

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



Circles of Care

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Creating Models of Care for American Indian and Alaska Native Youth

Building resilience and reducing the impact of substance abuse and mental illness on young people in American Indian and Alaska Native tribal communities is a challenge.

Whether these young people live in urban areas or remote reservations, "Indian kids have higher rates of just about everything," said Captain R. Andrew Hunt, M.S.W., L.I.C.S.W., a public health advisor in SAMHSA's Center for Mental Health

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View

From the Administrator

Moving Forward on SAMHSA's Plan for Leading Change

By Pamela S. Hyde, J.D.

Thank you to everyone who provided SAMHSA with thoughtful and much-appreciated feedback on SAMHSA's draft of *Leading Change: A Plan for SAMHSA's Roles and Actions: 2011-2014*, posted on the SAMHSA.gov home page. Comments were received from many interested individuals, members of Congress, behavioral health stakeholder and advocacy groups, as well as from SAMHSA staff, Federal partners, and National Advisory Council members. Work is underway to extract common themes, incorporate suggestions, and produce a final version of the paper as soon as possible.

So far, comments cover a wide range of topics. Those include specific policy suggestions, such as working with the Centers for Medicare & Medicaid Services about Medicaid provisions affecting payment for behavioral health services. They also include broad concerns, such as addressing the connection between mental

and substance use disorders and criminal justice involvement.

The comment period closed at the end of October 2010.

ONLINE FORUM'S SUCCESS

As reported in SAMHSA's October 29 blog entry, nearly 3,000 people participated in the Agency's web-based Strategic Initiatives Forum, submitting almost 2,500 ideas and comments and casting more than 23,000 votes. A number of these comments addressed the importance of recovery and the imperative of involving people with behavioral health issues in SAMHSA's efforts. Based on these comments, we listened, and we have revised the Housing and Homelessness Strategic Initiative to include the broader topic of Recovery Support. The Recovery Support Strategic Initiative will advance recovery and resiliency-oriented systems to help individuals and families achieve

the four universal goals of Health, Home, Purpose, and Community.

Through the voting process, participants in the online forum expressed their support for ideas ranging from self-directed care for consumers and people in recovery to the use of assisted outpatient treatment. In areas where there are opposing opinions, SAMHSA is exploring ways to convene a dialogue meeting to understand the implications of different approaches and chart a path forward.

Of the many ideas and comments submitted online, the following issues were cited most frequently as areas needing greater emphasis in the paper:

- Include consumers, survivors, and people in recovery in decision making at all levels.
- Improve employment outcomes for people with mental and substance use disorders.
- Address fetal alcohol spectrum disorders.
- Explore alternatives to psychiatric medication.
- Strengthen the behavioral health workforce.
- Meet the needs of a variety of groups including people with disabilities; underserved racial and ethnic groups; American Indians and Alaska Natives; lesbian, gay, bisexual, and transgender people; children, teens, and young adults; and older Americans.

CHALLENGES

Unfortunately, SAMHSA does not have the resources to address every issue that was raised. This means making hard choices about competing priorities.

Some of the feedback addresses existing commitments at SAMHSA that did not come through in the current draft version of the paper. Those will be better reflected in the final version of the plan.

A Life in the Community for Everyone
SAMHSA
Substance Abuse and Mental Health Services Administration

Strategic Initiatives

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



New Resources for National Registry

Several new resources are available in SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP).

You can find the resources on NREPP's home page at <http://www.nrepp.samhsa.gov>.

NREPP's goal is to assist organizations and individuals who are seeking to use evidence-based interventions successfully. The new resources also will assist program developers considering NREPP submissions. Resources include:

- **Implementation: Making an Evidence-Based Program Work for You** — Guidance on selecting an evidence-based intervention to match an organization's needs, and successfully using a chosen program (learning module)
- **Preparing an Intervention for NREPP Submission and Potential Review** —

Detailed description and helpful hints on the NREPP submission and review process (learning module)

- **Evidence-Based Therapy Relationships** — How various elements of a therapy relationship (e.g., alliance, empathy, goal consensus) are associated with treatment effectiveness (a research document)
- **Screening and Assessment Tools** — A compendium of validated screening and assessment instruments and tools for mental and substance use disorders (web-based).

To access these new resources, click on the "Learning Center" tab at <http://www.nrepp.samhsa.gov>. ▾

In other cases, SAMHSA amended the initiatives to address topics suggested through the comment process. SAMHSA may also engage other Federal partners who have primary responsibility for some of the suggested areas of focus.

Overall, the level of participation and comments is gratifying and underscores the importance of SAMHSA's mission. Even if specific ideas are not reflected in the final version of the paper, those ideas may contribute to the development of SAMHSA's initiatives and other work in the future.

Thank you for your continued interest and support. Together we will accomplish SAMHSA's mission—to reduce the impact of substance abuse and mental illness on America's communities. While systems, services, and programs are the means, people's lives matter most. ▾

2010 Science and Service Awards

SAMHSA recently selected 28 organizations nationwide to receive the Agency's 2010 Science and Service Awards for their work to improve the health of their communities by using evidence-based practices.

"Families and individuals deserve the most effective services possible for the prevention and treatment of health conditions, including mental health and substance use disorders," said SAMHSA Administrator Pamela S. Hyde, J.D. "These award winners deserve to be commended for blazing new trails in providing cutting-edge services in their communities."

About the Awards

Science and Service Awards recognize an organization's exemplary use of evidence-based interventions shown to prevent and/or treat mental illnesses and substance abuse.

The awards program is part of SAMHSA's Strategic Initiative on the Prevention of Substance Abuse and Mental Illness. Now in its fourth year, this annual program recognizes public- and private-sector organizations, as well as community-based coalitions.

Awardees are chosen in each of five categories: substance abuse prevention, treatment of substance abuse and recovery support services, mental health promotion, treatment of mental illness and recovery support services, and co-occurring disorders.

To be eligible for these non-monetary awards, an organization must demonstrate successful use of a recognized evidence-based intervention, including interventions published in the scientific literature or that appear in a Federal or state registry.

More information on these awardees is available through the Science and Service Awards page on SAMHSA's website at <http://www.samhsa.gov/scienceandservice>. ▾





Circles of Care <<p.1

Services (CMHS) and an enrolled member of the Lumbee Tribe of North Carolina. “There are very few services available, particularly those that are culturally and linguistically competent.”

To help, Circles of Care, a SAMHSA program, is committed to change these existing conditions. Launched in 1998, the program gives tribes and urban Indian organizations 3-year grants to identify and analyze community needs systematically. The grants provide funding to develop culturally appropriate strategies that can be put into action effectively to serve young people with serious behavioral health challenges. Families of these youth also participate.

