IN 2014: MILLIONS MORE AMERICANS WILL HAVE HEALTH CARE COVERAGE

• Quality rather than quantity
• Integration rather than silo’d care – parity
• Prevention and wellness rather than illness
• Access to coverage and care rather than significant parts of America uninsured – parity
• Recovery rather than chronicity or disability
• Cost controls through better care
Currently, 37.9 million are uninsured <400% FPL*

- 18 M – Medicaid expansion eligible
- 19.9 M – ACA exchange eligible**
- 11.019 M (29%) – Have behavioral health condition(s)

* Source: 2010 NSDUH
**Eligible for premium tax credits and not eligible for Medicaid
BH PROBLEMS COMMON & OFTEN CO-OCCUR w/ PHYSICAL HEALTH PROBLEMS

• ½ of Americans will meet criteria for mental illness at some point in their lives
• 7 percent of the adult population (34 million people), have co-morbid mental and physical conditions within a given year
BH PROBLEMS ALSO COMMON IN HIGH NEED MEDICAL POPULATIONS

• Rates of cardiovascular disease, diabetes, and pulmonary disease are substantially higher among disabled individuals in Medicaid with psychiatric conditions

• 12-month prevalence of depression is ~ 5 percent among people without chronic medical conditions, 8 percent among people with one condition, 10 percent among people with two conditions, and 12 percent among people with three or more conditions

• People with asthma are 2.3 X more likely to screen positive for depression

• 52 percent of disabled individuals with dual-eligibility for Medicare and Medicaid have a psychiatric illness

• Dual-eligibles account for 39 percent of Medicaid expenditures
CO-MORBIDITIES

• Psychiatric disorders were among 7 of the top ten most frequent co-morbid triads in the most expensive 5 percent of Medicaid beneficiaries with disabilities

• Most common triad was co-morbid psychiatric conditions, cardiovascular disease, and central nervous system disorders
  – 9.5 percent of all beneficiaries
  – 24 percent of most expensive group
CO-MORBIDITY CHALLENGES

- Adults who had any mental illness, serious mental illness, or major depressive episodes in the past year had increased rates of hypertension, asthma, diabetes, heart disease, and stroke (new NSDUH analysis, 2008-2009)

- Most psychiatric medications, particularly anti-psychotic medications, can cause weight gain, obesity and type 2 diabetes, all of which impact mental conditions such as major depression

- Major depression is a risk factor for developing medical conditions such as cardiovascular disease (CVD);

- Persons reporting CVD have 1.43 x elevated risk of lifetime anxiety disorder
BH IMPACTS PHYSICAL HEALTH

- MH problems increase risk for physical health problems & SUDs increase risk for chronic disease, sexually transmitted diseases, HIV/AIDS, and mental illness

- Cost of treating common diseases is higher when a patient has untreated BH problems

- 24 percent of pediatric primary care office visits and ¼ of all adult stays in community hospitals involve M/SUDs

- M/SUDs rank among top 5 diagnoses associated with 30-day readmission, accounting for about one in five of all Medicaid readmissions (12.4 percent for MD and 9.3 percent for SUD)
BH PROBLEMS = HIGHER MEDICAL COSTS

- Co-morbid depression or anxiety increase physical and mental health care expenditures
- > 80 percent of this increase occurs in physical health expenditures
- Average monthly expenditure for a person with a chronic disease and depression is $560 dollars more than for a person without depression
- Discrepancy for people with and without co-morbid anxiety is $710

A HMO claims analysis found that general medical costs were 40 percent higher for people treated with bipolar disorder than those without it.

Source: Malek and Norris (107)
WHY WORSE PHYSICAL HEALTH FOR PERSONS WITH BH CONDITIONS?

- BH problems are associated with increased rates of *smoking* and deficits in *diet & exercise*.

- People with M/SUD are less likely to receive *preventive services* (immunizations, cancer screenings, smoking cessation counseling) & receive *worse quality of care* across a range of services.

*Source: Modified from Katon (80)*
PREMATURE DEATH AND DISABILITY

- People with M/SUDs are nearly 2x as likely as general population to die prematurely, (8.2 years younger) often of preventable or treatable causes (95.4 percent medical causes)

- BH conditions lead to more deaths than HIV, traffic accidents + breast cancer combined

- More deaths from suicide than from HIV or homicides

- Half the deaths from tobacco use are among persons with M/SUDs

CDC, National Vital Statistics Report, 2009
BH-RELATED DISABILITY

• According to the CDC, more than 2 million Americans report mental/emotional disorders as the primary cause of their disability

• Depression is the most disabling health condition worldwide; & SA is # 10

Years Lost Due to Disability in Millions (High-Income Countries – World Health Organization Data)
STEEP HUMAN AND ECONOMIC COSTS

Estimated total societal cost of substance abuse in the U.S. is $510.8 billion per year.

