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SAMHSA NEWS
Substance Abuse and Mental Health Services Administration
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SAMHSA's Award-Winning Newsletter
July/August 2010, Volume 18, Number 4

OIL SPILL RESPONSE:
Making Behavioral Health a Top Priority

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Acknowledging that the Deepwater Horizon oil disaster has affected the lives of hundreds of thousands of residents in the Gulf region, BP recently contributed $52 million to fund mental health and substance abuse support services. Funding goes to SAMHSA and the four states most affected in the area—Louisiana, Mississippi, Alabama, and Florida. (See page 3 for details.)

"We've all seen the heartbreaking images—the oil on the water, on the pelicans and other wildlife, on the sandy beaches," said LCDR Jamie Seligman, LMSW-C, Project Officer at SAMHSA's Center for Mental Health Services. "What we haven't seen is the families grieving the loss of their way of life. This is the invisible damage that may have the longest-lasting impact on Gulf Coast residents."

After two recent trips to Louisiana, Mississippi, Alabama, Florida, and Texas, LCDR Seligman said what touched him most was the looks on people's faces. "These people are strong and resilient, but right now, they are stressed. It's not easy for them to ask for help, but they need jobs, school supplies for their children."

LCDR Seligman is SAMHSA's representative at a series of town hall meetings held all over the Gulf Coast states. Secretary of the Navy Ray Mabus, J.D., M.A.,

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Cover photo: Oil spill cleanup crew member leaves the beach

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Coping with the Oil Spill

By Pamela S. Hyde, J.D.

Down in the Gulf recently, I participated in several public forums with Surgeon General Dr. Regina M. Benjamin. We heard from parents, teachers, cleanup workers, fishermen, and others about how they were coping with the oil spill disaster.

Dr. Benjamin, who is from the Gulf area herself, acknowledged that "this oil spill is one of the most devastating things we've ever dealt with." To help, the Surgeon General is personally carrying the message about behavioral health needs to these communities.

Despite many hardships, people in the Gulf are doing their best to stay connected with friends and with family, take care of themselves, and help their neighbors. Their resilience is phenomenal.

On July 29, I joined the Surgeon General on a conference call with Gulf Coast area Community Health Centers to address health issues, including behavioral health, related to the oil spill.

SAMHSA is coordinating with disaster relief officials, public health authorities, and behavioral health service providers in each of the affected states—Alabama, Mississippi, Louisiana, Florida, and Texas. We are providing technical support and help to assess and meet the mental health needs and related substance abuse concerns of affected communities.

SAMHSA is working hard to ensure that the money coming from BP for behavioral health—$52 million, including $10 million to SAMHSA and $42 million to the Gulf states—is put to use immediately and in the best way possible to help people. (See page 3.)

SAMHSA is coordinating with many other operating divisions including the Assistant Secretary for Preparedness and Response, the White House, the Domestic Policy Council, as well as the Surgeon General.

This emergency is different from a natural disaster due to its technological nature. Unlike Hurricane Katrina, the devastation and dangers are under the surface of the water, often invisible. (See cover story.) Emotional stress is evident, and substance abuse and mental health issues are on the rise.

One question that came up is "where does response end and recovery start?" For behavioral health, that is particularly fuzzy. People are asking when this ordeal will be over. When will their lives go back to normal—the way it was before this disaster happened? That question doesn't have an answer at this time.

For now, SAMHSA is providing local communities with basics: where to get help when they need it, whom to call if a family member is depressed or drinking too much. Hotlines are in place along with SAMHSA's Suicide Prevention Lifeline, the Treatment Locator, and a Domestic Violence Hotline (see box). And a new "800" number is under development to meet the behavioral health needs of Gulf residents resulting from the oil spill.

Here at SAMHSA, we're all hoping for a positive outcome to this emergency as soon as possible. In the meantime, SAMHSA's goal is to provide continuing support as communities in the Gulf face challenges as they arise.

Photo by Mike Kittrell, *Press-Register*, posted July 14, 2010

Left to right: SAMHSA Administrator Pamela S. Hyde and Surgeon General Dr. Regina M. Benjamin recently held a public forum in Bayou La Batre, AL, on the Deepwater Horizon oil spill and its behavioral health impact on the local community. Far right: James Galloway, Assistant Surgeon General and Regional Health Administrator.

Hotline Numbers

SAMHSA Treatment Locator
1-800-662-HELP (4357)

National Suicide Prevention Lifeline
1-800-273-TALK (8255)

National Domestic Violence Hotline
1-800-799-SAFE (7233)

Note: As *SAMHSA News* goes to press, the new "800" number to assist Gulf residents is being established. Check SAMHSA's Facebook, Twitter, and home page for updates.

Oil Spill Response

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leads the meetings and LCDR Seligman is there to support the Secretary in answering any questions that come up about mental health or substance abuse.

As many as 400 people have attended each meeting, and the audiences are diverse, composed of environmentalists, business owners, charter boat captains, shrimpers, parents, and teachers. While most of the questions center around the economy and jobs, behavioral health concerns are just beneath the surface, LCDR Seligman said.

"With Hurricane Katrina, you could see all the damage—the Superdome, the streets, the housing," he said, recalling his experiences as part of that disaster relief team. "I think this situation is traumatic in a different way because people don't really know the ultimate implications."

SAMHSA is committed to addressing the mental health and substance abuse needs of Gulf Coast residents. The Agency has developed public education messages specific to the oil spill to raise awareness about recognizing signs and symptoms of emotional health problems and where to go for help. Tip sheets on topics such as grief, stress management, and support for response workers are posted on the SAMHSA Web site. They are available in English, Cambodian, Haitian/Creole, Lao, Spanish, and Vietnamese.

MENTAL HEALTH STRAIN

In June, a fisherman's suicide, apparently as a result of the distress he felt over the spill, highlighted the immediate need for mental health resources.

During a recent visit to the Gulf Coast, HHS Secretary Kathleen Sebelius said, "We are especially concerned about mental health, as it is clear from past experiences and from all our discussions here that mental health and substance abuse issues are likely to be some of the most long-lasting effects of this oil spill."

Mental health problems like depression, anxiety, and post-traumatic stress disorder are often experienced in the wake of disasters. In addition, people may turn to alcohol or drugs to cope with their stress and emotions. And in the region still recovering from the damage done by Hurricanes Rita and Katrina in 2005, these problems may be exacerbated.

COPING WITH THE OIL SPILL

SAMHSA has devoted a section of its Web site to materials addressing the oil spill disaster response.

Tip Sheets. SAMHSA adapted several disaster response tip sheets to address the stress, grief, and fear people may be feeling in the Gulf Coast region and elsewhere. All tip sheets include contact information for SAMHSA's National Suicide Prevention Lifeline and the Agency's Treatment Referral Helpline.

For Educators and Parents. Children may feel frightened, confused, and insecure because of the change caused by the oil spill, and they may react differently than adults. One report out of Florida described children getting very upset when a dead baby dolphin washed up on the beach.

