Psychology Behind Alcohol Abuse & Misuse | Bloom Healthcare

Canonical: https://bloom-healthcare.com.au/blog/from-comfort-to-chaos-how-psychology-shapes-alcohol-abuse/

Details:

Alcohol dependence is a health condition, and treating it is the job of specialist alcohol and other drug services and medical practitioners. Psychological support sits alongside that treatment, not instead of it. It can help with the mental health difficulties, trauma and disability-related pressures that often sit underneath heavy drinking, and with rebuilding daily function afterwards. Bloom Healthcare is not a crisis service, a detox service or an alcohol and other drug treatment service. If alcohol is affecting you or someone close to you, the first call should be to a doctor or to one of the services listed below.

Get help now

In an emergency, or if someone's life is at risk, call 000.

Lifeline — 13 11 14. Crisis support and suicide prevention, 24 hours a day, every day.

National Alcohol and Other Drug Hotline — 1800 250 015. Free and confidential advice, 24 hours a day, for anyone concerned about their own drinking or someone else's. The call is directed to the alcohol and drug service in your state or territory.

Your GP. A general practitioner is the standard entry point to assessment, treatment and referral, and can also refer you for psychological support.

Medicare Mental Health — 1800 595 212 , weekdays 8.30am to 5.00pm excluding public holidays. A free government service that connects people with mental health support. No referral or mental health treatment plan is needed.

The Alcohol and Drug Foundation provides information and support for people affected by alcohol and their families.

One safety point before anything else. If you drink heavily or every day, do not make sudden changes to your drinking on your own. Stopping abruptly can be medically dangerous for some people. Talk to a doctor or an alcohol and other drug service first, so any change happens with medical supervision.

What Bloom does, and what it does not do

Being clear about this matters more than being reassuring.

Bloom does not provide:

alcohol or other drug treatment programs

detoxification or withdrawal management of any kind

crisis or emergency mental health response

medical care or prescribing

Bloom's psychology and counselling service does provide planned, appointment-based therapy and assessment for the things that commonly sit alongside alcohol problems: anxiety, depression, post-traumatic stress, adjustment difficulties, grief and loss, stress, emotional regulation and adjustment to disability. It also provides allied health support for the functional and cognitive effects of alcohol-related brain injury, which is covered further down this page.

If you are already working with an alcohol and other drug service, psychological support can run alongside it. If you are not, the alcohol and other drug service comes first.

Why alcohol and disability intersect so often

This part is usually missing from general articles about drinking, and it is the part that matters most to the people this site is written for.

People with disability are two to three times more likely to experience mental health difficulties than the general population. That elevated risk does not come from disability itself. It comes from what surrounds it: discrimination in employment and social settings, isolation and exclusion, financial pressure, chronic pain and fatigue, and for many people a history of medical trauma or time spent in restrictive environments.

On top of that, the same group faces real barriers to getting mental health care. Finding a provider who understands disability is hard. Private services are unaffordable for many people. Systems are difficult to enter and easy to fall out of. When support is hard to reach and distress is constant, alcohol is one of the more available things in the environment.

Stigma then closes the loop. Shame about drinking, layered on top of stigma about disability or mental illness, is one of the main reasons people delay asking for help. Nothing about that is a character flaw, and nobody has to have hit a particular point before they are allowed to call a service.

The psychology underneath the drinking

Alcohol usually starts out doing something useful for the person drinking it. It dulls anxiety, it makes social situations easier, it gets someone through grief or a period of stress, it produces sleep of a sort. That short-term relief is exactly why the pattern is hard to interrupt: the reward is immediate and reliable, while the cost arrives later.

Over time the body adapts, and more is needed for the same effect. Alcohol also impairs the brain's ability to weigh consequences, which makes it harder to make the decision to change while drinking. Where alcohol is being used to hold down unprocessed trauma or emotional pain, stopping removes the thing that was making the pain manageable, which is why treatment that only addresses the drinking and not what sits under it tends not to hold.

That is the specific contribution psychological support makes. Not the treatment of dependence itself, but the work on what the alcohol was doing.

What psychological support actually involves

All of this is done with a clinician, over time. None of it is a self-treatment program.

