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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ATTC Addiction Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Mountain Plains (HHS Region 8)

MHTTC Mental Health Technology Transfer Center Network

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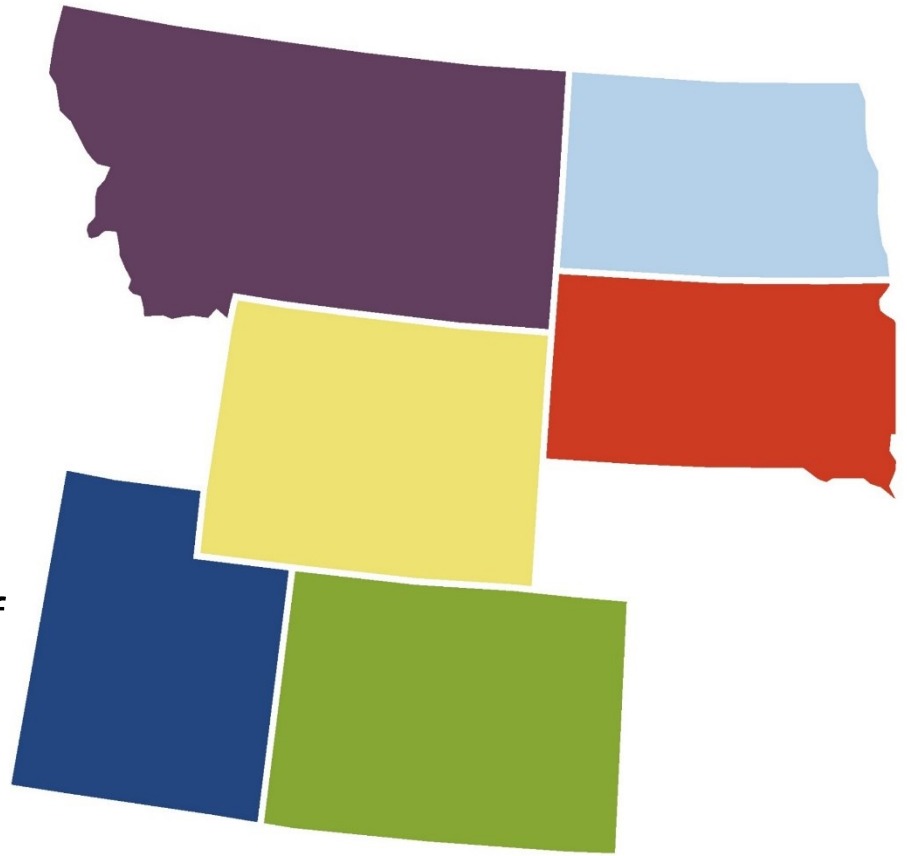
The Mountain Plains Mental Health and Addiction Technology Transfer Centers

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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Funded by Substance Abuse and Mental Health Services Administration

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MHTTC Mental Health Technology Transfer Center Network
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Objectives

