ISSN: 2995-7826

Review Article

COVID Research: Open Access

Drug Abuse and Mental Illness Among Young People in Ghana: A Desk Research

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Submitted: 2025, Feb 02; **Accepted:** 2025, Feb 26; **Published:** 2025, Feb 28

Citation: Tekpertey, R., Boakye, A. E. (2025). Drug Abuse and Mental Illness among Young People in Ghana: a desk research. *COVID Res OA, 3*(1), 01-07.

Abstract

Background: *Drug abuse and mental illness are strictly linked together. Essentially, drug abuse is regarded as a factor that can escalates the principal risk for mental illness.*

Objective: *This secondary research attempts a desk review of literatures on drug abuse and mental illness to unearth the relationship that exist between them from scholarly point of view with the intention of identifying if drug abuse related matters are linked to mental illness among young people in Ghana, and ascertaining if social stigma of drug abuse relates to mental illness among young people in Ghana.*

Method: *The study employed a desktop review approach to identify literatures on drug abuse, drug abuse related matters, mental illness, drug abuse social stigma and how they are linked to mental illness among young people in Ghana from PsycINFO, PubMed, and Global Health, ProQuest, ScienceDirect, SABINET using search terms such as drug abuse, drug abuse related matters, mental illness, drug abuse social stigma and how they are linked to mental illness among young people in Ghana.*

Results: *Key findings include drug abuse related matters and mental illness, suicide and self-harm, social stigma of drug abuse and mental illness, stigma of substance abuse, social support.*

Conclusion: *Few studies were reviewed so, due to that generalisability was not possible*

Keywords: Abuse, Desk Review, Drug, Drug Abuse, Illness and Mental

1. Introduction

Globally, mental illnesses account for nearly 13% of the total burden of disease which affects up to 10% of individuals across the life course at a point in time, and makes up over a quarter of the number of years people live with disability. This costs the world some US$2.5 trillion per year). Mental illnesses are accountable for a major percentage of the disease burden in the less developed countries [1-5].

This is because mental illnesses obstruct social and economic advancement, damage community fabric, and harm fundamental collective needs such as parenting, child development, and school success Mental illness is a vital constituent of health. Galderisi defines mental health as the capacity of each and all of us to feel, think, and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual well-being that respects the importance of culture, equity, social justice, interconnections and personal dignity. Therefore, a mental illness is a term that refers to a fixed medical condition that disturbs a person's thinking, feeling, mood, ability to relate to others, and daily functioning. This comprises a comprehensive series of conditions such as depression and anxiety, drug and alcohol abuse, and schizophrenia [6-9].

Drug abuse and mental illness are strictly linked together. Even though, one does not certainly unknowingly determine the other. Abusing drugs like methamphetamine or marijuana can lead to prolong psychotic antiphons whereas alcohol too is capable of making depression and anxiety symptoms worse. Alcohol and drugs are often used to self-medicate the symptoms of mental health

problems. Most individuals often misuse drugs just to comfort the symptoms of an undiagnosed mental illness in order to handle the challenging emotions the sudden transformation in their mood has brought to them. Unluckily, using drugs for self-medication are likely to produce side effects and in the long run might worsens the symptoms they were initially helped to get relieve. Essentially, drug abuse is regarded as a factor that can escalates the principal risk for mental illness. Hence, mental illnesses are normally being predicted by a multifarious interplay of the environment, genetics and other factors [10].

It is often challenging to emphatically say that abusing drugs openly causes mental illness. But if one is at risk for mental illness related matters, then abusing drugs might trigger one over the edge. For instance, it has been established that those that abuse opioid painkillers are at greater risk for depression and substantial cannabis use is also connected to an increased risk for schizophrenia. Drug abuse is capable of making symptoms of a mental illness worse due to the fact that it can suddenly escalate the symptoms of mental illness. Drug abuse can as well interact freely with medications like anxiety medications, antidepressants, and mood stabilizers to reduce their effectiveness at managing symptoms of mental illness and delay one's recovery [11,12].

