

# Cheers?

Understanding the relationship  
between alcohol and mental health

Executive Summary

Mental Health Foundation



While much debate has taken place recently about **alcohol**, we have *failed* to draw out the **reasons** why so many **people** have **troubled** relationships with it. The reasons we drink and the **consequences** of excessive drinking are intimately *linked* with our **mental health**, and this holds the key to dealing with growing **worries** about alcohol misuse.

## FOREWORD

Each year the Mental Health Foundation uses mental health action week to highlight an area of concern about the mental health of the general population.

For too long mental health has been mysterious to 'ordinary' people, and is seldom talked about in comparison to many areas of physical health. Yet one in four of us will experience a mental health problem each year. The need for mental health to be demystified is urgent.

We have been working for many years to give ordinary people the information they need to better understand their own – and others' mental health. Recently we have covered practical topics such as the importance of diet and exercise to mental health, and the suffering caused to ordinary people with mental health problems because of the prejudice and ignorance surrounding mental illness.

The message is clear – mental health is everyone's business, just like physical health. As a society we must get better at understanding mental health, if we are to tackle some of the major health, economic and social burdens that face current and future generations.

One of the least explored but most fundamentally important factors in the mental health of the general population is our use of alcohol. While much debate has taken place recently about alcohol, we have failed to draw out the reasons why so many people have troubled relationships with alcohol. The reasons we drink and the consequences of excessive drinking are intimately linked with our mental health, and this holds the key to dealing with growing worries about alcohol misuse. But once again, mental health is swept under the carpet while debate focuses on the physical consequences of alcohol misuse.

While this is just one example of how mental health is a crucial factor that is omitted from virtually every national debate, it is a vitally important one, and I am pleased that our research will add to the evidence. We hope it will spark and inform further debate, and offer useful directions to those who are rightly concerned.



Dr Andrew McCulloch  
Chief Executive  
Mental Health Foundation

## ACKNOWLEDGEMENTS

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It was commissioned and edited by Celia Richardson, Director of Communications at the Mental Health Foundation, with research and policy direction from Iain Ryrie, Research Director and Dr Andrew McCulloch, Chief Executive of the Mental Health Foundation.

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*"I was a carer for my mother and an elderly relative. I found I was not able to deal with all the emotions around that and drank to help me block the emotions out, to be normal, not to feel anxious, not to have a million different worries going around my head. It's partly to do with the way I learnt to deal with things. I drank to medicate myself."*

Elizabeth, in her mid-thirties, was placed on suicide watch in a psychiatric hospital after her long-term drinking habit spiralled out of control.

## EXECUTIVE SUMMARY

### How and why we use alcohol

Alcohol has been an important part of our society and culture for many centuries. People of all ages across the UK have an intimate relationship with alcohol, with positive as well as negative effects in the short and longer term.

Alcohol is tied up with many areas of our lives, and we use it in a plethora of ways: to help us relax, feel brave, introduce ourselves, seal business deals, celebrate life events, drown our sorrows, remember, forget, welcome people, say goodbye to people, get to know people, manipulate people, because we feel like it, because we need it, to numb ourselves, to feel grown up, to feel young, to belong, to distinguish ourselves, and sometimes, because we've forgotten how to do anything without alcohol.

Over the past fifty years alcohol consumption has doubled in the UK. Recent figures show that 38% of men and 16% of women are drinking above recommended limits and can be classed according to World Health Organisation standards as having an alcohol use disorder. This is equivalent to 8.2 million people in England alone. And 1.1 million people nationally are alcohol dependent. Young people in the UK drink more than in nearly all other countries in Europe.

Concerns about these facts are reflected in recent policy developments. These are largely focused on reducing harm such as damage to physical health, violence and anti-social behaviour. Much media debate about the growth in alcohol consumption, especially among young people, has centred on binge drinking, anti-social behaviour, and serious physical alcohol-related complaints such as liver disease.

Far less attention has been paid to the links between alcohol and mental health, and there has been comparatively little public exploration of why we drink. The Prime Minister recently described binge drinking as "the new British disease", but is alcohol misuse more like a symptom of other problems?

Research outlined in this report shows that many people in the UK drink alcohol in order to help them cope with emotions or situations that they would otherwise find difficult to manage.

At the simplest level, we often drink because we wish to alter our mood – or change our mental state. This may involve the desire to quell feelings of anxiety or depression, or other low-lying mental health or mood problems, for want of a better way of dealing with them.

There is much research that indicates that people who consume high amounts of alcohol are vulnerable to higher levels of mental ill health. According to the World Health Organisation: "Sufficient evidence now exists to assume alcohol's contributory role in depression<sup>6</sup>."