Tip sheets offer guidance to parents, administrators, and educators as to how to best help children—from preschoolers to adolescents—cope with the disaster.

For Disaster Response Workers. The men and women working to clean up the Gulf Coast, including trying to save the lives of birds, reptiles, and other marine life, are under unique stress that can take its toll. SAMHSA provides information

continued on page 4

SAMHSA, Gulf States Receive $52 Million from BP for Behavioral Health

To help relieve stress and anxiety in the Gulf Coast region from the Deepwater Horizon oil spill, BP has contributed $52 million to fund mental health and substance abuse support services and outreach programs. Funding will be divided among SAMHSA and four affected states—Louisiana, Mississippi, Alabama, and Florida.

SAMHSA will receive $10 million to:

- Launch an 800 number for residents of the affected states.
- Develop behavioral health educational materials, especially for children and families.
- Conduct surveillance of ongoing behavioral health needs for individuals affected by the oil spill. This work is in partnership with the Centers for Disease Control and Prevention (CDC) at HHS.

In addition, the following states are receiving $42 million to conduct outreach and provide services to citizens affected by the oil spill:

- **Louisiana** Department of Health and Hospitals: $15 million
- **Mississippi** Department of Mental Health: $12 million
- **Alabama** Department of Mental Health: $12 million
- **Florida** Department of Children and Families: $3 million.

To read the entire announcement, visit **http://www.hhs.gov/gulfoilspill/bpfundinglevels.html**.

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for managing and relieving stress (for organizations and for individuals).

Another concern is that relief workers may turn to alcohol or drug abuse to cope. A tip sheet offers warning signs to watch for.

For the General Public. Everyone may feel emotional about the oil spill—two tip sheets offer ways to manage stress and deal with grief.

Annotated Bibliography. The SAMHSA Web site helps to put information on the spill in one spot. The online annotated bibliography provides an extensive list of sources for information, such as materials for first responders, lessons learned from the Alaskan Exxon Valdez spill in 1989, and information on retraumatization.

The SAMHSA Web site provides links to dozens of Federal agencies and other organizations—such as the Centers for Disease Control and Prevention (CDC) and the American Psychiatric Association—involved in the response as well as brief descriptions of what you will find on the sites.

Jefferson Parish, LA: Carl Pellegrin (right) of the Louisiana Department of Wildlife and Fisheries and Tim Kimmel of the U.S. Fish and Wildlife Service prepare to net an oiled pelican in Barataria Bay on June 5, 2010. The pelican was successfully netted and transported for cleaning. Coast Guard photo by Petty Officer 2nd Class John Miller (FEMA Web site)

HHS RESPONSE

SAMHSA's efforts represent only part of the Federal Government's response to the BP oil spill. HHS is helping to monitor conditions that might affect public health and the safety of seafood.

The HHS Web site consolidates information from various agencies and includes health information and resources for coastal residents, health professionals, and response workers.

HHS also provides links to state and local resources in Alabama, Florida, Louisiana, Mississippi, and Texas.

For more information on the HHS oil spill response efforts, visit **http://www.hhs.gov/gulfoilspill.**

HOLDING ON TO HOPE

"We know that many people affected by disaster are resilient and will naturally recover," LCDR Seligman said. "But some will need continuing support, and we need to make sure that they are connected to local social service and mental health agencies that may be able to assist them and make sure they are getting the care they need."

For more information on SAMHSA's oil spill response efforts and to download the tip sheets, visit **http://samhsa.gov/Disaster.** ◢

—By Kristin Blank

Public Education Tip Sheets about the Oil Spill

For Talking to Children and Youth

—A Guide for Teachers and School Administrators
See *SAMHSA News* online for the link to this tip sheet.

—A Guide for Parents and Educators
http://samhsa.gov/Disaster/docs/OilSpill_TipsforTalkingtoChildrenYouth_GuideforParentsandEducators_508.pdf

—Interventions at Home for Preschoolers to Adolescents
http://samhsa.gov/Disaster/docs/oilSpill_TipsforTalkingtoChildrenYouth_InterventionsPreschoolerstoAdolescents_508.pdf

For the General Public

—Coping & Managing Your Stress
http://samhsa.gov/Disaster/docs/OilSpill_TipsforCoping_ManagingYourStress_508.pdf

—Dealing with Grief
http://samhsa.gov/Disaster/docs/OilSpill_TipsforDealingwithGrief_508.pdf

For Response Workers

—Possible Signs of Alcohol and Substance Abuse
http://samhsa.gov/Disaster/docs/OilSpill_TipsforDisasterResponseWorkers_PossibleSignsofAlcoholSubstanceAbuse_508.pdf

—Managing and Preventing Stress for Managers and Workers
http://samhsa.gov/Disaster/docs/OilSpill_TipsforDisasterResponseWorkers_ManagingandPreventingStress_508.pdf

For a full list of SAMHSA tip sheets, see **http://samhsa.gov/Disaster/traumaticevents.aspx.** ◢

Treatment Admissions: Dramatic Rise in Abuse of Pain Relievers

Increase Seen in All Ages, Ethnic Groups

The proportion of all substance abuse treatment admissions of those age 12 and older involving abuse of prescription pain relievers rose by over 400 percent from 2.2 percent in 1998 to 9.8 percent in 2008, according to a new study from SAMHSA.

Released at a special press conference at the National Press Club, the SAMHSA report shows that the dramatic rise in the proportion of admissions associated with the abuse of these drugs occurred among nearly all segments of the population regardless of age, gender, educational level, and employment status.

RADM Peter Delany, Director, SAMHSA Office of Applied Studies, presented the data results. To highlight the seriousness of the findings, the press conference also included R. Gil Kerlikowske, Director, White House Office of National Drug Control Policy (ONDCP); Governor Jack Markell of Delaware; Michelle M. Leonhart, Acting Administrator, Drug Enforcement Administration; and A. Thomas McLellan, Deputy Director, ONDCP.

For example, among men, the proportion of treatment admissions involving the misuse of prescription pain relievers rose from 1.8 percent in 1998 to 8.1 percent in 2008, while among women, the proportion of admissions due to misuse increased from 3.5 percent in 1998 to 13.3 percent in 2008.

RELATED CONCERNS

The upward trend also held true among admissions for which medication-assisted opioid therapies, such as methadone or buprenorphine, were planned. Since 1998, the proportion of medication-assisted therapy admissions involving prescription pain reliever abuse tripled from 6.8 percent to 26.5 percent.

