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Marijuana Use Prevention

High Risk Populations: Mental Health and College Students

What does the population look like?

- According to the 2013 College Student Health Survey (CSHS), 14.3% of Minnesota students report a mental health diagnosis in the past year.¹

What is the prevalence of marijuana use among students with mental health issues?

- According to The Midwest Prevention Project, national studies show that about 20% of adults with a mood or anxiety disorder also experience a current substance use disorder. Likewise, around 20% of adults with a substance use disorder also have a mood or anxiety disorder.²
- The CSHS also notes that students reporting 3 or more past-year mental health stressors are almost twice as likely to report past 30-day marijuana use than those reporting 2 or fewer stressors (16.6% vs. 8.6%).¹

This document is part of a series designed to support Minnesota's Partnership For Success grantees working on marijuana use prevention on college campuses. More resources from this series can be found in the Toolbox at SUMN.org

What are the relationships between marijuana use and mental health issues?

- **Mental health issues may lead to marijuana use.** Students with mental health issues are more likely than the general population to use marijuana, but the reasons for this are not clear. Often, students and young adults cite coping with issues such as social anxiety, ADD/ADHD, depression or insomnia, as reasons for use,^{3,4} although some studies have found that self-medication with marijuana is not a result of unmet health care needs.⁵
- **Marijuana use may lead to mental health issues.** The onset of mood disorders often occurs before the age of 25, when young people are in college and/or experimenting with substances.⁶ Although the link between marijuana use and the development of serious mental health issues is tenuous, some studies suggest that use can lead to the same problems students cite as motivations for use: anxiety, insomnia, and depression.⁷ Further, early use may precipitate or worsen the symptoms of schizophrenia, bipolar disorder, major depression, panic attacks or other mood disorders in populations already vulnerable to such problems (such as those with a family history of mental illness).^{4,8,9,10,11} Other studies have shown that past-year marijuana use does not predict later development of depression.¹² Further, lower levels of well-being only resulted for those who already



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Mental Health and Marijuana Use, continued

Students with mental health issues are more likely than the general population to use marijuana, but the reasons for this disparity are not clear

perceived negative consequences of use, regardless of how much (or little) they smoked—if they thought smoking was bad for them, it probably was. However, they also found that even when marijuana initially improved symptoms, subsequent withdrawal negatively affected mood.¹³

What are the potential prevention strategies?

Research shows that mental health and marijuana use are linked, although the direction of causality remains unclear. However, there are strategies colleges and universities can use to improve their students' health and well-being.

- **Screening.** Students who use mental health care are more likely to seek treatment for use disorder than those who go without care.¹⁴ Screening in university and college healthcare centers can be especially valuable for identifying students who have co-occurring disorders, and who are also open to treatment. Furthermore, because early use of marijuana may lead to later mental health problems,^{2,15} screening of incoming students, to identify current or past users, could be helpful. See Marijuana Prevention Strategy Tip Sheet 7: Screening, Brief Intervention and Therapy, and Referral (SBIR).
- **Provide alternate coping tools.** Expanding support for students who have mental health issues—all along the spectrum, from anxiety about final exams, to students with diagnosed disorders—can provide them with coping tools other than marijuana or other substance use. Evidence-based methods of introducing alternative coping strategies can run the gamut, from programs that provide individualized feedback, such as motivational interviewing,¹⁶ to simpler, less resource-intensive strategies, such as internet-based substance use interventions,¹⁷ or seminars on mindfulness training.¹⁸
- **Support general well-being.** Other alternatives for students coping with stress, anxiety and depression could include group yoga and/or meditation classes; intramural sports; lifestyle classes centered on nutrition and well-being; and the creation of supportive environments, in dorms and on campus.
- **Staff training and specific tools.** Staff training similar to Mental Health First Aid, which teaches adults to respond to others experiencing mental health crises, can be used for employees at all levels of student engagement. Gatekeeper Training, which is primarily for suicide prevention, may also be useful.

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Mental Health and Marijuana Use, *continued*

Support students with mental health issues by screening to identify those who need help, by providing alternative coping mechanisms, and by supporting their general well-being

Resources

Motivational Interviewing

Brief summary of motivational interviewing for substance use.

<http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=346>

Practice of the Practice podcast with Dr. Jason Kilmer on motivational interviewing.

<http://www.practiceofthepodcast.com/pop010/>

InShape Prevention Plus Wellness

A brief intervention to reduce substance use and increase mental and physical well-being in college students.

<http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=196>

Kognito At-Risk for College Students

College-oriented program that provides training for students and resident assistants to respond to peers' psychological distress.

<http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=303>

Suicide Prevention Resource Center

Federally-supported resource center, with specific trainings and guides for colleges and universities.

<http://www.sprc.org/collegesanduniversities>

Mental Health First Aid

Developed in Australia, Mental Health First Aid provides training on responding to individuals who may be experiencing mental health crises.

<http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=321>

QPR Gatekeeper Training for Suicide Prevention

Online training for suicide prevention in families, schools, and neighborhoods.

<http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=299>

Mindfulness-Based Stress Reduction

Psychoeducational training designed to reduce stress and symptoms of anxiety and depression.

<http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=238>

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Mental Health and Marijuana Use, *continued*

Citations

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