

Combined depression, substance abuse linked to lower income

November 14 2014, by Kelly Blake

(Medical Xpress)—Young adults with co-occurring depression and substance abuse have a higher likelihood of being unemployed and having lower income in midlife than those with neither disorder, according to a study by Dr. Rada K. Dagher and Dr. Kerry M. Green in the University of Maryland School of Public Health.

"In the United States, co-occurring substance use and [mental health disorders](#) impact around nine million people each year, yet these disorders are still generally treated separately," said Dr. Dagher, the study's lead author. "How we treat these dual disorders can have a significant impact on people's ability to earn a livelihood."

This study, published in *Psychiatry Research*, is the first to investigate the impact of co-occurring depression and substance abuse in young adulthood on [socioeconomic status](#) later in life. The researchers utilized data from the Woodlawn Study, which explores risk and protective factors on the path to successful or troubled adulthood in a group of African Americans from the same disadvantaged inner city community in Chicago. The study cohort was recruited when in first grade (in 1966-67) and followed up in adolescence, [young adulthood](#), and midlife. Study authors focused on the sample of young adults (age 32-33) and their socioeconomic outcomes in midlife (age 42-43).

Results showed that 7.1 percent of the population experienced both substance abuse and depression, 8.6 percent had depression without substance abuse, and 11.9 percent had substance abuse without

depression. While the study also found that young adults with substance use disorder without depression had a higher likelihood of experiencing periods of unemployment than those with neither disorder, there was no difference in household income between the two.

Clinical interventions that integrate the treatment of both substance abuse and depression have been proven to result in better outcomes among patients with these co-morbidities than traditional interventions that treat each disorder separately.

The U.S. Department of Health and Human Services estimates that the Affordable Care Act (ACA), the primary federal law guaranteeing health coverage for most Americans, is providing new access to mental health and substance abuse benefits for approximately 32 million Americans.

Given that both mental health and [substance abuse treatment](#) services are considered essential health benefits under the ACA, there is no financial disincentive for insurance companies to cover integrated treatment of these disorders when they co-occur among patients. Integrated treatment usually combines elements of both substance abuse and [mental health treatment](#) into a unified and comprehensive treatment program for patients with comorbid disorders.

The study concludes that "policymakers interested in decreasing socioeconomic disparities could target resources towards interventions aimed to reduce [depression](#) and [substance abuse](#) comorbidity among minority populations" and that future research on socioeconomic status and [mental health](#) "could benefit from studying comorbid mental disorders, rather than focusing on each disorder separately."

Provided by University of Maryland

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