With the help of the entire community, grantees develop models of care, create new partnerships, and position themselves to obtain additional resources to help them realize plans for comprehensive and culturally appropriate behavioral health services for children, youth, and families.

Now on its fourth round of grantees, SAMHSA’s Circles of Care program currently supports eight tribes and urban Indian organizations across the country. They include the Crow Creek Sioux tribe of South Dakota, the Karuk tribe of California, the Pueblo of San Felipe in New Mexico, the Standing Rock Sioux Tribe of North Dakota, the Mashantucket Pequot Tribal Nation, the American Indian Center of Chicago, and the Indian Center in Lincoln, NE.

(SAMHSA News online includes a complete list of all Circles of Care grantees, past and present.)

“These grants increase the capacity and effectiveness of behavioral health systems serving American Indian and Alaska Native communities,” said SAMHSA Administrator Pamela S. Hyde, J.D. “As a result, Circles of Care grantees become equipped to reduce the gap between the need for behavioral health services and the availability of services for children, youth, and families.”

A COMPREHENSIVE APPROACH

At the foundation of the Circles of Care program is the idea of creating a system of care—a coordinated network of holistic, community-based services and supports to help meet the needs of children and youth with serious mental health challenges.

To create a model system of care, Circles of Care grantees bring together the entire community—including representatives from agencies serving children and youth, tribal leaders, spiritual advisers, family members, and young people themselves. Together, they assess gaps in services and develop a plan for filling those “holes.” The goal is to create a coordinated system that is community-based, family-driven, and youth-guided.

“What they end up with is a blueprint,” said Captain Hunt, who serves as SAMHSA’s Project Officer for the Circles of Care program. “In the process, grantees build community coalitions, strengthen partnerships among child-serving agencies, and blend western and traditional approaches to care.”

The blueprint might address workforce development, for example. “It’s hard to find professionals willing to go out to remote reservation communities,” said Captain Hunt. “The number of Indian mental health professionals is very small.” The blueprint might also address the lack of coordination among mental health, child welfare, juvenile justice, and other systems. Or the blueprint might identify



San Felipe Pueblo Circles of Care: (left to right) Front row—Christian Gering, Joseph Ansera III, D’Alan Sandoval; 2nd row—Paulina Sanchez, Lindsey Sanchez, Alicia Sandoval, Jimel Sandoval, Reshawna Sandoval, Esther Tenorio; 3rd row—Verna Valencia (orange shirt), Trivia Sanchez, Serrena Sandoval, Bernice Chavez (purple shirt), Samantha Pasena, Tia Sanchez, Gail Aguilar; 4th row—Edward Valencia (navy shirt), Darian Townsend, Bethany Garcia, Julian Valencia (cap), and Paul Valencia (at tree).

ways to incorporate traditional healers or ceremonies into a youth's care.

As a way of increasing their community's sense of relatedness to the process, grantees may develop their own definitions of "serious emotional disturbance." Doing so helps communities reduce the stigma of behavioral health services and incorporate indigenous beliefs about illness and wellness, explained Candace Fleming, Ph.D., Associate Director of

the Circles of Care Evaluation Technical Assistance Center at the University of Colorado Denver.

"There's one grantee that uses a phrase meaning 'a strong suffering of the mind and heart,'" she said. "You can see there's a different emphasis here compared to the English phrase 'serious emotional disturbance.'"

The Circles of Care approach is working well, added Dr. Fleming.

Of the 23 grantees that "graduated" from Circles of Care since the program's inception, 9 have obtained direct funding from SAMHSA's Comprehensive Community Mental Health Services for Children and Their Families Program—also known as the Child Mental Health Initiative (CMHI). This funding helped

put their plans, developed during their Circles of Care grant, into practice. Four others obtained additional funding by partnering with other CMHI grantees. Others used alternative strategies to activate their models developed through Circles of Care.

What's more, said Dr. Fleming, the Circles of Care approach appears to be spreading throughout Indian Country. "With each cohort applying to Circles of Care, there are greater levels of community engagement," she said. "Indian communities are embracing this concept."

For more information about the Circles of Care grantee program, please contact Captain Andrew Hunt at SAMHSA at Andrew.Hunt@samhsa.hhs.gov. ▾

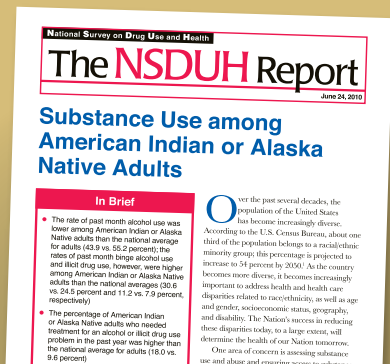
—By **Rebecca A. Clay**

Resources

SAMHSA News online is posting an extensive list of resources including previous articles in the newsletter over the years on American Indians and Alaska Natives. This population is included in many of SAMHSA's Strategic Initiatives, from Prevention of Substance Abuse and Mental Illness to Data, Outcomes, and Quality.

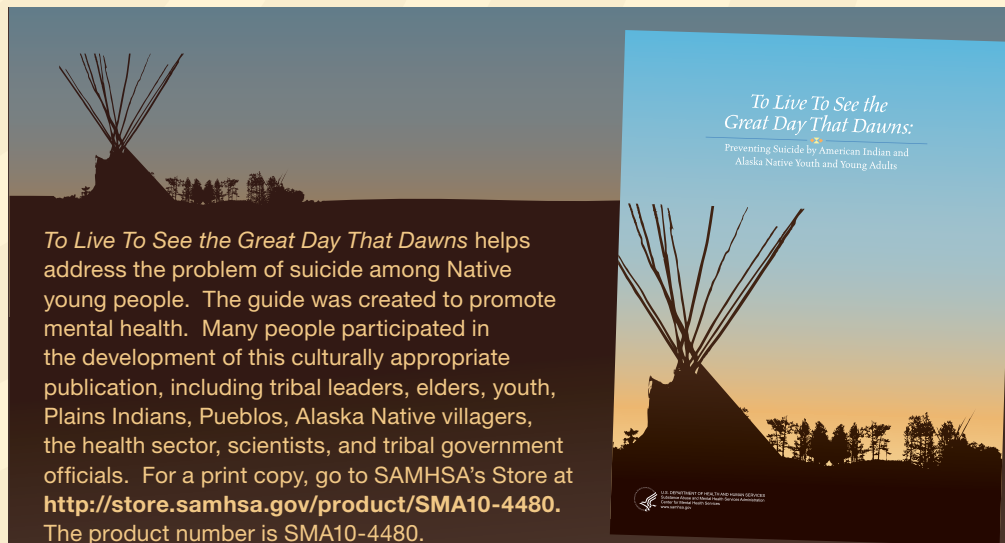
Substance Use among American Indian or Alaska Native Adults

Recent data from SAMHSA indicate the rates of past-month binge alcohol use and illicit drug use were higher among American Indian or Alaska Native adults than the national averages. Read the full SAMHSA report at <http://www.oas.samhsa.gov/2k10/182/AmericanIndianHTML.pdf>.



