

**RISK AND PROTECTIVE FACTORS FOR MENTAL
HEALTH PROBLEMS IN PATIENTS WITH
SUBSTANCE USE DISORDER**

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ABSTRACT

Present study aimed to assess the predictive association of self esteem and perceived social support (family, friends & significant others) with mental wellbeing in patients with substance use disorder (SUD). Sample of present study comprised of 200 participants. The age range of entire sample was between 19-45 years ($M = 29.90$, $SD = 6.323$). Sample was recruited from different substance use treatment and rehabilitation hospitals/centers located in different areas of Karachi, Sindh. The measures used in present study were: Personal Information Form, Multi-dimensional Perceived Social Support Scale (Zimet et al., 1988), Rosenberg Self-Esteem Scale (Rosenberg, 1965,) and Warwick-Edinburgh Mental Well-being Scale (Tennant et al., 2007). The results of the linear regression showed that self-esteem contributed 34% variance in mental well-being whereas perceived social support contributed 43.4% variance in mental well-being. These results suggest that self-esteem and perceived social support plays significant role in mental well-being of patients with substance use disorder. Further, implication and future significance of research are mentioned.

Keywords: *Self Esteem, Perceived Social Support Mental Well-being, Substance Use Disorder*

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INTRODUCTION

According to World Health Organization's (WHO, 2004), “mental health is a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stressors of life, can work productively and fruitfully, and is able to make a contribution to his or her community.” This definition covers different domains and mental well-being is essential to have positive mental health, realizing his/her abilities and potentials, and ability to cope up with stressful life circumstances are important for positive mental health. If a person does not recognize his abilities, have difficulty to face day to day stressors, as a consequence he would not be able to maintain his/her optimum level of functioning which could affect his/her mental health.

Number of factors contributes to mental health of individual; these include risk factors which can increase the risk for mental health problems, others are the protective factors which reduce the risk of mental health problems. These risk and protective factors can be individual as well as the environmental level. Individual risk factors involve; temperament, aggression, emotion regulation, low self-esteem and substance use etc. A study conducted by Zimmerman (2000), findings shows that high self-esteem has a pivotal role in mental well-being. In their study researchers found that low level of self-esteem leads greater propensity for substance use (Crump et al., 1997; Jones & Heaven, 1998).

There are certain protective factors which can help an individual to take a stance to understand his/her abilities, adjustment in the environment and deal with daily challenges to live a life with its fullest. The protective factors include; increased level of self-esteem and social support, resiliency and emotion regulation, etc. Research studies previously conducted showed the essential role of self-esteem, self esteem has been considered as an important component of overall health and quality of life of individuals (Evans, 1997). A research conducted by Turkmen (2012), researchers found that there is a considerable association among self esteem, social support, and subjective well-being.

Individuals coping strategies also has significant contribution in well-being, those who are unable to cope up with the difficult life circumstances are unable to regulate their emotions, this leads to substance use. Researchers (i.e., Glick & Zigler, 1992) have found that positive self-esteem plays an important role in well-being; lower level of self-esteem leads to maladjustment. Furthermore,

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Ward (1995) asserted that low self-esteem has a direct relationship with drug use like alcohol and tobacco in adolescents and adults.

How individual evaluates himself plays a major role in the development of self-value which could be directly related to his well-being. Self-esteem is not only consider as a fundamental characteristic of mental health, but also as a buffering factor that contributes to positive mental health, and protect from depressing health consequences (Tudor, 1996). Previous researches also revealed a significant linkage between high self-esteem and illicit drugs, individuals who possess high self-esteem have less involvement in drugs whether in experimental or illicit drug use (Gorman, 1996; Schroeder, Laflin, & Weis, 1993). Research revealed that lower self-esteem could be the reason behind the engagement of adolescents in substance use as a manner of coping with unhelpful feelings and flight environmental from difficulties (Jessor, et al., 1995). Study revealed that individual's improved self-esteem has an important functioning for the prevention substance (Rodney et al., 1996).

There are number of environmental factors which could affect the well-being of individuals with substance use disorder. These includes; neighborhood, financial problems, lack of social support and peers substance use, etc. These factors can push an individual towards mental health crisis. Previous researchers have identified critical role of social support then other factors (Bucholz et al., 2014; Liang, 2015). Number of factors influence individual's mental health in crisis situation, these include, individuals perception about the availability/unavailability of support from family members, friends and significant others. In one scholarly research, Thoits (2011) found that the foundation for well-being is social support. He further elaborated that, Social support means an emotional, psychological, informational, instrumental and experiential support provided by people from surrounding environment including family members, friends and significant others. Some of the researches come out with a remarkable link between perceived social support and mental well-being (Halstead et al., 2017; Kahn et al., 2003). These researchers along with other found how important is the role of social support in mainlining and improving the well-being of people. In other word, based on these findings it can be said that that social support can have a resiliency affect on well-being.

