

# Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover



# Increasing Collaboration, Cultural Competence and Quality of Care

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# Increasing Collaboration, Cultural Competence and Quality of Care

- Behavioral Health is Public Health
- Grassroots Community and Faith-Based Initiatives
- Suicide Prevention
- Mental Health First Aid

# BEHAVIORAL HEALTH IMPACTS

- By 2020, mental & substance use disorders (M/SUDs) will surpass all physical diseases as a major cause of disability worldwide
- One-half of U.S. adults will develop at least one mental illness in their lifetime
  - U.S. 2006: M/SUDs were 3<sup>rd</sup> most costly health condition behind heart conditions and injury-related disorders
  - Mental illness and heart diseases alone account for almost 70 percent of lost output/productivity

# BEHAVIORAL HEALTH IS ESSENTIAL TO HEALTH

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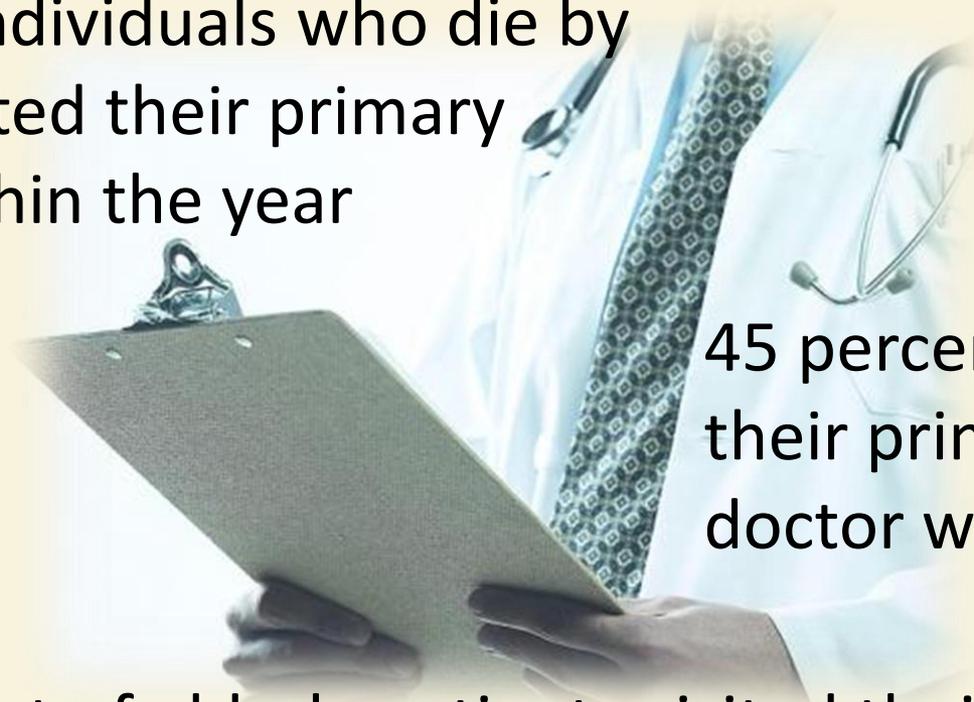
- M/SUDs: almost ¼ of all adult stays in community hospitals
- 30-44 percent of all cigarettes consumed in the U.S. are by individuals with M/SUDs
- Up to 83 percent of people w/Serious Mental Illness (SMI) are overweight or obese

# M/SUDs RELATED DEATHS & DISEASE

- Drug deaths now outnumber traffic fatalities
- People w/SMI have shortened life-spans, w/high rates of co-morbidities
  - 69 percent of adults w/SMI report at least one medical disorder
  - Health care costs higher with co-morbid BH conditions
    - Hypertension: 2x the cost of those w/out BH conditions
    - Coronary Heart Disease: 3x the cost
    - Diabetes: 4x the cost
- Nearly 5,000 deaths each year attributable to underage drinking
- Deaths by suicide outnumber homicides and deaths from HIV/AIDS

