

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



What You Need To Know About Health Reform

What the Affordable Care Act Offers

IN THIS ISSUE

From the Administrator: Leading Change	2
Voice Awards Honor Rosalynn Carter	3
Suicide Prevention: Action Alliance Convenes	9
Backpacks Help Break the Silence of Suicide	10
Hip-Hop Culture and HIV Awareness	12
NSDUH Data Show Drug Use Rising	14
About the New SAMHSA.gov	19

Imagine a shift from “sick care” to true health care. That’s how U.S. Department of Health and Human Services Secretary Kathleen Sebelius, M.P.A., describes the transformation that health care reform is bringing to our health care system.

An emphasis on prevention pervades the Affordable Care Act (ACA). “Focusing on prevention rather than waiting until people get to the point where they have to be treated for some sort of acute illness just makes good sense,” said Secretary Sebelius. “We want to take down the barriers that are keeping folks from being as healthy as they can.”

Signed into law in March 2010, the Affordable Care Act will bring health insurance coverage to 32 million Americans who are currently uninsured. For those who already have insurance, the law offers new benefits, plus an end to practices that have kept people from being able to access health care just when they need it the most.

continued on page 4





View

From the Administrator

Leading Change

By Pamela S. Hyde, J.D.

As a national leader in behavioral health, SAMHSA has a key role to play in Health Care Reform—one of the Agency’s eight Strategic Initiatives. Our job is to ensure that mental health and addiction services are an integral part of health care reform efforts. (See cover story.)

The Agency is taking a lead role in shaping policies regarding home- and community-based services for individuals with mental and substance use disorders. Those policies include integrating primary care and behavioral health, and creating “health homes” to improve health services to individuals with chronic conditions (see pages 6 and 7).

Changing the Nation’s health care system will be complex and challenging. But it’s worth the effort.

Here at SAMHSA, we are very clear that *behavioral health is essential to health*. That key message creates

the context in which we are moving SAMHSA’s agenda forward.

THE PLAN

Details of SAMHSA’s agenda are included in the draft paper, *Leading Change: A Plan for SAMHSA’s Roles and Actions: 2011-2014*. The paper, posted on SAMHSA’s redesigned website at samhsa.gov, describes the plan to use eight Strategic Initiatives to maximize the impact of available resources in these critical areas. I’m happy to report that by the close of the public comment period on *Leading Change*, more than 2,900 individuals had cast more than 26,000 “votes,” offered 687 ideas, and posted 1,752 comments. On the final day for comments (October 22), we received a total of 8,500 votes. Thank you all for your participation!

In developing *Leading Change*, we tried to think about the context we’re living in right now. SAMHSA for a long time has used the phrase “A Life in the Community for Everyone,” meaning that

everyone deserves a healthy life, a home, a purpose, and a community.

We also talk about how *prevention works, treatment is effective, and that people recover*. Those messages guide our work. You’ll see each of those messages reflected in the Strategic Initiatives.

This issue of *SAMHSA News* highlights the Strategic Initiative on Health Care Reform. In the coming months, *SAMHSA News* will feature the other initiatives, including:

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

REALITY CHECK

Recognizing that SAMHSA is not the only player in these eight strategic areas, it is critical that we partner and collaborate with others and stay focused on the people we serve, not just the systems we’re trying to change. We are trying to ensure what we’re doing makes a *positive* and *measurable* difference. It’s really important that we get this right. I’m interested in hearing your feedback, which will help guide SAMHSA’s present and future work.

At SAMHSA, we frame our mission as “Reducing the impact of substance abuse and mental illness on America’s communities.” There’s a lot in that phrase.

It is about community, yes. But it’s also about how all of us from the Federal Government to states to communities are making sure our priorities are working for stakeholders.

For more information on the eight Strategic Initiatives, visit SAMHSA’s website at <http://www.samhsa.gov>.

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

Strategic Initiatives



At this year's star-studded Voice Awards celebration, SAMHSA Administrator Pamela S. Hyde, J.D., presented a special achievement award to former First Lady Rosalynn Carter. For her work over many years as an advocate for mental health, Mrs. Carter received the Agency's Lifetime Leadership in Behavioral Health Award (see photo at right).

The Voice Awards honor writers and producers of hit film and television productions for increasing awareness of mental health and substance use issues. In addition, consumer leaders are honored for their outstanding work in promoting community acceptance for people with mental illnesses.

At this year's Voice Awards, former First Lady Rosalynn Carter (right) graciously accepted SAMHSA's Lifetime Leadership in Behavioral Health Award from SAMHSA Administrator Pamela S. Hyde (left).

This year, the celebration recognized the countless contributions of America's military men and women. Many face behavioral health issues as they return home from the battlefield to their communities and their families.

CONSUMER LEADERSHIP

Consumer Leadership Award recipients included Gayle Bluebird, Gainesville, FL; Fredrick Frese, Akron, OH; Clarence Jordan, Nashville, TN;

LaVerne Miller, Delmar, NY; and Janet Paleo, San Antonio, TX. The honor acknowledged their work to promote community acceptance and to support the recovery of people with mental illness. Lorrin Gehring, Provo, UT, received the Young Adult Leadership Award.

"Thanks to these leaders, more people know the power of recovery," said Administrator Hyde.

For a complete list of winners, visit *SAMHSA News* online. ◀

Oil Spill Distress Helpline Available

A new toll-free helpline provides information, support, and counseling for families and children affected by the BP Deepwater Horizon oil spill.

Part of the Obama Administration's long-term oil spill recovery plan, the Oil Spill Distress Helpline—1-800-985-5990—links callers to behavioral health services. The helpline serves as an important resource for the localized oil spill outreach efforts in the Gulf Coast states.

Administered by SAMHSA, the helpline will route callers to the nearest Gulf Coast area crisis center, where trained staff from the region will answer calls and provide assistance. In addition, these crisis centers are working to provide support via text messages.

"History tells us that the emotional impact of the devastating losses experienced by individuals and families as a result of the oil spill will continue to play out over the years to come," said SAMHSA Administrator Pamela S. Hyde, J.D. "Now that the immediate response phase has come to a close, we are shifting our focus to long-term recovery and being there for Gulf Coast residents in need of emotional strength as they rebuild their lives."

The helpline is funded by BP's contribution to SAMHSA. For more information, visit the HHS BP Gulf Oil Spill web page at <http://www.hhs.gov/gulfoilspill/index.html>. And watch for the text-messaging launch! ▶

Individuals Affected by the BP Deepwater Horizon Oil Spill Can Call 1-800-985-5990 for Help



The Affordable Care Act Timeline

The Affordable Care Act doesn't go into effect overnight. While some key provisions have already taken effect, other changes will be phased in gradually through 2014 and beyond. Year by year, this timeline shows you what's happening when.



2010

March 23: President Obama signs the Affordable Care Act, a set of comprehensive health insurance reforms.

April 1: States can receive Federal matching funds to cover additional low-income individuals and families.

July 1: A temporary Pre-Existing Condition Insurance Plan provides coverage options for people who have been uninsured for at least 6 months because of pre-existing conditions.

September 23: The following are in effect (for health plan years beginning on or after this date):

Young adults can stay on their parents' plans until they turn 26.

Insurers can no longer deny coverage to children under 19 because of pre-existing conditions.

Plans must cover certain preventive services without requiring copayments or deductibles.

Health Reform <<p.1

The law is especially good news for individuals with behavioral health disorders, said SAMHSA Administrator Pamela S. Hyde, J.D.

"Right now, estimates show that one-fifth to one-third of the uninsured are people with mental and substance use disorders," said Administrator Hyde. "Of the estimated 32 million people we anticipate gaining coverage, about 6 to 10 million will have untreated mental illnesses or addictions we can actually help."

