Behavioral Health is “Public” Health: The relationship between mental illness, substance abuse, and the impact on the public health system.

Steve Denny, LSCSW, LCAC
Course Objectives

• Define behavioral health problem areas that intersect with public health systems of care
• Identify 3 program/training considerations that could improve behavioral health competency in a public health program
• Identify collaborative strategies to partner with behavioral health organizations in local communities
The CMHC Network

Community Mental Health Centers of Kansas

Locations of Community Mental Health Centers
Key to Map
THE INTERSECTION OF PUBLIC HEALTH & BEHAVIORAL HEALTH
Let’s talk about purpose.....
Collaboration creates a much smoother intersection
Kansas Association of Local Health Departments 2019 Policy Statement - Intersections

Behavioral Health Services | Opioid Epidemic | ACES | Tobacco 21

We are Changing Together

• Focus on prevention of chronic disease through positive lifestyle changes (e.g., tobacco cessation)
• Newly emerging, focus on broader societal issues (e.g., social determinants of health, poverty, housing)

KALHD Presentation February 2019
Behavioral Health Definitions

**Mental Illness:** A wide range of mental health conditions/disorders that affect mood, thinking, and behavior

**Substance Use Disorder (SUD):** Disorder caused by recurrent use of substances causing clinically and functionally significant impairment in major areas of life

**Co-Occurring Disorder:** The co-existence of both a mental health and substance use disorder

**Behavioral Health Treatment:** Ways of intervening and preventing mental illness and substance use disorders
Methods of Intervening

• Traditional Services
  – Medication
  – Counseling
  – Case Management and Community Based Services for Target Population

• Emerging Methods
  – Integration
  – Technological
  – Value Based vs. Fee for Service
What is Integration?

• Integrated Healthcare: The coordination of physical and behavioral health care...i.e.
  – Healthcare providers imbedded in behavioral health
  – Behavioral health imbedded in primary care
  – Behavioral health in school settings
Understanding the Severity Spectrum of Diagnostic Categories-Adults

- Adjustment Disorders
- Mood and Anxiety
- PTSD
- Bipolar
- Schizophrenia
Understanding the Spectrum of Mental Illness-Children

- ADHD
- Depression and Anxiety
- PTSD
- Disruptive Mood Dysregulation Disorder

Adjustment Disorders
Diagnosis alone does not determine severity
Substance Use Disorders

• Substance use disorder in DSM-5 combines the DSM-IV categories of substance abuse and substance dependence into a single disorder measured on a continuum from mild to severe.
  – Mild  2-3 symptoms
  – Moderate 3-5 symptoms
  – Severe 6 or more symptoms

APA 2013
Substance Categories

- Alcohol
- Cannabis
- Hallucinogens
- Opioids
- Sedative, Hypnotic or Anxiolytic
- Stimulants
- Tobacco
- Non-Substance-Related: Gambling

APA 2013
Understanding Co-Occurring Disorders The Quadrant Model

III  Locus of care: Substance abuse system

IV  Locus of care: State hospitals, jails/prisons, emergency rooms, etc.

I  Locus of care: Primary health care settings

II  Locus of care: Mental health system

SAMHSA, TIP 42, 2005
Factors that influence severity of behavioral health

- Poverty
- Family/relationships
- Intellectual capacity
- Treatment Resources and participation
- Chronic health conditions
- Oral health
- Access to housing
You Tell Me....

How is behavioral health impacting public health?
Intersections: Points of Emphasis for Today

1. Addiction and impact on public health
2. Suicide and Suicide Prevention
3. Children’s social and emotional health
ADDICTION AND THE COMMUNITY IMPACT
## Costs of Addiction

<table>
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<tr>
<th>Substance</th>
<th>Cost</th>
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<tr>
<td>Tobacco</td>
<td>300 Billion</td>
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<tr>
<td>Alcohol</td>
<td>249 Billion</td>
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<tr>
<td>Illicit Drugs</td>
<td>193 Billion</td>
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<tr>
<td>Prescription Opioids</td>
<td>78.5 Billion</td>
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NIDA, 2019  
https://www.drugabuse.gov/related-topics/trends-statistics
Addiction: Community Impact

- Teenage pregnancy
- HIV/AIDS and other STD’s
- Domestic Violence
- Child Abuse
- Motor Vehicle Crashes
- Violence/Crime
- Homicide
- Suicide

Healthy People 2020
https://www.healthypeople.gov/2020/topics-objectives/topic/substance-abuse
Methamphetamines-Point of Emphasis

- [https://www.drugabuse.gov/drugs-abuse/methamphetamine](https://www.drugabuse.gov/drugs-abuse/methamphetamine)

- Video Clip
  - [http://www.drugfreeworld.org/real-life-stories.html](http://www.drugfreeworld.org/real-life-stories.html)
Methamphetamine

- Neurotransmitters: Dopamine, **epinephrine**, **norepinephrine**, serotonin, acetylcholine
- Routes of Admin: Snorting, injection, oral, smoking
- Effects last 4-6 hours (compared to 10 to 90 minutes of Cocaine)
- Profile: White Males 19-40; common in women, gay men, and increasing use in Black, Latino communities

