Connecting the Dots: Promoting Behavioral Health

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SAMHSA

2015 Annual OPEC Conference
June 30, 2015
Ohio University Athens, Ohio
Today's Presentation

- Behavioral Health Landscape
- SAMHSA’s Strategic Initiatives
- Areas of Focus
- Connecting the Dots
- The Way Ahead
Behavioral Health Landscape
Integrate and Collaborate

Substance Abuse ↔ Mental Health

Behavioral Health ↔ Public Health

Behavioral Health ↔ Primary Care

Behavioral Health ↔ Human Services

Public Health ↔ Clinical Medicine
SAMHSA Strategic Initiatives
New Strategic Initiatives

1. Prevention of Substance Abuse and Mental Illness
2. Health Care and Health Systems Integration
3. Trauma and Justice
4. Recovery Support
5. Health Information Technology
6. Workforce Development
Areas of Focus
Strategic Initiative #1 - Prevention of Substance Abuse and Mental Illness

1.1 Promote emotional health and wellness, prevent or delay the onset of and complications from substance abuse and mental illness, and identify and respond to emerging behavioral health issues.

1.2 Reduce underage drinking and young adult problem drinking.

1.3 Prevent and reduce attempted suicides and deaths by suicide among populations at high risk.

1.4 Prevent and reduce prescription drug and illicit opioid misuse and abuse.
Prevention of Substance Abuse and Mental Illness—Focus Areas

Focus on several populations at high risk, including:

– College students
– Transition age youth, especially those at risk of first episodes of mental illness or substance abuse
– American Indian/Alaska Natives
– Ethnic minorities experiencing health and behavioral health disparities
– Service members, veterans, and their families
– Lesbian, gay, bisexual, and transgender individuals
Underage Drinking Trends

Past-month alcohol use by 12- to 20-year-olds

Substance Abuse and Mental Health Services Administration. (2014). Results from the 2013 National Survey on Drug Use and Health: Summary of National Findings.
Alcohol Use by College Students

Rates of alcohol use by 18- to 22-year-olds attending college full time compared to those attending part time or not enrolled

- Current: Full-time 59.4%, Part-time or not enrolled 50.6%
- Binge: Full-time 39%, Part-time or not enrolled 33.4%
- Heavy: Full-time 12.7%, Part-time or not enrolled 9.3%

Substance Abuse and Mental Health Services Administration. (2014). Results from the 2013 National Survey on Drug Use and Health: Summary of National Findings.
Mental Health of College Students

In the past 12 months:

- 44.6 percent of college students felt things were hopeless.
- 30.8 percent felt so depressed it was difficult to function.
- 51 percent felt overwhelming anxiety.
- 55.6 percent felt very lonely.
- 35.6 percent felt overwhelming anger.
- 7.5 percent seriously considered suicide.
- 1.4 percent attempted suicide.

Source: American College Health Association (Fall 2013)
Prescription Drug Abuse Among Youth

• Rx and over-the-counter medications are among the top substances abused by 12th graders in the past year.

• In 2013, more than 3,900 young people per day abused a prescription drug for the first time.
SAMHSA’s Efforts to Curb Prescription Drug Abuse

- Partnerships for Success grants
- Prescription Drug Monitoring Program grants
- Prevention of Prescription Abuse in the Workplace (PAW) Technical Assistance Center
- Promotion of DEA’s national take-back days
- Not Worth the Risk, Even If It’s Legal (pamphlet series)
- Opioid Overdose Prevention Toolkit
Secretary’s Initiative: HHS Actions to Address Opioid-Drug Related Overdoses and Deaths

- Providing training and educational resources, including updated prescriber guidelines, to assist health professionals in making informed prescribing decisions and address the over-prescribing of opioids.

- Increasing use of naloxone, as well as continuing to support the development and distribution of the life-saving drug, to help reduce the number of deaths associated with prescription opioid and heroin overdose.

