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Self-medication of mental health problems: new evidence from a national survey

[Health Services Research](#), Feb, 2005 by [Katherine M. Harris](#), [Mark J. Edlund](#)

The high rate at which mental and substance-use disorders occur together has been well documented in epidemiological and clinical research (Regier and Farmer 1990; Kessler, Nelson et al. 1996). For example, in the National Comorbidity Study, 51 percent of those with a substance disorder at some time in their life also met criteria for a mental disorder at some point, and in the large majority of individuals reported that the mental disorder preceded the substance disorder (Kessler et al. 1996). Researchers and clinicians have proposed a number of theories to explain the high rates of co-occurrence. One prominent explanation for the high rates of co-occurrence is that individuals use psychoactive substances to "self-medicate" painful or disturbing psychiatric symptoms (Khantzian 1997; Chilcoat and Strakowski and DelBello 2000). Other theories suggest that substance-use disorders cause mental health problems or that substance use and mental health problems have common underlying genetic and environmental causes (Chilcoat and Breslau 199

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Understanding the underlying causes of co-occurrence is important for identifying effective treatment and prevention of mental health and substance-use problems. If:

substance use is common, then timely screening and treatment of mental health problems may prove the key in preventing the onset of substance use among the population with mental disorders. Although predictions about the substitutability of psychoactive substances and the role of substance use are implicit in the self-medication hypothesis, they have gone unexplored in the health services literature.

At the same time, empirical tests of the self-medication hypothesis in the clinical and epidemiological literatures have produced equivocal results (Khantzian 1997; Chilcoat and Breslau 1998; Raimo and Schuckit 1998; Dixit and Crum 2000; Strakowski and Rounsaville 2000). Here, mental health symptoms that pre-date the onset of substance use disorders are considered evidence of self-medication. However, the exception of several studies based on long-term follow-up of longitudinal cohorts (Chilcoat and Breslau 1998; Vaillant 1998), self-medication has not been less than ideal, relying on the long-term recall of highly selected samples of patients with advanced substance-use disorders. In these interviews, patients may not accurately recall the temporal sequence of the onset of mental health symptoms and substance use. Further, among patients who did not confuse the temporal sequencing, advanced substance abuse may have exacerbated mental health symptoms.

This study tests for the presence of behavior consistent with self-medication by examining the relationships between drug use and perceptions of unmet need for mental health care and use of mental health care. Specifically, we hypothesize that (1) unmet need for mental health care is associated with higher rates of substance use and (2) the mental health care is associated with lower rates of substance use, controlling for clinical and demographic characteristics.

To test these hypotheses, we pool data from the 2001 and 2002 waves of the National Household Survey on Drug Abuse (NHSDA) and the National Survey on Drug Use and Health [NSDUH] in 2002). These data are well structured to identify patterns of substance use consistent with self-medication in several important respects. First, we have a reasonable degree of confidence that mental health care use and need precede our substance-use measures in time, because mental health care use and need are measured over a period of time that precedes substance use. Second, our data contain a sufficient sample size and clinical symptom measures to identify individuals with substance dependence from our analyses. This exclusion makes it possible to isolate a subpopulation where substance use behavior, to the extent it occurs, is least likely to be confounded by mental disorders brought about by established substance use. Third, the large sample size also allows us to examine separately alcohol, marijuana, and other illicit drugs. This is important because these substances vary not only in terms of their psychoactive properties, but also in terms of the risks and costs associated with their use.

CONCEPTUAL FRAMEWORK

Central to the idea of self-medication is the notion that individuals with mental disorders perceive their symptoms as treatable and purposefully to mitigate them through the use of substances and/or professionally sanctioned mental health care. Figure 1 illustrates the relationships among the factors that influence the relative use of mental health care and substances to treatment. In this context, the relative desirability will be influenced by preferences and beliefs about the relative effectiveness, health, and costs associated with substance use, resulting side-effects, and social acceptability of mental health care and substance use. It is important to emphasize the notion of relative desirability because both substance use and mental health care use are perceived as stigmatizing behaviors, and not necessarily equally so. Notions about relative desirability are formed through one's own experiences (indicated by the dashed lines in Figure 1), learning through the experiences and opinions of others, and from formal information, such as substance abuse prevention campaigns or programs promoting mental health screening. At the same time,

desirability of substance and mental health care use is moderated by access. In the case of mental health care, access is driven by the pocket cost of care determined by the existence and generosity of health insurance coverage, and the availability of willing providers. Alcohol is widely available to individuals over 21 years of age, safe access to illicit drugs requires a network of social relations.

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