

Behavioral Health is “Public”

Health: The relationship between mental illness, substance abuse, and the impact on the public health system.

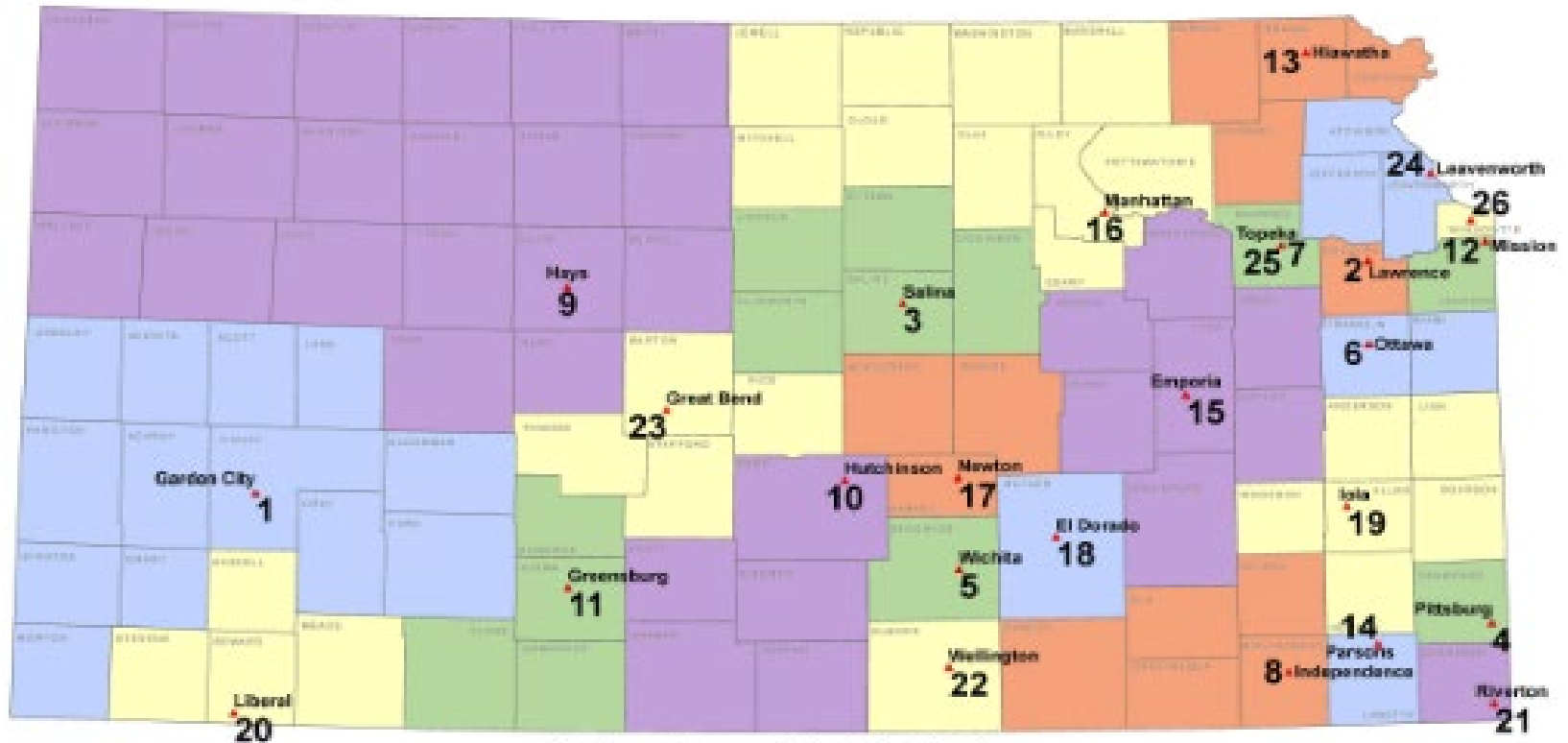
Steve Denny, LSCSW, LCAC

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

ACHIEVING



Community
Wellness

MAINTAINING



Organizational
Wellness

PROMOTING



Employee
Wellness



FOUR COUNTY

Mental Health Center

Helping Make Life Better



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)