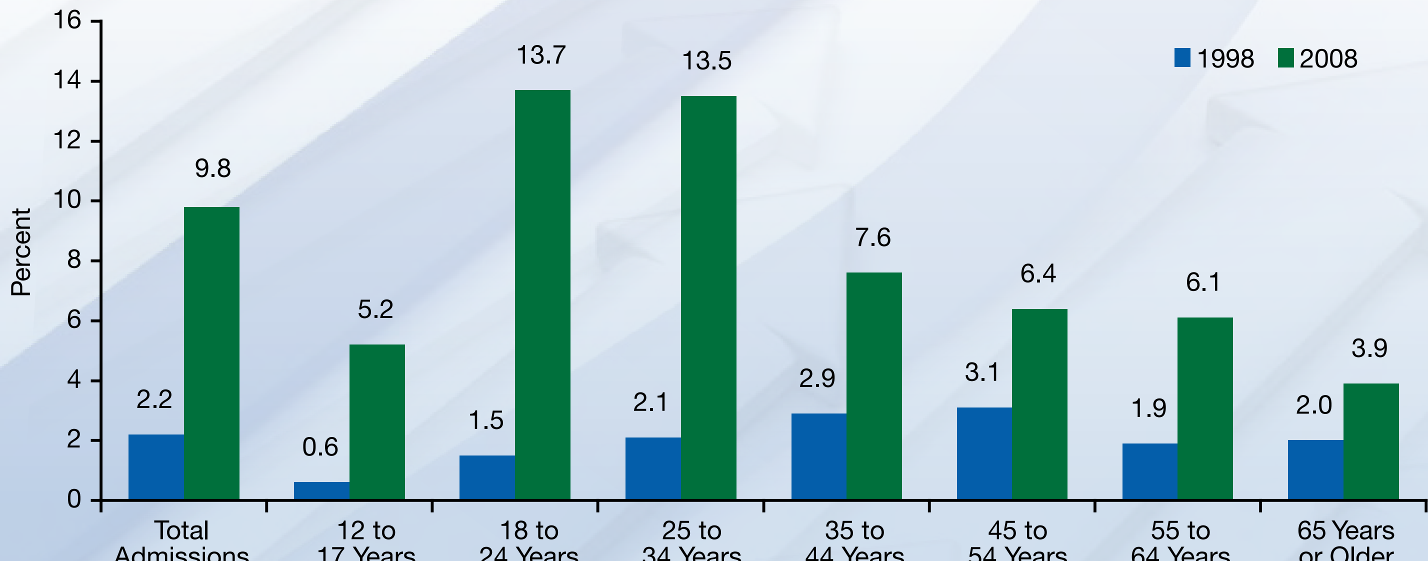
Other growing problems associated with the misuse of prescription pain relievers were recently highlighted in another SAMHSA study that found that emergency visits to hospitals involving the nonmedical use of prescription narcotic pain relievers more than doubled between 2004 and 2008.

"The Treatment Episode Data Set report released today highlights the significant public health challenge posed by prescription drug abuse," said RADM Delany. "This is our country's fastest-growing drug problem, the source of which lurks far too often in our home medicine cabinets."

The study, *Substance Abuse Treatment Admissions Involving Abuse of Pain Relievers: 1998 and 2008,* was based on data from SAMHSA's Treatment Episode Data Set (TEDS)—a reporting system involving treatment facilities from across the country. The study was developed as part of SAMHSA's Strategic Initiative on Data, Outcomes, and Quality—an effort to inform policy makers and service providers on the nature and scope of behavioral health issues.

The full report is available on the SAMHSA Web site at **http://oas.samhsa.gov/2k10/230/230PainRelvr2k10.cfm.**

—By Virginia Hartman



Source: SAMHSA, Office of Applied Studies (July 15, 2010). Figure 1. Percentages of Substance Abuse Treatment Admissions within Specific Age Groups that Reported Any Pain Reliever Abuse: 1998 and 2008. *Substance Abuse Treatment Admissions Involving Abuse of Pain Relievers: 1998 and 2008.* Rockville, MD.

Changes in Admission Patterns Over a Decade

Substance Use Treatment Data from 1998 to 2008

Over the decade from 1998 to 2008, marked changes have occurred in some patterns of substance use treatment admissions, according to a recent report from SAMHSA.

The report, *Treatment Episode Data Set (TEDS), 1998–2008: National Admissions to Substance Abuse Treatment Services,* presents national-level data and trends for the past decade.

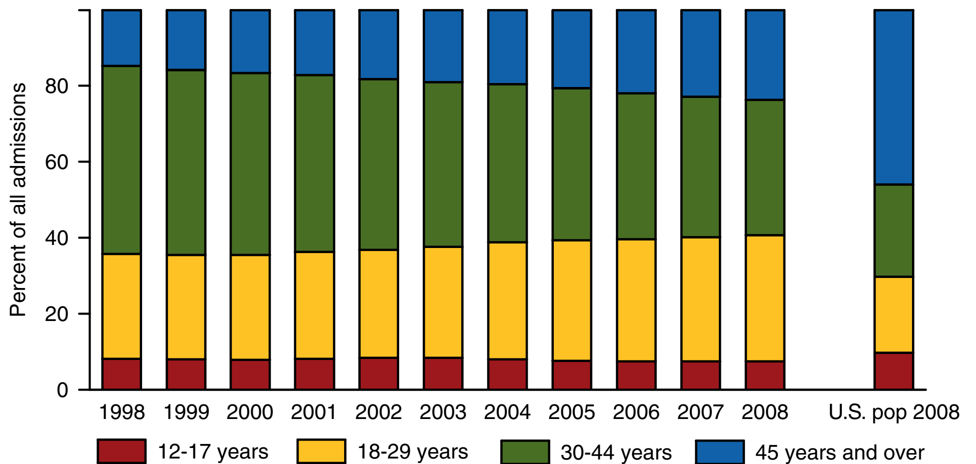
Information is included on the demographic and substance abuse characteristics of people age 12 and older admitted to treatment for abuse of alcohol or drugs in facilities that report to individual state administrative data systems.

Although concurrent abuse of both alcohol and drugs remained widespread, the proportion of treatment admissions for the co-abuse of these substances declined gradually during this period from 44 percent to 38 percent.

At the same time, the proportion of treatment admissions attributed to drug abuse alone rose steadily from 26 percent in 1998 to 37 percent in 2008, while the proportion of admissions attributed to alcohol alone fell from 27 percent in 1998 to 23 percent in 2008.

The study shows other important trends over the past decade among admissions age 12 and older, including the following trends in admissions by primary substance of abuse:

- Opiate admissions rose from 16 percent of admissions in 1998 to 20 percent in 2008.
- Cocaine admissions declined from 15 percent in 1998 to 11 percent in 2008.
- Marijuana admissions increased from 13 percent in 1998 to 17 percent in 2008.
- Stimulant admissions rose from 4 percent in 1998 to 6 percent in 2008.



Source: SAMHSA, Office of Applied Studies. Figure 2. Age at Admission: TEDS 1998–2008 and U.S. Population 2008. *Treatment Episode Data Set (TEDS) 1998–2008: National Admissions to Substance Abuse Treatment Services.* Rockville, MD.

Treatment Program Directory Updated

National Directory of Drug and Alcohol Abuse Treatment Programs 2010 was recently updated by SAMHSA. Organized in a state-by-state format, the directory provides up-to-date information on more than 11,000 alcohol and drug treatment programs located in all 50 states, the District of Columbia, Puerto Rico, and 4 U.S. territories.