Defines drug as any substance excluding food and water which when taken into the body, adjusts the body's task either physically or psychologically. It has been reported in Ghana that the day-to-day use of alcohol and marijuana among young people is 12% and 16.2% respectively. Studies have reported that Illicit drug use is a thoughtful public health concern with a remarkable health and economic effect, which is generally escorted by high comorbidity between medical and mental disorders, drug dependence, and a host of social hitches such as unemployment, criminal justice involvement, homelessness, and financial constraints leading to poverty in some circumstances [13-16].

Since 2010, Ghana's drug consumption trends have shifted toward poly-substance addiction, with the majority of persons' who use drug (PWUD) seeking treatment consuming a mix of marijuana, cocaine, and heroin. This has increased the worldwide production of heroin and cocaine. Two of Ghana's most regularly used illegal narcotics, would almost certainly lead to increased local usage. Although female users face the brunt of public censure, drug use is widely condemned; it is frequently discussed in religious terms and is seen as unholy or the outcome of moral failure. Add to that the prevalent perception that drug use is inextricably related to mental disease and hence incurable, even when it is portrayed as a public health concern. Although public attitudes about drug use appear to be stable, with PWUD generally stigmatized, this might be owing to a lack of substance addiction education. PWUD has virtually little assistance accessible to them, in addition to public criticism. State-run hospitals rarely have dedicated substance-abuse units, and privately financed rehab clinics are unable to fulfill demand [17].

Adding to these advances is that the thwart in misuse of tramadol which medically prescribed for pain relief, mainly among young people in Ghana, is triggering additional stress to be placed on already restricted healthcare resources. Though, drug use is assumed to be prevalent across Ghana's social demographic array, it is most evident among the lower socio-economic groups in Ghana. Drug use is considered to be considerably more mutual among men than women, but this could be accredited to substantial under-reporting by female who use drugs. However, female drug users also experience the burden of public criticism. Though, a lot of work has been done on drug abuse and its contributions to mental illness making it as a concern that needs much attention in Ghana.

Per the aims of the studies conducted on drug abuse are mostly geared towards for example; dual diagnosis of substance abuse and mental health, global burden of disease attributable to mental and substance use disorders, global economic burden of non-communicable diseases, mental capital and well-being, mental health as strengthening our response, drug abuse in Ghana, causes, effects and solutions, substance use and risky sexual behaviors among street connected children and youth, Cannabis and amphetamine use and its psychosocial correlates among school-going adolescents in Ghana, the global impact of drug use and trafficking on social and economic development. So far, the dominance of drug abuse among young people in Ghana today as well as the severity of the abuse on their mental health makes this topic worthy of study. Further, it appears no desktop review of literature has been conducted in Ghana to analyses the relationship between drug abuse and mental illness. Hence, the study [18-20].

2. Purpose of the Review

This secondary research attempts a desk review of literatures on drug abuse and mental illness to unearth the relationship that exist between them from scholarly point of view with the intention of identifying if drug abuse related matters are linked to mental illness among young people in Ghana, and ascertaining if social stigma of drug abuse relates to mental illness among young people in Ghana.

2.1 Methods of the Review

The approach employed to review literature was the desktop review approach. Based on this approach, literatures on drug abuse, drug abuse related matters, mental illness, drug abuse social stigma and how they are linked to mental illness among young people in Ghana were reviewed. The review was based on the literatures from WHO, PsycINFO, PubMed, and Global Health, ProQuest, Science Direct, SABINET using search terms such as drug abuse, drug abuse related matters, mental illness, drug abuse social stigma and how they are linked to mental illness among young people in Ghana. In all, thirty-seven research articles published between 1975 and 2021 were identified. Research articles published before 1975 were excluded as well as those that did not have the key terms such as on drug abuse, drug abuse related matters, and mental illness, drug abuse social stigma and how they are linked to mental illness among young people in Ghana were also excluded. So far,

twelve research articles were excluded (see Table 1). Twenty-five research articles were included in this review. These research articles were grouped under the most relevant topics. However, there was overlap in some papers (see Table 2).