(Inaba, Cohen 2014)
Manufacturing Meth

• Historically common among biker gangs
• Rural areas commonly sought out to acquire supplies and areas where odor is less likely to be detected
• Safe, cheaper, and nearly odor free methods have increased “small” manufacturers: “Shake and bake method”
• Currently over 300 methods

(Inaba, Cohen 2014)
Consequences

• Overstimulation and continual use causes long term and permanent alterations in the brain’s ability to produce vital neurotransmitters
  – Depression 3-6 months after cessation
  – Memory problems, concentration, loss of limbic gray matter
• Intrauterine and neonatal risks
  – Irritable baby syndrome
  – Premature delivery
  – Risk of placental separation
  – Developmental/growth delays
  – Learning disabilities
  – ADHD
  – SIDS
  (Inaba, Cohen 2014)
The Co-Occurring Connection

**Effects:**
Euphoria, alertness, sexual feelings, sense of wellbeing and confidence. Often becomes a substitute for sexual activity

**Prolonged use:**
Irritability, paranoia, anxiety, aggression, mental confusion, poor judgment, impaired memory, and hallucinations

(Inaba, Cohen 2014)
Amphetamine psychosis

- Hallucinations, paranoia
- Loss of contact with reality
- Pressured Speech

“Almost indistinguishable from those of true schizophrenia or paranoid psychosis”

Excess dopamine release caused by meth can be treated with antipsychotic medication

(Inaba, Cohen 2014)
What is going on in your community?

- Alcohol Trends
- Marijuana
- Synthetics
- Opioids/Prescription Drugs
- OTC medication abuse
Addiction Resources

• National Institute on Drug Abuse
  – NIDA

• Mid America Addiction Technology Transfer Center Network (ATTC)
  – https://attcnetwork.org/centers/mid-america-attc/home

• Kansas Association of Addiction Professionals
  – http://www.ksaap.org/
SUICIDE AWARENESS AND PREVENTION
Vital Statistics: Kansas Deaths By Suicide

Total Deaths by Suicide in Kansas

Suicide Prevention Resource Center
Vital Statistics: Age Groups

- **05-24**: 99 Deaths in 2017 (6 below the age of 14)
- **25-34**: 101 Deaths in 2017
- **35-44**: 91 Deaths in 2017
- **45-54**: 91 Deaths in 2017
- **Ages 15-24**: Suicide the 2\(^{nd}\) leading cause of death in 2017
- **Suicide** led to 2\(^{nd}\) leading cause of death in 5-14 age group in 2016

* Kansas Annual Summary of Vital Statistics 2016, 2017
The Ripple Effect......

Community
Schools/Systems
First Responders
Family/Friends
Event
Understand Risk and Protective Factors

**Risk Factors**
- Prior Suicide Attempts
- Misuse and abuse of alcohol or other drugs
- Mental disorders—Depression and Mood Disorders
- Access to lethal means
- Knowing someone who died by suicide
- Social Isolation
- Chronic Disease and Disability
- Lack of access to behavioral healthcare

**Protective Factors**
- Effective behavioral health care
- Connectedness
- Life Skills
- Self-esteem
- Cultural, religious, or personal beliefs that discourage suicide

SPRC 2019
Population considerations

- Racial/Ethnic Groups
- Older Adults
- Adolescents
- LGBT
- Military/Veterans
- Men

SPRC 2019
What can we do?

Awareness  |  Intervention  |  Prevention
Resources on Suicide Prevention

• National Suicide Prevention Lifeline
  – [https://suicidepreventionlifeline.org/](https://suicidepreventionlifeline.org/)
• Society for the Prevention of Teen Suicide
  – [www.sptusa.com](http://www.sptusa.com)
  – Contains trainings/information directly for educators
• Suicide Prevention Resource Center
  – [www.sprc.org](http://www.sprc.org)
• The Trevor Project
  – [www.thetrevorproject.org](http://www.thetrevorproject.org)
• Crisis Text Line
  – [www.crisistextline.org](http://www.crisistextline.org)
• Your Life Your Voice
  – [www.yourlifeyourvoice.org](http://www.yourlifeyourvoice.org)
CHILDREN’S SOCIAL AND EMOTIONAL HEALTH
What is Social and Emotional Health?

A Young Child’s ability to:

• Form close relationships with other people
• Express and manage emotions
• Explore new environments

Social and Emotional Health: A Guide for Families with Children Birth to Age 8, 2013
The Trauma Factor

• Adverse Childhood Experiences (ACEs) study quantified the impact of all types of abuse, neglect, and other potentially traumatic experiences that occur people under the age of 18
  – Risky health behaviors
  – Chronic health conditions
  – Low life potential and early death

CDC.gov, 2019
ACES Pyramid

Mechanism by which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

Center for Disease Control
2019
Complex Trauma

• Attachment and Relationships
• Physical Health: Body and Brain development
• Emotional Responses
• Dissociation
• Behavior
• Cognition: Thinking and Learning
• Self-Concept and Future Orientation
• Long-Term Health Consequences

National Child Traumatic Stress Network https://www.nctsn.org
After you have been traumatized you live in a different universe

