



# MENTAL HEALTH and SUBSTANCE USE

SUMN.org FACT SHEET

2017

## 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 and withdrawal can result in increases 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

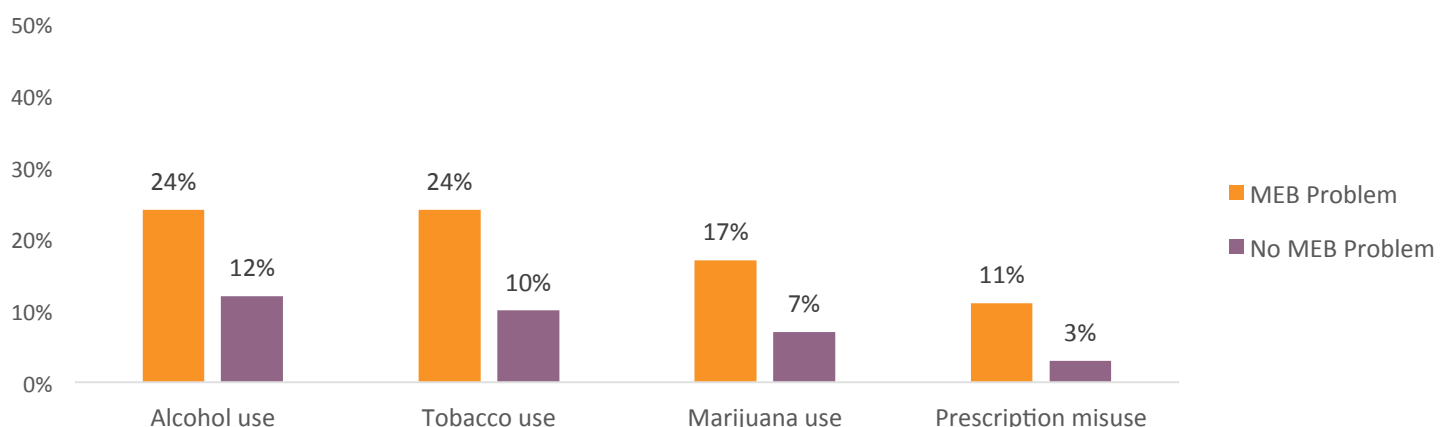
### Adults

According to the Substance Abuse and Mental Health Services Administration, approximately 7.9 million adults in the United States had co-occurring substance use and mental health disorders in 2014. People with mental health disorders are more likely than people without mental health disorders to experience a substance use disorder.<sup>2</sup>

### Youth

According to the 2016 Minnesota Student Survey (MSS), 18% of Minnesota 8<sup>th</sup>, 9<sup>th</sup> and 11<sup>th</sup> graders reported having mental health, emotional, or behavioral (MEB) problems lasting six months or more, up from 12% in 2013. Students with a MEB problem were twice as likely to report past-month alcohol use, almost two and a half times as likely to report tobacco or marijuana use, and over three and a half times more likely to report prescription drug misuse.

Minnesota 8<sup>th</sup>, 9<sup>th</sup>, and 11<sup>th</sup> Graders' Past Month Substance Use and Long-Term Mental, Emotional, or Behavioral (MEB) Problems—2016 MSS



Tobacco includes any past month use of cigarettes, cigars, chewing tobacco, electronic cigarettes and/or hookah.

# Depression

## Adults

According to the 2015 Minnesota Survey on Adult Substance Use (MNSASU), 7% 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 (15% vs. 5%) or a drug disorder (11% vs. 2%).

## Youth

The 2016 MSS asked students about how often they've been bothered over the last two weeks by: a) little interest or pleasure in doing things, and b) feeling down, depressed or hopeless. Response options for each question range from one ("not at all") to four ("nearly every day"). When responses from each question are added, scores can range from two to eight. A score of five or higher is a flag for a potential depressive disorder. These higher scores were reported by 27% of Minnesota 8<sup>th</sup>, 9<sup>th</sup>, and 11<sup>th</sup> grade female students, and by 17% of male students.

## Students reporting depressive symptoms were:

- **1.9x** more likely to report past-month alcohol use
- **2.2x** more likely to report past-month marijuana use
- **3.0x** more likely to report past-month prescription drug misuse