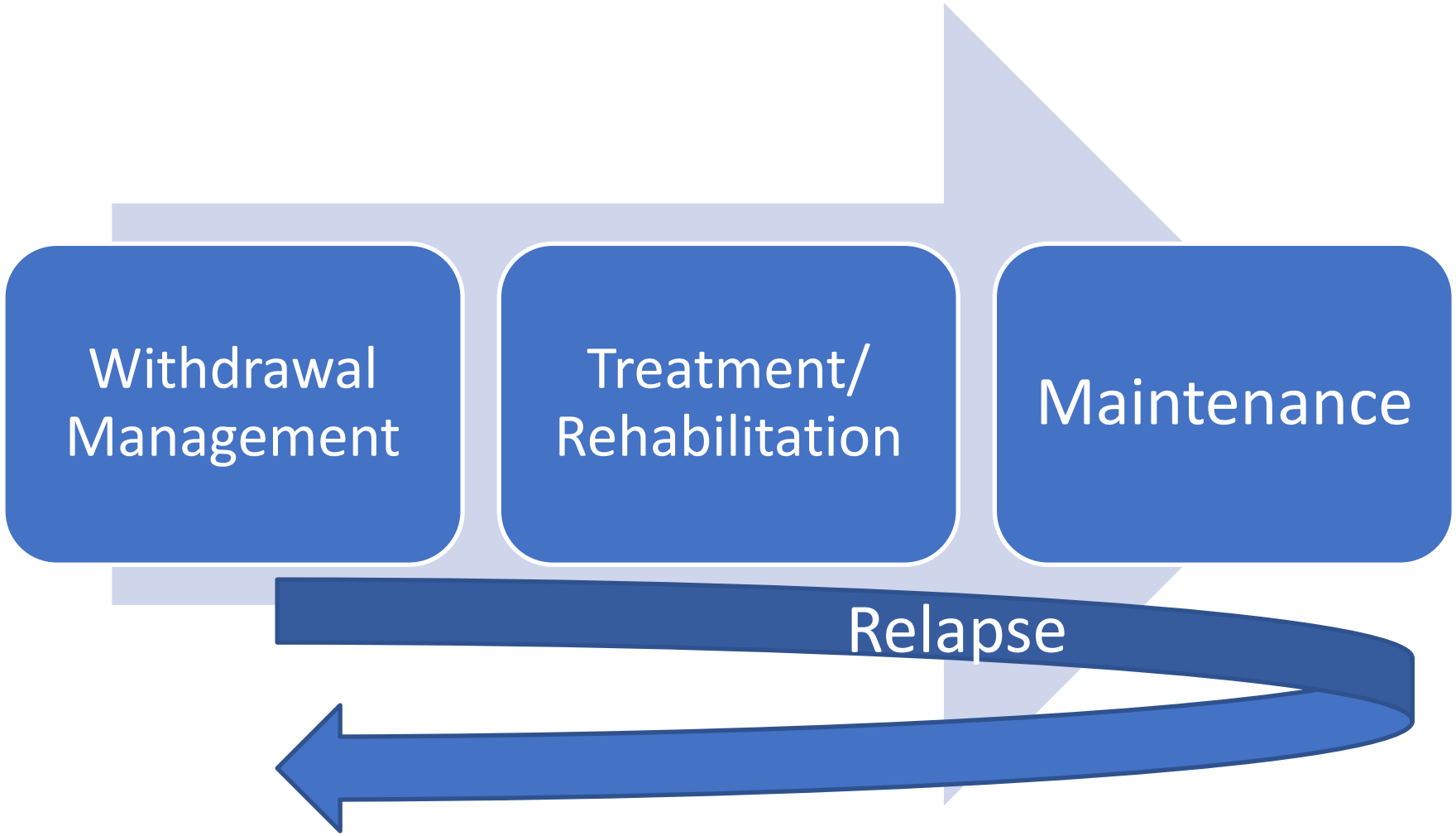
- ***After completing this session, participants will be able to***

1) Understand the concept of co-occurring disorders

2) Identify social determinants that play a role in co-occurring disorders

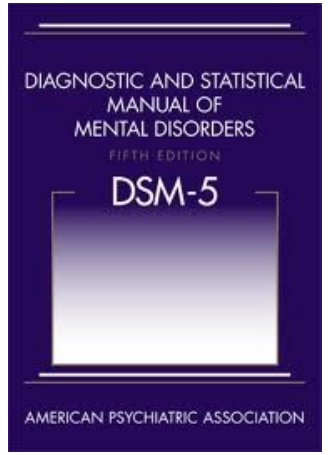
3) Identify models of care for supporting individuals with co-occurring substance use and mental health disorders

