



Substance Abuse and Mental Health Services Administration

SAMHSA NEWS

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SAMHSA's Award-Winning National Newsletter
January/February 2011, Volume 19, Number 1

Behavioral Health is Essential to Health • Prevention Works • Treatment is Effective • People Recover

BEHAVIORAL HEALTH AND SOCIAL MEDIA



Increasing Outreach, Feedback, and Virtual Communities

Facebook. YouTube. Twitter. Blogs. As a Nation, people of all ages use social media applications every day to update friends, family, and colleagues. We announce personal milestones, share articles, tell stories, and post photos and events we hope will be of interest. In short, we're engaged in an ongoing conversation, a virtual community.

Similarly, in response to President Obama's request for Open Government, SAMHSA has developed a robust "digital engagement" program with established presences on four major social media channels—Facebook, Twitter, YouTube, and Flickr. In addition, the SAMHSA blog serves as the hub for these behavioral-health-focused efforts.

"The priority is to become more accessible than ever to the audiences SAMHSA serves," said SAMHSA Administrator Pamela S. Hyde, J.D. "SAMHSA is looking for innovative ways to connect with people who need behavioral health information, services, or just have a simple question about recovery or treatment."

Currently, SAMHSA's main focus for digital engagement is outreach and feedback. The goal is to increase and improve communications with the behavioral health field, public and nonprofit organizations, the recovery community, and other audiences and individuals

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View

From the Administrator

Above All, SAMHSA Seeks To Improve Lives

By Pamela S. Hyde, J.D.

Substance abuse, addictions, poor emotional health, and mental illnesses take a toll on individuals, families, and communities. They cost money, and they cost lives, as do physical illnesses that are not prevented, are left untreated, or are poorly managed. Their presence exacerbates the cost of treating co-morbid physical diseases and results in some of the highest disability burdens in the world, compared with other causes of disability.

For example according to SAMHSA's National Survey on Drug Use and Health (NSDUH), in 2009 an estimated 45.1 million adults age 18 and older had mental illness, including 11.0 million with serious mental illness. Two million youth age 12 to 17 years had a major depressive episode during the past year. Also in 2009, an estimated 23.5 million Americans age 12 and older needed treatment for substance use.

Individuals and families cannot be healthy without positive mental health and freedom from addictions and abuse of substances.

SAMHSA'S RESPONSIBILITY

SAMHSA has a unique responsibility to focus the Nation's health and social agendas on these preventable and treatable problems stemming from disease, trauma, inadequate access to appropriate care, and insufficient community and family supports.

SAMHSA's goal is a high-quality, self-directed, satisfying life integrated in a community for all people in America. This includes:

Health—Overcoming or managing one's disease(s) as well as living in a physically and emotionally healthy way;

Home—A stable and safe place to live that supports recovery;

Purpose—Meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors and the independence, income, and resources to participate in society; and

Community—Relationships and social networks that provide support, friendship, love, and hope.

A person's health, home, purpose, and community are compromised when emotional resources are inadequate to contend with adverse events, a mental disorder is left untreated, drugs and alcohol are abused or lead to addictive disorders, families or communities experience trauma, health care is unavailable, or basic needs go unmet.

In these circumstances, security and hope are lost. Prevention and treatment services for behavioral health are important parts of health service systems and communitywide strategies that work to improve health status and lower costs for individuals, families, businesses, and governments.

SAMHSA'S VISION

SAMHSA provides leadership and devotes its resources—programs, policies, information and data, contracts and grants—toward helping the Nation act on the knowledge that:

- Behavioral health is essential for health;
- Prevention works;
- Treatment is effective; and
- People recover from mental and substance use disorders.

THE STRATEGIC INITIATIVES

The following eight Strategic Initiatives, as described in *Leading Change: A Plan for SAMHSA's Roles and Actions 2011–2014*, will guide SAMHSA's work from 2011 through 2014:

1. Prevention of Substance Abuse and Mental Illness—Creating

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Strategic Initiatives

- Prevention of Substance Abuse and Mental Illness
- Trauma and Justice
- Military Families
- Recovery Support
- Health Reform
- Health Information Technology
- Data, Outcomes, and Quality
- Public Awareness and Support

communities where individuals, families, schools, faith-based organizations, and workplaces take action to promote emotional health and reduce the likelihood of mental illness, substance abuse including tobacco, and suicide. This Initiative will include a focus on the Nation's high-risk youth, youth in tribal communities, and military families.

2. Trauma and Justice—Reducing the pervasive, harmful, and costly health impact of violence and trauma by integrating trauma-informed approaches throughout health, behavioral health, and related systems and addressing the behavioral health needs of people involved in or at risk of involvement in the criminal and juvenile justice systems.

3. Military Families—Supporting America's service men and women—Active Duty, National Guard, Reserve, and Veteran—together with their families and communities by leading efforts to ensure that needed behavioral health services are accessible and that outcomes are positive.

4. Recovery Support—Partnering with people in recovery from mental and substance use disorders to guide the behavioral health system and promote individual-, program-, and system-level approaches that foster health and resilience; increase permanent housing, employment, education, and other necessary supports; and reduce barriers to social inclusion.

5. Health Reform—Increasing access to appropriate high-quality prevention, treatment, and recovery services; reducing disparities that currently exist between the availability of services for mental and substance use disorders compared with the



Community Prevention Day

SAMHSA Administrator Pamela S. Hyde, J.D., welcomed hundreds of local youth, prevention professionals, and others to SAMHSA's 2011 Community Prevention Day on February 7. The event, "Future by Design, Behavioral Health in Action," included a panel on SAMHSA's Strategic Initiative for the Prevention of Substance Abuse and Mental Illness and how to create "prevention prepared communities." At the working lunch, U.S. Surgeon General Regina M. Benjamin, M.D., M.B.A., talked to attendees on prevention's role in health reform. Other topics for the day included a workshop on "Everything You Wanted to Know about State and Community Prevention, But Were Afraid to Ask." To see a photo gallery of Prevention Day 2011, visit [SAMHSA News](#) online. ↙

availability of services for other medical conditions; and supporting integrated, coordinated care, especially for people with behavioral health and other co-occurring health conditions such as HIV/AIDS.

6. Health Information Technology—Ensuring that the behavioral health system, including states, community providers, and peer and prevention specialists, fully participates with the general health care delivery system in the adoption of Health Information Technology (HIT) and interoperable Electronic Health Records (EHR).

7. Data, Outcomes, and Quality—Realizing an integrated data strategy and a national framework for quality improvement in behavioral health care that will inform policy, measure program impact, and lead to improved quality of services and outcomes for individuals, families, and communities.

8. Public Awareness and Support—Increasing the understanding of mental and substance use disorders to achieve the full potential of prevention, help people recognize mental and substance use disorders and seek assistance with the same urgency as any other health condition, and make recovery the expectation.