Both previous and recent literature found the significant of self-esteem and social support in different life situations. Social support acts as a buffer against crisis situation like stress. It protects the individual from adverse effects of stress

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on mind and body, for example; individuals take care of each other when they are united in a social network (Cohen & Wills, 1985). Individuals report enhanced control, optimism, improved self-esteem and mental well-being when they get higher level of social support from other people (Jenkins et al., 2013; Martínez-Martí & Ruch, 2017; Trepte, et al., 2015). Hence, the role of self esteem and social support is still significant in maintaining improving the mental health of individuals.

There is robust literature available both recent and past to determine the role of social support. Recently, researchers conducted studies on the role of social support and its impact on wellbeing, they found perceived social support to be an indicator of forecasting individual's subjective well-being, and are crucial in advancing health and well-being (Oh et al., 2014). Scholarly researches previously conducted also found that perceived social support acts as a source of strengthening coping strategies in times of stress and its adverse outcome on mental and physical health (Cohen & Willis, 1985; Cohen et al., 1986; Baumeister & Leary, 1995; Uchino, 2006). Prior studies asserted that insufficient social support would cause deteriorated mental well-being and increase the chances towards marijuana use (Choi et al., 2016).

Other researchers also found the perceived social support as a superior indicator of mental health (Zimet et al., 1988; Thoits, 2011; Nguyen et al., 2016). Socially supported individuals anticipate that, they are being accepted and endorsed by their social circle and resources available to face crisis condition (Cohen, 2004). There are many factors that play role in mental well-being but perceived social support has a lion's share in well-being (Bucholz, et al., 2014; Liang, 2015). Individuals who experience greater level of social support may have few chances to use alcohol and other drugs (Nikmanesh, Honakzahi, 2016; Laudet, Morgen, White, 2006).

There is robust research literature on the function of self-esteem perceived social support in well-being in people with substance use disorder globally; however there is the dearth of research in Pakistan. So, present study was intended to examine the function (i.e., risk or protective) of self-esteem and perceived social support in mental well-being of patients with SUD. Previously these variables have been less focused in mental well-being of patients with SUD in Pakistan. This study will be a valuable add in the literature and to fill the gap both in research and practice in local settings, and based on these findings clinicians and researchers

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will design interventions to improve overall wellbeing of those who are at risk for substance use as well as those who are already diagnosed with SUD.

It was hypothesized that:

1. There will be predictive association between self-esteem and mental wellbeing in patients with substance use disorder.
2. There will be predictive association between perceived social support (family, friends & significant others) and mental wellbeing in patients with substance use disorder.

METHOD

Participants

Sample of present study comprised of 200 participants, between ages 19-45 years (Mage = 29.90; SD = 6.32). Participants were selected from substance use residential treatment and rehabilitation hospitals/centers located in different areas of Karachi, Sindh, from June 2017- January, 2018. In order to collect the data, purposive sampling was used. Out of 200, 106 (53%) belonged to nuclear family setup and 94 (47%) belong to joint family setup. Majority of patients were married (57.5%), and 39.5% were unmarried with few (02%) were divorced. The average monthly income of participants was PKR-75410. Majority of participants (37%) reported to use heroin, 10.5 % used crystal meth and 10% cannabis, and 35.5% used multiple (poly) drugs.

Inclusion and Exclusion Criteria

- Only those participants whose ages were from 19 to 45 years were included.
- Participants having any type of physical disability were excluded.
- Patients who have stayed at least 3 weeks in substance use treatment and rehabilitation centers were included.
- Patients who were stabilized after detoxification were included.

Measures

Personal Information Form

It includes details of participants including age, gender, education, family system, marital status, monthly income of family member and earning members within family, types of drugs used pattern of use and etc.

Rosenberg Self Esteem Scale

The RSES was developed Rosenberg (1965), this measure comprised of 10-item, designed to determine the global level of self esteem. The measure has a 4-point response format from 1-4, where 1 meaning "strongly agree" and 4 meaning "strongly disagree". Rosenberg (1965) reported a good reliability (.85) of this measure.

