



# MENTAL HEALTH and SUBSTANCE USE

SUMN.org FACT SHEET

2015

## Background

Mental health disorders can place a person at greater risk for substance use (for example, depression may trigger alcohol abuse). Conversely, drug abuse intoxication or withdrawal can result in an increase in mental disorder symptoms (for example, marijuana withdrawal can cause anxiety).<sup>1</sup> Mental health and substance use disorders also share numerous risk factors, most of which are psychological and social stressors, such as the death of a loved one, trauma, and domestic violence.

*For more information on alcohol, tobacco, and other drug use, consequences, contributing factors, and treatment, as well as mental health data, visit [SUMN.org](http://SUMN.org)*

## Overall Mental Health

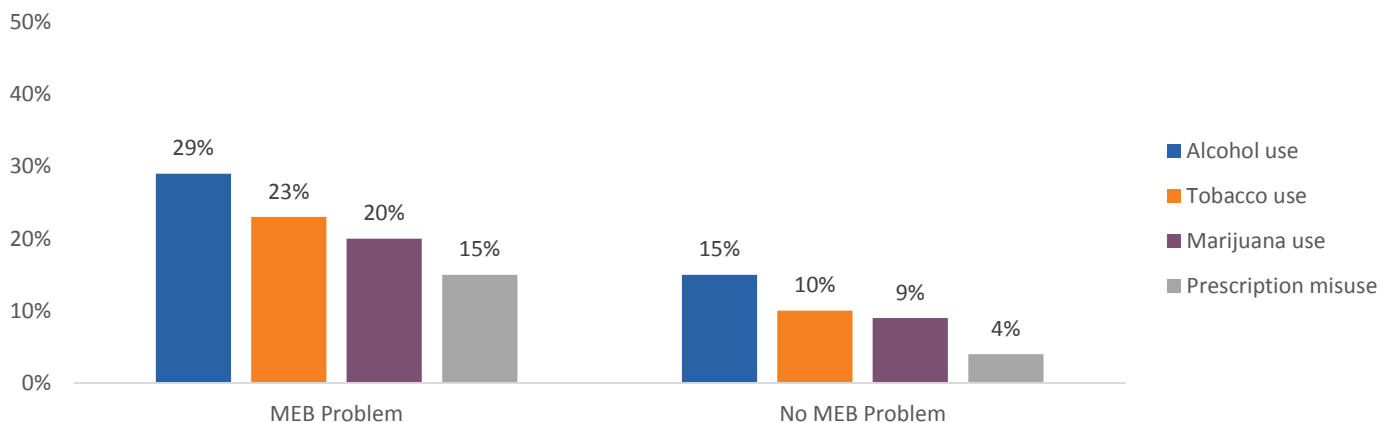
### Adults

According to the U.S. Department of Health and Human Services (2010), nationally 45% of adults with a substance use disorder had co-occurring mental illness, compared to 18% of adults who do not have a substance use disorder.<sup>1</sup>

### Youth

In 2013, 12% of 8<sup>th</sup>, 9<sup>th</sup> and 11<sup>th</sup> graders reported having a mental health, emotional, or behavioral (MEB) problems lasting six months or more. Students with a MEB problem were about twice as likely to report past month alcohol or marijuana use, more than twice as likely to report tobacco use, and almost four times more likely to report past month prescription drug misuse—see graph below.

Minnesota 8<sup>th</sup>, 9<sup>th</sup>, and 11<sup>th</sup> Graders Reporting Past Month Substance Use, by Whether or Not They Have a Long-Term Mental, Emotional, or Behavioral (MEB) Problem—2013 MSS



# Depression

## Adults

According to the 2010 Minnesota Survey on Adult Substance Use<sup>3</sup>, 8% of Minnesota’s adult population reported significant depressive symptoms in the past two weeks. Minnesota adults with depression were significantly more likely than those without to report: an alcohol disorder (16% vs 7%) or, a drug disorder (6% vs 1%).

