

JOIN THE VOICES FOR RECOVERY

Health Care Providers

“At the end of the road, I had lost everything: my [driver’s] license, nursing license, children and relationship with my family...Through 30-day treatment, 18 months in a recovery house, and my 12-step fellowship, I strengthened my resilience muscle. For me, it’s like muscle memory; I had it in me all along, but recovery helped me find it. I am, today, my strongest version of myself. Physically, spiritually, and emotionally stronger than ever.”





TARGETED OUTREACH

Health Care Providers

Health care providers are often the first contact for addressing the behavioral health needs for Americans. However, they have limited time and resources to confront these challenges. This year's **National Recovery Month (Recovery Month)** theme, *“Join the Voices for Recovery: Invest in Health, Home, Purpose and Community,”* urges health care providers – from nurses to physicians to counselors – to facilitate lifesaving prevention, treatment, and recovery services for patients with behavioral health conditions. Members of all systems in the U.S. health care industry have a responsibility to create a positive, proactive environment that fosters healthy lifestyles and a path to recovery for patients from every background.

Health Care Providers:

Invest in **health** by incorporating recovery from mental and substance use disorders into all aspects of care.

The Issue

Health care organizations and providers have a critical opportunity to incorporate prevention, treatment, and recovery services for mental and substance use disorders into their practice. There is significant room for improvement in treating behavioral health conditions and promoting recovery in American communities – and currently, there is not enough action being taken to address this disparity, as demonstrated below:

- In 2016, only about one in 10 (10.6 percent) individuals aged 12 and older needing substance use disorder treatment at a specialty facility received it.¹

- In 2016, 43.1 percent of adults aged 18 or older with any mental illness received mental health services. This means over half (56.9 percent) of adults with a mental illness did not receive the mental health services they needed in 2016.² Additionally, about one in five adults with a mental illness say they do not have access to the treatment they need.³
- Individuals experiencing behavioral health conditions have up to a seven times greater chance of facing barriers to medical care than those not experiencing these conditions.⁴

This is of concern given the shortage of providers and facilities equipped to address these issues in the U.S. Nationally, there is only one mental health professional (including psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, and advanced practice nurses) per every 529 individuals with a behavioral health condition. Moreover, only about 11 percent of Americans needing specialty addiction treatment access it.⁵ This ratio must improve for American communities to receive the help they need to achieve recovery.

Additionally, health care providers often work in high-stress environments and can themselves experience these conditions, but may not seek treatment due to licensing concerns and other issues.⁶ The American health care system must evolve to reflect the understanding that total health cannot be achieved without behavioral health. Providers can model an attitude of acceptance and support with their co-workers, as they would with their patients.



Audience Tip:

Refer to the “Treatment and Recovery Support Services” section for tools and information to help your patients on the road to recovery.



What You Can Do

Health care providers have the power to change how the industry supports those experiencing mental and substance use disorders. Health care providers can work to:

- Integrate behavioral health resources and information into primary care practices;
- Complete training and education for specific behavioral health issues, such as suicide prevention or substance use disorder treatment;
- Promote treatment and recovery in vulnerable populations, such as veteran; lesbian, gay, bisexual, and transgender; or youth;
- Promote general public awareness of the effectiveness of substance use disorder treatment to reduce barriers to seeking treatment prior to conception and early in pregnancy;
- Tailor care to address the specific mental health needs of diverse communities;
- Educate colleagues, peers, and patients to help reduce stigma and build awareness, including the use of positive and person-first language;
- Become knowledgeable about treatment resources in their surrounding communities;
- Provide appropriate preventive services such as screening and referral to counseling interventions; and
- Seek treatment and recovery services themselves if they experience signs and symptoms of a mental and substance use disorder.

Resources

There are a variety of training resources to support health care providers seeking to implement quality care for patients they serve who have mental and substance use disorders. Below is a list of informational, educational, and training resources for physicians, pediatricians, geriatricians, clinicians, nurses, subspecialists, mental health professionals, counselors, hospital administrators, and more to learn how they can make behavioral health a key component of patient care.

- **American Academy of Family Physicians – Mental Health Clinical Recommendations & Guidelines** (<http://www.aafp.org/patient-care/browse/topics.tag-mental-health.html>): Provides guidelines for family doctors on treating and preventing behavioral health conditions.
- **American Board of Preventive Medicine Addiction Medicine Certification** (<https://www.asam.org/membership/paths-to-certification>): Offers paths for physicians to become board-certified in addiction medicine.
- **American Society of Addiction Medicine Education page** (<https://asam.org/education>): Provides training and educational resources to health care professionals who wish to incorporate evidence-based substance use disorder treatment and prevention services into their practice.
- **Centers for Disease Control and Prevention Mental Health Page** (<https://www.cdc.gov/mentalhealth/>): Features strategies for taking an evidence-based, public health approach to recovery.
- **National Council for Behavioral Health Healthcare Practice Improvement Page** (<https://www.thenationalcouncil.org/consulting-best-practices/practice-improvement-initiatives/>): Provides resources for implementing behavioral health into primary care practice.