### Severe mental illness and alcohol

At the more severe end of the spectrum, the co-existence of alcohol problems and mental ill-health is very common, and often referred to as "dual diagnosis". The idea that people 'self-medicate' their mental health problems using alcohol is also very well known and documented. The basic premise is that the psychopharmacological properties of alcohol help individuals deal with negative effects of mental ill-health by altering the chemistry of the brain, which in turn counters the negative feelings. The prevalence of alcohol dependence among people with psychiatric disorders is almost twice as high as in the general population. People with severe and enduring mental illnesses such as schizophrenia, are at least three times as likely to be alcohol dependant as the general population.

## Mood, mental health and alcohol

Self-medication is not a concept that can only be applied to people with diagnosed mental health problems, and is in fact a useful way to describe many of the reasons we drink. Little has been said in public policy documents about the way the general population relies on alcohol – a legally available drug – as a mood-altering substance that is used to mask other problems, or to deal with emotions.

Alcohol is a toxic substance in terms of its direct and indirect effects on the chemistry of the brain and other body organs and systems. The initial impact of a drink – that “winding down” or relaxing feeling – is a reflection of almost immediate chemical changes occurring in the brain’s nerve cells (neurons) in response to alcohol. As more alcohol is consumed, increasingly sensitive parts of the brain become affected and behaviour changes accordingly. The first drink for many people (although not all) depresses the parts of the brain that are associated with inhibition, increasing talking and self-confidence and reducing social anxiety. As more alcohol enters the bloodstream, the areas of the brain associated with emotions and movement are affected, often resulting in exaggerated states of emotion (anger, withdrawal, depression or aggressiveness) and uncoordinated muscle movements. Alcohol then depresses the nerve centres in the area that controls sexual arousal (which increases) and performance (which doesn’t).

## Drinking to relieve anxiety and depression

There is much evidence to show that many people drink to help deal with anxiety and depressive thoughts. It reveals that alcohol can be a favourite coping mechanism. When the results of a recent survey were extrapolated to the general population, researchers found that up to 12 million adults in the UK drink to help them relax or overcome feelings of depression.

There are two potential problems in using this coping mechanism. Firstly, self-medicating with alcohol can become self-perpetuating. Underlying anxiety leads to increased alcohol use, which changes the physiology of the brain and leads to a depletion of the neurotransmitters (the brain’s ‘messengers’) that it needs to reduce anxiety naturally. Therefore, the individual feels more anxious and needs more alcohol to ‘numb’ their anxiety. In the long term, this can lead to an individual becoming tolerant of alcohol – that is, they need increasingly large amounts of drink to experience the same reduction in their anxiety.

The second problem with using alcohol to self-medicate is that it is difficult to maintain exactly the amount of alcohol needed to reduce the negative feelings. Keeping the optimum balance of alcohol to reduce anxiety is almost impossible because the effect of alcohol on the brain is such that after the initial ‘euphoria’ or stimulation from the first drink, alcohol acts as a depressant and the feelings of anxiety may rapidly return. Increased drinking to cope with those feelings leads to a rapid increase in the levels of alcohol in the blood and may become counter-productive.

The problem with drinking to relieve depression is similar to the problems described above with anxiety. Regular drinking changes the chemistry of the brain and, of particular relevance here, depletes the levels of the neurotransmitter serotonin. This is a brain chemical implicated in depression. This leads to the cyclical process of drinking to relieve depression, becoming more depressed as levels of serotonin become more depleted, thus needing more alcohol to medicate the depression. Increased alcohol consumption can also affect social relationships and work life, which in turn can contribute to depression<sup>3</sup>.

Alcohol depresses the Central Nervous System, and this can have a disinhibiting effect which can reveal or amplify our underlying feelings. This is one of the reasons that many people become angry or aggressive when drinking. If our underlying feelings are of anxiety and low mood then alcohol can also exaggerate them.

In short, drinking to mask anxiety, depressed mood or general unease has the opposite effect either when blood alcohol levels increase or once the drink wears off. This is why a physical hangover is very often accompanied by anxiety or low mood.

*"I don't really know when I started drinking. I should say I have had various breakdowns due to depression and with those I have always tended to drink alcohol. I was drinking enough to stay numb."*

Susan, 53, retired nurse

## What the evidence shows

Evidence outlined in this report has shown that:

- there are significant connections between reported alcohol use and depressive symptoms
- people report using alcohol to help them sleep
- people drink more when experiencing moderate to high levels of shyness or fear
- anxious people use drinking 'to cope' and are more likely to avoid social situations where alcohol is not available
- as many as 65% of suicides have been linked to excessive drinking
- 70% of men who kill themselves have drunk alcohol before doing so
- almost a third of suicides amongst young people are committed while the person is intoxicated
- anxiety and depressive symptoms are more common in heavy drinkers
- heavy drinking is more common in those with anxiety and depression
- there is a significant relationship between job stress and alcohol consumption
- Many GPs believe that alcohol is a cause of mental health problems.

