Trust for America's Health

WB WELL BEING TRUST

Congressional Briefing
and National Webinar

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

🐦 @HealthyAmerica @WellBeingTrust
🌐 tfah.org wellbeingtust.org

ISSUE REPORT

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

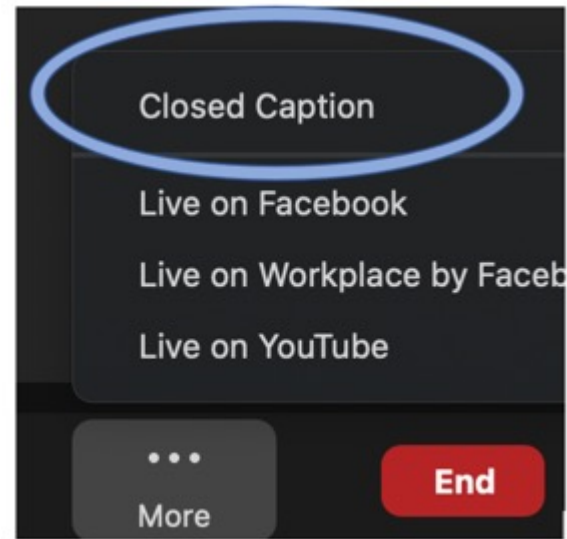SPECIAL FEATURE: Two Decades of the Drug Overdose Crisis

MAY 2022

Trust for America's Health
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WB WELL BEING TRUST
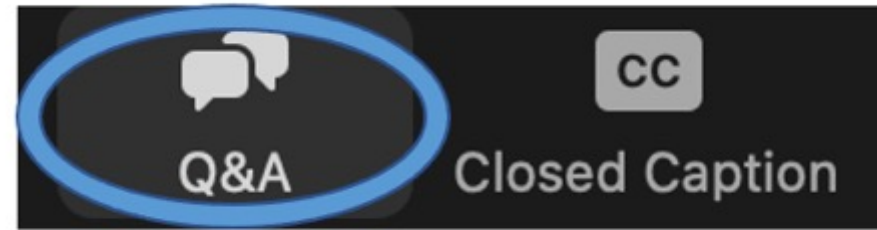
Closed Captioning

To see real time captioning:

1. At the bottom of your screen, click to open **More**

2. Click **Closed Caption**

Q&A Feature

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

2. Type your question in the **Q&A** box

3. Hit **Enter**

Moderator

J. Nadine Gracia, MD, MSCE
President and CEO
Trust for America's Health

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Agenda

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

Presentations from panelists
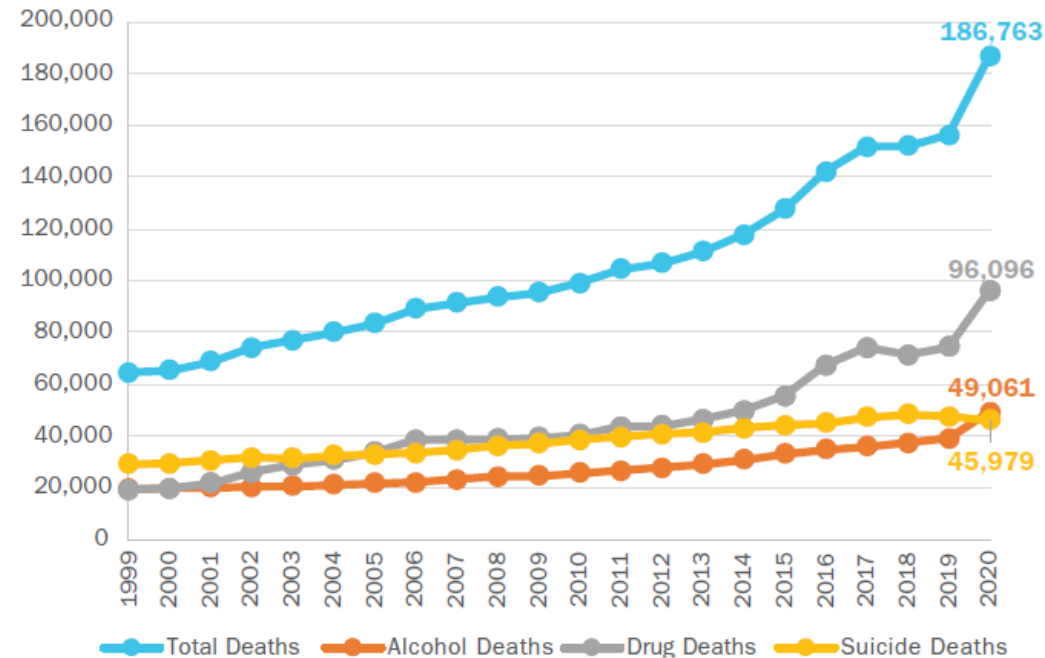
Questions and Answers

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

**Annual Deaths from Alcohol, Drugs, and Suicide in the United States, 1999–2020**

Legend: Total Deaths, Alcohol Deaths, Drug Deaths, Suicide Deaths

Data labels: 186,763 (Total Deaths); 96,096 (Drug Deaths); 49,061 (Alcohol Deaths); 45,979 (Suicide Deaths)