Important information on levels of care and types of facilities includes those with programs for adolescents, persons with co-occurring substance abuse and mental disorders, individuals living with HIV/AIDS, and pregnant women.

In addition, information is available on forms of payment accepted, special language services available with select providers, and whether methadone or buprenorphine therapy is offered.

The print directory complements SAMHSA's Internet-based Substance Abuse Treatment Facility Locator, which is updated regularly and may contain more current information. It provides searchable road maps to the nearest treatment facilities, complete addresses, phone numbers, and specific information on services available.

Limited copies of the print 2010 directory are available by calling 1-877-SAMHSA-7 (726-4727). Ask for publication number SMA10-4553. To access the online treatment facility locator, visit **http://findtreatment.samhsa.gov.**

AGE DISTRIBUTION CHANGES

The age distribution of TEDS admissions age 12 and older changed between 1998 and 2008. (See chart on page 6.) The chart shows the following:

- Admissions for ages 30 to 44 made up 49 percent of TEDS admissions in 1998, but only 36 percent in 2008.
- The proportion of admissions for ages 45 and older increased from 15 percent in 1998 to 24 percent in 2008.
- The proportion of admissions for ages 18 to 29 years increased from 28 percent in 1998 to 33 percent in 2008.

Admissions for substance abuse treatment among persons age 12 to 17 increased by 13 percent between 1998 and 2002, but declined by 10 percent between 2002 and 2008. In addition, about four in five (79 percent) of adolescent treatment admissions involved marijuana as a primary or secondary substance.

In 2008, 55 percent of all admissions reported polydrug abuse (the use of two or more psychoactive drugs in combination). Alcohol and opiates were reported more often as primary substances than as secondary substances. Overall, 61 percent of all treatment admissions reported alcohol as a substance of abuse (41 percent as primary), and 27 percent of all admissions involved opiate abuse (20 percent as primary).

The full report, *Treatment Episode Data Set (TEDS) 1998–2008: National Admissions to Substance Abuse Treatment Services,* is available at **http://wwwdasis.samhsa.gov/teds08/teds2k8natweb.pdf.** To order a hard copy, call 1-877-SAMHSA-7 (1-877-726-4727). Request publication number SMA09-4471.

State-by-State Data Trends in Substance Use, Mental Illness

For the benefit of policy makers, service providers, and others, a recent report from SAMHSA provides state-by-state analyses of trends in substance abuse and mental illness.

The report, *State Estimates of Substance Use from the 2007–2008 National Surveys on Drug Use and Health,* includes data on alcohol dependence or abuse, binge alcohol use, cocaine, pain relievers, marijuana, and youth depression.

Among the report's notable findings:

Cigarette use by adolescents decreased in 35 states between 2002 to 2003 and 2007 to 2008, and no increases were observed in any state during this period.

Minnesota had the Nation's highest rate of past-year dependence on, or abuse of, alcohol among those age 12 or older (10 percent), while Kentucky had the lowest (5.7 percent).

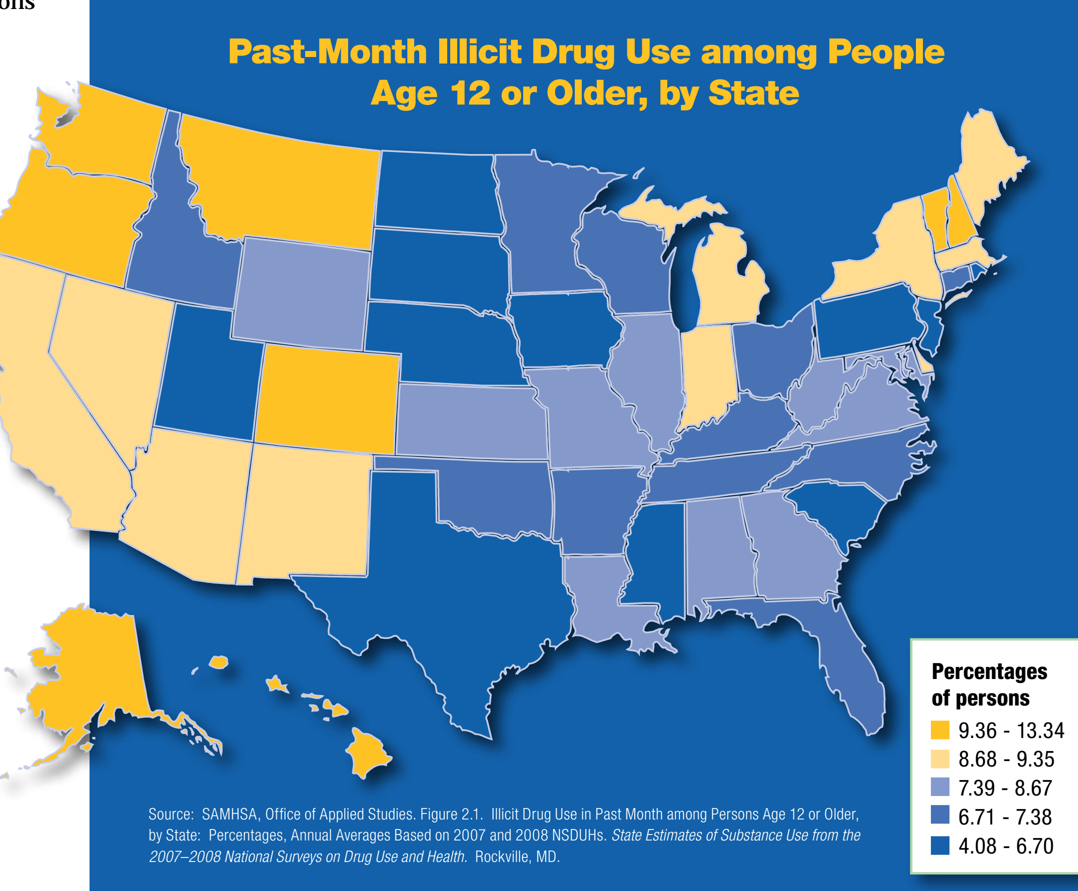
Nine of 10 states having the highest levels of past-month illicit drug use among persons age 12 or older also had the highest levels of past-month marijuana use (in alphabetical order: Alaska, Colorado, District of Columbia, Montana, New Hampshire, Oregon, Rhode Island, Vermont, and Washington).

Thirteen states showed significant declines in past-year cocaine use among persons age 12 or older from 2006 to 2007 (in alphabetical order: Alabama, Florida, Georgia, Iowa, Kansas, Massachusetts, Nebraska, New Mexico, Ohio, Oklahoma, South Dakota, Utah, and Wyoming).

Wyoming had the Nation's highest rate of adolescents age 12 to 17 experiencing a major depressive episode in the past year (10.0 percent) while Maryland had the lowest (7.0 percent).

The report from SAMHSA's Office of Applied Studies (OAS) is available online at **http://oas.samhsa.gov/2k8state/toc.cfm.** Hard copies are limited. To order, call SAMHSA toll-free at 1-877-SAMHSA-7 (1-877-726-4727). Request publication number SMA10-4472.