## Implications

The consumption of alcohol can have positive as well as negative effects. There is some evidence associating light drinking with improved emotional, mental and physical health.

But there is an emerging picture of alcohol use as a way of masking problems, and helping us cope with emotions we would otherwise find it too difficult to deal with. Many of the personal stories outlined in this report paint a picture of loss caused by over-consumption of alcohol – from the loss of important memories linked with important occasions; to the loss of work, relationships and self-esteem.

While we are keen to deplore publicly the phenomenon of binge drinking among young people, it must be noted that binge drinking is not new, and beliefs and attitudes to alcohol are not unique to younger generations. They have learned how to use alcohol from a very young age in a society where alcohol is medicine, *Dutch Courage*, a relaxant, proof of friendship and the lubricant for all celebrations.

As concern about alcohol use grows, so will Government policy and guidance, as well as advice about tackling problem alcohol use in health services, schools and families. It is crucial that research, policy and attitudes do not focus on pricing, availability and treatment at the expense of risk factors and triggers for problem alcohol use, emotional health and alternative coping strategies.

Methods of dealing with alcohol misuse must be linked very closely to emotional wellbeing programmes in schools, parenting initiatives, mental health promotion, public health policy and the identification and treatment of underlying causes.

The Government's public health White Paper Choosing Health made 'encouraging and supporting sensible drinking' one of its six overarching priorities along with smoking, diet, exercise, sexual health and mental health. Because of the close link between alcohol and mental health, it would not be advisable for the Government to formulate any further policy or guidance on drinking without serious exploration of the mental and emotional health causes and effects.

## 1.1 Key Statistics from NOP survey conducted for this report

Q. How does drinking alcohol make you feel...?

Relaxed

- 77% of the sample reported that drinking makes them feel relaxed
- 85% of 25-44 year olds reported this, compared with 63% of over 65s
- 88% of those in full time employment reported this, compared with 61% of those not working

Happy

- 63% of the sample said alcohol makes them feel happy

More confident

- 41% of the sample said alcohol makes them feel more confident
- 66% of 18-24 year olds reported this, compared with 18% of over 65s

Able to fit in socially

- 44% of the sample said alcohol makes them able to fit in socially
- 50% of males reported this, compared with 37% of females
- 50% of those in full time employment reported this, compared with 35% of those not working

Less anxious

- 40% of the sample said alcohol makes them feel less anxious
- 48% of those aged 35-44, compared with 25% of over 65s
- 46% of those in full time work, compared with 31% of those not working

Less depressed

- 26% reported that alcohol makes them feel less depressed
- 30% of those aged 25-44 reported this, compared with only 19% of those over 65

Less inhibited

- 51% of the sample reported that alcohol makes them feel less inhibited
- 53% of males reported this, compared with 48% of females
- 63% of 25-44 year olds, compared with only 27% of over 65s
- 63% of those in full time work, compared with only 33% of those not working

Able to make friends more easily

- 31% of the sample reported that drinking makes them able to make friends more easily



## 1.2 Other significant statistics from the NOP survey

- Nearly one tenth of the sample report that they have a drink every day, which equates to approximately 5 million people in the UK. Of these, a larger proportion are older adults (over 55), 15% of whom drink every day, compared to 3% of those aged 18-34.
- Younger people more often reported drinking alcohol to feel relaxed - 85% of people aged between 25 and 44 report that alcohol relaxes them, compared to 63% of people over 65
- 88% of people who said they would find it difficult to give up drinking completely say that it helps them relax
- Nearly half of the sample say that alcohol helps them to feel more confident and less inhibited. This is consistent with the pharmacological properties of alcohol, which initially suppress the parts of the brain that are associated with social inhibition.
- Approximately one third of the sample report that drinking makes them feel less anxious (40%), less depressed (26%) and more able to forget problems (30%). This is consistent with the theory that people use alcohol to medicate low levels of stress, anxiety and depression.
- Those who say alcohol helps them feel less anxious or less depressed are also those who are drinking nearly every day and those who think they would have difficulty giving up