- **National Institute on Drug Abuse: Medical & Health Professionals** (<https://www.drugabuse.gov/nidamed-medical-health-professionals>): Lists strategies for health care professionals on treating and preventing substance use disorders.
- **National Institute on Drug Abuse: Principles of Drug Addiction Treatment: A Research-Based Guide (Third Addition)** (<https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-second-edition/frequently-asked-questions/what-are-unique-needs-pregnant-women>): Discusses the unique needs of pregnant women with substance use disorders.
- **Office of the Surgeon General's 2016 Report on Alcohol, Drugs, and Health** (<https://addiction.surgeongeneral.gov/sites/default/files/surgeon-generals-report.pdf>): Details substance use statistics and the impacts on American citizens and health care systems.
- **Prescribe to Prevent** (<http://prescribetoprevent.org/>): Helps health care providers educate their patients to reduce overdose risk and provide naloxone rescue kits to patients.
- **Provider's Clinical Support System for Medication Assisted Treatment (PCSS-MAT)** (<https://pcssmat.org/>): Provides information designed to train physicians and other health care providers (including nurse practitioners and physician assistants) who desire to prescribe and dispense FDA-approved products approved for MAT.
- **SAMHSA's Recovery to Practice page** (<https://www.samhsa.gov/recovery-to-practice>): Helps behavioral health and general health care practitioners improve delivery of recovery-oriented services, supports, and treatment via training and education.
- **Suicide Prevention Resource and Training Center** (<http://training.sprc.org/>): Provides resources for training in preventing suicide and emergency response.
- **U.S. Department of Justice Drug Enforcement Administration Diversion Control Division – Drug Addiction in Health Care Professionals** (<https://www.deadiversion.usdoj.gov/pubs/brochures/drug-hc.htm>): Lists guidelines on recognizing and addressing substance use disorders in health care providers.

This list is not exhaustive of all available resources. Inclusion of websites and resources in this document and on the *Recovery Month* website does not constitute official endorsement by the United States Department of Health and Human Services or the Substance Abuse and Mental Health Services Administration.



“Recovery has allowed me to come out of a background of a long history of abuse and alcohol and drug dependence, and actually go into my master’s program, get my licensed professional counselor degree, specialize in addictions and be a licensed addiction counselor and finish my doctorate.”

- Deborah Fenton-Nichols



¹ Center for Behavioral Health Statistics and Quality. (2017). *Key substance use and mental health indicators in the United States: Results from the 2016 National Survey on Drug Use and Health*, NSDUH Series H-52, HHS Publication No. (SMA) 17-5044, p. 2. Rockville, MD: Substance Abuse and Mental Health Services Administration. Web. 3 October 2017. Retrieved from <https://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2016/NSDUH-FFR1-2016.pdf>

² Center for Behavioral Health Statistics and Quality. (2017). *Key substance use and mental health indicators in the United States: Results from the 2016 National Survey on Drug Use and Health*, NSDUH Series H-52, HHS Publication No. (SMA) 17-5044, p. 2. Rockville, MD: Substance Abuse and Mental Health Services Administration. Web. 3 October 2017. Retrieved from <https://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2016/NSDUH-FFR1-2016.pdf>

³ Nguyen, T., and Davis, K. "The State of Mental Health in America: Access to Care Data," p. 26. Mental Health America. (2017). Web. 3 October 2017. Retrieved from: <http://www.mentalhealthamerica.net/sites/default/files/2017%20MH%20in%20America%20Full.pdf>

⁴ Nguyen, T., and Davis, K. "The State of Mental Health in America: Access to Care

Data," p. 28. Mental Health America. (2017). Web. 3 October 2017. Retrieved from: <http://www.mentalhealthamerica.net/sites/default/files/2017%20MH%20in%20America%20Full.pdf>

⁵ Nguyen, T., and Davis, K. "The State of Mental Health in America: Access to Care Data," p. 33. Mental Health America. (2017). Web. 3 October 2017. Retrieved from: <http://www.mentalhealthamerica.net/sites/default/files/2017%20MH%20in%20America%20Full.pdf>

⁶ Shanafelt, T.D., et. al. Special report: suicidal ideation among American surgeons. U.S. National Library of Medicine at the National Institutes of Health. (2011). Web. 3 October 2017. Retrieved from: <https://www.ncbi.nlm.nih.gov/pubmed/21242446>