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

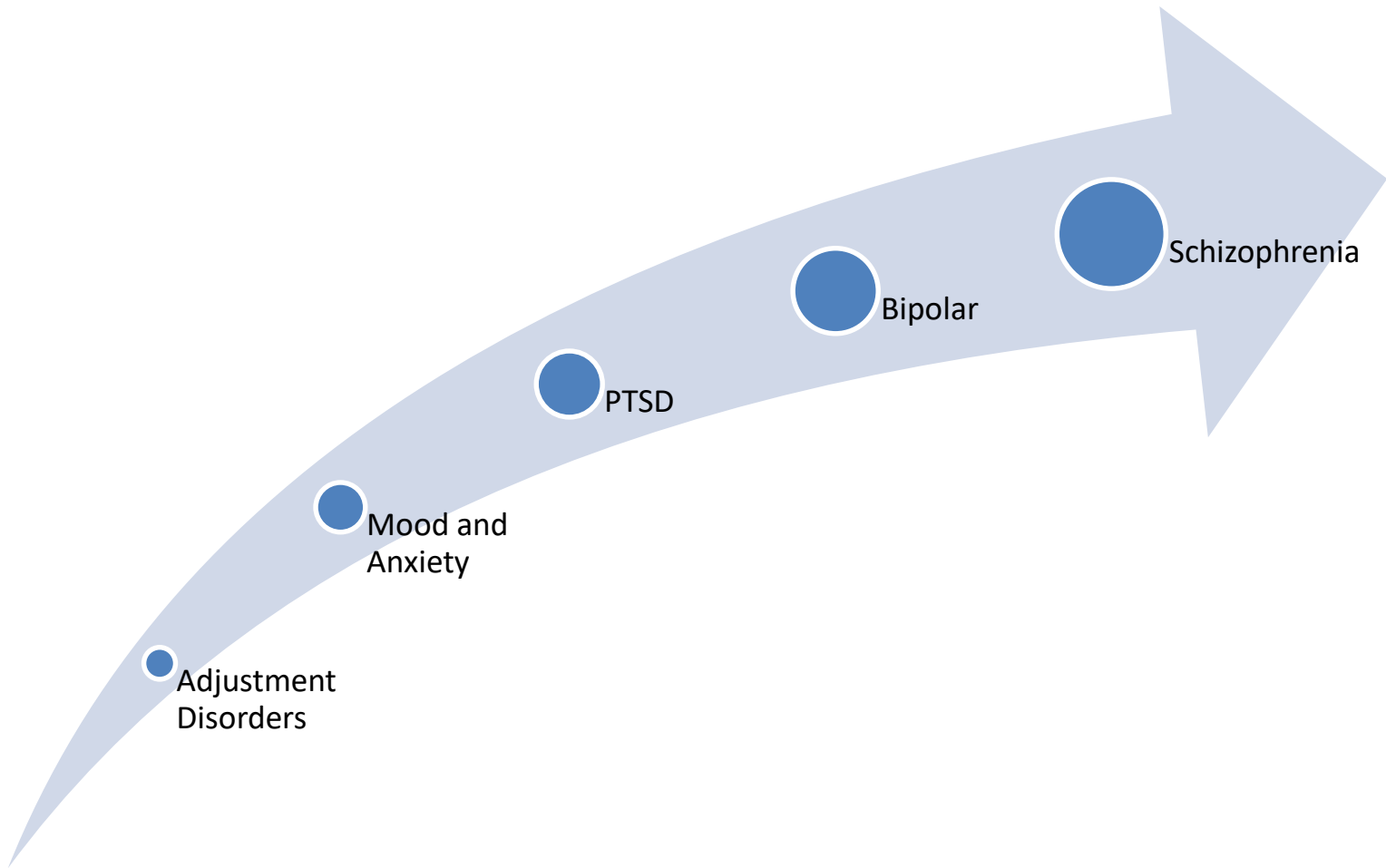
Methods of Intervening

- Traditional Services
 - Medication
 - Counseling
 - Case Management and Community Based Services for Target Population
- Emerging Methods
 - Integration
 - Technological
 - Value Based vs. Fee for Service

