Exploring Racial Disparities in Mental Health: A Study on the Severity of Comorbid Substance Use and Depression

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Background:

- Substance use disorders (SUD) and depression are highly prevalent in the U.S., and roughly 7% of adults experience them as a comorbid pair [1]
- Historical systemic inequities have led to racial disparities in mental illness, prevalence rates, and disparities in access to treatment [2,3,4]
- Despite evidence on racial differences in prevalence and treatment, little is known about the severity of comorbid disorders across races [5,6]

Hypothesis:

Compared to other racial groups, Black people experience greater comorbidity between SUD and depression

Design Overview:

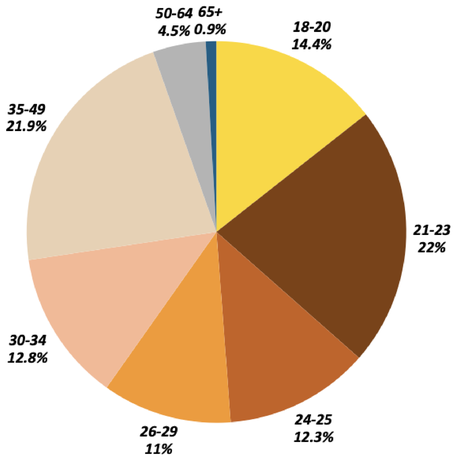
Data obtained from the Substance Abuse and Mental Health Services Administration's (SAMHSA) National Survey on Drug Use and Health (NSDUH)

Methods:

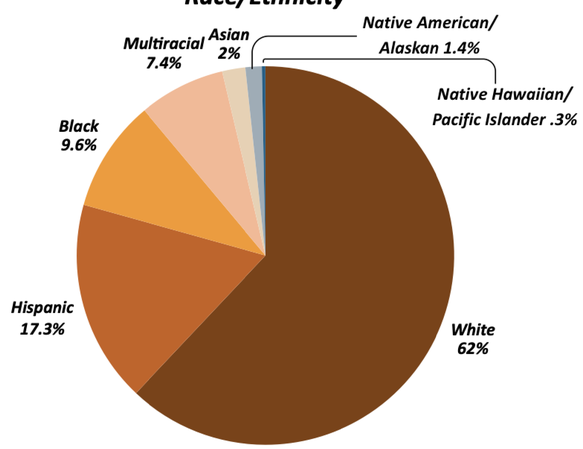
Participants = 1,982 adults ages 18+ from SAMHSA's NSDUH

Linear regression analyses used to assess the impact of race on depression severity, SUD severity, and comorbid SUD and depression severity. In these analyses, age, sex, sexual attraction, and English proficiency are used as covariates.