Reasons for exclusion	Number	Author (s) year
Epilepsy	3	Adomakoh, 1972b; Johnson, 1980; Turkson, 1990
Opinion piece/obituary	6	Adomakoh, 1972a; Asare, 2001; Ewusi-Mensah, 2001; Margetts, 1972; Roberts, 2001; Rosenberg, 2002
Specialist subfield – mental		
retardation, older people	3	de Graft-Johnson, 1964; Turkson, 1997; Walker, 1982
Total	**12**	

Table 1: Papers Excluded from Review

Topic	Number	Author (s) year
Substance abuse and mental health	13	Whiteford et al., 2013; Peltzer et al., 2018; Ayodele et al., 2021; Liu et al., 2018; Salem et al., 2015; Agbesi, 2018; Asante et al., 2019; Peltzer et al., 2016 Krupski, 2015; Asante, 2014; Mosel, 2022; Lawrence et al., 2021; konstantopoulos et al., 2014
Mental capital & well-being	1	Foresight et al., 2008
Non-communicable disease	1	Bloom et al., 2011
Mental health	1	WHO, 2014
Drug and development	1	Singer, 2008
Hereditary	1	Bird, 2019
Deliberate self-harm	2	Roberts & Nkum 1989; Adomakoh, 1975
Suicide ideation	4	Eshum, 2000, 2003; Hjelmeland et al., 2008 Bennett et al., 2004
Anorexia Nerrosa	1	Gilbert, 2006
Total	**25**	

Table 2: Review Papers by Topic

2.2 Findings

This desktop review work reviewed literatures on drug abuse and mental illness to unearth the relationship that exist between them from scholarly point of view with the intention of identifying if drug abuse related matters are linked to mental illness among young people in Ghana and also ascertaining if social stigma of drug abuse relates to mental illness among young people in Ghana. The results of the review are outlined as follows:

2.2.1 Drug Abuse Related Matters and Mental Illness

Many Americans are affected by mental illness and addiction. According to the 2020 National Survey on Drug Use and Health offers mental health and drug abuse statistics that bang that 52.9 million individuals aged 18 years and above had a past year mental illnesses and 17 million of these individuals had a co-occurring substance use ailment. According to them, NAMI bangs that 1 in 5 American grown-ups have a mental illness, and 4 per cent of American grown-ups have a dual diagnosis. Mental illness and drug abuse are habitually linked together. Persons with mental ailments can self-medicate with drugs, but certain drugs can also persuade mental illness. A wide range of factors can play a role in the development of both disorders [21].

2.2.2 Suicide and Self-Harm

There is a scanty research on self-harm in Ghana. For instance, Roberts and Nkum (1989) studied the case notes of 53 patients admitted to Komfo Anokye Teaching Hospital (KATH) over a 5year period. According to their study, the rampant common means of self-harm was ingestion of pesticides which recorded 22 cases, and 10 other risky substances, the used of 'physical methods' including self-stabbing recorded 4 cases. Six cases were identified with psychosis and 28 with acute antiphons to social anxieties such as marital and financial problems. The authors discovered a rise in intentional self-harm throughout the five-year period likened to an earlier study from 0.3 cases per 1,000 admissions between 1965-1971 to 1.32 cases per 1,000 admissions in 1987. Based on their results the researchers projected a crude annual incidence of 2.93 per 100,000. However, this number is probably underestimates given that some cases might not reach medical services [22].

A significant number of studies linking suicidal ideation among Ghanaian and Caucasian students in the USA displayed a considerably lower rates of self-reported suicidal ideation among the Ghanaian sample, as well as more destructive attitudes towards suicide. A larger study compared 570 Ghanaian students with students from Uganda and Norway using the Attitudes Toward Suicide Questionnaire. The results of the study revealed that thirty (5.4%) of the Ghanaian sample recounted making suicide attempts, considerably lower than either Uganda or Norway. Nine of the study sample recounted a concluded suicide in the family,

and 91 among non-family members, evidently again, lower than those recounted by the Ugandan and Norwegian sample [23].

