



Canadian Centre
on Substance Abuse
Centre canadien de lutte
contre les toxicomanies

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Topic Summary

When Mental Health and Substance Abuse Problems Collide

Understanding, Preventing, Identifying and Addressing Mental Health Disorders and Substance Abuse Issues in Youth

Key Messages

1. Mental health and substance abuse problems are common among youth and come at an enormous cost to individuals, families, communities and systems.
2. The links between mental health and substance abuse issues are complex. They might develop independently as a result of common risk factors or one might lead to the other as a result of self-medication or prolonged distress.
3. The most effective and efficient way to address co-occurring mental health and substance abuse disorders is to stop them before they start. Prevention of and early intervention for mental health and substance use problems is best, but when concurrent disorders develop, they require specialized intensive services.

Introduction

During the adolescent years, youth are faced with constant and dramatic change, both as individuals (e.g., physical, emotional) and in their relationships with others (e.g., family, peers, teachers). For some youth, the stress that accompanies these changes exceeds their ability to cope and contributes to mental health problems, substance abuse issues, or both. A 2003 survey in Canada showed that young people aged 15 to 24 years were more likely to report mental health and substance use or abuse problems than any other age group.¹ Alone or combined, mental health problems and substance abuse can lead to damaged relationships, poor academic performance, problems with the law and reduced overall health. These problems do not end when a youth makes the transition to adulthood, but often persist, resulting in a lifetime of lost potential and significant costs to communities and our health and social systems.

There is no question that mental health problems and substance abuse are linked. Awareness of this complex relationship can help both mental health and substance abuse professionals identify, prevent and treat co-existing mental health and substance abuse problems.

The Canadian Centre on Substance Abuse created this document in partnership with the Ontario Centre of Excellence for Child and Youth Mental Health. To find out about the Centre, visit www.excellenceforchildand youth.ca.



What are substance use, abuse and dependence?



How common is substance use and abuse among youth?²

- 71% of youth aged 15-24 years report using alcohol in the past year.
- 22% of youth aged 15-24 years report using marijuana in the past year.
- Of those youth aged 15-24 years who said they used alcohol in the past year, 18% experienced a social, financial or legal harm as a result of alcohol use and of those who used drugs in the past year, 24% experienced harms as a result of drug use.

What are mental health problems?



How common are mental health problems among youth?

- Approximately 15% of children and youth have a diagnosable mental illness.³
- The most common mental illness in young people is anxiety disorder (6.5%).³
- 34% of students in Grades 7–12 report symptoms of depression, anxiety or social dysfunction.⁴
- About 10% of young people aged 13–19 report thoughts of suicide in the past three months.⁵



Descriptions of mental health problems included in this topic summary

Clinical depression

- A youth who has clinical depression might be unable to feel happy or might feel sad in a way that interferes with daily living. Though sadness is a normal part of life, clinical depression is intense and prolonged, and accompanied by the inability to function at home, at school or in the community.

Anxiety disorder

- Anxiety has many different faces and can even be adaptive, but young people with an anxiety disorder experience panic, shyness, worry or compulsion in a way that makes it hard for them to function in everyday situations.

Attention deficit hyperactivity disorder (ADHD)

- A young person with ADHD finds it hard to keep focus and sustain attention. He or she might seem wired, act impulsively or have trouble keeping still. While these symptoms are common in children and youth, ADHD is when these symptoms are present at a young age, happen often and in different settings, and affect a young person's ability to function.

Oppositional defiant disorder (ODD)

- A youth with ODD can be openly hostile, uncooperative and irritable. She or he may act mean and spitefully towards others, especially authority figures. Although this behaviour might be common in young people, those with ODD act this way often and in different settings (home, school, work) to a degree that impairs functioning.

Conduct disorder (CD)

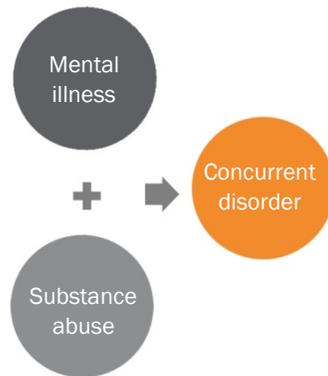
- A young person with conduct disorder is often aggressive in a way that causes problems for themselves or their family. She or he may lie, threaten, steal or actually harm people or animals. Such severe impulses interfere with their ability to function.