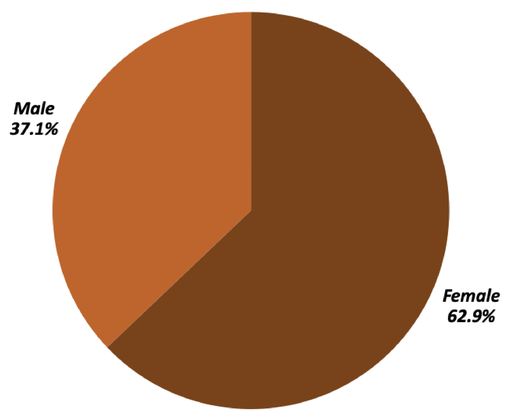
Age Groups



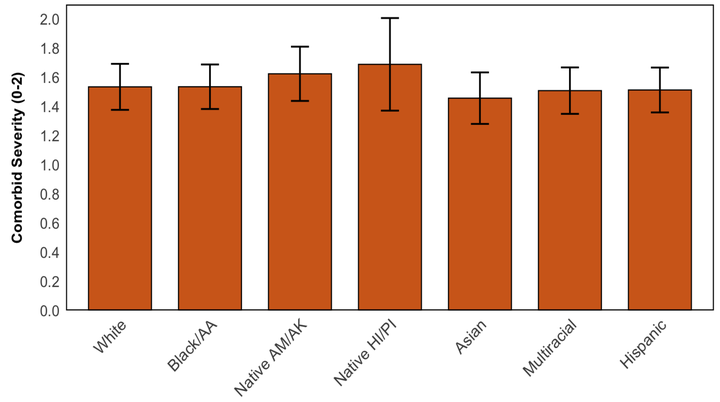
Race/Ethnicity



Sex

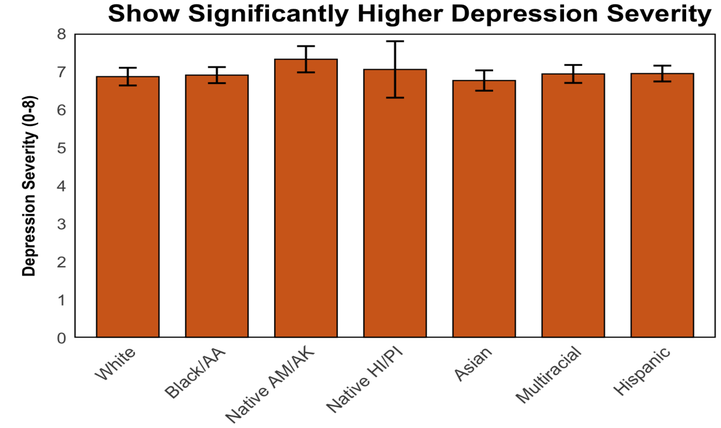


Race Had a Significant Impact on the Severity of Comorbid SUD and Depression



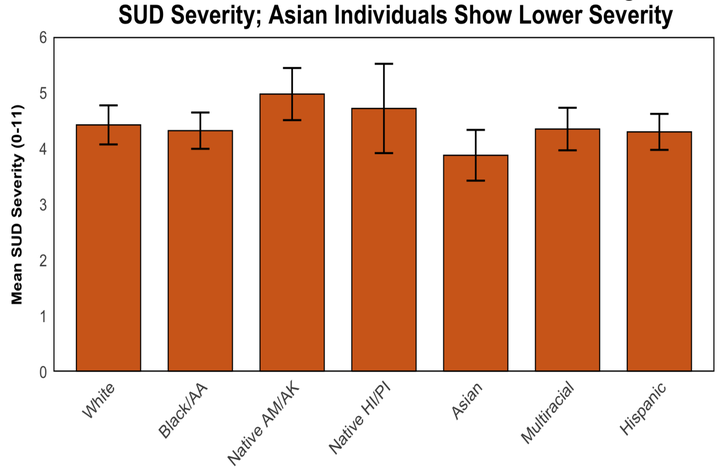
N = 1,982 F(22, 1946) = 2.41, p = .00025 **Race**

Native American/Alaska Native Individuals Show Significantly Higher Depression Severity



N= 4,990 *F*(20, 4,596) = 4.30, *p* < .001 **Race**

Native American/Alaska Native Individuals Show Higher SUD Severity; Asian Individuals Show Lower Severity



N = 9,933 *F*(20, 8,237) = 7.66, *p* < .001 **Race**

Summary:

- Race significantly predicted all three variables: depression severity, SUD severity, and the comorbid severity of the two disorders
- However, Black people did not differ from any other racial group on comorbid severity, disproving my key hypothesis
- For depression severity, Native Americans/Alaska native people had higher severity than Black people
- For SUD severity, Native Americans/Alaskan native people had higher severity than Black people, and Asians had lower severity than Black people

Conclusions:

- Black people did not experience significantly greater comorbid SUD and depression severity
- Significant racial differences were evident in depression and SUD severity
- This study contributes new information by examining severity instead of just prevalence across racial groups
- These findings highlight the importance of considering race when tailoring treatment and prevention interventions for SUD and depression
- Future research should explore racial differences in other comorbid pairs and examine additional environmental factors that may influence severity

Acknowledgements:

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References:

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