2011 AND BEYOND

Leading Change: A Plan for SAMHSA's Roles and Actions 2011–2014 is a living document, and SAMHSA will continue to work with its partners to update and implement these Initiatives as conditions change over time. Undoubtedly, action steps and goals will shift, but the purpose will remain the same—to fulfill our mission to reduce the impact of substance abuse and mental illness on America's communities. ↙

Read the revised executive summary of *Leading Change: A Plan for SAMHSA's Roles and Actions 2011-2014* on the SAMHSA website at http://www.samhsa.gov/about/sidocs/SAMHSA_SI_ExecSum.pdf (PDF 479KB).



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concerned with substance abuse and mental health issues.

To support this work, SAMHSA recently launched "Ask SAMHSA!" With its home base on the blog, Ask SAMHSA! is an opportunity for public questions and comments on a new topic each month with answers provided by experts in the field (see below).

WHAT IS DIGITAL ENGAGEMENT?

"Digital engagement is just another term for social media or new media," said Stephen A. Randazzo, a web and media specialist within SAMHSA's Office of Policy, Planning,

and Innovation. This SAMHSA team includes Andrew Wilson and Deanna Stephens, who recently presented an interactive session, "Federal/Coalition Partnerships: SAMHSA, Social Media, and You," at February's Community Anti-Drug Coalitions of America (CADCA) Leadership Forum.

"Whatever you want to call this phenomenon," Mr. Randazzo said, "most of America uses it in one form or another almost every day." SAMHSA sees this as an opportunity to promote its mission and its messages and to open a dialogue on behavioral health issues. "Why is behavioral health essential to health?" he asks. "Let's talk about it."

"Through social media and the connections it provides, we're reaching people faster than we could any other way," Mr. Randazzo added. "At SAMHSA, we are working collaboratively with different parts of HHS." Last summer, for example, after the Deepwater Horizon oil spill, SAMHSA sent out a text message on mental

health issues via the Centers for Disease Control and Prevention's network. According to SAMHSA, information reached thousands of people in the Gulf region direct to their mobile phones.

A COMPETITIVE ENVIRONMENT

SAMHSA is making every effort to bring something new to the website for online visitors. "We want people to make SAMHSA's website a place people visit frequently, to encourage people to become part of our online community," Mr. Wilson said.

"Social media is a competitive environment," said Ms. Stephens. "But for users of Facebook, Twitter, and other platforms, these tools offer opportunities that many individuals never had before."

SAMHSA social media pages include the following:

Facebook. SAMHSA now has more than 7,300 followers who "Like" the page and comment on posts. "We have a lot of behavioral health providers on Facebook," Ms. Stephens said. "Posts are talking about

Questions about Behavioral Health?

Ask SAMHSA!

Mental Health

Substance Abuse Prevention

Parity

Facebook, Twitter, and SAMHSA's blog recently launched Ask SAMHSA! This new feature offers you an opportunity to hear from some of the Nation's experts on behavioral health questions.

You can post your own questions on a specific topic through SAMHSA's Facebook and Twitter pages. Answers will be posted to the SAMHSA blog on video.

The concept behind "Ask SAMHSA" is very similar to the White House's "First Question" project. This is how it works:

- Each month, SAMHSA posts a topic and solicits questions from you through Facebook and Twitter.
- All questions are reviewed and a few are selected.
- A video response is posted to the SAMHSA blog <http://blog.samhsa.gov>.

SELECTION CRITERIA

When selecting questions for video response, the following criteria will be considered:

- Is the question on topic?
- Can the expert answer the question?
- Are resources available to answer in a timely manner?

If your question is not selected for video response we will try to respond to questions in followup blog posts.

Look for SAMHSA on Facebook and Twitter and submit your questions! Remember, when submitting questions on Twitter, please use the hashtag #BHQ.

Visit SAMHSA's blog at <http://blog.samhsa.gov>. ▶

everything SAMHSA does and everything that relates to SAMHSA's mission."

On the other hand, SAMHSA never intended that Facebook replace any traditional channels for dissemination. "We see Facebook as an opportunity to extend our reach to new audiences and, at the same time, maximize use of limited resources," said Mr. Wilson. "Here's an opportunity to engage the public and behavioral health organizations in a very efficient manner."

By participating in conversations on Facebook, SAMHSA can help ensure that the Agency's ideas, its vision, and its messages are included in discussions. In addition, SAMHSA links to credible news sources that post topics relevant to the Agency's work.

Twitter. With its 140-character limit, Twitter is all about quick comments. This platform has done a great job of humanizing organizations. Ongoing conversations among organizations on topics of interest are happening at all hours. Organizations

monitor their Twitter sites, reply to tweets, and participate in conversations.

YouTube. "As much as we are able to corral SAMHSA's web videos, we are trying to get them on SAMHSA's YouTube channel," said Mr. Wilson. "This is our main platform for hosting videos, a centralized spot." Plans are under consideration to house SAMHSA videos together in a more comprehensive and user-friendly way on the SAMHSA site. Mr. Wilson added, "One option would be to model the White House site at <http://www.whitehouse.gov/live> with categories that make sense—PSAs in one spot; videos by topic and format in another."

According to SAMHSA's social media team, it's not about creating content for a platform or a channel. It's about selecting a channel based on the content that's already available.

The goal is to get core behavioral health messages to the behavioral health community. "That's what we're doing," said Mr. Randazzo. "We're sharing videos,

resources, webinars, and programmatic videos, all for added benefit to SAMHSA's social media visitors. People can link these to their own organization's blog or Facebook page."

OUTREACH AND FEEDBACK

For SAMHSA, social media tools serve two key purposes regarding outreach and feedback.

- Social media allows new ways of getting critical information about behavioral health directly to providers of prevention and treatment services and to the public.
- Social media creates ways for SAMHSA to receive feedback and hear what people have to say in their own words about the behavioral health issues at hand.

Posting information on the SAMHSA website is one way to disseminate details of a new campaign or initiative. Posting that information on Facebook or Twitter, however, can increase the reach of that message exponentially.

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How Do Feedback Tools Work?

"Across Government right now, people are looking at ideation—ways to form ideas and gather information on a particular topic," said Andrew Wilson, a web and new media specialist at SAMHSA's Office of Communications. "Feedback tools are easy-to-use web-based systems that work for external engagement with the public and also with stakeholders."

FIRST TRY

In early fall 2010, Mr. Wilson took the lead on setting up User Voice as an ideation tool to allow visitors to the website to submit, discuss, and vote on ideas. The topic? SAMHSA's draft document on *Leading Change: A Plan for SAMHSA's Roles and Actions: 2011–2014 (Leading Change)*.

"This document addresses potential changes to the Agency's mission," Mr. Wilson said. "Therefore, SAMHSA Administrator Pam Hyde felt it was important to gauge the public's reaction to it."

As it turned out, an incredible amount of feedback came in about *Leading Change*. In 8 weeks, people in the behavioral health field

and the public had submitted approximately 700 ideas to improve the document. SAMHSA staff tracked comments on the full text and also on individual sections. "We had nine simultaneous forums running at the same time," Mr. Wilson said. After the comment period ended (in late October), the review process began. By the time that ended, SAMHSA had the feedback needed.

