

# [Alcohol, substance use and mental health problems research paper sample](https://assignbuster.com/alcohol-substance-use-and-mental-health-problems-research-paper-sample/)

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Health abnormalities of various kinds possess a deep association with the underlying factors which are of genetic, biochemical and environmental origin. Affected individuals are more prone to suffer from an impaired quality of life (QOL). As a result, their management also places a significant burden on the family members and the healthcare system. Especially, health abnormalities linked with substance abuse present a challenging task. The reason is that people with substance abuse behavior either have or more vulnerable to mental health problems. There is a need to highlight this particular healthcare problem, its challenges, assessment and management with the aid of available literature. So, the present description is much focused on the topic, ‘ Alcohol, Substance use and mental health problems.’   
Briefly, alcohol abuse is a condition when the drinking habit contributes to problems, although the individual is not dependent on alcohol physically (Merril, 2013). Problems could interfere at home, school, work place, family relationships, with the law, and use of alcohol during driving. Health professionals believe that alcohol abuse could involve the influence of genes, environment and an impulsive behavior or low- self esteem feelings (Merril, 2013).

## Individuals could also develop alcohol abuse if they are

a) young adults who receive pressure from their peers   
b) have schizophrenia, anxiety disorders, bipolar disorder or depression.   
c) free access to alcohol   
d) stressful life (Merril, 2013)

