

Suicide Prevention on Campus:

KEEPING STUDENTS CONNECTED

University of Nebraska at Kearney Promotes Mental Health

Entering college can be a stressful time for any young adult. "College can be such an adjustment—leaving your family, feeling homesick, and adjusting to life as an adult," said Kristin A. Steinbeck, M.A., LPC, Suicide Prevention Director at the University of Nebraska at Kearney (UNK) Counseling and Health Care Center.

For someone struggling with depression or a substance abuse problem, reaching out to find help may be even harder than for a typical overwhelmed college student.

Until they need it, few students know where the counseling center is on campus—or even if one exists. Ask Ms. Steinbeck. She spent 4 years as an undergraduate at UNK, but it wasn't until late into her graduate studies that she found out about the university's mental health services.

Now, part of Ms. Steinbeck's daily work is to make sure students, professors, and administrators know that free and confidential counseling services are available—and, especially, that it's okay to get help. She also works one on one with students as a counselor.

In 2006, SAMHSA awarded UNK a Campus Suicide Prevention grant through the Garrett Lee Smith Memorial Act (see page 3). Currently, SAMHSA grants fund 49 colleges and universities around the Nation. Many other schools have already "graduated" from the program.

The Agency plans to fund 21 new grants in 2009, according to Rosalyn Blogier, LCSW-C, SAMHSA's Team Coordinator for the program. Ms. Blogier

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View

From Dr. Broderick

Suicide Prevention: Increasing Awareness Saves Lives

The rise in suicides across our Nation is a public health issue of increasing concern to each and every one of us.

As evidenced by the extraordinary growth in calls to SAMHSA's National Suicide Prevention Lifeline (1-800-273-TALK) and the groundswell of public and press attention the Lifeline and other suicide prevention efforts generated this past year, a new public consensus is emerging about how we can face this public health challenge.

Suicide is no longer considered a shameful personal matter, best ignored by society or considered to be inevitable.

Rather, thanks largely to the efforts of crisis counselors, helpline volunteers, and mental health professionals, more and more Americans now understand that suicide is a public health crisis that needs to be confronted openly and actively prevented.

At the vanguard of the national effort to bring help and hope to those who most desperately need it are the community clinics and campus counselors who work tirelessly to get the word out that help is available and recovery is possible. The *SAMHSA News* cover story highlights the progress of one of our Campus Suicide Prevention program grantees.

SAMHSA is relying on programs like these to get the word out and develop enhanced methods for promoting life-saving services. Most important, those individuals who need help are learning that it's okay to ask for help. And, it's okay for friends and families to ask for help, too. ▽

Eric B. Broderick, D.D.S., M.P.H.
Acting Administrator, SAMHSA

Campus Suicide Prevention

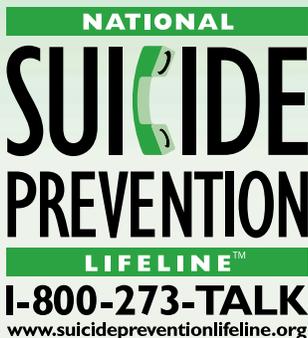
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is a public health advisor in the Agency's Suicide Prevention Branch at the Center for Mental Health Services (CMHS).

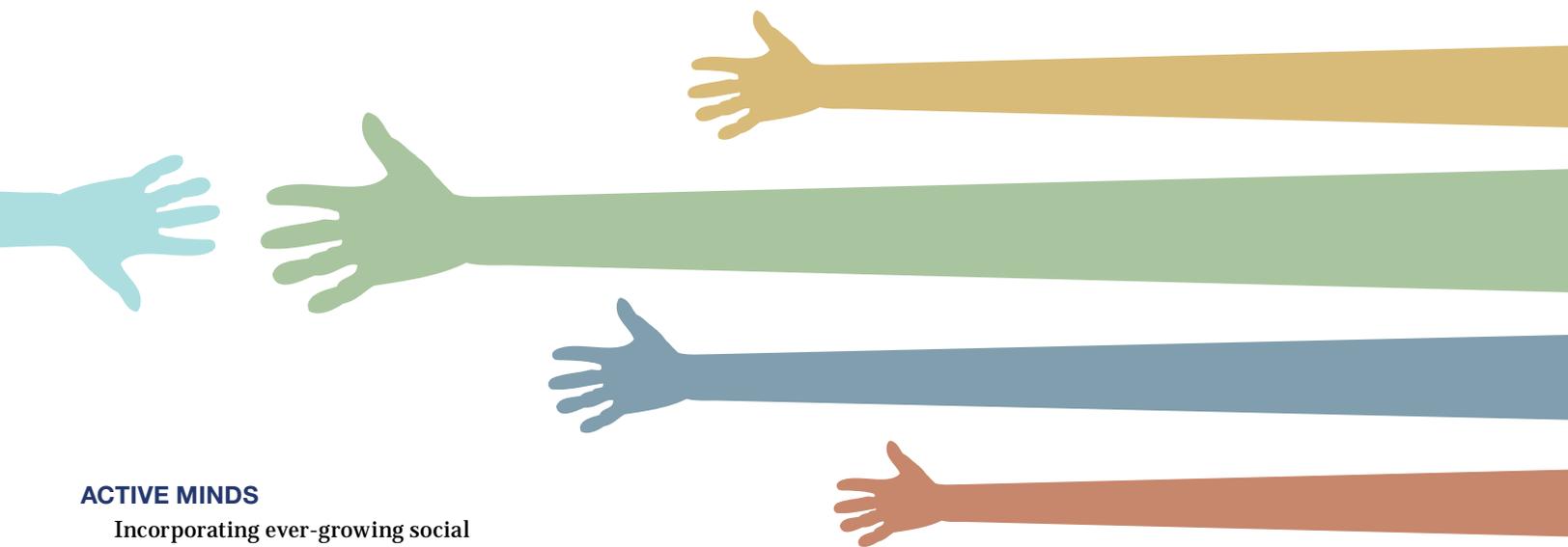
"Since the program began in 2005, we've really gained momentum and built a network of schools that can spread the word that help is out there—and where to find it," she said. "Some of our grantees partner with their state and local suicide prevention programs. Others, like Syracuse University, share what they've learned over the course of their grant with newer grantees." (See *SAMHSA News* online.)

Preliminary data gathered by Ms. Steinbeck and her team indicate that their efforts to raise awareness among UNK students are succeeding. In fall 2006, when the university first received the grant, only 698 sessions were held at the Counseling Care Center. Two years later, in fall 2008, that number jumped to 1,180.