"Culture Card: A Guide to Build Cultural Awareness: American Indian and Alaska Native"

This pocket-sized, fold-out resource offers a basic orientation for providers working with Native people. It features a list of myths and facts, a look at customs and regional and cultural variations, and a set of dos and don'ts. Order the card from SAMHSA by visiting <http://store.samhsa.gov/product/SMA08-4354>. For an article about how the card was developed, see SAMHSA News online, March/April 2009.



To Live To See the Great Day That Dawns helps address the problem of suicide among Native young people. The guide was created to promote mental health. Many people participated in the development of this culturally appropriate publication, including tribal leaders, elders, youth, Plains Indians, Pueblos, Alaska Native villagers, the health sector, scientists, and tribal government officials. For a print copy, go to SAMHSA's Store at <http://store.samhsa.gov/product/SMA10-4480>. The product number is SMA10-4480.

Circles of Care Grantees

Taking a Community Approach to Urban Life

The Native American Health Center of Oakland, CA, doesn't see mental health diagnoses the same way non-Native organizations do.

"For our community, what the mainstream calls diagnoses are really just symptoms of another diagnosis," explained Janet King, M.S.W., Director of the organization's Urban Native Center for Life Empowerment. "Things like suicide and alcoholism are symptoms of historical trauma; we're experiencing these things because of a history of genocide and assimilation policies." She emphasized that trauma affects the entire community.

Take alcoholism, for example. "We are all experiencing alcoholism, whether we're the one who's drinking, someone living with someone who's drinking, or the schoolteacher with students whose parents are drinking," said Ms. King.

With a Circles of Care grant from 1998 to 2001, the center developed a model that takes a community-wide approach to these community-wide problems. At the community's request, the model focuses on prevention.

"What people said over and over again is that they didn't like the 'fail first' approach," said Ms. King. "One person described a situation where a child stole a car, entered the juvenile justice system, and

was mandated to take anger management classes. That person asked, why can't kids take the anger management class without having to steal a car?"

At the heart of the center's prevention program is an annual 3-day Gathering of Native Americans retreat near the ocean. Originally designed as a substance abuse prevention curriculum, the retreat now helps the center rebuild a sense of community in young people.

"We take them out of the city, where you have to be rough and tough, you're pressured to declare a gang, and you have to behave in a way that's anti-community," said Ms. King. "We put them in a place that reminds them of what it feels like to be in a community, to be helpful to each other, to have respect for each other." Once they understand historical trauma, she added, they can make a conscious decision not to make choices that perpetuate the unhealthy behaviors that accompany it.

Ms. King credits the Circles of Care grant with the progress the center has made over the past decade. "Since it was a planning grant, it didn't tell us what we had to do and make us fit our circle into a square hole," said Ms. King. "We could really dream and envision what we needed to do to have successful services." ▽



Equine therapy uses horses to help young people learn patience, team building, and social skills. For more information on the Pascua Yaqui tribe's equine therapy program, see *SAMHSA News* online.

Blending Traditional and Western Approaches

A Circles of Care grant gave Arizona's Pascua Yaqui tribe a chance to take a "snapshot" of what behavioral health services were available for the tribe's youth and how families and young people themselves felt about those services. The resulting picture wasn't pretty, said Raquel E. Aviles, who served as project director for the 2001 to 2004 grant.

At the time, only a third of providers were tribal members. Non-Native providers thought that families who missed appointments just didn't care, when the reality was they couldn't take time off work. And providers and consumers had very different ideas, including about therapy itself.

"The youth didn't want to be inside an office one on one," said Ms. Aviles, now a management assistant for the tribe's health department.

In the new model the tribe developed, art and musical expression supplement traditional therapy. Care advocates—staff members who provide intensive case management—do whatever it takes to support families, from coordinating care to taking them grocery shopping if they lack transportation. Youth who have been through the system serve as peer mentors who help newcomers walk through the treatment process.

Engaging Young People

Despite being located between two cities—Albuquerque to the south and Santa Fe to the north—New Mexico’s San Felipe Pueblo maintains many of the traditions that have sustained the pueblo for centuries.


“We are a very traditional, intact community,” said Esther H. Tenorio, a community health specialist and project officer for the pueblo’s Circles of Care program. “We have regular rituals, dances, and ceremonies. And the majority of our families speak our native Keresan language.”

The struggle to navigate between traditional and western cultures can be difficult for the pueblo’s young people, said Ms. Tenorio, pointing to high levels of frustration, depression, and other ills. Thanks to a Circles of Care grant awarded in 2008, the pueblo is now turning to those same young people as a resource as it plans a new system of care.

“The youth have really stepped up as far as doing community engagement,” said Ms. Tenorio. “We’re doing education for them on the mental health issues within the community, and they’re literally going house to house getting other youth on board.”

In addition to these awareness efforts, the Circles of Care project is also working to develop youth leaders. Its Katishtya Summer Youth Leadership Institute, for example, is a 6-week summer program that teaches life skills to pueblo youth age 13 to 18 and empowers them to take on leadership positions. Developed locally, the curriculum incorporates Native games and traditional lessons.


“Our community takes a resiliency approach to dealing with any kind of illness, including mental illness,” said Ms. Tenorio. “The whole community comes together. You’re not in trouble by yourself; the whole community acknowledges that you are part of the family.”

See *SAMHSA News* online for more information on the San Felipe Pueblo’s work. 

There’s even an equine therapy program that gives youth a chance to learn about decision making, drug prevention, and other life skills with a horse as a partner. “The horse is the mirror of the youth’s feelings,” said Ms. Aviles, explaining that participants choose horses that represent themselves. “The focus isn’t on riding; it’s on caring for the horse and working through tasks with the horse. The horse is your partner.”

The goal? To blend the best of western and indigenous healing traditions.

Exemplifying that approach is a chart the tribe uses to explain the stages of change to young people receiving behavioral health services (see graphic at right). “Youth in the behavioral health system said they felt stuck, like nothing was happening,” explained Ms. Aviles. “The chart shows the stages of change, but it uses Yaqui symbolism to show the youth that they’re on a journey.”

That journey takes young people from the precontemplation stage represented by the moon through the determination, action, maintenance, and completion phases, represented by the turtle, mesquite tree, and hummingbird. The final stage is symbolized by the sewa, or flower. “That,” said Ms. Aviles, “is your life in bloom.” 