# MISSED OPPORTUNITIES = LIVES LOST

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 same day as their suicide

**THE QUESTION OF SUICIDE WAS SELDOM RAISED...**

# IMPACT OF TRAUMA

- ➔ Childhood trauma is extensive
  - > 6 in 10 U.S. youth have been exposed to violence within the past year; nearly 1 in 10 injured
  - 772,000 children were victims of maltreatment in 2008
- ➔ Adverse childhood experiences (**ACEs**, e.g., physical, emotional, and sexual abuse, as well as family dysfunction) associated with mental illness, suicidality, substance abuse, and physical illnesses
  - Potentially **explain 32.4 percent** of M/SUDs in adulthood

# PREVENTION WORKS

## → 2009 IOM Report *Preventing Mental, Emotional, and Behavioral Disorders among Young People: Progress and Possibilities*

- Among adults, half of all mental, emotional and behavioral (MEB) disorders were first diagnosed by age 14 and three-fourths by age 24
- MEB disorders among youth as commonplace as fractured limb
- Risk and resiliency factors can be addressed
- Common, early, consistent, multi-sector, continuous, community-based PUBLIC HEALTH approaches work
- Environmental, policy, culture and individual approaches

# PUBLIC HEALTH OR SOCIAL PROBLEM?



# TRAGEDIES

Grand Rapids, MI  
2011 – 8 Lost



Tucson, AZ  
2011 – 6 Lost



Asher Brown  
2010 – 1 Lost  
13 yrs old



Virginia Tech, VA  
2007 - 33 Lost



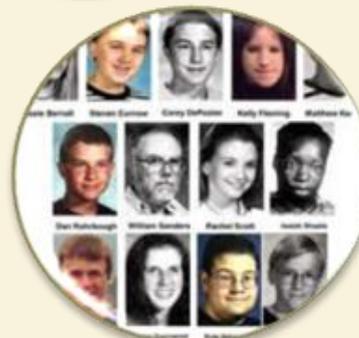
West Nickle Mines School, PA  
2007 – 6 Lost



Red Lake Band of Chippewa,  
MN, 2005 – 10 Lost



Columbine High School, TX  
1999 - 15 Lost



# FROM EVENTS TO ASSUMPTIONS . . .

12

## → Individual Blame

- Misunderstanding
- Prejudice
- Discrimination
- Moral judgment
- Social exclusion

# LEADING TO INSUFFICIENT RESPONSES

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# 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; 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

# Grassroots Community and Faith-Based Capacity Building Initiative

- In 2002, SAMHSA began its Grassroots Training Initiative.
- More than **600** capacity-building meetings and technical assistance events have been convened in communities in 47 states to strengthen grassroots organizations and successfully partner with the federal government.
- More than 20,000 individuals representing community and faith-based organizations have participated in and benefitted from these meetings.

# Community Leaders and Interfaith Partnership Summit

- The 3<sup>rd</sup> *SAMHSA Community Leaders and Interfaith Partnership Summit* was held May 2012 in Rockville, Maryland
- 20 community partnerships and coalitions have been established in 20 states
- 10 are currently being implemented in new communities
- Some are being replicated statewide

# Access to Recovery Grant Program

- Access to Recovery (ATR) is a three-year competitive, discretionary grant program with a budget of \$298 million .
- It is a presidential initiative that provides vouchers to clients for purchase of substance abuse clinical treatment and recovery support services.
- The goals of the program are to expand capacity, support client choice, and increase the array of faith-based and community-based providers for clinical treatment and recovery support services.

# Access to Recovery (ATR)

- There are three cohorts of the ATR Grant Program since its implementation in 2004; ATR I, II, III
- Total dollar amount of vouchers redeemed by faith-based providers (ATR I, II and III): **\$42,385,737.15**
- Total dollar amount of vouchers redeemed by ATR III faith-based providers in FY12: **\$3,835,771**
- 24% of the ATR service providers are faith-based organizations