## On the other hand, substance abuse could constitute an abuse of prescribed or illegal drugs.

It is a serious public health concern that affects majority of people and families. In nations like US, substance abuse problem contributes to millions of serious health abnormalities or injuries every year. Some of the abused drugs in use are Marijuana, Inhalants, Heroin, Cocaine, Club drugs, Anabolic steroids and Amphetamines. Substance abuse could also contribute to several social problems such as child abuse, violence and drunken driving. Other problems are loss of home, criminal offense and difficulties at workplace (Drug abuse, 2014). Earlier researchers (Fischer and Breakey, 1991) have described that the alcohol, drug, and mental (ADM) disorders are highly prevalent in homeless individuals compared to common people.   
A general opinion about homeless people is that the homeless substance abusers and mentally abnormal individuals encounter problems like extreme poverty, seclusion from family, friends and society groups and frequent interaction with correctional agencies, and over poor hygiene. From the prevalence estimates, researchers have mentioned that alcohol abuse affects 40% and drug abuse 15% of homeless individuals. Policies that are focused on substance abuse problems among the homeless persons describe that there is a need of interventions that switch between control and rehabilitation. To say, a collaboration of alcoholism and substance abuse recovery services need implementation for adolescents, women and mentally abnormal. Researchers stress that alcohol- and drug-free housing is of paramount importance to assist and enable recovery. Similarly, psychology could also help in streamlining effective programs for homeless persons with alcoholism and substance abuse problems (Mc Carty et al., 1991).   
Researchers have strengthened the association between alcohol and substance abusers and mental illnesses (Graham et al., 2011). As per that study, persons suffering from severe mental disorders have high prevalence of substance problems and also much prone to utilize in-patient services. It appears to be a significant clinical problem, with financial consequences. The researchers interviewed 171 subjects with psychotic illnesses and observed one year prevalence rates of 36. 3% for any substance problem, 31. 6% for alcohol problems and15. 8% for drug problems. Here, young male participants are at increased risk of possessing substance abuse problems (Graham et al., 2011).   
Available reports mention that certain difficult situations become a barrier and complicate the recognition and care of substance abusers. Say many individuals with mental illnesses could abuse drugs secretly without their family members’ awareness (Hatfield, 2004). In addition, both family members of mentally ill persons and mental health experts do not make a proper estimate of drug dependency among the abusers during the care. The reasons for this situation are that it is not easy to distinguish the behaviors linked with the mental illness from those linked with the drug use.   
Similarly, when people present combined illnesses, caregivers could not readily disclose the problem if they find that there are very low chances of recovery or a hope. So, the there could be a rejection of the problem. Person with mental illness present a very complicated care aspect due to their substance abuse habit. Initially, engaging such persons in treatment is very difficult. Diagnosis also is a concern because of increased time involved in unveiling the interactions between the substance abuse and the mental illness (Hatfield, 2004).   
They could encounter difficulties while taking a house accommodation and could not engage with the community homes of rehabilitation programs. They lose their assistance and face relapses and hospital admissions.   
Further, among the people with combined illnesses, violence is more prevalent. More commonly, domestic violence and suicide attempts occur. There could be a high proportion of drug abusers among the mentally ill people who are in jails and prisons (Hatfield, 2004). It has become very essential to know the reasons behind the odd behavior of mentally ill persons.   
Certain proportion of them could start using alcohol or drugs for recreational purpose, like many other individuals. Several people even continue the drug use due to misguidance, to cure a disorder or side effects of the prescribed medications. They discover that they could minimize the levels of depression or anxiety for a short period. Some health experts guess that there could be a hidden susceptibility of the person that precipitates both mental disorder and substance abuse behavior. They start believing that such persons could be at risk even with the mild drug intake. It is important to note that the healthcare professional could also be a nurse. So, from the baseline level it is essential to understand the attitudes of nurses’ attitudes towards patients with the substance abuse and mental illnesses. Such practice could indicate a reliable nurse-patient relationship, care delivered and recognition of nurse care aspects that require further improvement (Hatfield, 2004).   
In a study, researchers have evaluated the attitudes of registered nurses’ towards the hospitalized patients with illicit drug use (Chu & Galang, 2013). They mention that nurses possess a neutral attitude toward working with potent substance abusers. So, researchers have advised the use of in-services, consult services, and protocols to address the clinical concerns of nurses and improve the therapeutic nurse-patient association.   
Hence, nurse’s positive attitude in working with alcohol or substance abusers could streamline the assessment and management strategies. The reason is that the attitudes of health-care professionals serve as the key predictor of their willingness to involve closely with such patients. In fact, evidence also shows that nurses possess more negative attitude compared to other health-care experts. To say nurses’ negative attitude could serve as one of the challenging barriers that need to be overcome (Chu & Galang, 2013).   
Many variables could influence the negative attitudes of nurses. For instance, nurses perceive the drug abuser’s clinical management a difficult process. In addition, discomfort, anxiety and a belief that patients could control the substance abuse are linked with negative attitudes. On the other hand, nurses who are strongly determined to offer efficient care to patients with substance abuse possess positive attitudes. Here, organizational support, procedures, policies, and contextual factors linked with therapeutic and equitable care could also influence attitudes of nurses towards patients with substance abuse.   
The impact of a negative attitude is that it could significantly impair the vital nurse-patient association such that there could be a development of negative influence on the care delivery to substance abusers (Chu & Galang, 2013). For instance, undertreatment and mismanagement of pain occur due to poor knowledge and attitudes among care professionals. Likewise, a feeling of discrimination among health-care staff shown towards patients on methadone maintenance therapy could reflect a important barrier. The affected people who would lose medical help be substance abusers and also those who need treatment for general and chronic diseases. Hence, to ensure a continued medical assessment and treatment for substance abuse behavior and other health ailments, a motivation from the positive encounter is essential. These patients generally require a compassionate and non-judgmental care which is vital in encouraging health-seeking behaviors to overcome health problems. So, nurses need to assure a environment where patients establish contact with the health-care system to address their combined illnesses and lessen the risk of other health concerns (Chu & Galang, 2013).   
An important aspect that could serves as barrier for nurses is ‘ trust’. Creating a trust with people is vital factor in the care process (Barriers to physical care, 2006). Experts say that nurses possess basic skills to live with people and teach in order to induce a change. Lack of trust in the relationship could interrupt the smooth care of patient. The attitudes of nurses could lead to a vast difference in the lives of patient who are trustful or who had encountered strange experiences with the health care services. So, building and sustaining a trust with people is a time consuming process.   
Nurses should implement services for people with mental illnesses who encounter many barriers. It requires a imparting a spectrum of activities, starting with education to nurses.   
Further, collaboration is an important factor that is essential to avoid the differences between mental and physical health care. Since, nurse practitioners are associated with community mental health agencies, they could better ensure a quality care to patients through collaboration.   
Nurses could collaborate with psychiatrists who could be willing to offer services to individuals with mental illness (Barriers to physical care, 2006). Very often individuals with mental health problem possess increased rates of diabetes and heart disease. They do have increased rates of obesity and cigarette smoking, both of which might cause health problems. These people face difficulties in accessing a physical health care and are at increased risk of mortality rate compared to common people.   
Nurses could face barriers in care if proper collaboration in primary care settings gets deteriorated. They could fail to set up initiatives to serve particular patient groups (Barriers to physical care, 2006).

## So, people with mental illnesses appear to require a variety of care assessment strategies.

Nurses could encounter problems in classifying the substance abusers with mental health problems. The reason is that classifying such individuals into clusters requires a basic understanding of problematic patient profiles that could help in providing information about unique therapeutic needs (Alm et al., 2014). In a study, researchers have recognized triply troubled category patients in four clusters such as working triply troubled, triply troubled with medical problems, severely triply troubled and less troubled. All the triply troubled cluster group received both inpatient and outpatient therapies and also a three year follow up. The findings revealed that significant improvements were confined to cluster-specific groups instead of sample –specific. This indicated that nurses require thorough classification skills in order to assess and manage the substance abusers with mental illnesses (Alm et al., 2014)   
Similarly, nurses could encounter barrier if a proper patent data is not available from the administration. To say, nurses should get free access to administrative data.   
The reason is that information gathered through interviews from treated patients over a short span of time at the time of discharge or immediately after discharge could limit promising research outcomes that help in better management. In addition, follow-up interviews with participants could also become a time consuming effort and could be challenging due to insufficient resources, relocation of study subjects and technical factors (Evans et al., 2010).

