

Mental Health and Substance Use Prevalence in Populations and Key Barriers

Session 1 of Co-Occurring Substance Use and Mental Health Disorders Training Series

Presenters

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Mountain Plains ATTC (HHS Region 8)

ATTC

Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration



Mountain Plains (HHS Region 8)

MHTTC

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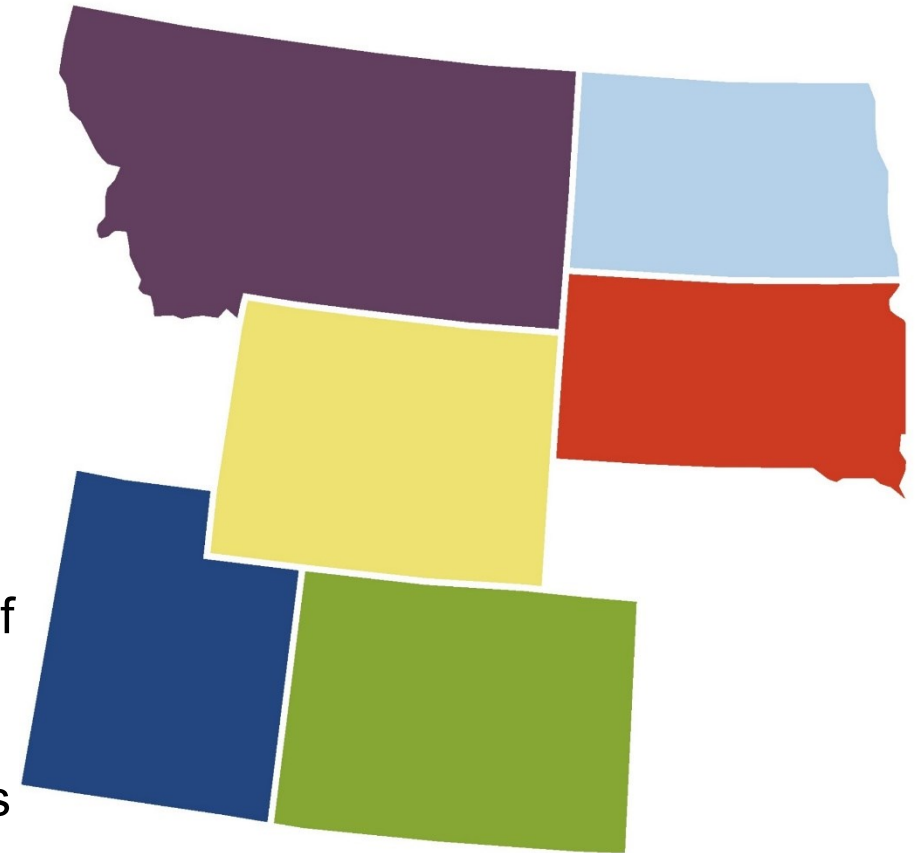
SAMHSA
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Services Administration

The Mountain Plains Mental Health and Addiction Technology Transfer Centers

The Mountain Plains Mental Health Technology Transfer Center (Mountain Plains MHTTC) and Mountain Plains Addiction Technology Transfer Center (Mountain Plains ATTC) provide training and technical assistance to individuals who serve persons with mental health and substance use concerns throughout Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah and Wyoming).

The Mountain Plains MHTTC and ATTC belong to the Technology Transfer Center (TTC) Network, a national network of training and technical assistance centers serving the needs of mental health, substance use and prevention providers. The work of the TTC Network is funded under a cooperative agreement by the Substance Abuse and Mental Health Services Administration (SAMHSA).

The Mountain Plains MHTTC and ATTC are hosted at the University of North Dakota.



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The use of affirming language inspires hope and advances recovery.

LANGUAGE MATTERS.

Words have power.

PEOPLE FIRST.

The ATTC Network uses affirming language to promote the promises of recovery by advancing evidence-based and culturally informed practices.