"I think the need was always there. What's different is students know about us and trust that we're here to help," Ms. Steinbeck said. "Word of mouth, especially on the Internet, is our best outreach."



You can now follow the Suicide Prevention Lifeline on Twitter at <http://www.twitter.com/800273TALK>.



ACTIVE MINDS

Incorporating ever-growing social media networks to spread the word about their activities and services is part of UNK's outreach program. Active Minds is a student-run organization that promotes help-seeking behaviors and sponsors activities that encourage people to talk positively and openly about mental health challenges and suicide prevention. Approximately 200 campuses in the United States operate a chapter.

"The group's main focus is to eliminate stigma associated with getting help," Ms. Steinbeck explained. The UNK chapter, which formed early in the 2007–08 academic year, recently was deemed a five-star chapter by the national office because of its robust programming.

That is the highest ranking a chapter can achieve.

The UNK Active Minds chapter includes 4 executive members who meet weekly and 10 to 12 members who meet every other week. But that's just the tip of the iceberg, Ms. Steinbeck said.

More than 50 Active Minds members at UNK use Facebook to stay connected. "We have a lot of people who can't make it to our meetings but find other ways to be involved," she said.

Student members will post an announcement on Facebook or the university's "blackboard" system and ask people to share information with

their classmates. "Responses from professors, administrators, and students are positive and encouraging," Ms. Steinbeck said. "People are concerned about mental health."

Ms. Steinbeck stressed that asking students to share information with their peers does more than promote an event or the group—it shows students that it's okay to talk about mental health problems. "A kid can stand up in front of a class of 30, 40, or even 100 and get the word out that services are available and that it's okay to use them," she said.

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SAMHSA's Campus Suicide Prevention Grant Program

Just as one suicide affects hosts of people, suicide prevention needs to involve more than two people sitting behind a closed office door. That's a guiding principle behind SAMHSA's Campus Suicide Prevention Grant program, according to Rosalyn Blogier, LCSW-C, a public health advisor in the Suicide Prevention Branch in SAMHSA's Center for Mental Health Services (CMHS).

The University of Nebraska at Kearney (UNK) is 1 of 49 SAMHSA-funded campuses around the Nation working to reach students in crisis. Ms. Blogier is the Project Officer for UNK and for more than 20 Campus Suicide Prevention program grantees. (See *SAMHSA News* online, November/December 2007, to read about grantees at Syracuse University and the University of California–Irvine.)

"This grant program assists colleges and universities in their efforts to prevent suicide attempts and completions," said Richard McKeon, Ph.D., M.P.H., Public Health Advisor for Suicide Prevention at CMHS. "It also helps to enhance services for students with mental and behavioral health problems, such as depression and substance abuse, which put them at risk for suicide."

The program funded the first cohort in 2005. Funds were made possible through the Garrett Lee Smith Memorial Act.

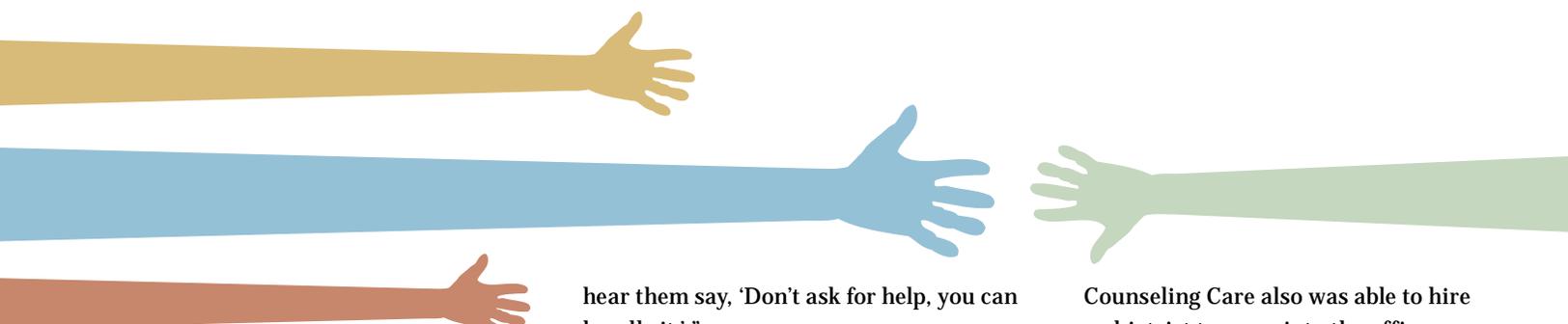
"We are trying to encourage greater partnership across campus organizations so that the college community understands that mental health promotion and suicide prevention are everyone's responsibility," said Ms. Blogier.

The grantees form an interlocking network across the country.

"Colleges and universities use SAMHSA funds to perform myriad activities that all aim to raise awareness among students, professors, and campus leadership to get help to those who need it," said Maria Dinger, R.N., Suicide Prevention Branch Chief at CMHS.

Activities can include creating networks of student services to identify behavioral health problems, promoting stress reduction and help-seeking behaviors, and preparing materials that address warning signs of suicide and identify actions to take with students in crisis.

For more information about SAMHSA's Campus Suicide Prevention grant program, visit <http://www.samhsa.gov>.



Campus Suicide Prevention

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CHANGING PERSPECTIVES

Getting students to reach out to other students is a critical focus of UNK's suicide prevention program, Ms. Steinbeck said. As part of the SAMHSA grant, the campus conducts a yearly survey that asks students, faculty, and staff about perception, such as if they would feel comfortable talking to someone about mental health issues and how they perceive the campus atmosphere.

"There's a negative perception that people who have mental health issues are different and that they're not okay," Ms. Steinbeck said. She explained that in Midwest Nebraska, many people get by with the "do-it-yourself, pull-yourself-up-by-the-bootstraps" mentality. "You

hear them say, 'Don't ask for help, you can handle it.' "

That's a driving force behind getting the participating students into classrooms. "We think it's going to help reduce the stigma more than an adult talking to students," Ms. Steinbeck said. "Peer-to-peer relationships are important. Otherwise, getting help for a mental health problem can be intimidating—nobody wants to be the odd man out."

HOLISTIC APPROACH

"Because of the SAMHSA grant, we've been able to pull everyone together, and now we have a more holistic approach," Ms. Steinbeck said. "Counseling Care works directly with Health Care now, so we can treat physical and mental symptoms in one place." Before the grant, mental health services and physical health care were separate departments.