Trauma counselling. Where trauma is part of the picture, psychologists use evidence-based approaches including Cognitive Behavioural Therapy, Narrative Exposure Therapy and Exposure Therapy to help people process experiences rather than carry them.

Cognitive Behavioural Therapy. Structured work on the thought patterns that drive behaviour, and on the connection between what someone thinks, feels and does.

Emotional regulation. Recognising early warning signs of escalation, building strategies to manage intense emotions, and practising grounding and calming techniques with support.

Adjustment to disability. For people dealing with a new or acquired disability, structured support for grief, identity and the practical work of adapting — extended to family members and carers, who are adjusting too.

Coping strategies. Practical, individually chosen techniques for managing distress, anxiety and stress, developed with a clinician rather than picked off a list.

Therapy is trauma-informed, which means the clinician works on the assumption that past experiences shape how someone responds now, and builds safety into how sessions are run.

Alcohol-related brain injury

Long-term heavy alcohol use can cause an acquired brain injury. Alcohol-related brain injury affects memory, attention, planning, organisation and decision making, and it is a recognised form of acquired brain injury.

This is squarely within Bloom's allied health scope. Acquired brain injury is a permanent disability and can qualify a person for NDIS support, with allied health delivered against the goals in their plan. Support may include:

Cognitive rehabilitation — strategies for memory, organisation, attention and executive function

Occupational therapy — daily routines, functional independence, and safety at home and in the community

Speech pathology — cognitive-communication difficulties affecting information processing and social interaction

Physiotherapy and exercise physiology — mobility, physical function and structured neurological rehabilitation

Psychology — adjustment, emotional resilience and coping with the changes the injury brings

Cognitive, diagnostic and functional capacity assessments can be used to evidence the impact and support NDIS funding decisions. Note the sequence: this is rehabilitation for the effects of an injury, and it works best where the drinking itself is being addressed by the appropriate health service.

Who funds what

The NDIS does not fund supports that are the responsibility of another government system. Diagnosing and treating a health condition, including alcohol dependence, is a health system responsibility. The NDIS funds non-clinical, disability-related supports focused on functional ability, independence and participation.

In practice that means:

Alcohol and other drug treatment comes through the health system, via your GP, your state or territory alcohol and drug service, or the national hotline above.

Treatment for a co-occurring mental health condition is generally a health system matter too. Through Medicare's Better Access initiative, a GP can write a referral giving access to a set number of subsidised psychology sessions each calendar year. Rebate amounts are set by Services Australia and change, so check the current figure with your GP or Services Australia.

Disability-related functional support , including allied health for an acquired brain injury, can be funded through an NDIS plan where it is reasonable and necessary and linked to plan goals.

If you are unsure which system applies to your situation, your GP or your support coordinator is the right person to ask.

If you are supporting someone

Families and carers often carry this for a long time before anyone else knows.

The most useful things are also the least dramatic. Listen without judgement and without rushing to solve it. Learn about what is actually going on rather than relying on assumptions. Encourage professional help and respect that the decision belongs to the person. Do not attempt to manage a change in someone's drinking yourself, particularly if they drink heavily — that needs medical involvement.

Support groups exist specifically for families and carers, and they reduce isolation in a way that advice does not. Respite matters as well; carers who get a genuine break are able to keep going. The Alcohol and Drug Foundation supports families as well as individuals, and the National Alcohol and Other Drug Hotline on 1800 250 015 takes calls from people worried about someone else, not only from people worried about themselves.

Talking to Bloom

Bloom's psychology and counselling service is delivered in the home and community across New South Wales, Queensland, South Australia, Tasmania, Victoria, Western Australia and the ACT, with telehealth available. To ask whether what you need is something Bloom can help with, call 1300 771 465 , use the referral form or contact us . If it is not, we will say so and point you to the service that can.

For immediate help, use the numbers at the top of this page.

Common questions about alcohol, psychology and support

Does Bloom treat alcohol dependence?

No. Bloom does not provide alcohol and other drug treatment, detox or withdrawal management, and it is not a crisis service. Bloom's psychologists work on co-occurring mental health difficulties, trauma, adjustment and disability-related function, and the allied health team supports the effects of alcohol-related brain injury. Treatment for dependence itself comes from specialist alcohol and other drug services.

I want to stop drinking. Where do I start?