## Youth

The 2013 MSS asked students about significant past year problems with feeling very trapped, lonely, sad, blue, depressed, or hopeless about the future. Significant means having problems for two or more weeks, problems that keep coming back, problems that keep them from meeting responsibilities, or problems that make them feel like they can’t go on. This was reported by 37% of Minnesota 8<sup>th</sup>, 9<sup>th</sup>, and 11<sup>th</sup> grade female students, and by 20% of male students.

Students reporting significant past year problems with depression were:

- **2.0x** more likely to report past month alcohol use
- **2.3x** more likely to report past month marijuana use
- **3.5x** more likely to report past month prescription drug misuse

# Anxiety

## Youth

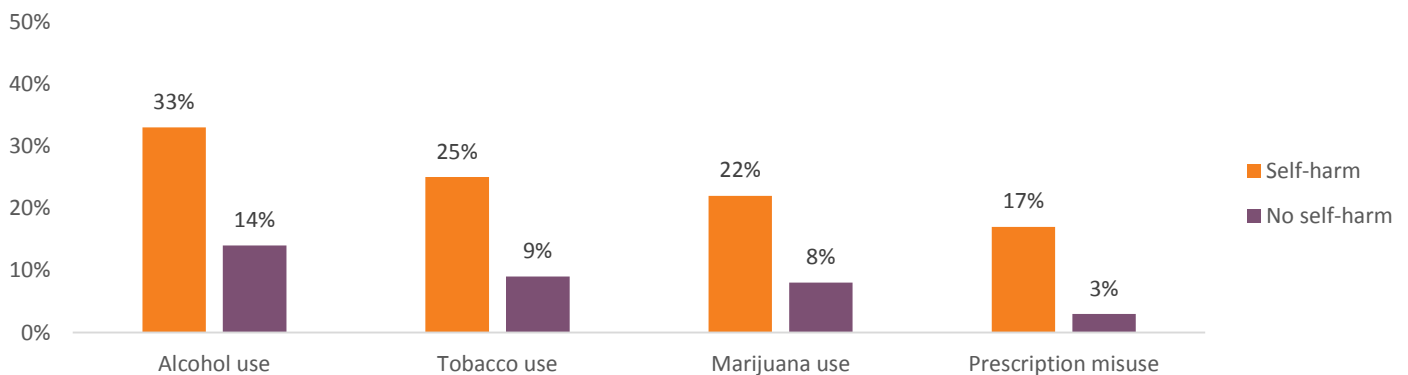
Students were also asked about significant past year problems with feeling very anxious, nervous, tense, scared, panicked, or like something bad was going to happen. This was reported by 40% of 8<sup>th</sup>, 9<sup>th</sup>, and 11<sup>th</sup> grade female students, and by 23% of male students. Students reporting anxiety were almost twice as likely to report past month alcohol, tobacco, or marijuana use, and three times more likely to report past month prescription drug misuse.

# Self-Harm

## Youth

Past-year self-harm (doing something to purposely injure or hurt oneself without wanting to die, such as cutting, burning, or bruising oneself) was reported by 22% of 8<sup>th</sup> and 9<sup>th</sup> grade females and 18% of 11<sup>th</sup> grade females, as compared to 9% of 8<sup>th</sup> and 9<sup>th</sup> grade males and 8% of 11<sup>th</sup> grade males.

Minnesota 8<sup>th</sup>, 9<sup>th</sup>, and 11<sup>th</sup> Graders Reporting Past Month Substance Use, by Whether or Not They Also Reported Past Year Self-Harm—2013 MSS