# Other SAMHSA Capacity Building Resources

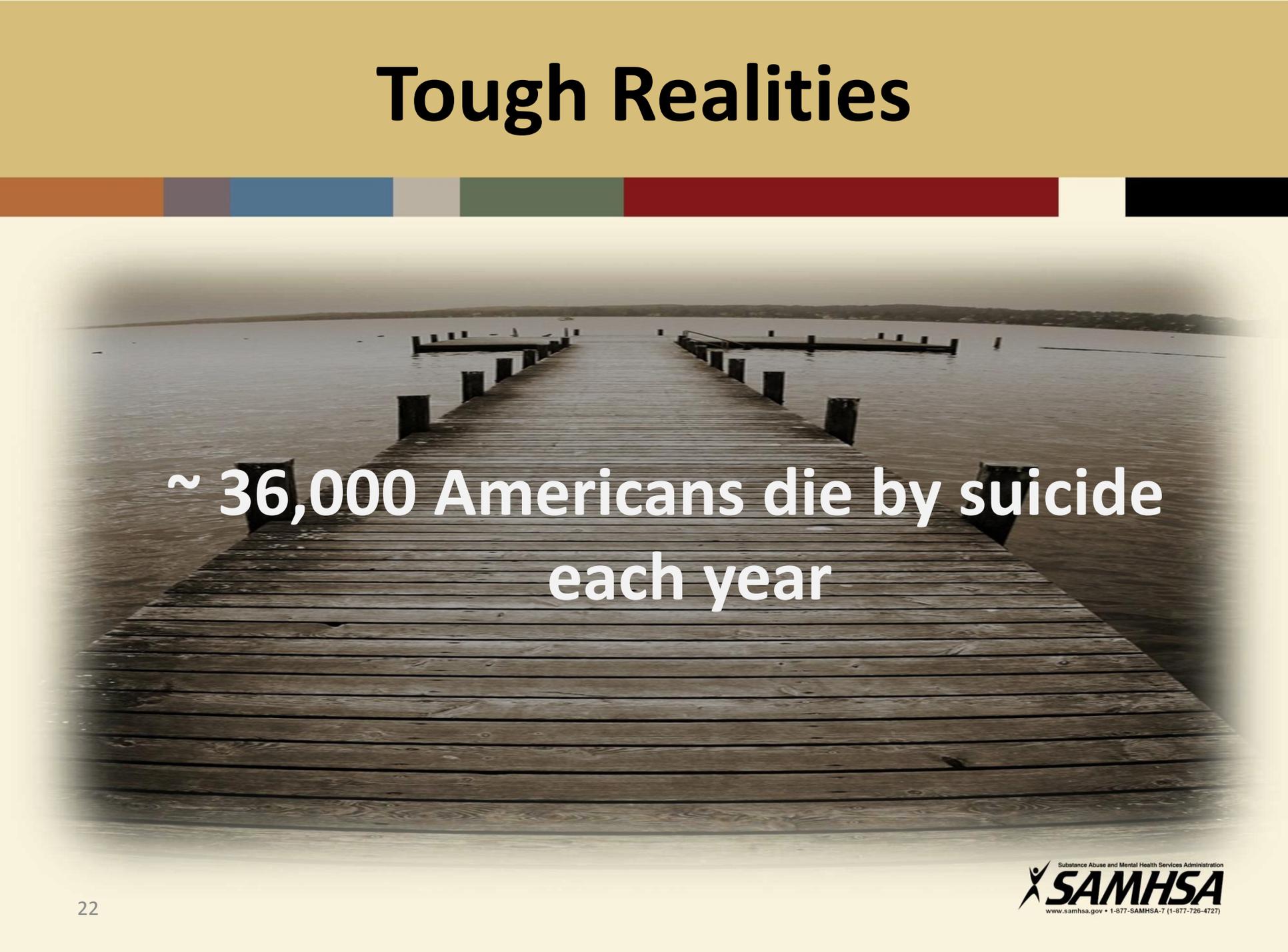
- Successful Strategies for Recruiting, Training, and Utilizing Volunteers: A Guide for Faith- and Community-Based Service Providers SMA08-4005
- Faith-based Core Competencies in Substance Abuse Knowledge
- State Alcohol and Drug Treatment Programs and Certification Standards for Substance Abuse Counselors and Prevention Professionals BKD517
- Maximizing Program Services Through Private Sector Partnerships and Relationships  
A Guide for Faith- and Community-Based Service Providers  
SMA08-4005
- Sustaining Grassroots Community based Programs Toolkit  
SMA09-4340



