

Case Study

Substance Abuse and Mental Health of Young Adult: A Case Study

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ABSTRACT

Concerns about young adults' propensity for substance addiction and mental health problems have grown in recent years. Numerous studies have revealed a strong link between substance addiction and mental health issues, with young person's being especially susceptible to these co-occurring conditions. Alcohol, marijuana, and other illicit drugs can all have a negative impact on young adults' cognitive function, scholastic success, employability, and general well-being. Contrarily, mental health issues can also cause substance misuse since some people use drugs or alcohol as a form of self-medication or a coping mechanism for emotional anguish. A vicious loop between substance abuse and mental health problems can exacerbate both diseases and result in a reduction in problems with physical, psychological, and mental health. In order to lessen the effects of these comorbidities, early detection, intervention, and successful treatment methods are crucial.

Keywords: *Substance Abuse, Mental Health, Young Adult, Case Study*

Substance abuse is a social phenomenon that practically all nations are currently dealing with as a health issue [1]. Drug abuse is viewed as a health issue as a type of behaviour. According to Jessor (1987), "problem conduct is defined as a type of behaviour that is inappropriate, undesired, deviates from legal and social norms, and calls for some forms of social control reactions (from a simple reprimand to social exclusion and prison sentence) [2,3]. In addition to causing personal harm, substance abuse has significant negative social, psychological, physical, and economic repercussions that are expensive for people, families, and society as a whole [1]. According to a study done by Kuo et al. (2011), the range of suicide has been very high following drug abuse [4] or a significant number of early fatalities have been documented in drug abusers.[5] In different countries and ethnicities, drug abuse has increased at varying rates, and its onset has shifted to younger ages.[6-8] According to a 2005 survey, stimulant drugs and crack use among American kids and teenagers was reported to be 89.6% and 73.6%, respectively.[9] But the matter that

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demands more reflection in our country is the changing trend of the youths from traditional drugs such as opium and heroine to industrial drugs such as XTC, methamphetamine and crack.[10] The prevalence of drug abuse in different parts of the country has been reported differently. A primary substance abuse (alcohol, cannabis, smack, heroin, cocaine, MDMA) may induced psychological disorders and *vice versa*. Physical and psychological symptoms which occur due to substance abuse are such as severe body ache, insomnia, restlessness, mood swing, aggression and violent behaviour. Excessive usage of substances can trigger and worse the mental health condition in individuals.

The current case study focuses on substance abuse and mental health of drug abuser, and their outcomes post biopsychosocial intervention.

CASE HISTORY

Substance abuser young adult age 26 year old was identified by the psychologist who was brought him by his parents at deaddiction centre. He came to centre with chief complaints of excessive usage of substance along with symptoms of withdrawals, craving, sleep disturbance, irritability, aggression, erratic schedule with socio-occupation dysfunction. Based on history gathered from the parents and subject by psychologist, it was noted that he started using the alcohol, smoking cigarettes and later on got introduced to drugs (weed, hash and smack) from the age of 17 years. During this phase parents observed gradual change in his attitude and behaviour like mood swings, became more aggressive, sometimes violent, and also started manipulating for small reasons, demanding money, threatening, and changes in sleep cycle, highly restless, isolated and impaired routine. Based on case history and diagnosis the team of psychologist and consultant psychiatric has started the treatment.

Chief complaints:

His chief complaint presented a list of symptoms associated with mental health conditions. Patient was experiencing withdrawals, craving, and sleep disturbance, loss of appetite, mood swings, irritability, and socio-occupational dysfunction. He remains irritated at home and socially withdrawn himself. He clearly showed signs of psychological disturbances are as follows:

- Irritation and mood swings
- Developed feelings of Guilt and worthlessness
- Disinterested in daily activities
- Tried to harm himself twice
- Consumption of drugs from last nine years.

MATERIAL AND METHODS

Mental Status Examination:

On examining Patient mental state it was found that he was unkempt, untidy, tone, volume pressure was low, restless, partial eye contact, guarded, incongruent mood, poor attention concentration and grade two insight into his medical condition.

Physical examination: It revealed patient was under weight, had iron deficiency with low HB and tremors.

Investigation:

Investigation was done in respected areas:

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Physical: Complete blood count, Urine Test, LFT, KFT, Lipid profile, Sugar Vitamin B12, Vitamin D, Iron profile.

Psychological investigation:

Mainly involve use of CAGE, DAST, Beck Depression inventory [BDI], Beck suicidal ideation test, PGI health questionnaire, Personality test [Neo five factor assessment test]

Social Investigation: This investigation took detailed account of history and family dynamics and pre-morbid personality.

On the basis of different investigations, Patient was found dual diagnosis- Substance Dependence with moderate depression with unstable emotional personality disorder.

