Congressional Briefing
and National Webinar

July 14, 2022
1:30 – 3:00 PM Eastern Time

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Closed Captioning

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Q&A Feature

1. At the bottom of your screen, click to open the Q&A panel

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Moderator

J. Nadine Gracia, MD, MSCE
President and CEO
Trust for America’s Health
tfah.org
Agenda

Welcome and overview of *Pain in the Nation* 2022 report

Presentations from panelists

Questions and Answers

Closing
Pain in the Nation 2022 Report: The Epidemics of Alcohol, Drug, and Suicide Deaths

Special Feature: Two Decades of the Drug Overdose Crisis

Data from 2020:

- Drug & Alcohol Deaths Increased
- Suicide Deaths Decreased Slightly
- Disproportionate Increases Among Communities of Color & Young Adults
- Record Number of These Deaths in a Single Year
COVID-19 Impact on Well-Being in the United States

Direct illness, trauma and grief from COVID + indirect stress from financial hardship, social isolation, learning loss, disruption of support services and healthcare.

1. More Americans in crisis
2. Worsening mental health particularly among certain populations
3. More substance use
4. Higher rates of drug overdoses
2020 Trends and Takeaways

- Large increases in combined alcohol and drug deaths
- Small overall decline in suicide rate
- Divergence in demographic trends; disproportionate increases among youth, young adults, and many communities of color

![Graph showing percent change in age-adjusted rates of drug-induced and drug-specific overdose mortality, 2019–2020.](source: TFAH and WBT analysis of National Center for Health Statistics data)
## Solutions and Recommendations

| Invest | Invest in Prevention and Conditions that Promote Health  
|        | • Increase funding for CDC programs to reduce adverse childhood experiences, promote safe communities, and deter suicide risk  
|        | • Provide new resources for schools to increase substance use prevention, mental well-being, and resiliency programs |
| Address | Address the Worsening Drug Use and Overdose Crisis  
|        | • Continue pandemic-related flexibilities for substance use treatment  
|        | • Target youth substance misuse  
|        | • Promote harm-reduction policies to reduce overdoses |
| Transform | Transform Mental Health and Substance Use Prevention Systems  
|        | • Reduce stigma, especially among underserved populations  
|        | • Diversify the behavioral health workforce |
Welcome to Our Panelists

Benjamin F. Miller, Psy.D.
President
Well Being Trust

Arthur C. Evans, Jr., Ph.D.
Chief Executive Officer
American Psychological Association

Schroeder Stribling
President and CEO
Mental Health America
The importance of rethinking our approach to mental health and substance misuse

Benjamin F. Miller, PsyD | @miller7
We have codified the separation of mind and body through policy.
#1 It begins with us
Fundamental workforce considerations

WHAT does care look like
WHERE is care being delivered
WHO is providing health care
HOW is care being provided
Care in community, by community, and for community

Community Initiated Care (CIC) hypothesis: better equipping trusted community agents* with skills to help can change the trajectory of a person’s mental health journey.

- More immediately address mental health needs
- Reduce overall demand on the clinical enterprise
- Complement traditional care that may be given
- Positively impact outcomes at both a micro and macro level

This means the field needs to develop strategies that, with an asset-based respectful approach, equips community residents and organizations with the skills and resources to be their own first response.

*helper, human, neighbor, coworker, barista
The Method — Strength in Ourselves
Recognizing the strength in you to create a helping moment

1. Empowered to start
We’re often hesitant to engage when others seem upset, worried, or even just having a rough day. Recognize that you have what it takes to be there and do something. Because you are enough.

2. Be present and notice
Before we can offer help, we have to recognize when help is needed. Take time to notice what’s going on with those around you and how it makes you feel. By identifying situations and your feelings, you create space to meet someone where they are.
#2 Leverage 9888
What is 988 and who should use it?

Approved by Congress in fall 2020, 988 is the nation’s first three-digit crisis number dedicated to mental health and designed to help connect people with appropriate care.