## The solution could be the administrative data which constitutes the currently available

data regularly gathered mainly for non-research purposes. It represents an   
“ official” record of events as they take place. Examples involve use of services for psychiatric or medical problems, criminal justice system records on arrests, insurance claims, criminal incarcerations and convictions, and acknowledgement of public welfare benefits.   
In fact, it could be difficult to obtain administrative data, and hence care is of paramount importance while linking such data across systems (Saunders & Heflinger, 2004).

## Management strategies:

Nurses could better manage the patient if they become fully aware of the benefits of using administrative data. Say, it could be used to evaluate service system interactions, outcomes and evens as they influence each another for a longer duration. It could offer information about persons who possess special needs and experiences. In addition, technological advancements and novel statistical tools have reduced technical barriers linked with sharing and modifying huge, administrative datasets. Several investigations have depended upon administrative data to evaluate issues associated with substance abuse and mortality (Moos, Brennan & Mertens, 1994; Johnson et al., 2005; Liskow et al., 2000; Masudomi et al., 2004; Smyth et al., 2007). In a study, researchers have used administrative data to evaluate issues related to a substance abusing women associated with the child welfare system. Using data, researchers tracked events from the past to the present about treatment, substance abuse frequency, chronicity and child welfare history. They found that women were able to involve and spend much time in drug treatment after placing the child in care homes, or finished treatment process successfully. Their children’s stay in foster care had also decreased such that they could easily reunite with their parents (Evans et al., 2010).   
Hence, researchers mention that administrative data could be a rich resource for carrying out extensive longitudinal research on underestimated people. With such data, health care professionals could evaluate complex interactions over time.   
Assessing behavior pattern in a mentally ill person could be essential in care process. Administrative data could help in understanding the role of influential events ad variations in a behavior pattern (Evans et al., 2010). The reason is that finding when and how frequently a person engages in behaviors and its alterations through interactions might assist in enhancing the planning and management for better behavior. Some data sets specific to substance abusers possess important data components that require tracking. So, the union of components from various administrative datasets related to an individual could enhance confidence in the outcomes, establishes research designs, provides the scope and opportunities to form experimental evidence on the longitudinal effects of substance abuse. People with combination of mental illnesses and substance abuse behavior could encounter co-morbid conditions. Nurses could manage such people with administrative data. It is finely suited to examine health service delivery and the results among such people in the long term (Evans et al., 2010).   
Nurses could manage mental health through certain projects like Canadian Collaborative Mental Health Initiative (CCMHI). It is a national project and its objective is to encourage collaboration among the care providers to improve access to mental health care in care centers. The initiative could develop several toolkits about the strengthening of collaborative initiatives to offer service to individuals with serious mental illnesses (Barriers to physical care, 2006).   
Nurse could employ psychosocial interventions such as Thorn program (Gourmay, 1996). It enables the nurse professionals to dedicate services to patients with a mental illness such as schizophrenia. This approach is a skill based and emphasizes on problem driven and clinically focused method of management . Nurses could also get exposure through training in several psychosocial methods such as cognitive behavior interventions with negative and positive symptoms, relapse approaches and family management (Gournay, 1996).   
Hence, nurse education appears vital in managing combined mental health and substance abuse issues (Gourmay, 1996) . But certain difficulties that appear as barriers in this area of nurse education are that several nurse tutors become completely out of real clinical practice environment as they spend very less time. Secondly, anti-psychiatric philosohphy could support a majority of debatable redundant theories which exist in mental health nursing curriculum.   
Thirdly, majority of nurses who receive training in large nursing institutions could not be readily available to work in community settings without a prior training (Gournay, 1996).   
So, it is essential for the nurse administrators to overcome these barriers. They could do so by devising a standard framework that better educates and deploys the junior nurses in the community mental health teams.

## Other aspects in the psychosocial intervention are

a ) contingency management as it is reliable in decreasing substance use and enhancing several different outcomes   
b) intensive case management such as assertive community treatment that continuously enhances community ownership and also residential stability   
c) Intensive jail diversion and release programs, self-help programs, and other outpatient   
programs. But, these programs require further verification (Drake, Mueser & Brunette, 2007)   
Finally, pharmacological management is also an essential part of managing people with combined mental illness and substance abuse behavior. Here, medications that could possess treatment efficacy are disulfuram and naltrexone for alcohol abuse and mental illnesses (Petrakis, Nich & Ralevski, 2006). Likewise, antidepressants could decrease depression symptoms in people with mental illnesses and alcohol disorder (Nunes & Levin, 2004). Mood stabilizers work efficiently for people with bipolar disorder and comorbid alcohol dependence (Salloum et al., 2005). Likewise, typical antipsychotics could enhance the schizophrenia symptoms and provide certain benefits in decreasing substance use. Clozapine is also a potent drug, both in terms of its effect on schizophrenia symptoms and substance use (Green et al., 2008).

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