Treatment and Management plan:

This section present the treatment and management plan used for therapeutic intervention, also it will describe the outcome and result of the process during the tenure.

This plan took into the consideration the severity of the symptoms with regards to his resistance to the treatment. During the treatment Psycho pharmacological intervention was introduced for his withdrawal management for his Substance abuse, supplements and physical workouts.

A holistic plan was designed for the treatment which involves different discipline such as Physician, Psychiatrist, Clinical Psychologist, Counsellor, yoga instructor and peer educator.

Group therapy introducing twelve step program, psychoeducation, daily therapeutic activities such as yoga, meditation, relaxation exercise, music therapy, gyming, indoor games and psychotherapies like Motivational enhancement therapy (MET), Cognitive behaviour therapy (CBT) and family counselling was applied during the process.

Throughout the process Patient Resistance to the treatment was observed and he also tried to quit the treatment. Gradually as the therapies along with the family support the treatment moved and he began to feel comfortable sharing his problems with the enrolled professionals. As a result executing further plan of action became easier with time.

RESULTS

This section present the result of the treatment and management plan used in the study. During the treatment patient was gradually motivated. He started accepting the nature of the disease and co-occurring disorders. With the help of Psychologist patient was able to work on his triggers and found strength to overcome his problems. He also realized his areas of improvement and the need of further intervention.

Group therapies helped him in insight generation along with supportive therapy and relaxation exercises, coping strategies later used in the treatment process.

Patient learned to overcome his triggers, fears and improved self-esteem. It is hoped that the holistic program as a whole would help him realize his emotional instability, poor coping mechanism and improving overall wellbeing.

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Physical and Psychological symptoms subside over the time with the help of medicines. His sleep and appetite was also improved, gained weight as well.

Patient is now responding well to the counselling and other intervention, he was admitted for the treatment in deaddiction center for a period of 4 months and post discharge from the centre patient is coming for the follow ups as per medical advice. To prevent relapse his involvement with support groups [NA/ AA] is ensured.

CONCLUSION

The results of this case study showed a strong relationship between substance abuse and mental health along with socio-occupation dysfunction. The findings demonstrate that drug users exhibit indicators of psychological conditions and mental disorders more frequently than the general population, and they experience higher levels of stress, anxiety, and sadness. The implication of the study suggest that in order to improve overall wellbeing and quality of life of people who are dealing with these conditions there is higher need for psychological interventions as well as preventive social programs to be implemented. Based on the study it conclude that psychoeducation is very important for families/legal guardians, societies to understand the nature of disorder and associated disturbance along with relapse prevention. Also, expansion of educational programs for general prediction, based on psychological empowerment in lower age groups (teenagers) could also be effective in understanding the consequences of drug abuse.

The outcome of treatment is the patient is able to maintain the abstinence from last 1.5 years and maintaining healthy lifestyle.

REFERENCES

1. Ekhtiavi H, Behzadi A, Ganjahi H. Functional Neuroimaging study of Brain Activation due to craving in Heroin Intravenous users. *Iranian J Psychiatr Clin Psychol* 2008; 14:269-80.
2. Jessor R. Problem-behavior theory, psychosocial development and adolescent problem drinking. *Br J Addict* 1987; 82:331-42.
3. Jessor R, Jessor SL. Problem behavior and psychosocial development: A longitudinal study of youth. New York, NY: Academic Press; 1977.
4. Kuo CJ, Tasi SY, Liao YT, Conwell Y, Link SK, Chen CC, et al. Risk and protective factors for suicide among patients with methamphetamine dependence: A nested case-control study. *J Clin Psychiatry* 2011; 72:487-93.
5. Duncan BC, Christopher SM, Jack RC. Adolescent-Onset Substance Use Disorders Predict Young Adult Mortality. *J Adolesc Health* 2008; 42:637-9.
6. Chen P, Jacobson KC. Developmental trajectories of substance use from early adolescence to young adulthood: Gender and racial/ ethnic differences. *J Adolesc Health* 2012; 50:154-63.
7. Chisolm DJ, Mulatu MS, Brown JR. Racial/ethnic disparities in the patterns of co-occurring mental health problems in adolescents in substance abuse treatment. *J Subst Abuse Treat* 2009; 37:203-10.
8. Brecht ML, Greenwell L, Anglin MD. Substance use pathways to methamphetamine use among treated users. *Addict Behav* 2007; 32:24-38.
9. Falck RS, Siegal HA, Wang J, Carlson RG, Draus PJ. Non-medical drug use among stimulant-using adults in small towns in rural Ohio. *J Subst Abuse Treat* 2005; 28:341-9.

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Conflict of Interest

The author(s) declared no conflict of interest.

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