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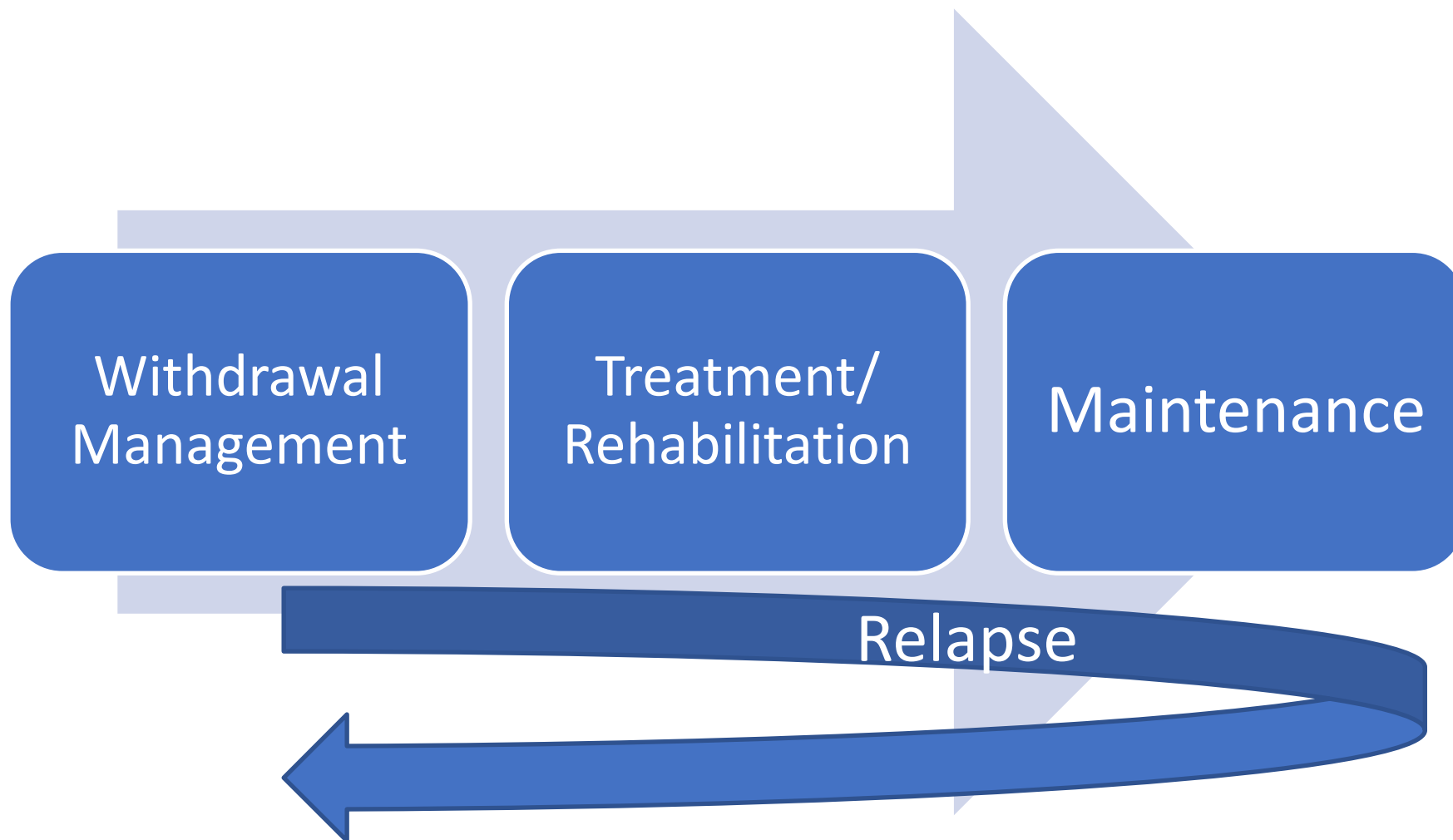
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Objectives

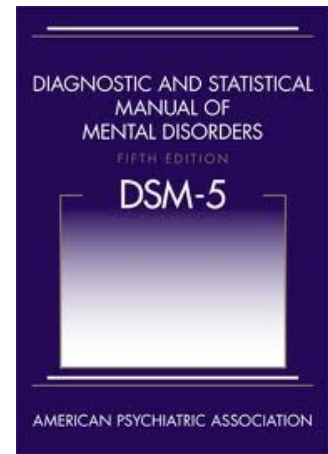
- ***After completing this session, participants will be able to***
 - 1) Understand the concept of co-occurring disorders
 - 2) Identify social determinants that play a role in co-occurring disorders
 - 3) Identify models of care for supporting individuals with co-occurring substance use and mental health disorders