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

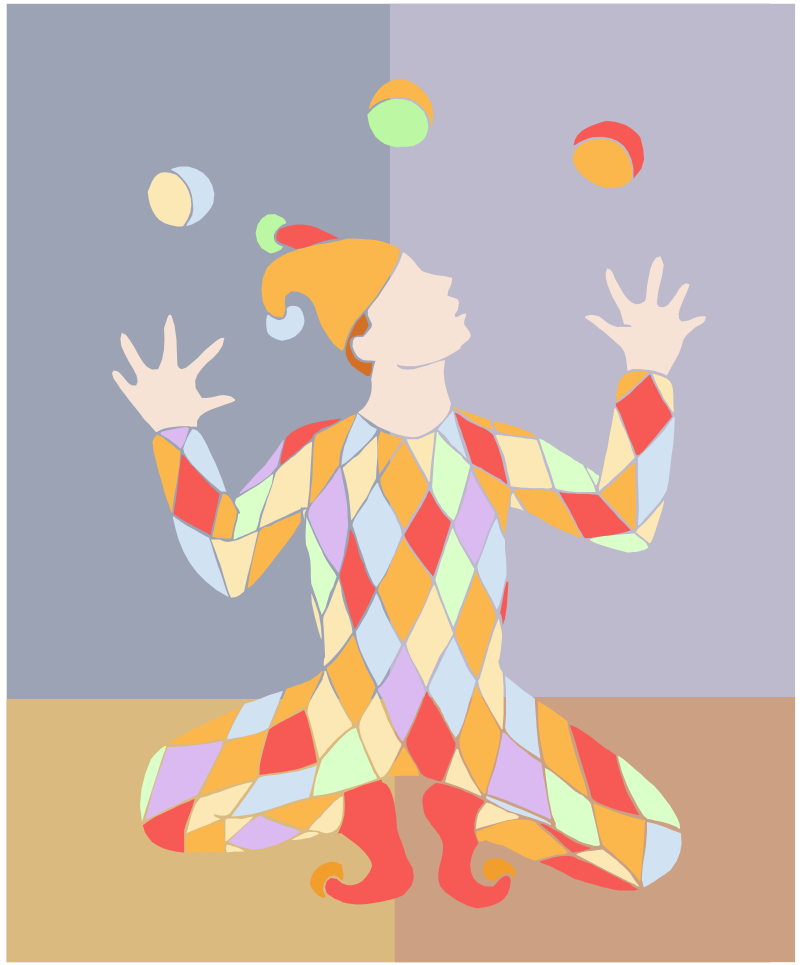


Comorbidity is the rule

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

SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2014 and 2015.

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.

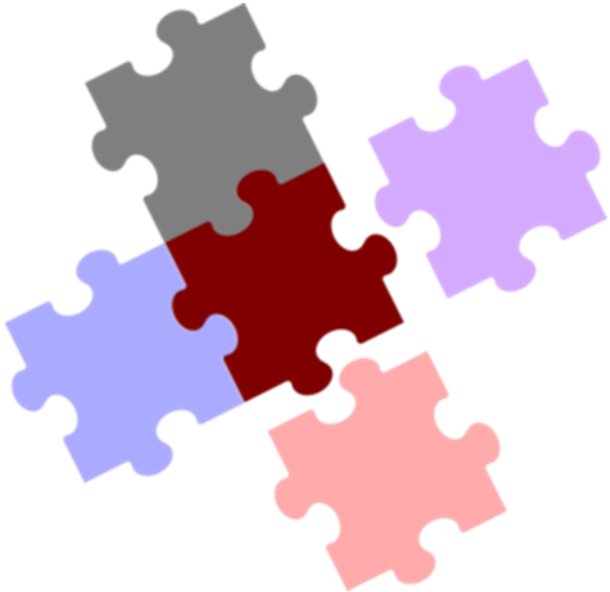
Source: Peek, C. J., National Integration Academy Council. (2013). Lexicon for Behavioral Health and Primary Care Integration: Concepts and Definitions Developed by Expert Consensus. In Agency for Healthcare Research and Quality (Ed.), *AHRQ Publication No.13-IP001-EF*.