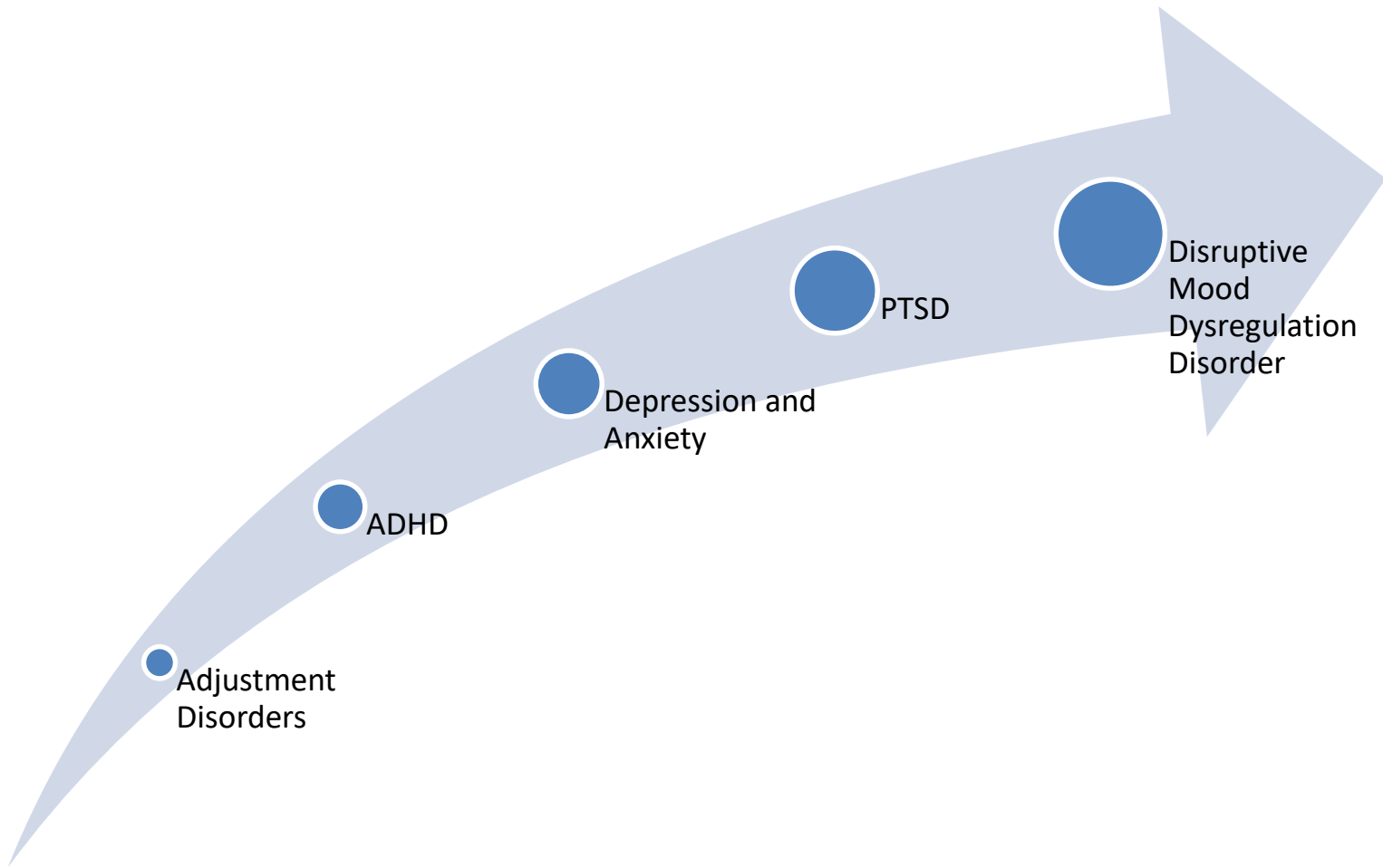
What is Integration?