Counseling Care also was able to hire a psychiatrist to come into the office once a month. The center also offers workshops and presentations on various mental health topics.

In addition, UNK's staff received training from Syracuse University (SU), a former SAMHSA grantee, on the Campus Connect "gatekeeper" program that SU established under its own SAMHSA Campus Suicide Prevention grant. A gatekeeper is a person who comes into contact with students, recognizes warning signs of suicide or distress, and then can help link those students to a counselor.

"The Syracuse University program demonstrates how much creativity and progress in mental health promotion and suicide prevention can be achieved under the SAMHSA grant," Ms. Blogier said. "Their work has informed and enriched the programs of other colleges and universities, and we've been able to reach more students because of it."

Awareness Walk

The University of Nebraska at Kearney's (UNK's) Active Minds members recently helped promote the campus Stomp Out Stigma Awareness Walk. The group set a pledge goal of 1,100 minutes of walking time. That represents the average number of 1,100 students nationally who die by suicide every year, said Kristin A. Steinbeck, Suicide Prevention Director at UNK's Counseling and Health Care Center.

"We ended up getting 2,598 minutes pledged," she reported. "The kids really pulled together." Across a 2-hour span, about 65 people pledged from 20 to 60 minutes in support of suicide awareness. The event received campus-wide exposure in the university newspaper, the *Antelope*. ▲



Photo by Sarah Mulder

(For more on SU's gatekeeper training program, see *SAMHSA News* online.)

Ms. Steinbeck and other staff members now train resident hall advisors (RAs) and students enrolled in nursing, sociology, and psychology classes to act as gatekeepers and help direct students who appear to be in crisis to the counseling center.

"Because we've been in classrooms and because we've conducted the trainings, RAs know who we are, so if a crisis happens in their buildings, they feel comfortable walking a student to the center," Ms. Steinbeck said.

COMING UP

Next on the agenda is to post billboards throughout the university and in the town of Kearney, displaying SAMHSA's National Suicide Prevention Lifeline (1-800-273-TALK) as well as the Counseling Care office number and location. "A lot of our students commute or live off campus, so that's a better way to reach them," Ms. Steinbeck said.

"The SAMHSA grant allows for flexibility in programming," Ms. Blogier said. "Some suicide prevention programs need to reach more commuter students while others need to raise awareness in the dorms. Each school has different needs and different target populations."

Selected Resources

New Publications

- *Treatment Improvement Protocol (TIP) 50: Addressing Suicidal Thoughts and Behaviors in Substance Abuse Treatment.* For program administrators and substance abuse counselors, this new TIP from SAMHSA's Center for Substance Abuse Treatment provides information to help counselors recognize, screen, and refer suicidal clients appropriately. Visit SAMHSA's Web site at <http://www.kap.samhsa.gov> for a downloadable online copy. (See related article on page 15.)
- *SAMHSA Short Reports.* Many statistical reports on suicide and depression, from SAMHSA's National Survey on Drug Use and Health (NSDUH), are available from the Agency's Office of Applied Studies at <http://oas.samhsa.gov/suicide.cfm>.

Web Sites

- **Suicide Prevention Lifeline Gallery:** Listen to Dr. Phil's suicide prevention message now posted in the Lifeline's gallery. Visit <http://www.suicidepreventionlifeline.org>.
- **Suicide Prevention Resource Center:** The center provides information on suicide prevention basics, risk factors, webinars on current topics and concerns (e.g., rural areas), news from the field, state information, and more. Visit <http://www.sprc.org>.
- **National Strategy for Suicide Prevention (NSSP):** Visit <http://mentalhealth.samhsa.gov/suicideprevention>.
- **Active Minds:** Visit <http://www.activeminds.org>. ↴

Things are definitely changing at UNK, Ms. Steinbeck said. "We now have a designated staff person to visit classrooms and get the word out about mental health services."

For more information on UNK's Counseling Care services, visit

<http://www.unk.edu/offices/health.aspx?id=1800>. For more on SAMHSA's efforts to prevent suicide, visit <http://www.mentalhealth.samhsa.gov/SuicidePrevention>. ↴

—By Kristin Blank



University of Nebraska Kearney/Publication Design

Women's Mental Health: Taking Action

New Publications Inform Consumers, Practitioners

Two new publications—one for consumers and one for practitioners—focus on raising awareness of women's mental health needs and the crucial role that gender plays in mental health.

Developed by the Office on Women's Health (OWH) at the Department of Health and Human Services (HHS), the publications are available through SAMHSA's Health Information Network. (See sidebar.)

"In releasing this report, our hope is that policymakers, health care providers, researchers, and others will come together, follow our recommendations, and take action so that we can promote change and support progress to improve women's mental health," said Wanda K. Jones, Dr.P.H., Deputy Assistant Secretary for Health (Women's Health) and Director of the OWH.

"By working together we have an unprecedented opportunity to address the impact of mental illnesses on women's lives and increase the capacity for recovery."

A. Kathryn Power, Director
SAMHSA's Center for Mental Health Services

TO ORDER

Online. It's easy to order free copies of these two publications online, download them in PDF or HTML formats, or simply read them online. Visit SAMHSA's Center for Mental Health Services Web site at <http://mentalhealth.samhsa.gov/publications/allpubs/OWH09/default.aspx>.

By Phone. To order these free publications by phone, call SAMHSA's Health Information Network toll-free at 1-877-SAMHSA-7 or 1-877-726-4727.

- *Women's Mental Health: What It Means to You* (OWH09-CONSUMER)
- *Action Steps for Improving Women's Mental Health (Action Steps)* (OWH09-PROFESSIONAL).

For more information on these publications or other women's health issues, visit the Office on Women's Health at <http://www.womenshealth.gov>.

For more on substance abuse treatment, prevention, or mental health issues, visit SAMHSA's Web site at <http://www.samhsa.gov>. ↙

FOR CONSUMERS

Women's Mental Health: What It Means to You. This consumer booklet addresses the stigma associated with mental health, with information on the signs and symptoms of mental illness. The publication also provides suggestions for support and solutions for preventing and coping with mental illness. (Publication number: OWH09-CONSUMER)

FOR MENTAL HEALTH PROFESSIONALS

Action Steps for Improving Women's Mental Health (Action Steps). This report brings together the most recent research, resources, products, and tools on mental health issues in women and explores the role gender plays in diagnosing, treating, and coping with mental illness. The publication also points to resilience and social support systems as key factors in overcoming mental illness.

