

DRINKING AND MENTAL HEALTH IN MIDDLE ADULTHOOD

Examining the impact of wellbeing, mental health literacy and drinking motives on drinking risk level

Angela Creery ★ supervised by Dr Emma Davies

Background

Hazardous drinking among UK-based middle-aged adults is an urgent concern (ONS, 2021), yet this age group remains under-studied.

Studies suggest a link between risky alcohol drinking and mental ill health (Bell & Britton, 2014). Understanding the factors influencing drinking and mental wellbeing may help inform effective interventions tackling risky drinking.

Cooper (1994) proposed four primary motives for drinking:

① social ② enhancement ③ conformity ④ coping.

Each motive has been linked with hazardous drinking (Cooper et al., 2015).

Mental health literacy (MHL) may help predict mental health outcomes (Kutcher et al., 2016). MHL is defined as *the knowledge and beliefs about mental health disorders which facilitates their recognition, management, and prevention* (Jorm et al., 1997).

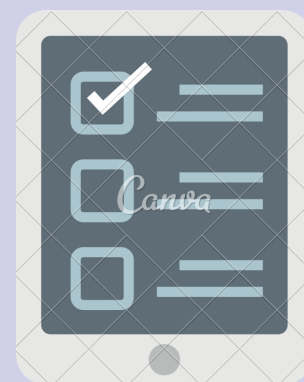
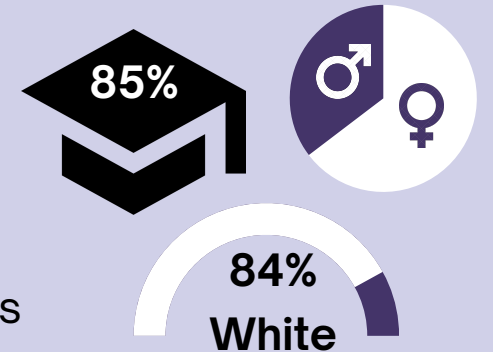
This exploratory, cross-sectional study is believed to be the first to examine the links between wellbeing, MHL, drinking motives and hazardous drinking.



Methods

195 UK-based, alcohol-drinking adults aged 40-65 completed an online survey measuring:

- hazardous drinking
- drinking motives
- wellbeing
- general MHL
- demographic factors



Statistical analysis was used to explore the following aims:

1. To examine the patterns of drinking risk, drinking motives, MHL and wellbeing.
2. To examine the relationships between these factors and identify significant predictors of drinking risk.
3. To examine whether drinking motives mediate the relationships between drinking risk and MHL and wellbeing, respectively.



Conclusions

This study supports research emphasising the influence of drinking motives on drinking risk, particularly drinking to cope (Gibson et al., 2017).

It also highlights how low wellbeing may interact with drinking to cope with negative feelings, to help explain hazardous drinking among middle-aged adults.

Should these findings be replicated longitudinally, interventions could prioritise helping those reporting low wellbeing to:

- understand the relationship between drinking motives and drinking risk
- develop adaptive coping strategies
- address the causes of low wellbeing

Future research should explore whether alcohol-specific or disorder-specific MHL is associated with drinking risk and wellbeing.



Key findings

- ★ Average MHL was high (80%).
- ★ About 40% of the sample drank at increasing risk levels or higher.



- ★ Most common drinking motive: social
- ★ Least common drinking motive: conformity

Drinking motives, wellbeing and attitudes towards mental health significantly correlated with drinking risk...

...but only drinking to cope with negative feelings, drinking to enhance positive feelings, and drinking to conform significantly predicted drinking risk.

Drinking motives did not mediate the relationship between overall mental health literacy and drinking risk...

...however knowledge of mental health self-help was indirectly positively related to drinking risk through drinking to enhance...

...and wellbeing was indirectly negatively associated with drinking risk through drinking to cope.



References

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