- 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



Understanding the Spectrum of Mental Illness-Children



Diagnosis alone does not
determine severity

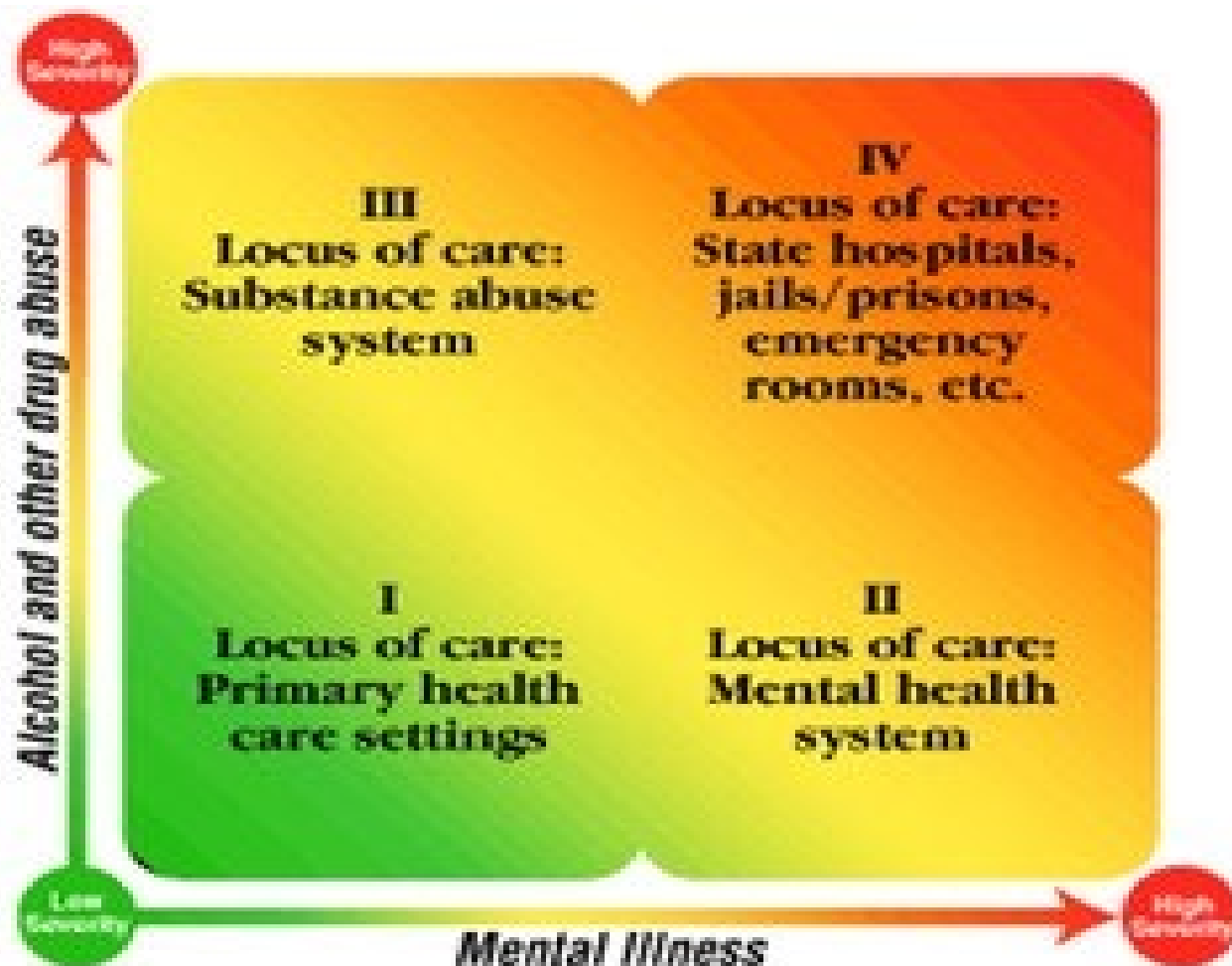
Substance Use Disorders

- 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

Substance Categories

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

Understanding Co-Occurring Disorders The Quadrant Model



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

Tobacco	300 Billion