NEW BENEFITS

Finding health insurance can be difficult for people with mental health and substance use disorders, explained Administrator Hyde. For one thing, insurers typically exclude individuals with pre-existing conditions. In addition, people with serious behavioral health problems may not be employed and thus lack the insurance coverage that often goes along with employment.

The result has been a widespread lack of health insurance among many of the people who need it the most, said John O'Brien, M.A., Senior Advisor for Health Financing at SAMHSA. "Thirty-nine percent of the individuals who are now served by state mental health authorities have no insurance now," he pointed out. "And 61 percent of individuals served by state substance abuse authorities have no insurance." ACA changes that.

IN 2014

Beginning in 2014 (see timeline), insurers will no longer be allowed to deny consumers coverage because of **pre-existing conditions** or raise their premiums if they develop problems. Until then, consumers can turn to ACA's new Pre-Existing Condition Insurance Plan for help.

In addition, coverage options will expand. An **expansion of Medicaid** will bring coverage to an estimated 16 million new enrollees, said Mr. O'Brien. "Forty percent of them will be under 30 years old," he said. "That means we need to think about ways to engage that generation in treatment."

Starting in 2014, individuals can also seek coverage from **state-run exchanges**—a new competitive marketplace for private health insurance that's designed to give individuals and small businesses access to affordable coverage.

Essential mental health and substance use disorder services must be covered as part of the benefits package by all insurance policies offered through the exchanges and Medicaid.

RIGHT NOW

One group is already enjoying expanded coverage: adult children of the already-insured. Since September 2010, parents who purchase or renew insurance plans can obtain coverage for their children up to age 26.

It's not just the uninsured who will benefit from the Affordable Care Act, however.

The law's **emphasis on prevention**, for example, means that consumers purchasing new plans will no longer have to face copayments or other forms of cost-sharing for preventive services, such as depression screening, drug and alcohol misuse screening, and smoking cessation efforts.

NO LIFETIME CAPS

In addition, the law **eliminates lifetime caps** on benefits and restricts insurers' use of annual caps for all new plans issued after December 2010. That's huge, said Steven Randazzo, a special assistant in SAMHSA's Office of the Administrator.

"Having a chronic condition or caring for someone with a chronic condition is expensive," he explained. "This change means that you can keep going back to the doctor and keep your coverage."

ACA also puts a **stop to rescission**—the practice of dropping patients from coverage, usually when their medical expenses are high—except in cases of misrepresentation or fraud.

ROLE OF STATES & PROVIDERS

Reform means big changes to those providing services, too. "States are going to be involved more than ever," said Mr. Randazzo. For one thing, states must establish their insurance exchanges and

Insurance companies can no longer impose lifetime limits on essential benefits and face new restrictions on annual limits.

Insurance companies' use of annual dollar limits on coverage is restricted for new plans in the individual market and in all group plans.

Insurance companies can no longer use innocent errors on customers' applications to deny payment for services when customers get sick.

October: All state Medicaid programs must cover smoking cessation programs for pregnant women. States gain more

flexibility in offering home- and community-based services under Medicaid.

A new \$15 billion Prevention and Public Health Fund begins investing in proven prevention and public health programs, such as smoking cessation and combating obesity.

New funding will support the construction and expansion of services at community health centers, allowing them to serve 20 million new patients.

January: States can opt to receive enhanced Federal funding to support health homes to coordinate care of persons with chronic illnesses, including those with mental and substance use disorders.

October 11: A new Community First Choice Option allows states to offer home- and community-based services to people with disabilities via Medicaid rather than institutional care in nursing homes.

have them ready for operation in 2014. They must also prepare for the expansion of Medicaid.

That expansion will also trigger changes in SAMHSA's Mental Health Services Block Grants and Substance Abuse Prevention and Treatment Block Grants. With more people receiving coverage for behavioral health services via Medicaid and the new exchanges, SAMHSA will redirect that funding to whatever gaps in service remain. "We

have to figure out how to direct the dollars differently," said Mr. O'Brien.

Integration of behavioral health and primary care is another major theme within the Affordable Care Act.

For example, the law allows states to add a "**health home**" option to their Medicaid coverage (see page 6). Health homes "fit all the pieces together" for individuals with chronic conditions, explained Charles Ingoglia, M.S.W., Vice President for Public Policy at the National

Council for Community Behavioral Healthcare. In these long-term relationships, consumers select providers who will be responsible for coordinating all of their care, sharing information electronically with other providers, and handling tasks like followup that often fall through the cracks.

That concept is especially helpful for people with behavioral health issues, said Mr. O'Brien. "Studies have shown that

continued on page 6

HealthCare.gov's "Search and Compare" Feature

Looking for a health insurance plan? New information about private insurance benefits and pricing is available on **HealthCare.gov**, the website established in July by the U.S. Department of Health and Human Services (HHS) for information about the Affordable Care Act.

"To improve competition and lower costs," the new tools will make the health insurance market more transparent. For example, for the first time ever, price estimates for private insurance policies are available. These estimates allow individuals to compare prices as they take advantage of "one-stop shopping" for an affordable health insurance plan.

The idea is to put consumers, not their insurance companies, in charge and take the guesswork and confusion out of buying health insurance.

To help individuals make more informed choices, **HealthCare.gov** includes two notable metrics for the public. Insurance providers are required to post:

- The percentage of people who applied for insurance and were denied coverage.
- The percentage of applicants who were charged higher premiums because of their health status.

"Millions of Americans have logged on to **HealthCare.gov**'s Insurance Finder to see

what health coverage options are available to them," said HHS Secretary Kathleen Sebelius. "The search and compare feature will help Americans find coverage that meets their needs and that gives them value for their dollars now."

Created under the Affordable Care Act, **HealthCare.gov** is the first website of its kind to bring information and links to health insurance plans in one place to make it easy for those searching for a plan to learn about and compare their insurance choices.

For more information and resources, visit <http://www.HealthCare.gov>. ▽

The Affordable Care Act Timeline

Continued . . .



2012

January 1: Physicians receive incentives for coming together in “Accountable Care Organizations” to better coordinate care, improve quality, prevent disease, and reduce unnecessary hospitalizations.

2013

January 1: States receive new funding to cover preventive services for Medicaid patients at little or no cost.

Health Reform <<p.5

70 percent of individuals with significant mental health or substance use disorders have one or more chronic conditions,” he pointed out.

Behavioral health providers should already be preparing for the integration of behavioral health and primary care, emphasized Rita Vandivort-Warren, M.S.W., a public health analyst in the Division of Services Improvement at SAMHSA’s Center for Substance Abuse Treatment.

“It’s important for mental health and substance abuse providers to develop good linkages with primary care practitioners,” she said, adding that there are various models of integration. “Sometimes it’s the behavioral health provider doing screening and brief interventions in the primary care site; sometimes it’s the primary care provider giving services in behavioral health organizations.”

Providers should also ensure that they’re ready to embrace electronic medical records and understand Medicaid billing procedures, added Mr. Randazzo.

HELP FROM SAMHSA

Many details of ACA’s implementation are still to be worked out. SAMHSA will play a key role in that process.

To help influence what happens with provisions related to behavioral health, SAMHSA crafted a white paper laying out its vision for a good, modern addictions and mental health service system.

“We wanted to get ahead of the curve,” said Mr. O’Brien.

SAMHSA is already involved in helping to shape specific ACA provisions. States must consult with SAMHSA as they craft their plans for health homes, for example.

Consumers, providers, and other stakeholders should get involved, too, emphasized Mr. Randazzo. They should stay informed about what’s happening, get engaged, and share their input on such matters as what specific behavioral health services will be included in the essential benefits package, how the new insurance exchanges are constructed, and so on.

“We want to make sure behavioral health is at the table,” said Mr. Randazzo. “With other people’s involvement, we can keep behavioral health concerns at the forefront.”