Past-Month Illicit Drug Use among People Age 12 or Older, by State



Source: SAMHSA, Office of Applied Studies. Figure 2.1. Illicit Drug Use in Past Month among Persons Age 12 or Older, by State: Percentages, Annual Averages Based on 2007 and 2008 NSDUHs. *State Estimates of Substance Use from the 2007–2008 National Surveys on Drug Use and Health.* Rockville, MD.

Responding to Childhood Traumatic Grief

A car accident. A neighborhood shooting. A long battle with cancer. Children can lose loved ones—parents, siblings, grandparents, even friends—in a heartbeat. What happens then?

When someone special dies, it can be an extremely painful experience for children. And when the death results from a traumatic event—or when children experience the death as traumatic—they may show signs of both grief and trauma.

Experts from SAMHSA's National Child Traumatic Stress Network (NCTSN) have studied children's traumatic grief experiences and released a free information package, *The Courage to Remember: Childhood Traumatic Grief Curriculum Guide with CD-ROM.*

The materials provide specific guidelines and options for interventions to:

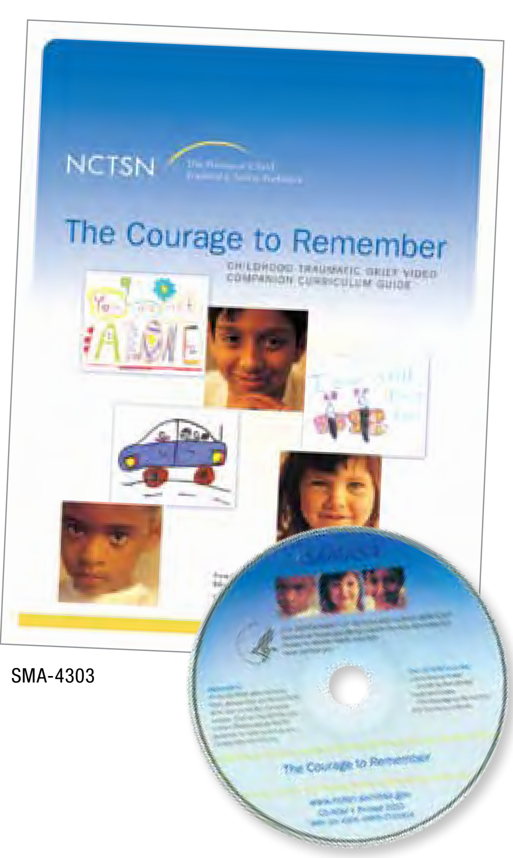
- Educate providers about the symptoms of childhood traumatic grief to guide care and treatment.
- Introduce others—medical and psychological professionals, parents, caregivers, school personnel—to principles of treatment that have been identified as helpful. Effective treatment requires attention to both the child's traumatic stress over the circumstances of the death and the child's grief over the loss of the loved one.
- Offer practitioners an opportunity to enhance their treatment skills.

WHAT IS CHILDHOOD TRAUMATIC GRIEF?

According to NCTSN, childhood traumatic grief is a condition in which children who lose loved ones under frightening or unexpected circumstances develop symptoms of post-traumatic stress that make it difficult to move through the typical grieving process.

Symptoms like replays of frightening thoughts about the event, nightmares, anxiety, anger, withdrawal from friends and family, and emotional distance can hinder the child's ability to grieve the loss fully.

Children experiencing traumatic grief may have extreme or intrusive thoughts or recurring images associated with the death of their loved one. In addition,



SMA-4303

Important Terms

Uncomplicated bereavement: The intense sadness and longing for the deceased that children typically feel after the loss of a loved one. Children are generally able to have positive memories of the person and continue with necessary life activities.

Trauma narrative: The re-creation or retracing of the child's actual or imagined experience of the traumatic circumstances of the death as told in their own words, pictures, and even songs. By creating the story, the child is carefully exposed to the traumatic elements and gradually becomes able to tolerate the more painful and disturbing aspects of the experience. See page 9 for more details. Sample trauma narratives are included in the *Courage to Remember* materials.

they could replay over and over again a car accident they witnessed. Or, the child may experience stressful physical reactions, such as fatigue, illness, or changes in eating habits. And, children may try to avoid thoughts, feelings, or places that remind them of the trauma and, by extension, the loved one who died.

Traumatic reactions make it difficult for children to remember or enjoy positive memories, cope with their loss, and continue with normal development. They may become "stuck" in the grieving process, perhaps coming to believe, for example, that they can't cope with their emotions so they bottle them up inside throughout their lives.

HELPING CHILDREN MOVE ON

For caregivers, medical personnel, and educators, being able to recognize the problem is the first challenge. And with appropriate help, children experiencing traumatic grief can recover and move on.

You'll find the following materials in the training curriculum.

- "It's OK to Remember," a video meant for a general audience, provides an overview of the causes and consequences of childhood traumatic grief along with information about promising treatments.
- "The Courage to Remember Training Video" is for those seeking advanced training in treatment techniques for childhood traumatic grief. It is recommended for either individual or group training use by medical, mental health, bereavement, and pastoral care personnel.
- Accompanying curriculum guide materials are provided in print as well as in PDF format for printing from the CD-ROM.

Each video is 35 minutes long, and the print materials total more than 80 pages. To order this curriculum, call 1-877-SAMHSA-7 (726-4727). Ask for publication number SMA-4303.

For more information, download NCTSN's *Childhood Traumatic Grief Educational Materials* at **http://www.nctsn.org/nctsn_assets/pdfs/reports/childhood_traumatic_grief.pdf.** ◢

