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The Substance Abuse and Mental Health Services Administration presents the Road to Recovery. This programming aims to raise awareness about substance use and mental health problems, highlight the effectiveness of treatment and that people can and do recover. Today's program is: *Prevention and Early Intervention for Substance Use and Mental Disorders: What's Working, What's Needed?* 

Hello, I am Ivette Torres, and welcome to another edition of the Road to Recovery. Today we will be talking about prevention and early intervention for alcohol and drug disorders and mental health conditions. We will be talking about what's working and what's needed. Joining us in our panel today are: Frances Harding, Director, Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, Rockville, MD; Jane Callahan, Director, National Community Anti-Drug Coalition Institute, Community Anti-Drug Coalitions of America, Alexandria, VA; Jordan Burnham, Mental Health Advocate, Active Minds Inc., Washington, DC; Dr. Wendy Greene, Assistant Director of Trauma and Critical Care and Program Developer, Screening, Brief Interventions and Referral to Treatment Program, Howard University Hospital, Washington, DC. Fran, what is the definition of behavioral health, and how do we distinguish between prevention, early intervention, and treatment within that definition?

The definition for behavioral health for SAMHSA is we are taking the substance abuse and mental health prevention, intervention, and treatment programs, and we are encasing it within the disorder realm. So substance abuse, prevention, intervention, and treatment are exactly the same, same levels, and so is mental health. We are finding that mental health properties for prevention, especially, are very similar to the properties of substance abuse, and treatment is different in one respect, but the intervention to get people into treatment is very similar.

It is similar, but there are differences between the treatment aspect of substance use disorders and mental illnesses, correct?

Yes, there are. We have different treatment centers for substance abuse. We often have centers for treatment. Mental health services are delivered by many different realms. We have medical

homes that deliver services, we have community centers that deliver services. You don't see traditional structures like in the substance abuse world for treatment.

# Dr. Greene, what is the magnitude of mental, emotional, and behavioral health problems in our society?

If you look at the national averages of mental health disorders, they may vary by regions, but if you look at some of the underlying day-to-day anxieties, you can imagine that it can go upwards of 70 percent if you include a number of the less diagnosed or less appreciated disease processes. In our trauma population, we often see upwards of 60 to 70 percent of our patients may have some sort of mental health. We feel that the patient actually has a traumatic event and has some sort of substance abuse associated with it, be it alcohol or some drugs, because they usually have a polysubstance abuse patient. We often find that they aren't just drugging because they want to, but they are usually drugging to a problem. And that problem may be a mental disorder as their underlying problem, whether it be depression or otherwise. So the mixture of the two, trauma, depression, mental health, are very intertwined.

### Jordan, you have had, yourself, some experiences with the problems of mental illness and substance use disorders. Correct?

Right. I think the two go hand-in-hand. I think that, myself, the first time I picked up a drink was when I was a freshman in high school. Statistics show that ages 12 to 17, a young adult in that age, they are twice as likely to pick up their first drink or drug if they experience some type of depression within that year. I was diagnosed with depression in 10th grade. For me, I look at, you know, when I speak to high school and even college students, is that 7 out of 10 young adults who have a serious substance abuse problem also have a serious mental health issue that is occurring with that. So I think, again, they do go hand-in-hand.

# And how did you manifest the problem? Were your parents aware of the difficulties that you might have been having?

Yes, I think my parents were very aware of the problem of me drinking, but one of the problems was that no one wanted to see what the root was of the problem of me drinking. Everyone looked at me drinking and saying, "Well, that's why he's not doing that well in school." Or, "That's

why he's not feeling that great." But no one wanted to go to the X-factor and say, "This is *why* he is drinking; that is getting him to that point."