Specific action steps are outlined for policymakers, health care providers, researchers, and others to take in an effort to address the burden of mental illness on women's lives and increase their capacity for recovery. (Publication number: OWH09-PROFESSIONAL)

Sponsored by the OWH, the report was developed in collaboration with women's health and mental health experts from SAMHSA, the National Institute of Mental Health, the Office of Minority Health, the National Institute on Drug Abuse, the Indian Health Service, the Office of the Assistant Secretary for Planning and Evaluation, and the Office of the Surgeon General.

"By working together we have an unprecedented opportunity to address the impact of mental illnesses on women's lives and increase the capacity for recovery," said A. Kathryn Power, Director of SAMHSA's Center for Mental Health Services (CMHS). ↙

Pregnant Women, New Mothers, and Substance Use

Use of Alcohol, Cigarettes, and Illicit Drugs Resumes after Childbirth

How do pregnant women and new mothers differ when it comes to substance use?

A new national report from SAMHSA's National Survey on Drug Use and Health (NSDUH) provides both encouraging and discouraging news.

The report, *Substance Use among Women During Pregnancy and Following Childbirth*, studies NSDUH data gathered between 2002 and 2007. Results show that most women are heeding warnings about the dangers that substance use during pregnancy can pose.

Of concern, however, are NSDUH data that suggest once women give birth, many new mothers resume the use of alcohol, cigarettes, illicit drugs, or engage in binge drinking.*

Substance use rates were lowest among women in the third trimester of pregnancy. For example, the rate of past-month alcohol use was 6.2 percent; binge alcohol use, 1 percent; cigarette use, 13.9 percent; and marijuana use, 1.4 percent.

Still, a sizeable proportion of women in the first trimester of pregnancy were past-month users of alcohol, cigarettes, or marijuana, and one in seven women used cigarettes in the second or third trimester. However, some of the pregnant women who used substances in their first trimester may not have been aware that they were pregnant at the time.

FINDINGS

Among the report's most significant findings was that many postpartum women rapidly resume substance use. For example, when compared with women in the third trimester of pregnancy, non-pregnant women with children under 3 months old in the household had much higher rates of past-month alcohol use (6.2 percent vs. 31.9 percent), binge alcohol use (1 percent vs. 10 percent), cigarette use (13.9 percent vs. 20.4 percent), and marijuana use (1.4 percent vs. 3.8 percent), suggesting resumption of substance use among many mothers in the 3 months after childbirth.

Past-month alcohol use among women age 18 to 44 was highest for those who were not pregnant and did not have children living in the household (63 percent), but comparatively low for women in the first trimester of pregnancy (19 percent), and even lower for those in the second (7.8 percent) or third trimester (6.2 percent).

Similar patterns were seen with marijuana, cigarette, and binge alcohol use.

Data were compiled from a nationally representative sample of approximately 113,000 civilian females age 18 to 44, including approximately 6,000 women who were pregnant at the time of the survey interview.

The full report is available on the SAMHSA Web site at <http://oas.samhsa.gov/2k9/135/PregWoSubUse.cfm>. ▾

*Binge alcohol use is defined as drinking five or more drinks at the same time or within a couple of hours on at least 1 day in the past 30 days.



Binge Alcohol Use by Pregnancy Trimester, 2002 to 2007



** NP = Nonpregnant

Source: SAMHSA, Office of Applied Studies (May 21, 2009). Figure 2. Women's (Aged 18 to 44 Years) Past-Month Binge Alcohol Use Rate by Pregnancy Trimester and Age of Youngest Child in Household: 2002 to 2007. *The NSDUH Report: Substance Use among Women During Pregnancy and Following Childbirth*. Rockville, MD.



President's Budget Sustains Critical Programs

On May 7, 2009, SAMHSA presented its Fiscal Year (FY) 2010 Congressional Justification, outlining a budget request totaling \$3.5 billion.

The request, SAMHSA's first budget under the Obama Administration, reflects an increase of \$59 million above FY 2009. The budget continues Federal support for state and local efforts to increase the availability of quality prevention and treatment services for substance abuse and mental illness.

During the last decade, more than 25 million people across the Nation used an illicit drug for the first time and more than 300,000 individuals died from suicide. The FY 2010 Budget invests in evidence-based

prevention, early intervention, treatment, and recovery services to respond to these preventable and treatable public health problems.

The budget includes funding increases to expand the treatment capacity of drug courts, protect methamphetamine's youngest victims, improve children's mental health, and reach individuals suffering from mental illness who are facing homelessness. These programmatic increases are partially supported through the discontinuation of one-time projects that were funded in FY 2009.

The President's FY 2010 Budget for SAMHSA's Programs of Regional and National Significance proposes \$335.8 million for the Center for Mental Health

Services (CMHS), \$198.3 million for the Center for Substance Abuse Prevention (CSAP), and \$458.1 million for the Center for Substance Abuse Treatment (CSAT).

PROGRAM INCREASES

SAMHSA's Congressional Justification also provides additional funding for successful grant programs.

Children's Mental Health. The budget provides \$125 million, an increase of \$17 million, for grants to states and localities to support the development of comprehensive community-based systems of care for children and adolescents with serious emotional disorders. This program directly supports SAMHSA's Children and Families priority area. In FY 2010, this program will serve a

Other Funding

Substance Abuse Prevention and Treatment (SAPT) Block Grant.

The budget includes \$1.8 billion, the same level as FY 2009, for the Substance Abuse Prevention and Treatment Block Grant, which distributes funding to 60 states and jurisdictions to plan, implement, and evaluate substance abuse prevention and treatment services. At least 20 percent of this funding supports education and counseling to reduce the risk of substance abuse among individuals before they become addicted.

Access to Recovery (ATR).

The budget includes \$99 million, the same level as FY 2009, to support states and tribes in providing individuals facing substance abuse with a choice among various clinical treatment and recovery support

service providers, including faith- and neighborhood-based providers.

National All Schedules Prescription Electronic Reporting (NASPER).

The budget includes \$2 million, the same level as FY 2009, to support the establishment and improvement of state-administered, controlled substance monitoring programs, as authorized by the NASPER Act of 2005.

These programs will ensure that health care providers have access to accurate, timely prescription information that they can use as a tool for early identification of patients at risk of addiction.

HIV/AIDS Among Minority Populations.