Substance Use Disorders Continuum



Major Categories:

- Neurodevelopmental Disorders
- Schizophrenia Spectrum and Other Psychotic Disorders
- Bipolar and Related Disorders
- Depressive Disorders
- Anxiety Disorders
- Obsessive Compulsive and Related Disorders
- Personality Disorders
- Neurocognitive Disorders
- Addictions and Related Disorders
- Trauma and Stressor Related Disorders
- Dissociative Disorders
- Somatic Symptom and Related Disorders
- Feeding and Eating Disorders
- Sleep-Wake Disorders
- Sexual Dysfunctions
- Gender Dysphoria
- Disruptive, Impulse Control, and Conduct Disorders

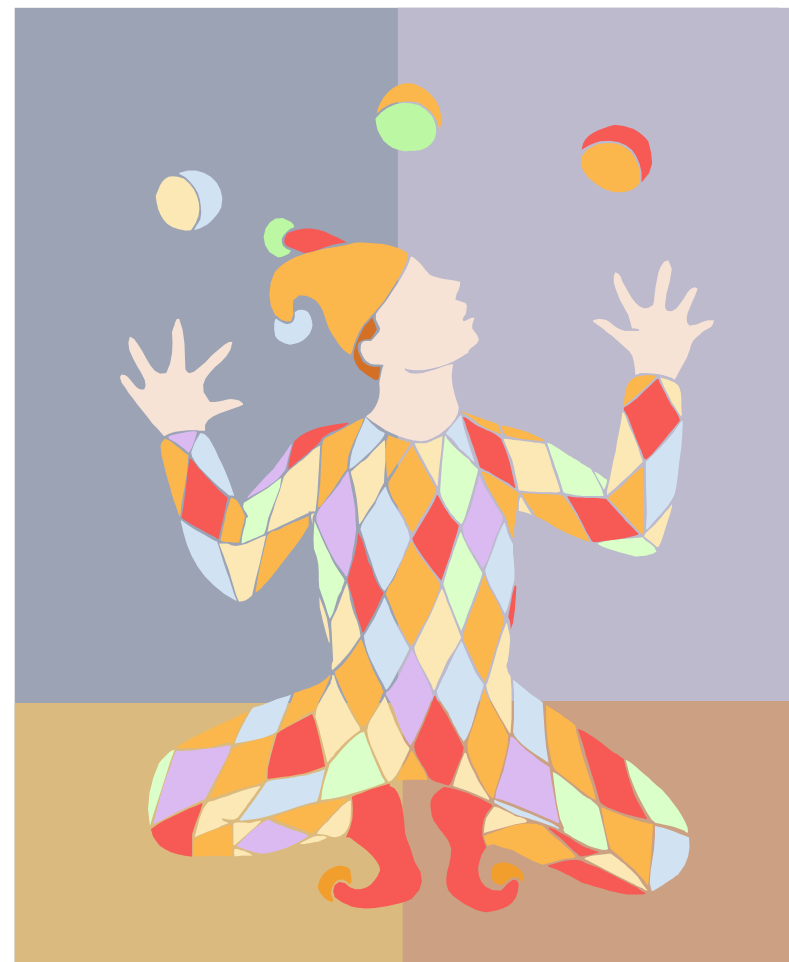


Comorbidity is the rule

Other substance misuse

Mental Illness

Physical Illness



Comorbidities

- Individuals with substance use disorders are roughly twice as likely to have mood and/or anxiety disorders