FINDING BETTER WAYS

"The time it takes to filter all the feedback is the greatest challenge," Mr. Wilson said. "The big question is how to find better ways to improve the process of filtering and categorizing."

One efficient way is to create targeted questions for the public, Mr. Wilson explained. "Questions need to be sufficiently narrow to encourage concrete responses," he said. "An abstract question receives abstract comments that are difficult to categorize."

Recently, the User Voice feedback tool was used to gather advance questions for SAMHSA's session on social media at the CADCA Leadership Forum, which followed



SAMHSA's Community Prevention Day in February 2011.

In the future, SAMHSA is considering feedback tools such as User Voice to engage with the public and to improve SAMHSA's internal operations. In addition, SAMHSA has created a new public forum, "Ask SAMHSA!" (See box on page 4.)

Editor's Note:

This article was adapted from an HHS Center for New Media podcast. The Center "introduces, shares, and discusses new and innovative media projects." Visit <http://newmedia.hhs.gov>. ↙



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“Going viral” means there’s a good chance a message will catch on and be read by nearly everyone.

“Whether the message is about suicide prevention, underage drinking, school violence, regional use of methamphetamine, depression, co-occurring disorders, or another topic, SAMHSA wants to hear back,” said Mr. Wilson. “Are SAMHSA messages reaching local communities across the country? Are SAMHSA messages making a difference in a rural Oregon

town overwhelmed by underage drinkers? We want to know.”

PARTNERSHIPS

SAMHSA’s social media platforms, including the SAMHSA blog, provide opportunities for partnerships with nonprofit organizations and coalitions as well as Federal agencies to promote SAMHSA’s mission and vision. In February, SAMHSA’s prevention partnership with CADCA offered an opportunity for Mr. Wilson and Ms. Stephens to host a special session.

Recent comments from the behavioral health field emphasize the usefulness of social media. For example, Linda Rosenberg, M.S.W., of the National Council for Community Behavioral Healthcare in Washington, DC, said, “If we truly want to educate the public to understand that treatment for mental illnesses and

addictions are effective and recovery is possible, we must be where our audience is—on Facebook, Twitter, and whatever the next wave is.” Ms. Rosenberg, president and CEO of the Council, was a recent guest blogger on the SAMHSA blog. She presented information about the Council’s public education program on mental health first aid.

“Both the public and the Federal Government are acknowledging the power of social media tools and how they are reshaping the way we interact with each other locally and globally,” said Ms. Stephens. “Beyond our daily lives, people are using social media as a tool to fuel democracy and to offer humanitarian aid in the face of natural disasters.”

For more information about social media and SAMHSA’s Strategic Initiative on Public Awareness and Support, visit SAMHSA’s website at <http://www.samhsa.gov>.

—By Meredith Hogan Pond

Find SAMHSA on Social Media Sites



Facebook

Facebook lets users create their own sets of “friends” among whom they share brief updates, photos, links, or other information. Similarly, SAMHSA’s Facebook page offers users a place to follow SAMHSA’s updates and share information.

- SAMHSA on Facebook—<http://www.facebook.com/samhsa>



Twitter

Twitter lets users subscribe to receive brief updates or “tweets” (a maximum 140 characters) from others whom they choose to “follow.” SAMHSA tweets include various announcements and links to resources and information.

- SAMHSA on Twitter—<https://www.twitter.com/samhsagov>



Flickr

Flickr is an image sharing community that allows people to upload, share, comment, and rate images. SAMHSA piloted a Flickr project with photos as part of the 2010 Children’s Mental Health Awareness Day events in Washington, DC.

- SAMHSA on Flickr—<http://www.flickr.com/samhsa>



YouTube

YouTube is a video sharing platform that allows viewers to watch videos on the YouTube site, on many mobile devices, and on other sites and blogs that have embedded YouTube videos on their pages. SAMHSA’s YouTube page shares information and ideas with a wide audience through a compelling and popular medium.

- SAMHSA on YouTube—<http://www.youtube.com/samhsa>



Oil Spill Update

Television PSA Features Surgeon General

To support families and individuals affected by the Deepwater Horizon oil spill, SAMHSA in collaboration with the Ad Council has created a new campaign designed to raise awareness of the early warning signs of serious emotional distress.

“While the immediate crisis is over, we made a long-term commitment to the Gulf Coast residents to help them rebuild their lives,” said SAMHSA Administrator Pamela S. Hyde, J.D. “It is natural for some people to need help over time.”

The goal of the campaign is to expand mental health awareness efforts and to support families and individuals. Emotional distress resulting from traumatic events can surface years after an incident such as this occurs.

PUBLIC SERVICE ANNOUNCEMENTS

A television public service announcement (PSA), featuring Surgeon General Regina Benjamin, M.D., M.B.A., aims to help those living in the Gulf states to get the assistance they may

need to treat and alleviate long-term psychological distress.

“For many who live on the Gulf Coast, this disaster has affected us very deeply,” said Dr. Benjamin. “We want anyone who is feeling distressed to know that getting help can be as simple as making a phone call or sending a text message.”

Other PSAs include radio and outdoor billboards and support the campaign’s goal to provide access to free resources to those affected in the Gulf states region. The PSAs direct adult, Hispanic, and teen audiences to call a toll-free number (1-800-985-5990) or text TALKWITHUS to 66746 for a safe, confidential way to receive free counseling, information, and support from trained

professionals. (Standard text messaging and data rates apply.)

The toll-free Oil Spill Distress Helpline, funded by SAMHSA, links callers to local crisis centers, where local and trained professionals answer the calls and provide confidential assistance. Creole and Spanish-language operators are also available.

For more information on the campaign and resources, visit <http://www.samhsa.gov/oilspilldistress>. The Ad Council is a nonprofit organization that encourages volunteer talent from the advertising and media industries to deliver critical messages to the American public. Visit <http://www.adcouncil.org>.

BP GULF OIL SPILL DISTRESS HELPLINE PSA (Surgeon General Regina Benjamin)

The BP Gulf oil spill has caused tremendous damage in the Gulf region. A lot of energy and resources have been spent to clean up the ecological and financial effects.

This tragedy caused emotional turmoil and stress to those living in the area. Some individuals can have strong feelings of increased anxiety, worry, and even anger. However there is help available through the Oil Spill Distress Hotline.

Just call 1-800-985-5990 for a safe, confidential way to receive free counseling. Or, if you prefer, you can text TALKWITHUS to 66746. Whether you prefer to talk or text, you should know that assistance is available to help you cope. We are working to restore the environment. Now let’s work to help restore hope, confidence, and peace of mind.





President's Budget Focuses on Prevention, Fiscal Responsibility

The Fiscal Year 2012 Budget requests \$3.6 billion for SAMHSA, an increase of \$67 million over FY 2010. A total of \$93 million is funded through the Prevention Fund.

"The FY 2012 Budget shows a commitment to behavioral health," said SAMHSA Administrator Pamela S. Hyde, J.D. "With that commitment comes the recognition that we need to do things differently, use a different approach."

