

# JOIN THE VOICES FOR RECOVERY

## Urban Communities

*“My mental health challenges started in September 2001. As they began, I started a journey that brought me forth to today to a point where I looked backed to who I was and I look at who I am today and I’m glad that I took that journey. Recovery for me means that I am more today than I was yesterday and that I get to live my life and be in charge of it rather than having situations, experiences and other people in charge of my life. What I would say to those individuals that think that they may have those challenges is be brave. Take that first step. It’s worth it. Find people that you can trust and speak out and speak up.”*

**- Becky**





## TARGETED OUTREACH

# Urban Communities

Urban communities are vibrant, densely populated, and diverse both culturally and economically. Given their diversity of populations who may experience mental and substance use disorders, urban areas need a broad availability and multiple types of recovery support services. While infrastructure, socioeconomic conditions, and health care services are typically more available in cities than in rural areas, urban communities face the stresses of serving a larger population. It's important that there are also more recovery support services available to meet the mental and substance use disorder needs of this population. This year's **National Recovery Month (Recovery Month)** theme, *"Join the Voices for Recovery: Invest in Health, Home, Purpose and Community,"* explores the role that individuals and organizations in the recovery sector, including peer support groups and community leaders, play in helping those with mental and substance use disorders receive the help they need.

### Urban Communities:

Invest in **home** by supporting family, friends, and neighbors experiencing a mental or substance use disorder.



### The Issue

- There are challenges to providing prevention, treatment, and recovery resources within urban communities, including limited resources, a diverse population with varying needs, and facilities facing workforce challenges.<sup>1</sup> In 2016, approximately 29.1 million people aged 12 or older living in large metropolitan counties used illicit drugs in the past year and 5.5 million people aged 12 or older in nonmetropolitan counties used illicit drugs in the past year.<sup>2</sup>
- Many racial and ethnic minority communities are centered in urban areas. This population experiences a greater burden of mental and substance use disorders often due to health disparities and poorer access to care; inappropriate care; and higher social, environmental, and economic risk factors.<sup>3</sup>
- A survey conducted between 2009-2012 revealed that persons living below the poverty level were nearly 2½ times more likely to have depression than those at or above the poverty level.<sup>4</sup>
- Opioid use has roots in minority groups living in urban areas.<sup>5</sup> In 2016, an estimated 11.8 million people aged 12 or older misused opioids in the past year.<sup>6</sup>

### What You Can Do

The behavioral health community must work together with individuals, families, organizations, and other municipal partners to ensure mental and substance use disorder prevention, treatment, and recovery programs are well established, promoted, and available in their areas. This includes working with the justice system, social services, education, faith-based and health care systems. This can be accomplished by creating recovery-oriented systems of care (ROSC), which is a coordinated network of community-based services and support that is person-centered and builds on the strengths and resiliencies of individuals, families, and communities to achieve recovery and improved health, wellness, and quality of life for those with or at risk of mental and substance use disorders. Developing ROSC requires various sectors within the community, including educational, criminal justice, faith-based, health, housing, and employment, to connect and collaborate for the best outcomes.



### Audience Tip:

Refer to the “Events and Media Outreach” section for information on how to plan a local event in your community to spread awareness. Be sure to post your event on <https://www.recoverymonth.gov/events/post-events>.



In areas with large populations there are many treatment and recovery supports for people with behavioral health issues, but they are often disconnected. To engage and serve the diverse populations in urban areas, the community must overcome institutional prejudice and cultural barriers to seeking help and provide access to trusted community organizations. Building relationships and collaboration between service providers and those working in the recovery field can allow for better coordination of services and more comprehensive treatment and support.

To support treatment and recovery in urban communities:

- Meet regularly (virtually or in-person) to collaborate on how to address serving the needs of urban-area residents.
- Communicate about recovery successes, new data, or events that impact the community to share learnings within the treatment and recovery community.
- Promote and recruit service providers, recovery specialists, and recovery community organizations to take an active role in recovery support to expand community resources.
- Connect individuals in recovery, including their families and partners, with other providers or supports in the area.

It is also important to have trained peer recovery support specialists or recovery coaches available to those in urban communities. Participation in recovery support groups improves recovery outcomes. While clinical services are beneficial to an individual’s recovery, peer leaders are a resource who can often share personal experiences that can help the recovering individual navigate their treatment process.

In some communities, emergency rooms are working with Peer Bridger and recovery community organizations to meet with individuals and their families to provide support, hope and information on mental and substance use disorder treatment and recovery options.