# Suicide Prevention: Engaging Faith Communities



# Tough Realities



~ 36,000 Americans die by suicide  
each year

# Tough Realities

- ~30 percent of deaths by suicide involved alcohol intoxication – BAC at or above legal limit

# 36,909 deaths by suicide in 2009



- ➔ Increased from 2008 to 2009 after a long downward trend
- ➔ That's an average of 1 person every 14.2 minutes killed themselves
- ➔ Average of 1 elderly person every 1 hour and 30 minutes killed themselves
- ➔ Average of 1 young person every 2 hours killed themselves. (If the 265 suicides below age 15 are included, 1 young person every 1 hour and 53 minutes)

# Tough Realities

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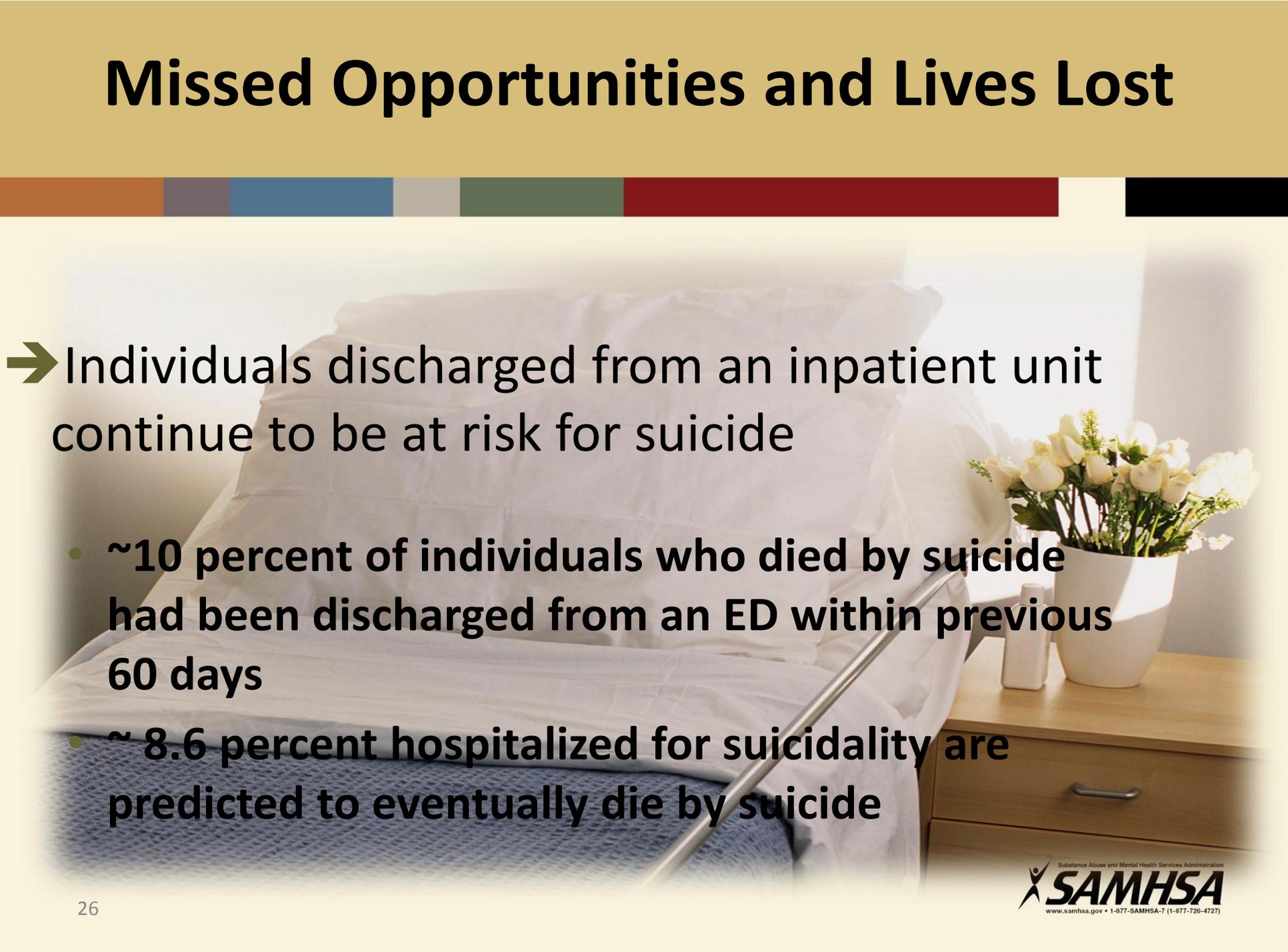