The FY 2012 Budget request reflects a focus on SAMHSA's strategic initiatives (see Administrator's message in this issue). In particular, it includes a changed budget structure and policy focus that emphasize meeting the behavioral health needs of people rather than focusing on the conditions that affect them.

It also reflects the implementation of a theory of change—specifically, SAMHSA's budget supports innovation by identifying solutions to emerging issues through the use of limited, short-term discretionary grants. Those evidence-based practice and policy solutions are then moved into the Nation's behavioral health system through Block Grants to states, formula grants to states and tribes, ongoing discretionary grants, Medicaid/Medicare, or private insurance.

The Budget represents a bold plan of action to increase effectiveness and efficiency, embrace opportunities presented by changes in the Nation's health care system, and better meet the behavioral health needs of the Nation.

TREATMENT

The Budget includes \$1.9 billion, an increase of \$54 million over FY 2010, for the **Substance Abuse and Mental Health Block Grants** to activate evidence-based treatment strategies nationwide and maintain the Nation's behavioral health treatment infrastructure.

Funding for **treatment infrastructure** has declined in recent years as many states have scaled back their investments in behavioral health in the face of budget shortfalls. As access to health services—including mental health and substance abuse services—expands, SAMHSA will work with states to use their Block Grant funds more strategically through the use of evidence-based treatment strategies and interventions.

PREVENTION

Preventing substance abuse and mental illness is essential to maintain

overall health for the American people. The Budget includes \$535 million, an increase of \$55 million over FY 2010, for new and expanded substance abuse prevention and mental health promotion grants to states and tribes to bring evidence-based prevention strategies to scale nationwide. SAMHSA will partner with states to use data-driven planning processes to address problems in communities through proven practices.

Substance Abuse-State Prevention Grant (\$395 million). The Budget includes funding for a new Substance Abuse-State Prevention Grant by combining disparate substance abuse prevention funding streams to states to avoid duplication, improve coordination, and better leverage resources. The Budget will create a sustainable source of prevention funding for all states to employ evidence-based substance abuse prevention practices to address existing and emerging issues in high-risk communities.

Mental Health-State Prevention Grant (\$90 million). The Budget includes funding for a Mental Health-State Prevention Grant through an expansion of Project LAUNCH (Linking Actions for Unmet Needs in Children's Health). These grants will enable states to conduct evidence-based prevention and wellness interventions focused on children by targeting the common set of risk factors that lead to substance abuse and mental illness.

Behavioral Health-Tribal Prevention Grant (\$50 million). The Budget includes a new Behavioral Health-Tribal Prevention Grant. Grants will be awarded to federally recognized tribes to activate strategies to prevent alcohol and substance abuse and prevent suicides. SAMHSA will coordinate with

Assisting in the Transition from Homelessness

Approximately one-fifth of homeless individuals also have serious mental illness. The Budget dedicates a total of \$154 million, an increase of \$12 million, for services to support individuals suffering from mental illness and facing homelessness. Included within this funding is \$16 million for a new collaborative Housing and Homeless Initiative with the U.S. Department of Housing and Urban Development that will combine health, behavioral health, and other support services to move and maintain chronically homeless individuals with mental and substance use disorders into permanent supportive housing. ▽

SAMHSA Budget Authority by Activity (dollars in millions)

	2010	2011	2012	2012 +/- 2010 Omnibus
Substance Abuse:				
Substance Abuse Block Grant	1,455	1,455	1,494	+40
Mental Health Block Grant	421	421	435	+14
State, Tribal, and Community Prevention Grants	480	481	535	+55
<i>Substance Abuse-State Prevention Grant (non add)</i>	455	456	395	-60
<i>Mental Health-State Prevention Grant (i.e., Project LAUNCH) (non add)</i>	25	25	90	+65
<i>Behavioral Health-Tribal Prevention Grant (Prevention Fund) (non add)</i>	-	-	50	+50
Innovation & Emerging Issues	831	881	790	-41
<i>Mental Health (non add)</i>	348	363	291	-57
<i>Substance Abuse Prevention (non add)</i>	76	76	69	-6
<i>Substance Abuse Treatment (non add)</i>	408	433	393	-15
Children's Mental Health Services	121	121	121	-
PATH Homeless Grant	65	65	65	-
Regulatory & Oversight Functions	55	55	55	-
<i>Protection and Advocacy (non add)</i>	36	36	36	-
Public Awareness & Support	14	14	14	-1
Performance & Quality Information Systems	37	38	13	-24
Program Management	102	120	128	+26
St. Elizabeths	1	1	-	-1
Total, Program Level	3,583	3,651	3,649	+67
Less Funds Allocated from Other Sources:				
PHS Evaluation Funds	-132	-132	-170	-38
Affordable Care Act Prevention Fund	-20	-88	-93	-73
Total, Budget Authority	3,431	3,432	3,387	-44
FTE	537	537	544	+7

Source: The *HHS Budget in Brief* (PDF - 122 Pages) provides an overview of the HHS Budget and how the Budget supports the major initiatives of the Department. <http://www.hhs.gov/about/FY2012budget/fy2012bib.pdf> (PDF 907KB).

the Indian Health Service (IHS) to activate community-based prevention strategies.

Preventing Suicide (\$48 million).

The Budget dedicates the same funding as FY 2010 to prevent suicide and sustains the capacity of the national hotline that routes calls across the country.

Establishing Prevention-Prepared Communities (\$23 million).

A community-level initiative will serve young people during their at-risk years by activating comprehensive, evidence-based community prevention programs. The Budget will support 30 communities in identifying their predominant substance abuse and mental health issues and selecting the appropriate evidence-based strategies to target the risk and protective factors contributing to these issues.

Preventing Youth Violence (\$94 million). SAMHSA collaborates with the U.S. Departments of Education and Justice through the Safe Schools/Healthy Students program. SAMHSA-supported interventions foster early childhood development of mental and physical health, reduce or delay the onset of emotional and behavioral problems, and treat children with serious emotional disturbances.

Improving Children's Mental Health (\$121 million). Coordinated systems of mental health care for children are proven to sustain mental health improvements. The Budget includes funding for Children's Mental Health Services for the development of comprehensive community-based systems of care for children and adolescents with serious emotional disorders and their families.

For more information on SAMHSA's Budget, visit SAMHSA's website at <http://www.samhsa.gov/budget>. ↙

Health Surveillance and Program Support

The Budget includes \$128 million, an increase of \$26 million, for the support of national survey efforts and the administration of SAMHSA programs. The majority of this increase will support data collection and analysis, including increased costs associated with ongoing efforts as well as enhancing data collection on drug-related emergency room visits and deaths. Analyses conducted through SAMHSA's national surveys are used by Federal, state, and local authorities, as well as health care providers, to inform policymakers regarding substance use and mental disorders, the impact and treatment of these disorders, and the recovery process. ↘

Suicidal Thoughts and Behaviors: Young Adults at Risk

An estimated 8.4 million adults age 18 and older (3.7 percent of the adult population) had serious thoughts of suicide in the past year, according to a recent report from SAMHSA's National Survey on Drug Use and Health (NSDUH).