### And so when were you finally assessed? When did you start and when were you finally assessed?

When I was diagnosed, being 16, I didn't know how to handle it, because depressed and depression are two words that are used over and over again. I didn't know what the difference was between being depressed and being diagnosed with depression. It was explained to me that, when someone is depressed they know why they are crying, why they can't get out of bed, why their appetite might be a little bit different. But with someone like me, with depression, I can wake up one day and have no idea why I am crying, why I feel like I don't want to get out of bed, why I feel unmotivated. And so it was a process in getting to learn my depression, having to take medicine, knowing that it is not a cold; it doesn't go away after a couple of weeks, after you take medicine and see a therapist. It was a process, but something that I didn't follow through with. I fell into a lot of tricks that young adults do by taking my antidepressant for about a month, feeling great, and feeling, "Well, I am cured from depression," and stop taking my medicine.

#### And so you would stop taking them?

Exactly.

#### And it was in that period that you attempted to commit suicide?

Yes. Along with self-medicating, with drinking, and taking my antidepressant on and off, that is what led up to my suicide attempt, by going out of my nine-story bedroom window.

#### Well, we are glad you are here.

Thank you, glad to be here.

And we are glad you got the appropriate help. So, Jane, given all these sets of circumstances, in terms of beginning to assess a young lady or a young man, what do they need to know? What signs do they need to look for?

I think the most important thing, first of all, is to just be a really good parent and listen. And then, secondly, educate yourself and learn about these things, learn about community resources and work together with other parents, particularly in your schools and your communities, to

make sure that all of your kids together are getting what they need to grow up to be healthy and avoid problem behaviors. And when things do surface, I think it is really important for parents not to necessarily blame themselves, but definitely proactively get the kind of support they need, both for themselves and their children, to increase the likelihood that little problems won't turn into great big problems.

Yes and when we come back we are going to be talking more about what parents can do, what programs are available, and how everyone can really get engaged and get involved to prevent substance use disorders and mental illnesses in our young people. We will be right back.

For more information on *National Recovery Month*, to find out how to get involved, or to locate an event near you, visit the *Recovery Month* Web site at recoverymonth.gov.

Renee Hunter, Executive Director for Together for Drug Free Youth in Wenatchee Washington, discusses what it means to be involved in a Prevention Prepared Community.

A prevention-prepared community is a group of concerned citizens that come together and they all have the same focus around substance abuse prevention. The coalition is willing to come together and go through training together to make sure that they are looking at the data and the information about their community and assessing it in the correct way. And then coming up with a plan or a project that addresses their needs.

Melissa Hernandez, Family Services Specialist for the Wenatchee Washington School District, addresses the importance of community involvement in Prevention efforts.

As a community we are after the same goals and knowing that we can work together and we can bring positive change to the community is always very rewarding. [Music]

Fran, we started talking about what parents can do, but let's go back a little bit and let's talk about what happens if we really do not prevent these problems within the population of young adults and other populations that we really have to engage with.

First and foremost, it is predicted by 2020 behavioral health disorders—remember, that is substance abuse and mental health—will surpass all other chronic diseases as the major health problem for our country. That in itself grabs your attention. To break it down even further, approximately \$250 billion is spent each year on the cost of mental and emotional and behavioral disorders. To add to that, over \$200 Billion and \$500 billion is cost to our society for addiction disorders; for instance, substance abuse and alcoholism. So those are huge costs, especially during our current economics, that we can't afford to ignore. We have a saying in SAMHSA, which is, "Behavioral health is essential to overall health." And that is our goal, is to help our country understand: By looking at and treating and preventing and intervening into behavioral health, substance abuse, and mental health issues, we will save our country a lot of money and a lot of health.

And Dr. Greene, it really goes beyond the treatment of mental illnesses and alcohol and drug use disorders, correct? I mean, there are other complicating factors of individuals that have those problems that then develop or may already be in the DNA of the person that has those problems and then the problems are exacerbated, like diabetes, cardiovascular issues, is that correct?

Yes, the patients who have a mental health disorder may have other chronic illnesses and, as such, when they don't take care of their mental health, they may not take care of their overall body's health, too. Other things may get ignored, and whenever you ignore a problem and let it fester, you can imagine that the cost to health care becomes triple that which you could have

done had you just spent the money in prevention in the firsthand. So every \$1 you spend in prevention you are saving another \$3 in health on the other end.