Source: TFAH and WBT analysis of National Center for Health Statistics data

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

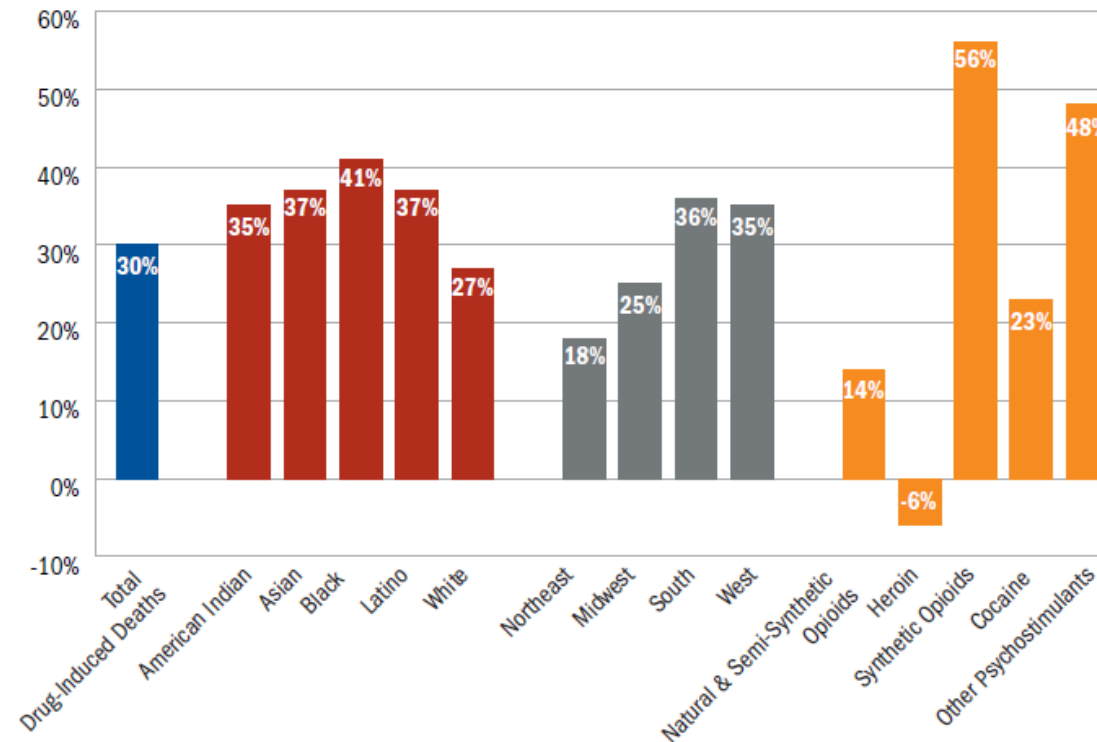**Number of Drug-Induced Deaths, by Month, 2019–2020**

Start of the Pandemic

— 2019   — 2020
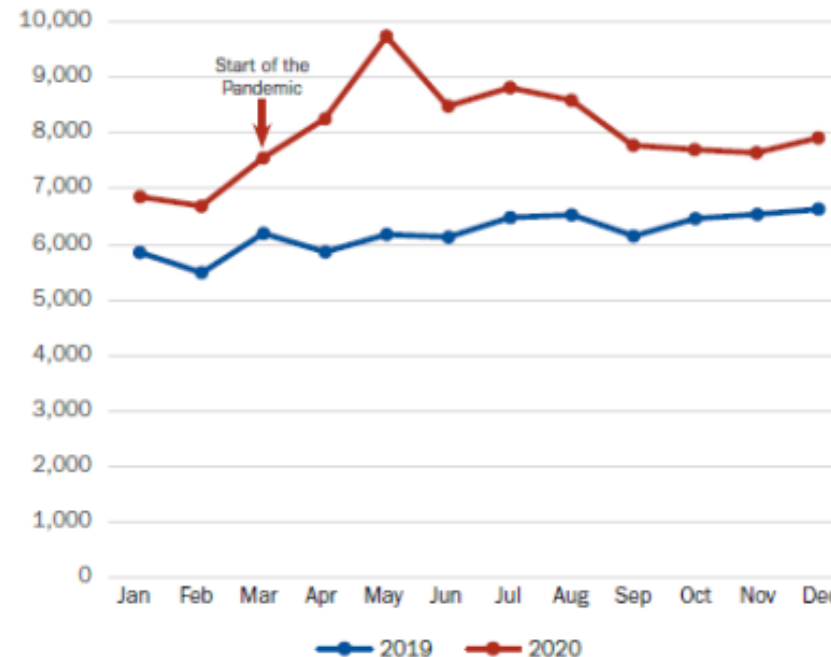
Source: TFAH and WBT analysis of National Center for Health Statistics data

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

Percent Change in Age-Adjusted Rates of Drug-Induced and Drug-Specific Overdose Mortality, 2019–2020

- Total Drug-Induced Deaths: 30%
- American Indian: 35%
- Asian: 37%
- Black: 41%
- Latino: 37%
- White: 27%
- Northeast: 18%
- Midwest: 25%
- South: 36%
- West: 35%
- Natural & Semi-Synthetic Opioids: 14%
- Heroin: -6%
- Synthetic Opioids: 56%
- Cocaine: 23%
- Other Psychostimulants: 48%