Suicidal Thoughts and Behaviors among Adults: 2008 and 2009 also shows that 2.3 million adults made a suicide plan in the past year, and that 1.1 million adults—0.5 percent of all adult Americans—had actually attempted suicide in the past year.

Of the 1.1 million adults who attempted suicide in the past year, 61.2 percent received medical attention for their suicide attempt, and 43.9 percent stayed

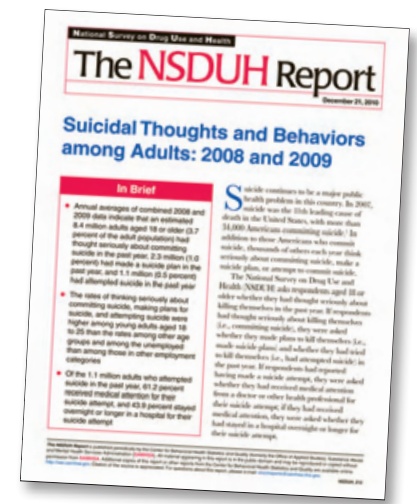
overnight or longer in a hospital for their suicide attempt.

YOUNG ADULTS AT RISK

Young adults age 18 to 25 were more at risk than older age groups in three categories (serious thoughts about suicide, suicide plans, and suicide attempts).

For example, 6.4 percent of adults age 18 to 25 had thought seriously about suicide, as opposed to 4.1 percent age 26 to 49 and 2.3 percent of those age 50 or older.

While 1.9 percent of 18- to 25-year-olds had actually made suicide plans, only 1.0 percent in the 26 to 49 age category had done so, and 0.6 percent of those age 50 or older had made suicide plans.

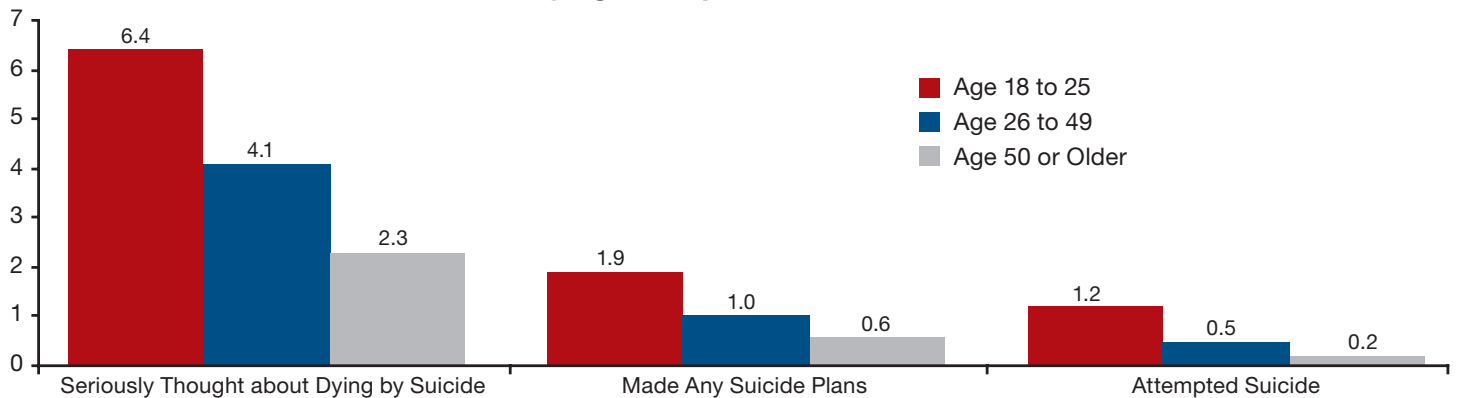


The rate of young adults age 18 to 25 who actually attempted suicide was 1.2 percent, as opposed to 0.5 percent among those age 26 to 49, and 0.2 percent for those age 50 or over.

Download the full report from SAMHSA's website at <http://store.samhsa.gov/product/NSDUH10-1221>.

—By Kristin Blank

Suicidal Thoughts and Behaviors in the Past Year among Adults, by Age Group: 2008 and 2009



Source: SAMHSA, Center for Behavioral Health Statistics and Quality (December 21, 2010). Figure 2. Suicidal Thoughts and Behaviors in the Past Year among Adults, by Age Group: 2008 and 2009. *Suicidal Thoughts and Behaviors among Adults: 2008 and 2009*. Rockville, MD.



Suicide Prevention Lifeline Promoted by Marvel Comics

Marvel Comics recently released *Captain America: A Little Help*, a free digital comic book. The 11-page story features a despondent young man contemplating suicide by jumping off a building.

After helping Captain America defeat villains battling on a nearby roof, the youth returns to his apartment and calls SAMHSA's National Suicide Prevention Lifeline (1-800-273-TALK), uttering the only dialogue of the comic: "I need help."

Read a SAMHSA blog post about *Captain America: A Little Help* at <http://blog.samhsa.gov/2011/01/25/captain-america-promotes-the-national-suicide-prevention-lifeline>.

Behavioral Health Spending Down

In 2005, behavioral health spending accounted for 7.3 percent (\$135 billion) of the \$1.85 trillion spent on all health care services in the United States, according to a recent SAMHSA report.

Spending on psychiatric drugs grew by 5.6 percent from 2004 to 2005, down from the 27.3 percent growth from 1999 to 2000.

Spending on addiction medications is increasing but still remains relatively small. As a result of the introduction of new medications, spending on addiction medications has grown rapidly—from \$10 million in 1992 to \$141 million in 2005.

The full report, *National Expenditures for Mental Health Services and Substance Abuse Treatment, 1986–2005*, analyzes health care costs from 1986 to 2005 to determine patterns in expenditures for behavioral health services.

“For the first time, SAMHSA is posting downloadable data files on these findings: behavioral health spending by major payers to major providers from 1986 to 2005,” said Rita Vandivort-Warren, M.S.W., a senior public health analyst in the Division of Services Improvement at SAMHSA. “These data should help researchers, policy analysts, and consumer and advocacy groups to explore their specific interests.”

SLOW GROWTH IN SPENDING

During the 20-year study period, both mental health and substance abuse

spending grew more slowly than all other health spending: 4.8 percent annually for substance abuse, 6.9 percent annually for mental health, and 7.9 percent annually for all health care services.

The same pattern held in the most recent 2002 to 2005 period, in which spending for substance abuse grew slowest (5.0 percent), followed by mental health (6.4 percent), and all health (7.3 percent).

PRIVATE INSURANCE VERSUS MEDICAID

The study found that private insurance spends about 5 percent on behavioral health treatment (mental health and substance abuse). Spending on behavioral health treatment comprised 4.8 percent of private health insurance expenditures in 2005 and grew by 7 percent from 2004 to 2005.

This estimate provides an important baseline for future evaluations on the

impact of the Mental Health Parity and Addiction Equity Act and the Affordable Care Act.

