A Life in the Community for Everyone

SAMHSA NEWS

Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services

SAMHSA's Award-Winning Newsletter
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Project LAUNCH

Promoting Wellness in Early Childhood

IN THIS ISSUE

Linking Actions for Unmet Needs in Children's Health

What happens in very early childhood may set the stage for everything that follows: whether or not a child is physically, emotionally, socially, and cognitively healthy throughout childhood and adulthood. Yet coordinated efforts to identify problems and promote wellness often don't start until a child reaches school.

"That's a shame, because research over the last decade shows that early childhood is a critical time in human development and that investments in early childhood can pay very large dividends over the lifespan," said David de Voursney, M.P.P., a program analyst in SAMHSA's Office of the Administrator. "But our systems are misaligned: We now recognize that we can make the greatest impact where we have the least ability to do so—very early childhood."

Project LAUNCH (**L**inking **A**ctions for **U**nmet **N**eeds in **C**hildren's **H**ealth) addresses that imbalance. Launched by SAMHSA's Center for Mental Health Services (CMHS) in 2008, the program

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View
From the Administrator

Your Responses to "What's in a Term"

By Pamela S. Hyde, J.D.

You'll be happy to hear that comments are continuing to arrive in SAMHSA's email reader-response box regarding the terms that describe our work in the field of substance abuse and mental health.

Thank you very much for your participation in this open dialogue. In the past few weeks, more than 150 individuals sent in their ideas, personal stories, and impassioned responses. Two advocacy organizations—Join Together and the National Alliance on Mental Illness (NAMI)—posted the call for comments online as well.

In addition, SAMHSA's Facebook page posted the article.

The article, "What's in a Term?" (*SAMHSA News*, March/April 2010), asked you for your thoughts on several terms, including substance use, mental health, behavioral health, and recovery. In addition, we asked about terms used for individuals, e.g., "consumer," a term that generated serious complaints from many of you (see page 3).

Most important, everyone appreciated the invitation to an open forum and a respectful conversation. With that in mind, SAMHSA will continue to keep the reader-response email box open for a while longer.

In the early responses, we heard from people identifying themselves as treatment providers, counselors, people in recovery, former "substance abusers," "people with mental health issues," and many others.

One reader's feedback: "Certainly the terms and labels we use should be as descriptively (clinically) accurate and as value neutral as possible. But the problem is that no matter how well you accomplish the 'accuracy' part, the 'value' component finds its way in because there's always a normative dimension to word usage/concept formation."

In sharing these comments, we are acknowledging everyone's interpretation and opinion on these terms. At the same time, we're welcoming an opportunity to take a step closer to standard language for our field.

Excerpts from reader responses are gathered here by topic. Visit *SAMHSA News* online for additional responses.

Thank you again for your participation!

Your Comments, Ideas, Personal Stories . . .

On Mental Health

- I like the terms "People with mental health conditions" or "People with substance misuse conditions." Add the terms, mild, serious, chronic, severe, "that lead to psychosis," etc., as needed to make clearer the scope of the problem.
- It's misleading to say "mental health" and "physical health" as if they are different; the brain and central nervous system are part of the body and physical health.
- The line where "Mental Illness" is drawn seems vague and unhelpful. If you are being treated for bipolar disorder and are happy, functional, and living a full life, are you no longer "mentally ill"?
- I like the idea of the "state of mental health" and "state of mental health conditions." We all ebb and flow from moment to moment.
- There is a huge stigma associated with the word "mental illness." The implications are, if you have a mental illness, you are placed in a group that is not part of society; your sickness is not like other sicknesses.
- I agree that as providers we must always avoid use of stigmatizing language, but it's all in the perception, isn't it? I was recently criticized by a well-intentioned colleague for using the phrase "a person who suffers from a mental illness" in a training presentation. The point being that "suffers from" connotes being a victim.
- Our system is a system of mental illness. It diagnoses and "treats" mental illness. We do not have any agreed-upon concept of mental health. We have not yet had the discussion of what is meant by mental health.
- We need to acknowledge mental illness, but focus on mental health.

In the past few weeks, more than 150 individuals sent their ideas, personal stories, and impassioned responses to SAMHSA about "What's in a Term."

On Behavioral Health

- I often refer to my field as "behavioral health" but can see the point that it could be conceived as just a matter of willpower. With the "whole health/whole person" focus and "parity" these days, it seems we could drop the delineation between physical, mental, and behavioral health completely and just address "individual health and wellness."
- I prefer "behavioral health care" because it better supports the idea of resiliency and use of the expressive therapies.
- I have found the term "behavioral health" inappropriate and a bit degrading. It makes me think of a child who is deliberately misbehaving, rather than someone who has a mental illness or substance addiction.

On Substance Use

- We still use "addiction" to talk about the stage at which the body/brain cannot resist using.
- I like "substance use disorders" because it includes the heavy "recreational" user as well as someone who is addicted.
- "Substance use disorders" is a good term. However, as noted, it does not recognize that a person can be abusing long before being characterized as having a disorder.
- "Persons with the disease of addiction" is the only public consumption term with which I am comfortable.

On Recovery

- I use the term "sustained recovery" instead of "long-term recovery" because it includes the idea that recovery takes continual maintenance of our spiritual and other conditions.
- "Recovery" has become basically a "buzzword" that doesn't have a whole lot of meaning anymore. It's time to move on to the exciting new paradigm that eliminates traditional taboo and barriers, recognizes that folks with challenges—physical or mental—are no different than anyone else, and completely integrates them into the traditional workforce.
- "Recovery" can be self-defined, but certainly must mean at some level you have organized your issues/needs to live life in a meaningful way, even if that means medications and significant help from others.
- Some people equate "recovery" with a return to health.

General Comments

- I couldn't agree more with the initial observation that just about every term we use today has problems. My personal belief is that we will accomplish great things when we start using the language of other chronic diseases.
- The point of the article is well taken: we must be mindful in our choice of words. I sometimes think, though that we spend so much time tiptoeing around connotations that we lose the point. I would instead advocate a consistent application of the simple common respect that all people deserve. Then the speaker and the listener can concentrate less on how it is said and more on what is meant.
- I believe we as a society have difficulty coming to an agreement on language because there continues to be moralistic undertones throughout our culture that cast disparagement on those afflicted with any of the "behavioral disorders."