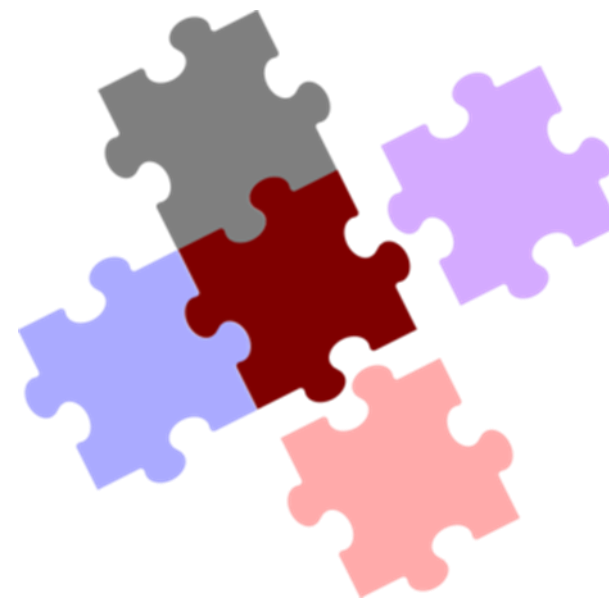
- The reverse is also true

Defining Behavioral Health

Behavioral Health is an umbrella term for care that addresses any behavioral problems impacting health, **including mental health and substance abuse conditions**, stress-linked physical symptoms, patient activation and health behaviors. The job of all kinds of care settings, and done by clinicians and health coaches of various disciplines or training.

“Co-Occurring Disorders”

- Depending on your area of expertise, you might be describing:
 - ID/DD and Mental Health Issues
 - Mental Health and Medical Issues
 - Mental Health and Substance Use Disorders
- Other



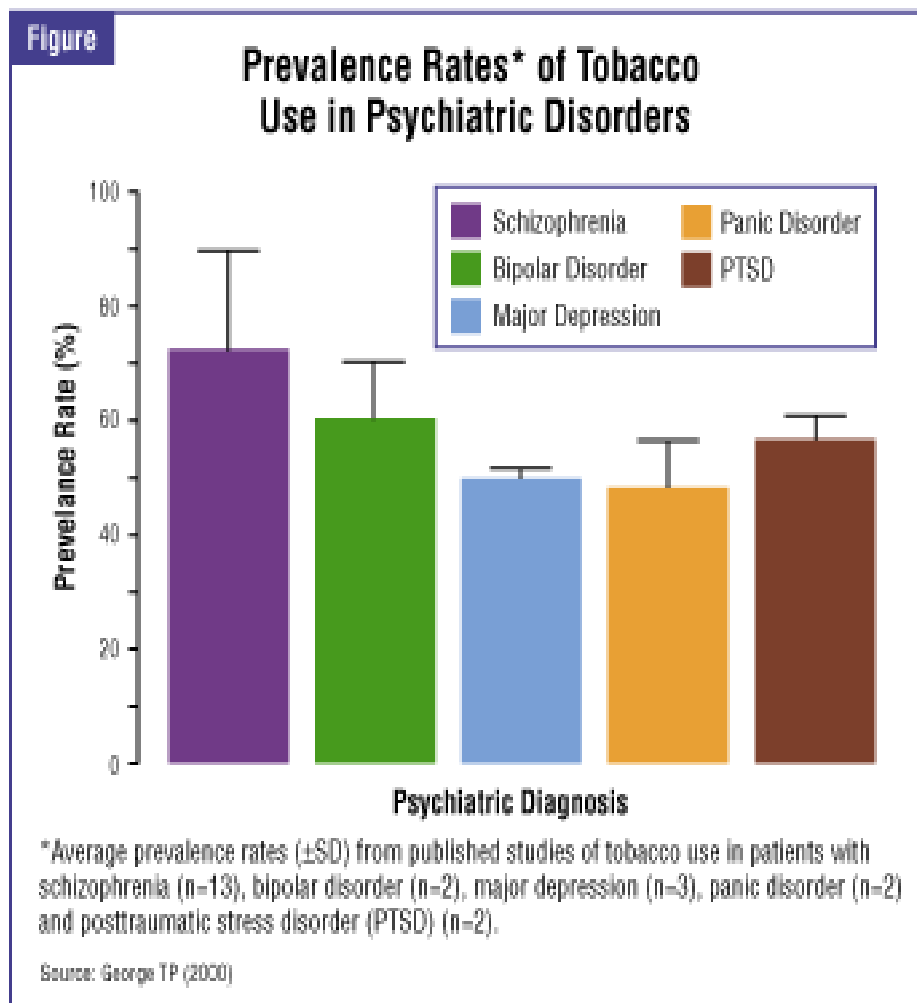
Behavioral Health Co-morbidities

- Half of individuals with schizophrenia will experience depression
- Many with anxiety