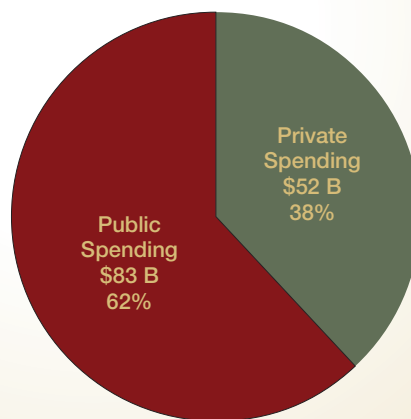
In contrast, Medicaid behavioral health was responsible for 11.5 percent of total spending by Medicaid. Thus, the study indicates that the level of public spending on behavioral health issues may be related to lack of private insurance and that parity may address these problems.

OTHER KEY FINDINGS

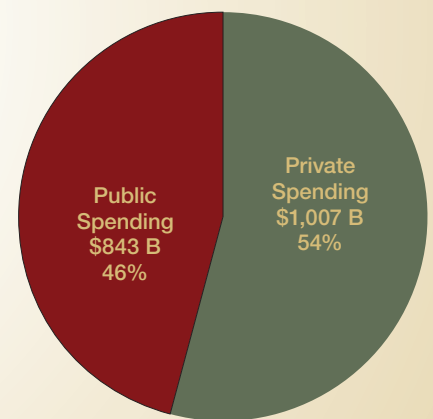
Unlike overall health spending, the majority of behavioral health services are publicly funded.

In 2005, public payers accounted for 79 percent of spending on substance abuse treatment services and 58 percent of spending on mental health services. In contrast, public payers accounted for less than half (46 percent) of all health spending. For more information, visit SAMHSA's website. ↙

2005 Public to Private Spending: All Mental Health/Substance Abuse Versus All Health



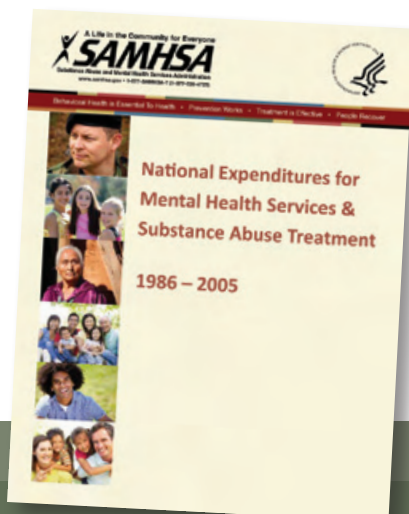
All MH/SA Spending = \$135 Billion (B)



All Health Spending = \$1,850 Billion (B)

In 2005, behavioral health spending accounted for 7.3 percent (\$135 billion) of the \$1.85 trillion spent on all health care services in the United States. Of those total amounts, the two pie charts above illustrate the percentages of public spending versus private spending.

The full report, *National Expenditures for Mental Health Services and Substance Abuse Treatment, 1986–2005*, is available on the SAMHSA Store at the link below.



Admissions Data State by State Show Dramatic Shifts Study Provides Insight into Regional Nature of Substance Abuse

The overall rate of admissions to substance abuse treatment across the Nation remained stable between 1998 and 2008. By region, however, a new SAMHSA study shows striking changes and variations in admission rates.

For example, the rate of admissions for alcohol as the primary drug has declined by 15 percent nationally. In contrast, admission rates for alcohol in West North Central states (IA, KS, MN, MO, ND, NE, and SD) remained the same.

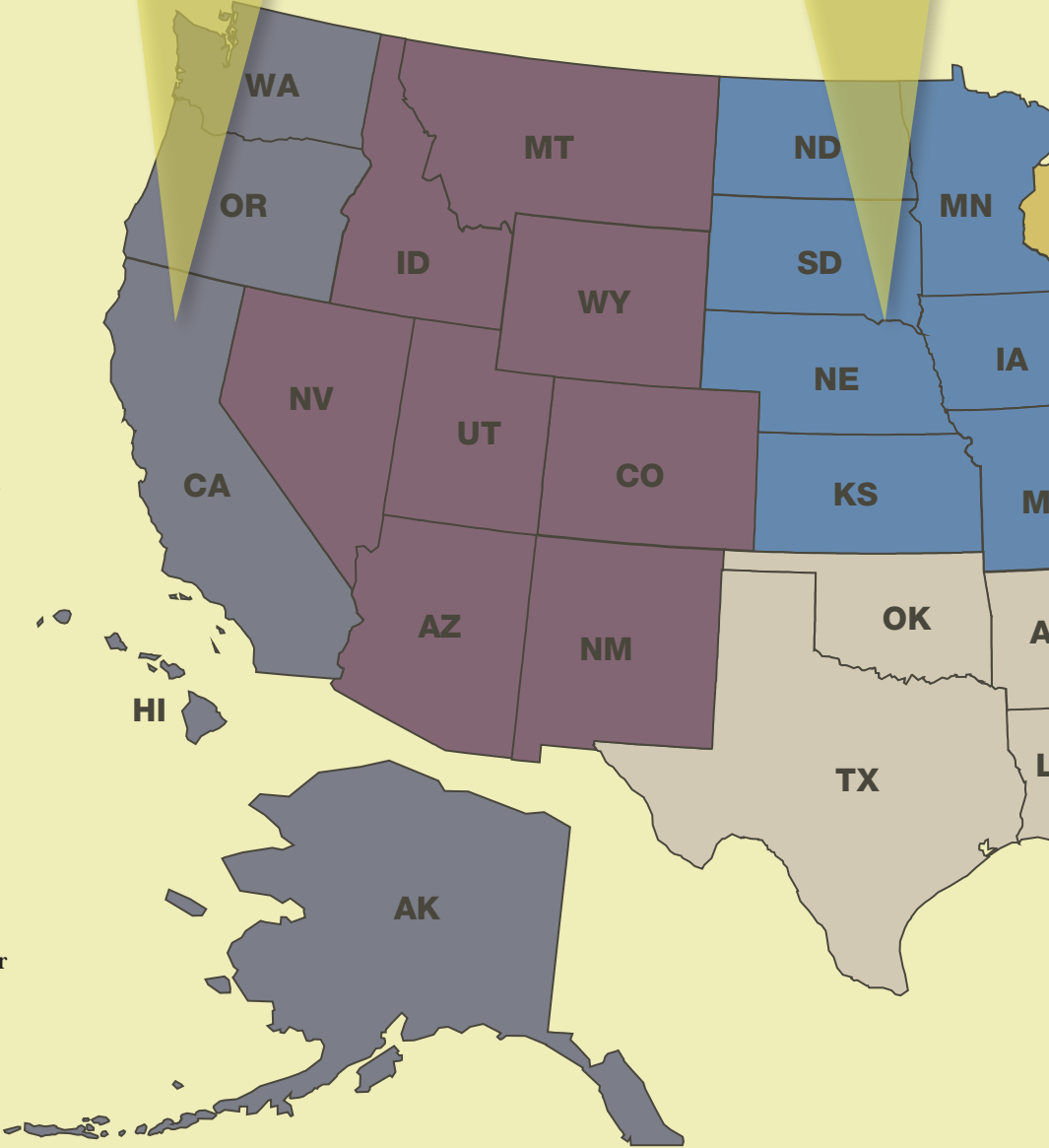
“This study provides insight into the regional nature of substance abuse,” said SAMHSA Administrator Pamela S. Hyde, J.D. “By analyzing the shifting trends in the reasons for admission to treatment, policy makers, public health experts, and behavioral health service providers can better direct limited resources in their states and local communities.”