"Consumer": Love It or Hate It?

One term that elicited some of the most passionate responses is "consumer." The response from readers about this word has been almost entirely negative. See below for selected comments.

- I have never really understood the origin or the meaning of "consumer" in this context. Does it mean consumer of drugs? Consumer of health care? A consumer is someone who goes shopping or eats a lot. I'm obviously missing something.
- Is a heart patient or a cancer patient called a "consumer" of health services? No.
- I have a great deal of respect for the "consumer movement" and know how hard advocates have fought to gain respect. However, it's time for professionals and people being served to move on. The word "consumer" should be replaced by "person receiving services" or "individual."
- I dislike the term "consumer" because many people with mental health issues do not consume mental health services at all because of social stigma. I also do not think my most important role in life is as a consumer of anything. I'd rather like to be thought of as a good son, brother, coworker, and neighbor who just happens to have schizophrenia.
- Dictionary synonyms for "consumer" are buyer, customer, purchaser, shopper, user, etc. Because "consumer" thus evokes the opposite of compassion and the need for generosity of spirit and action, it is a poorly chosen term for generating public support.
- I hate to be called a consumer. It makes me feel like I am using up all these resources and I am a waste of time.
- "Consumer" seems to brand me as a sick person whose illness is so bad that it should not be mentioned.
- Many clients don't know that "consumer" refers to them. I think it sets up a top-down relationship between providers and clients. I also find it too business-oriented.
- To avoid using the term "consumer," I just speak it out: "a person who happens to have a mental illness diagnosis." It is cumbersome, but this is my preference.

Project **LAUNCH** <<p.1

promotes the health and well-being of children from birth to age 8. The 5-year grants currently support 18 state and tribal programs with additional funding highlighted (earmarked) in SAMHSA's Fiscal Year 2011 Budget.

"Project LAUNCH grants enhance and energize essential child-serving systems in communities throughout the country," said SAMHSA Administrator Pamela S. Hyde, J.D. "Project LAUNCH is a very promising approach to promoting healthy child development in a way that offers new hope to young people, families, and communities."

COORDINATING EFFORTS

Project LAUNCH brings together all the players in young children's lives—at every level. To model collaboration for grantees, for instance, SAMHSA works in partnership with other agencies of the U.S. Department of Health and Human Services (HHS)—the Centers for Disease Control and Prevention, Administration for Children and Families, and Health Resources and Services Administration.

State and tribal agencies will also come together in Young Child Wellness Councils to improve coordination, build infrastructure, and improve methods for providing services. Most of the grant funding flows to local pilot communities, which come together in councils of their own to find ways to enhance and integrate their own services. States and tribes will then use what the communities learn by developing broader policies and replicating successful efforts elsewhere.

"It's not like we have the power to wave a magic wand and create one system for these kids," said Mr. de Voursney, who helped design the program. "What the project does is coordinate between all the systems they're in already."

After assessing local resources and needs, the community councils create strategic plans using evidence-based prevention and health promotion strategies:

- Home visits
- Use of developmental assessments in a range of child-serving settings
- Integration of behavioral health into primary care settings
- Mental health consultation
- Family strengthening and parent skills training.

Grantees have leeway within those broad categories, said Project LAUNCH Coordinator Jennifer Oppenheim, Psy.D., a public health analyst at CMHS.

A community might already have a home visitation program, for instance, but decide that it needs to develop a better method for screening new parents to identify those who need a little extra help. Or grantees might opt to add another home visitor to increase their capacity to meet parents' needs. Or they might give home visitors additional training in social and emotional development topics.

No matter what strategies are used, said Dr. Oppenheim, the goals remain the same: "We want to make sure that all kids are developmentally on track when they enter school, ready to learn and succeed."

A grantee program in Maine is described on page 5.

To learn more about Project LAUNCH, visit **http://projectlaunch.promoteprevent.org.**

—By Rebecca A. Clay

More Resources

National Children's Mental Health Awareness Day
http://www.samhsa.gov/children/index.aspx

Systems of Care: Transforming Children's Mental Health Care in America
http://systemsofcare.samhsa.gov

The Fetal Alcohol Spectrum Disorders Center for Excellence
http://www.fasdcenter.samhsa.gov

National Center on Substance Abuse and Child Welfare **http://www.ncsacw.samhsa.gov**

The Brazelton Institute, Children's Hospital Boston **http://www.brazelton-institute.com**

Previously in *SAMHSA News*

"Parents: Prevention Means Being Involved" July/August 2009 **http://samhsa.gov/samhsaNewsletter/Volume_17_Number_4/ParentInvolvement.aspx**

"Coordinating Care for Children with Serious Mental Health Challenges" July/August 2009
http://samhsa.gov/samhsaNewsletter/Volume_17_Number_4/CoordinatingCare.aspx

"Under the Influence: Fathers, Adolescents, & Alcohol Use" July/August 2009
http://www.samhsa.gov/samhsaNewsletter/Volume_17_Number_4/UnderInfluence.aspx

Grantee

Meeting Infants' Needs Down East

"A county at the end of the earth." That's how Marjorie F. Withers, LCPC, describes Washington County, Maine, a region the size of Rhode Island and Connecticut combined but with fewer than 32,000 inhabitants.

The area is beautiful, said Ms. Withers, with ocean views, many lakes, and blueberry barrens that turn a lovely crimson color in the fall. But that beauty belies some very serious problems: unemployment, poverty, and rampant misuse of prescription opiates.

These problems have hit very young children especially hard: A third of the county's infants are born at risk because of exposure to substances, low birth weight, or other factors. The county also has the state's highest percentage of infants in child protective custody, children in special ed, and children under age 4 kicked out of childcare for acting up.

Enter the Community Caring Collaborative, which received one of SAMHSA's Project LAUNCH (Linking Actions for Unmet Needs in Children's Health) grants in 2008. The program promotes wellness in children from birth to age 8 by addressing their physical, emotional, social, and behavioral needs.

The collaborative, which Ms. Withers directs, brings together representatives of various agencies, the Passamaquoddy Tribe, and families determined to give the county's children a healthier start in life.