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

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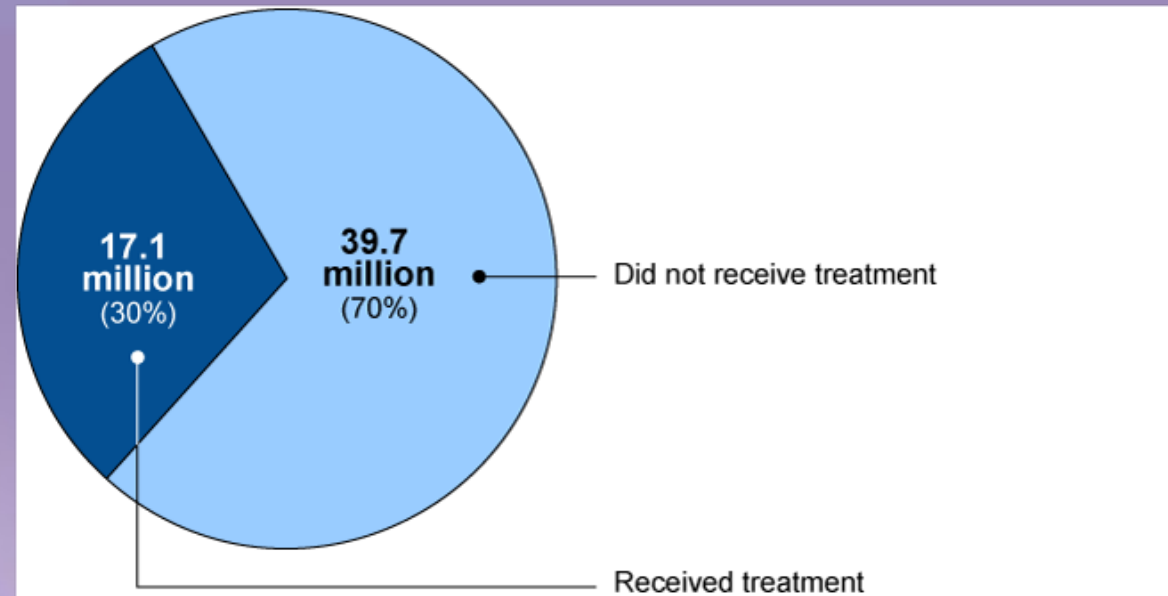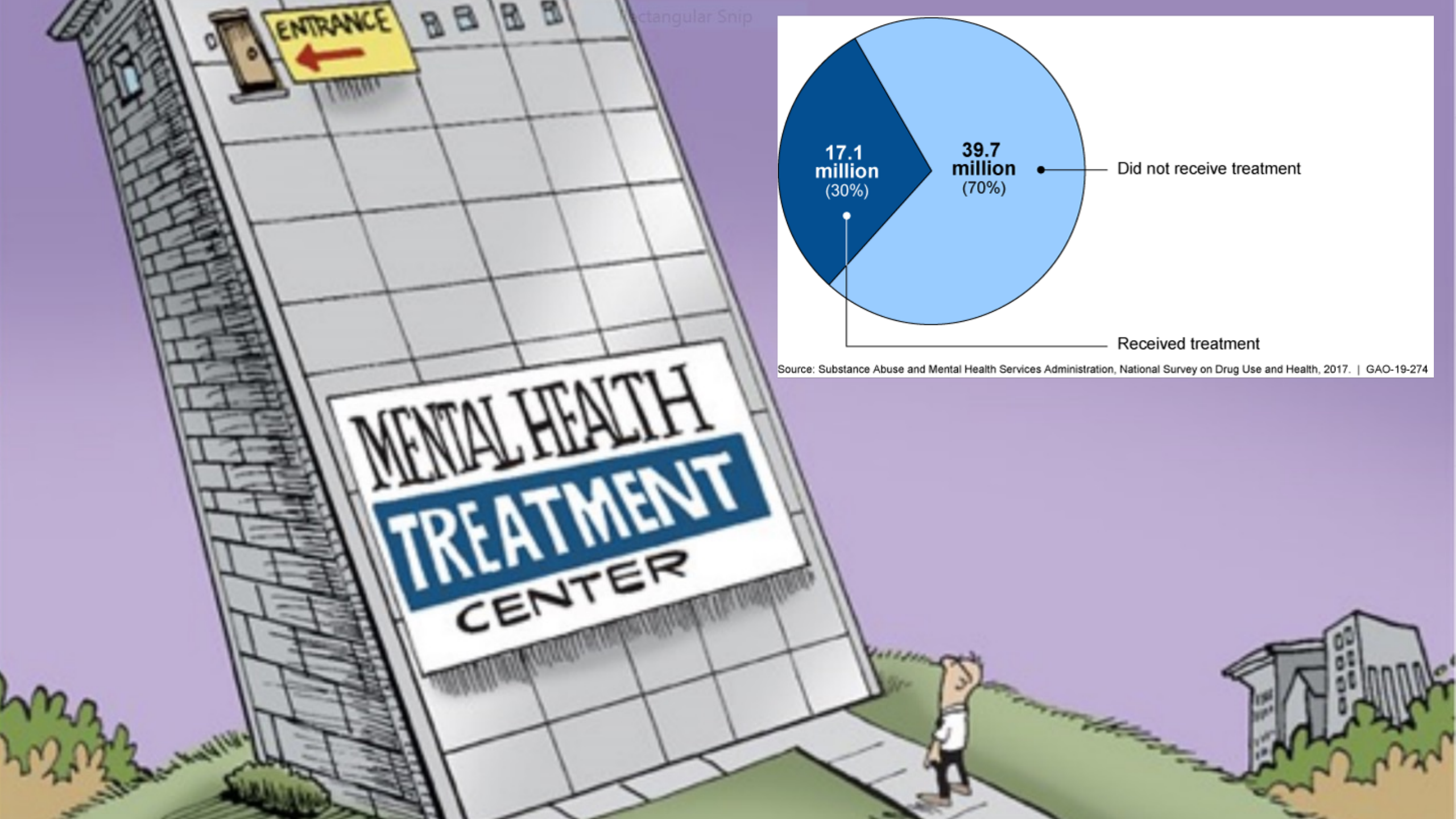President
Well Being Trust

wellbeingtrust.org

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The importance of rethinking our approach to mental health and substance misuse

Benjamin F. Miller, PsyD | @miller7

Drug Deaths
96,096

Alcohol Deaths
49,061

Suicide Deaths
45,979

120,000
100,000
80,000
60,000
40,000
20,000
0

2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020

"

We have **codified** the separation of mind and body through policy.