State Admissions to Substance Abuse Treatment Services: TEDS 1998–2008 is a study based on data from SAMHSA’s Treatment Episode Data Set (TEDS). TEDS is a reporting system involving treatment facilities nationwide. Developed as part of SAMHSA’s Strategic Initiative on Data, Outcomes, and Quality, the study represents an effort to inform policy makers and service providers on the nature and scope of behavioral health issues.

The study provides detailed charts and tables showing the admission rates for a wide variety of substances for each state, the District of Columbia, and Puerto Rico for each year over the course of this 11-year period. A few highlights of specific drug data by region are included in this article. For the complete study, visit SAMHSA’s website at <http://store.samhsa.gov/product/SMA10-4613>.

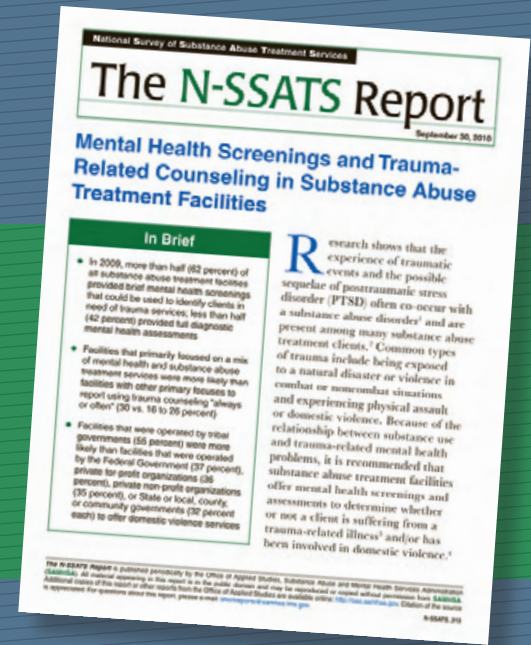
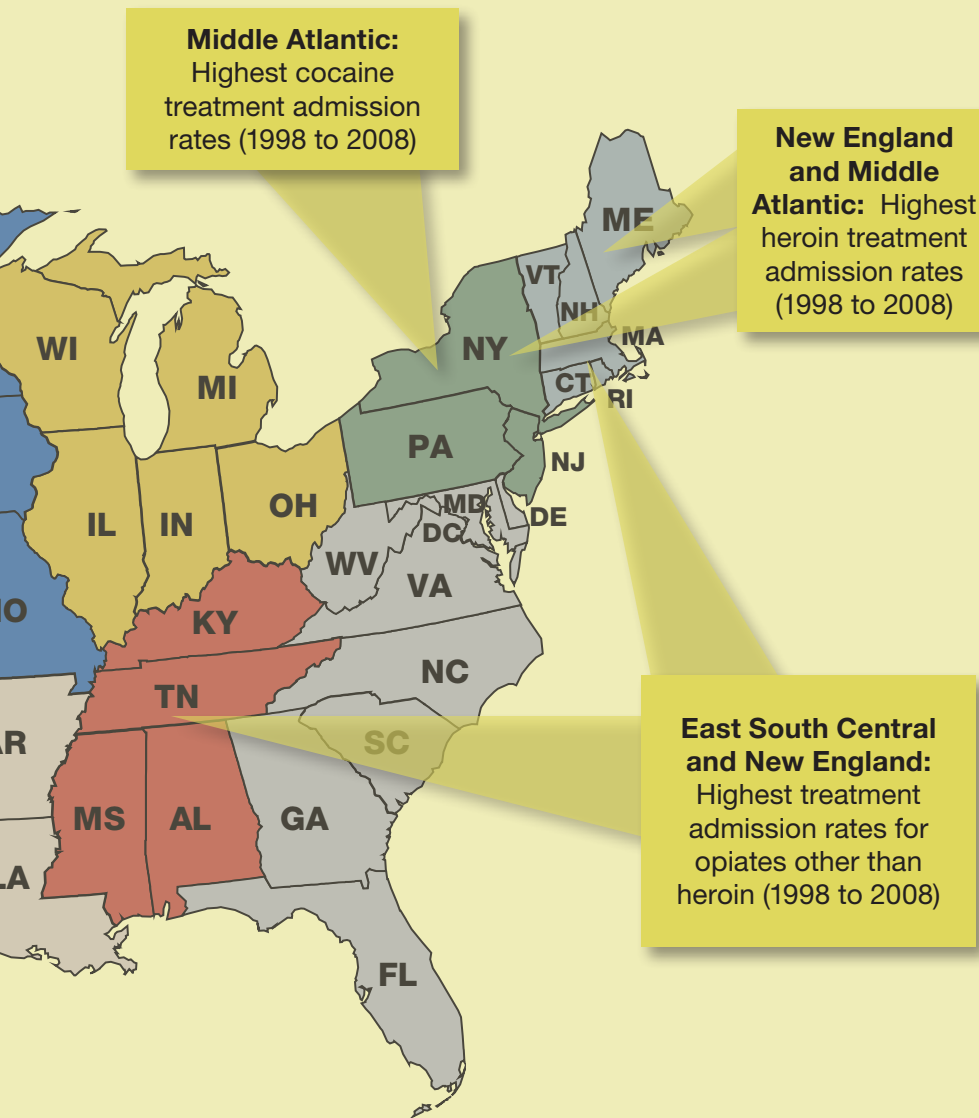
Pacific: Highest methamphetamine/ amphetamine treatment admission rates (1998 to 2008)

West North Central: Only region with increase in alcohol admission rates (9 percent) in 2008 compared to 1998



“This study provides insight into the regional nature of substance abuse by analyzing the shifting trends in the reasons for admission to substance abuse treatment.”

SAMHSA Administrator Pamela S. Hyde, J.D.



Trauma-Related Counseling

Mental health problems—specifically those related to trauma or domestic violence—may co-occur with substance abuse. Mental health screenings and assessments in substance abuse treatment facilities can help identify clients who are experiencing mental health problems related to trauma.

Mental Health Screenings and Trauma-Related Counseling in Substance Abuse Treatment Facilities, a report from SAMHSA’s National Survey of Substance Abuse Treatment Services (N-SSATS), provides data.

Highlights

Screening and assessments. More than half (62 percent) of facilities provided brief mental health screenings that could be used to identify clients in need of trauma services. However, less than half (42 percent) provided full diagnostic mental health assessments.

Trauma-related counseling. Facilities that primarily focused on a mix of mental health and substance abuse treatment services were more likely to report using trauma counseling “always or often” (30 percent) than were treatment facilities with a primary focus on general health care (26 percent), mental health (25 percent), or substance abuse (16 percent).

Domestic violence. Facilities operated by tribal governments were more likely than other types of facilities to offer domestic violence services (55 percent).

