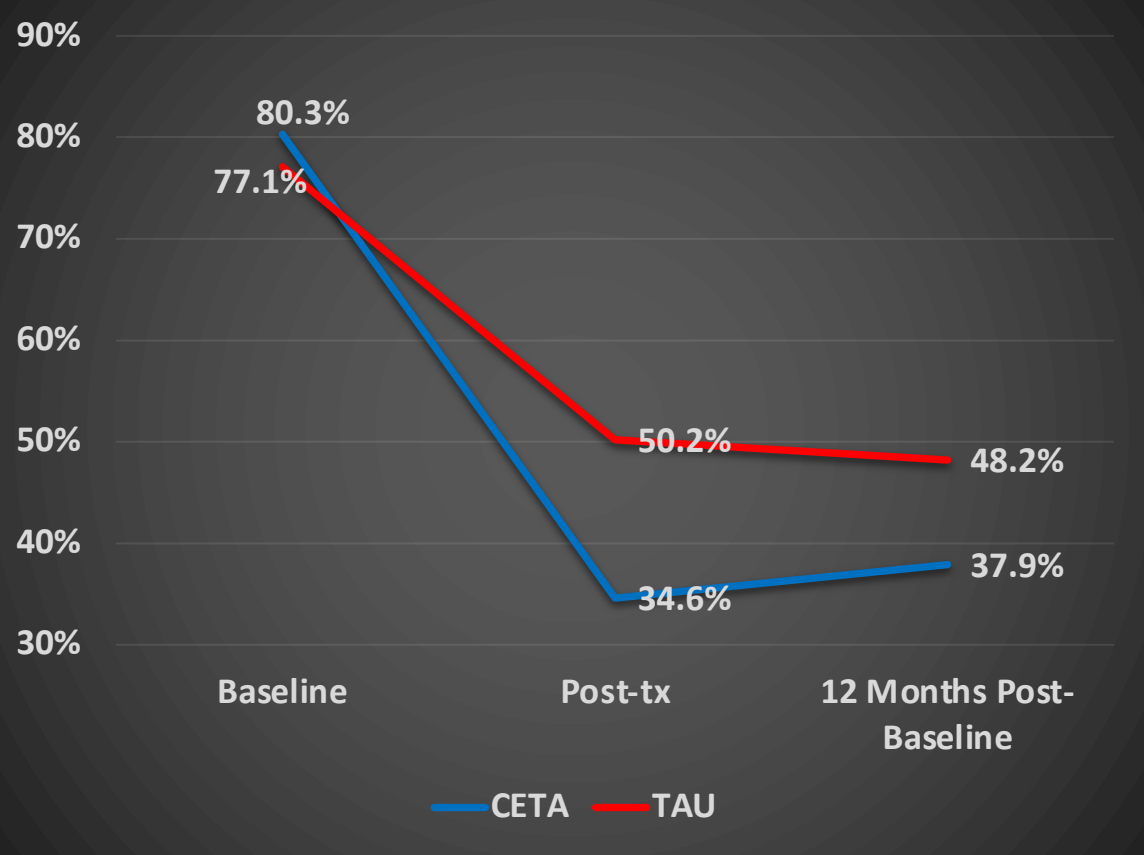
*Effective trials in Pakistan,
Nairobi, India*