One top priority is to make sure at-risk infants get the services they need after they return home from the neonatal intensive care unit (NICU) at a hospital 90 miles away. In the past, Ms. Withers explained, hospital staff often assumed that families could get the services their infants needed locally or make the trip back to the hospital. "But people don't have money to fill the gas tank," said Ms. Withers. "They'd be stuck in Washington County and then people would say they didn't care about the baby."

The solution was something called the "bridging" program, which matches each high-risk mother with a nurse or child educator even before her child is born. Together they craft an individualized plan to support the family during the infant's hospitalization and beyond. Bridging partners take women to visit the NICU ahead of time, so it's not as intimidating. They can help get the resources families need to travel back and forth. They can even arrange respite care for other children. Home visits and parent support groups provide additional help.

A similar effort is under way at the state level, where Ms. Withers says a child wellness council is working at "busting barriers that make it impossible for us to do what we need to do." The council is examining the issue of appropriate case loads for case workers in isolated areas like Washington County, where workers must sometimes travel more than 3 hours one way to see a client, for example.

Ask Ms. Withers how well these efforts are working, and she points to a baby recently born at just 24 weeks. "Most babies born under 28 weeks in Washington County have multiple rehospitalizations," she said. "This was the first baby we can track who's never been rehospitalized."

Learn more about Project LAUNCH at **http://projectlaunch.promoteprevent.org.**

—By Rebecca A. Clay

Reports Examine Treatment Data by Metro Area

BRIEF Metro

The United States is vast, and the substance abuse problems on the west coast may not be the same as those on the east coast.

To provide a more detailed understanding of substance abuse treatment activities in 27 metropolitan areas, SAMHSA developed a series of *Metro Briefs*.

"These briefs provide very valuable insight into the nature and scope of the behavioral health challenges facing each of these important communities," said Peter J. Delany, Ph.D., LCSW-C, Director of SAMHSA's Office of Applied Studies. "The data can help public health agencies, service providers, and partnering organizations identify the major problems affecting their communities and develop the most effective means for addressing them."

Data include:

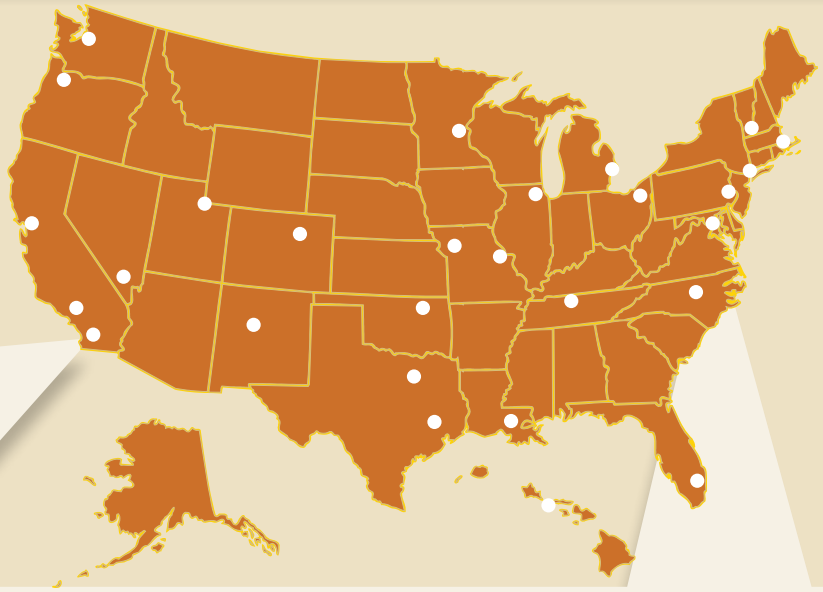
- Key demographic characteristics of treatment admissions (e.g., gender, age, race/ethnicity)
- Breakdowns on the substances of abuse involved in treatment admissions
- Breakdowns on the admission referral sources (e.g., community organizations, individuals/self, criminal justice systems)
- Types of care provided by area facilities (e.g., outpatient, residential, detoxification).

The briefs are based on the Treatment Episode Data Set (TEDS)—which collects information on the characteristics of people admitted to substance abuse treatment—and the National Survey of Substance Abuse Treatment Services (N-SSATS), an annual survey of treatment facilities.

To download the briefs, visit **http://www.oas.samhsa.gov/metro/Metro.cfm.**

Treatment Data from Opposite Shores

What types of data are in the *Metro Briefs*? See below for examples from California and Maryland.



San Diego

In 2008, there were approximately 13,600 total substance abuse treatment admissions in San Diego.

Both males and females reported methamphetamine as their primary substance of abuse more often than other substances, followed by alcohol, marijuana, and heroin.

In 2008, 136 facilities in San Diego offered substance abuse treatment services: 89 facilities offered outpatient care, 64 facilities offered non-hospital residential care, and 3 facilities offered hospital inpatient care.

In 2008, 8 of the 136 treatment facilities (6 percent) in San Diego operated opioid treatment programs (OTPs). On a typical day, 1,930 clients at these OTPs received medication-assisted opioid therapy with methadone or buprenorphine.

For more data on San Diego, visit **http://oas.samhsa.gov/metro/SanDiego/508PDF_SanDiego.pdf.**