Alcohol	249 Billion
Illicit Drugs	193 Billion
Prescription Opioids	78.5 Billion

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>
- Video Clip
 - <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

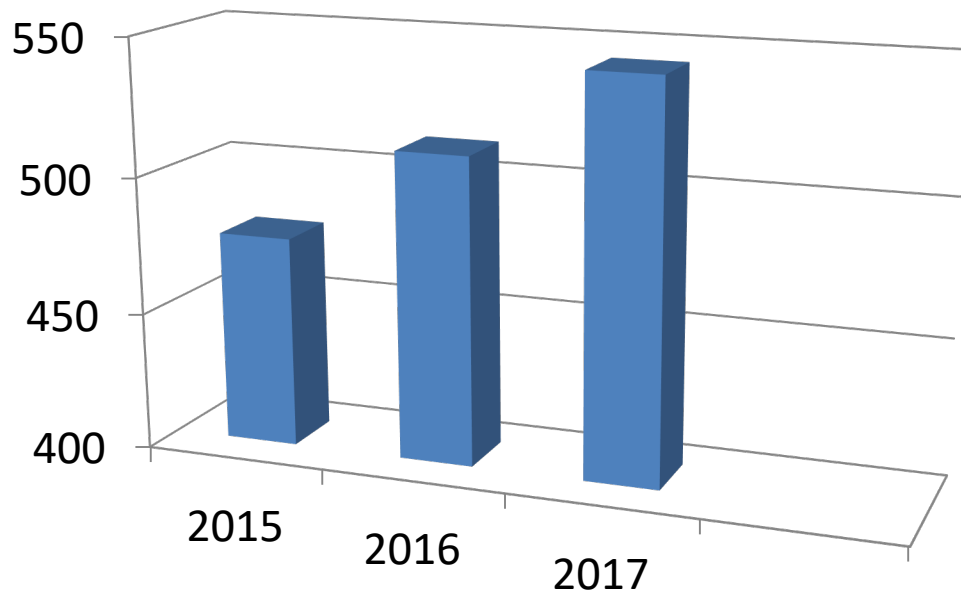
Addiction Resources

- 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 2nd leading cause of death in 2017
- Suicide led to 2nd leading cause of death in 5-14 age group in 2016

* Kansas Annual Summary of Vital Statistics 2016, 2017

The Ripple Effect.....