—By Rebecca A. Clay



Homelessness “Street Outreach” Video Series



SAMHSA recently released the Projects for Assistance in Transition from Homelessness (PATH) “Street Outreach” Video Series, designed to equip homelessness service providers with skills and knowledge to do their jobs well.

The three videos go beyond a theoretical discussion by portraying actual providers practicing outreach skills in real-world settings. The series represents a condensed timeline and demonstrates how the process might unfold.

ABOUT THE SERIES

The first 9-minute installment, “Initial Contact,” offers a model for approaching a person who might be in need of services, emphasizing the importance of remaining non-judgmental. Episode 2, “Follow-Up Visit,” demonstrates ways to build rapport by following the person’s lead. The final episode, “Connecting People with Services,” provides ideas for continuing the relationship and offering support services.

Each scenario shows an experienced outreach worker along with a trainee, their encounters with a man experiencing homelessness, and their reflections on the encounters. The workers discuss lessons learned and possible alternative approaches.

The videos should not be watched in quick succession. Viewers should watch an episode and spend time discussing what they saw and completing activities from the guide.

A companion discussion guide contains a synopsis, key messages, and discussion questions for each episode.

The videos and guide are available on the SAMHSA website at <http://pathprogram.samhsa.gov/Resource/PATH-Street-Outreach-Video-Series-Discussion-Guide-49497.aspx>.

WHAT IS PATH?

Projects for Assistance in Transition from Homelessness (PATH) is a formula

grant to the 50 states, the District of Columbia, Puerto Rico, the Northern Mariana Islands, Guam, American Samoa, and the U.S. Virgin Islands. More than 480 local organizations provide PATH services to people with serious mental illness, including those with co-occurring substance use disorders, who are experiencing homelessness or at risk of becoming homeless. Services include community-based outreach, mental health, substance abuse, case management, and other support services. Learn more about PATH at <http://pathprogram.samhsa.gov/Super/Path/About.aspx>.

The PATH program is part of SAMHSA’s Housing and Homelessness Strategic Initiative. To learn more, visit <http://www.samhsa.gov/housingHomeless>. ◀



Summaries of “Street Outreach” Videos



Video 1

Outreach workers Jeff and Tina meet a man on the street and try to talk to him, but he doesn’t seem ready to talk. They tell him about nearby services, leave an information card and a bottle of water, and ask if they can check in with him another time. The encounter is brief, and the outreach workers move on.



Video 2

Jeff and Tina return to the street corner a few days later and find the same man, “L.D.,” who is much more talkative. Tina notices an open beer bottle next to him. His arm is bandaged, and they tell him about a free medical clinic. Jeff offers to bring a new sleeping bag because L.D.’s was stolen. The outreach team has more rapport with him after this encounter.



Video 3

Jeff and Tina bring L.D. a sleeping bag and ask about his arm. L.D. says he went to the clinic, then asks about housing options. Jeff confirms an application appointment with his housing director. After giving L.D. a bus token and other items, such as socks and a hat, Jeff and Tina discuss how we measure success in small steps.

New Training DVD: Ending Seclusion and Restraint



Comfort rooms. Humor. Daily interactions. A new training DVD from SAMHSA describes positive alternatives to seclusion and restraint practices.

The DVD, *Leaving the Door Open: Alternatives to Seclusion and Restraint*, features personal stories, role plays, and suggestions for discussion. The 30-minute

program is designed to help staff and administrators of all types of facilities, including psychiatric facilities, schools, and hospitals.

“This training resource provides practical, how-to information that focuses on collaboration and communication,” said Paolo del Vecchio, M.S.W., Associate Director for Consumer Affairs at SAMHSA’s Center for Mental Health Services. “We want to move from coercion to compassion.”

SAMHSA’s Goal

SAMHSA experts have long understood that seclusion and restraint practices do not reduce trauma but exacerbate it. The Agency is working to reduce and ultimately eliminate the use of these practices in institutional and community settings.

“More humane and recovery-focused practices are available to protect consumers and caretakers,” said Mr. del Vecchio. “SAMHSA’s goal is to make this happen as soon as possible. This new DVD is a good start.”

With a focus on open communication among staff and those they serve, the DVD cover also provides questions to stimulate discussion among viewers and resources about ending seclusion and restraint.

More Information & Ordering

Finding alternatives to seclusion and restraint is part of SAMHSA’s Strategic Initiative on Trauma and Justice. Learn more at <http://www.samhsa.gov/traumaJustice>.

To order *Leaving the Door Open: Alternatives to Seclusion and Restraint*, visit <http://store.samhsa.gov/product/SMA10-4508> or call SAMHSA at 1-877-SAMHSA-7 (1-877-726-4727). Request publication number SMA10-4508.

For more on seclusion and restraint, including a cover story entitled “SAMHSA Helps Reduce Seclusion and Restraint at Facilities for Youth,” visit *SAMHSA News* online. ↵

Community Prevention Day Is February 7



SAMHSA will convene its 7th Annual Community Prevention Day on February 7, 2011, in conjunction with the Community Anti-Drug Coalitions of America’s (CADCA’s) 21st Annual National Leadership Forum, which takes place February 7 to 11, 2011, in National Harbor, MD.

There is no charge to attend Community Prevention Day, but registration is required. Registration fees are required to attend CADCA’s forum.

This year’s National Leadership Forum theme, “Coalitions Moving Forward: Mapping the Future,” focuses on the future of alcohol, tobacco, and other drug prevention, treatment, and research. SAMHSA will offer a variety of workshops, including science-based communication and marketing approaches and strategies for working with state health departments.

Prevention of Substance Abuse and Mental Illness is one of the Agency’s Strategic Initiatives. Join SAMHSA on the road to safer, healthier, drug-free communities!

For more information, including registration information, visit <http://www.cadca.org/events/forum21/prevention>. ↵

With winter upon us, it’s time to be informed and prepared.

Visit the HHS website, <http://www.flu.gov>, for updates and basic information on how to stay flu free this season!



<http://www.facebook.com/samhsa>
<http://www.twitter.com/samhsagov>
<http://www.flickr.com/samhsa>

<http://www.youtube.com/samhsa>
<http://www.samhsa.gov/rss>
<http://blog.samhsa.gov>

How Many Americans Experienced Mental Illness in the Past Year?

New Report Includes Data on Substance Use Disorders, Suicidal Ideation

Recent data from SAMHSA indicate that 45.1 million adults (19.9 percent) in the United States had mental illness in the past year. Of those, nearly 20 percent of adults (8.9 million) also had a substance use disorder.

The report, *Results from the 2009 National Survey on Drug Use and Health (NSDUH): Mental Health Findings*, indicates that 11 million adults (4.8 percent) had serious mental illness (SMI)—a diagnosable mental disorder that substantially interfered with or limited one or more major life activities—in the past year.