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ENTRANCE

MENTAL HEALTH TREATMENT CENTER

17.1 million (30%)

39.7 million (70%)

Did not receive treatment

Received treatment

Source: Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health, 2017. | GAO-19-274

Upstream

#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

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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

STRENGTH IN US

STRE
NGTH
IN US

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.

But I'm not a mental health professional...

STRE NGTH IN US

#2 Leverage 988

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.

Crisis Standard of Care

Call 988   Crisis Line

Someone to talk to

Someone to respond

Somewhere to go

Crisis Response Continuum of Care

Outreach & engagement of people at risk

Many people in the early stages of crisis need referral to appropriate services and supports.

Crisis call center hubs

Evidence suggests that most crises can be resolved by skilled telecommunications responders.

Mobile crisis teams

Mobile crisis teams are able to resolve the majority of crises in the community.

Crisis stabilization options

Those requiring a higher level of care should have multiple options, such as crisis stabilization or hospitalization, corresponding to their level of need.

Post-crisis, community-based support

With appropriate care and support, most are able to remain stable in their communities post-crisis.

988 Crisis Hotline

SEVEN CRITICAL PILLARS

- Early Identification and Prevention
- Emergency and Crisis Response
- Equity
- Integration
- Parity
- Standards
- Workforce

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988 IS NOW AVAILABLE NATIONWIDE

Starting today, this new three-digit phone number – staffed by trained crisis counselors – is just a call or text away during a mental health, substance use or suicide crisis.

This is a tremendous step toward providing life-saving support that will help countless people in crisis. But the work is just beginning.

Everyone, everywhere in the U.S. should have access to a mental health crisis response when they need it. That is why we are working tirelessly to #ReimagineCrisis.

Together, we must:

- Expand Lifeline capacity and capability in every community to meet increasing demand for 988

- Ensure mobile crisis teams are available in every community to provide people in crisis with a mental health response

- Establish crisis stabilization options to provide somewhere to go in crisis

- Invest in a mental health crisis workforce to bolster the help available in every community, including leveraging peer support

We need federal, state and local policymakers to continue to act on this important issue. Everyone deserves a compassionate, equitable, effective mental health response in a crisis.

Learn more and act now at ReimagineCrisis.org.

REIMAGINE

#3 Rethink our structures

CARE
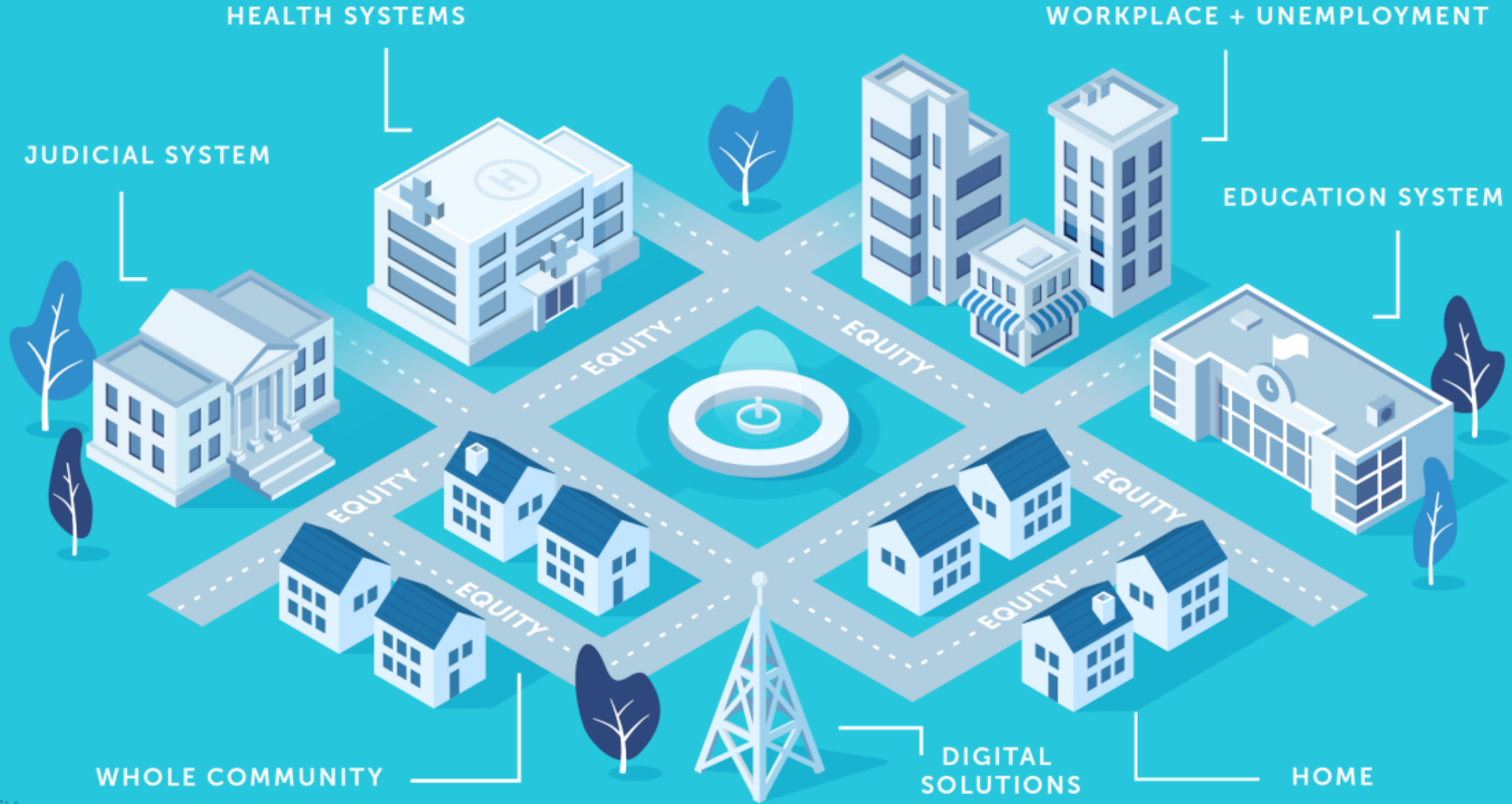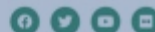
HEALTH SYSTEMS