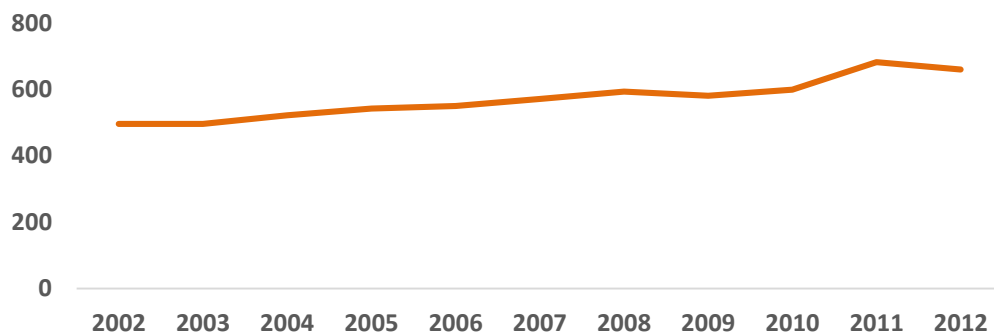


According to the Centers for Disease Control and Prevention (CDC) Alcohol-Related Disease Impact (ARDI) system, an estimated 23% of all suicides are alcohol-related.<sup>3</sup>

## Suicide

In 2012, suicide was the tenth leading cause of death in Minnesota; the state's age-adjusted suicide rate rose from 8.9 per 100,000 in 2000 to 12.3 per 100,000 in 2012.<sup>4</sup>

Number of Minnesota Suicides (Minnesota Center for Health Statistics)



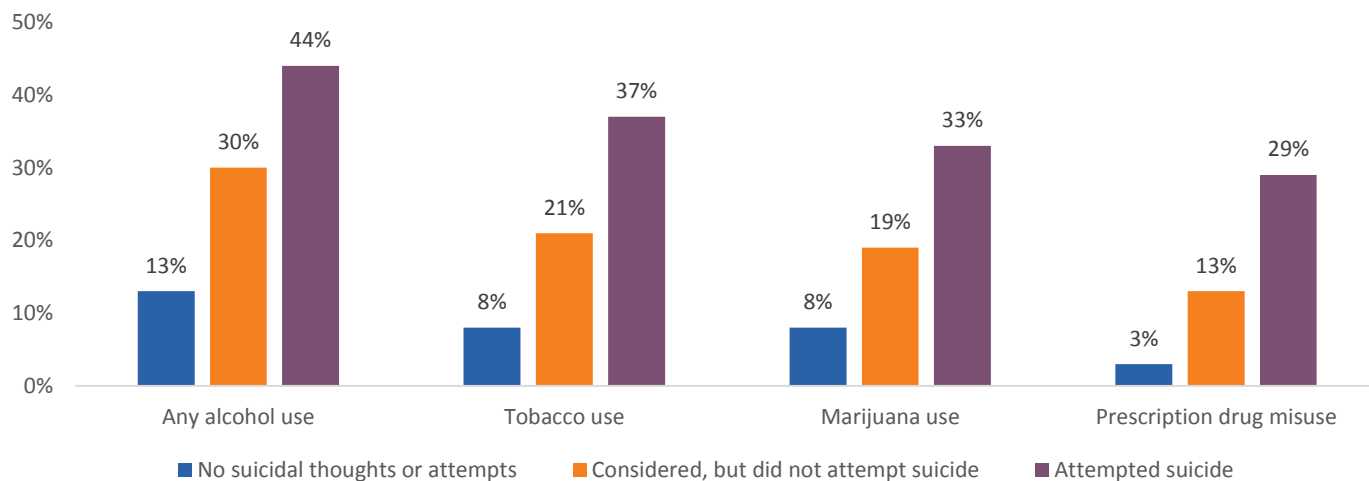
## Adults

The highest rate of Minnesota suicides by age group was among those 35-49 years old, at 18.7 per 100,000. Women were more likely to attempt suicide, but men were four times more likely than women to die by suicide.<sup>4</sup>

## Youth

Eleven percent of the state's 8<sup>th</sup>, 9<sup>th</sup>, and 11<sup>th</sup> graders reported past-year suicidal ideation, and 3% reported attempts. Those who did were considerably more likely to report past month substance use—see graph below.

Past 30 Day Substance Use Reported by Minnesota 9<sup>th</sup> Graders Who Considered or Attempted Suicide in the Past Year, 2013 Minnesota Student Survey (MSS)



## Shared Risk and Protective Factors

### Youth

Data from the Minnesota Student Survey show that a number of risk and protective factors are associated with both past month substance use and past year mental health problems. These factors can influence youth at the individual, family, peer, school, and neighborhood levels.