In many cases, those experiencing mental illness—especially those with serious mental illness—also had a substance use disorder.

The definition of a “substance use disorder” is explained in the report as abuse or dependence on alcohol or an illicit drug.

Among those with SMI in the past year, 25.7 percent had a substance use disorder in the past year—approximately four times the level experienced by people who did not have serious mental illness (6.5 percent).

Less than 4 in 10 adults with mental illness in the past year received mental health services. Service use was higher for adults with serious mental illness (60.2 percent); however, 4.4 million adults with SMI in the past year did not receive mental health services.

SUICIDAL THOUGHTS AND BEHAVIOR

In 2009, an estimated 8.4 million adults (3.7 percent) age 18 or older had serious thoughts of suicide in the past year. The percentage of adults with serious thoughts of suicide in the past year was 3.9 percent among women and 3.5 percent among men.

Having serious thoughts of suicide was highest among young adults age 18 to 25

(6.0 percent), followed by adults age 26 to 49 (4.3 percent), then by adults age 50 or older (2.3 percent).

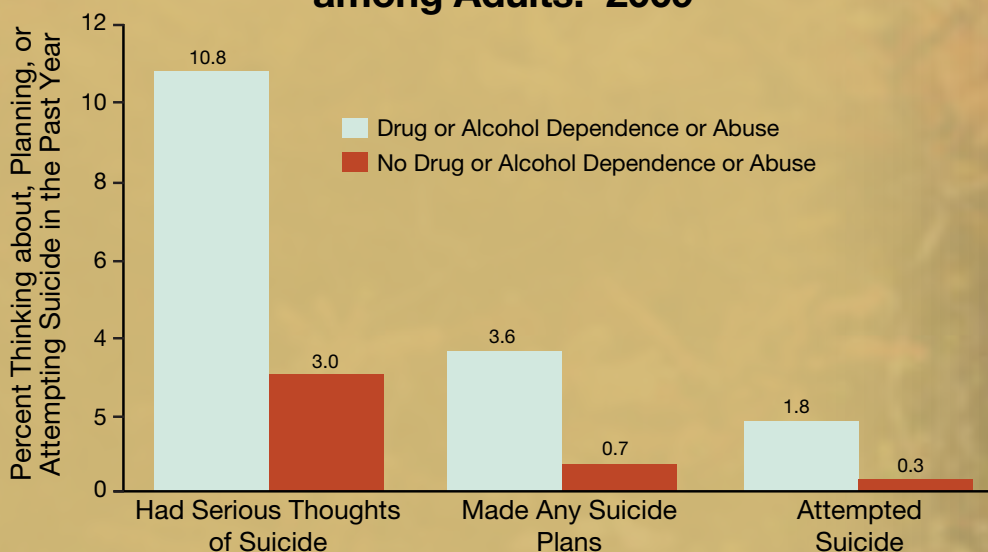
In 2009, 2.2 million adults (1.0 percent) made suicide plans in the past year. Approximately 1.0 million adults (0.5 percent) attempted suicide in the past year. Among those persons, 0.8 million reported having made plans for suicide, while 0.2 million had not made suicide plans.

Among adults age 18 or older, 617,000 (0.3 percent) received medical attention for their suicide attempt in the past year, and 428,000 (0.2 percent) stayed overnight or longer in a hospital as a result of their suicide attempt in the past year.

OTHER FINDINGS

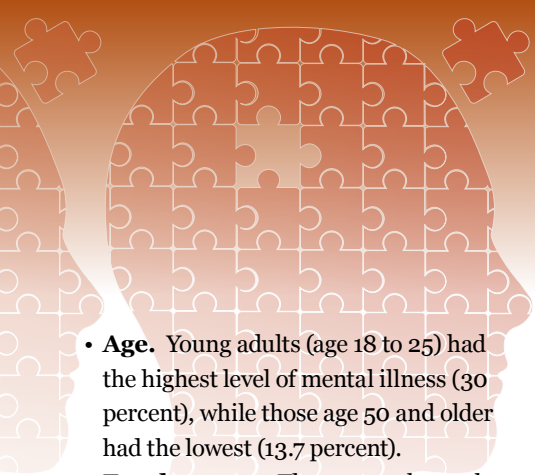
NSDUH provides other insights into the nature and scope of mental illness, including information on those segments of the population that may be at greater risk of experiencing mental illness.

Suicidality by Substance Abuse or Dependence among Adults: 2009



Source: SAMHSA, Center for Behavioral Health Statistics and Quality (November 2010). Figure 4.7. Suicide Thoughts, Plans, and Attempts in the Past Year among Adults Age 18 or Older, by Substance Dependence or Abuse: 2009. *Results from the 2009 National Survey on Drug Use and Health: Mental Health Findings*. Rockville, MD.





- **Age.** Young adults (age 18 to 25) had the highest level of mental illness (30 percent), while those age 50 and older had the lowest (13.7 percent).
- **Employment.** The survey shows that mental illness is more likely among adults who were unemployed than among adults who were employed full time (27.7 versus 17.1 percent).
- **Gender.** There is a marked difference in the percentages of those with mental illness between men and women as well, with 23.8 percent of women having mental illness, as opposed to 15.6 percent of men.

Results from the 2009 National Survey on Drug Use and Health (NSDUH): *Mental Health Findings* is available on SAMHSA's website. View or download the 170-page report at <http://oas.samhsa.gov/NSDUH/2k9NSDUH/MH/2k9MHResults.pdf>.

In 2009, 2.2 million adults age 18 or older with past-year illicit drug or alcohol dependence or abuse had serious thoughts of suicide in the past year (10.8 percent of adults with a substance use disorder) (see chart).

Adults with past-year illicit drug or alcohol dependence or abuse were more likely than those without past-year illicit drug or alcohol dependence or abuse to have had serious thoughts about suicide in the past year (10.8 versus 3.0 percent).

Adults with past-year substance dependence or abuse also were more likely to make suicide plans compared with adults without substance dependence or abuse (3.6 versus 0.7 percent) and were more likely to attempt suicide compared with adults without substance dependence or abuse (1.8 versus 0.3 percent).

Mental Health Statistics on Youth

The 2009 NSDUH findings provide information on youth age 12 to 17. Estimates presented for youth include major depressive episode (MDE), treatment for depression among youth with MDE, and mental health service use, as well as measures related to the co-occurrence of mental disorders with substance use.

In 2009, there were 2.0 million youth (8.1 percent of the population age 12 to 17) who had MDE during the past year.

MDE and Substance Use

Illicit drugs. Among youth with past-year MDE, 35.7 percent used illicit drugs in the past year compared with 18.0 percent among youth who did not have past-year MDE (see chart below).

Cigarettes. In 2009, youth who had past-year MDE were more likely to be daily cigarette users in the past month compared with those who did not have MDE in the past year (3.6 versus 1.9 percent).