The budget includes \$117 million to foster behavioral health among African Americans, Latinos, and other ethnic and racial

minority populations experiencing disproportionate increases in HIV/AIDS.

Science and Service Activities.

Science and Service programs promote the identification and increase the availability of practices that are thought to have broad potential for service improvement.

SAMHSA's Congressional Justification requests funding for Science and Service programs for CMHS (\$27.7 million), CSAP (\$26.6 million), and CSAT (\$26.9 million).

Funding supports various activities, including those related to fetal alcohol spectrum disorders, the National Registry of Evidence-Based Programs and Practices, HIV/AIDS education, the SAMHSA Health Information Network, and Addiction Technology Transfer Centers.

SAMHSA's Congressional Justification is available at <http://www.samhsa.gov/Budget/FY2010/index.aspx>. ▲

total of 13,051 children and adolescents with serious emotional disturbances.

First authorized in 1992, the program supports the development of comprehensive, community-based systems of care for children and adolescents with serious emotional disorders and their families.

Projects for Assistance in Transition from Homelessness (PATH). In FY 2010, the PATH formula grant program, which is a flexible funding stream that allows local programs to use their grant funds in ways most appropriate for their communities to assist individuals in the transition from homelessness, is allotted \$68 million, an increase of \$8 million from FY 2009.

Established in 1991, PATH funds community-based support services to individuals with serious mental illnesses who are homeless or at risk of becoming homeless. Grantees help link hard-to-reach people who are homeless with mental health and substance abuse treatment and housing, regardless of the severity and duration of these individuals' illnesses.

The FY 2010 President's Budget request for PATH is anticipated to serve an additional 11,000 individuals facing homelessness.

Treatment Drug Courts. The FY 2010 President's Budget request is \$87.6 million, an increase of \$50.0 million above FY 2009. Of the increase, \$35.0 million will expand the Treatment Drug Courts program for a total of \$58.9 million, of which \$5.0 million is focused on protecting the youngest victims of families affected by methamphetamine abuse. The remaining \$15.0 million will expand the Ex-Offender Re-Entry program for a total of \$23.0 million. The increase in funds in the Criminal Justice portfolio will result in an approximate target of 7,000 clients, including Drug Courts and Ex-Offender Re-Entry.

In FY 2010, Treatment Drug Courts funding will provide services

SAMHSA Budget Authority by Activity (dollars in millions)				
	2008	2009 Omnibus	2010	2010 +/- 2009 Omnibus
Substance Abuse:				
Substance Abuse Block Grant	1,759	1,779	1,779	-
<i>PHS Evaluation Funds (non-add)</i>	79	79	79	-
Programs of Regional and National Significance				
Treatment	400	412	458	+46
<i>PHS Evaluation Funds (non-add)</i>	4	9	9	-
Prevention	194	201	198	-3
Prescription Drug Monitoring	-	2	2	-
Subtotal, Substance Abuse	2,353	2,394	2,437	+43
Mental Health:				
Mental Health Block Grant	421	421	421	-
<i>PHS Evaluation Funds (non-add)</i>	21	21	21	-
PATH Homeless Formula Grant	53	60	68	+8
Programs of Regional and National Significance				
Children's Mental Health Services	299	344	336	-9
Protection and Advocacy	102	108	125	+17
	35	36	36	-
Subtotal, Mental Health	911	969	986	+17
Program Management				
Program Management	93	100	102	+2
<i>PHS Evaluation Funds (non-add)</i>	18	23	23	-
St. Elizabeths Hospital	-	1	1	+0.02
Data Evaluation	-	3	-	-3
Program Level, Total	3,356	3,466	3,525	+59
Less Funds Allocated from Other Sources:				
PHS Evaluation Funds	-122	-132	-132	-
Budget Authority, Total	3,234	3,335	3,394	+59
FTE	544	549	549	-

Source: U.S. Department of Health and Human Services Web site, "Budget in Brief," at <http://www.hhs.gov/asrt/ob/docbudget/2010budgetinbrief.pdf> (page 42, PDF format).

supporting substance abuse treatment, assessment, case management, and program coordination to those in need of treatment drug court services. Priority for the use of funding will be given to addressing gaps in the continuum of treatment. (See *SAMHSA News* online, March/April 2009.)

Read More . . .

SAMHSA's Congressional Justification is available at <http://www.samhsa.gov/Budget/FY2010/index.aspx>.

For more detailed information about the President's FY 2010 Budget, visit <http://www.hhs.gov/asrt/ob/docbudget/2010budgetinbrief.pdf>.

Depression Takes Its Toll

New Data Reveal Millions Affected

Millions of people across the Nation live under the strain of depression. According to SAMHSA data, an estimated 2.0 million adolescents and 16.5 million adults age 18 or older experienced at least one major depressive episode (MDE) in 2007.

Did all of these people receive treatment? Unfortunately, no they didn't, according to two new reports from SAMHSA's National Survey on Drug Use and Health (NSDUH).

In fact, less than 40 percent of adolescents who experienced at least one past-year MDE received treatment in the same time period. For adults, the numbers are a bit more encouraging—64.5 percent of those who experienced MDE sought treatment in 2007.

ADOLESCENTS AND TREATMENT

Among those who received treatment for depression in the past year, 53.2 percent saw or talked to a medical doctor or other professional about depression, but did not take prescription medication for depression. In addition, 40.4 percent saw or talked to a medical doctor or other professional about depression and used prescription medication for depression. The remainder (6.4 percent) took prescription medication for depression, but did not see or talk to a medical doctor or other professional about depression.

ADULTS AND TREATMENT

Of adults who were treated, 68.8 percent consulted with or received treatment from a health professional and also used prescription medication for their depression. Another 24.0 percent saw or talked to a health professional but did not use a prescription medication. And 7.1 percent took prescription medication but did not see or talk with a medical doctor or other professional.

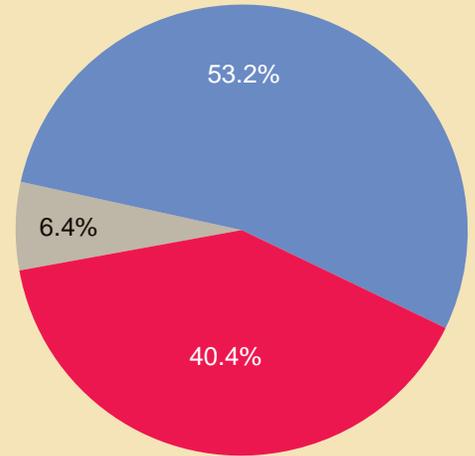


Find out more by visiting <http://www.oas.samhsa.gov>. Download *Major Depressive Episode and Treatment among Adolescents* at <http://www.oas.samhsa.gov/2k9/youthDepression/MDEandTXTforADOL.htm>.