2005-2009: 55%↑ in emergency department visits for drug related suicide attempts by men 21 to 34

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

# Missed Opportunities and Lives Lost

- 
- ➔ Individuals discharged from an inpatient unit continue to be at risk for suicide
    - ~10 percent of individuals who died by suicide had been discharged from an ED within previous 60 days
    - ~ 8.6 percent hospitalized for suicidality are predicted to eventually die by suicide

# Missed Opportunities, Lives Lost

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# HARSH REALITIES

- ~ 18.5 percent of service members returning from Iraq or Afghanistan have post traumatic stress disorder (PTSD)
- Suicide among veterans accounts for as many as 1 in 5 suicides in the U.S.
- The U.S. Army suicide rate reached an all time high in June 2010



# A Network of Partnerships

NATIONAL

*Action*  
*Alliance*



FOR SUICIDE PREVENTION

# National Action Alliance for Suicide Prevention

- A public-private partnership established in 2010 to advance the *National Strategy for Suicide Prevention (NSSP)*
- **Vision:** The National Action Alliance for Suicide Prevention envisions a nation free from the tragic experience of suicide
- **Mission:** To advance the *NSSP* by:
  - Championing suicide prevention as a national priority
  - Catalyzing efforts to implement high priority objectives of the NSSP
  - Cultivating the resources needed to sustain progress
- **Leadership:**
  - PUBLIC SECTOR CO-CHAIR, The Honorable John McHugh, Secretary of the Army
  - PRIVATE SECTOR CO-CHAIR, The Honorable Gordon H. Smith, President and CEO, National Association of Broadcasters

# Action Alliance Task Force on Faith Communities

- **Goal:** The Faith Communities Task Force will generate and/or distribute educational and training materials for use by faith communities to prevent suicide and care for the survivors of completed suicides. Materials can be modified by community religious leaders for their specific theological approaches.

# Suicide Prevention Training for Faith Communities

- **The QPR Institute** advocating Question, Persuade, Refer, offers comprehensive suicide prevention training programs, and educational and clinical materials for the general public, professionals, and institutions. <http://www.qprinstitute.com/>
- **Applied Suicide Intervention Skills Training (ASIST)** is for caregivers who want to feel more comfortable, confident and competent in helping to prevent the immediate risk of suicide. Over one million caregivers have participated in this two-day, highly interactive, practical, practice-oriented workshop.

# National Suicide Prevention Lifeline

## 1-800-273-TALK

- Answered over 700,000 calls in 2011
- More than 3 million total calls answered
- 154 local crisis centers-your partners in suicide prevention
- In response to evaluation findings, created the Crisis Center Follow-up Grants
- Developed risk assessment standards and guidelines for callers at imminent risk based on evaluation studies



# Resources

- **After a suicide: Recommendations for religious services and other public memorial observances**

(2004) A guide to help community and faith leaders who plan memorial observances and provide support for individuals after the loss of a loved one to suicide.

- **Mental illness and families of faith: How congregations can respond**

- (2010) This resource/study guide is designed to be used with clergy, members of congregations, family members and anyone desiring to learn more about mental illness and how to respond with compassion and care.