Alcohol. Youth who had past-year MDE were more likely to be heavy alcohol users in the past month compared with

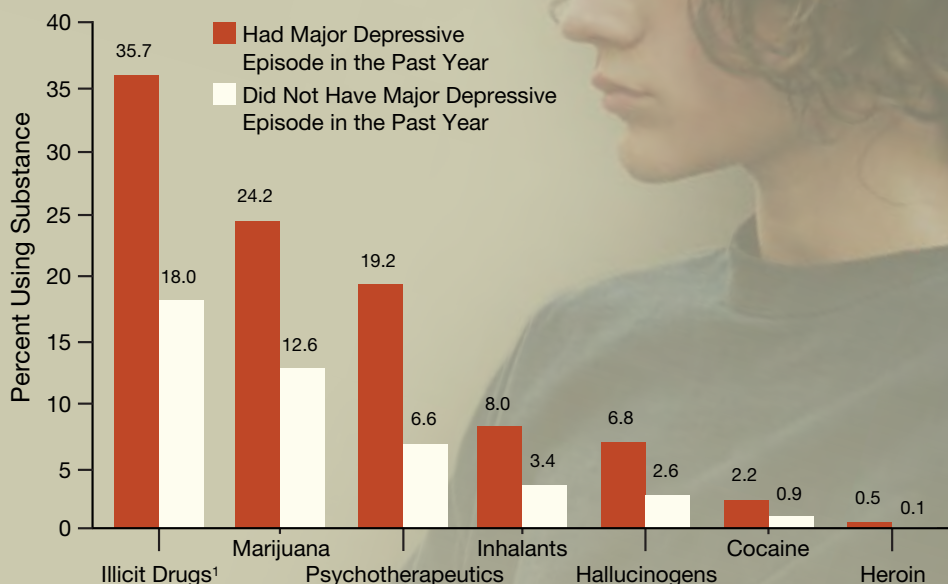
young people who did not have past-year MDE (4.2 versus 1.9 percent).

Service Use

In 2009, 2.9 million youth (12.0 percent) received treatment or counseling for problems with emotions or behavior in a specialty mental health setting (inpatient or outpatient care). The most likely reason for receiving services was feeling depressed (46.0 percent), followed by having problems with home or family (27.8 percent), breaking rules and "acting out" (26.1 percent), and thinking about or attempting suicide (20.7 percent).

Also, 12.1 percent (2.9 million youth) received mental health services in an education setting, 2.5 percent (603,000 youth) in a general medical setting, and 0.4 percent (109,000 youth) in a juvenile justice setting in the past 12 months.

Past-Year Substance Use among Youth, by Major Depressive Episode: 2009



¹ Illicit drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality (November 2010). Figure 4.12. Past-Year Substance Use among Youth Age 12 to 17, by Major Depressive Episode in the Past Year: 2009. Results from the 2009 National Survey on Drug Use and Health: *Mental Health Findings*. Rockville, MD.

Grant Awards



SAMHSA recently announced funding awards for the following programs.

Access to Recovery (ATR)—

Up to \$379 million over the next 4 years to fund 30 grants. The ATR program provides vouchers to people with drug and alcohol use problems to pay for needed treatment and recovery support services. Both clinical treatment services and recovery support services are supported. Approximately \$94.8 million per year will be available for up to 30 grants, and the annual amount of each grant ranges from \$2 million to \$4 million. [TI-10-008]

Mental Health Transformation—

Up to \$71.5 million over the next 5 years for 20 grants to bring about needed changes in the organization, management, and delivery of public mental health services. The grants will fund services including supportive housing, employment and education programs, prevention and wellness services, trauma-informed care programs, and special services for military families. Up to \$14.3 million per year will be available, and awardees are eligible for up to \$750,000 per year. [SM-10-010]

Child Mental Health Initiative—

Up to \$70.9 million over the next 6 years for 9 grants to develop and expand systems of care for children and youth with serious mental health challenges and their families. The award amount to each grantee ranges from \$542,692 to \$1 million during the first year. In future years, funding for individual grantees may range from up to \$760,297 to \$2 million. [SM-10-005]

Strategic Prevention Framework

State Incentive Grants—Up to \$53.4 million for up to 5 years for 10 states or tribes to implement a strategic approach in communities across the state for substance abuse prevention. [SP-09-001]

Substance Abuse and HIV Prevention: Ready to Respond Initiative—Up to \$52.5 million for up to 5 years for 35 grants to provide integrated substance abuse and HIV/AIDS prevention services to at-risk, traditionally underserved populations. Grantees will receive up to \$300,000 per year. [SP-10-003]

Capacity Building Initiative for Substance Abuse and HIV Prevention Services—Up to \$40.4 million over 5 years to 27 community organizations to expand substance abuse and HIV prevention services for traditionally underserved and at-risk populations such as certain minority communities and young people. Grantees will receive up to \$300,000 per year. [SP-10-004]

Treatment for People Who Are Homeless—Up to \$40 million for 5 years to 23 community service organizations that deliver behavioral health services to help people who are homeless or at risk of homelessness because of mental health and substance abuse issues. Grant awardees will receive up to \$350,000 annually. [TI-09-006]

Assertive Adolescent and Family Treatment—Up to \$30.4 million over the next 3 years to 34 communities to provide substance abuse services to adolescents and their families and primary caregivers. Each grant recipient will receive up to \$300,000 per year. First-year funding totals \$10.1 million. [TI-10-002]

Offender Reentry Program—Approximately \$21.6 million in grants over the next 3 years for 18 grants to expand substance abuse treatment and related recovery and reentry services in offender reentry programs. Grantees will

receive up to \$400,000 per year, for a total of \$7.2 million per year. [TI-10-006]

State Mental Health Data

Infrastructure—Up to \$20.6 million for the next 3 years for 55 grants. State mental health authorities in all 50 states (including the District of Columbia) were awarded grants up to \$132,941 each year. The mental health authorities for Puerto Rico, Palau, Guam, and the Northern Mariana Islands were awarded grants up to \$60,000 each year. [SM-10-009]

Project LAUNCH—More than \$19 million for 6 Project LAUNCH (Linking Actions for Unmet Needs in Children's Health) grants to tribal and community-based programs over the next 5 years. Project LAUNCH promotes the wellness of children from birth to 8 years of age by addressing the physical, emotional, social, cognitive, and behavioral aspects of their development. Grantees received up to \$650,000 in funding for year 1. [SM-10-012] See *SAMHSA News* online, May/June 2010.