# Anxiety

## Youth

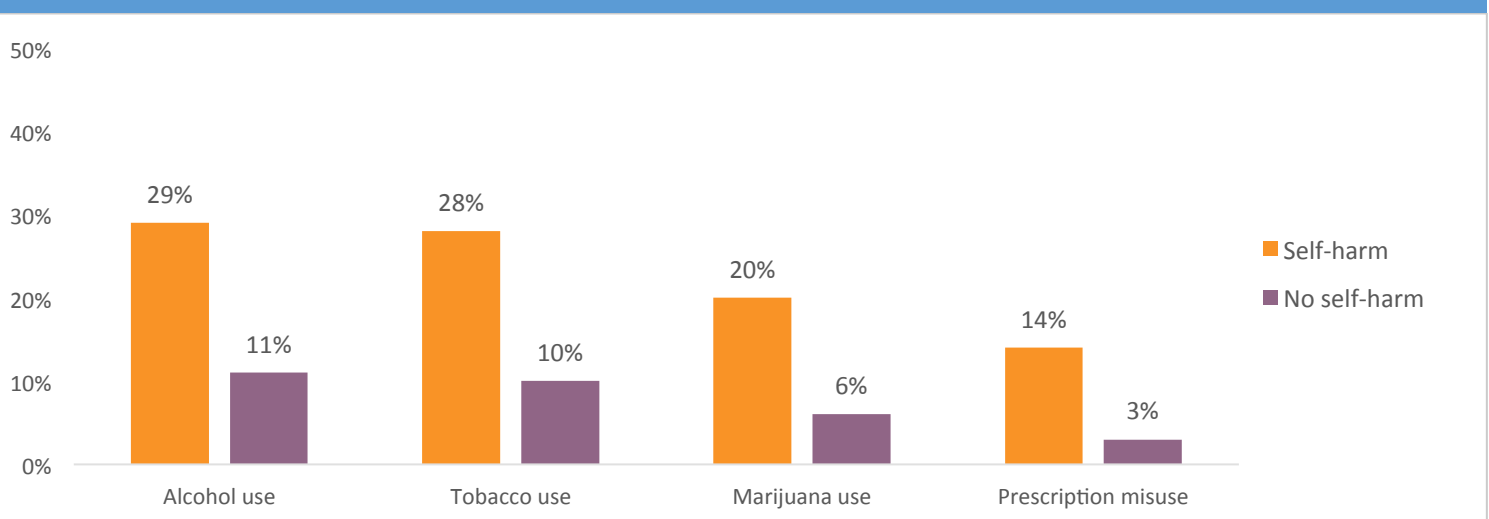
On the 2013 MSS survey, students were asked about significant past-year problems with feeling very anxious, nervous, tense, scared, panicked, or like something bad was going to happen. This issue was reported by 40% of 8<sup>th</sup>, 9<sup>th</sup>, and 11<sup>th</sup> grade female students, and by 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. This question was not included in 2016.

# 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 16% of Minnesota 8<sup>th</sup>, 9<sup>th</sup>, and 11<sup>th</sup> graders in 2016. However, females were much more likely than males to report self-harm: 22% vs. 9%.

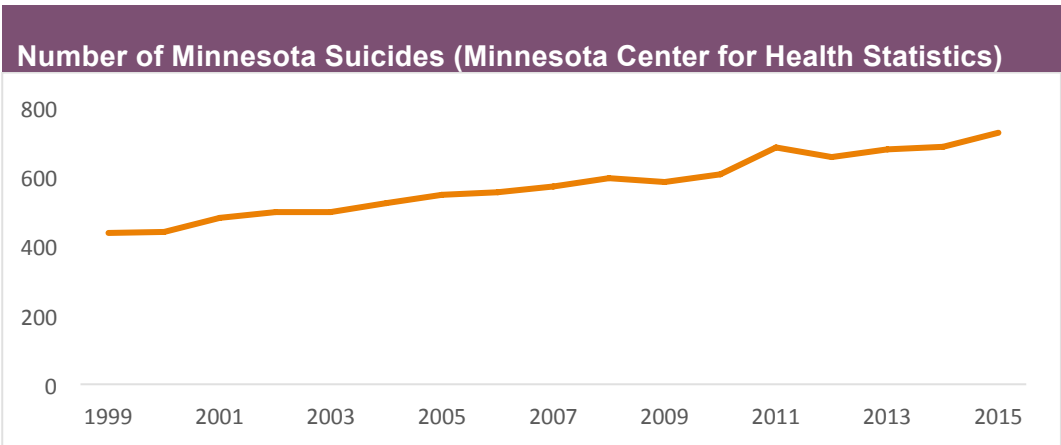
Minnesota 8<sup>th</sup>, 9<sup>th</sup>, and 11<sup>th</sup> Graders Reporting Past Month Substance Use, by Whether or Not They Also Reported Past Year Self-Harm—201 MSS



## Suicide

In 2015, there were 726 suicide deaths reported in Minnesota—up from 686 in 2014. The suicide death rate per 100,000 population was 13.1 in 2015; the rate has been increasing since 1999 both in Minnesota and nationally. In Minnesota, the 2015 suicide death rate was considerably higher for males than for females: 21.4 vs. 5.9.<sup>4</sup>