# And Fran, what does the research tell us in terms of the strategies to use to begin to address these problems?

For behavioral health and substance abuse, mental illness and substance abuse prevention programs, we want to get to the young people first. So we have several programs that target the zero to 8 population. And, obviously, we don't teach young people at that age how not to drink or look at them for behavioral health issues, but we are looking at the families and the parents and the communities that they live in. And that is what these programs do. We go in, we do an assessment. We take an evidence-based program, we implement the program that is targeted to the specific needs of that particular community, family, school, environment as a whole. We need to get in early and often.

# And Jordan, when you were going through your whole ordeal, were you able to really connect with the broader community? Did you find support within that community?

It was difficult for me, personally, to find support in our community because mental health in the suburb area that I lived in, it was very taboo. And the problem for me was that when someone asked me how I was doing or how I was feeling, I was ashamed to say because here I suffer from depression, but I went to school with this mask on my face like I didn't. Although it took all the way until 10th grade for me to be diagnosed with depression, in a way when I hear about the screening that we do for physicals, you know, every year that they do for schools, I am thinking to myself, we do screening for physicals every year, but how come we can't do that mentally? And start it at the elementary age. So, I would have known that in elementary school, what I was going through were symptoms of depression, middle school all the way into high school. And I wish that was something that was implemented in my community.

#### Jane, what is a prevention-prepared community?

The notion of a prevention-prepared community is all of the systems in the community, be they the health care sector, the business sector, families, schools, neighborhoods, law enforcement, they are all prepared to create a prevention system for the community that really does increase

the likelihood that everybody will be making an important contribution together and rates of these problems will actually decrease over time.

# Fran, What components in a community need to be engaged in support of a program such as screening and brief interventions?

Almost all of the components that Jane just mentioned that makes up the community. You have to have the families involved with that type of intervention and screening process. Eighty percent of most of the screenings that are done with the SBIRT program do not lead to a diagnosis. So what does that mean? That means only 20 percent need an actual traditional treatment. The other 80 percent need everything from a prevention program that is building awareness in education to a prevention program that is looking ... targeting on their particular specific needs, whether they are living in an economic environment that is very tough for them or they are a certain ethnic group that doesn't feel like they fit well, things like that or then that they need that intervention, they are not quite into the diagnosis, but what they need is a strong program that teachers and their physicians and their faith leaders can all rally around and help change the environment and their behaviors.

Very good. When we come back I want to talk about other programs that are also going to be very helpful to communities in need. We will be right back.

#### [Music]

# Dr. Greene, going back to screening and brief interventions, are there certain competencies that need to be highlighted while trying to implement that program?

Definitely. The cultural competency piece is a specific part of our Know the Risk SBIRT program at Howard University. We wanted to make sure that people understood that communicating to one group versus another may require some refinement. You may need to know where the people are coming from, what their background is, so we try to incorporate this through a Web-based program, education as well as through lectures and didactics and role playing so that the residents actually get a chance to get a understanding. So, when they come

and actually talk to the person, they have some sense of history of who this person may be and why they are. And maybe why they don't want to come and seek treatment.

# And Fran, most of what we have been referring to has to do with alcohol and drug disorders. How about the people with mental health problems? Is it similar? Are we learning to adapt SBIRT for that community as well?

Yes, in particular SBIRT now is a billable service under health insurance for screening for depression. And that is a big leap. That combined with parity legislation, that has allowed us now to bill health insurance, now have to pay for mental health services. Both of these may be small steps in some respect are huge steps in our field because it helps take care of that discrimination and helps people become a little bit more accepting. That we are talking about major health conditions that they may be mental health, they may be emotional health. And as a matter of fact ... language is important, emotional health transcends to all of what we are talking about today under behavioral health. Because if you are emotionally healthy you have a strong character, you have confidence in yourself, your family is emotionally healthy. We're looking at lowering risk for behavioral health problems across the board.