—By Kristin Blank

About the Network

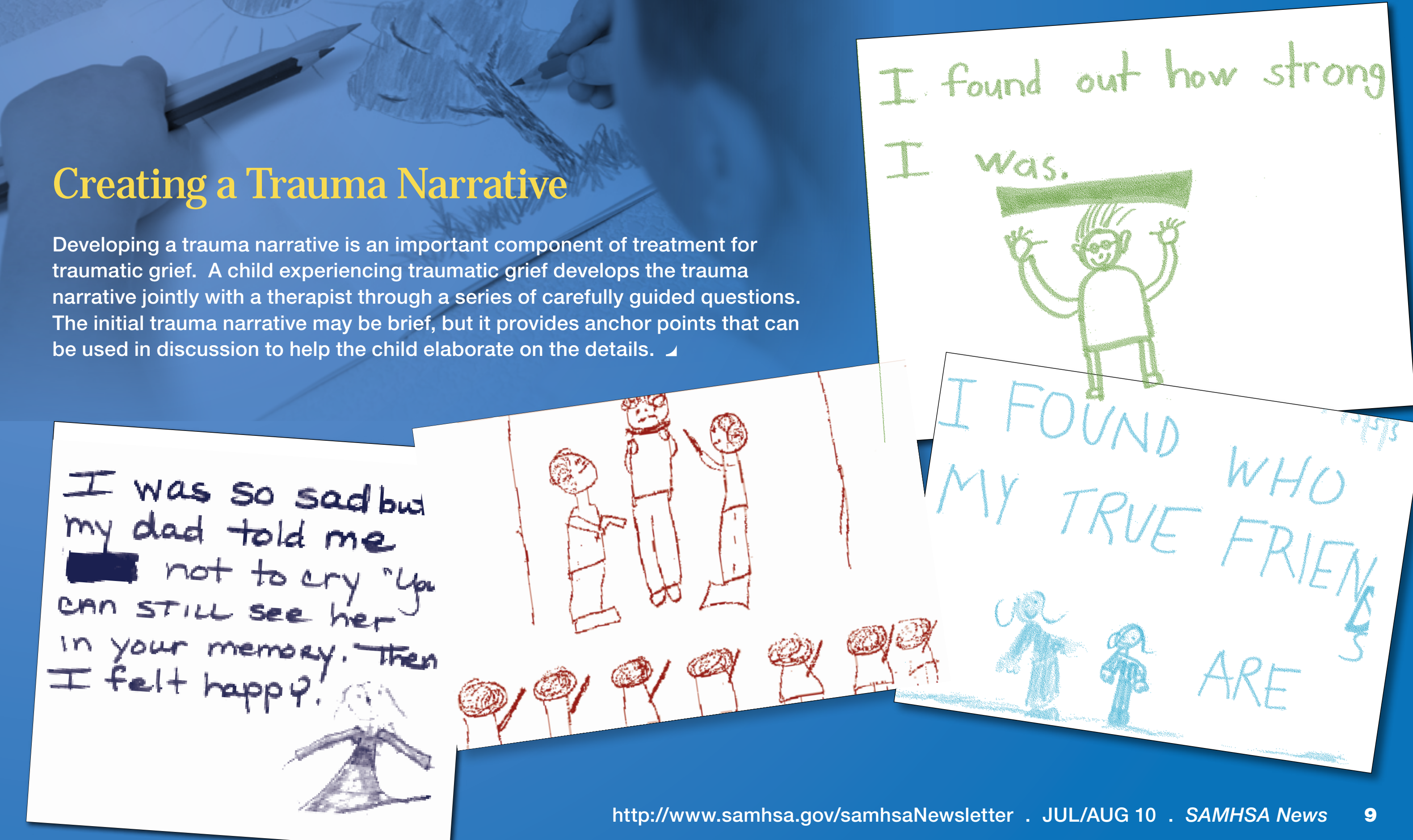
The National Child Traumatic Stress Network (NCTSN) is a SAMHSA-funded initiative that seeks to raise the standard of care and improve access to services for traumatized children, their families, and communities throughout the United States.

Established by Congress in 2000, NCTSN is a unique collaboration of academic and community-based service centers. Its Web site, **http://www.nctsn.org,** provides information for health care professionals, parents and caregivers, educators, and the media, as well as an entire section of resources for military families.

Visit **http://www.nctsn.org** to download fact sheets, training curricula, and other products for helping children heal from trauma. ◢

Creating a Trauma Narrative

Developing a trauma narrative is an important component of treatment for traumatic grief. A child experiencing traumatic grief develops the trauma narrative jointly with a therapist through a series of carefully guided questions. The initial trauma narrative may be brief, but it provides anchor points that can be used in discussion to help the child elaborate on the details. ◢



Multicultural Campaigns on Mental Health

Materials for Native American, Chinese, and Hispanic Young Adults

Mental health problems affect all races and ethnicities. To help, SAMHSA is partnering with the Ad Council to create public service campaigns that encourage Chinese, Hispanic, and Native American young adults age 18 to 25 to step up and support a friend who is experiencing mental health problems such as anxiety, depression, schizophrenia, or bipolar disorder.

As extensions of the What a Difference a Friend Makes campaign, the culturally targeted public service announcements (PSAs) seek to motivate societal change towards social acceptance and decrease negative attitudes that may surround mental illness.

Materials for each of the three populations include in-language radio, print, outdoor, and Web banner ads, and direct young adults to visit each campaign's Web site, where they can find tools to help support a friend in the recovery process and seek out additional resources.

"This multicultural advertising effort will help decrease the stereotypes surrounding mental illnesses while providing young adults with the resources they need to support their friends living with mental health problems," said Peggy Conlon, president and CEO of the Ad Council.

In addition to brochures, "myths versus facts" pages, and other fact sheets, each campaign Web site links to SAMHSA's National Suicide Prevention Lifeline, 1-800-273-TALK (8255).

A campaign for African American young adults launched earlier in 2010 (see *SAMHSA News* online, March/April 2010).

This multicultural initiative is part of the Campaign for Mental Health Recovery, which SAMHSA and the Ad Council first launched nationwide in December 2006. To learn more, visit **http://www.whatadifference.samhsa.gov.**

Substance Abuse Statistics

Visit *SAMHSA News* online for recent data on these three special populations.

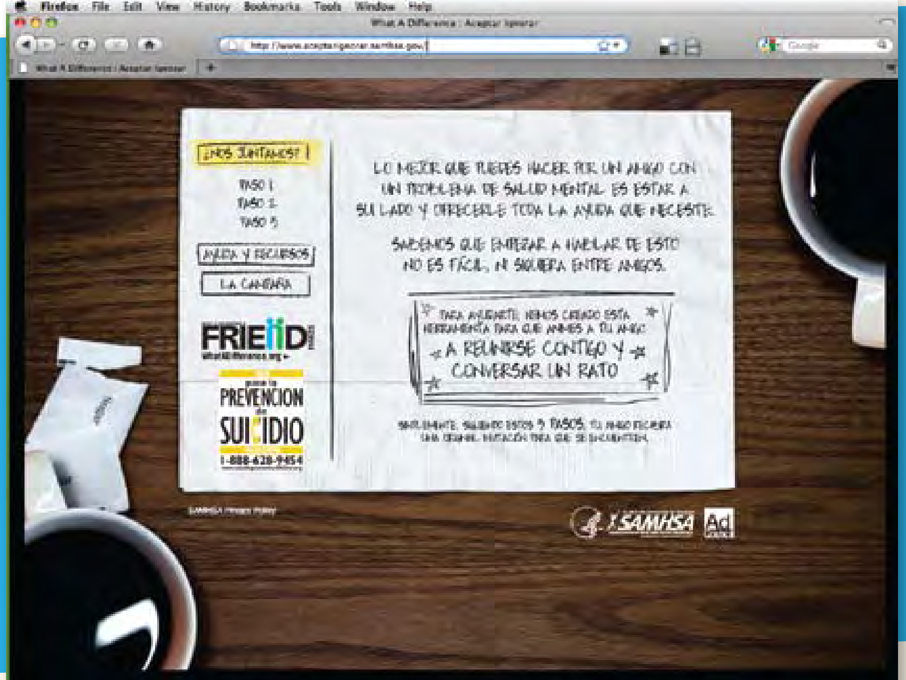
Chinese

Brochure: *Your Support Is the Most Precious Gift You Can Give*

Languages: Mandarin and Cantonese scripts for radio PSAs entitled "Be the Hero," "A Precious Gift," and "Make a Difference"