“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



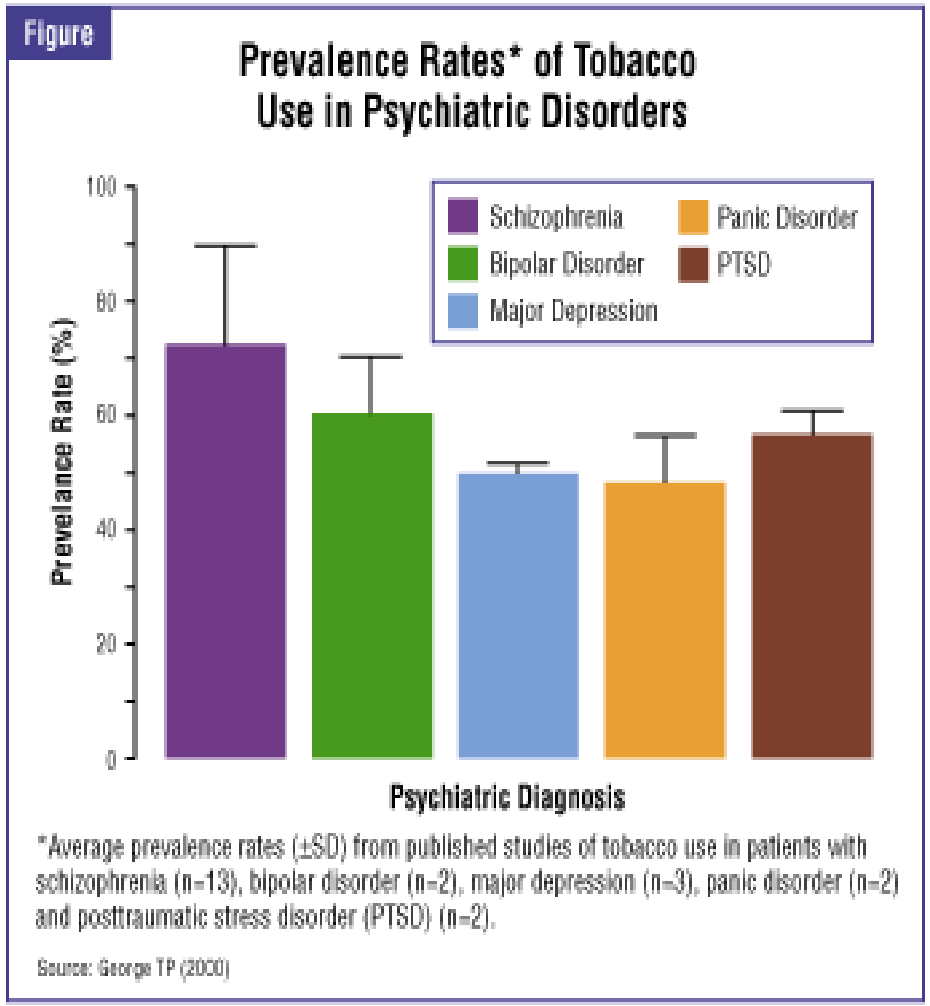
Behavioral Health Co-morbidities

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

Substance use:

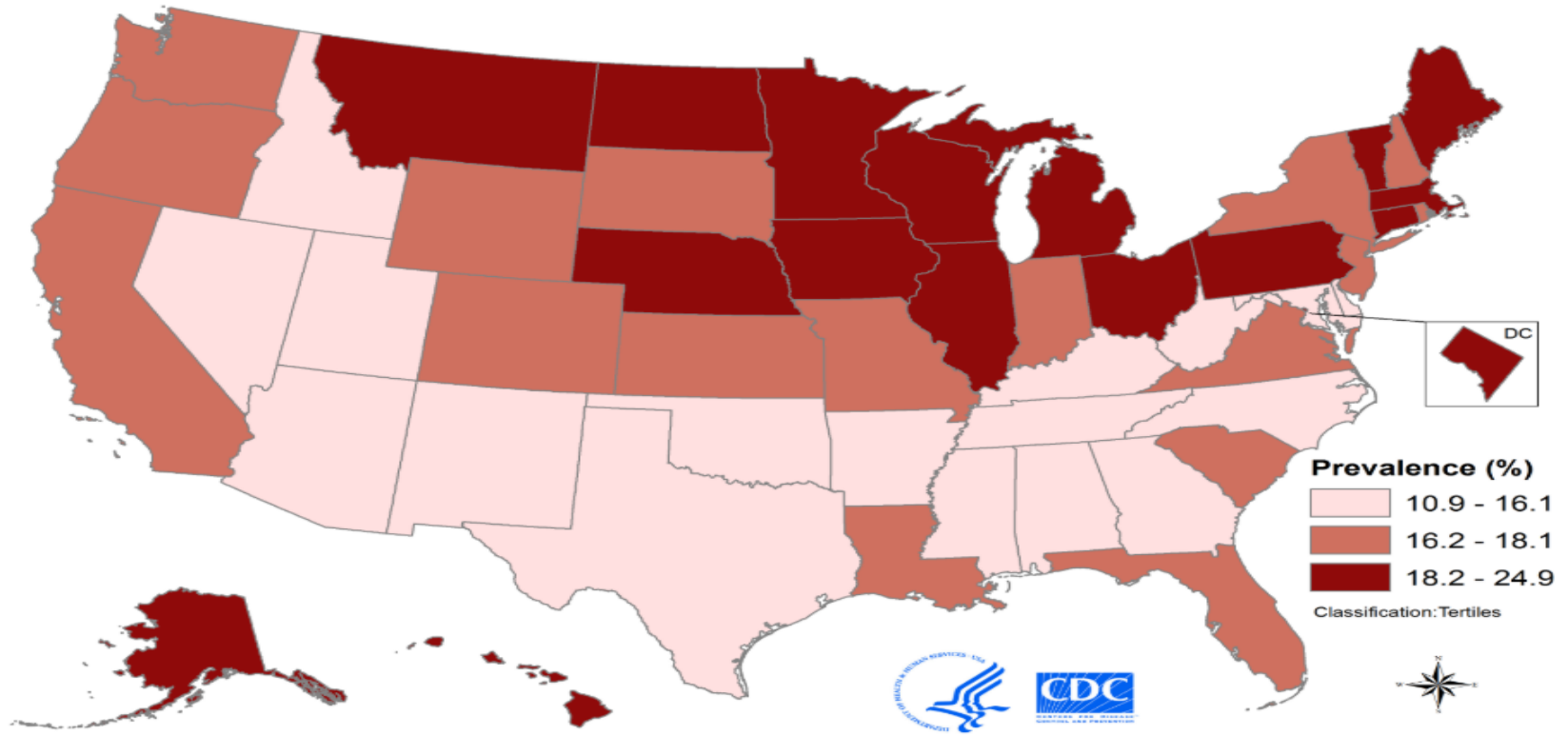
- Nicotine
- Caffeine
- Marijuana
- Alcohol
- Stimulants
- Hallucinogens