And of course our audience needs to realize that under the parity law small businesses of more than 50 people that are already covering certain conditions need to also cover mental health conditions as well, correct?

Correct, and some of your listeners may not realize that that has not been done before. And that is one of the reasons why parents struggle and why they may not talk to their young people at a younger age simply because they can't afford it. So what would you do as a parent? You have something you can't really talk to anybody about, you don't quite understand it yourself, and your doctor is saying to you, "Well, if you want these services you've to figure out how to pay for it." Our whole health care system now is changing and so will the health of our country.

Jordan, given your experiences and the fact that you speak to parents, that you speak to populations within school systems, what do you think the communities really need to begin to do better in order to address some of these issues?

Kids need to feel and young adults need to feel as though they are not the only ones going through what they are. Not just by their parents but other people around them of the same age. And that is what I try and promote when I go to speak at these schools. Not just to talk to each other inside the school but inside the entire community of all ages and to implement programs, whether it is peer mediation between the students or whether it is different activity nights for all ages to again continue the dialogue of mental health.

Jane, we've talked about screening and brief interventions. Talk to us about what the Institute does at CADCA and how it offers community an opportunity to really get engaged.

What we do at the Community Anti-Drug Coalition Institute is we work with communities throughout the Nation to help them become prevention-prepared communities and get all of the different segments of the community working together to not only implement programs but also change systems and policies and practices and environments to once again have a comprehensive approach to these problems. So, we're more likely as a Nation to have communities that are tackling these problems in serious and significant ways, which actually lead to results.

And how do you do it? What is done? How can someone contact you and make sure that they have access to the information, to the training. I suspect that you do training.

For your audience, you can get in touch with us at CADCA, C-A-D-C-A dot O-R-G. Go to our Web site and all of the information is available there, and what I am really pleased about is the fact that we really do have the capacity and the reach to help communities start what we call community coalitions.

#### And how do they do that?

They do that by bringing community members together, different segments of the community together to identify local conditions that are important in their communities to address and then developing strategies where all of the different segments of the community work together to alleviate those problems. It's what Americans do. You know, Ivette, when there is a problem you get everybody together and you work together to solve it. And there are ways that you can do it effectively. And what we try to do at the Institute is help communities actually do those things effectively.

Well, when we come back I want to go back to talking about some of the other programs that exist, and I want to see what ... how hospitals and how youth organizations can also get in the mix to solve all of these problems. We'll be right back.

When you have a drug or alcohol problem, your whole world stops making sense. You can get help for yourself or a loved one and make sense of life again. "Good Morning." For information, call 1–800–662–help. Brought to you by the U.S. Department of Health and Human Services.

Dr. Greene, we were talking about certainly prevention-prepared communities. Within that can you talk a little bit about what role hospitals are doing or should be doing in order to engage in these efforts? And you know, using Howard University Hospital as an example?

The hospital has, suicide groups as well as people who have recovered from post-traumatic stress disorder. So there are some groups to help and address some of these issues, but there is still a larger community that we need to get help to. The identifying and screening, not only for just substance abuse but for the mental health that Jordan was talking about previously so you can identify patients a little earlier. So getting the family involved, getting the Child Protective Services, getting our community involved to really try to address some of the greater issues that may be going on and not just putting the patient right back out on the street, but you need resources and an organized community and support system. You may be able to identify it, but if you can't send the patient anywhere to get that help, your identification becomes a stopping point. So we really want to encourage the acquisition of more resources.

Jordan, as a person who went through the system and had support, in the ideal world, what would you have preferred to have had in order for you to not go through what you went through.

I wish it didn't take a suicide attempt to have to get to the point where I wanted to be, support systemwise. One thing that I truly benefited from that is different from before my suicide attempt is that I have one psychiatrist. Before, I had a therapist and a psychiatrist. Therapist was very

warm, was there to hear you talk; the psychiatrist was not very warm and was there to administer medicine. There was a lack of communication between the two as far as what medicine I should be taking, whether it was the right dosage. Something I truly see as a benefit now is having a psychiatrist who is both my therapist and administers my medicine which truly again is something that helps me emotionally and mentally, knowing that there is never going to be a lapse in that communication.