Shared protective factors include, but are not limited to: being able to talk to one’s parents about problems; feeling that parents, friends, and adults in the community care very much; feeling safe in one’s neighborhood; educational engagement; and better teacher-student relationships—see examples in the table below.

Shared risk factors include, but are not limited to: bullying; bullying victimization; dating violence; and adverse childhood experiences such as abuse and household substance use.

### Example Shared Risk Factor for Minnesota 8<sup>th</sup>, 9<sup>th</sup>, and 11<sup>th</sup> Graders (2013 MSS)

Youth who reported being bullied in the past month were:

- Almost **2x** more likely to report past month alcohol use
- Over **3x** more likely to report any past year self-harm

Example Shared Protective Factors for Minnesota 8 <sup>th</sup> , 9 <sup>th</sup> , and 11 <sup>th</sup> Graders (2013 MSS)					
	Less likely to report past 30 day <b>alcohol</b> use by	Less likely to report past 30 day <b>marijuana</b> use by	Less likely to report past 30 day <b>Rx drug</b> misuse by	Less likely to report past year <b>suicidal ideation</b> by	Less likely to report past year <b>depression</b> by
Youth who can talk to their parents about problems are	<b>1.8 times</b>	<b>2.2 times</b>	<b>2.9 times</b>	<b>3.3 times</b>	<b>2.2 times</b>
Youth who feel their parents care very much are	<b>2.2 times</b>	<b>2.4 times</b>	<b>4.1 times</b>	<b>4.8 times</b>	<b>2.8 times</b>
Youth who feel their friends care very much are	<b>1.4 times</b>	<b>1.6 times</b>	<b>2.0 times</b>	<b>2.6 times</b>	<b>2.1 times</b>
Youth with better teacher-student relationships are	<b>2.4 times</b>	<b>2.9 times</b>	<b>3.3 times</b>	<b>2.4 times</b>	<b>1.8 times</b>
Youth reporting greater educational engagement are	<b>2.5 times</b>	<b>3.3 times</b>	<b>3.7 times</b>	<b>2.3 times</b>	<b>1.7 times</b>
Youth who feel adults in their community care very much are	<b>1.8 times</b>	<b>2.2 times</b>	<b>2.4 times</b>	<b>3.1 times</b>	<b>2.3 times</b>

## References

1. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. (2002). *Report to Congress on the prevention and treatment of co-occurring substance abuse disorders and mental disorders*.  
<http://www.samhsa.gov/reports/congress2002/>
2. Minnesota Department of Human Services. (2011). *Estimating the need for treatment for substance abuse among adults in Minnesota: Results of the 2010 Minnesota Survey on Adult Substance Use*.  
<http://www.leg.state.mn.us/lul/lrl.asp>
3. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. (2013). Alcohol-Related Disease Impact.  
[http://apps.nccd.cdc.gov/DACH\\_ARDI/Default/Default.aspx](http://apps.nccd.cdc.gov/DACH_ARDI/Default/Default.aspx)
4. Minnesota Department of Health. (2014). *Suicide prevention: Legislative report* (Minnesota Statute 145.56 – July 2014).  
<http://www.health.state.mn.us/injury/topic/suicide/>

## State Epidemiological Outcomes Workgroup

Minnesota's SEOW has been monitoring substance abuse trends since 2007. The Workgroup helps guide prevention planning at the state level, and provides training and technical assistance to communities. In, 2008 the SEOW launched the Substance Use in Minnesota (SUMN) website to ensure quick and easy access to data for prevention professionals.

### SUMN.org

SUMN is a one-stop-shop for data, tools, and prevention resources. Visitors can search county, regional, and state level data by topic, by location, and by demographic producing tables, charts, graphs, and maps. View and download data products, such as this fact sheet, and find tips on finding, analyzing, translating, using, and disseminating data.

## Contact Us

For questions or more information regarding the State Epidemiological Outcomes Workgroup or SUMN.org, please email: [info@sumn.org](mailto:info@sumn.org)

To contact the Regional Prevention Coordinator for the Metro Region, please visit: [www.rpcmn.org](http://www.rpcmn.org)

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