New Directions in Preventing Substance Abuse and Mental Illness

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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
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
Substance Abuse and Mental Illness Are Linked

Substance abuse and mental illness share risk and protective factors.

- Up to half of people with a serious mental illness will develop a substance use disorder at some time in their lives.
- Alcohol dependence is four times more likely to occur among adults with mental illness than among adults with no mental illness.
- Many health care systems to treat substance abuse and mental illness are disconnected: a missed opportunity.
Impact of Behavioral Health on Physical Health

- Mental health problems increase risk for *physical health problems*.
- Substance use disorders increase risks for *chronic diseases, HIV/AIDS, STDs*.
- *Cost of treating common diseases higher* with untreated behavioral health problems
  - Hypertension – 2X the cost
  - Coronary heart disease – 3X the cost
  - *Diabetes* – 4X the cost

![Graph showing individual costs of diabetes treatment for patients per year]

**Individual Costs of Diabetes Treatment for Patients Per Year**

- With behavioral health problems and diabetes
- With diabetes alone

Additional notes:
- $0
- $50,000,000
- $100,000,000
- $150,000,000
- $200,000,000
- $250,000,000
- $300,000,000

Image reference: SAMHSA (Substance Abuse and Mental Health Services Administration)
Maximizing opportunities to create environments where individuals, families, communities, and systems are motivated and empowered to manage their overall emotional, behavioral, and physical health.
Shared Strategies for SA/MH Prevention and Promotion

- Substance Abuse Prevention Strategies
- Mental Health Disorder Prevention & Mental Health Promotion Strategies
Focusing On Our Young People

Three-quarters of adult mental illness begins before age 24
Mental Health Issues in the Past Year Among Adolescents Aged 12 to 17 and Adults Aged 18 or Older: 2013

- **Major depressive episode**
  - Aged 12 to 17: 2.6 million (10.7%)
  - Aged 18 or older: 1.9 million

- **Major depressive episode with severe impairment**
  - Aged 12 to 17: 7.7 million
  - Aged 18 or older: 1.9 million

- **Any mental illness**
  - Aged 12 to 17: 18.5 million (10.0 million)
  - Aged 18 or older: 43.8 million

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health (NSDUH), 2013.
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)
Suicide among Youth

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

- At-risk youth and adult populations
- Integrated approaches
- Healthcare system emphasis
- Follow-up of attempted suicides/suicidal crises
- Zero suicides goal
- Public awareness/knowledge
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
Monitoring and Surveillance

- Patient monitoring
- Increased timeliness
- Wider access
- Interstate data sharing
- Law enforcement
- Target interventions
- Facilitate treatment
- Boost collaboration
Marijuana: Link Between Use and Mental Illness

- Chronic marijuana use and mental illness
- Psychotic episodes
- Use can worsen course of illness in those with schizophrenia
- Long-term link between marijuana use and development of psychosis
- Link between marijuana use and other behavioral health problems
Marijuana – Changing Landscape

Increased use

Falling perceptions of risk

Changes in state and local laws

Softening of public attitudes
Health Reform Supports a Spectrum of Prevention and Treatment

- Physical/Emotional Health Promotion
- Prevention, including M/SUDs
- Universal
- Selective
- Indicated
- Case Identification
- Essential Health Benefits (EHBs)
- Treatment to Prevent Relapse & Recurrence
- Rehabilitative/habilitative services

Promotion
Prevention
Treatment
Maintenance
Collaborative Opportunities

Public Health  Clinical Medicine
Substance Abuse  Mental Health
Prevention  Treatment
Paying for Prevention

- Value vs. volume
- Clinical services
- Population health
- Return on investment
- Funding or reimbursement
- Innovative payment models
- Building on strength
Preliminary Resources

In September, together with Mental Health America, SAMHSA hosted two webinars on financing for primary prevention.

http://mentalhealthamerica.net/mha-webinars
Takeaways

- Tackling behavioral health issues effectively takes teamwork across sectors.
- Involving state and community voices is vital.
- Collaborative and integrated practices must include prevention.
- One size does not fit all.
- Be proactive.
- Take a long-term view.
Staying Focused during Change
National Prevention Week

- SAMHSA-led annual health observance launched in 2012
- Purpose: to increase public awareness of, and action around, substance abuse and mental health issues
- Will take place May 17-23, 2015
- Community organizations will hold local events promoting prevention and wellness.
- Ways to participate:
  - Plan a community event
  - Take the Prevention Pledge
  - Participate in the “I Choose” Project
  - Tell others

Visit [www.samhsa.gov/prevention-week](http://www.samhsa.gov/prevention-week) for more information.
Questions?