MORE INFORMATION

For more information about the Affordable Care Act, visit <http://www.healthcare.gov>. This site features a timeline, video chats, and even an interactive database of insurance options in addition to basic information about the law.

For more information about ACA’s impact on behavioral health, visit SAMHSA’s newly redesigned website at <http://samhsa.gov> and click on the Agency’s Strategic Initiative on Health Care Reform. For related resources, visit *SAMHSA News* online. ▽

—By **Rebecca A. Clay**

What’s a Health Home?

For people with serious or multiple chronic health conditions, a primary care physician often isn’t enough. To meet all their needs, they may also see several specialists. And that can get complicated.

“Trying to navigate the health care system is like trying to find your way through a tangled maze,” said Charles Ingoglia, M.S.W., Vice President for Public Policy at the National Council for Community Behavioral Healthcare. “Sometimes, doctors don’t have time to talk to each other or share information.”

“Health homes” are an attempt to change that. “And we need to clarify what a health home is, too,” said John O’Brien, M.A., Senior Advisor for Health Financing at SAMHSA. “Some folks are concerned that when you’re talking about homes, you’re talking about residential programs.” Not so, Mr. O’Brien explained.

Rather than being a physical place, health homes are a strategy for helping individuals with chronic conditions manage those conditions better.

An eligible individual—for example a person with diabetes and a mental illness—selects a provider or team of health care professionals to be his or her health home. That home then becomes

January 1: Individuals whose employers don't offer insurance can buy insurance directly in an exchange—a new competitive marketplace for individuals and small businesses to buy affordable health plans.

Americans who earn less than 133 percent of the poverty level can enroll in Medicaid; states will receive 100 percent Federal funding for the first 3 years and 90 percent in subsequent years to support this expanded coverage.

Tax credits to make it easier for the middle class to afford insurance become available for people with incomes above 100 percent and below 400 percent of the poverty level who aren't eligible for or offered other affordable coverage.

New plans and existing group plans may no longer impose annual limits on coverage (including hospital stays and other essential benefits).

Insurance companies can no longer refuse to sell coverage or renew policies because of pre-existing conditions; they can also no longer charge higher rates because of health status or gender.

For more information, visit <http://www.healthcare.gov/law/timeline/index.html>. ↵

A health home is a strategy for helping individuals with chronic conditions manage those conditions better.

accountable for all the individual's care, including the following:

- Manage and coordinate all of the services the person receives from multiple providers.
- Promote good health.
- Help with transitions from one kind of setting to another.
- Provide support to both the individual and her family members.
- Offer referrals to community and social support services.

BEHAVIORAL HEALTH

Health information technology helps link all of these services together.

The health homes provision is especially good news for people with mental health and substance use disorders, said Rita Vandivort-Warren, M.S.W., a public health analyst in the Department of Services Improvement at SAMHSA's Center for Substance Abuse Treatment.

"Those with these chronic illnesses tend to have more complex, long-standing needs and more variety of different providers involved," she explained. "In other words, they have to go to many different providers who may not

communicate with each other and who never see the whole person, only the illnesses they treat."

COORDINATING CARE

The new provisions will allow Medicaid to reimburse providers for the time they spend on such vital tasks as coordinating interdisciplinary care, whether in person or virtually, or meeting with family members to help support an individual's recovery.

States can begin offering the health homes option in January 2011. "We've heard informally that a lot of states are interested," said Ms. Vandivort-Warren. The legislation features a "sweetener"—a 90 percent Federal match for the first 2 years—to encourage states to add

health homes to their list of benefits, she said. States interested in including health homes in their Medicaid programs must submit a state plan amendment to the Centers for Medicare and Medicaid Services (CMS).

SAMHSA will be providing assistance to states on prevention and treatment services for those with mental and substance use disorders. In fact, the legislation requires states to consult with SAMHSA on their proposals' behavioral health aspects.

For more information on health homes, visit <http://www.healthcare.gov>. ↵

—By *Rebecca A. Clay*



THE DRILL

During Operation Immersion, attendees stayed in barracks, went through a modified early morning Physical Training (PT), completed chores and inspection, toured a C-130 cargo plane and Black Hawk helicopter, and ate a Meal Ready to Eat (MRE).

Opening remarks for the event included Major General Terry M. Haston, TDMHDD Commissioner Virginia Trotter Betts, and Dr. Clark.

Other featured presentations included experts from SAMHSA and Tennessee on post-traumatic stress disorder (PTSD), homelessness, and suicide prevention. Attendees also heard personal stories of deployment from combat veterans of Operation Iraqi Freedom and Operation Enduring Freedom, and from military spouses and family members.

INITIATIVE ON MILITARY FAMILIES

SAMHSA's role in this effort is part of the Agency's Strategic Initiative on promoting the behavioral health interests of those in the military, veterans, and their families.

National Guard, Reserve, veterans, and active duty service members as well as their families, who do not seek care from the Departments of Defense (DoD) or Veterans Affairs (VA), do seek care in communities across the Nation. These groups are the focus of SAMHSA's Strategic Initiative on Military Families.

For more information about SAMHSA's Strategic Initiatives, please visit the Agency's recently redesigned website at <http://www.samhsa.gov/about/strategy.aspx>. ↴

For more information, contact SAMHSA's Linda Fulton at linda.fulton@samhsa.hhs.gov or 240-276-1573 or Maggie Throckmorton at the Tennessee Department of Mental Health and Developmental Disabilities at maggie.throckmorton@tn.gov or 615-532-3025.

For Behavioral Health Providers: A Military Immersion Training

Substance abuse professionals from 19 states and 5 tribal organizations arrived at the National Guard Training Center in Smyrna, TN, to participate in and learn about a first-of-its-kind military immersion training with the goal of replicating similar programs nationwide.

SAMHSA, along with the Tennessee Department of Mental Health and Developmental Disabilities (TDMHDD), the Tennessee National Guard, and the Tennessee Veterans Task Force hosted this training, called Operation Immersion, in early September 2010.

OPERATION IMMERSION

Operation Immersion, which launched in June of 2009, is an effort to reduce the

stigma of mental illness and substance use disorders in military populations.

The training is designed to immerse attendees in military culture and the deployment experience. "The ultimate goal of this experience is to help remove stigma and other barriers," said SAMHSA's H. Westley Clark, M.D., J.D., M.P.H., Director of the Agency's Center for Substance Abuse Treatment. "Stigma is a serious problem for soldiers who are thinking about seeking help for mental health or substance use disorders."

The 2-day curriculum focused on military culture and issues unique to service members and veterans who have served in combat and experienced one or multiple deployments.



Dr. H. Westley Clark, SAMHSA's Director of the Center for Substance Abuse Treatment (third from left); Commissioner Virginia Trotter Betts, Tennessee Department of Mental Health and Developmental Disabilities (fourth from right); and some members of the Tennessee National Guard.

Action Alliance for Suicide Prevention Convenes

To show unprecedented support, public and private sector leaders came together to announce the founding of the National Action Alliance for Suicide Prevention.

Secretary of Health and Human Services Kathleen Sebelius, M.P.A., and Secretary of Defense Robert Gates, Ph.D., joined SAMHSA Administrator Pamela S. Hyde, J.D., to announce the public and private sector co-chairs for the effort.

The public sector co-chair is Secretary of the Army John McHugh. The private sector co-chair is former U.S. Senator Gordon H. Smith, who was instrumental in ensuring the passage of the Garrett Lee Smith Memorial Act.

Secretary Sebelius emphasized, “The National Action Alliance has real responsibility to take the steps needed to accelerate our work in suicide prevention, including better research, and better training for counselors and primary care physicians.”