"Raising mental health awareness in the Chinese community is long overdue," said Cynthia Park, president of Kang & Lee Advertising, which created the materials for this outreach campaign.

http://www.whatadifference.samhsa.gov/Chinese



http://www.aceptarignorar.samhsa.gov

Hispanic

Highlight: Social networking tool where young adults can connect and chat

PSA Translation: "If a Friend Tells You that She Has a Mental Health Problem, You Have Two Options: Accept or Ignore"

"For many Latinos, their immediate social network is very important," said Alain Groenendaal, president and CEO of Wing, which created the materials. "By channeling a social media platform that is very familiar to them, we're able to speak to young Hispanics directly."

http://www.whatadifference.samhsa.gov/Native

Native American

Brochure: *What a Difference a Friend Makes*

Radio PSA: "Together"—two versions, for men and women

"We are confident that the PSAs will make a difference in American Indian communities and encourage friends to support one another," said Michael Gray, president and creative director of G&G Advertising, which created the materials.

Military Policy Academy Promotes, Plans for Behavioral Health

For many returning service members, veterans, and their families, a variety of services are needed to ease the adjustment to life away from the battlefield, including substance abuse and mental health services.

To help, SAMHSA convened a Returning Service Members, Veterans, and their Families Policy Academy. For the 2-1/2-day event in early June, SAMHSA's planning partners included the Department of Veterans Affairs, Department of Defense, National Guard Bureau, National Association of State Mental Health Program Directors, and National Association of State Alcohol and Drug Abuse Directors.

The goal of the Policy Academy—for the nine states and one territory participating—was to facilitate the creation of interagency strategic plans that ensure needed behavioral health services are accessible to the Nation's service men and women and their families. The Policy Academy was preceded by pre-planning site visits and followed by technical assistance site visits to help states activate their plans.

Providing a forum is key for states to consider how existing policies, resources, and infrastructure influence the responsiveness, effectiveness, and accessibility of services, and to explore ways to improve the system.

WELCOME FROM SECRETARY SEBELIUS

Introduced by SAMHSA Administrator Pamela S. Hyde, J.D., HHS Secretary Kathleen Sebelius encouraged collaboration among participants at the Academy's opening session. "No one agency or state or community can do this work alone," she said. "To serve our returning service men and women and their families, we need to do this work together."

The Secretary mentioned the growing body of research on the impact of deployment and trauma-related stress on military families, particularly children. Although active duty troops and their families are eligible for care from the Department of Defense, a significant number choose not to access those services due to stigma or fear that treatment for behavioral health issues will harm their military career or that of their spouse.

INTENSIVE WORK

Led by professional facilitators, 10-member teams from Alabama, Arizona, California, Maine, New Jersey, North Carolina, Ohio, Puerto Rico, Tennessee, and Washington state worked on practical and sustainable strategic action plans to use when they return back home. The process involved developing strategies for increasing access to appropriate care; closing gaps in the system; increasing interagency communication and collaboration; incorporating evidence-based and best practices; and planning for long-term stability.

Intensive discussions helped each state develop and refine its strategic action plan. States shared practices and lessons learned in critical areas, including involving service members, veterans, and their families in the planning process, improving outreach to populations in rural areas, training community providers to improve cultural competence, and enhancing employment opportunities for veterans.

Hands-on assistance included opportunities to confer with national experts in financing issues, suicide prevention, homelessness, trauma-informed mental health treatment, and substance use prevention and treatment. Other topics included peer-to-peer support for military families and veterans, and ways to increase appropriate use of TRICARE and Department of Veterans Affairs health care resources.

"For the vast majority of the time, teams worked with a professional facilitator who helped them work all of this through," said Eileen Zeller, M.P.H., a public health advisor at SAMHSA's Center for Mental Health Services, who helped coordinate the Policy Academy. "The facilitation, the intensity, the ability for many agencies to focus on a single issue, and the availability of national experts to help participants when they got stuck—which everyone took advantage of—that made the process so successful."

SAMHSA's role in this initiative is one of leading by promoting partnerships. For more information on SAMHSA's efforts, visit the Agency's Web site at **http://www.samhsa.gov.**

—By Meredith Hogan Pond

Mental Illness & Medicaid Eligibility: Model Program Helps Increase Enrollment

A recent study released by SAMHSA describes the results of a model program that helped to increase Medicaid enrollment by 17 percent among individuals with serious mental illness who were discharged from institutions in Oklahoma.

The study report, *Establishing and Maintaining Medicaid Eligibility upon Release from Public Institutions,* presents data on a program intended to ensure that eligible individuals with serious mental illness were enrolled in Medicaid upon discharge from state correctional facilities.

The effort significantly improved access to mental health treatment and services by reducing barriers to health insurance for eligible individuals.

The Model

As described in the report, SAMHSA commissioned a project, conducted by Mathematica Policy Research, Inc. (MPR), which brought together a broad coalition of state agencies in Oklahoma. The goal of the project was to design, implement, and evaluate the results of a model program to ensure that eligible individuals were enrolled in Medicaid by the time they were released from public institutions.

The project helped to leverage funds from the state mental health agency in order to hire three discharge managers who were stationed in three specific correctional facilities. The discharge managers were responsible for identifying inmates with serious mental illness within 6 to 9 months in advance of their release.

To order a hard copy of the complete report, call SAMHSA's Health Information Network at 1-877-SAMHSA-7 (1-877-726-4727). Request publication number SMA10-4545. For a PDF version, visit SAMHSA's Web site at **http://download.ncadi.samhsa.gov/ken/pdf/SMA10-4545/SMA10-4545.pdf.**

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Join the Voices for Recovery!

Do you know people who are celebrating recovery from substance abuse? Let them know they have a voice!

Across the country, people in recovery are celebrating their successes and sharing them with others in an effort to educate the public about treatment, how it works, for whom, and why.

Because these successes often go unnoticed by the broader population, Voices for Recovery provides a vehicle for people to share their recovery stories.

To read a personal story, visit **http://www.recoverymonth.gov/Voices-for-Recovery/Stories.aspx.** For everything about this year's *Recovery Month* events in September, visit **http://www.recoverymonth.gov.**

Entertainment Industry Meets with Treatment Experts

SAMHSA recently co-hosted a briefing with the Entertainment Industries Council, Inc. (EIC), through its Entertainment and Media Communication Institute. H. Westley Clark, M.D., J.D., M.P.H., Director of SAMHSA's Center for Substance Abuse Treatment, participated in the panel of experts.

The briefing focused on the creative community and substance abuse treatment and recovery at 20th Century Fox Studios. This event continues the initiative established during a meeting called Picture This: Treatment and Recovery in Washington, DC, which took place in May. Over 70 industry professionals were present. Networks and studios represented included ABC, CBS, Fox, NBC, CW, 20th Century Fox, Warner Bros., MTV, and Style.