Baltimore

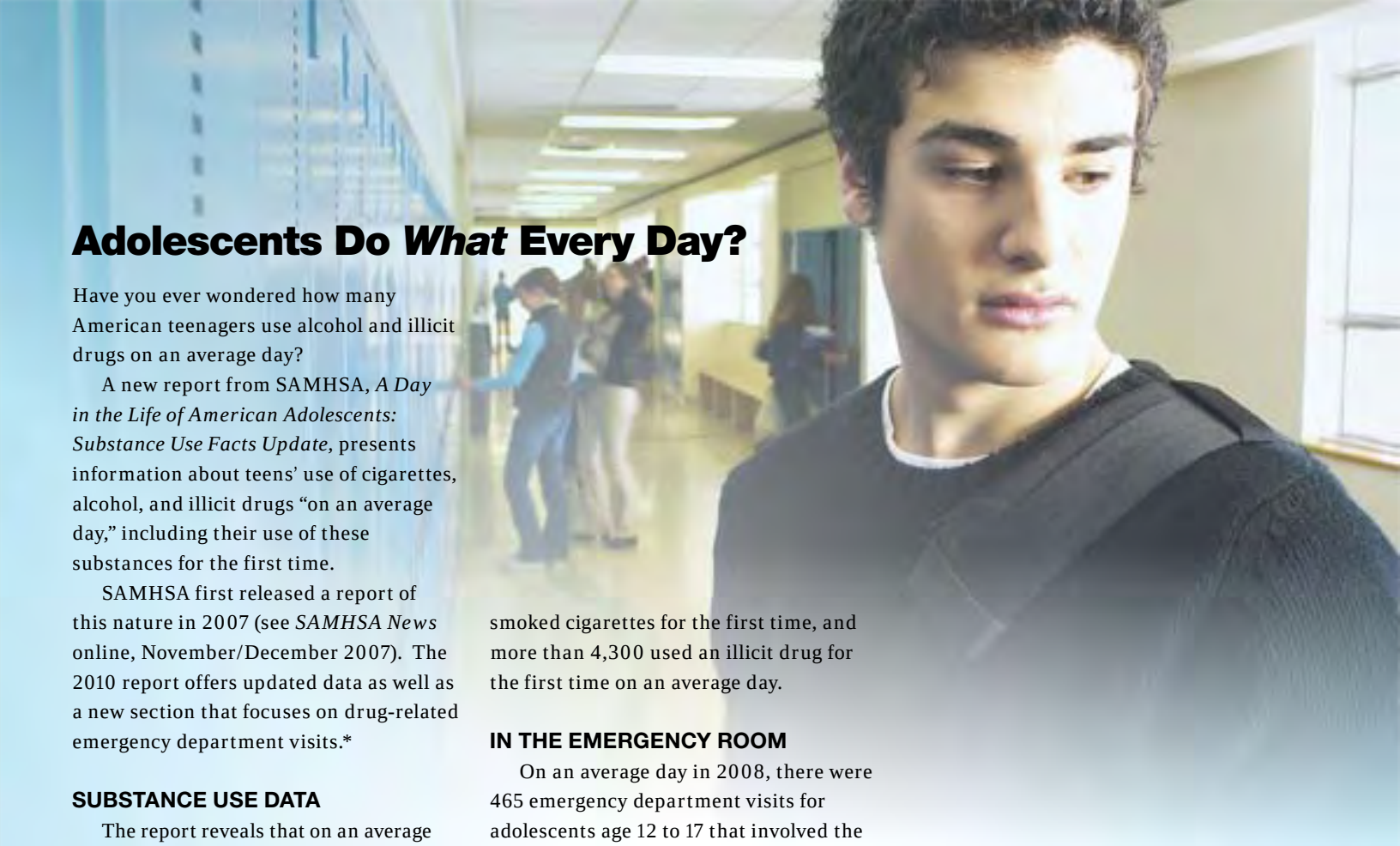
In 2008, there were approximately 25,000 total substance abuse treatment admissions in Baltimore.

Both males and females reported heroin as their primary substance of abuse more often than other substances.

In 2008, 220 facilities in Baltimore offered substance abuse treatment services: 184 facilities offered outpatient care, 47 facilities offered non-hospital residential care, and 9 facilities offered hospital inpatient care.

In 2008, 44 of the 220 treatment facilities (20 percent) in Baltimore operated OTPs. On a typical day, 11,776 clients at these OTPs received medication-assisted opioid therapy with methadone or buprenorphine.

For more data on Baltimore, visit **http://oas.samhsa.gov/metro/Baltimore/508PDF_Baltimore.pdf.**



Adolescents Do *What* Every Day?

Have you ever wondered how many American teenagers use alcohol and illicit drugs on an average day?

A new report from SAMHSA, *A Day in the Life of American Adolescents: Substance Use Facts Update*, presents information about teens' use of cigarettes, alcohol, and illicit drugs "on an average day," including their use of these substances for the first time.

SAMHSA first released a report of this nature in 2007 (see *SAMHSA News* online, November/December 2007). The 2010 report offers updated data as well as a new section that focuses on drug-related emergency department visits.*

SUBSTANCE USE DATA

The report reveals that on an average day in 2008, more than 1 million teens age 12 to 17 smoked cigarettes, more than half a million drank alcohol, and approximately 563,000 used marijuana (see chart).

In addition, 7,540 adolescents drank alcohol for the first time, more than 3,800 smoked cigarettes for the first time, and more than 4,300 used an illicit drug for the first time on an average day.

IN THE EMERGENCY ROOM

On an average day in 2008, there were 465 emergency department visits for adolescents age 12 to 17 that involved the use of illegal drugs, alcohol, or the misuse or abuse of pharmaceuticals.

Alcohol played a role in many of the visits—151 visits involved alcohol only and 54 involved alcohol taken with other drugs. Marijuana was involved in 129 visits.

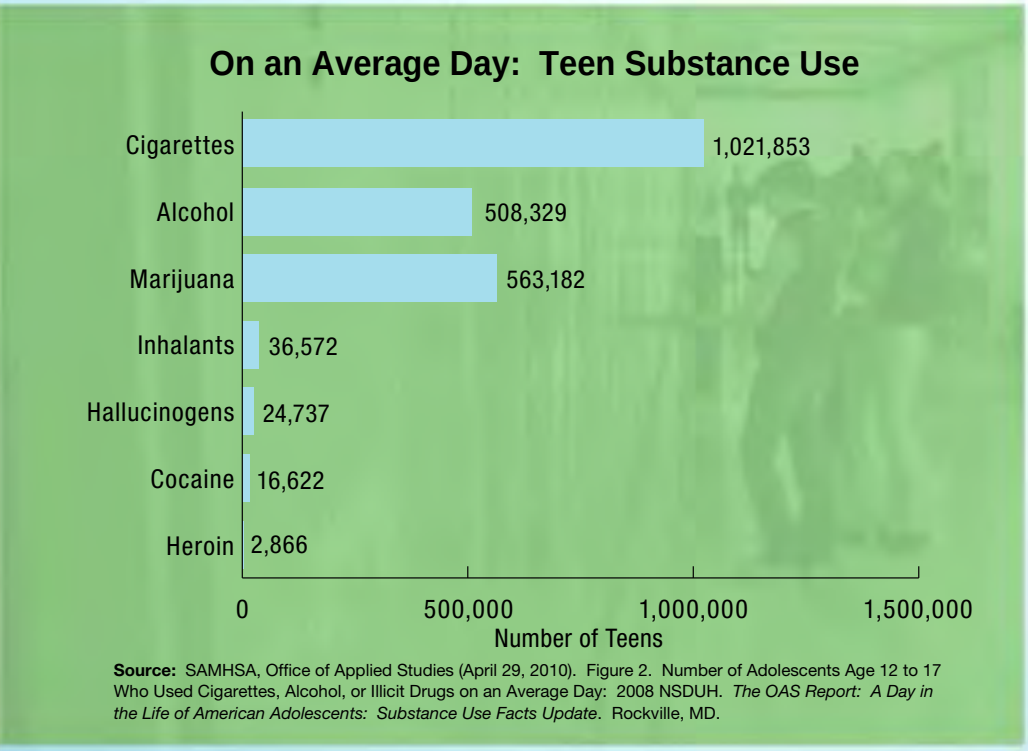
In addition, SAMHSA estimates that, on any given day in 2008, 63 emergency department visits took place for drug-related suicide attempts among adolescents.