The focus of the Action Alliance will include:

- Updating and advancing the *National Strategy for Suicide Prevention*
- Developing effective public awareness and social marketing campaigns, including targeted messages for specific segments of the population that can change attitudes
- Advancing suicide prevention among high-risk groups.

One such group is active duty military and veterans. “The survivors of battlefield wounds often suffer from traumatic brain injury, post-traumatic stress, and other psychological ailments—all factors that can increase the risk of suicide,” said Secretary Gates.

Native American youth also face a high risk of suicide, noted Colorado Mangas, a 15-year-old member of the Chiricahua Apache tribe. He related the experience of losing several friends to suicide.

PUBLIC-PRIVATE COLLABORATION

Out of the alliance will grow advancements for practitioners, policymakers, service providers, communities, families, and agencies that play a vital role in reducing the burden of suicide in America.

“We’re here to bring the full force of our Nation’s resources to bear on confronting the challenge, breaking the silence, and stopping the pain and suffering,” said Administrator Hyde.

“For the last 5 years we’ve seen the suicide rates in the Army, frankly, explode,” Secretary McHugh said.

“Almost 7 years ago, my wife and I received news that our son had taken his life,” said Senator Smith. “The loss of a child, for any reason, is the most challenging thing a parent can go through. But when the reason is suicide, the



At the National Action Alliance press conference in September, HHS Secretary Sebelius emphasized the need for a public-private collaboration to prevent suicide.

suffering is indescribable. If we could alleviate that suffering for all survivors of suicide, then our time is well spent.”

Dan Reidenberg, Psy.D., Managing Director of the National Council for Suicide Prevention, encouraged people to “take five to save lives,” by spending a few minutes to become familiar with suicide warning signs and speaking out if they see someone in trouble. Visit <http://www.ncsponline.org/takefive> for more information.

To learn more about the Alliance, visit <http://www.actionalliancefor-suicideprevention.org>. ↴



SAMHSA Administrator Pamela Hyde (at podium) addresses the tragedy of suicide, saying, “A loss from suicide tears the soul and causes us to ask, ‘What could I have done?’” Other speakers included (left to right): Dan Reidenberg; HHS Secretary Kathleen Sebelius; Defense Secretary Robert Gates; former Senator Gordon Smith; and Secretary of the Army John McHugh.



Breaking the Silence of Suicide

In honor of National Suicide Prevention Week 2010, SAMHSA hosted a unique event called Send Silence Packing. Sponsored by the national nonprofit student organization Active Minds, the outdoor display of 1,100 backpacks represents the 1,100 college students who die by suicide each year. The story of a family's tragedy accompanied each backpack.

"The statistics on suicide are chilling, but nothing so chilling as the sight of those 1,100 knapsacks, as colorful as they are to catch your eye," said Frances M. Harding, Director of SAMHSA's Center for Mental Health Services (CMHS).

PREVENTION WORKS

In addition to the powerful outdoor display, SAMHSA sponsored an inservice called "Prevention Works: Suicide Prevention Successes" where attendees learned about the different SAMHSA suicide prevention grant programs working to save lives across the Nation.

Representatives from the following SAMHSA grant programs attended the event:

- Campus Suicide Prevention Program
- State/Tribal Youth Suicide Prevention Program
- National Suicide Prevention Lifeline
- Suicide Prevention Resource Center
- Native Aspirations.

"Every suicide is a tragedy, and every suicide can be prevented," said Eileen Zeller, M.P.H., a public health advisor at CMHS.

TRAGEDY SPURS ACTION

SAMHSA invited Alison Malmon, founder and executive director of Active Minds, to share the story of how she came to start the group in 2001. "I lost my brother Brian to suicide when he was just 22. I was a freshman in college when he died," Ms. Malmon said.

She related Brian's story—he was a popular, active high school student who went on to become a popular, active college student. When he was a senior, though, he went to the campus counseling services with signs of depression and anxiety. Brian was diagnosed with schizoaffective disorder—the symptoms of which he'd hidden since freshman year.

After a year and a half at home and in counseling, Brian took his own life. "I had always been Alison of Alison and Brian, and now it was just me—I wondered, who am I?" Ms. Malmon said.

Knowing that her brother had felt ashamed and embarrassed to talk about his mental health struggles, Ms. Malmon started Active Minds in order to engage students in mental health education. Today, 272 Active Minds chapters operate on college campuses nationwide. "Our goal is suicide prevention, first and foremost," she said.

The Send Silence Packing display uses backpacks that have been donated by families and friends who have lost someone to suicide. They can submit their loved one's story as well. In spring 2010, the display traveled to 10 college campuses, including SAMHSA grantee, the University



SAMHSA's Lifeline has answered more than 2 million calls since it was established in January 2005. Lifeline provides free, 24-hour, confidential help to anyone in suicidal crisis or emotional distress.

of Nebraska at Kearney (see *SAMHSA News*, May/June 2009 for details about their program).

“The more bags we unloaded, the more overwhelming and poignant the task,” said Estelle Bowman from CMHS. “It reminded me how important it is to reduce the number of deaths by suicide on college campuses.”

INNOVATION AT THE LIFELINE

Another speaker at the event was Marshall Ellis, M.P.A., from CrisisLink, one of SAMHSA’s National Suicide Prevention Lifeline call centers. He described how additional funds received from SAMHSA in early 2010 have allowed their services to expand.

CrisisLink has been able to:

- Add a second overnight crisis counselor for 4 hours each night.
- Double the number of hotline work stations to allow an increase in daytime staffing by volunteer crisis counselors.
- Create an online training resource for crisis counselors and to share with the

network of National Suicide Prevention Lifeline crisis centers.

- Expand followup procedures for suicidal callers to provide better support in days and weeks following the initial call.

To enhance followup services, CrisisLink is participating in a pilot program for the Lifeline involving the use of text messaging.

SPEAKING OUT TO HELP

“We must end our silence because we know that suicide is a preventable tragedy,” said Ms. Harding. “We must end our silence by sharing prevention successes and sharing what we have learned with one another.”

To learn more about Active Minds, visit <http://www.activeminds.org>. For more on SAMHSA’s suicide prevention activities, visit <http://www.samhsa.gov/prevention>.

For more articles on campus suicide prevention, see *SAMHSA News* online. ▾

—By Kristin Blank

Resources

To find out about SAMHSA’s suicide prevention activities, visit <http://www.samhsa.gov/prevention/suicide.aspx>, part of the Prevention of Substance Abuse and Mental Illness Strategic Initiative.

SAMHSA Resources

- *National Suicide Prevention Lifeline*, 1-800-273-TALK (8255)—free, 24-hour hotline available to anyone in suicidal crisis or emotional distress <http://www.suicidepreventionlifeline.org>
- *We Can Help Us*—national campaign for connecting youth and encouraging them to lean on one another to get through tough times <http://us.reachout.com/wecanhelpus>
- *Statistics on Suicide*—reports on suicide administered by SAMHSA’s Center for Behavioral Health Statistics and Quality <http://www.oas.samhsa.gov/suicide.cfm#Suicide>
- *Suicide Prevention Resource Center*—provides prevention support, training, and other resources <http://www.sprc.org>

SAMHSA News Online on Campus Suicide Prevention

- Cultural Competency Matters—Tufts University, January/February 2010
- Innovation in Gatekeeper Training—Penn State Altoona, January/February 2010
- Keeping Students Connected—University of Nebraska at Kearney, May/June 2009
- Preventing Suicide on College Campuses—Syracuse University & University of California, Irvine, November/December 2007.