Download the full report from SAMHSA’s website at <http://store.samhsa.gov/product/NSSATS10-0930>.

We'd Like To **Hear** From You



We appreciate your feedback! Please send your comments, article ideas, and requests to: Kristin Blank, Associate Editor–*SAMHSA News*, IQ Solutions, Inc., 11300 Rockville Pike, Suite 901, Rockville, MD 20852. Send email to samhsanews@iqsolutions.com or fax to 301-984-4416.

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- Above All, SAMHSA Seeks To Improve Lives
- Community Prevention Day

Behavioral Health & Social Media

- Increasing Outreach, Feedback, and Virtual Communities
- Ask SAMHSA!
- How Do Feedback Tools Work?
- What Are the Challenges? (online)

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- Presidential Initiative Supports Military Families

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- Captain America Helps Lifeline

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Statistics & Data

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- Admissions Data State by State (TEDS)
- Trauma-Related Counseling (N-SSATS)
- Jump in Pharmaceutical-Related Emergencies

EDITOR

Deborah Goodman

SAMHSA News Team at IQ Solutions, Inc.

MANAGING EDITOR
Meredith Hogan Pond

ASSOCIATE EDITOR
Kristin Blank

SENIOR DESIGNER
A. Martín Castillo

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SAMHSA's Administrator and Center Directors

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A. Kathryn Power, M.Ed.
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Find Substance Abuse & Mental Health Treatment

One of the most important goals of SAMHSA is to ensure that Americans can find treatment for substance abuse and mental health issues in their local area.

**SAMHSA's 24-Hour
Toll-Free Referral Helpline
1-800-662-HELP**

<http://www.samhsa.gov/treatment>

Presidential Initiative Supports Military Families



President Barack Obama, First Lady Michelle Obama, and Dr. Jill Biden recently put forward nearly 50 commitments by Federal agencies responding to the President's directive to establish a coordinated and comprehensive Federal approach to supporting military families.

The result of an effort to find better ways to provide our Nation's military families with the support they deserve, the new campaign is called "Strengthening Our Military Families: Meeting America's Commitment."

The result will be a unified Federal Government approach to help ensure:

- The U.S. military recruits and retains America's best, allowing it to maintain the high standards that are a hallmark of our armed forces.
- Service members can have strong family lives while maintaining the highest state of readiness.
- Family members can live fulfilling lives while supporting their service member(s).
- The United States better understands and appreciates the experience, strength, and commitment to service of our military families.

STRATEGIC PRIORITIES

This report identifies four **strategic priorities** that address the primary challenges facing our military families.

- **Enhance** the overall well-being and psychological health of the military family.
- **Ensure** excellence in military children's education and their development.
- **Develop** career and educational opportunities for military spouses.
- **Increase** child care availability within the Armed Forces.

These four priorities were identified with special attention to the feedback that the First Lady, Dr. Biden, and Administration officials received from the many service members and their families they encountered over the past 2 years. The priorities address the concerns and

challenges of the families of Active Duty and Reserve Component Army, Navy, Air Force, Marines, and Coast Guard members; veterans; and those who have fallen.

AWARENESS OF THE CHALLENGES

This report identifies partnerships that expand capacity and quality of services. HHS has partnered with the U.S. Department of Defense to best confront suicide trends within military family and veteran populations, to normalize preventive training and peer-level counseling to best treat psychological needs of our military families, and to expand the quality of child care resources.

This report elevates the need for more awareness of the challenges facing military families and in turn generates more effective use of Government resources. HHS is aggressively promoting awareness across its service provider networks, the media industry, and professional medical organizations on

military culture and psychological health of our service members, their spouses, and their children.

This report demonstrates how innovation and sharing best practices can generate resources and reduce barriers.

It also serves as a springboard to highlight the military families' contributions as a national and community resource and identifies opportunities to leverage more of the skills, experience, and capacity of military family members.

Additionally, this overall effort endeavors to strengthen existing feedback mechanisms for military families to voice their concerns and opinions, their unique challenges, the effectiveness of existing programs, and their input on the future direction of related Federal programs and policies.

To read the transcript of the presentation, visit <http://www.whitehouse.gov>. ↙

Previously in SAMHSA News


Several previous articles support SAMHSA's Strategic Initiative on Military Families.

- "National Guard Trains Providers," September/October 2010
- "Military Policy Academy Promotes, Plans for Behavioral Health," July/August 2010
- "Reaching Out Makes a Real Difference," July/August 2009
- "Women in the Military: Overcoming Challenges," November/December 2008
- "Paving the Road Home: Returning Veterans and Behavioral Health," September/October 2008
- "Veterans and Their Families: A SAMHSA Priority," January/February 2008

For information on SAMHSA's efforts to support military families, visit <http://www.samhsa.gov/MilitaryFamilies>. ↙







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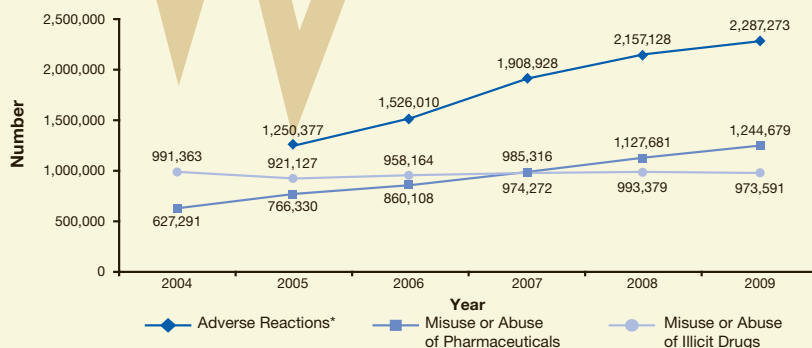
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Jump in Pharmaceutical-Related Emergencies

A 98.4-percent increase in emergency room visits is related to the misuse or abuse of pharmaceuticals between 2004 and 2009, according to a new report from SAMHSA. Specifically, in 2009, of the nearly 4.6 million drug-related emergency department (ED) visits reported, about one-half were attributed to adverse reactions to pharmaceuticals (49.8 percent or 2.3 million).

The report, *Highlights of the 2009 Drug Abuse Warning Network (DAWN) Findings on Drug-Related Emergency Department Visits* is available on the SAMHSA website at <http://store.samhsa.gov/product/DAWN10-1228>. 

Drug-Related Emergency Department Visits, by Type of Visit: 2004 to 2009*



* Data for ED visits involving adverse reactions to pharmaceuticals are not available for 2004.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality (December 28, 2010). Figure 3. Drug-Related Emergency Department (ED) Visits, by Type of Visit: 2004 to 2009. *Highlights of the 2009 Drug Abuse Warning Network (DAWN) Findings on Drug-Related Emergency Department Visits*. Rockville, MD.

There's **More**

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

Read about . . .



Resources for Military Families

Links to connect military families to behavioral health services and other services are listed here.



Prevention Video Contest

SAMHSA invites young adults to create videos to help kick off a new awareness campaign, National Prevention Week 2012.