- Mental disorders: ~$94 billion in lost productivity costs per year
- Economic costs of mental, emotional, and behavioral disorders among youth: ~$247 billion
- Alcohol and drug abuse & dependence: ~ $263 billion in lost productivity costs per year
PUBLIC PERCEPTION OF VALUE

• Public is less willing to pay to avoid mental illnesses compared to paying for treatment of medical conditions, even when mental illnesses (including SUDs) are recognized as burdensome (NICHD, 2011)
  – Public willing to pay 40 percent less than what they would pay to avoid medical illnesses

• Mental illnesses account for 15.4 percent of total burden of disease (WHO), yet mental health expenditures in U.S. account for only 6.2 percent
BEHAVIORAL HEALTH AFFECTS EVERYONE

• ~Half of Americans will meet criteria for mental illness at some point

• > Half of Americans know someone in recovery from substance use problem

• Positive emotional health helps maintain physical health; engage productively w/ families, employers, friends; & respond to adversity w/ resilience and hope

66 percent believe treatment and support can help people with mental illness lead normal lives

20 percent feel people with mental illness are dangerous to others

Two-thirds believe addiction can be prevented

75 percent believe recovery from addiction is possible

20 percent would think less of a friend/relative in recovery from an addiction

30 percent would think less of a person with a current addiction
Like many other illnesses, most people recover from M/SUDs.

88 percent of individuals diagnosed with depression recover within 5 years.

<table>
<thead>
<tr>
<th></th>
<th>Any MI: 45.1 million</th>
<th>SUD: 22.1 million</th>
<th>Diabetes: 25.8 million</th>
<th>Heart Disease: 81.1 million</th>
<th>Hypertension: 74.5 million</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receiving treatment</td>
<td>37.8%</td>
<td>11.2%</td>
<td>84%</td>
<td>74.6%</td>
<td>70.4%</td>
</tr>
</tbody>
</table>
• Adults with mental disorders experience high rates of unemployment and disability
  – Unemployment rates are 3 to 5 times higher for people with mental disorders

• 44 percent of children in special education w/ emotional disturbances drop out of school – highest of any category of disability

• Substance use reduces ability to parent and work; increases chances of involvement in criminal justice system
  – 1/2 of all incarcerated people have MH problems; 60 percent have substance use problems; 1/3 have both
MENTAL & SUBSTANCE USE DISORDERS CAN BE PREVENTED

• Product of biological, environmental and social factors

• Experiences trigger or exacerbate BH problems
  – Trauma, adverse childhood experiences, disasters and their aftermath, poverty, domestic violence, involvement with the criminal justice or child welfare systems, neighborhood disorganization and family conflict

• Addressing risk factors is effective in reducing likelihood of M/suds
  – Individual, family and community risk and protective factors

• Brain impacts – chronic acute stress in early childhood can lead to:
  – Future health problems (including depression and other BH problems)
  – Damage to hippocampus
  – Smaller physical size of developing brain
EARLY INTERVENTION REDUCES IMPACT

• 1/2 of all lifetime cases of mental illness begin by age 14; 3/4 by age 24

• On average, > 6 years from onset of symptoms of M/SUDs to treatment

• Effective multi-sectoral interventions & treatments exist

• Need treatment & support earlier
  – Screening
  – Brief interventions
  – Coordinated referrals
BEHAVIORAL HEALTH AS SOCIAL PROBLEM

→ Public dialogue about behavioral health is in a social problem context rather than a public health context
  • Homelessness
  • Crime/jails
  • Child welfare problems
  • School performance or youth behavior problems
  • Provider/system/institutional/government failures
  • Public tragedies

→ Public (and public officials) often misunderstand, blame, discriminate, make moral judgments, exclude
  • Ambivalence about worth of individuals affected and about the investment in prevention/treatment/recovery
  • Ambivalence about ability to impact “problems”
LEADING TO
INSUFFICIENT RESPONSES

- Increased Security & Police Protection
- Tightened Background Checks & Access to Weapons
- Legal Control of Perpetrators & Their Treatment
- More Jail Cells, Shelters, Juvenile Justice Facilities
- Institutional System Provider Oversight
Multiple and inconsistent messages

- Disease; disability; chronic medical condition; social reaction to difference; brain/genetic or environmental; treat the same as physical conditions; treat with a different psychosocial approach

- Substance abuse and mental illness stem from the same causes and often co-exist; or they are completely different fields and different diseases/conditions