Post-traumatic stress disorder (PTSD)

- Young people who have experienced or witnessed a traumatic event (abuse, accidents, bullying) might experience severe and prolonged distress and anxiety that interferes with functioning.



What are the links between substance abuse and mental health problems?



When mental health problems and substance abuse occur together, they are called **concurrent disorders**. Mental health problems and substance abuse problems occur on a continuum, and a concurrent disorder emerges when they intersect at any point, resulting in a nearly endless list of possible combinations. For example, a young person might use alcohol to cope with feelings of anxiety or use drugs to cope with symptoms of ADHD. The more severe the underlying mental health or substance abuse problem is, the more likely it will escalate to a concurrent disorder.

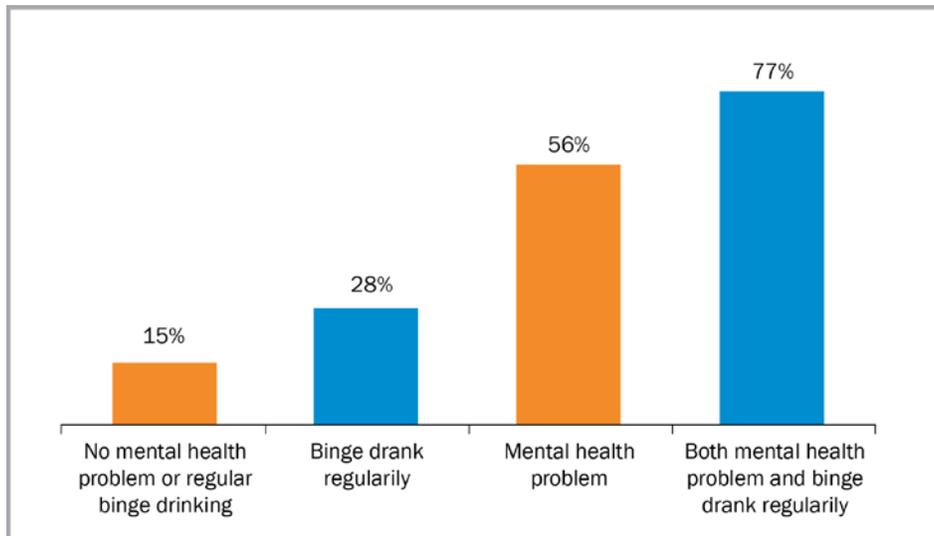
The relationship between mental health problems and substance abuse vary depending on the type and severity of the mental health problem, the substance used and the severity of the substance abuse problems. For example, in adults, anxiety and depression are more related to substance dependence, rather than substance abuse.⁶ However, there is less research examining these differences in youth. The most common mental illnesses seen in combination with substance abuse among youth are CD, ODD, clinical depression and PTSD. Approximately 25–50% of young people who abused drugs have been diagnosed with CD or ODD, 20–30% have been diagnosed with clinical depression⁷ and 16% with PTSD.⁸ CCSA's [Substance Abuse in Canada: Concurrent Disorders](#) is a resource of interest for further information on the pathways to concurrent disorders, different combinations of concurrent disorders and implications for the health system.

Why do these links matter?

When it comes to substance abuse and mental health problems, the whole is greater than the sum of its parts. For example, Canadians ages 15 and older with both a mental illness and substance abuse disorder require more in-patient mental health services including longer stays in hospital and more hospital re-admissions than those with a mental health or substance related disorder alone. The longer length of stays and increased hospital re-admissions result in higher costs to the health care system.⁹ As another illustration, the results in the following graph from British Columbia's Adolescent Health Survey, a self-report survey of students in Grades 7 to 12, showed that the presence of both a mental health problem and substance abuse increased the chances of self-harm more than if only one disorder existed alone.



Grade 7-12 Students in B.C. that reported ever self-harmed (deliberately cut or injured self without suicidal intention)



Adapted from McCreary Centre Society's [Mental health and substance use](#)¹⁰

How are mental health problems and substance abuse linked?

The links between the two disorders are best illustrated by exploring the factors that can influence their occurrence:

- **Risk factors** are characteristics that raise the chance that mental health or substance abuse problems will emerge. Examples of risk factors include problems in the community, within the family or with peers, and individual vulnerabilities (e.g., genetics).
- **Protective factors** are characteristics that reduce the chance that either type of problem will occur. Examples of protective factors include strong family relationships, school connectedness, parental monitoring and a sense of competence (i.e., feeling able to excel at something).