Other Resources

- **National Action Alliance for Suicide Prevention**—public/private partnership that catalyzes planning, implementation, and accountability for updating and advancing the *National Strategy for Suicide Prevention* <http://www.actionallianceforsuicideprevention.org>
- **Indian Health Service**—provides American Indian and Alaska Native communities with culturally appropriate information regarding suicide prevention and intervention <http://www.ihs.gov/nonmedicalprograms/nspn>
- **Take 5 To Save Lives**—provides common warning signs of suicide as well as guidance on how to get help for yourself or a friend <http://www.ncsponline.org/takefive.html>. ▾



Hip-Hop Culture & HIV Awareness

Reaching Youth Where They Are

At the recent One SAMHSA meeting in Orlando, FL, SAMHSA's high-spirited, high-energy Minority Education Institution (MEI) showcased substance abuse and peer-led HIV prevention strategies.

The SAMHSA meeting convened a day after the United States Conference on AIDS (USCA), where SAMHSA offered several workshops. The MEI Institute highlighted specific student efforts to help prevent substance abuse, HIV, and hepatitis.

To "reach youth where they are," these prevention programs are active on the campuses of minority-serving schools including Historically Black Colleges and Universities (HBCUs) and Hispanic-Serving Institutions (HSIs).

HIP-HOP CULTURE

One of the strategies used, Hip-Hop Development™ (a theory of change and practical application), was developed

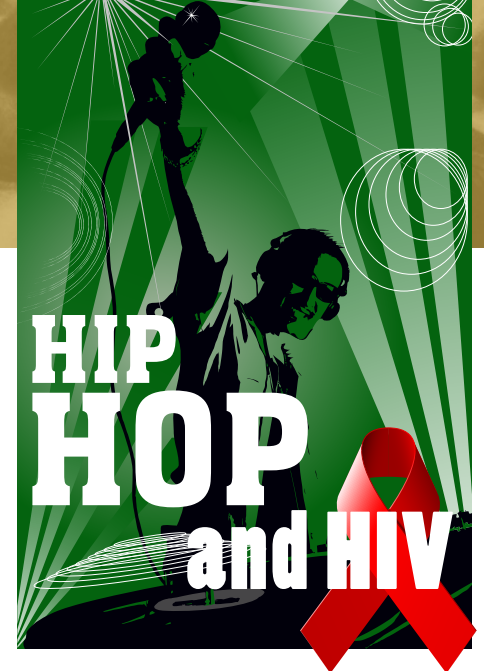
with funding from SAMHSA's Center for Substance Abuse Prevention (CSAP). Accepted into SAMHSA's 2010 National Registry of Evidence-Based Programs and Practices (NREPP), "Hip-Hop 2 Prevent Substance Abuse and HIV" also received an enthusiastic reception at USCA. Hip-Hop 2 is now acknowledged as a prevention and new-media communications tool for MEI.

"Hip-hop culture is an important way to reach young people where they are," explained P. Thandi Hicks Harper, Ph.D., of the Youth Popular Culture Institute, developer of the curriculum. "Because it is ingrained in our youth culture across blacks, whites, American Indians, and Asian Americans and Pacific Islanders, we can use elements of hip-hop to motivate young people and students." The program promotes healthy lifestyles among youth at all levels from middle school to high school and through college. "Understanding the dominant popular culture of youth is critical in prevention," Dr. Harper added.

A DOMINO EFFECT

Several peer educators attended the One SAMHSA meeting. Nicholas Johnson (a.k.a. Kayo), a student peer educator at Harris-Stowe State University in St. Louis, MO, said, "As students of color, we are trying to create a domino effect from our programs. We are using hip-hop to tell students to know their HIV status and to play it safe."

Omari Williams, a student peer educator at Meharry Medical College in Nashville, TN, demonstrated his technique with a microphone. He and the audience chanted together, "We pledge to be a drug free community."



Kayo found that the use of hip-hop enhances skills, especially critical thinking and writing. "Hip-hop helps in goal setting and decision-making, and it gives us what we need to succeed in life and in the real world."

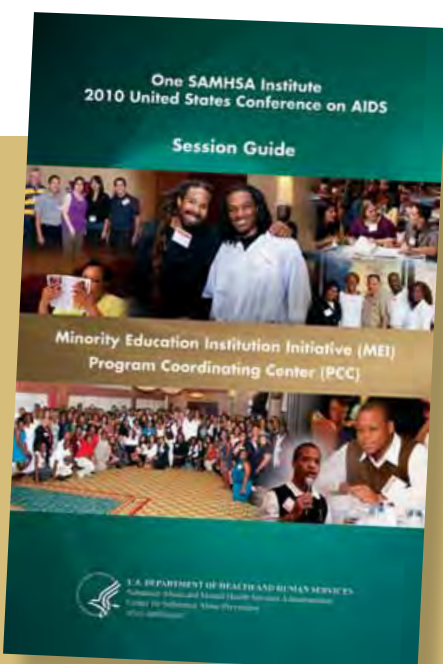
William Ridley, a university liaison for Bowie State, said, "We pride ourselves on non-conventional programs." He noted that "Spread the Word Not the Virus" is one of Bowie State's leading projects, as well as "Dance for the Cure," as a different way to look at HIV/AIDS.

REACHING YOUTH

Tonia Schaffer, M.P.H., Director of the MEI Program Coordinating Center, emphasized that the program focuses on evidence-based and peer-led services. "We are in our fifth year of the program, and we are 22 universities strong," Ms. Schaffer said. The program has a strong focus on HIV testing in the schools and dissemination of information on substance abuse, HIV, and hepatitis. This work involves many community partners and organizations that provide testing and other services. In 2009, 5,986 students were tested, and more than 17,000 students participated in peer-led sessions.

See *SAMHSA News* online for links to hip-hop websites and related topics. For information and publications on HIV/AIDS, visit SAMHSA's newly redesigned website at <http://www.samhsa.gov>.

—By Susan Cruzan





Conferences Focus on HIV/AIDS

This year's One SAMHSA Minority Education Institution (MEI) Institute recently convened in Orlando, FL, to address myriad issues facing SAMHSA grantees in dealing with HIV/AIDS in their own communities. The Agency's Center for Substance Abuse Prevention (CSAP), Center for Substance Abuse Treatment (CSAT), and Center for Mental Health Services (CMHS) organized a series of workshops.

At the same time, more than 3,000 community leaders, caseworkers, advocates, health educators, policy makers and others recently convened in Orlando at the United States Conference on AIDS (USCA). SAMHSA's MEI Institute offered six workshops at USCA.

SAMHSA Administrator Pamela Hyde, J.D., in a welcoming video to more than 500 SAMHSA grantees, acknowledged that, "HIV/AIDS continues to disproportionately affect racial and ethnic minorities in the United States. Because people living with, or at risk for, HIV/AIDS often have related substance use and mental health needs, SAMHSA is examining how to best meet the complex needs in a rapidly evolving health care environment."

A NATIONAL STRATEGY

The One SAMHSA meeting welcomed the Director of the White House Office of National AIDS Policy, Jeffrey Crowley. "Our vision in the years ahead is that our Nation will be a place where HIV infections will be rare," he said. Setting the stage for the meeting, he advised participants to "focus on the populations at the greatest risk." He emphasized that as a Nation, we need to do a better job of educating all Americans about reducing HIV incidence, scaling up testing, and ensuring that people have immediate links to care.

TARGETING YOUTH

The need to address the impact of HIV/AIDS on young people and people of color has never been greater, according to the USCA Executive Director, Paul Kawata, National Minority AIDS Council, in a letter to conference attendees. He offered data that show approximately 13 percent of those diagnosed each year are between age 13 and 24.

SAMHSA WORKSHOPS

At the One SAMHSA workshops, grantees learned about the latest techniques and gained insight into the latest information on HIV prevention and treatment, and evidence-based programs and practices.