Emmy Award-winning actress Mariette Hartley served as the moderator as experts shared their personal experiences. These presentations aimed to not only inspire but to provide new ideas for the writers, producers, and executives in attendance.

Dr. Clark encouraged attendees to remember that people who are addicted are experiencing recovery in large numbers, and the story of someone in recovery is just as important as the story of an intervention.

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

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

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

Oil Spill Response
- ❏ Making Behavioral Health a Top Priority (cover story)
- ❏ From the Administrator: Coping with the Oil Spill

Addressing Trauma
- ❏ Responding to Childhood Traumatic Grief
- ❏ Military Policy Academy Promotes, Plans for Behavioral Health

Statistics
- ❏ Treatment Admissions: Dramatic Rise in Abuse of Pain Relievers (TEDS)
- ❏ Drug-Related Suicide Attempts: Teens and Young Adults (DAWN)

Trends
- ❏ Changes in Admission Patterns Over a Decade (TEDS)
- ❏ State-by-State Data Trends (NSDUH)

Special Populations
- ❏ Multicultural Mental Health Campaigns: Hispanic, Chinese, American Indian

Other Articles
- ❏ Mental Illness & Medicaid Eligibility: Model Program
- ❏ Join the Voices for Recovery!
- ❏ Entertainment Industry Meets with Treatment Experts

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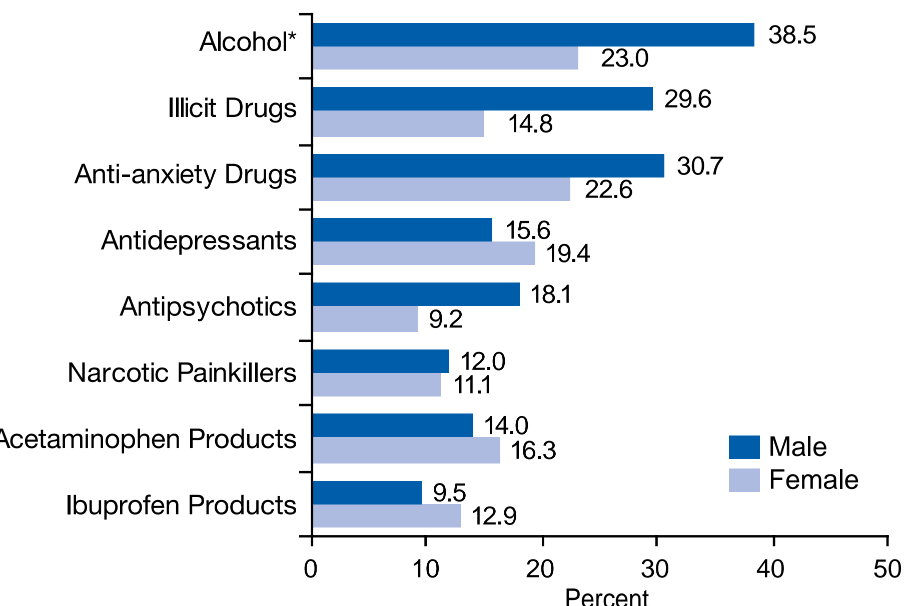
Drug-Related Suicide Attempts: Teens and Young Adults

Two recent reports from SAMHSA's Drug Abuse Warning Network (DAWN) examine emergency department (ED) visits for drug-related suicide attempts by youth age 12 to 17 and young adults age 18 to 24.

In 2008, nearly one-tenth (8.8 percent) of drug-related ED visits made by adolescents age 12 to 17 involved suicide attempts. For young adults, 6.3 percent of drug-related ED visits involved suicide attempts.

Pharmaceuticals were involved in 95.4 percent of drug-related suicide attempts among adolescents in 2008. For young adults, pharmaceuticals were involved in 92.8 percent of drug-related suicide attempts. See chart for selected substances involved in young adult visits.

Selected Substances: Emergency Room Visits for Suicide Attempts by Young Adults



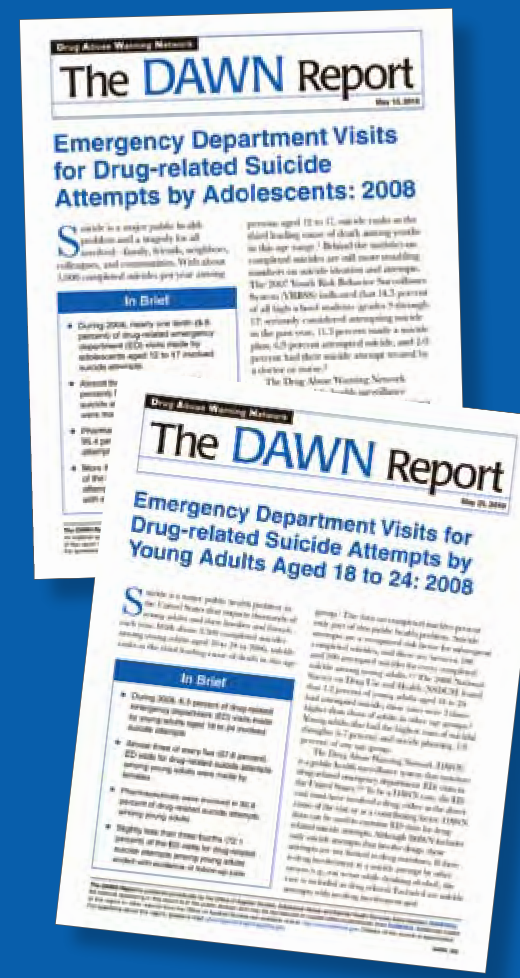
* The alcohol category includes visits involving alcohol taken in combination with other drugs for all patients and visits involving just alcohol for patients age 18 to 20. DAWN does not track alcohol-only visits for patients age 21 or older.

Source: SAMHSA, Office of Applied Studies (May 25, 2010). Figure 1. Selected Substances Involved in Emergency Department (ED) Visits for Drug-Related Suicide Attempts by Young Adults, by Gender: 2008. *The DAWN Report: Emergency Department Visits for Drug-Related Suicide Attempts by Young Adults Age 18 to 24: 2008.* Rockville, MD.

Download the full reports from the SAMHSA Web site:

Emergency Department Visits for Drug-related Suicide Attempts by Adolescents: 2008: **http://oas.samhsa.gov/2k10/DAWN001/SuicideAttemptsHTML.pdf**

Emergency Department Visits for Drug-related Suicide Attempts by Young Adults Age 18 to 24: 2008: **http://oas.samhsa.gov/2k10/DAWN002/SuicideAttemptsYoungAdultsHTML.pdf.**



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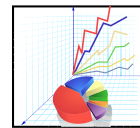

Statistics on Special Populations

New data are available on substance abuse among adults in Asian, Hispanic, and American Indian or Alaska Native populations.

Women & Substance Use, Treatment Needs

Two recent reports highlight substance abuse and treatment needs among women employed full time.