Download *Major Depressive Episode and Treatment among Adults* at <http://www.oas.samhsa.gov/2k9/149/MDEamongAdults.htm>.

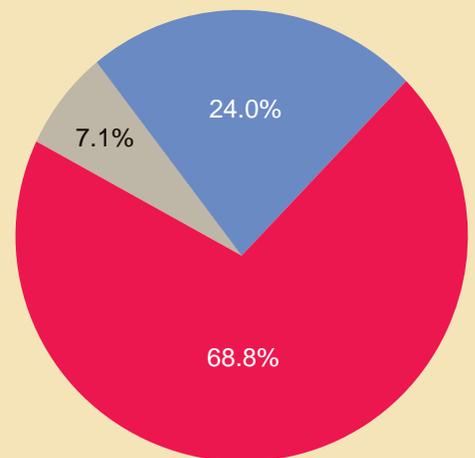
Types of Treatment for Depression in 2007

Adolescents



- Saw or Talked to a Medical Doctor or Other Professional Only
- Used Prescription Medication Only
- Saw or Talked to a Medical Doctor or Other Professional and Used Prescription Medication

Adults



Report sources: SAMHSA Office of Applied Studies. 2007 National Survey on Drug Use and Health (NSDUH). *Major Depressive Episode and Treatment among Adolescents* (May 11, 2009); *Major Depressive Episode and Treatment among Adults* (May 14, 2009).

Note: Each report presents a pie chart titled "Figure 1: Type of Treatment Received for Depression in the Past Year [among Adolescents] [among Adults] [among Adolescents] Who Experienced Past-Year Major Depressive Episode (MDE) and Received Treatment for Depression in the Past Year: 2007."

Buprenorphine: New Guide for Nurses

Expanding Role Helps Physicians Serve More Clients

SAMHSA's Center for Substance Abuse Treatment (CSAT) recently released Technical Assistance Publication 30 (TAP 30), *Buprenorphine: A Guide for Nurses*.

Created to provide nurses with current information about buprenorphine products,* the guide also serves as a resource to help nurses working with a community's physician prescribers to improve treatment outcomes for individuals receiving office-based buprenorphine treatment for opioid addiction.

In a letter to nursing professionals, CSAT Director Westley Clark, M.D., J.D., M.P.H., said that the guide is intended to "enhance addiction management skills and promote a mutually respectful team environment."

From a nurse's point of view, the new guide is much needed in the field.

"When it comes to opioid addiction, people shouldn't be waiting for treatment. That's the core idea behind what we call the 'nurse care manager model,'" said Colleen LaBelle, R.N., Nurse Manager at Boston Medical Center's Opioid Treatment Center. (See *SAMHSA News* online for Ms. LaBelle's pioneering story.)

"At CSAT, we developed the publication with the help of nurse experts like Ms. LaBelle and their invaluable field experience," said LTJG

Sara Azimi-Bolourian, M.S.N., one of TAP 30's writers. "The model came right from a successful opioid treatment center."

EFFECTIVE TREATMENT

According to the guide, providing comprehensive services along with medication is the most effective method of treating opioid addiction. It is important that buprenorphine be administered in conjunction with behavioral therapy and psychosocial support to ensure medication compliance and to help patients stay with the program.

"The ultimate success of buprenorphine will depend on the medication's integration into a broader continuum of primary care services that includes counseling for patients with substance use disorders," said Robert Lubran, Director of CSAT's Division of Pharmacologic Therapies.

In the future, according to the guide, nurses in all settings may be called upon to work with individuals undergoing treatment for opioid addiction with buprenorphine products. With physicians, nurses can help to improve treatment outcomes by providing behavioral counseling.

To order a copy of TAP 30, call SAMHSA's Health Information Network at 1-877-SAMHSA-7 or download a copy

of the publication from SAMHSA's Web site at http://buprenorphine.samhsa.gov/TAP_30_Certified.pdf. 

*Note: Buprenorphine products include Suboxone® (buprenorphine and naloxone) and Subutex® (buprenorphine) for the pharmacological treatment of opioid addiction.

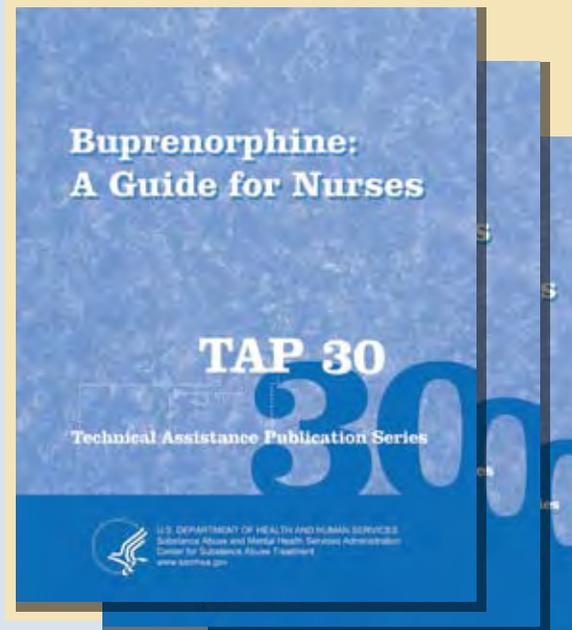
Learning Objectives

The guide is intended to:

- Provide nurses with basic information on the pharmacology, safety, adverse effects, interactions, cautions, and abuse potential of buprenorphine products.*
- Increase nurses' factual knowledge on protocols for the use of buprenorphine products in medically supervised withdrawal (detoxification) and maintenance treatment services.
- Help nurses, together with authorized physicians, design strategies for providing comprehensive physical and psychosocial assessments, treatment monitoring, and appropriate referral for opioid addiction, and co-occurring medical and psychiatric conditions.
- Offer practical guidance for patient screening, assessment, induction, stabilization, and prevention of precipitated withdrawal in medically supervised "detoxification" or maintenance treatment services. 