The process of recovery occurs via many pathways that intersect, including clinical treatment, medications, faith-based approaches, peer support, and family support, among others. Each person’s path to recovery is unique, and their treatment plan should be individualized. It takes a full community effort to help those in need, and leaders in the recovery sector can pave the way for change by working together.

### Resources

There are many resources available to support people living in urban communities. The following resources provide assistance for individuals experiencing a mental or substance use disorder and those who care for them.

- **Alcoholics Anonymous** (<https://www.aa.org/>): Lists resources for those experiencing alcohol dependence; helps individuals find and join a local chapter.
- **Depression and Bipolar Support Alliance** (<http://www.dbsalliance.org>): Acts as the leading peer-directed national organization focusing on the two most prevalent mental health conditions, depression and bipolar disorder.



- **Faces & Voices of Recovery** (<https://facesandvoicesofrecovery.org>): Serves as a national organization that supports the 23 million Americans living in recovery to ensure their rights and access to needed services as well as demonstrates the power and proof of obtaining long-term recovery.
- **Mental Health America** (<http://www.mentalhealthamerica.net>): Provides prevention services and supports for those living with a mental disorder.
- **Narcotics Anonymous** (<https://www.na.org/>): Lists resources for those experiencing drug dependence; helps individuals find and join a local chapter.
- **National Alliance on Mental Illness** (<https://www.nami.org/>): Provides education and advocacy programs for those affected by mental disorders, including a toll-free helpline for families in communities throughout the United States.
- **NIDA Treatment Page** (<https://www.drugabuse.gov/related-topics/treatment>): Offers a step-by-step guide on what to do if you or a loved one has a problem with drugs.
- **No Stigmas** (<https://nostigmas.org/>): Provides peer-to-peer, community-within-community support networks, built by and for those whose lives are affected by mental disorders and suicide.
- **SAMHSA's National Helpline (1-800-662-HELP [4357] or 1-800-487-4889 [TDD])**: Provides a 24/7, 365-day-a-year information and treatment referral service (in English and Spanish) for individuals and families facing mental and substance use disorders
- **Schizophrenia and Related Disorders Alliance of America** (<https://sardaa.org>): Promotes improvement in lives affected by schizophrenia and schizophrenia spectrum disorders (mental disorders involving psychosis) and promotes hope and recovery through support programs, education, collaboration, and advocacy.
- **Urban Mental Health Alliance** (<http://www.urbanmentalhealthalliance.org/>): Provides advocacy for the mental health and wellness of urban families and communities.

**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.**



*"I've seen so many people on their 7th, 8th, 9th try, finally, the light bulb goes on and they find that connection to community and they find that support and that hope."*

**- Allison Harden**



<sup>1</sup> “Barriers to Substance Abuse Treatment in Rural and Urban Communities: A Counselor Perspective.” The National Center for Biotechnology Information. (2014). Web. 3 October 2017. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3995852/>

<sup>2</sup> Center for Behavioral Health Statistics and Quality. (2017). *Results from the 2016 National Survey on Drug Use and Health: Detailed Tables*, Table 1.67-A, NSDUH Series H-52, HHS Publication No. (SMA) 17-5044. Rockville, MD: Substance Abuse and Mental Health Services Administration. Web. 3 October 2017. Retrieved from <https://www.samhsa.gov/data/sites/default/files/NSDUH-DetTabs-2016/NSDUH-DetTabs-2016.htm#tab1-67a>

<sup>3</sup> “Racial and Ethnic Minority Populations.” Substance Abuse and Mental Health Services Administration. (2016). Web. 3 October 2017. Retrieved from <https://www.samhsa.gov/specific-populations/racial-ethnic-minority>

<sup>4</sup> “Depression in the US Household Population.” Centers for Disease Control and Prevention. (2014). Web. 3 October 2017. Retrieved from <https://www.cdc.gov/nchs/data/databriefs/db172.pdf>

<sup>5</sup> “Prescription Opioids and Heroin.” National Institute on Drug Abuse. (2015). Web. 3 October 2017. Retrieved from <https://www.drugabuse.gov/publications/research-reports/relationship-between-prescription-drug-abuse-heroin-use/introduction>

<sup>6</sup> 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. 1. Web. 3 October 2017. Retrieved from <https://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2016/NSDUH-FFR1-2016.pdf>

<sup>7</sup> “What Are Peer Recovery Support Services?” Substance Abuse and Mental Health Services Administration. (2009). Web. 16 November 2017. Retrieved from <https://store.samhsa.gov/shin/content/SMA09-4454/SMA09-4454.pdf>

<sup>8</sup> “Recovery and Recovery Support”. (2017). Substance Abuse and Mental Health Services Administration. Web. 15 November 2017. Retrieved from <https://www.samhsa.gov/recovery>