- Expanding the use of Medication-Assisted Treatment (MAT), a comprehensive way to address the needs of individuals that combines the use of medication with counseling and behavioral therapies to treat substance use disorders.
Suicide: Data and Disparities

Suicides
- 4 males : 1 female
- Highest risk: elderly white males (85+)
- Largest numbers: middle-aged (40-60) males at 2x’s baseline rate of other Americans and working-aged males (20-64) = 60 percent of suicides
- Higher risk: young and middle-aged AI/AN

Suicide attempts
- Female > male
- Rates peak in adolescence and decline with age
- Higher risk: LGBT youth and young Latinas
Suicide among Youth

Age 15-24: 3rd leading cause of death, behind accidents and homicide
Tough Realities

2005-2009: 55%↑ in emergency department visits for drug-related suicide attempts by men 21 to 34

2005-2009: 49% ↑ in emergency department visits for drug-related suicide attempts by women 50+

Every year > 650,000 persons receive treatment in emergency rooms following suicide attempts
Connecting the Dots in Behavioral Health
Connection between Substance Abuse and Suicidality

• Suicide is the leading cause of death among people with substance use disorders (SUDs).
• Compared with the general population, people treated for alcohol abuse or dependence are at about a 10x greater risk for suicide. (Wilcox, et al., 2004)
• Those who inject drugs are at about a 14x greater risk for suicide. (Wilcox, et al., 2004)
• The number of substances used seems more predictive of suicide than the types. (SAMHSA, 2008)
Shared Risk and Contributing Factors

- Family history of suicide or child abuse
- History of mental (especially mood) disorders
- History of or family history of addiction
- Impulsiveness
- Feelings of isolation
- Barriers to behavioral health treatment
- Relational, social, work, or financial losses
- Physical illness/Chronic pain
- Access to lethal means
- Delinquency
Shared Protective Factors

• Social support
• Connectedness to community and institutions
• Coping/problem solving skills
• Parental involvement
• Trusting relationship with counselor, physician, or other service provider
• Employment
• Religious attendance and/or belief in religious teachings against suicide
Connecting the Dots in Health
Common Risk Factors for Premature Death

HOMICIDE
MVAs & Accidental Poisoning
Suicide

Emerging Behavioral Problems & Mental Health Disturbances
School Difficulties
Alcohol and Substance Misuse

Disruptive Family Factors
Disadvantaged Economic & Social Factors

Legal System Involvements
Emergency Room Visits
Mental Health & Chemical Dependency Treatment Contacts

Prevention & Intervention Opportunities
Indicated & Clinical
Selective & Indicated
Universal & Selective

Accumulating Risk
Different Forms of Violence

- **CHILDHOOD**
  - Child Maltreatment: physical, sexual, emotional, neglect

- **ADOLESCENCE**
  - Dating Violence
  - Sexual Violence

- **ADULTHOOD**
  - Peer Violence
  - Suicidal Behavior
  - Intimate Partner Violence

Source: Centers for Disease Control and Prevention, Division of Violence Prevention
## Neighborhood Risk Factors

<table>
<thead>
<tr>
<th></th>
<th>CM</th>
<th>TDV</th>
<th>IPV</th>
<th>SV</th>
<th>YV</th>
<th>Bullying</th>
<th>Suicide</th>
<th>Elder Abuse</th>
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<td>Lack of economic opportunities</td>
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<td>Low Neighborhood Support/ Cohesion*</td>
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</table>

NOTE: CM (Child Maltreatment), TDV (Teen Dating Violence), IPV (Intimate Partner Violence), SV (Sexual Violence), YV (Youth Violence)

*Neighborhood support/cohesion typically measured at the individual level

# Relationship Level Risk Factors

<table>
<thead>
<tr>
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<th>CM</th>
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<td>Economic stress</td>
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<td>Association w/delinquent peers</td>
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<tr>
<td>Gang involvement</td>
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### Individual Level Risk Factors

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<td>Lack of nonviolent</td>
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<td>impulse control</td>
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<td>X</td>
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## Neighborhood Protective Factors

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<tbody>
<tr>
<td>Coordination of services among community agencies</td>
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<td>Access to mental health and substance abuse services</td>
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<td>Community support and connectedness*</td>
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</tr>
</tbody>
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## Relationship/Individual Level Protective Factors

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<thead>
<tr>
<th>Family support/connectedness</th>
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<tbody>
<tr>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
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<td>X</td>
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</tr>
</tbody>
</table>

- **Connection to a caring adult**
  - X
  - X
  - X
  - X

- **Association w/prosocial peers**
  - X
  - X
  - X
  - X

- **Connection/commitment to school**
  - X
  - X
  - X
  - X

- **Skills solving problems non-violently**
  - X
  - X
  - X
  - X

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The Way Ahead
Strategies for Addressing Multiple Forms of Violence

- **Community/Societal level**
  - Norms change strategies
  - Strategies/activities that enhance community support & connectedness
  - Coordinated services

- **Relationship level**
  - Strategies that support families under stress
  - Strategies that connect youth with supportive adults, pro-social peers, and their schools

- **Individual level**
  - Strategies that build youth and families’ skills in solving problems non-violently
  - Substance abuse prevention strategies

Advancing the Strategies

• Promote emotional health for all children and youth through providing direct services, developing partnerships, information-sharing policies and referral systems

• Engage families, schools, and communities in planning and program implementation

• Link to appropriate services in the school or community
Adverse Childhood Experiences (ACEs)

As ACEs “score” goes up, so does risk for...