The team at Boston Medical Center's Opioid Treatment Center includes (left to right) Karen Hannon, R.N., Clinician; Katie Chen, Program Manager; Lexie Bergeron, Program Director; Colleen LaBelle, Program Director; and Daniel Alford, Medical Director.



Children's Mental Health

Awareness Day Gives Youth a Chance To Shine

Spoken word. Native American dance. Classical piano. At SAMHSA's National Children's Mental Health Awareness Day celebration, more than 750 people enjoyed performances by eight young people who shared their stories of how performing arts are helping them thrive in the face of mental health issues.

The event brought together Federal policymakers, an Academy Award-winning actor, young celebrity co-hosts, and talented young people from SAMHSA-funded systems of care programs from Oregon to Pennsylvania.

"By holding events on a single day around the Nation, we call attention to the success of young people who have mental health challenges and their families who can flourish and thrive when given appropriate services and supports," said A. Kathryn Power, M.Ed., Director of SAMHSA's Center for Mental Health Services.

GOOD WORKS & COLLABORATION

In addition to the youth performances, actor Goldie Hawn accepted the SAMHSA



Photos by Paola Sammartin

Celebrating Children's Mental Health Awareness Day: As the audience applauded, the entire cast of young performers took a well-earned bow on the stage at the Harman Center for the Arts in Washington, DC, on May 7, 2009. The performers came together from different regions of the Nation.

Special Recognition Award for her work to increase public understanding of the role mental health plays in the total well-being of youth through her nonprofit organization, the Hawn Foundation.

More than 40 national education, health, and mental health organizations supported this year's event, which was co-hosted by Solomon Trimble from *Twilight* and Sabrina Bryan from Disney's *The Cheetah Girls*.

The Executive Planning Group comprised Mental Health America, the National Alliance on Mental Illness, and the National Federation of Families for Children's Mental Health.

For the first time, SAMHSA and the Mental Health Commission of Canada collaborated to raise awareness about children's mental health.

Learn more about National Children's Mental Health Awareness Day at <http://www.samhsa.gov/children>. ↗



Photos by Dakota Fine

SAMHSA's Special Recognition Award was presented to Goldie Hawn (center), shown here with Center for Mental Health Services Director A. Kathryn Power (left) and Acting Administrator Eric B. Broderick. Ms. Hawn accepted the award for her work to increase public understanding of the role mental health plays in the total well-being of children and youth through her nonprofit foundation.



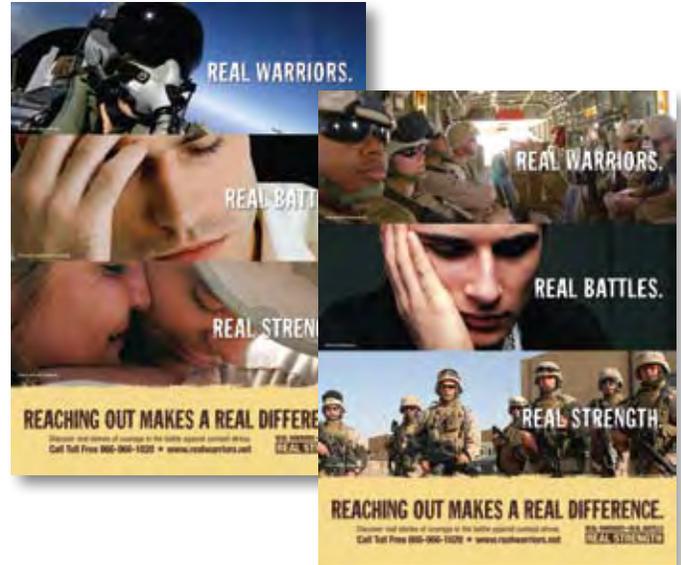
National Children's
MENTAL HEALTH
Awareness Day



Real Warriors Campaign Helps Service Members Combat Stigma

SAMHSA is partnering with the Department of Defense's Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE) on its Real Warriors campaign, launched May 21. Real Warriors focuses on combating the stigma associated with seeking care and treatment for psychological health concerns.

With the campaign theme, "Real Warriors. Real Battles. Real Strength," the Web site features resources on psychological health issues, as well as video interviews with service members, their families, and others dealing with psychological health or traumatic brain injury issues. Every page of the site lists the Veterans Suicide Prevention Hotline (1-800-273-TALK, press 1 for veterans), which is a partnership between SAMHSA and the Department of Veterans Affairs. Visit <http://www.realwarriors.net>.



PandemicFlu.gov



Novel Virus H1N1 (Swine Flu) Reaches Level 6

The World Health Organization (WHO) recently elevated the pandemic phase alert level for the novel virus H1N1 (swine flu). "Level 6" means that H1N1 has widespread human-to-human transmission in at least two WHO regions of the world, triggering the need for increased efforts worldwide.

It's important to note that the WHO level is based on geographic spread of the influenza virus, not on the severity of the illness.

The Federal Government's Web site at <http://www.PandemicFlu.gov> is your first stop for accurate information on how to help prevent the spread of the virus and track where it's moving around the globe. Information is available in English and in Spanish.

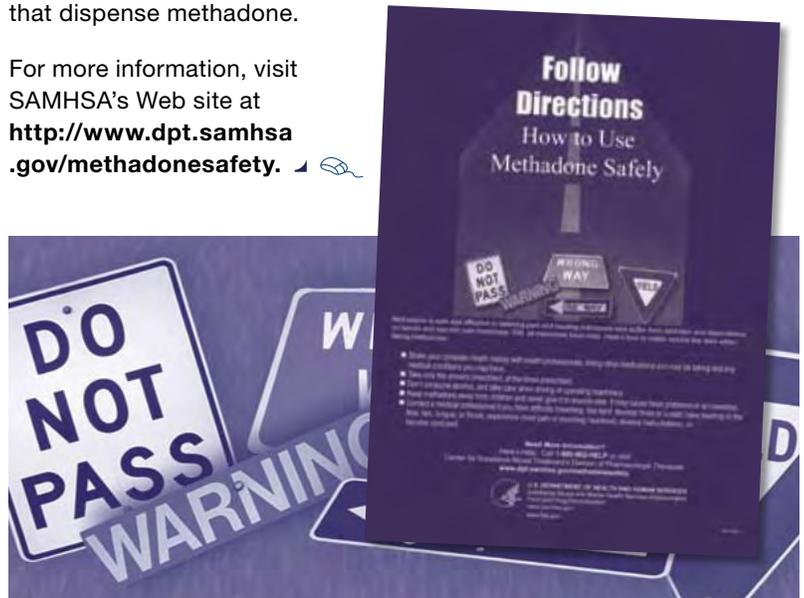
The best advice is to use common sense—wash hands frequently, cover your mouth when coughing, and make sure you have a record of each member of your family's medical information.