Multidimensional Perceived Social Support Scales

The MPSS is 12 item measure developed by Zimet and colleagues (1988). This measure was designed to evaluate the perceptions of social support from three different sources including family, friends and significant others. The response format of this measure is from 1 to 7 where 1 meaning "very strongly disagree" and 7 meaning "very strongly agree." The sum total can be obtained by calculating all 12 items. Similarly, the subscale total can also be obtained by adding the items of particular subscale. The possible score for overall MPSS can be from 12-84. Similarly, for each of three subscales; score can be from 4-28. The higher scores mean the higher perceived social support. Zimet and colleagues (1988) reported good internal consistency for MPSS total (i.e., .90) as well as for its subscales (i.e., .90, .87 & .85).

Warwick-Edinburgh Mental Well-being Scale

This measure (WEMWBS; Tennant et al., 2007) comprised of 14-items with a response category of 1-5. This scale covers both eudaimonic and hedonic aspects of mental well-being. All items are positively worded. Responses of all 14 items can be summed up to obtain total full scores. The expected scores can be from 14-70, the higher the scores on this measure means higher levels of mental well-being.

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Procedure

Present study was approved from Advanced Studies and Research Board (ASRB), University of Karachi, and present study was as one part of the part of Ph.D. dissertation. First of all the substance use treatment and rehabilitation hospitals/centers were identified. After the identification of residential treatment and rehabilitation facilities researchers approached the concerned authorities of those facilities to obtain permission to conduct interviews and collect data. They were provided all the relevant documents (i.e., letter of request from supervisor, sample of questionnaires) which were necessary to get permission to collect data. After obtaining permission from the selected residential facilities, researchers approached the participants to discuss the aims of present study and took informed consent, only those participants were invited to participate in the study who met the eligibility criteria and were voluntarily willing to participate in the study. They were then brief and assured that the data will only be used for research purpose and their personal identifiable information will not be mentioned or share with anyone. After that established rapport the researchers administered all forms individually. First, participants signed the informed consent formed, then those who showed willingness were administered Personal Information Form, then The MPSS and RSES, and finally WEMWBS was administered. All measures were administered in Urdu language with participants. In the end all authorities residential facilities and participants of study were thanked for their facilitation and sparing their time.

Statistical Analysis

Statistical Package for Social Science (SPSS, V.24) was used to analyze the data. Descriptive statistics was applied to compute the sociodemographic variables of this study and then linear regression analysis was applied to assess the predictive association among variables.

RESULTS

Table 1
Descriptive Statistics for the Measures of the Self-Esteem, Multidimensional Perceived Social Support and Mental Well-being (N=200)

Measures	<i>M</i>	<i>SD</i>
Self esteem	13.24	4.64
Multidimensional Scale of Perceived Social Support	43.13	17.13
Family	15.94	6.72
Friends	12.43	5.83
Significant others	14.75	6.76
Mental Well-being	37.19	11.47

Table 2
Linear Regression Analysis with Self-Esteem as predictor of Mental Well-being

Model	<i>B</i>	<i>SE</i>	β	R^2	<i>F</i>	<i>Sig.</i>
Self-Esteem	1.45	.15	.58	.34	39.97	.00*

* $p < .05$

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Table 3
Multiple Regression Analysis with Perceived Social Support as Predictor of Mental Well-being

Model	<i>B</i>	<i>SE B</i>	β	<i>t</i>	<i>Sig.</i>	<i>95% CI</i>	
						<i>LL</i>	<i>UL</i>
Constant	18.29	1.67		10.96	.00	15.02	21.61
Social Support-Family	.63	.20	.37	3.17	.00*	.23	1.01
Social Support-Friends	.26	.13	.13	1.98	.05	-.01	.51
Social Support-Significant Others	.39	.19	.23	2.08	.04*	.03	.76
<i>R</i> ²	.44						
ΔR^2	.43						
<i>F</i>	51.23*						

**p* < .05, *df* = 3, 196

DISCUSSION

Results (Table 2) showed that self-esteem contributed 34% variance in mental well-being scores. This suggests that self-esteem plays an important role in mental well-being of patients with substance use disorder. These results are consistent with previous researches showing that higher level of self-esteem promotes well-being and low self-esteem directs towards maladjustment (Garmezy, 1984; Glick & Zigler, 1992). Moreover, Ward (1995) asserted that low self-esteem has a direct relationship with drug use like, alcohol and tobacco in adults and is considered as a high risk indicator for drug use. Furthermore, Gorman's (1996) findings also established that persons with positive self evaluation engage less in illicit substance use illegal drugs and showed lesser propensity to try out illicit

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substances (i.e., alcohol and other drugs). These findings have relevance in a collectivistic culture like Pakistan, where individuals are more influenced by other people's perceptions and opinions made in favor or against him/her. This can directly affect their mental wellbeing.