The Workshops organized by SAMHSA's Center for Substance Abuse Prevention, Center for Substance Abuse Treatment, and Center for Mental Health Services included the following:

- MEI: Minority Education Institution Initiative and HIV prevention (see related story on page 12)
- Methamphetamine use and prevention in Indian Country
- Trauma-informed and trauma-sensitive services in substance use

SAMHSA Grants

SAMHSA has announced a recent award to support AIDS prevention. Funding totaling \$40.4 million over 5 years goes to 27 community organizations across the Nation. These AIDS prevention grants focus on traditionally underserved and at-risk communities. For more information, visit <http://www.samhsa.gov/newsroom/advisories/1010145459.aspx>.

- Housing Opportunities for Persons with AIDS (HOPWA) Program, a U.S. Department of Housing and Urban Development (HUD) program for persons living with HIV/AIDS
- Risky behaviors and liver functions
- Services for persons living with HIV/AIDS and co-occurring mental health and substance use problems.

For more information on SAMHSA's work on HIV/AIDS, visit <http://www.samhsa.gov>.

—By Susan Cruzan

Resources

For more information on HIV/AIDS . . .

WHITE HOUSE

Details of the National HIV/AIDS Strategy announced in July 2010: <http://www.whitehouse.gov/administration/eop/onap/nhas>.

Fact sheet on HIV/AIDS: <http://www.aids.gov/federal-resources/policies/national-hiv-aids-strategy/nhas-fact-sheet.pdf>

HIV/AIDS PREVENTION & SERVICE PROVIDER LOCATOR

<http://aids.gov/locator>

CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)

For "Youth and HIV: The HIV/AIDS Generation," see CDC's fact sheet at <http://www.cdc.gov/hiv/resources/factsheets/youth.htm>



New Survey Data Show Drug Use Rising

At a press conference to kick off *Recovery Month* 2010, SAMHSA officials revealed troubling new data on substance use among people age 12 and older.

The National Survey on Drug Use and Health (NSDUH) shows the overall rate of current illicit drug use in the United States rose from 8.0 percent of the population age 12 and older in 2008 to 8.7 percent in 2009. This rise was driven in large part by increases in marijuana use, reported H. Westley Clark, M.D., J.D., M.P.H., Director of SAMHSA's Center for Substance Abuse Treatment.

Other increases included the nonmedical use of prescription drugs, which rose from 2.5 percent of the population in 2008 to 2.8 percent in 2009. In addition, the estimated number of past-month ecstasy users rose from 555,000 in 2008 to 760,000 in 2009, and the number of methamphetamine users rose from 314,000 to 502,000 during that period.

“We must find new ways to communicate with our youth about the dangers of substance abuse. *Recovery Month* activities work to make recovery a shared experience in every city, town, and village across this country.”

—Pamela S. Hyde, J.D.
SAMHSA Administrator

“As SAMHSA's new survey data indicate, substance use is rising among all age groups and genders,” said SAMHSA Administrator Pamela S. Hyde, J.D.

“Given the recent economic issues and given what we know about the relationship between economic challenges and certain types of substance use, perhaps these data are not surprising. But they do serve as a wake-up call to the Nation.”

RISE IN YOUTH DRUG USE

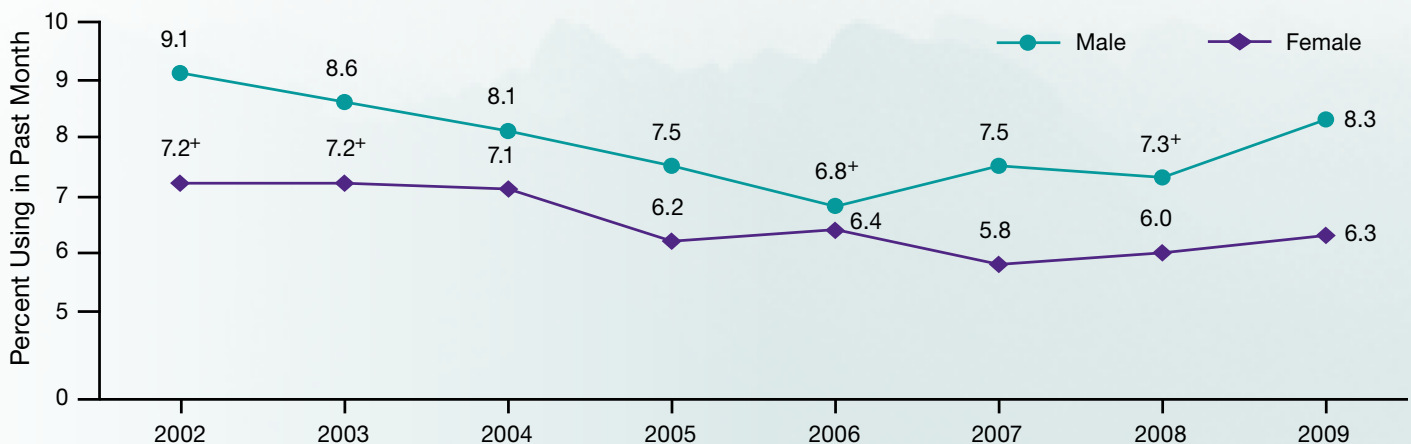
Flat or increasing trends of substance use were reported among youth (12- to

17-year-olds). Although the rate of overall illicit drug use among young people in 2009 remained below 2002 levels, youth use was higher in 2009 compared to 2008 (10.0 percent in 2009, versus 9.3 percent in 2008, versus 11.6 percent in 2002).

The rate of current tobacco use or underage drinking among this group remained stable between 2008 and 2009.

“Our strategies of the past have stalled a bit with ‘Generation Next,’” said Administrator Hyde. “We must find new ways to communicate with our youth about the dangers of substance abuse.”

Past-Month Marijuana Use among Youth Age 12 to 17, by Gender: 2002 to 2009



Among youth age 12 to 17 in 2009, males had a higher rate than females of current marijuana use (8.3 percent for males versus 6.3 percent for females).

⁺ Difference between this estimate and the 2009 estimate is statistically significant at the .05 level.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality (September 2010). Figure 2.9. Past-Month Marijuana Use among Youth Age 12 to 17, by Gender: 2002 to 2009. *Results from the 2009 National Survey on Drug Use and Health: Volume I. Summary of National Findings.* Rockville, MD.



MARIJUANA USE UP, PERCEPTION OF RISK DOWN

Of particular concern are data on marijuana, the most commonly used illicit drug in 2009. There were 16.7 million past-month users. Among people age 12 or older, the rate of past-month marijuana use and the number of users in 2009 (6.6 percent or 16.7 million) were higher than in 2008 (6.1 percent or 15.2 million) and in 2007 (5.8 percent or 14.4 million).

Among youth age 12 to 17, the rate of current marijuana use decreased from 8.2 percent in 2002 to 6.7 percent in 2006, remained unchanged at 6.7 percent in 2007 and 2008, then increased to 7.3 percent in 2009. For information by gender, see chart.

Moreover, the level of youth perceiving great risk of harm associated with smoking marijuana once or twice a week dropped from 54.7 percent in 2007 to 49.3 percent in 2009, marking the first time since 2002 that less than half of young people perceived great harm in frequent marijuana use.

ONDCP

R. Gil Kerlikowske, Director of the White House Office of National Drug Control Policy (ONDCP) said, "I cannot rule out that the constant discussion in the media of so-called medical marijuana and marijuana legalization and the downplay of marijuana dangers sends the wrong message to teens."

In 2009, during their most recent treatment in the past year, 1.2 million people age 12 or older reported receiving treatment for marijuana use. That number is up from 947,000 people in 2008.