Psychiatric Diagnosis and Tobacco



Percent of Population

Prevalence of Binge Drinking Among US Adults, 2015



Note: Age-adjusted to the 2000 US Census standard population. Binge drinking is defined as 4 or more drinks for a woman or 5 or more drinks for a man on an occasion during the past 30 days.
Source: Behavioral Risk Factor Surveillance System.

alcohol use that brings the BAC up to 0.08 g/dL in about 2 hours

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%

Dube SR et al Pediatrics March 2003, VOLUME 111 / ISSUE 3

GAD-7 Anxiety

Over the last two weeks, 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	
Ask Questions 1 and 2	**YES**	**NO**
1) *Have you wished you were dead or wished you could go to sleep and not wake up?*		
2) *Have you had any actual thoughts of killing yourself?*		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) *Have you been thinking about how you might do this?* 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) *Have you had these thoughts and had some intention of acting on them?* as opposed to "*I have the thoughts but I definitely will not do anything about them.*"		
5) *Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?*		
6) *Have you ever done anything, started to do anything, or prepared to do anything to end your life?* 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.	**Lifetime**	
If YES, ask: *Was this within the past 3 months?*	**Past 3 Months**	

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

Osborne & Benner (2012), SAMHSA (2012)

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

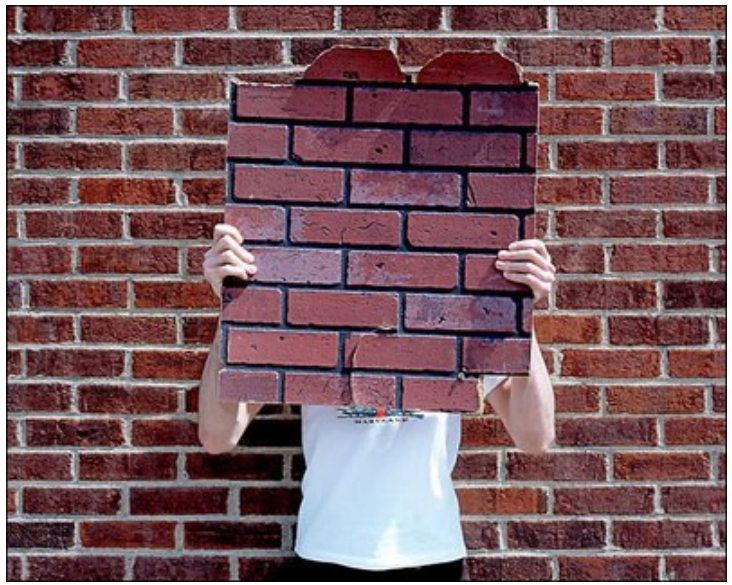
Co-located Model

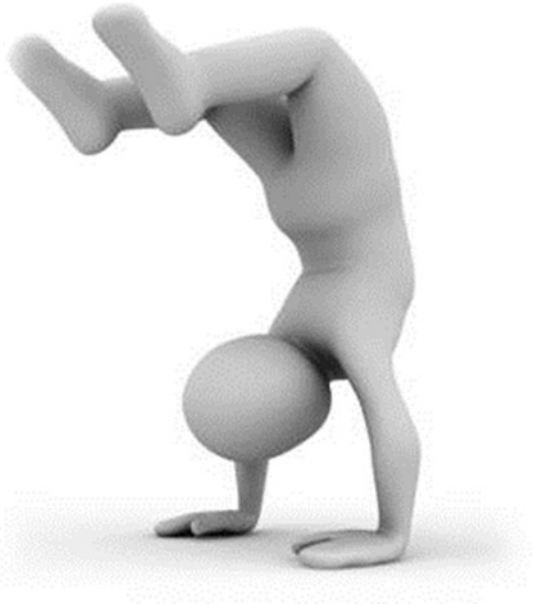
- Psychiatric provider sees patients in primary care

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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