Children Affected by

Methamphetamine—Up to \$16.8 million for the next 4 years for 12 grants to expand and enhance services to help provide greater support to children affected by methamphetamine use in their families. The program will focus primarily on the children (0-17 years old) of parents who use or abuse methamphetamine who are enrolled in a family treatment drug court. Approximately \$4.2 million per year will be available and awardees are eligible for up to \$370,000 per year. [TI-10-009]

Community Resilience and Recovery Initiative—Up to \$16.8 million for 4 years to 3 communities facing hardship to improve behavioral health



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service outcomes. Each grantee will receive \$1.4 million per year. [SM-10-015]

Prevention Practices in Schools—

Approximately \$11 million in new grants to 22 school systems over the next 5 years to help elementary schools implement the Good Behavior Game, a classroom behavioral management strategy that has been shown to be successful in children in first and second grades. Awardees may receive up to \$100,000 per year, for a total of \$2.2 million annually for all grantees. [SM-10-017]

Consumer and Consumer Supporter Technical Assistance Centers—

Up to nearly \$8.9 million for 5 years to fund 5 National Technical Assistance Centers on Consumer/Peer-Run Programs that will strengthen and enhance consumer-directed approaches, recovery concepts, and empowerment for adults with serious mental illness. Award amounts for year 1 total approximately \$330,000. [SM-10-008]

Statewide Family Network

Grants—More than \$7.8 million for up to 3 years for 38 grants to organizations that will provide assistance and education to improve services and supports for children and youth with serious behavioral health challenges and their families. Each grant recipient will receive approximately \$70,000 per year with funding for year 1 totaling approximately \$2.6 million. [SM-10-003]

Recovery Community Services

Program—Up to \$6.8 million over the next 4 years for 5 grants to provide support for peer-to-peer recovery support services that help prevent relapse and promote sustained recovery from alcohol and drug use disorders. Approximately \$1.8 million per year will be available and

awardees are eligible for up to \$350,000 per year. [TI-10-010]

Technology-Assisted Care in

Targeted Areas of Need—Up to \$6.7 million for 3 years to 6 grantees to expand their behavioral health treatment systems using technology-assisted approaches in communities that can most benefit from these types of integrated comprehensive services. The annual award per grantee amount is up to \$400,000. [TI-10-012]

Statewide Consumer Network

Grants—More than \$3.9 million for up to 3 years for 19 grants to support consumer organizations in their work to improve mental health services for persons living with serious mental illnesses. Grantees will receive approximately \$70,000 per year and total funding for all of the grants for the first year is approximately \$1.3 million. [SM-10-004]

National Child Traumatic Stress

Initiative—Up to \$1.5 million over 2 years to 2 community treatment and services centers helping children suffering from traumatic stress. Each center received up to \$380,000 in funding for year 1. [SM-09-017]

National Suicide Prevention Lifeline Crisis Center Follow Up—

Up to \$1.1 million over the next 3 years (\$360,000 annually) for 6 crisis centers to promote systematic follow-up assistance to suicidal persons who call or are otherwise seeking help from the National Suicide Prevention Lifeline. Grantees may receive up to \$60,000 per year. [SM-10-014]

For more information, visit SAMHSA's grants web page at <http://www.samhsa.gov/grants>. ▴



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SAMHSA News 2010 **Index** Volume 18

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Oil Spill Update

Grants Distributed To Help Gulf States, PSAs in Progress

A total of \$648,404 in SAMHSA grants to Gulf Coast states will provide behavioral health care and other social services to people affected by the Deepwater Horizon oil spill disaster.

The grants, recently announced by the Agency, will also help the states conduct surveillance and provide data to direct behavioral health care services to people experiencing trauma.

To date, funding to each state includes: Louisiana—\$162,500; Florida—\$161,404; Alabama—\$162,500; Mississippi—\$162,000.

Other Assistance

SAMHSA, with the rest of the U.S. Department of Health and Human Services (HHS), continues to provide a wide range of assistance (in part with funds from BP) to meet behavioral health needs. Efforts include:

Oil Spill Distress Helpline (1-800-985-5990). This toll-free helpline provides

information, support, and counseling for families and children affected by the Deepwater Horizon disaster. (See *SAMHSA News* online, September/October 2010.)

Comprehensive Behavioral Health Education and Information Plan.

SAMHSA has developed a regional public education campaign designed to raise awareness and connect those in need to services available. Efforts include:

- Assistance in the coordination of local and regional marketing activities to promote awareness of the hotline number
- Public education and outreach materials on behavioral health for dissemination among residents in affected areas
- Public messaging about recognizing signs and symptoms of distress and self-management techniques
- Consumer-friendly resource materials and information for downloading news and

events related to recovery and resilience-building efforts

- Development and distribution of television, radio, and print public service announcements (PSAs).

Several SAMHSA “tip sheets” are also available to help. See <http://www.samhsa.gov/Disaster/traumaticevents.aspx>.

For more information about the Deepwater Horizon oil spill and SAMHSA’s response, read the *SAMHSA News* cover story for July/August 2010 at http://www.samhsa.gov/samhsaNewsletter/Volume_18_Number_4/default.aspx. ▾



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- Creating Models of Care for American Indian and Alaska Native Youth
- Native American Health Center of Oakland: Taking a Community Approach to Urban Life
- Pascua Yaqui Tribe: Blending Traditional and Western Approaches
- San Felipe Pueblo: Engaging Young People

From the Administrator

- Moving Forward on SAMHSA's Plan for Leading Change

Resources for Providers

- Homelessness "Street Outreach" Video Series
- Training DVD: Ending Seclusion and Restraint
- Deepwater Horizon Oil Spill Update

Behavioral Health Statistics

- How Many People Experienced Mental Illness in the Past Year?
- Mental Health Statistics on Youth
- Prescription Pain Relievers: Rise in Treatment Admissions

Grants

- Recent Awards

Evidence-Based Practices

- National Registry Adds New Resources
- 2010 Science and Service Awards

EDITOR

Deborah Goodman

SAMHSA News Team at IQ Solutions, Inc.

MANAGING EDITOR
Meredith Hogan Pond

ASSOCIATE EDITOR
Kristin Blank

SENIOR DESIGNER
A. Martin Castillo

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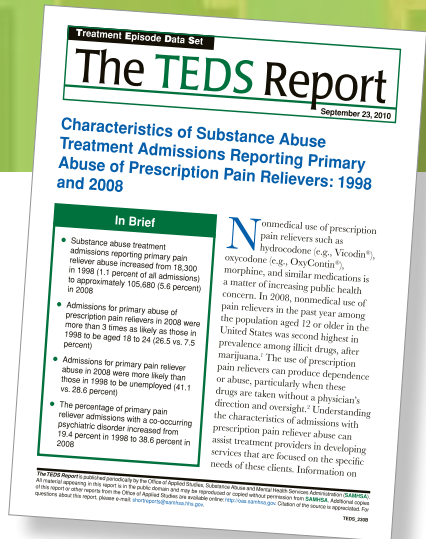
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One of the most important goals of SAMHSA is to ensure that Americans can find treatment for Substance Abuse and Mental Health Issues in their local area.