TREATMENT

The following numbers of teenagers under age 18 received substance abuse treatment on an average day in 2008: 76,484 were in outpatient treatment; 9,219 were clients in non-hospital residential treatment; and 762 received hospital inpatient treatment.

The report also provides data on the primary substances of abuse reported by teens in treatment and the major referral sources (e.g., criminal justice system, schools).

For more, download the full report at **http://oas.samhsa.gov/2k10/185/185TypicalDayHTML.pdf.**



Source: SAMHSA, Office of Applied Studies (April 29, 2010). Figure 2. Number of Adolescents Age 12 to 17 Who Used Cigarettes, Alcohol, or Illicit Drugs on an Average Day: 2008 NSDUH. *The OAS Report: A Day in the Life of American Adolescents: Substance Use Facts Update*. Rockville, MD.

* The data presented in this report are from four 2008 SAMHSA data sources: the National Survey on Drug Use and Health (NSDUH), the Treatment Episode Data Set (TEDS), the National Survey of Substance Abuse Treatment Services (N-SSATS), and the Drug Abuse Warning Network (DAWN).

Celebrating Children's Mental Health Awareness Day 2010

Promoting the Importance of Mental Health Starting at Birth

Sherri Shepherd of ABC's "The View," child-development pioneer T. Berry Brazelton, M.D., and an expert panel joined SAMHSA to celebrate the fifth anniversary of National Children's Mental Health Awareness Day on May 6 in Washington, DC. SAMHSA Administrator Pamela S. Hyde, J.D., presented Dr. Brazelton with a special recognition award. (See page 9.)

Awareness Day spotlights the importance of promoting positive social and emotional development in children and the need for early identification of mental health challenges.

This year's celebration focused on the importance of promoting children's mental health from birth. More than 80 public and private collaborating organizations and Federal programs and agencies joined SAMHSA for the event. New supporters included the Office of Head Start at the U.S. Department of Health and Human Services (HHS), the National Endowment for the Arts, and the American Legion Auxiliary.

Nationwide, more than 1,000 community-based mental health service and support providers, programs, schools, and collaborating organization affiliates also celebrated this annual observance. Youth rallies and social media campaigns marked the day, along with art activities for children to raise awareness about mental health.

SAMHSA funds this program as part of the Agency's Strategic Initiative on Public Awareness and Support, 1 of 10 Initiatives at SAMHSA.

AWARENESS DAY TURNS 5

A "big tent" celebration of visual art, music, and dance by local 5-year-olds energized Awareness Day's afternoon events, as 50 children, accompanied by their parents and caregivers, expressed themselves to the theme "My Feelings Are a Work of Art."

As tambourines jingled and drums tapped along, the children twirled and jumped to the beat under red, yellow, blue, and green fabrics floating in the air. Other children focused on their crayons, paints, and drawings-in-progress. With all the children intent on their creations, these exercises demonstrated how the arts can nurture social development.

Displays of the local children's art work filled the foyer of the evening's Awareness Day Forum and reception.

Across the Nation, children expressing their feelings through art received national attention on Awareness Day. Caregivers at 800 Head Start sites, military bases, child care programs, local museums, and children's mental health programs helped children in preschool through 3rd grade create paintings or drawings to spark conversations between adults and young children about their feelings.

A FORUM OF EXPERTS

For the evening event, an Awareness Day Early Childhood Forum featured presentations by Administrator Hyde and Dr. Joan Lombardi from the Administration for Children and Families at HHS.

Hosted by Ann Pleshette Murphy, parenting contributor on ABC's "Good Morning America," the two discussion panels included Ms. Shepherd in her role as "celebrity-parent" (Jeffrey's mom), as well as family, child development, and early childhood mental health experts. They explained why positive social and emotional development in children as early as birth is essential to overall healthy development.

Along with SAMHSA's Dr. Larke Huang and A. Kathryn Power, M.Ed., Director of the Center for Mental Health Services, the panels included:

Dr. Janice Cooper, Nat'l Center for Children in Poverty at Columbia; Dr. Lynette Fraga, Zero to Three; Dr. Walter Gilliam, Edward Zigler Center in Child Development and Social Policy at Yale; Dr. Mary Louise Hemmeter, Dept. of Special Education at Vanderbilt; Dr. Judith Romano, American Academy of Pediatrics; Dr. Ross Thompson, Dept. of Psychology, Univ. of California, Davis; Dr. Albert Zachik, Child and Adolescent Services, Maryland State Department of Health and Mental Hygiene.

In addition to events on Awareness Day, SAMHSA released a report, *Addressing the Mental Health Needs of Young Children and Their Families*, which describes the academic, social, and emotional performance outcomes of children age 8 and younger receiving services in systems of care.

The full report is available online at **http://www.samhsa.gov/children/docs/MH_Needs_Children_Families.pdf.**

Visit **http://www.samhsa.gov/children** for more information.

—By Meredith Hogan Pond

A Healthy Future for Our Nation's Children

Awareness Day Honors T. Berry Brazelton, M.D.

On the eve of his 92nd birthday, world-renowned pediatrician and author T. Berry Brazelton, M.D., received the SAMHSA Special Recognition Award for his pioneering work in pediatric and early childhood development over the past six decades.