WORKPLACE + UNEMPLOYMENT

JUDICIAL SYSTEM

EDUCATION SYSTEM

EQUITY

EQUITY

EQUITY

EQUITY

EQUITY

EQUITY

WHOLE COMMUNITY

DIGITAL SOLUTIONS

HOME

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Beacons of Strength: Libraries Provide Mental Health Resources to Cope With COVID

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 stressors: 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.

Book wagon volunteers. Photo courtesy of the Meridian Library District, 2019.

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 librarians have gradually taken on other functions well beyond lending out books. They have become ad hoc 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 reprieve 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.
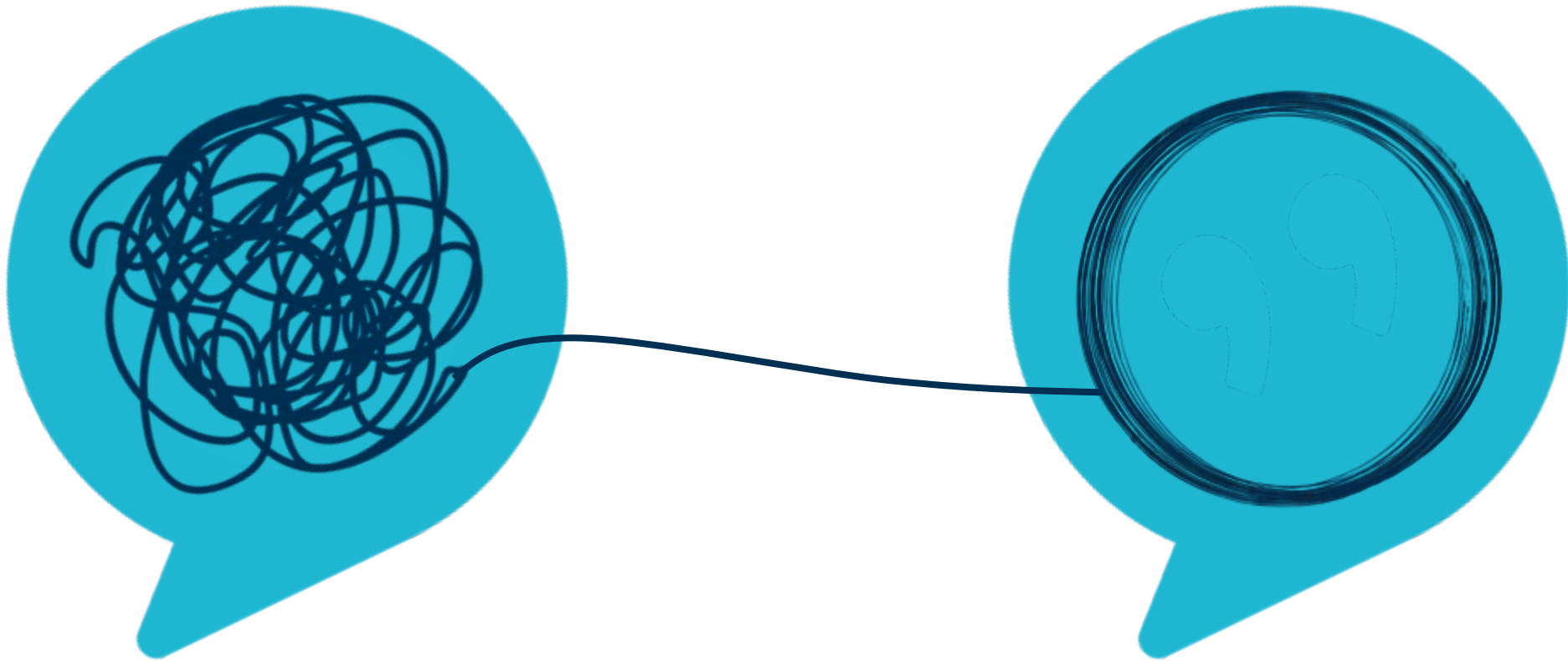
"Youth gets together with their materials to build a bridge to the **moon** or maybe a palace on **earth**; then in middle age they decide to build a **woodshed** with them instead."