- **Risky Behaviors**
  - Physical Inactivity, Smoking, Drug/Alcohol Abuse, Early Sexual Activity

- **Chronic Disease**
  - Obesity, COPD, Asthma, Diabetes, Liver Disease, Heart Disease

- **Other Health Outcomes**
  - Teen Pregnancy, STDs, Miscarriage, Depression, Suicide Attempts, Early Death, Job Problems/Lost Time from Work, Perpetration of IPV

Source: Centers for Disease Control and Prevention, Adverse Childhood Experiences Study. Available at: [http://www.cdc.gov/violenceprevention/acestudy/](http://www.cdc.gov/violenceprevention/acestudy/)
How Do ACEs Affect Our Lives?

Source: CDC, Adverse Childhood Experiences Study. Available at: http://www.cdc.gov/violenceprevention/acestudy/

ACES CAN HAVE LASTING EFFECTS ON BEHAVIOR & HEALTH...

Simply put, our childhood experiences have a tremendous, lifelong impact on our health and the quality of our lives. The ACE Study showed dramatic links between adverse childhood experiences and risky behavior, psychological issues, serious illness and the leading causes of death.

The following charts compare how likely a person with 1, 2, 3, or 4 ACEs will experience specified behaviors than a person without ACEs.

PHYSICAL & MENTAL HEALTH
- SEVERE OBESITY
- DIABETES
- DEPRESSION
- SUICIDE ATTEMPTS
- STIs
- HEART DISEASE
- CANCER
- STROKE
- COPD
- BROKEN BONES

BEHAVIORS
- LACK OF PHYSICAL ACTIVITY
- SMOKING
- ALCOHOLISM
- DRUG USE
- MISSED WORK

ACE SCORE 0

ACE SCORE 1

ACE SCORE 2

ACE SCORE 3

ACE SCORE 4

ACES Can Have Lasting Effects on Behavior & Health (Infographic)

Source: CDC, Adverse Childhood Experiences Study. Available at: http://www.cdc.gov/violenceprevention/acestudy/
Community Health Improvement Navigator

INVEST IN YOUR COMMUNITY

WHAT
Know What Affects Health

40% SOCIOECONOMIC FACTORS
20% CLINICAL CARE
30% HEALTH BEHAVIORS
10% PHYSICAL ENVIRONMENT

WHERE
Focus on Areas of Greatest Need

Your zip code can be more important than your genetic code. Profound health disparities exist depending on where you live.

WHO
Collaborate with Others to Maximize Efforts

COLLECTIVE VISION

PEOPLE
COMMUNITY DEVELOPERS

NONPROFITS
HEALTH INSURANCE

PUBLIC HEALTH

HEALTH CARE PROVIDERS

FAITH-BASED ORGANIZATIONS

PHILANTHROPISTS & INVESTORS

HOW
Use a Balanced Portfolio of Interventions for Greatest Impact

- Action in one area may produce positive outcomes in another.
- Start by using interventions that work across all four action areas.
- Over time, increase investment in socioeconomic factors for the greatest impact on health and well-being for all.

VISIT www.cdc.gov/CHInav FOR TOOLS AND RESOURCES TO IMPROVE YOUR COMMUNITY'S HEALTH AND WELL-BEING
Community Health Improvement Programs: Behavioral Health

Massachusetts General Hospital Reduces Overdoses and Drug Related Deaths

**Partners:** Massachusetts General Hospital, the Charlestown Substance Abuse coalition, the Charlestown Drug Court, the Boston Public Health Commission, and a social marketing firm.

**Results:** In the Charlestown neighborhood of Boston, MA, opioid overdoses were reduced by 50% (2004-2012) and drug-related deaths were reduced by 78% (2003-2008)

**Programs:** Anti-prescription drug overdose social marketing campaign, make referrals to treatment facilities, offer treatment as an alternative to incarceration, provide substance abuse curricula for children, and train local residents in the administration of Nalaxone
Integrate, Collaborate, and Converge

Recovery

Treatment

Prevention
Thank you!

Contact Information:

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