SAMHSA offers fact sheets, brochures, and other resources for basic preparedness planning. Visit http://www.samhsa.gov/disaster/professional_disaster.aspx.

Methadone: Initiative Focuses on Safe Use, Outreach Materials

Methadone poisonings increased from 1999 to 2004, according to Federal data. To help educate consumers and health professionals, SAMHSA and the Food and Drug Administration (FDA) launched a new public health initiative called "Follow Directions: How to Use Methadone Safely." Outreach materials include a brochure, a poster, and a fact sheet in English and Spanish aimed at both consumers and health care professionals. In addition, a point-of-sale information sheet will be distributed in the pharmacies that dispense methadone.

For more information, visit SAMHSA's Web site at <http://www.dpt.samhsa.gov/methadonesafety>.



Addressing Suicidal Thoughts and Behaviors

New Resource for Counselors, Administrators

Treatment Improvement Protocol (TIP) 50, *Addressing Suicidal Thoughts and Behaviors in Substance Abuse Treatment*, is a new resource from SAMHSA for substance abuse treatment professionals and administrators.

Designed to increase understanding about this issue, TIP 50 describes the reasons individuals with substance use disorders who are in treatment are at high risk of suicidal thoughts and behaviors, including:

- They enter treatment at a point when their substance abuse is out of control, increasing a variety of risk factors for suicide.
- They enter treatment when any number of life challenges (e.g., a pending divorce, run-in with the law, or loss of a job) may be happening.
- They enter treatment at a peak in their depressive symptoms.
- Mental health problems associated with suicidality—such as depression, post-traumatic stress disorder (PTSD),

anxiety disorders, and some personality disorders—often co-occur among people who have been or are being treated for substance use disorders.

- Crises that are known to increase suicide risk sometimes occur during treatment (e.g., relapse, treatment transitions).

SCREENING

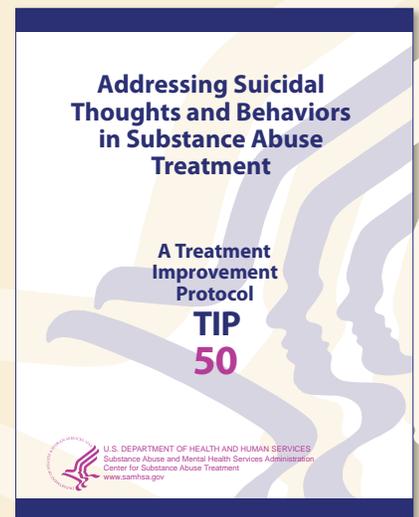
According to the TIP, screening clients routinely for suicidal thoughts and behaviors is important for substance abuse treatment providers. The risk for a client's potentially suicidal behavior may escalate at any point in the treatment process.

There is a relationship between a client's suicidality and his or her substance abuse. Understanding that clients with suicidal thoughts and behaviors can benefit from intervention and treatment can make a huge difference in a client's overcoming a suicidal crisis and staying in recovery.

Suicidal thoughts and behaviors are a significant indicator of other co-occurring

disorders—such as major depression, bipolar disorder, PTSD, schizophrenia, and some personality disorders. To improve outcomes in substance abuse treatment, these thoughts need to be explored and addressed.

To order print copies of TIP 50, call SAMHSA's Health Information Network at 1-877-SAMHSA-7 (1-877-726-4727). A PDF version of TIP 50 and the accompanying literature review will be available soon online. Visit SAMHSA's Web site at <http://www.kap.samhsa.gov>. ↘



SMA09-4381

A Four-Step Process

Part 1 of TIP 50, designed specifically for substance abuse counselors, offers a four-step process for addressing suicidal thoughts and behaviors—identified by the acronym “GATE.” The four steps are:



Gather information.



Access supervision.



Take responsible action.



Extend the action.

This section also offers valuable background information about suicide and substance use disorders, including risk factors and warning signs for suicide, and competencies to be incorporated into treatment.

In addition, vignettes of realistic counseling sessions demonstrate the “how to” of working with clients with suicidal thoughts. These sample scenarios include possible responses to suicidal comments and descriptions of specific counseling techniques.

Part 2 of TIP 50 is a user's guide to help administrators provide support for substance abuse treatment programs and counselors. Topics addressed include the benefits of—and the role of administrators and mid-level staff in—addressing suicidality in substance abuse treatment programs, different levels of program involvement, and legal and ethical issues.

Part 3 of this TIP, online only, is a literature review on the topic of depressive symptoms and is recommended for use by clinical supervisors, counselors, and administrators. Part 3 will be available soon at <http://www.kap.samhsa.gov>. ↘

Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
Rockville, Maryland 20857



SUBSCRIPTION REQUESTS, ADDRESS CHANGES, AND COMMENTS: BY EMAIL, FAX, PHONE, OR SNAIL MAIL

Please always include your mailing address, name, street, apartment number, city, state, and ZIP code.

Email: SAMHSAnews@iqsolutions.com
Fax: 301-984-4416 (Attention – Kristin Blank)
Phone: 1-888-577-8977 (toll-free) or 240-221-4001 in the Washington, DC, metro area

Snail Mail: SAMHSA News Updates
c/o IQ Solutions, Inc., 11300 Rockville Pike,
Suite 901, Rockville, MD 20852
(Attention – Kristin Blank)

SAMHSA News online—<http://www.samhsa.gov/samhsaNewsletter>

PRISM
AWARDS



Acting Surgeon General Steven K. Galson (second from left) joined the event's co-sponsors—SAMHSA, the Entertainment Industries Council, and FX—to honor accurate portrayals of substance abuse and mental health issues on television, movies, and in other media. Awardees and presenters included actors Chandra Wilson (far left), William Shatner (second from right), and Christian Clemenson (right). See SAMHSA News online for the story! 

There's **More** 

Go online to read more from SAMHSA News at <http://www.samhsa.gov/samhsaNewsletter>.

Read about . . .



Adderall® & College Students

SAMHSA recently released a report on Adderall® use among college students. Adderall® is a stimulant.



Children of Substance-Abusing Parents

Approximately 12 percent of children under the age of 18 live with at least one parent who abused alcohol or an illicit drug during the past year.