The complete survey findings from SAMHSA's Center for Behavioral Health Statistics and Quality are available on the SAMHSA website at <http://oas.samhsa.gov/nsduhLatest.htm>. ▀



(Left to right) As part of the *Recovery Month* launch, actress Roxy Olin described her experiences with drug abuse and her recovery as SAMHSA Administrator Pamela S. Hyde, ONDCP Director R. Gil Kerlikowske, and Tom Coderre, Chief of Staff for the Rhode Island Senate President, listened to her story. "Over 3 years ago, I woke up in a hospital after having just flat-lined from an overdose," Ms. Olin said. Data from the National Survey on Drug Use and Health show a rise in drug use by young people.

Recovery Month 2010 From "Active Addiction" to Recovery

Two people in recovery spoke at the press conference about their experiences. Tom Coderre is the Chief of Staff for the Rhode Island Senate President and an Advocate for Recovery. Roxy Olin is an actress in MTV's reality show "The Hills" and ABC's "Brothers and Sisters." Selected excerpts follow.

Restored Hope

"In my active addiction, I was stuck in a crippling dead end, void of hope. Recovery restored that hope," said Mr. Coderre.

"I haven't used alcohol or drugs to cope with stress, escape from life, or change the way I feel in more than 7 years. Through recovery, I've regained the things in my life that are most important to me—politics, family, and friends.

"In addition to educating people about the dangers of drug abuse, we must also educate them about the reality of recovery. Sharing stories of recovery is an important part of broadening social understanding and building public support.

"Wouldn't it be nice to know just as much about how people are recovering as we do about how they're using? We need data on how many people are in recovery, the services and supports helping people, and the duration of their recovery." ▀

"I Felt Invincible"

"Addiction is the only disease that convinces you that you don't have a disease," said Ms. Olin. "Over 3 years ago, I woke up in a hospital after having just flat-lined from an overdose. My story may not be typical; I had a privileged upbringing, I'm very close to both of my parents, and I had a great education.

"But my first word was 'more,' so I think addiction was in my blood from a very young age. I tried marijuana first, and then my friend's mom's OxyContin. The first time I tried it, I felt invincible. I started to use almost on a daily basis. Lucky for me, my parents realized I had a problem.

"I asked for help and was in rehab for almost 9 months. I heard the stories of people around me who had made a life for themselves after being sober. I was not ambitious in my addiction—sobriety made me ambitious. My actual life began once I was able to get sober." ▀



Conference Update

Communications and Behavioral Health

Health Communication, Marketing, and Media: Why Behavioral Health Matters

Joining with the Centers for Disease Control and Prevention (CDC), SAMHSA recently helped sponsor the fourth annual National Conference on Health Communication, Marketing, and Media.

Other partners included the National Cancer Institute and the National Public Health Information Coalition. The conference convened at the Omni Hotel in Atlanta, GA, August 17 to 19.

This year's theme, *Convergence: Purpose, Programs, & Partners*, invited a "meeting of the minds" among the fields of health communication, marketing, and media in synergistic discussions with distinct sciences, methodologies, and technologies.

Offering a forum for collegial dialogue across disciplines, the conference brought together individual researchers and communications professionals from

academia, government, non-governmental organizations, and the private sector.

Conference participants were asked to examine the impact of more holistic thinking on processes and outcomes.

AT THE CONFERENCE

For SAMHSA, the conference provided an energetic venue for a meeting of the Agency's National Advisory Council and a special session, "Behavioral Health is Essential to Health—A New National Communication Opportunity" (see page 17). In addition, the Agency offered 21 scholarships to the conference.

One of the four conference tracks, "Exploring Innovations," offered attendees a chance to experience "the case for change," including new ways to expand outreach to communities across the Nation.

The five "change" presentations highlighted the following:

- SAMHSA's Store and groundbreaking behavioral health publications dissemination (SAMHSA)
- Content syndication of the Quick Guide for Healthy Living (Office of Disease Prevention and Health Promotion)
- Mobile "apps" and consumer health information (NIH, Office of Dietary Supplements)
- Clinicians' screening tools (NIH, National Institute on Drug Abuse)
- New technologies for reaching consumers and health professionals (IQ Solutions, Inc.)

See *SAMHSA News* online for details about these presentations.

Is there a difference between eliminating health disparities and achieving health equity? How do we improve our mental and physical health? How does storytelling help? Special sessions below addressed these topics and many others.

- SAMHSA's Behavioral Health is Essential to Health—A New National Communication Opportunity
- Hug'em, Nudge'em, or Slug'em: The Unique Role of Behavioral Economics in Health Behavior Change
- Mobilizing a Nation to Achieve Health Equity: Getting Beyond the Rhetoric
- Connecting to Communities through Partnerships with Ethnic Media.

For more on the conference, visit www.cdc.gov/healthmarketing/nchcmm2010.

For a complete list of scholarship recipients to the conference, visit *SAMHSA News* online. ▽

Scholarships Awarded to State, Local Public Health Professionals

More than 20 public health professionals at the state and local levels received scholarships from SAMHSA to attend the 2010 National Conference on Health Communication, Marketing, and Media in Atlanta.

The purpose of the scholarships is to support public health professionals who are seeking to learn and expand their knowledge of health marketing and communications to plan, put into action, and evaluate programs designed to encourage positive changes in health-related behaviors in their home communities.

"The conference was a great opportunity to meet with peers, discuss new ideas, and learn from a wide range of experts," said Clay Butcher, Communications Manager at the Alaska Department of Health and Social Services, in Anchorage.

SAMHSA received nominations from CADCA (Community Anti-Drug Coalitions of America) and NASMHPD (National Association of State Mental Health Program Directors).

The scholarships provided conference registration and accommodations for 2 days. For more quotes and a complete list of scholarship recipients, visit *SAMHSA News* online. ▽

SAMHSA's Special Session: Behavioral Health is Essential to Health

To help highlight the important connection between physical health and behavioral health, SAMHSA presented a special session at the Atlanta conference, "Behavioral Health is Essential to Health—A New National Communication Opportunity."

Five panelists, including SAMHSA's Mark A. Weber, M.B.A., Director of the Agency's Office of Communications, were introduced by session moderator Thomas E. Backer, Ph.D., President, Human Interaction Research Institute. In addition, SAMHSA Administrator Pamela S. Hyde, J.D., offered her comments from the audience.

How does a key message from SAMHSA, particularly "Behavioral Health is Essential to Health," make its way to primary care physicians and their patients? According to Dr. Backer, health care and behavioral health care providers, employers, insurance companies, Government agencies, health communications professionals, and the media all need to work together "to deliver messages that change minds and change behaviors."

PANELIST COMMENTS

Each panelist discussed gaps in the health care system and ways improved communications could address those gaps. The following comments are a sample of their responses. *SAMHSA News* online includes a transcript of the SAMHSA special session.

Focusing on primary care and screening. "We need to communicate to health practitioners that substance abuse and mental health screening needs to take place as a routine practice in almost every medical setting," said Lynn Cooper, Deputy Director, Pennsylvania Community Providers Association.

Ms. Cooper framed her response through her experiences as a person in recovery. "In my medical health care treatment, we never got to the fact that



Panelists at SAMHSA's special session, "Behavioral Health is Essential to Health—A New National Communication Opportunity," included (left to right) Lynn Cooper, David W. Price, Saul M. Levin, Mary Jane England, SAMHSA's Mark A. Weber, and session moderator Thomas E. Backer.

alcohol was my biggest problem," she said. "I was sent for brain scans for headaches, sent to gastro-endocrinologists for stomach problems. Nobody ever asked how much alcohol I was drinking every day. If my doctor had known I was drinking six or seven goblet-size glasses of wine every day, he might have had a different referral for me."