CETA -transdiagnostic

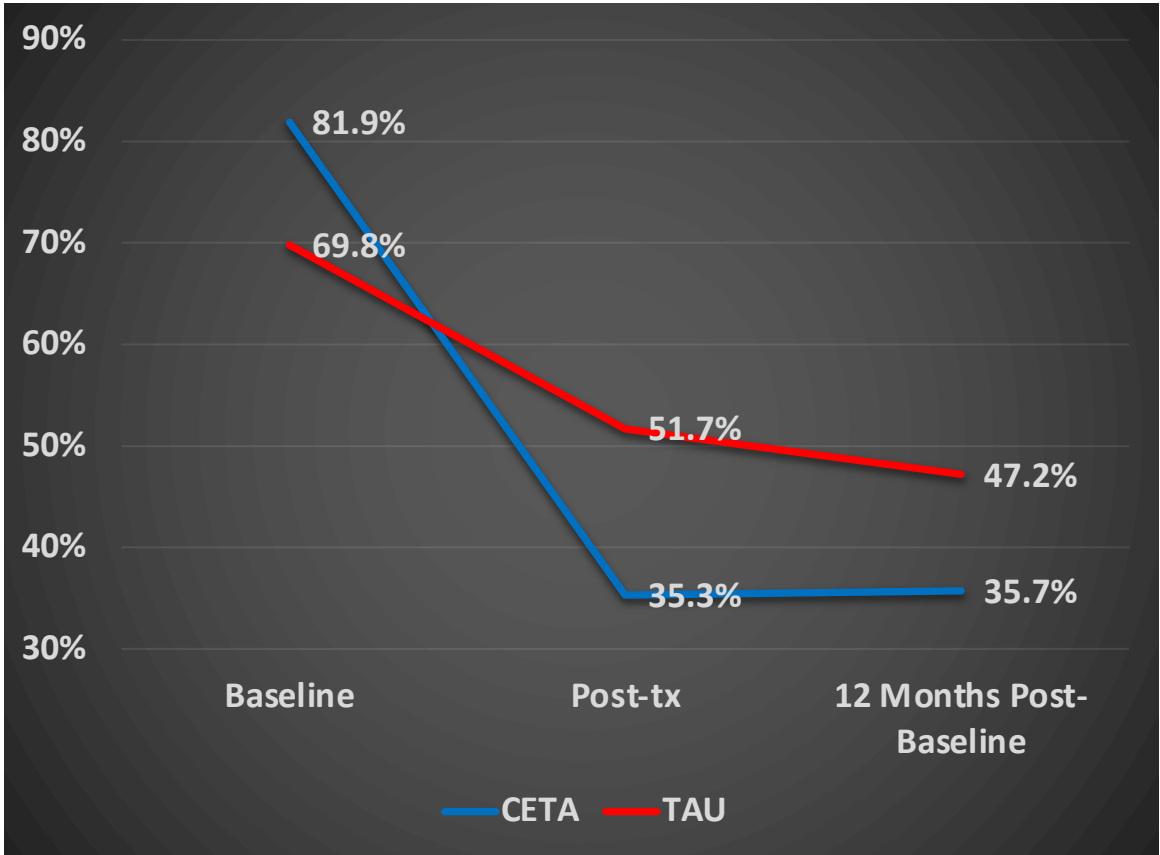
- Family-based TI-CBT intervention
 - 4-10 sessions, as needed
- Effective trials in Iraq, Ethiopia,
Ukraine, Thai/Burmese Border*
- **WW Zambia trial added:**
 - CBT for alcohol reduction and relapse prevention
 - Confronting fear and trauma memories
 - Safety assessment and planning for suicide, IPV and homicide

“What Works” trial of CETA stopped early because of large reduction of IPV and hazardous alcohol use by men