Even though this research appears to propose a little rate of suicidal ideation in Ghana, generality is rebuked since all the studies were done with young, urbanised, and highly-educated respondents. There are also no published studies on concluded suicides in Ghana. It is conceivable that the lesser recounted rates of suicide attempts in Ghana may in fragment reflect the likelihood that Ghanaian students would be unlikely to report suicidal attempts due to destructive attitudes towards suicide. This is sustained by the results of Hjelmeland et al. that 31% of their sample sensed that suicide should not be spoken about.

However, these studies also established possible variables in Ghanaian society which could be engaged in suicide prevention including religious belief, family support, and an emphasis on the value of the group. Qualitative research linked to beliefs and attitudes towards suicide, as well as risk factors, would greatly enhance the quantitative data and assist an exploration of some of the correlations observed. In 2004, and colleagues conducted a study on anorexia nervosa among female secondary school students in North East Ghana, a condition hardly found in non-Western cultures [24].

The researchers completed a clinical examination of physical and mental health, two standard measures of eating behaviour and attitudes, and a depression screen. Out of 666 students who participated in the study, 29 were revealed to be pathologically underweight while 10 were diagnosed with morbid self-starvation based on clinically significant indicators such as denial of hunger, self-punishment and perfectionist characters. The dominant categories of the participants were Christians and Muslims who recounted that they regularly engage in religious fasting.

Among the 10 participants who engage in morbid self-starvation revealed that the fasting was mainly frequent, at least once a week, and linked to feelings of self-control and self-punishment. Since self-starvation was not associated with a desire to be thin or a morbid fear of fatness, a diagnosis of anorexia nervosa according to DSM-IV or ICD-10 criteria could not be made. However, the authors suggest that in Ghana fasting rather than dieting may provide the cultural context within which morbid self-starvation occurs.

2.2.3 Social Stigma of Drug Abuse and Mental Illness

Drug abuse is regarded as a widespread delinquent that has massive concerns. Persons suffering drug abuse encounter a dual challenge in society. First, they are required to manage their major symptoms of their severe predicaments and pursue medication. Second, they encounter serious stigma connected to their medical conclusions which more or less influences additional physical and mental illness. Added to the above, drug abusers suffer ultimately over economic and social drawbacks, even at the point of receiving medication Social support is a vital managing contrivance in physical and mental illness.

2.2.4 Stigma of Substance Abuse

At the individual level, mental illness stigma is a complex concept and can be measured as three distinct variables but related concepts. Namely; experienced, perceived, and internalised stigma. Experienced stigma depicts overt discrimination towards a stigmatised individual, perceived stigma describes the ways in which the stigmatised persons believe about how the public think about them, whilst the internalised stigma stem from self-application of stigmatising beliefs [25].

According to, the constructs identify above also apply to drug abusers, particularly individuals receiving medications. The general public harbour serious stigmatising attitudes about drug abuse. Community stigma on drug abuse is further serious likened to stigma on other mental illnesses such as depression, for example, in the US persons with drug abuse are referred to as violent and treacherous. Additionally, Americans conveyed advanced social distance towards drug abusers in isolated life such as socialising, relationships and work life as well as superior enthusiasm to distinguish against drug abusers in terms of housing, employment, and governmental policy.

Comparable insolences are recounted in other countries such as the United Kingdom. Huge numbers of the United Kingdom population for instance 58%–78% consider that persons with alcohol and drug addiction are unpredictable, dangerous, hard to talk to, and as well have themselves to blame. Moreover, Van Boekel et al. (2013b) conducted a systematic review of 28 studies and found that it is not only the public that harbour destructive insolences towards persons with drug abuse, but also health workers do same. This destructively influences medication delivery and its outcome. However, not only insolences, but also discrimination is mostly serious with drug abusers.