Integrating behavioral health. "I believe mental health and substance abuse issues are exactly like any other primary care illness or disorder that you may have," said Saul M. Levin, M.D., M.P.A., Vice President, American Medical Association. "It's just like diabetes; it's just like hypertension, and it should be treated as such." Physicians need to understand that no matter what specialty—surgeons, pediatricians, family practice doctors, internists, psychiatrists—they should be asking the same questions of everyone who comes into their practices. Dr. Levin added: "Ask, how much do you smoke? How much do you drink? What's your food intake like? Are you depressed? What are the signs and symptoms of depression? Are you anxious? What drugs may you be on, both prescription and illicit drugs?"

Communicating this message. "It's our problem," said David W. Price, M.D., Medical Director, Kaiser Permanente National Continuing Medical Education Program. "It's not just the psychiatrist's or the social worker's problem." Dr. Price addressed ways of communicating to the average

primary care practitioner this message of universal screening for mental health and substance use. "We have to incorporate into our medical education strategies to help doctors. Number 1: screen efficiently. Number 2: help docs do this in a time-efficient manner, because they have a waiting room full of patients."

Saving money. "I was privileged to chair the Institute of Medicine's *Quality Chasm Report on Mental Health and Substance Use Disorders*," said Mary Jane England, M.D., President, Regis College, Weston, MA. "The conclusion in that study says we will never have quality health care until we integrate mental health and substance use disorders into primary care." In most cases, employers are willing to provide measures for integrated care if they see it is cost effective, Dr. England added.

Meeting the unmet need. "Marketing is all about identifying an unmet need and then developing a strategy to meet it," said SAMHSA's Mark Weber. He emphasized that his role as a panelist was to listen to the concerns of Agency stakeholders who could inform the direction of SAMHSA's communication efforts. "What we've just heard from each of our panelists is that there's clearly an unmet need here." Mr. Weber welcomed the panelists to help SAMHSA develop a strategy and respond to this challenge. "It is critically important to advance the health of our Nation," he said. ▾

Your Redesigned SAMHSA.gov

New Store Makes Ordering Publications Easy

SAMHSA.gov's new look is a first (but critical) step to provide a user-centered and unified web presence for the Agency. Our goal is to be your main source for behavioral health information.

The new home page at <http://www.samhsa.gov> is built around the Agency's eight Strategic Initiatives. The eight categories are prominently displayed and each links to a web page describing the critical work being done in each area. ▶

Strategic Initiatives are listed clearly for your convenience.

Watch for updated video spots in this changing window.

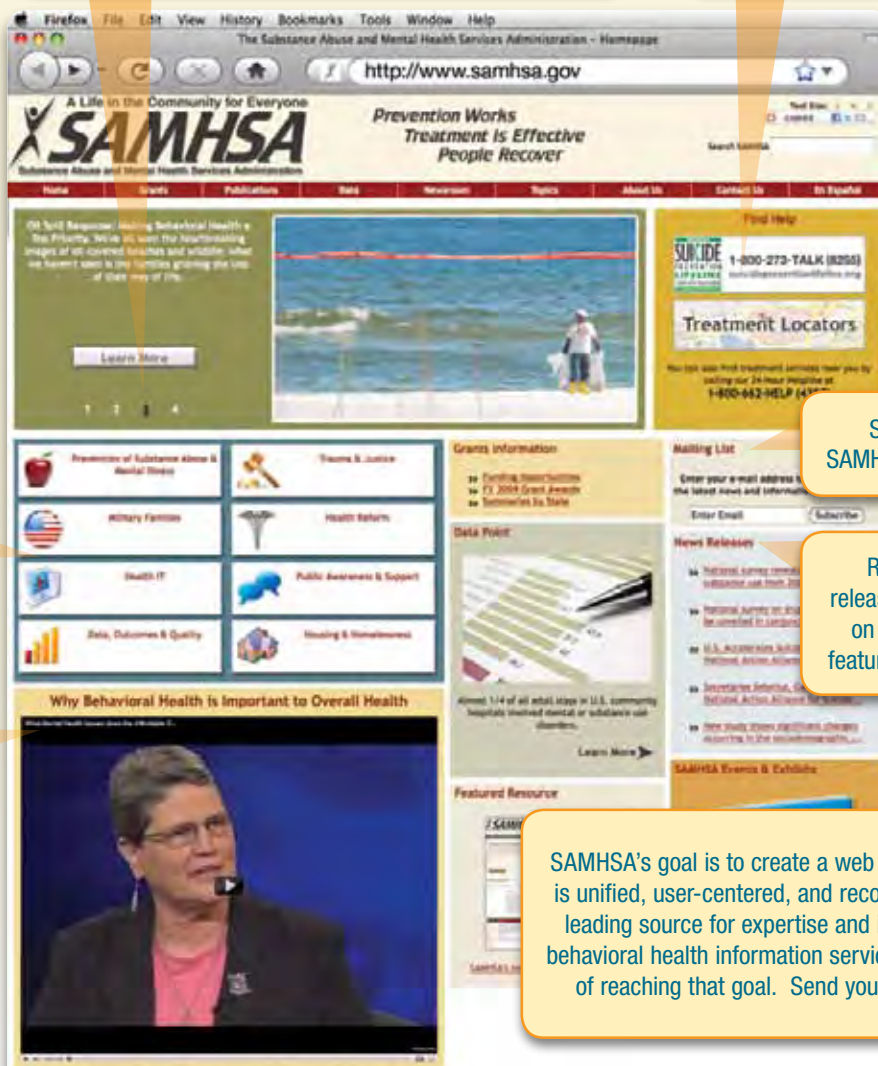
Watch for updated breaking news in this revolving window!

Access the treatment locators, Suicide Prevention Lifeline, and more.

Sign up for SAMHSA's email list.

Read press releases, the latest on grants, and featured resources.

SAMHSA's goal is to create a web presence that is unified, user-centered, and recognized as the leading source for expertise and innovation in behavioral health information services. Be a part of reaching that goal. Send your feedback!



ABOUT SAMHSA'S STORE

SAMHSA has a new "store" for free publications and product needs—manuals, brochures, videos, public service announcements, and more. From the SAMHSA home page, click on "Publications." Or you can link directly at <http://store.samhsa.gov>.

Find Publications By Topic


Find resources by substance, condition, or research topic area. There are hundreds of useful topics to choose. If you can't find what you're looking for, call SAMHSA at 1-877-SAMHSA-7 for assistance 24/7.

By becoming a registered user on the website, you have advantages:

- Track previous and current orders.
- Save your shipping addresses.
- Create "favorites" or a "wish list."
- Receive notification when a product is back in stock.

SAMHSA's Store replaces the National Clearinghouse on Alcohol and Drug Information, the National Mental Health Information Center, and the SAMHSA Health Information Network. ▶

Visit SAMHSA's Store at <http://store.samhsa.gov>!




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And the Winner Is . . .

Thanks to everyone who entered their videos and essays to SAMHSA's "What a Difference a Friend Makes" contest. Your entries demonstrated the importance of peer support and acceptance in a friend's recovery from a mental health problem or through a tough time.

Grand Prize and Runners-Up

Francesca Pileggi of Glen Mills, PA, is the grand prize winner for her video, "Always Be There." She received a trip for two to attend the recent Voice Awards celebration in Los Angeles, CA. Her video was showcased at the event.

The runners-up—Jonathan Ehinger for "Supreme Teens" and Diane McDaniel for "Friendship: Hope for Mental Illness"—and essay contest winners Susan Putnins for "A Promise" and John Rundle for "Norma" each received a Flip MinoHD™ video camera.

Check out the winning submissions at
<http://www.whatadifference.samhsa.gov/contest>. ↙

There's **More**

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

Read about . . .



Adolescents & Violence

A new national study reveals that nearly 7.8 million adolescents age 12 to 17, almost one third (30.9 percent), participated in any of three violent behaviors over the past year.



Veterans Day

On November 11, 2010, Veterans Day events honor members of the military who have served or are currently serving our Nation. Read more about SAMHSA's Strategic Initiative on Military Families.