- 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**.

- Inflation and economic stress at highest levels **since 2015**.

- **56%** say they could have used more emotional support.

- **23%** of adults reported drinking more alcohol to cope with stress.

- From June '20-'21, **~100K** people died of a drug overdose (**30% increase**)

- Symptoms of anxiety and depression **increased 3-4x** during the pandemic.

- Greater rate of suicide (**twice as likely**) among Black youth, particularly girls.
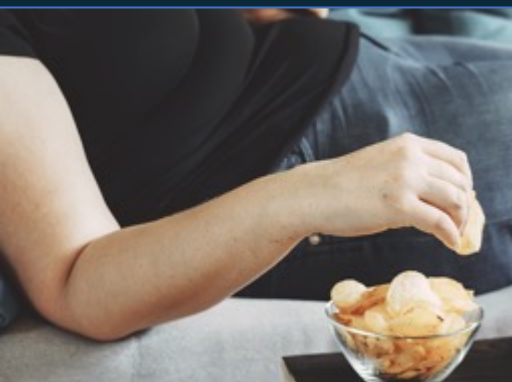
- **61%** of adults have experienced unwanted weight changes.

- **47%** have delayed or canceled health services during the pandemic.

- 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

5% — **Severe Mental Illness**

20% — **Diagnosable Mental Disorder**

75% — **Everyone Else**
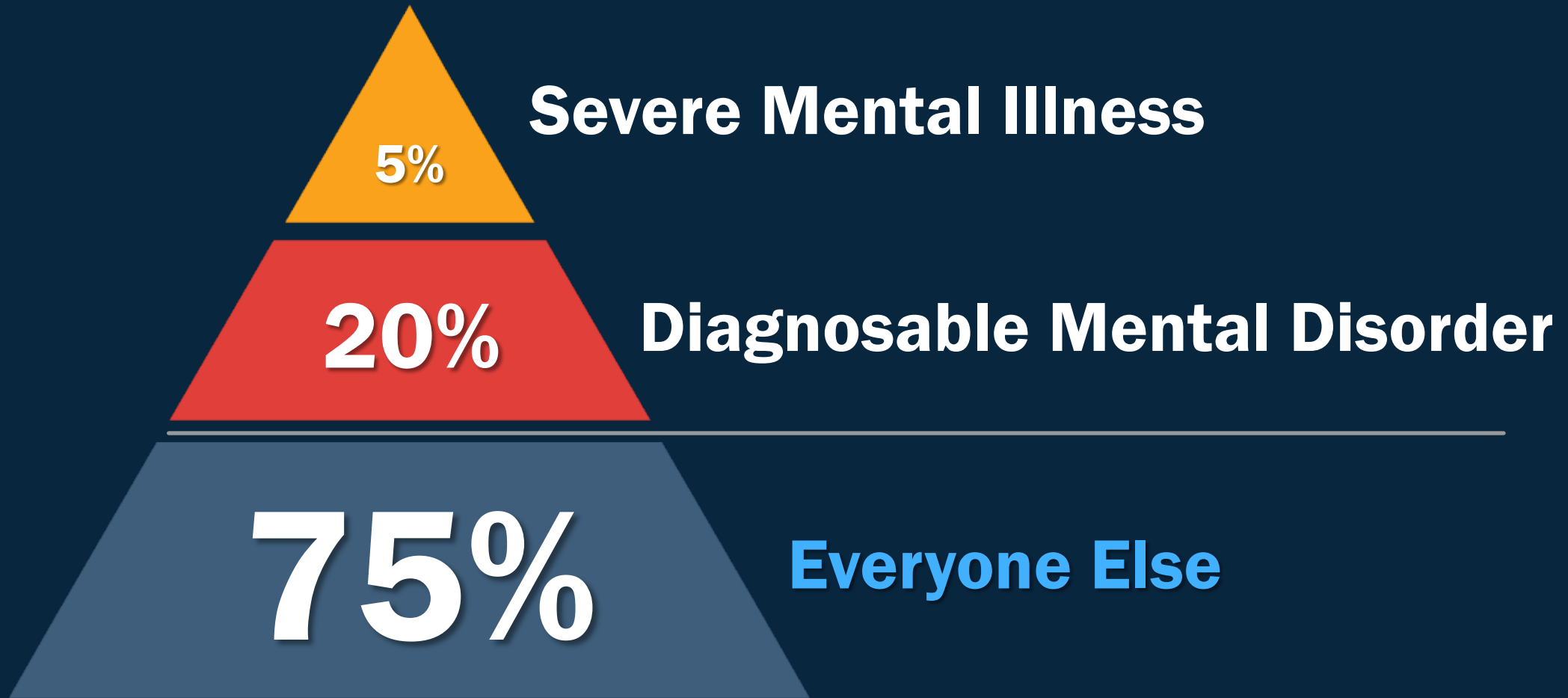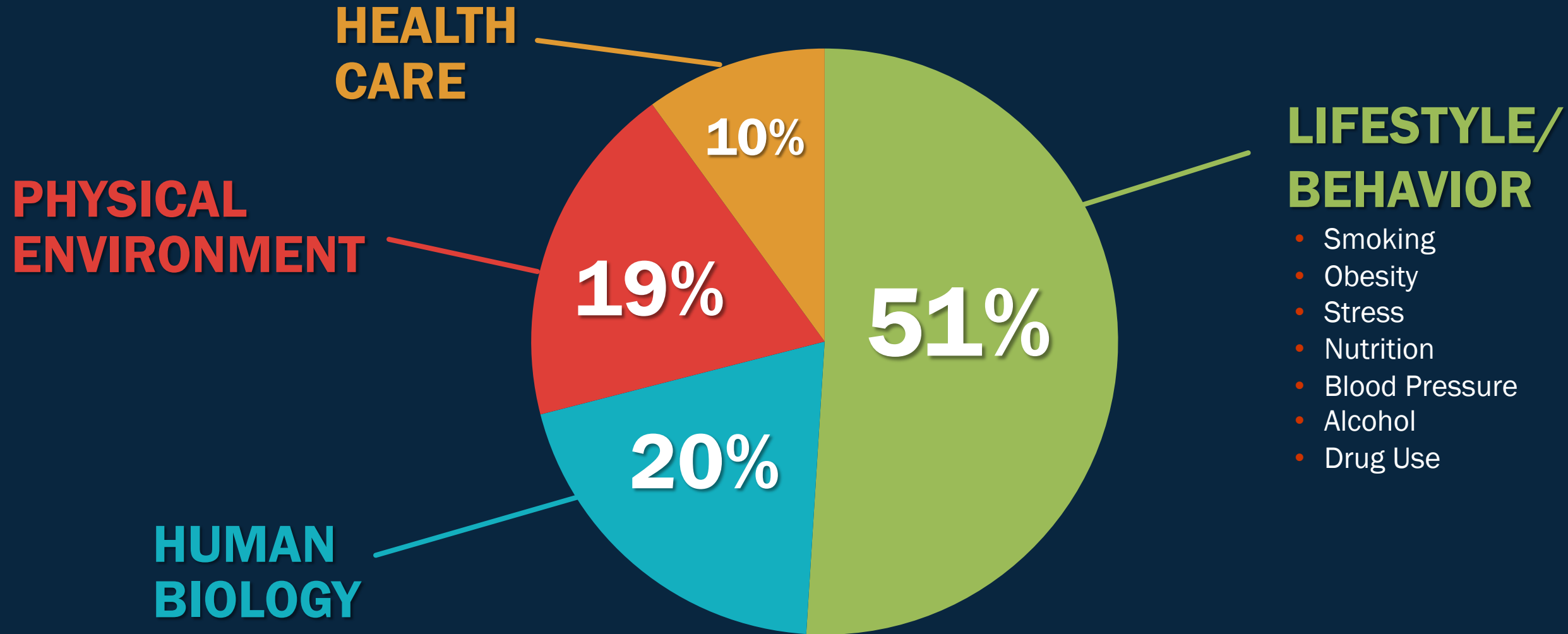
SOCIAL DETERMINANTS OF HEALTH