SAMHSA Administrator Pamela S. Hyde, J.D., presented the award at the Awareness Day Early Childhood Forum on May 6. (See photo.)

"I am proud of SAMHSA. The Agency understands that children's mental health is not constructed in therapists' offices, clinics, and hospitals," Dr. Brazelton said in his acceptance speech. "Children's mental health depends on healthy families and strong communities. We must start early on." A leading force behind the pediatric health care revolution, Dr. Brazelton developed the groundbreaking Neonatal Behavioral Assessment Scale (NBAS), which is now used worldwide to recognize the physical and neurological responses of newborns, as well as emotional well-being and individual differences. His legacy continues to transform our understanding of child development.

In a recent interview at his offices in Boston near Fenway Park, Dr. Brazelton and his colleague, Joshua Sparrow, M.D., a professor of psychiatry at Harvard Medical School, talked about our Nation's children. "I'd like to see children have resilience: the ability to withstand problems and times when they are in trouble," Dr. Brazelton said. "And have empathy for other people, to care about other people. Those two are critical."

Dr. Brazelton added, "We can change things if we want to, and I think that basically most people want to. I think we can do better."

SAMHSA Administrator Pamela S. Hyde presents Dr. T. Berry Brazelton with the Special Recognition Award from the Agency for lifetime achievement on behalf of the Nation's children.

SAMHSA News online includes additional excerpts from the interview with Dr. Brazelton. Visit **http://www.samhsa.gov/samhsaNewsletter.**

Suicide Prevention in Native Populations: Helping Youth "Live To See the Great Day That Dawns"

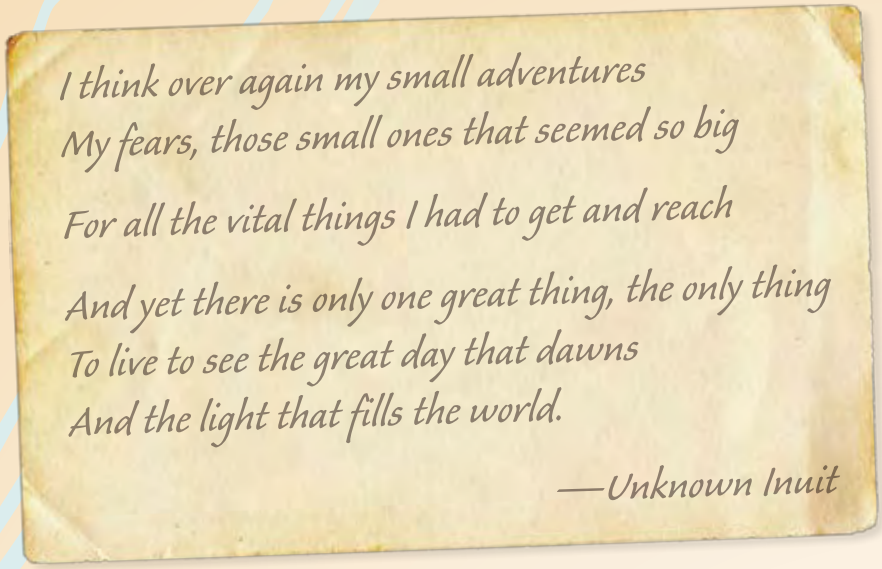
"Suicide and suicidal behavior are preventable." Those are the first words in the recent free publication from SAMHSA that offers guidance to communities with a particularly high-risk population—American Indian and Alaska Native (AI/AN) youth and young adults.

The 172-page publication, *To Live To See the Great Day That Dawns: Preventing Suicide by American Indian and Alaska Native Youth and Young Adults*, helps address the problem of suicide and promote mental health among Native young people. The guide answers the question, "What are the strengthening factors that are known to help protect young people against suicide?"

As a culturally appropriate resource, this guide is urgently needed. More than 61 percent of American Indians and Alaska Natives are under age 34. That means "they are the center of hope for the survival of their people and their culture," the guide explains.

Unfortunately, data show that these young people have the highest suicide rate of any cultural or ethnic group in the United States.

Acknowledged as a "starting point," the guide is organized to help readers understand the complex, but necessary, process of developing suicide prevention plans within a cultural context. The publication is for tribal leaders, elders, healers, youth activists, community organizers, school administrators, and others in the community.



This guide begins with a poem (above) and ends with a poem (see page 11). "We needed a way to capture the humanity," said Cynthia K. Hansen (see her first-person story below).

"So many people helped with this publication and made an effort to address this topic with reality and also a profound sense of hope that we can save lives," said Anne Mathews-Younes, Ed.D., Director, Division of Prevention, Traumatic Stress, and Special Programs, at SAMHSA's Center for Mental Health Services (CMHS). "It's definitely a work in progress. It's a real collaboration, emerging from the community."

HOLISTIC APPROACH

As one of SAMHSA's 10 Strategic Initiatives, "Prevention of Substance Abuse and Mental Illness" encompasses

The Making of *To Live To See the Great Day That Dawns*

By Cynthia K. Hansen, Ph.D.

Off the top of my head, I can think of 100 people who worked together on the very first draft of *To Live To See the Great Day That Dawns*. There were so many voices, so many people who cared. Many of them were volunteers who made sure their perspectives were heard.

The publication represents an extraordinary effort by tribal leaders, elders, youth, Plains Indians, Pueblos, Alaska Native villagers, the health sector, scientists, academicians, political leaders, and tribal government officials. All these voices were heard, as well as the mainstream grant-making Federal voices. The project was a bridge between them all.

Everybody worked together; no one was left out. It was truly a community effort.

One of our first goals was to make a document that instilled hope, rather than despair, in the face of the enormity of the suicide issues among young people in Indian Country.

It's important to know that hope grew from within the culture, from within all the people who cared. American Indians and Alaska Natives have rich cultural resources, and they have extreme resilience. They are survivors. We wanted everyone to know the publication didn't come from external sources alone.

In Indian Country, people generously gave their expertise to make this publication work. So that's what makes it really good. We added illustrations and graphics, poetry, song, and storytelling, because they are the links to our human experience. We needed a

more than a focus on those who may be at risk for suicide. Prevention also includes programs to promote youth mental health, as well as actions that a community can take in response to a suicide, to help the community heal and to prevent related suicidal behaviors.