## 1.3 Key findings from other research for this report

- Over the past fifty years, alcohol consumption has doubled<sup>2</sup> meaning that over 90% of adults aged 16-64 drink at least occasionally<sup>3</sup>.
- Alcohol is associated with a range mental health problems and consequences. These include depression, anxiety, suicide, risk-taking behaviours, personality disorders and schizophrenia.
- Regular drinking changes the chemistry of the brain and leads to a depletion of the neurotransmitters it needs to reduce anxiety naturally, and also the levels of the neurotransmitter serotonin, which is implicated in depression
- Stressed mood leads to increased alcohol consumption.
- The number of UK hospital admissions with a primary or secondary diagnosis of "mental and behavioural disorders due to alcohol" rose from 71,900 in 1995/96 to over 90,000 in 2002/03<sup>5</sup>.
- Research shows that people with alcohol dependency are more at risk of suicide<sup>44</sup>, have higher levels of depressive and affective problems, schizophrenia and personality disorders<sup>39</sup>
- Among those in the general population who drink alcohol, higher volume of consumption is associated with more symptoms of depression<sup>62</sup>
- As many as 65% of suicides have been linked to excessive drinking<sup>44</sup>

- Young people in the UK drink more than nearly all the other countries in Europe<sup>89</sup>. In 2004, just under a quarter of 11-15 year olds drank alcohol in the last week<sup>88</sup> and the proportions rise sharply with age.
- Despite increased consumption of alcohol in most age groups and an increasing burden of mental health problems across the board, the association between the two tends to get overlooked in policy, practice and research

### **Laura, 31, Mother to 2 year old.**

Laura started drinking around the clock soon after having her first child. Consumed by severe post-natal depression and anxiety, she let her social drinking habit escalate into 24-hour drinking. Whilst her family and friends looked after the baby, Laura, 31, used drink as a crutch to drown out feelings of anxiety and fear.

"It was like a cycle," she said. "I drank, slept, and drank, with very little in between. I found the drinking stopped my anxiety and acted as medication."

It became a lonely and depressing spiral of abuse. When her partner pressured her to cut back, Laura began to limit her drinking to the evenings. But she soon found she was just drinking the same quantities squeezed into a shorter period.

She recognised she had a problem and turned to her doctor who gave her medication for her depression, and offered her counselling and a psychiatrist. But Laura could not stop drinking and her problems persisted. She went back to her GP, and asked for anything to repress her desire to drink. She was referred to an alcohol problems unit who told her if she wanted treatment she must stop drinking immediately. She said: "It all seemed a bit much, I was going to a wedding in a few days which I just could not imagine doing without drink. But I went home and thought about it for a week and then decided I needed their help."

Nurses at the unit prescribed her medication which helped block the desire for a drink. Though Laura stopped, she also needed help to deal with the underlying emotional problems that she feels are linked to her problem.

She turned to LIBRA, a support organisation for women with alcohol problems. "I found this support fantastic," she said. "They didn't just provide support for the alcohol problem but talked about all the issues around it and helped with everything. I also found it really helpful to meet and chat to women who were experiencing the same difficulties."

Laura firmly believes her alcohol problem is linked to her mental health problems. Negative thoughts and anxiety turn her to drink, she believes. "It has been a tough and slow process but I finally feel I am on the right path to tackling my problems."

## Recommendations

1. All alcohol-related public health materials, training and teaching should cover mental health aspects of alcohol misuse/use.
2. Government should invest more in treatment services, especially specialist services for people with dual diagnosis and generally in services treating alcohol dependency. The latter should have clearly defined pathways to mental health services for support and treatment.
3. Psychology treatment centres should have staff trained in delivering CBT to people with alcohol dependency and concurrent anxiety or depression.
4. Government should consider the mental health consequences of policies surrounding alcohol as part of the impact assessment process.
5. Health warnings should be introduced on alcohol packaging and include the warning "Excessive use of alcohol can damage your mental health."
6. Government should target people with mental health problems with health promotion advice and active support in managing issues such as alcohol use.
7. In primary care settings, identified individuals who are using alcohol to 'treat' underlying problems such as stress, depression or anxiety should be able to benefit from alternative approaches to managing mental health problems. These include talking therapies<sup>97</sup>, exercise<sup>15</sup>, diet<sup>16</sup>, self-help groups and spirituality<sup>14</sup>.
8. Increased education about the association between alcohol use and mental health in schools should be used to alert people to the potential risks of using alcohol to self-medicate. Education about the complex reasons for alcohol use and misuse is also vital.

# Mental Health Foundation

## About the Mental Health Foundation

Founded in 1949, the Mental Health Foundation is the leading UK charity working in mental health and learning disabilities.

We are unique in the way we work. We bring together teams that undertake research, develop services, design training, influence policy and raise public awareness within one organisation. We are keen to tackle difficult issues and try different approaches, many of them led by service users themselves. We use our findings to promote survival, recovery and prevention. We do this by working with statutory and voluntary organisations, from GP practices to primary schools. We enable them to provide better help for people with mental health problems or learning disabilities, and promote mental well-being.

We also work to influence policy, including Government at the highest levels. We use our knowledge to raise awareness and to help tackle stigma attached to mental illness and learning disabilities. We reach millions of people every year through our media work, information booklets and online services.

If you would like to find out more about our work, please contact us.

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