These experiences comprise a reduction in chances of having access to education, employment, housing, inferior relationships, and above all quality of life of such drug abuser in general is reduced asserted that stigma can be a stressor as described by the modified labelling theory that, a label through entering treatment can destructively disturb health through the stigma related to the label. Stigmatization happens when an individual holds a social identity that is diminished. Having drug abuse illness can be measured as a diminished social identity, and the stigma associated to this identity can be alleged that, it is a threat to that drug abuse. Regarding the stigma induced identity threat model, Major and O'Brien (2005) proposed that identity threat can destructively influence health.

Therefore, belonging to a drug abuse stigmatised group can lead to affective, physiological, cognitive, and behavioural stress antiphons, which in the long run can resort in inferior mental and physical health, like anxiety, depression, and lesser sleep Essentially, these is caused by persons with drug abuse and have become aware of the stigmatising attitudes of the general public, assenting to the stereotypes, and responding to low self-image, feelings of shame and blame, social distance, and failure to seek

help [26].

Adding to internalising stigma among drug abusers, shame can be internalised as well (Gilbert, 2000). As identified by Gilbert (2000), shame is a self-conscious sentiment and denotes destructive marks and cognitions that an individual has about his or her personal attributes, personality appearances or behaviours. Shame is classified as been related to drug abuse, likewise stigma as well as depression and anxiety (Gilbert, 2000; Wiechelt & Sales, 2001; Luoma et al., 2008). While perceived stigma acts as a stressor to a person's social identity so as linked to low self-esteem, depression and anxiety, social support can buffer mental health and well-being in persons with drug abuse history by decreasing the internalisation of public views, for example in terms of lower internalised stigma and shame.

2.2.5 Social Support

Broadly speaking, people have the ultimate necessity to be recognised and accepted by the social groups they wish to belong postulated that social rank theory proposes that an individual that possesses some mannerism that others do not approve of such as drug abuse will identify themselves as low-grade people to others of low social ranking. This alone is awfully intimidating experience, and also a low social rank which also relate to shame as well as a multiplicity of psychopathologies comprising depression and anxiety. More so, studies have ascribed that evidence for the role of interpersonal relationships for individual's health emanates from studies that examined the adverse effects of social exclusion. According to the authors, when one is being overruled by other individuals, it can lead one to inherent lower self-image, anxiety, depression, and neurological responses related to physical pain [27].

Mickelson (2001) opines that in one way or the other, significant others can be stigmatising or a source of social support. Evidence alludes that people that are close to others who endeavour to find out everything about someone's treatment of drug abuse are not very supportive. This is because persons in treatment for drug abuse encounter the maximum quantity of stigma by people that are mostly close to them such as family members, partner and friends. More importantly, persons that are drug abusers are at higher risk of being ostracised, with stigma which eventually enhances social exclusion among them that need the social support most.

A previous study by Thoits (2011) has constantly found a positive relationship between social support and well-being. Social support describes how the support from family members and the structural level within one's social network accomplish numerous purposes one's life comprising informational, emotional, and instrumental support. Even though, peer support groups might also be helpful in the same arena in that they also provide such support claimed that perceived social support can safeguard individuals from destructive consequences of stress on physical and mental health, and offer individuals with tougher coping mechanisms. Social support appears vital to persons with drug abuse to not only mend the primary symptoms and physical health which is decreased likelihood of relapse, but also to enrich their own coping approaches and buffer against stigma and its destructive consequences.