988 goes live in TWO days. If you or someone you know is having suicidal thoughts, experiencing delusions, or displaying concerning symptoms of mental illness, you should call 988 instead of 911.
Every state and community in the nation

988

Mental health and SUD reform

You?
Crisis Standard of Care

Call 988

Crisis Line

Someone to talk to

Someone to respond

Somewhere to go
#3 Rethink our structures
Beacons of Strength: Libraries Provide Mental Health Resources to Cope With COVID

Since the beginning of the pandemic, American communities have been faced with a myriad of stresses: not only physical safety risks, but financial and economic strife. In May, the United Nations warned that the pandemic may generate yet another potential problem: a mental health crisis due to increased psychological stress from grief, shock, isolation, and uncertainty.

Recently, the Centers for Disease Control and Prevention reported that 25 percent of young adults ages 18 to 24 have seriously contemplated suicide during the pandemic.

Public libraries exist in urban, suburban, and rural neighborhoods, and typically have a long history of providing services in their community. In recent years, many libraries have gradually taken on other functions well beyond lending out books. They have become a hub for social workers and navigators. They help members figure out the complexities of life, from navigating the health system to helping those with housing needs.

Over the past seven months, local libraries reinvented the way they deliver services within their communities. Recently, many have found ways to provide remote and support to community members as they strive to manage and maintain their mental health throughout the pandemic.
We’ve responded to the substance misuse crisis as if it’s only about opioids.
Fragmentation  Integration
“Youth gets together with their materials to build a bridge to the moon or maybe a palace on earth; then in middle age they decide to build a woodshed with them instead.”

- Henry David Thoreau
Thank you!
ben@wellbeingtrust.org

• https://mentalhealth411.substack.com/
Arthur C. Evans, Jr., Ph.D.
Chief Executive Officer
American Psychological Association

apa.org
A Population Health Approach to the Nation’s Mental Health and Substance Use Crises

Arthur C. Evans, Jr., PhD

CEO & Executive Vice President
American Psychological Association

‘Pain in the Nation’ Congressional Briefing with Trust for America’s Health and Well Being Trust

JULY 14, 2022
• Over 200K children in the US have lost a parent or caregiver to COVID-19.
• Pediatric ED visits increased by nearly one-third.

• 23% of adults reported drinking more alcohol to cope with stress.
• From June ‘20-‘21, ~100K people died of a drug overdose (30% increase)

• 61% of adults have experienced unwanted weight changes.
• 47% have delayed or canceled health services during the pandemic.

• Inflation and economic stress at highest levels since 2015.
• 56% say they could have used more emotional support.

• Symptoms of anxiety and depression increased 3-4x during the pandemic.
• Greater rate of suicide (twice as likely) among Black youth, particularly girls.

• Homicide/violent crime has risen 44% since 2019.
• First-time gun ownership doubled (>5M people) from 2019 to 2021.
WE CANNOT TREAT OUR WAY OUT OF THIS.
Current U.S. Treatment Approach

- 75% Everyone Else
- 20% Diagnosable Mental Disorder
- 5% Severe Mental Illness
Factors that Influence Health Status (in the United States)

Health Care
- 10%

Physical Environment
- 19%

Human Biology
- 20%

Lifestyle/Behavior
- Smoking
- Obesity
- Stress
- Nutrition
- Blood Pressure
- Alcohol
- Drug Use

51%
SOCIAL DETERMINANTS OF HEALTH

- Education
- Income and Income Distribution
- Unemployment and Job Security
- Employment and Working Conditions
- Early Childhood Development
- Food Insecurity
- Housing
- Social Exclusion and Isolation
- Social Safety Network
- Health Services
- Gender, Race, Ethnicity, and Ability Status
Population Health Approach

Goal
- Effective & Efficient Clinical Care
- Mitigate Risk & Early Intervention
- Keeping People Healthy

People
- Diagnosed
- At Risk
- Healthy
Example:

Providing Effective & Efficient Clinical Care

Telehealth – Helping to expand access to behavioral health services and improve health equity in traditionally underserved areas.