**SAMHSA's 24-Hour
Toll-Free Referral Helpline
1-800-662-HELP
<http://www.samhsa.gov/treatment>**



Rise in Treatment Admissions for Prescription Pain Relievers

Concern over the nonmedical use of prescription pain relievers is increasing across the Nation. According to recent SAMHSA data, in 2008, past-year nonmedical use of pain relievers among people age 12 or older was second highest in prevalence among illicit drugs, after marijuana.

Substance abuse treatment admissions reporting primary pain reliever abuse have also increased. A new report from SAMHSA's Treatment Episode Data Set compares the characteristics of admissions reporting primary abuse of pain relievers in 1998 with corresponding admissions in 2008.

In 1998, approximately 18,300 admissions (1.1 percent of all admissions) reported primary abuse of pain relievers as compared to approximately 105,680 (5.6 percent) in 2008.

AGE AND GENDER

Substance abuse treatment admissions for primary pain reliever abuse were

younger in 2008 than in 1998. The average age at admission decreased by nearly 6 years for these admissions, from 37.4 years in 1998 to 31.7 years in 2008.

Driving this decrease were admissions age 18 to 34. Admissions for primary abuse of prescription pain relievers in 2008 were more than 3 times as likely as those in 1998 to be age 18 to 24 (26.5 versus 7.5 percent). The percentage age 25 to 34 also increased from 29.1 percent in 1998 to 38.5 percent in 2008.

Primary pain reliever admissions in 1998 were about equally distributed between males and females (49.6 and 50.4 percent, respectively). In 2008, however, a slightly higher percentage of these admissions were male rather than female (53.5 versus 46.5 percent).

OTHER CHARACTERISTICS

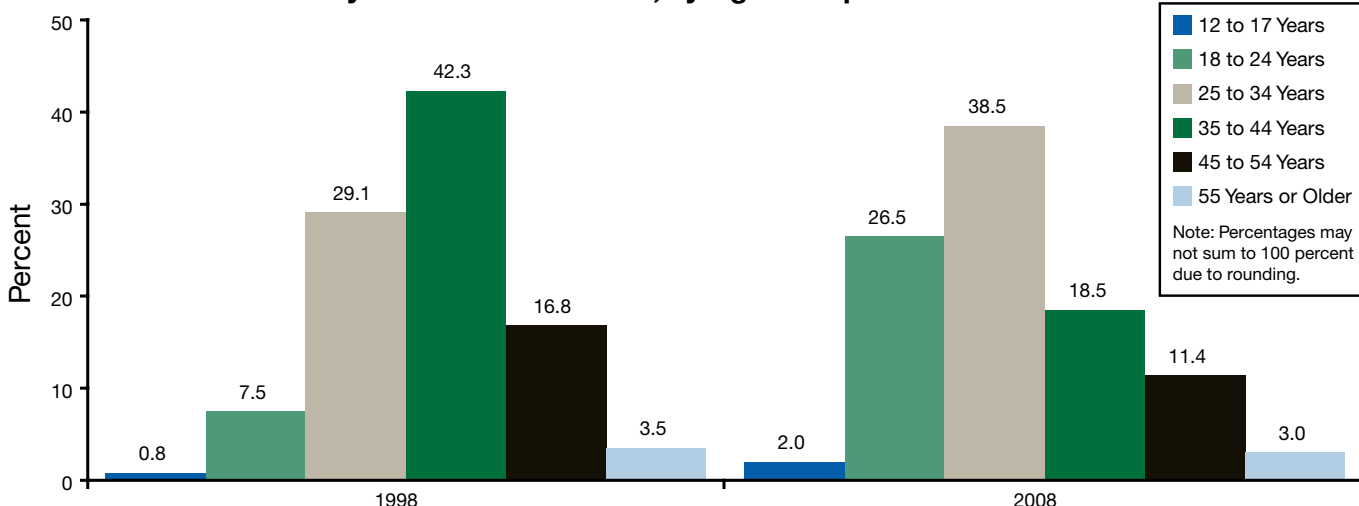
Employment status. Admissions for primary pain reliever abuse in 2008 were more likely than those in 1998 to be unemployed (41.1 versus 28.6 percent).

Previous treatment. Among admissions reporting primary abuse of pain relievers, the percentage that had no prior treatment episodes increased from 34.9 percent in 1998 to 42.1 percent in 2008.

Co-occurring disorders. The percentage of primary pain reliever admissions with a co-occurring psychiatric disorder increased from 19.4 percent in 1998 to 38.6 percent in 2008.

Read *Characteristics of Substance Abuse Treatment Admissions Reporting Primary Abuse of Prescription Pain Relievers: 1998 and 2008*, on SAMHSA's website at <http://oas.samhsa.gov/2k10/230b/230bPainRelvr2k10Web.pdf>. For more details on treatment admissions for prescription pain relievers, see *SAMHSA News* online, July/August 2010. ◀

Substance Abuse Treatment Admissions Age 12 or Older Reporting Primary Pain Reliever Abuse, by Age Group: 1998 and 2008



Source: SAMHSA, Center for Behavioral Health Statistics and Quality (September 23, 2010). Figure 1. Substance Abuse Treatment Admissions Age 12 or Older Reporting Primary Pain Reliever Abuse, by Age Group: 1998 and 2008. *Characteristics of Substance Abuse Treatment Admissions Reporting Primary Abuse of Prescription Pain Relievers: 1998 and 2008*. Rockville, MD.



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30 Million Drove "Under the Influence" Last Year

Impaired driving is a major safety concern, especially before, during, and after the holidays. Recent data released from SAMHSA indicate that 30 million people drove "under the influence" last year.

To help increase awareness and possibly lower the number of alcohol- and drug-related crashes, SAMHSA and the White House Office of National Drug Control Policy have made prevention of impaired driving a national priority.

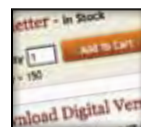
The report, *State Estimates of Drunk and Drugged Driving*, is from SAMHSA's National Survey on Drug Use and Health (NSDUH). Combining 2006 to 2009 data, the NSDUH report indicates that 13.2 percent of people age 16 or older (approximately 30.6 million people) drove under the influence of alcohol in the past year. About 10.1 million people, or 4.3 percent, drove under the influence of illicit drugs.

The report is available on SAMHSA's website at <http://oas.samhsa.gov/2k10/205/DruggedDrivingHTML.pdf>. ↙

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Accidental Drug Ingestion

In 2008, more than 69,000 children age 5 or younger were treated in the ER for accidentally ingesting medications.