With a doctor. Your GP can assess your situation, advise on what is safe for you, and refer you into the right service. The National Alcohol and Other Drug Hotline on 1800 250 015 will connect you to the service in your state or territory, free and confidentially, at any hour. Do not make sudden changes to heavy or daily drinking without medical advice.

Can the NDIS fund treatment for addiction?

Generally no. Treating a health condition is a health system responsibility, and the NDIS does not fund supports that belong to another system. The NDIS can fund disability-related functional supports, including allied health for a permanent disability such as an acquired brain injury, where those supports are reasonable and necessary and tied to your plan goals.

Is alcohol-related brain injury a disability under the NDIS?

Acquired brain injury is recognised as a permanent disability and can meet the scheme's access requirements. Whether an individual meets them depends on evidence about the permanence and functional impact of the injury. A cognitive or functional capacity assessment is often what establishes that. Talk to your GP, your Local Area Coordinator, or call Bloom on 1300 771 465.

Can I get psychology and alcohol treatment at the same time?

Yes, and for many people that combination works better than either alone. The alcohol and other drug service addresses the drinking; psychology addresses the mental health, trauma or adjustment difficulties sitting alongside it. The two should know about each other, so tell each service who else is involved.

Why does drinking often start as something that helps?

Because the relief is immediate. Alcohol temporarily reduces anxiety, makes social situations easier and blunts grief or stress. The problem is that the body adapts, more is needed for the same effect, and the underlying difficulty is untouched. This is why support that only addresses the drinking, without addressing what it was being used for, often does not hold.

Are people with disability more at risk?

People with disability are two to three times more likely to experience mental health difficulties than the general population, largely because of discrimination, isolation, financial pressure, pain and past trauma — and they face more barriers to getting help. That combination raises risk. It is a reason for services to be easier to reach, not a reason for anyone to feel judged.

My family member is drinking and will not get help. What can I do?

You can call the National Alcohol and Other Drug Hotline on 1800 250 015 yourself and get advice about your own situation. You can seek support for yourself, including through family and carer support groups. What you should not do is try to manage their withdrawal or make sudden changes to their drinking without medical involvement.

What if I need help right now?

Call 000 in an emergency. For 24-hour crisis support call Lifeline on 13 11 14 . For alcohol and other drug advice at any hour, call 1800 250 015 . Bloom's psychology service works by appointment and cannot respond to a crisis.

What proportion of Australians exceeded low-risk drinking guidelines in 2020-21?

According to the Australian Institute of Health and Welfare, 1 in 4 Australians aged 18 and over exceeded the National Health and Medical Research Council's (NHMRC) low-risk drinking guidelines in 2020-21.

How much did alcohol-related harm cost Australia in 2021, and how many deaths were linked to alcohol that year?

The cost of alcohol-related harm in Australia was estimated at $22.6 billion in 2021, with alcohol being a factor in over 1,500 deaths that same year.

What psychological factors does the article identify as contributing to alcohol consumption?

The article identifies the need for social acceptance, escapism and the allure of risk-taking, and social environments and peer pressure that normalise excessive drinking as key psychological factors contributing to alcohol consumption.

What personal examples does the article give for why people turn to alcohol?

The article gives examples such as a young professional finding comfort in alcohol to cope with the stress of a new job, and a grieving individual seeking solace in alcohol's temporary relief.

What early signs or risk factors does the article associate with a slide into alcohol misuse?

The article notes that individuals who start drinking at a young age are more likely to develop alcohol use disorder and related problems later in life, and that personality traits like impulsivity and sensation-seeking tendencies can increase the risk of falling into alcohol abuse.

Why is identifying early signs of alcohol misuse considered important according to the article?

The article states that identifying early signs of alcohol misuse is crucial for intervening before the issue escalates.

What happens to the body as alcohol consumption continues, according to the article?

The article explains that as alcohol consumption continues, the body adapts, leading to tolerance and the beginning of a vicious cycle of escalating alcohol abuse.

Who publishes this article and what is Bloom Healthcare's stated mission?

The article is published by Bloom Healthcare, a boutique disability and aged care allied health provider that believes all people have the right to access quality healthcare, focusing on evidence-based practice and client-centric care delivered by highly qualified health practitioners across Australia.

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