Risk and protective factors interact in complex ways, and the same risk factor can have a different impact depending on how severe it is, how long it lasts, the existence of other risk or protective factors, and the person's developmental stage. No one factor causes substance abuse, mental health problems or their co-occurrence, but their connection is clear:

- **Both substance abuse and mental health problems have common risk and protective factors.** Certain risk and protective factors are at play in the development of both mental health problems and substance use problems.
- **Mental health problems are associated with later substance abuse.** This link, often referred to as the self-medication hypothesis, proposes that youth turn to drugs and alcohol to cope with mental health symptoms.
- **Substance abuse can trigger mental health problems.** Substance abuse can cause changes in a person's life that result in serious and prolonged distress. This distress can contribute to the onset of mental health problems.



What are the implications for prevention, screening and treatment?

Prevention

Early experiences of adversity and stress have been associated with substance abuse, mental health problems and concurrent disorders. For example, the Adverse Childhood Experiences study reported that early childhood experiences of abuse, neglect, and exposure to domestic violence are associated with substance abuse during the teen years.¹¹ Likewise, these early experiences are associated with adult mental health problems.¹² Further, these early experiences put youth at an even greater risk for concurrent disorders.¹³

These outcomes are not inevitable. A growing body of research indicates that common protective factors can buffer the risks for both mental health problems and substance abuse. The protective factors include strong ties to family and school, supportive adults to talk to and feeling able to excel at something. According to research from British Columbia, the presence of these protective factors is linked to fewer mental health and substance use problems and risky behaviour in those with both of these problems.¹⁰

The most effective and efficient way to address a problem is to stop it before it starts. Preventing concurrent disorders and their underlying problems means, at least in part, reducing the risk that accompanies early adversity and enhancing the benefits that result from common protective factors. Currently, most prevention efforts are developed for a specific health or behaviour problem. Prevention efforts that address risk and protective factors can be effective at reducing substance abuse and produce a significant cost savings.¹⁴ The same is true for preventing mental health problems.¹⁵

Screening

If a concurrent disorder cannot be prevented, early identification and intervention is the next best tactic. The first step is to recognize the problem and to connect young people to the services that are right for them. Youth turn to both trusted friends and adults such as teachers, school counsellors, doctors and other health professionals who typically receive little if any training on mental health and substance use problems and might be ill-equipped to respond appropriately. Consequently, all professionals who work with youth should have a basic level of understanding of mental health and substance abuse issues and up-to-date knowledge of the services available.

Early detection and interventions with substance abuse and mental health problems can help prevent the progression and severity of these issues. Adolescence is a key time for early identification as the majority of Canadians with mental illness first experienced symptoms in childhood or adolescence¹⁶ and the average age of onset for substance use is during adolescence (about age 15) with substance abuse common among youth.² When one problem is present, it is important to screen for both problems. The [GAIN](#) short screener¹⁷ is a useful tool for assessing mental health and substance use problems among youth.



Treatment

It is important to identify and treat mental health or substance abuse problems early. As noted, some youth might abuse substances to cope with mental health problems. This connection means that by providing effective and timely mental health treatment, we might be able to impact problems with substance abuse. For example, children who receive prompt treatment for disorders such as ODD, CD and ADHD are less likely to abuse substances later in life. Alternately, given that substance abuse can trigger mental health problems, addressing substance abuse may help reduce distress and the risk of concurrent disorder. When opportunities for prevention and early intervention are missed, youth who have both mental health and substance use problems need treatment that addresses both problems.

Youth with concurrent disorders experience more problems and are more difficult to treat than youth with either disorder alone. These youth are less likely to comply with treatment and have less successful outcomes from treatment. However, the treatment system has not always adequately responded to youth with concurrent disorders. Youth with concurrent disorders are at times ping-ponged to separate treatments that might have different goals, conflicting approaches or both.

Different approaches to treatment need to be matched with the individual needs of a youth. For example, treatment might involve medication, psychosocial treatment or a combination of both. Family-based treatment approaches such as multi-systemic therapy (MST) are effective for treating youth with concurrent disruptive behaviour disorder (e.g., ODD or CD) and substance abuse. MST is also effective in treating substance abuse in youth with a concurrent mental health issue.¹⁸ Although there is less evidence for the use of MST in treating concurrent disorders in youth with other types of mental illness (e.g., anxiety), engaging family is a key success factor with any type of treatment for youth. [Enhancing Treatment for Concurrent Disorders among Youth](#) from the Ontario Centre for Excellence in Child and Youth Mental Health provides additional information on treatment.

Additional Resources

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