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

SPRC 2019

Protective Factors

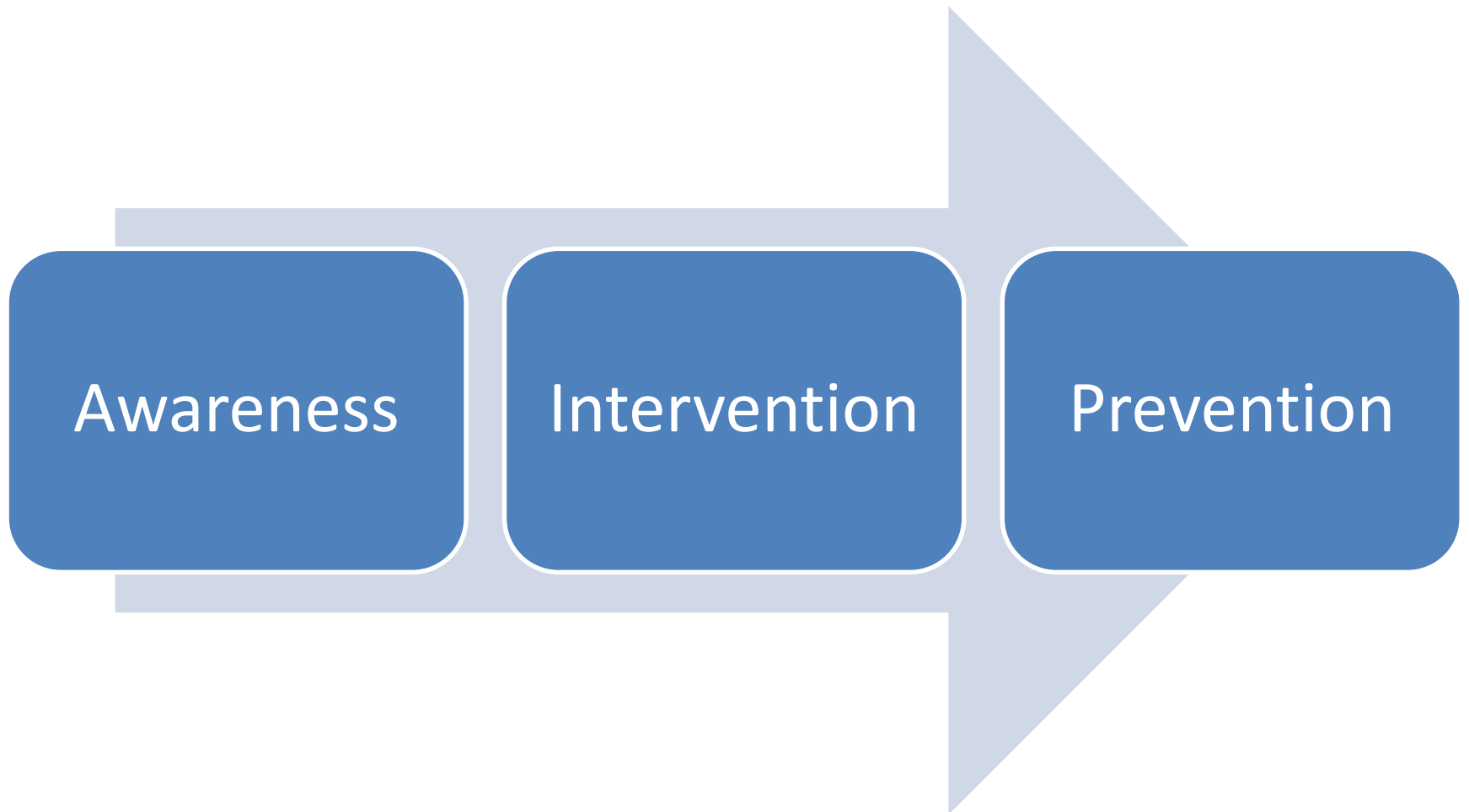
- Effective behavioral health care
- Connectedness
- Life Skills
- Self-esteem
- Cultural, religious, or personal beliefs that discourage suicide

SPRC 2019

Population considerations

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

What can we do?



Resources on Suicide Prevention

- National Suicide Prevention Lifeline
 - <https://suicidepreventionlifeline.org/>
- Society for the Prevention of Teen Suicide
 - www.sptusa.com
 - Contains trainings/information directly for educators
- Suicide Prevention Resource Center
 - www.sprc.org
- The Trevor Project
 - www.thetrevorproject.org
- Crisis Text Line
 - www.crisistextline.org
- Your Life Your Voice
 - 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