- 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
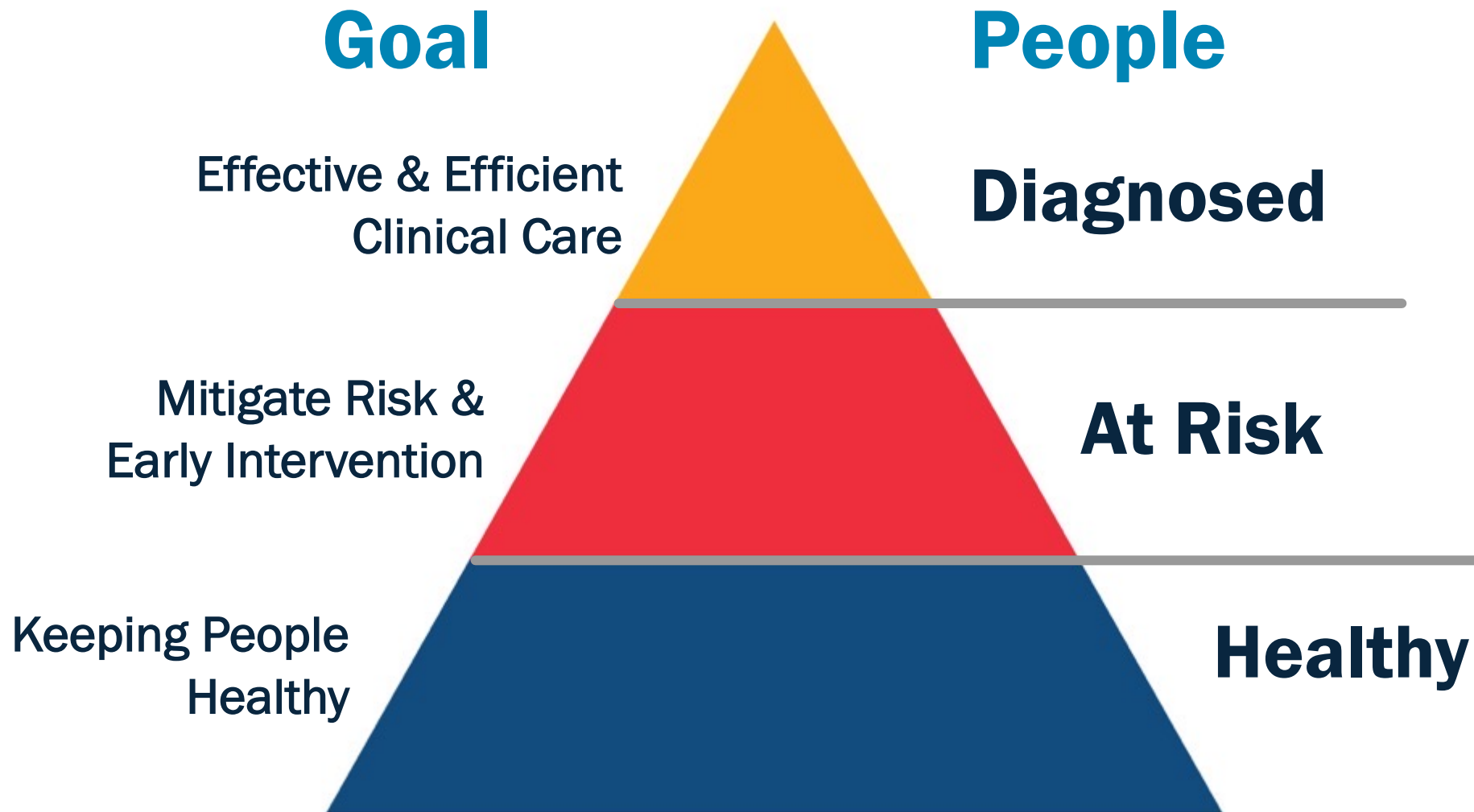
Healthy