APA Recommendations:

• Access to full range of telehealth services beyond COVID public health emergency.

• Elimination of Medicare’s 6-month in-person service requirement.

• Equal coverage/reimbursement for telehealth services vs. in-person counterparts.
Example: Mitigating Risk and Intervening as Early as Possible

Data Collection — Enhancing data monitoring and collection to improve the quality and timeliness of public health surveillance and the health of at-risk populations.

APA Recommendations:

- Incentivize information sharing across government data collection systems at the federal, state, local and tribal levels.
- Fully fund the CDC Data Modernization Initiative.
- Ensure that public health emergency preparedness data surveillance and collection includes behavioral health data.
Psychologically Safe and Supportive Schools – Ensuring that school environments not only help to protect children from behavioral health challenges, but also promote health, build resilience, and foster positive social and emotional development.

APA Recommendations:

• Provide evidence-based, culturally appropriate school-based mental health programs.

• Grow a diverse, highly qualified workforce of mental health professionals, including school psychologists.

• Enhance educator training/professional development to incorporate social and emotional learning and trauma-informed approaches to teaching and learning.
Parting Thoughts

• APA is grateful for the mental health support that Congress has already provided.

• We urge Congress to consider the following themes in its continued work on a behavioral health package:
  • Building Capacity for the Mental Health Care Workforce;
  • Improving Access to Mental Health Care;
  • Promoting Integration of Primary Care and Behavioral Health;
  • Strengthening Evidence-Based Behavioral Health Programs and Practices;
  • Ensuring Parity for Behavioral and Physical Health Care;
  • Investing in Behavioral Health Research; and
  • Promoting a Greater Emphasis on Health Equity and EDI.
Schroeder Stribling
President and CEO
Mental Health America
mhanational.org
Pain in the Nation: Mental Health America Data and Activity

Data from MHA’s National Screening Program
- Suicidal Ideation and Thoughts of Self-Harm
- Substance Use / Abuse
- Highest Risk Populations

Youth at Risk
- Concern for initiation of substance abuse as self-medication
- Lifetime Effects of Early life Adversity (ACES, SDOMH)

MHA’s Policy Priorities

MHA in the Nation: Community-Based Affiliate Initiatives

MHA Innovation Pilot
Suicidal Ideation Highest Among Youth

2021 % of Screeners Reporting Frequent Suicidal Ideation
N=1,127,380

In June 2022, the age group with the highest reported rates of frequent SI were 8-13 years old.
Other (non-white), Native Am, Multiracial, A/PI Experiencing More Self-Harm Thoughts

2019-2021 INCREASES ACROSS THE BOARD IN THOUGHTS SELF-HARM THOUGHTS

Largest increases for screeners who identify as Black and Native American
## Substance Use Screeners 2021 (all ages)

### Results

| Likely SUD | 79.11% |
| Unlikely SUD | 20.89% |

### Special Populations

<table>
<thead>
<tr>
<th>Category</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student (likely youth)</td>
<td>66.74%</td>
</tr>
<tr>
<td>LGBTQ</td>
<td>35.36%</td>
</tr>
<tr>
<td>Live w/ chronic pain</td>
<td>35.61%</td>
</tr>
<tr>
<td>Trauma survivor</td>
<td>33.14%</td>
</tr>
<tr>
<td>Healthcare worker</td>
<td>7.91%</td>
</tr>
<tr>
<td>Caregiver</td>
<td>4.69%</td>
</tr>
<tr>
<td>Veteran / active duty military</td>
<td>4.01%</td>
</tr>
<tr>
<td>New or expecting mother</td>
<td>2.66%</td>
</tr>
</tbody>
</table>