# Let's shift a little bit, Fran, and talk about some of the recent research. What is it telling us that we still need to do in the area of early intervention and prevention?

We need to spend more time in really figuring out what are some of the signs and symptoms of diagnosing mental illness in particular. We now know that by age 14 we can begin to see the signs of mental illnesses, depression, anxiety, and even schizophrenia at that age, some signs. We also need to balance out the brain disease part of mental illness and see what can we do about that and learn from the substance abuse world of their issues with looking at how the brain interacts with our enzymes, which interacts with the disease itself. As with most chronic illnesses, even though we have come so far with addictions and in mental illness we still are not at the same level of knowledge and expertise that we are with learning about diabetes and cancer and heart disease and even Alzheimer's disease. So we have come a long way, but we have a lot longer to go to be able to get this to a level where all physicians, like Dr. Greene, who understands the behavioral health issues and understands addictions. So it becomes just one of the many physical health issues that we look at.

# Jane, in terms of the Institute ... beyond the prevention-prepared communities, what other exciting areas are we looking at within the Institute?

Well, a couple of things that we are really excited about is we've been working really hard to bring community coalitions and the research community together and do what we call community-based participatory research. I think, as everybody knows, there is lots of really good research out there about what works and what doesn't work but that doesn't always filter down to communities. So, by combining researchers and communities working together where they're working in partnership, we really increase the likelihood of first getting those best practices

down to communities, but secondly forming the research agenda or informing the research agenda so researchers can put together research that is relevant for communities.

And the results get down to someone like Jordan who is out talking to the schools. Why is it important for schools to have individuals like yourself go and speak to the student body and speak to parents?

Basically to generate and to start a conversation. Because what I think happens is there is a conversation started and that generates a lot of attention and from that attention that is when the education begins. And that is what I like to do, is just to plant a seed when I go to speak at those schools so that the kids there, the parents there, the teachers there have something to think about. And the goal is that, when I get home at the end of the day after speaking to that school, they're just not talking about those mental health issues and topics the next day, the next week, the next month, but for months and years after that. And that is why I think it's important, like Active Minds, the organization that I speak for, there's over 300 new branches over the entire country and that's for young adults to express how they feel, to tell their own stories, and to feel like they truly belong in the mental health community. And I think it's great.

#### Very good. Fran, final thoughts?

Collaboration. I think that most of what we are talking about here is collaboration. We cannot do it alone. At the Federal level we're working with all our Federal partners, everything from a prescription drug abuse problem with the Federal Drug Administration; we're working with the Office of National Drug Control Policy on some of our substance abuse issues, particularly targeting young people and older adults. We're also looking, working with the Centers for Disease Control. We're just working and working with our partners. We're asking States to do exactly the same thing. We want to give out the messages that we are trying to bring behavioral health into the primary world of health. Meaning, bringing substance abuse and mental health issues to the world of physical health.

And if communities want to get engaged and involved, there's no better opportunity than to do so during *National Recovery Month*. *Recovery Month* is celebrated every September. There are materials online that you can use, and it's really looked at and prepared all year round, so you can get engaged in *Recovery Month* all year round. We hope that you do so,

and we hope that you continue to spread the word that prevention works, treatment is effective, and recovery is possible. Thank you for being with us.

[Music]

The Road to Recovery Television and Radio series educates the public about the benefits of treatment for substance use and mental health problems as well as recovery programs for individuals, families, and communities. Each program engages a panel of experts in a lively discussion of recovery issues and successful initiatives from across the country.

To view or listen to the Road to Recovery Television and Radio Series from this season or previous seasons visit <a href="recoverymonth.gov">recoverymonth.gov</a> and click on the Multimedia tab.