- Behavioral health is and should be extraordinary; or should be the same as any other health condition
WHAT AMERICANS KNOW

Most Know or Are Taught:

• Basic First Aid and CPR for physical health crisis
• Universal sign for choking; facial expressions of physical pain; and basic terminology to recognize blood and other physical symptoms of illness and injury
• Basic nutrition and physical health care requirements
• Where to go or who to call in an emergency
WHAT AMERICANS DON’T KNOW

Most Do Not Know and Are Not Taught:

• Signs of suicide, addiction or mental illness or what to do about them or how to find help for self or others

• Relationship of behavioral health to individual or community health or to health care costs

• Relationship of early childhood trauma to adult physical & mental/substance use disorders
**FOCUS: SAMHSA’S STRATEGIC INITIATIVES**

1. Prevention
2. Trauma and Justice
3. Military Families
4. Recovery Support
5. Health Reform
6. Health Information Technology
7. Data, Outcomes & Quality
8. Public Awareness & Support

**AIM: Improving the Nation’s Behavioral Health (1-4)**

**AIM: Strengthening Health Care in America (5-6)**

**AIM: Achieving Excellence in Operations (7-8)**

[Diagram with colored boxes for each initiative]
STRATEGIC INITIATIVE

» Prevent substance abuse (including tobacco) and mental illness and build emotional health
» Prevent suicide – mortality & thoughts/attempts
» Underage drinking/alcohol polices
» Prescription drug abuse
### 10 Leading Causes of Death, United States 2008, All Races, Both Sexes

<table>
<thead>
<tr>
<th>RANK</th>
<th>ALL AGES</th>
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<tbody>
<tr>
<td>1.</td>
<td>Heart Disease: 616,828</td>
</tr>
<tr>
<td>2.</td>
<td>Malignant Neoplasms: 565,469</td>
</tr>
<tr>
<td>3.</td>
<td>Chronic Low Respiratory Disease: 141,090</td>
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<tr>
<td>4.</td>
<td>Cerebro-vascular: 134,148</td>
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<td>5.</td>
<td>Unintentional Injury: 121,902</td>
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<td>6.</td>
<td>Alzheimer's Disease: 82,435</td>
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<tr>
<td>7.</td>
<td>Diabetes Mellitus: 70,553</td>
</tr>
<tr>
<td>8.</td>
<td>Influenza &amp; Pneumonia: 56,284</td>
</tr>
<tr>
<td>10.</td>
<td>Suicide: 36,035</td>
</tr>
</tbody>
</table>

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WISQARS™
Produced By: Office of Statistics and Programming, National Center for Injury Prevention and Control, CDC
Data Source: National Center for Health Statistics (NCHS), National Vital Statistics System
## SUICIDE: TOUGH REALITIES

<table>
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<tr>
<th></th>
<th>AGE 14-18</th>
<th>AGE 18 AND ↑</th>
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</thead>
<tbody>
<tr>
<td>Had Serious Thoughts of Suicide</td>
<td>2.9 million, 13.8%</td>
<td>8.4 million, 3.7%</td>
</tr>
<tr>
<td>Made a Plan</td>
<td>2.3 million, 10.9%</td>
<td>2.2 million, 1%</td>
</tr>
<tr>
<td>Attempted Suicide</td>
<td>1.3 million, 6.3%</td>
<td>1.1 million, .05%</td>
</tr>
<tr>
<td>Died By Suicide</td>
<td>&gt;1,000</td>
<td>~37,000</td>
</tr>
</tbody>
</table>
50 percent of those who die by suicide were afflicted with major depression...the suicide rate of people with major depression is 8 times that of the general population.

90 percent of individuals who die by suicide had a mental disorder.
Individuals discharged from an inpatient unit continue to be at risk for suicide. About 10% of individuals who died by suicide had been discharged from an ED within the previous 60 days, and about 8.6% of those hospitalized for suicidality are predicted to eventually die by suicide.
• ~30% of deaths by suicide involved alcohol intoxication – BAC at or above legal limit
• 4 other substances were identified in ~10% of tested victims – amphetamines, cocaine, opiates (prescription & heroin), marijuana
77 percent of individuals who die by suicide had visited their primary care doctor within the year.

45 percent had visited their primary care doctor within the month.

18 percent of elderly patients visited their primary care doctor on the same day as their suicide.