- [www.sprc.org](http://www.sprc.org)





# Linking “Partners in Care” with Suicide Prevention

## National Guard State and Joint Force Chaplains



# Military/Veterans Task Force

## What is Partners in Care?

- A program run by the National Guard chaplain's office that coordinates support for National Guard members and their families by building partnerships with local faith communities.
- By expanding the faith-based resources available for warrior and family support, National Guard chaplains are able to refer Soldiers, Airmen, and their families to local faith communities for diverse kinds of support, without implied endorsement of a particular religion.

# Military/Veterans Task Force

## First Initiative: Partners in Care

- Developed by the Joint Force Chaplain of the Maryland National Guard
- Recognizes the unique role that the faith-based community has in supporting people in times of crisis, stress, and need.
- Recognizes that many in the faith-based community want to support military families, but don't know how.

# Military/Veterans Task Force

## Partners in Care Pilot Program

- Selected five States (Arizona, Oregon, Virginia, Missouri, and Minnesota) whose Adjutant Generals and Chaplains were interested and “ready to roll.”
- Conduct faith-based summits to help faith-based communities learn about military culture, to encourage signing MOU for Partners in Care, and to participate in suicide prevention gatekeeper training (by VA).

# Suicide Prevention Resource Center Website:

[www.sprc.org](http://www.sprc.org)

- [Library and Resource Materials](#) - The Role of Faith Communities in Preventing Suicide: A Report of an Interfaith Suicide Prevention Dialog (2009)
- [Resource scan of faith-based materials addressing suicide prevention](#)

During the summer of 2006, the Suicide Prevention Resource Center conducted a number of “resource scans” designed to identify readily available materials for specific audiences on given topics related to preventing suicide and promoting mental health. This report details the findings of the faith-based resource scan.

# Resources

- *Building Strong and Effective Partnerships among Community and Faith Organizations* video and toolkit highlights and chronicles some of the unique experiences of the SAMHSA 2010 Summit community partnership teams. Elaborates on the benefits and challenges of working together (secular and faith) and strategies and building blocks for developing sustainable community partnerships.
- [www.samhsa.gov](http://www.samhsa.gov)

# What Is Mental Health First Aid?

- 12-hour public education program that helps the public identify, understand, and respond to signs of mental illnesses and substance use disorders
- Program was developed in Australia and currently is used in 16 countries
- U.S. program is managed, operated, and disseminated by three national authorities — the National Council for Community Behavioral Healthcare, the Maryland Department of Health and Mental Hygiene, and the Missouri Department of Mental Health.

# Faith-Based Leaders & MH First Aid

Churches, synagogues and other houses of worship are turning to an innovative training program to equip their congregations with the skills to recognize mental illness and respond to mental health emergencies.

Mental Health First Aid, helps people assess a mental health crisis, select interventions and provide initial help.

# Mental Health First Aid Has Strong Research Base

- Since 2001, more than 25 world-wide studies have demonstrated the effectiveness of the program
- [www.mentalhealthfirstaid.org](http://www.mentalhealthfirstaid.org)
- Key benefits demonstrated include:
  - Increased mental health literacy
  - Decreased fear and discrimination
  - Increases in helping behaviors
  - Increased mental well-being in those who completed the course

# Adaptations of Mental Health First Aid

Program Adaptations Have Been Made To Address Specific Needs of Target Populations:

- College Students
- Youth
- Military
- Faith Based Leaders

Cultural Adaptations Have Been Made In Multiple Countries To Address Minority Populations:

- Immigrants
- Indigenous groups

# Why the Faith Community Is Important

- Faith-Based settings serve as a therapeutic system that:
  - Allows expression of suffering
  - Provides emotional support, acceptance, hope
  - Cultivates sense of belonging

# Why the Faith Community Is Important

- Faith-based settings can serve as a “one-stop shop”
  - Provides stability, support, belonging, meaning, comfort
  - Clergy = mentors, counselors, social workers, family mediators, motivators
  - Individuals more likely to go to clergy than mental health professionals (often first or only choice)<sup>1</sup>

1: Alexander MJ et al. 2009. Coping with thoughts of suicide: Techniques used by consumers of mental health services. *Psychiatric Services*. 60(9).