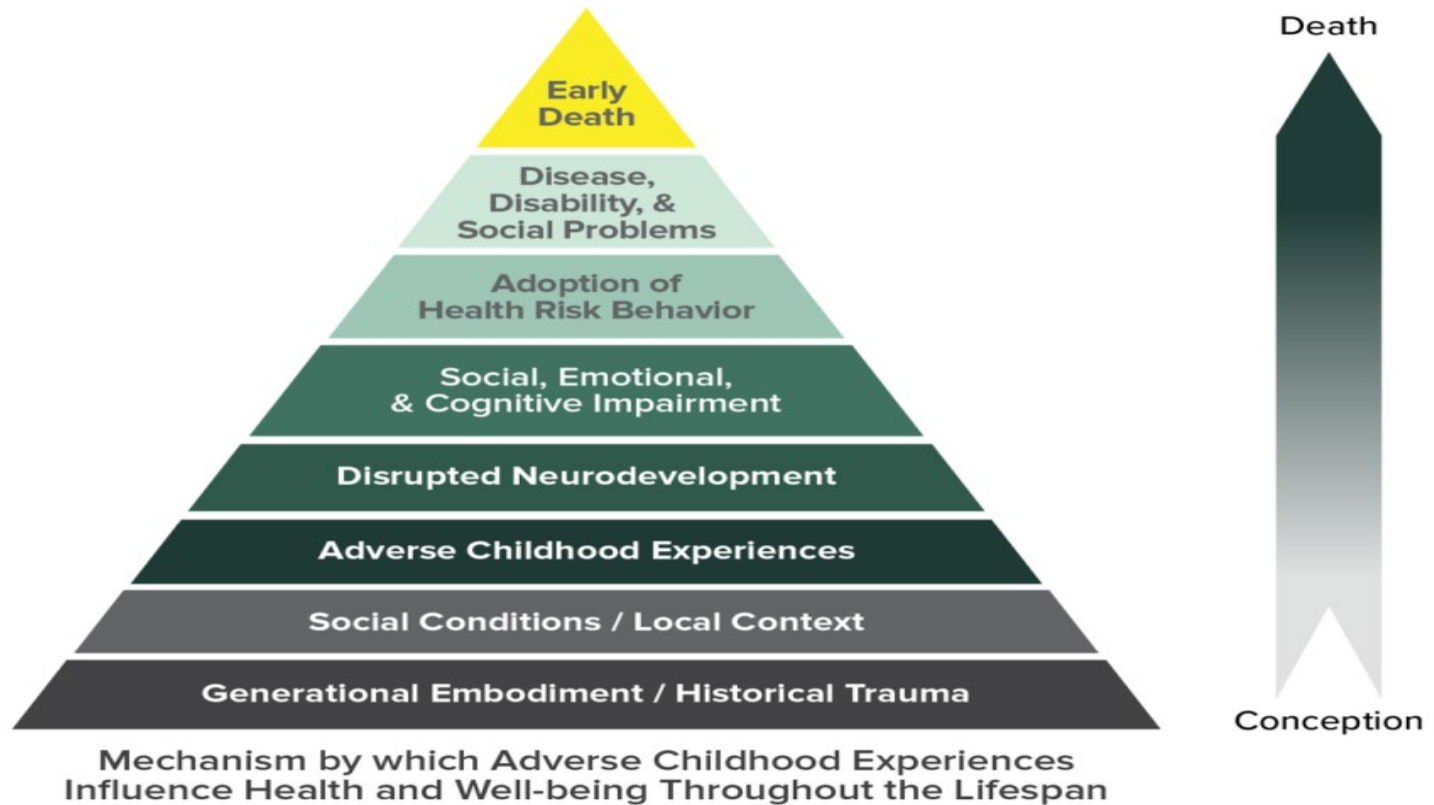
Social and Emotional Health: A Guide for Families with Children
Birth to Age 8, 2013

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



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

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.neuronutureks.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.”**

Miller, W. R. & Rollnick, S. (2013). Motivational interviewing: helping people change (3rd ed., p. 21) New York, N: Guilford Press.

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
 - <http://communityengagementinstitute.org/center-and-initiatives/trauma-informed-systems-of-care>

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

🕒 Posted on March 27, 2019 by ODPHP

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



https://health.gov/news/blog/2019/03/successful-collaboration-reduces-tobacco-use-in-minnesota/?source=govdelivery&utm_medium=email&utm_source=govdelivery

A Northwest Kansas Example



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 PHNCI](#), 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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