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.

Example:
Keeping People Healthy

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)
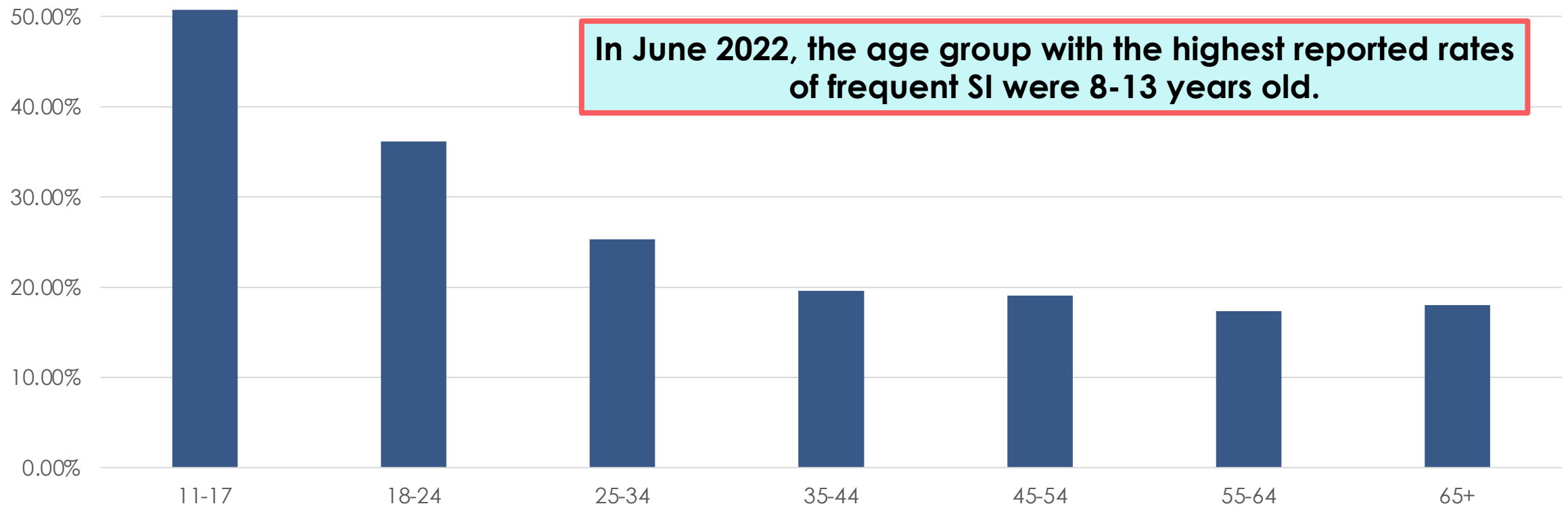
MHA's Policy Priorities

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

	Other	Native American or American Indian	More than one of the above	Asian or Pacific Islander	Black or African-American (non-Hispanic)	Hispanic or Latino	White (non-Hispanic)
2019	42.06%	38.77%	39.44%	37.97%	30.55%	31.85%	30.56%
2020	46.07%	46.27%	43.71%	42.36%	37.44%	37.95%	35.32%
2021	46.24%	45.54%	44.56%	42.67%	39.14%	38.37%	35.58%
Percent Change	4.18%	6.77%	5.12%	4.70%	8.59%	6.52%	5.02%

■ 2019 ■ 2020 ■ 2021

Mental Health America

B4Stage4

Substance Use Screeners 2021 (all ages)

Special Populations	Percent
Student (likely youth)	66.74%
LGBTQ	35.36%
Live w/ chronic pain	35.61%
Trauma survivor	33.14%
Healthcare worker	7.91%
Caregiver	4.69%
Veteran / active duty military	4.01%
New or expecting mother	2.66%

Results	Percent
Likely SUD	79.11%
Unlikely SUD	20.89%

Type of Substance Used	2021 #	Percent
Alcohol	27440	42.71%
More than one	27347	42.56%
Marijuana	24755	38.53%
Tobacco	16050	24.98%
Stimulants (e.g. Speed, Meth, Prescription)	6915	10.76%
Cocaine/crack	4001	6.23%
Prescription Opioids	4231	6.59%
Benzodiazepines (e.g. Xanax, Valium)	3953	6.15%
Heroin	1604	2.50%
Other self harm behavior (e.g. cutting)	10436	16.24%

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B4Stage4

Early Risk Factors: Life-Course Impacts

- **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 Heath 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

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B4Stage4

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

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B4Stage4

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!

@HealthyAmerica1

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