Substance use:

- Nicotine
- Caffeine
- Marijuana
- Alcohol
- Stimulants
- Hallucinogens

Psychiatric Diagnosis and Tobacco



Adult Smoking

Focusing on People with Mental Illness*

1 in 3



More than 1 in 3 adults (36%) with a mental illness smoke cigarettes, compared with about 1 in 5 adults (21%) with no mental illness.



3 in 10

About 3 of every 10 cigarettes (31%) smoked by adults are smoked by adults with mental illness.

1 in 5



Nearly 1 in 5 adults (or 45.7 million adults) have some form of mental illness.

*Mental illness is defined as a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance abuse disorder.

Source: CDC Vital Signs, February 2013 | www.cdc.gov/vitalsigns

ACES (adverse childhood experiences) and substance use

- If ≥ 1 ACE:
- Likelihood of having a drug problem = 56%
- Likelihood of being addicted to illicit drugs = 63%
- Likelihood of ever using parenteral drugs = 64%
- And, with each additional ACE, increase risk by 30-40%

GAD-7 Anxiety

Over the <u>last two weeks</u> , how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to sleep or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid, as if something awful might happen	0	1	2	3

Column totals + + + =

Total score

If you checked any problems, how difficult have they made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all

Somewhat difficult

Very difficult

Extremely difficult

Severity:

0-4 Minimal

5-9 Mild

10-14 Moderate

15-21 Severe

PHQ-9

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(Use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

FOR OFFICE CODING 0 + _____ + _____ + _____
=Total Score: _____

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult
at all

Somewhat
difficult

Very
difficult

Extremely
difficult

COLUMBIA-SUICIDE SEVERITY RATING SCALE- Primary Care screening version

Ask questions that are in bold and underlined.	Past month	
	YES	NO
Ask Questions 1 and 2		
1) <u>Have you wished you were dead or wished you could go to sleep and not wake up?</u>		
2) <u>Have you had any actual thoughts of killing yourself?</u>		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) <u>Have you been thinking about how you might do this?</u> e.g. "I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it."		
4) <u>Have you had these thoughts and had some intention of acting on them?</u> as opposed to "I have the thoughts but I definitely will not do anything about them."		
5) <u>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</u>		
6) <u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u>		Lifetime
Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.		Past 3 Months
If YES, ask: <u>Was this within the past 3 months?</u>		

Response Protocol to C-SSRS Screening

- Item 1 Behavioral Health Referral
- Item 2 Behavioral Health Referral
- Item 3 Behavioral Health Consult (Psychiatric Nurse/Social Worker) and consider Patient Safety Precautions
- Item 4 Behavioral Health Consultation and Patient Safety Precautions
- Item 5 Behavioral Health Consultation and Patient Safety Precautions
- Item 6 Behavioral Health Consult (Psychiatric Nurse/Social Worker) and consider Patient Safety Precautions
- Item 6 3 months ago or less: Behavioral Health Consultation and Patient Safety Precautions

What is SBIRT?

- **Screening**
 - Universal, quick assessment for use/severity
 - Occurs in a variety of settings (e.g., public health, primary care settings, social service)
- **Brief Intervention**
 - Brief motivation and awareness-raising
 - 1-5 sessions lasting 5 minutes to an hour
- **Referral to Treatment**
 - Specialty care
 - 5-12 sessions

Motivational Interviewing

- It is based on 4 core principles:
- Express empathy (i.e, lecturing/shame doesn't work...)
- Develop discrepancy (between current and desired behavior)

Remember – Change takes time

- Roll with resistance (everyone is ambivalent)
- Support self-efficacy (individual autonomy)