### Type of Substance Used

<table>
<thead>
<tr>
<th>Substance</th>
<th>2021 #</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>27440</td>
<td>42.71%</td>
</tr>
<tr>
<td>More than one</td>
<td>27347</td>
<td>42.56%</td>
</tr>
<tr>
<td>Marijuana</td>
<td>24755</td>
<td>38.53%</td>
</tr>
<tr>
<td>Tobacco</td>
<td>16050</td>
<td>24.98%</td>
</tr>
<tr>
<td>Stimulants (e.g. Speed, Meth, Prescription)</td>
<td>6915</td>
<td>10.76%</td>
</tr>
<tr>
<td>Cocaine/crack</td>
<td>4001</td>
<td>6.23%</td>
</tr>
<tr>
<td>Prescription Opioids</td>
<td>4231</td>
<td>6.59%</td>
</tr>
<tr>
<td>Benzodiazepines (e.g. Xanax, Valium)</td>
<td>3953</td>
<td>6.15%</td>
</tr>
<tr>
<td>Heroin</td>
<td>1604</td>
<td>2.50%</td>
</tr>
<tr>
<td>Other self harm behavior (e.g. cutting)</td>
<td>10436</td>
<td>16.24%</td>
</tr>
</tbody>
</table>
• **ACES and Lifetime Mental Illness**
  • early life trauma and adverse childhood experiences more than double the odds of developing later mental health conditions (including depression, bipolar disorder, and schizophrenia).

• **Children and Youth living in poverty**
  • are almost 70% more likely to have a mental health condition.

• **Adolescent mental health problems**
  • almost double the odds of being unemployed in adulthood.

• **Increased risk for victimization**
  • people with mental health and substance use conditions are 4-6x more likely to be victims of violence.
MHA’s Policy Focus

• Incorporating a **prevention focus** across all MH/SU programs
• Ensuring a national **public health approach** to MH/SU
• Access to **integrated care** (primary health + mental health)
  • Starting at earliest of ages with maternal health and well-being
• **Meet young people where they are**
  • (e.g., school, after-school, community, Head Start, Boys and Girls Clubs)
• Effective **integration of peers**; including fair pay
• Support for innovative **new technologies**
  • (e.g., digital therapeutics, Screening 2 Supports)
• Accountability for the **individual’s experience of care**
  • Hospitals: measuring patient experience
  • involving individuals in guiding their own care and advancing community solutions
MHA’s Policy Focus

HEALTH EQUITY PLANS:
• We promote the Administrations push for healthcare systems to create Health Equity Plans to identify and address disparities and measure the outcomes
• In addition: we’re asking that Healthy Equity Plans address SDOMH

For instance, healthcare systems can:
• use procurement, hiring, investing, and advocacy to address SDOMH and improve BIPOC outcomes
• hire BIPOC people / trained peers; pay living wage
• invest in community assets, such as development of affordable housing.

*Healthcare systems across the US are already taking on these types of activities and we want to ensure that payment incentives support this upstream prevention work to prevent deaths of despair.*

Premise: Correlation between deaths of despair and individual disempowerment / marginalization
MHA Affiliate’s Community Solutions

• Working in Schools and on-line where young people are:
  • Awareness, trainings, and screenings – normalize help-seeking

• Preventing ACES
  • Evidence-based programs to support families and prevent early trauma

• Lived experience inclusion and leadership
  • Peer support, including youth peer programs
  • Person-centered wraparound programs and drop-in centers
  • Engaging individuals with lived experience in solution creation and advocacy

• Integrated Supports
  • Housing, employment, and social supports

• Public Education
  • Prevention, mental health literacy, and public health-focused campaigns
INNOVATIONS: New Research and Screening 2 Supports

• Launching new partnership between MHA, academic institutions, and MHA Affiliates
  • Bridging digital and in-person support for SUD using Peer supports
• Study data from MHA S2S platform users to best understand engagement patterns
  • Self-guided and Peer-guided interventions
• Test new content and strategies developed collectively by MHA and MHA affiliates
  • Focus on addressing SUD, Depression, and Anxiety
• Optimize Engagement Strategies; continue to test and refine
Submit Questions for Our Panelists

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Thank You to Our Moderator and Panelists

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Thank you!

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The recording and slides will be available at tfah.org.