Further, results show that perceived social support contributed 43% variance in mental well-being scores (Table 3). Of three sources of multi-dimensional perceived social support entered in the model, support from family and significant others are found to be predictors of mental well-being in patients with SUD. The support from friends failed to predict mental well-being. The possible explanation for this finding could be that people who are affected by substance use and related issues spend their time mostly with substance-using friends who are already suffering from psychosocial issues. Living and spending time with such friends could not have any positive impact on the mental wellbeing of people with SUD. So, an individual is affected by the friendship circle they are in. So, engagement with pro-social activities, changing the buddy circle and environment after completing residential treatment is important; this could have a positive impact in maintaining their abstinence and long-term recovery. Though maintaining long-term recovery is a difficult process and an individual, himself/herself, family, friends, and significant others have to invest lots of energy to be in and maintain the recovery, but it is possible. If an individual is successful in maintaining long-term recovery by developing confidence and self-worth, and by receiving support from other environmental sources, then this would really be helpful to enable the individual to improve their wellbeing and quality of life. Thus, these findings suggest the significance of perceived social support from family and significant others for positive mental health of patients with substance use disorder in our Pakistani collectivistic cultural context. These findings are in the same line as previous researches. In their study Choi and associates (2016) found a significant relationship and they found that insufficient social support would cause deteriorated mental well-being and increase the chances towards marijuana use. Some other researches come out with a remarkable relation with the factors related to perceived social support and mental wellbeing (Halstead et al., 2017; Kahn et al., 2003).

The results of the current study endorsed the previous researches conducted by investigators. Self-esteem and perceived social support are significantly related to mental well-being in SUD patients. This implies that self-esteem and perceived social support could be used as buffering factors en route for enhancing well-being and quality of life of people with SUD, if provided then it can enhance the well-being. On the other side if not provided then it can enhance their rejection

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experience which can reduce their well-being. In the case of people with substance use disorder, most people reported to have high rejection from family, friends, and from community due to their substance use pattern, which can reduce their self esteem and demotivates them to receive treatment services, if enter into the treatment services then they don't complete their treatment, which increases the risk of relapse, and this way it can effects their well-being. Another explanation regarding the self esteem in people with SUD is that, their self esteem is low due to these negative experiences, and to boost their self esteem and to cope with the negative life experiences and difficult circumstances they again starts taking drugs and these can have detrimental effect on their well-being.

Further, researches have shown that multiple elements plays an important role in positive mental health/wellbeing, such as personality, self- esteem, loneliness, self-control, and thinking patterns but perceived social support is crucial than other factors (Bucholz et al., 2014; Liang, 2015). Similarly, this study augments our knowledge on how positive self work and self evaluation and perceived social support were contributing in mental well-being of patients with SUD.

In sum, previous research has provided inconsistent results of self-esteem and perceived social support with well-being in patients with mental health and SUD. However, present study has shown strongly significant predictive association of self-esteem and multidimensional perceived social support with well-being in patients with SUD in our cultural context, Pakistani culture is more collectivist society and in this society, individual's life is much affected by his family, friends and community. If provided in a healthy way, it can improve their well-being otherwise their well-being be negatively affected. This study will help mental health and addiction treatment professionals to design the individualized treatment services to help patients improve their well-being and quality of life. Further, study will also be helpful for prevention specialists to reduce the risk of substance use and mental health issues of patients with SUD, by promoting the protective role of individual (i.e., self-esteem) and environmental factors (i.e., social support) which could help in reducing the risk of substance use and mental health problems in this marginalize group of our society. Further, translating these empirical findings into practice is an important task especially in clinical settings. Clinicians working with clients who want to receive treatment services need to see the level of self esteem and availability of support system in their client's world. Assessing them at an early stage could be helpful to develop treatment plans to address these important factors individually and collectively to facilitate their client in bringing positive change for short term and improve their wellbeing for long term.

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Despite of the strengths of this study there are certain limitation which can be improved in future studies. These includes, the sample size was limited to only one city, if future studies conducted by adding more sample and with diverse population then it would be more valuable to generalize the results. Further, it is important to determine the personality characteristics of people with substance use disorder and to assess their treatment adherence and rejection, and it link with their well-being and how it can affect the well-being could be addition of the literature in local context.

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