Stages of Change

Stage	Characteristic	Strategy (MI)	Processes (MI)
Pre-contemplation	Need for change is either not on the radar or the individual is not interested in change	Education (risks/benefits)	Engaging/Eliciting
Contemplation	Ambivalence	Identify discrepancies, misconceptions as well as potential supports.	Focusing
Preparation	Planning to experiment with small changes	Develop realistic goals Positive reinforcement	Processing/planning
Action	Taking definitive action	Positive reinforcement	
Maintenance/Relapse Prevention	One day at a time, yet long-term approach	Encouragement/Support	

Treatments and Supports

- Addiction Counseling*
- Cognitive/Behavioral Therapies
- Peer Supports
- Support Programs (12-step, other)
- MAT
- Other

CARE: To Fractionate, or Not to Fractionate: That is the Question



Preikestolen

What is “Integrated Care?”

- “the systematic coordination of general and behavioral healthcare.”



Care Models

- Integrated Dual Disorder Treatment (Case Western Reserve)



Care Models-primary care and behavioral health

Consultative Model

- Psychiatric provider sees patients in consultation in his/her office – away from primary care

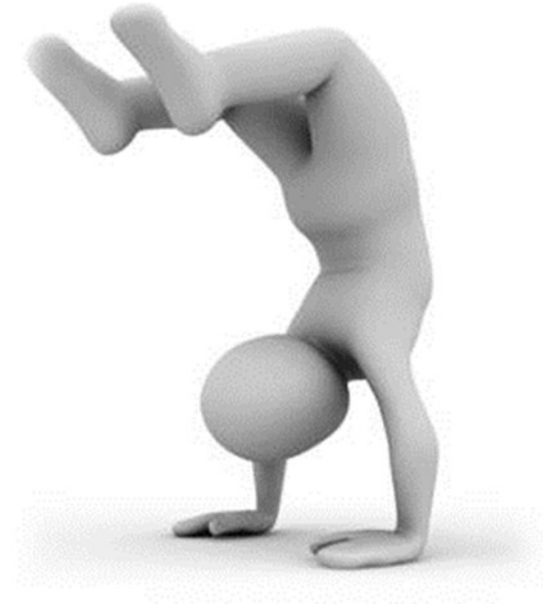
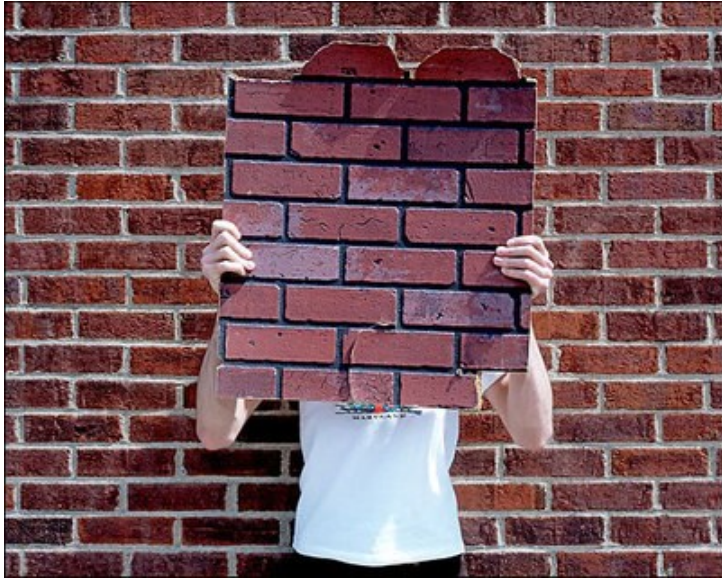
Co-located Model

- Psychiatric provider sees patients in primary care

Collaborative Model

- Psychiatric provider gives caseload consultation about primary care patients; works closely with primary care providers (PCPs) and other primary care-based behavioral health providers (BHP)

What type of individual does it take for this type of model to be successful?



We couldn't possibly...

- Fill in the blank _____

Medication Assisted Treatment:

We have MAT

- Tobacco
- Alcohol
- Opioids

We don't have MAT

- Marijuana
- Cocaine
- Methamphetamine
- Synthetics
- Inhalants

Hope



Questions/Comments?



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