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>



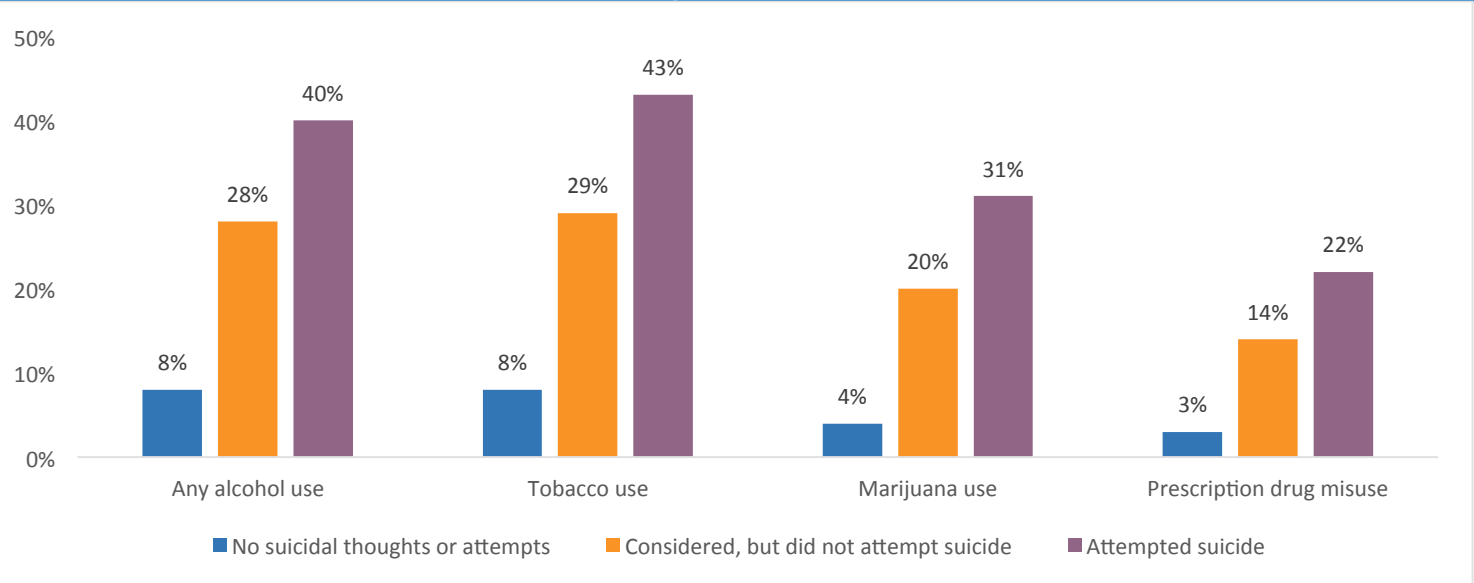
## Adults

The suicide rate for males ages 24-44 increased from 22.0 per 100,000 in 1999 to 28.0 in 2015, surpassing the rate for males age 45-64 (26.7). The rate for males under age 20 decreased in 2015.<sup>4</sup>

## Youth

Twelve percent of the state's 8<sup>th</sup>, 9<sup>th</sup>, and 11<sup>th</sup> graders reported past-year suicidal ideation (up from 11% in 2013), and 4% reported attempts. Those who reported either ideation or attempts 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, 2016 Minnesota Student Survey (MSS)**



## Shared Risk and Protective Factors

### Youth

Data from the MSS 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.

### Risk Factor: Bullying of Minnesota 8<sup>th</sup>, 9<sup>th</sup>, and 11<sup>th</sup> Graders (2016 MSS)

Youth who reported being bullied in the past month were:

- Almost **2x** more likely to report past month alcohol use: 18% vs. 10%
- Over **3x** more likely to report any past year self-harm: 25% vs. 8%

Shared Protective Factors for Minnesota 8 <sup>th</sup> , 9 <sup>th</sup> , and 11 <sup>th</sup> Graders (2016 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 two week <b>depression</b> by
Youth who can talk to their parents about problems are	<b>1.9x</b>	<b>2.3x</b>	<b>2.8x</b>	<b>3.2x</b>	<b>2.5x</b>
Youth who feel their parents care very much are	<b>2.4x</b>	<b>3.0x</b>	<b>3.5x</b>	<b>4.6x</b>	<b>3.0x</b>
Youth who feel their friends care very much are	<b>1.6x</b>	<b>1.9x</b>	<b>2.0x</b>	<b>3.0x</b>	<b>2.2x</b>
Youth with better teacher-student relationships are	<b>2.3x</b>	<b>2.8x</b>	<b>2.7x</b>	<b>2.6x</b>	<b>1.9x</b>
Youth reporting greater educational engagement are	<b>2.5x</b>	<b>3.0x</b>	<b>3.0x</b>	<b>2.3x</b>	<b>1.9x</b>
Youth who feel adults in their community care very much are	<b>1.9x</b>	<b>2.2x</b>	<b>2.0x</b>	<b>3.4x</b>	<b>2.4x</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. Center for Behavioral Health Statistics and Quality. (2015). *Behavioral health trends in the United States: Results from the 2014 National Survey on Drug Use and Health* (HHS Publication No. SMA 15-4927, NSDUH Series H-50). Retrieved from <http://www.samhsa.gov/data/>
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. Heinen M, Wright N, Lopez A, Roesler J. (September 2015). *Suicide in Minnesota, 1999-2015*. Data Brief. Saint Paul, MN: Minnesota Department of Health.  
<http://www.health.state.mn.us/injury/pub/2015SuicideDataBrief9-27-26.pdf>

## 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.

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## 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 your region to receive substance abuse prevention technical assistance, please visit: [www.rpcmn.org](http://www.rpcmn.org)

For mental health resources, please visit the National Alliance on Mental Illness-MN at: [www.namihelps.org](http://www.namihelps.org)