1: Goldsmith et al. (Eds.). 2002. *Reducing suicide: A national imperative*. Washington, DC: The National Academies Press. <http://www.nap.edu/books/0309083214/html/>

# Why the Faith Community Is Important

Faith-based settings can serve as a “home” to public health interventions<sup>1</sup>

- Maternal and child health, adolescent health
- Women’s and men’s health
- Older adult health
- Prevention and control of cancer, diabetes, influenza, and other health outcomes<sup>2,3</sup>
- Outreach programs to at-risk groups (e.g. homeless, unemployed, juvenile justice)

1.: Emory University Interfaith Health Program,  
[http://www.sph.emory.edu/cms/departments\\_centers/centers/ihp.html](http://www.sph.emory.edu/cms/departments_centers/centers/ihp.html)

2: Jackel Jr et al. 2003. The national diabetes, influenza, and pneumococcal campaign: An evaluation of campaign relevancy, partnerships, and media relations. *Journal of Public Health Management Practice*

3: Giarratano et al. 2005. A multicultural and multilingual outreach program for cervical and breast cancer screening. *Journal of Obstetrical and Gynecologic Neonatal Nursing*.

# Clergy: Our First Line of Defense

For Suicide Prevention & Mental Health Support

- More people consult clergy for MH health problems than consulting psychiatrists and psychologists combined
- Providing training in Mental Health First Aid offers skills and resources to these “first responders”

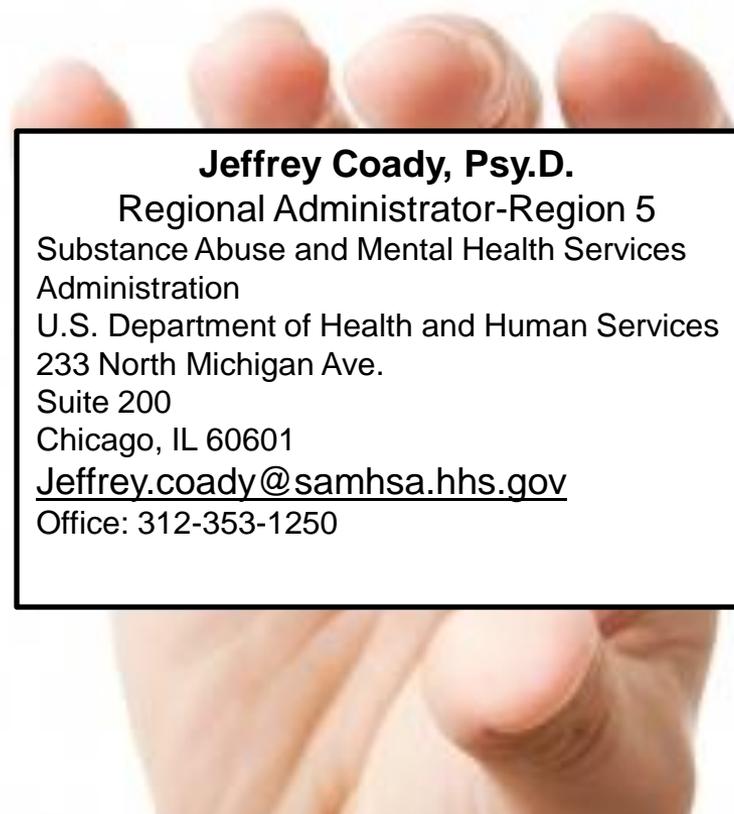
# HELP US CHANGE THE CONVERSATION!



# SO, HOW DO WE CREATE . . .

- A national dialogue on the role of BH in public life
- With a public health approach that:
  - Engages everyone – general public, elected officials, schools, parents, community coalitions, churches, health professionals, researchers, persons directly affected by mental illness/addiction & their families
  - Is based on data, facts, science, common understandings/messages
  - Is focused on prevention (healthy communities)
  - Is committed to the health of everyone (social inclusion)

# Thank you! Questions?



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