Bessel van der Kolk, MD,
Early Childhood Mental Health and Trauma Resources

- Kansas Association of Infant and Early Childhood Mental Health
  - http://www.kaimh.org/
- NeuroNuture
  - https://www.neuronurtureks.org/
- National Child Traumatic Stress Network
  - https://www.nctsn.org/
- The Trauma Center
  - http://www.traumacenter.org/index.php
- Suggested Readings
  - The Boy Who Was Raised As A Dog, Bruce Perry, MD.
  - The Body Keeps Score, Bessel van der Kolk, MD
  - The Whole Brained Child, Daniel J Siegel, Tina Payne Bryson
Other Considerations

- Peri-Post partum depression
- Geriatric Mental Health
- Tobacco cessation and intervention
- Population specific screenings
- Opioid Disorders
PROGRAM & TRAINING CONSIDERATIONS
3 training considerations to improve Behavioral Health Competency

1. Mental Health First Aid
2. Motivational Interviewing
3. Trauma Informed Care
Mental Health First Aid

• 8 Hour Course designed to give people skills to help someone who is developing a mental health problem or experiencing a mental health crisis

• Course Types
  – Adult
  – Youth
  – Fire/EMS

• Community Mental Health Centers have trainers throughout the State

https://www.mentalhealthfirstaid.org/
MOTIVATIONAL INTERVIEWING IS A...

“collaborative, person-centered counseling style for addressing the common problem of ambivalence about change.”

Benefits and Applications

• Benefits
  – Increases retention and engagement
  – Increases client motivation and change talk
  – Reduces provider burnout
  – Useful for “treatment resistant” clients or clients in the early stages of change
  – Applicable across multiple populations

• Applications
  – Medical professionals (all levels)
  – Behavioral Health (traditional and integrated)
  – Correctional officers
Trauma Informed Care

Essential Elements of a Trauma-Informed Integrated Healthcare System

1. Creating a trauma-informed office.
2. Involving and engaging family in program development, implementation, and evaluation.
3. Promoting child and family resilience, enhancing protective factors, and addressing parent/caregiver trauma.
4. Enhancing staff resilience and addressing secondary traumatic stress.
5. Assessing trauma-related somatic and mental health issues.
6. Providing coordinated, integrated care across child- and family-service systems

NCTSN, 2019
https://www.nctsn.org/print/873
TIC Resources

• National Child Traumatic Stress Network
  – https://www.nctsn.org/

• Wichita State University Community Engagement Institute
Other Program and Training Considerations

• Columbia Suicide Risk Screening protocols
  – http://cssrs.columbia.edu/

• Screening Brief Intervention Referral and Treatment (SBIRT)
  – https://kdads.ks.gov/provider-home/providers/sbirt
COLLABORATION
Collaborative Strategies

1. Figure out what your community needs and how you can help each other
2. Establish an effective screening and referral system
3. Identify integration opportunities
Successful Collaboration Reduces Tobacco Use in Minnesota

From Healthy People 2020 Stories from the Field, a series highlighting communities across the Nation that are addressing the Leading Health Indicators (LHIs).

Tobacco use is the single most preventable cause of disease in the United States. It causes more deaths than HIV, drug and alcohol misuse, motor vehicle accidents, suicide, and murder combined. In the state of Minnesota, smoking is responsible for more than $3 billion in annual health care costs and contributes to more than 6,000 deaths each year.

In the face of this, a pair of Minnesota organizations — a public health agency and an independent nonprofit organization — have been

A Northwest Kansas Example

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<th>Rawlins</th>
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Outreach Office and Service Locations

- Indicates locations served
- Indicates Public Health Dept. partnership

Proudly Serving 20 Northwest Kansas Counties
High Plains Mental Health Center
208 E. 7th, Hays, KS 67601
www.hpmhc.com
Creating Cross-sector Partnerships to Coordinate Mental Health Care

The large population of individuals with mental illness in the nation’s criminal justice system, and their risk of recidivism, is an ongoing public health challenge. To reduce their numbers and minimize their risk of reoffending, the DuPage County Health Department (DCHD) has partnered with the DuPage County Sheriff’s Office to implement the DuPage County Post-Crisis Response Team (PCRT) project. With successful implementation of the project, decreases in recidivism, increases in effective linkages to care, and improved coding of crime reports are expected. Ultimately, the PCRT framework and crime reporting codes could be adopted, adapted, or replicated by other jurisdictions to further address mental health challenges across the country.

Using a working definition and characteristics of innovation in public health, and with funding from PHNCl, the DCHD is advancing strategies, such as cross-sector teams comprised of a mental health clinician and a DuPage County sheriff’s deputy, to conduct follow-up visits with individuals with potential mental health issues who have previously encountered law enforcement, and link them to the appropriate care.

https://phnci.org/journal/creating-cross-sector-partnerships-to-coordinate-mental-health-care
Closing Thoughts

• Move past “the past”
• Our problem not “their problem”
• Get used to uncertainty and conflict
• Prepare for Adaptive Challenges
• Be Practical!
• Always return to purpose!

O’ Malley, McBride, Nichols, 2014
Questions

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