More importantly, previous studies submit that social support and internalised stigma are predictors of mental health (e.g., depression) in persons that are encountering stigma, for example HIVand sexual orientation Stigma can have a destructive consequence on social support, but social support can also certainly influence stigma: While an earlier study has submitted that perceived social support can be a moderator between an alleged stigma and well-being, for instance in depression (Mickelson, 2001), the relationship between stigma and alleged social support may also work in the other route, from social support to stigma, when seeing internalised instead of alleged stigma. For example, internalised stigma has been revealed to inter-cede the link between social support and depression in mental health. Also, a lowly social network has been revealed to escalate internalised stigma in schizophrenia, and social support predicted stigma in mental illness one year after diagnosis. If persons with drug abuse perceive family members or friends to be supportive, they may internalise the public interpretations less, and this lower internalised stigma as well as lower internalised shame is then related to higher well-being [29].

3. Discussion

This review has shown that drug abuse and mental illness is one way or the other are intertwined and that drug abuse relates to mental illness. This analysis is based on scant studies conducted on drug abuse and mental illness due to the fact that widespread research is not available for review so it makes much of the analysis to be assumed based on the scant evidence available. As a result of scant studies, it is more challenging to predict the true relationship of mental illness and drug abuse effectively to advocate treatment within these fragmented studies without further arduous and large-scale population-based studies.

Nevertheless, the published studies on drug abuse related social stigma on mental illness provide insights that drug abuse social stigma is linked to mental illness.

This assertion has opened the lines that future research on drug abuse and mental illness should consider the cultural context of these illnesses in Ghana, as well as the risk factors together with essential implications for clinical intervention in order to ensure mental health promotion to combat drug abuse and its associated mental illness. The analysis of the desk review has demonstrated that most studies in Ghana were done by psychiatrists and concerning published studies by psychologists, psychiatric nurses and social workers only few studies have been published.

The only published study found on counselling advocated for deliberation of notions of self-identity, together with the influence of the multi-lingual post-colonial environment when introducing speaking psychotherapies, a topic which would profit from advance research. Multidisciplinary study is desired on specific social and psychological variables which show an essential fragment in the aetiology and sequence of mental illnesses within Ghana and ways

of addressing them [30].

Studies that were tilted towards beliefs and attitudes regarding social stigma on mental illness suggest that these affects not only help-seeking behaviour but also internalise stigma, care-giving and social inclusion. Little did the studies in this field point to the lines of stigma, social exclusion and human rights abuse, likewise to prospective means for the support and social incorporation of those with mental illness. Essentially, studies on mental illness in Ghana need to adhere to the young people brainstorming them on why there is a need to abstain from drug abuse in order to be safe and continue to enjoy life satisfaction across the life course [31].

4. Conclusion

Few studies were reviewed so due to that generalisability is not possible. Even though, the studies are few, yet, they provided a significant overview on the development of mental illness in Ghana, and also suggested tips for future studies. The following priorities are recommended for mental illness studies in Ghana:

- A population-based sociological study on mental illnesses with particular attention to young people who are at risk of abusing drugs;
- A study on mental illnesses, specifically psychosis, substance use, depression, somatisation, and self-harm with risk variables, clinical picture, course and outcome;
- Practises of individuals with mental illness and their family members, as well as the psychosocial and financial impact, help-seeking and medication practises;
- The practises of traditional and religious healers and potential for collaboration.

Recommendations

Policy level

- A universal access to mental illness treatment and mental health related services for all mentally ill people should be established.
- Institute a clear, effective and easy to access contrivances protecting mentally ill people's rights and institute clear information structure for mentally ill people on how to explore these mechanisms with distinct attention made on undocumented people suffering mental illness;
- Escalate the participation of mentally ill people's family in policy processes.

Service delivery level

- Conduct valuation of facilities existing and those designed for mentally ill individuals.
- Evaluate the costs and benefits of certifying universal access to mentally ill individual's related services and mobilise additional funds from the state and donors to provide services to the mentally ill individuals and to put universal access to health in action irrespective of one's status;
- Improve integration and linkage between drug abuse and mental illness services.

Declaration

Ethical Approval

The study was a desk review therefore ethical approval was not necessary.

Competing Interests

The authors did not encounter any conflict of interest.

Funding

No funding was obtained.

Availability of Data and Materials

The study is a desk review therefore, the data is publicly.

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