Physical Violence



Sexual Violence

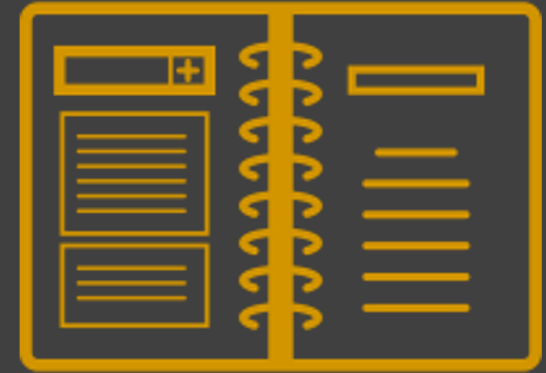


**** Similar drops in violence reported by men**



New efforts to examine even cheaper, simpler strategies

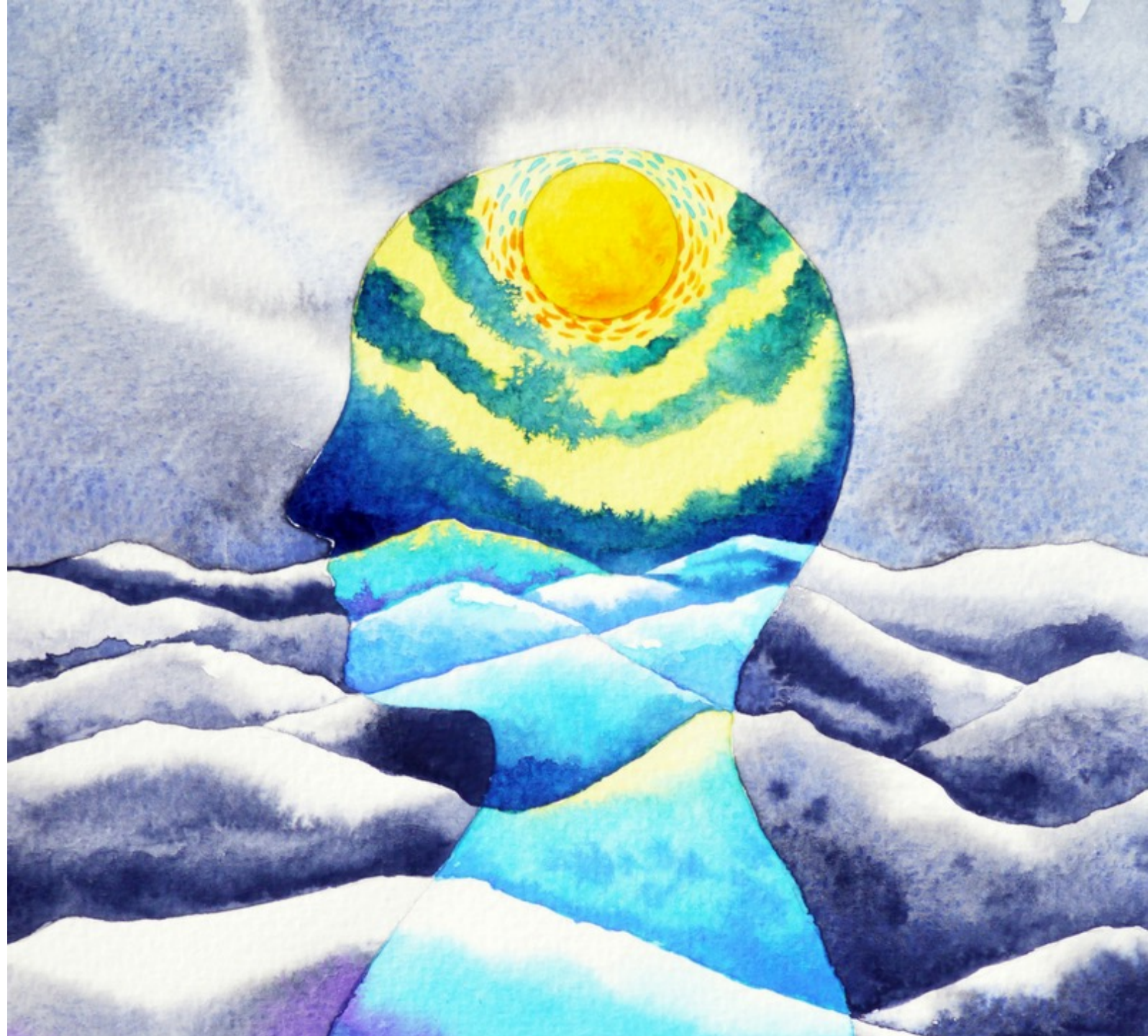
← Grannie Benches in Zimbabwe



Self help CBT manuals effective in reducing alcohol and mental distress in Thailand

Mindfulness & Mindfulness CBT

- Studies suggest that mindfulness-based interventions can have moderate benefits for some people with depression and anxiety.
- More rigorous research, as well as a clearer definition of mindfulness, are needed.



Next Steps