Specifically, this guide:

- Explores cultural issues around prevention.
- Describes approaches that respectfully address these issues as part of prevention planning.
- Provides practical tools and resources for assessment, program selection, coalition-building, and strategies used as part of a comprehensive plan.

"Suicide is a complex issue," said CAPT Maria Dinger, R.N., BSN, M.S., Chief, Suicide Prevention Branch, Division of Prevention, Traumatic Stress, and Special Programs, at CMHS. "Everyone is needed, and everyone has a role in suicide prevention."

As the guide began with an Inuit poem, the guide ends with a poem from White Buffalo Calf Woman of the Lakota, to give a creative voice to this experience of families dealing with suicide.

To order a free copy, call 1-877-SAMHSA-7 (1-877-726-4727). Ask for publication number SMA10-4480. For more information, visit **http://mentalhealth.samhsa.gov.**

When one sits in the Hoop of People,
One must be responsible because
All of Creation is related.
And the hurt of one is the hurt of all.
And the honor of one is the honor of all. And
whatever we do affects everything in the universe.

—White Buffalo Calf Woman

Source: The Sioux Poet—Native American Poetry Web site at **http://siouxpoet.tripod.com.**

way to capture the humanity, to find a way to give a voice to the intimate grief and extreme sorrow—layers and layers of mourning—felt by families and friends and acquaintances who lost loved ones to suicide.

This publication should be shared with pride. We can acknowledge, yes, there is this problem. But look at what we can do to help. Look at what we can do together. And we can do more. That whole rhythm of the document was initially, and still is, really important. This was a commitment we all agreed on.

The publication is a good foundation now, and it will continue to evolve as we learn more over time and build the community. *To Live To See the Great Day That Dawns* is really the tip of the iceberg for all the communities that came together to create it: elders, youth, friends of Indian Country, people who are Native themselves—in urban settings, on reservations, or in the Alaska Native villages.

This was an extraordinary project to be a part of. We're all just building on what those have done before us.

Editor's Note: Cynthia K. Hansen, Ph.D., is currently a Senior Public Health Analyst with the Assistant Secretary for Preparedness and Response at HHS. While working on this publication, Dr. Hansen was Special Expert to SAMHSA's Center for Mental Health Services (CMHS).

What's in the Guide? Chapter by Chapter . . .

Illustrated with graphics on almost every page, *To Live To See the Great Day That Dawns* includes:

Culture, Community, and Prevention explores risk and protective factors and the ways in which AI/AN cultures can help promote the mental health of young people.

Breaking the Silence around the Suicide Conversation helps break down the myths that often surround suicide. These myths are barriers to a community's open discussion of potential solutions.

Responding to Suicide deals specifically with actions that a community might take after a suicide occurs.

Community Readiness discusses the stages of change that a community goes through as it confronts the possible causes of and solutions to suicide.

Community Action describes the public health approach to prevention, with SAMHSA's Strategic Prevention Framework as a model for action.

Promising Suicide Prevention Programs describes programs for preventing suicide among AI/AN youth.

Throughout the guide are boxes titled "Questions for Seeking the Wisdom of Elders." The questions explore a community's traditional ways of maintaining "balance" or "harmony" among its members.

The guide includes a suicide prevention assessment resource tool created by R. Dale Walker, M.D., Director of the One Sky Center in Portland, OR. In addition, the guide includes myths, a glossary, statistics, Web resources, an extensive bibliography, and an entire chapter of Federal resources.

Tobacco Sales to Minors: States Achieve Goals, But Sales Increase Nationally

RAISING THE BAR

Although illegal tobacco sales to youth have decreased over the past 13 years, 2009 saw the first slight upward tick in sales to minors.

All states and the District of Columbia have continued to meet their goals of curtailing sales of tobacco to underage youth under 18. However, in Federal fiscal year 2009, for the first time ever, the data showed a slight increase in the average national rate of tobacco sales to underage youth of about 1 percent.

The Synar Amendment—introduced by the late U.S. Representative Mike Synar of Oklahoma—requires that states have laws and enforcement programs for prohibiting the sale and distribution of tobacco to people under age 18. The program is part of SAMHSA's Strategic Initiatives on promoting emotional health and preventing substance abuse and mental illness.

Under the regulations implementing the Synar Amendment, states and other jurisdictions must report annually to SAMHSA on their retailer violation rates, which represent the percentage of inspected retail outlets that sold tobacco products to customers under the age of 18.

For more on the 2009 Synar report, visit **http://prevention.samhsa.gov/tobacco/synarreportfy2009.pdf.**

Youth Smoking & Maternal Risk Factors

Cigarette use by adolescents declined between 2002 and 2008, but about 1.4 million started smoking in 2008. According to recent SAMHSA data, adolescents age 12 to 17 living with their mothers may face risk factors at home that contribute to smoking.

Among adolescents living with their mothers, 9.7 percent lived with mothers who had a major depressive episode (MDE) in the past year, and 25.6 percent lived with mothers who used cigarettes in the past month.

Adolescents living with mothers who had past-year MDE had a higher rate of past-month smoking than those living with mothers who did not have MDE (14.3 versus 7.9 percent), and adolescents were more likely to smoke if their mothers smoked than if their mothers did not smoke (16.9 versus 5.8 percent).

The rate of smoking among adolescents living with their mothers was 5.6 percent for adolescents whose mothers neither smoked in the past month nor had a past-year MDE, 8.1 percent for those whose mothers had MDE only, 15.5 percent for those whose mothers smoked only, and 25.3 percent for adolescents exposed to both maternal MDE and maternal smoking.

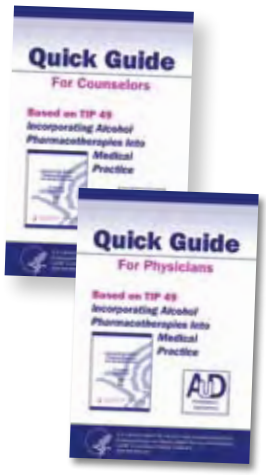
For more information, download *Adolescent Smoking and Maternal Risk Factors* at **http://www.oas.samhsa.gov/2k10/166/166SmokingMoms.htm.**

Quick Guides about Alcohol Pharmacotherapies

Short on time? SAMHSA's Knowledge Application Program (KAP) recently released two "quick guides," which summarize the information in Treatment Improvement Protocol (TIP) 49, *Incorporating Alcohol Pharmacotherapies Into Medical Practice.*

In a succinct, accessible format, counselors and physicians will find guidance for the use of acamprosate, disulfiram, oral naltrexone, and extended-release injectable naltrexone in the treatment of alcohol use disorders.