The question of suicide was seldom raised...
LIFELINE – A SPECIAL CONFIDENTIAL SERVICE

→ Free, 24-hour hotline for anyone in suicidal crisis or emotional distress – 1-800-273-TALK (1-800-273-8255 )

→ A confidential service for veterans, active military, and their families. By pressing “1” at the prompt after dialing the Lifeline toll-free number,) individuals are connected to trained VA counselors
National Behavioral Health Quality Framework (NBHQF)
- Part of National Quality Strategy (NQS) to improve health care in America

NREPP measures, metrics and evidence

Use of SAMHSA Tools to Improve Practices
- Models (e.g., SPF, coalitions, SBIRT, SOCs, suicide prevention)
- Emerging science (e.g., oral fluids testing)
- Technical assistance capacity (e.g., trauma)
- Partnerships (e.g., HIT meaningful use; Medicaid/Medicare)
- Services research as appropriate
# NBHQF – GOALS & MEASURES

<table>
<thead>
<tr>
<th>Effective</th>
<th>SAMHSA</th>
<th>Program/Practitioner</th>
<th>Population</th>
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<tbody>
<tr>
<td>Person/Family Centered</td>
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<td>Coordinated</td>
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<tr>
<td>Evidence-Based/Best Practices</td>
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<tr>
<td>Safe</td>
<td></td>
<td></td>
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<tr>
<td>Affordable/High</td>
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NATIONAL REGISTRY OF EVIDENCE-BASED PROGRAMS AND PRACTICES (NREPP)

- Searchable online registry of mental health and substance abuse interventions, reviewed and rated by independent reviewers – National Registry of Evidence-Based Programmes and Practices website at URL http://www.nrepp.samhsa.gov/

- Purpose: to reduce the lag time between the creation of scientific knowledge and its practical application in the field

- Use: to assist practitioners, providers, and the public in identifying scientifically-based interventions and approaches to preventing and treating mental/substance use disorders that can be readily disseminated to communities and to the field
• Using data to show people recover

⇒ NREPP is a searchable database that includes multiple dimensions of evidence that to consider and integrate by the user in a decision support context

• Metrics show treatment is effective

⇒ NREPP rates the quality of research supporting intervention outcomes and the quality and availability of training and implementation materials
NREPP AS OF MAY 2012

- 234 interventions have been reviewed and posted on the NREPP Web site
- 90 additional interventions in the review queue
- 3–7 new summaries are posted per month
- More than 13,500 visitors/month to the site
REACH OF NREPP

Leading national resource for contemporary and reliable information on scientific basis and practicality of selected interventions to prevent and/or treat mental illness and/or substance abuse

- Implemented in 50 states and 7 territories
- > 110 countries
- > 119,000,000 clients
- > 318,000 sites
NREPP TOPIC AREAS

- Mental health promotion: 95
- Mental health treatment: 60
- Substance abuse prevention: 96
- Substance abuse treatment: 60
EXAMPLE: TRAUMA FOCUSED COPING
(Multimodality trauma treatment – August 2011)

- Trauma Focused Coping (TFC) – a school-based group intervention for children and adolescents in grades 4-12 who have been exposed to a traumatic stressor (e.g., disaster, violence, murder, suicide, fire, accident)

- Targets posttraumatic stress disorder (PTSD) symptoms and other trauma-related symptoms, including depression, anxiety, anger, and external locus of control.
EXAMPLE: MINDFULNESS-BASED COGNITIVE THERAPY (MBCT) – March, 2012

• For adults with recurrent major depressive disorder
• Integration of components from Mindfulness-Based Stress Reduction and CBT
• Mindfulness = a mental state whereby one attends to and purposefully manages one’s awareness of what is happening in the moment
• Meditation and cognitive skills to prevent depression relapse – involving family and refocusing habitual negative thoughts
• Also been used for children and adults to help prevent substance abuse and SA relapse
EXAMPLE: BRIEF STRATEGIC FAMILY THERAPY (Created at University of MIAMI)

- Prevent, reduce, treat adolescent behavior problems (drug use, conduct problems, delinquency, sexually risky behavior, aggressive/violent behavior, and association with antisocial peers)

- Improve pro-social behaviors, e.g., school attendance/ performance

- Improve family functioning, effective parental leadership & mgmt, positive parenting, & involvement w/ child, peers, school

- # and frequency of BSFT sessions depends on severity of communication and management problems within family and are conducted at locations convenient to family, including the home
INCREASING KNOWLEDGE AND IMPROVING SKILLS THROUGH EVIDENCE-BASED TREATMENT/RECOVERY PRACTICES

➤ Two SAMHSA grants to University of Miami Medical School

➤ 2008 – Brief Strategic Family Therapy (BSFT)

➤ 2011 – Campus Suicide Prevention

2011 $101,966
2012 $96,456
2013 $97,231
Applause to University of Miami Miller School of Medicine, Department of Epidemiology and Public Health

Family Therapy Training Institute of Miami

UM Unites
Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover