

Mental Health:

Shared factors for substance abuse and mental health disorders in children/adolescents

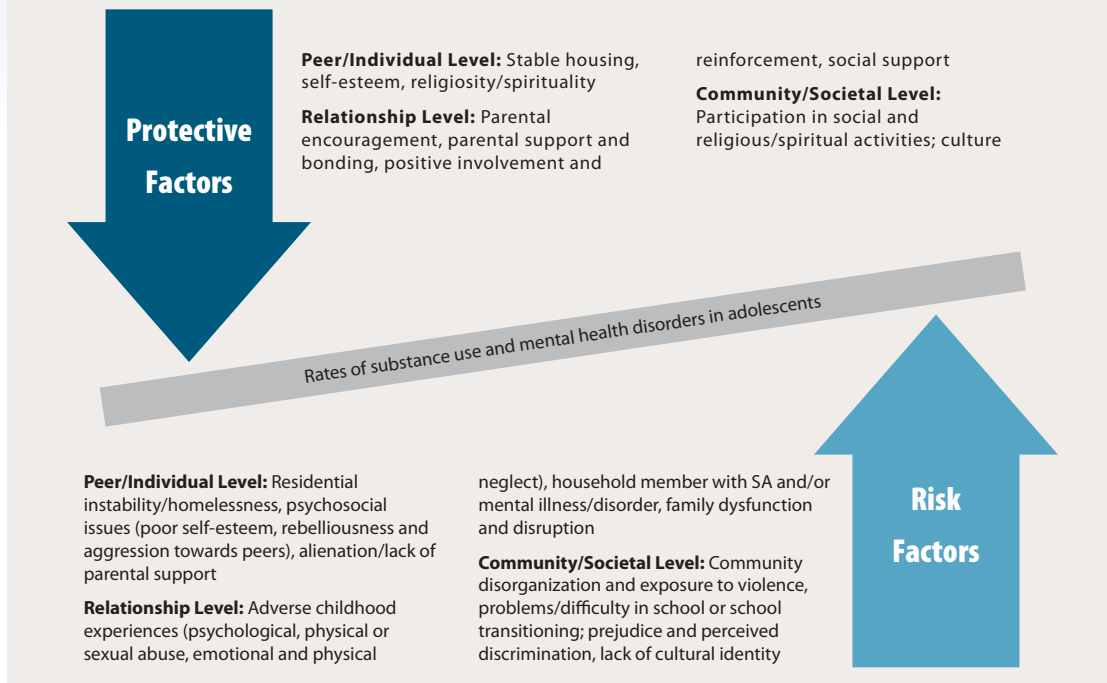
Several factors that relate to or influence the development of substance use or mental health disorders are shared factors. Shared factors are factors that can either negatively or positively influence the development of substance use or mental health disorders. When a factor negatively influences, or increases, the risk of developing a substance use and/or mental health disorder, then it is called a risk factor. When a factor, such as stable housing, decreases the likelihood of developing a substance use and/or mental health disorder, it is referred to as a protective factor (see Exhibit 1). Factors that occur during childhood and adolescence can influence the likelihood of later developing substance use or mental health disorders. Community programs for prevention of drug abuse and mental illness that aim to reduce risk factors should also include strategies for increasing the protective factors among youth. Parents can use this information to help them strengthen protective factors at home.

Research shows that:

- Approximately 60,000 children in Arkansas received some type of mental health services in 2006.¹
- Addiction is common in adolescents with mental health issues/problems. Almost half of adolescents with mental illness also have a substance use problem.²
- Approximately one in four children and adolescents suffering from depression and anxiety also tend to abuse alcohol/other substances.³



EXHIBIT 1.

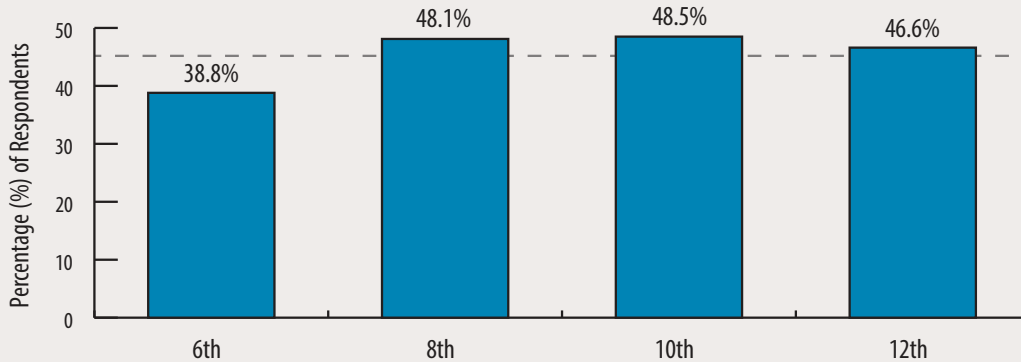


By assessing both risk and protective factors, it is possible to determine areas where it is most beneficial to concentrate prevention efforts. The Arkansas Prevention Needs Assessment (APNA) survey⁴ asks questions to determine the level of protective and risk factors affecting children across Arkansas. The APNA survey uses national norms to determine if students in a community are “more at risk” or “less at risk.” Groups or communities having at least 45 percent of students responding affirmatively to risk factor-related questions are considered more at risk, while those communities or groups with at least 56 percent of the student population responding affirmatively to questions related to protective factors are less at risk.

In 2011, while Arkansas had rates higher than the national norm for several protective factor areas, such as social skills and religiosity, and rates lower than the norm in areas identified as risk factors, such as academic failure and gang involvement, areas of concern are identifiable at each of the shared factor levels. At the peer/individual level, interaction with antisocial peers was explored. While 6th-grade respondents indicated they were less at risk, Arkansas students in the 8th, 10th and 12th grades were above the 45 percent threshold indicating they were more at risk (Exhibit 2).

EXHIBIT 2. Percentage of Arkansas students in 6th, 8th, 10th and 12th grades who interact with antisocial peers

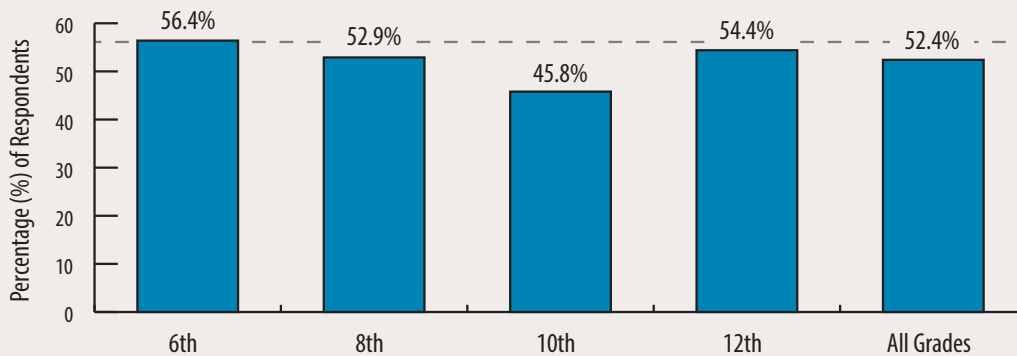
The dashed line indicates the percentage (45%) that has been shown to put youth in a community more at risk.



Contributing factors at the relationship level were also investigated. Students were asked questions pertaining to their emotional connectedness to family members. This is used to determine the level of strong family attachment a child feels. Those students in grades 8, 10 and 12 indicated strong family attachment at levels below the national norm of 56 percent for protective factors (Exhibit 3).

EXHIBIT 3. Prevalence of family attachment in Arkansas students in 6th, 8th, 10th, and 12th grades

The dashed line indicates the percentage (56%) that has been shown to put youth in a community less at risk.



Several community/societal level factors were also examined. "Transitions and mobility" is a shared risk factor for substance abuse and poor mental health. All grades were above the 45 percent threshold for being more at risk for increased rates of drug use (see Exhibit 4). Two protective factors that are unfortunately lacking in the state of Arkansas are related to prosocial involvement, which occurs when youth participate in activities that benefit others or their communities in general. These factors are "opportunities for prosocial involvement" and "community reward for prosocial involvement" (see Exhibit 5).

EXHIBIT 4. Percentage of students who reported prevalence of “transitions and mobility” factor

The dashed line indicates the percentage (45%) that has been shown to put youth in a community more at risk.

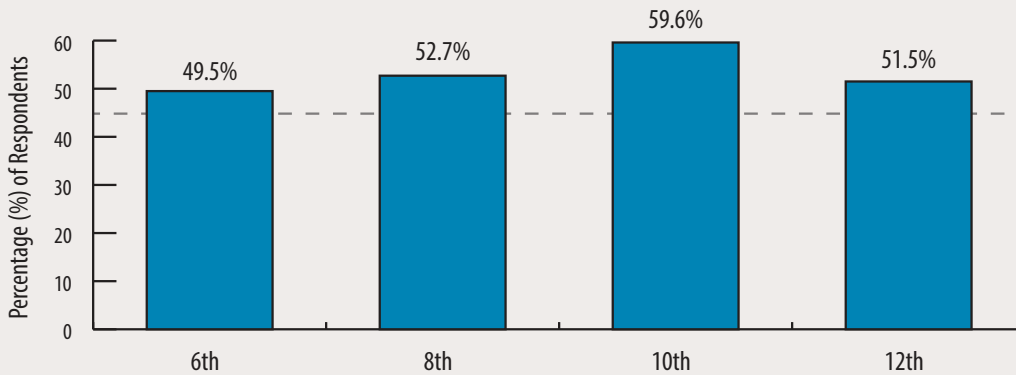
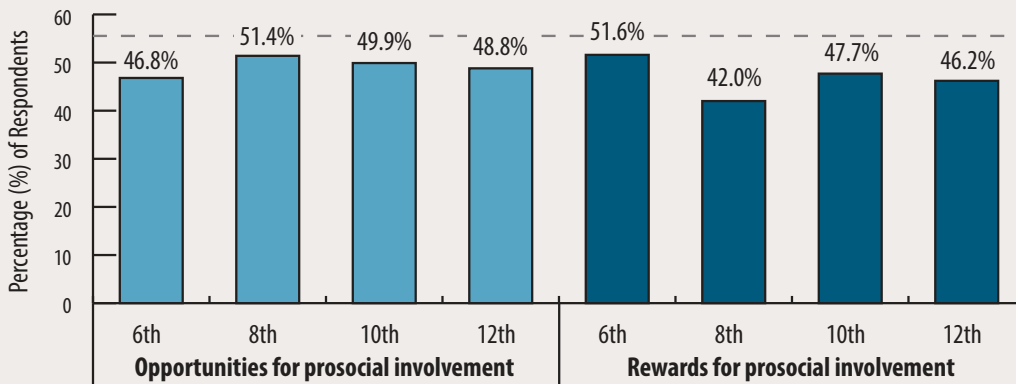


EXHIBIT 5. Factors relating to prosocial involvement that are putting Arkansas students in 6th, 8th, 10th and 12th grades more “at risk”

The dashed line indicates the percentage (56%) that has been shown to put youth in a community less at risk.



DATA SOURCES:

¹Arkansas Advocates for Children and Families. (2007) The Arkansas Mental Health System for Children: A Family Perspective.

²National Alliance on Mental Illness (NAMI). (2013) Dual Diagnosis: Adolescents with Co-occurring Brain Disorders & Substance Abuse Disorders Fact Sheet.

³Cerda M, Sagdeo A, Galea S. (2008) Comorbid Forms of Psychopathology: Key Patterns and Future Research Directions. *Epidemiologic Reviews*, 30:155-177.

⁴International Survey Associates, Inc. (2011) 2011 APNA: Arkansas Prevention Needs Assessment Student Survey-Arkansas State Report.