To Order
Download these guides from the KAP Web site or order hard copies by calling 1-877-SAMHSA-7 (1-877-726-4727).



Quick Guide for Counselors Based on TIP 49: Visit **http://kap.samhsa.gov/products/tools/clguides/pdfs/QGC_49.pdf.** For hard copies, request publication number SMA10-4542.

Quick Guide for Physicians Based on TIP 49: Visit **http://kap.samhsa.gov/products/tools/clguides/pdfs/QGP_49.pdf.** For hard copies, request publication number SMA10-4543.

Kana Enomoto Honored for Public Service, Leadership

SAMHSA's Kana Enomoto in a mother/daughter moment at the awards ceremony.

SAMHSA's Kana Enomoto, M.A., Principal Senior Advisor to the Administrator, recently received the highly prestigious Arthur S. Flemming Award for 2010.

This national award, established in 1948, recognizes outstanding individuals in Government.

Ms. Enomoto has served SAMHSA for more than a decade. Her award citation recognizes her as "a versatile, innovative, and thoughtful Federal leader with expertise spanning policy, program, and administration." Prior to her current position, Ms. Enomoto served as Acting Deputy Administrator. During that time, she led efforts to improve Agency operations, human capital management, and myriad management processes.

Ms. Enomoto's background is in clinical psychology with a focus on research and work with ethnic minority populations. She helped develop the seminal *2001 Surgeon General's Report on Mental Health: Culture, Race, and Ethnicity.*

PRISM AWARDS

Congratulations to all the winners of this year's 2010 PRISM Awards!

Steve Wilkos, David Foster, SAMHSA's Kathryn Power

Television's "How I Met Your Mother," "Grey's Anatomy," "Breaking Bad," and "Law & Order: Special Victims Unit" as well as the films *Crazy Heart* and *The Soloist* were among the many productions honored at the 14th Annual Awards Gala at the Beverly Hills Hotel this spring.

A. Kathryn Power, M.Ed., Director of SAMHSA's Center for Mental Health Services, represented the Agency at the event (see photo). SAMHSA collaborated with the FX Network and the Entertainment Industries Council, Inc., to produce the nationally televised program. PRISM Awards recognize excellence in the realistic depiction of substance use, addiction, and mental health issues in film, television, interactive media, music, DVD, and comic book entertainment.

This year's PRISM Award television special will air on the FX Network on September 18. For a complete list of award recipients, please visit **http://www.eiconline.org** or **http://www.prismawards.com.**

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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In the current issue, I found these articles particularly interesting or useful:

Children's Mental Health
- ❑ Project LAUNCH: Promoting Wellness in Early Childhood
- ❑ Meeting Infants' Needs Down East
- ❑ Promoting the Importance of Mental Health Starting at Birth
- ❑ A Healthy Future for Our Nation's Children

From the Administrator
- ❑ Your Responses to "What's in a Term"

Suicide Prevention
- ❑ In Native Populations: Helping Youth "Live To See the Great Day That Dawns"

Youth Substance Use
- ❑ Tobacco Sales to Minors: Synar
- ❑ Youth Smoking & Maternal Risk Factors
- ❑ Adolescents Do *What* Every Day?

Treatment Issues
- ❑ Reports Examine Treatment Data by Metro Area
- ❑ Alcohol Pharmacotherapies: Pocket Guides

Other News
- ❑ Health Reform: Overview of the Affordable Care Act
- ❑ PRISM Awards

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Overview of the Affordable Care Act

What Are the Implications for Behavioral Health?

On March 23, 2010, President Obama signed into law the Patient Protection and Affordable Care Act (ACA), which seeks to make health insurance coverage more affordable for individuals and families and the owners of small businesses.

When fully implemented, the law will provide access to coverage for an estimated 32 million Americans who are now uninsured. It reforms insurance markets to make them more competitive and protect consumers' rights by prohibiting such practices as excluding people from coverage due to pre-existing conditions, placing annual or lifetime caps on coverage, banning rescission of coverage, and establishing basic minimum benefit packages.

ACA references a variety of service issues that require discussion and recommendations regarding a set of services that should be available for individuals with mental health and addiction needs. The law will:

- Fundamentally change what services will be available to individuals that have mental health and addiction disorders. Various provisions will require benefit packages that include treatment for mental health and substance use disorder services, prescription drugs, rehabilitative, habilitative, and prevention and wellness services. These services must be available in benefit packages by Fiscal Year (FY) 2014.
- Expand access to prevention services, including annual wellness visits, and include outreach and education campaigns. In addition, grants will be available to implement, evaluate, and disseminate community prevention activities beginning in FY 2010.
- Create additional incentives to coordinate primary care, mental health, and addiction services. In FY 2011, grants and Medicaid reimbursement will be available for the creation of health homes for individuals with chronic health conditions, including mental illness and substance use disorders.

In addition, grants will be available to school-based health centers that will offer mental health and addictions services. Grants may also be available in FY 2011 to programs co-locating primary and specialty care.

- Enhance community-based service options for individuals with a mental health and/or substance use condition. Medicaid state plan changes and demonstration grants will expand these services for individuals who have long-term care needs (e.g., dual-eligibles, high-risk Medicare beneficiaries, 1915i changes, Money Follows the Person).

In addition, the CLASS Act* creates a self-funding initiative for individuals who need home- and community-based services. Some of these initiatives begin in FY 2010.

- Develop capacity to provide services in an effective and modern mental health and substance use system through various workforce initiatives, including education and training grants, loan repayment programs, and primary care residency training.

For more information about health reform and the Patient Protection and Affordable Care Act (ACA), visit **http://www.healthreform.gov.**

* Community Living Assistance Services and Supports Act

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

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Ending Seclusion and Restraint

Ten facilities from around the Nation were honored by SAMHSA for their work.

Rise in Nonmedical Use of Pain Relievers

Study shows 111-percent increase in emergency department visits involving prescription opioid pain relievers.