



Clinical Technical Assistance: Mental Health Month - May 2020

May has been celebrated by Mental Health America as Mental Health Month since 1949. 71 years later we are experiencing a world-wide crisis that emphasizes the importance of tending to mental health possibly more than ever. The focus of Mental Health Month 2020 is Tools2Thrive - resiliency through life's challenges. It's extremely common for an individual who has a mental health issue to also have a substance use problem, and vice-versa. The presence of both a mental health and substance use disorder is referred to as co-occurring disorder (COD) or dual diagnosis.

Prevalence

- In 2018, 47.6 million adults had a mental illness (NSDUH).
- 1 in 5 people will experience a mental illness during their lifetime.
- EVERYONE experiences challenges, stressors and events in life that can impact their mental health.
- In 2018, 9.2 million U.S. adults experienced both a mental illness and substance use disorder and 3.2 million people had a serious mental illness and substance use disorder (NSDUH).
- Mental Illness is defined as a mental, behavioral, or emotional disorder; serious mental illness adds serious functional impairment, which substantially interferes with or limits one or more major life activities (NIMH).
- Suicide is the 2nd leading cause of death for individuals aged 10-34 and 10th leading cause of death overall in the U.S..
- The overall suicide rate in the U.S. has increased 31% since 2001.

Mental Health and Substance Use

- It's estimated that about half of people who have one condition also have the other. (www.drugabuse.gov)
- Which comes first? Mental health issues can lead to substance use for self-medication; substance use can lead to mental health issues due to changes in the brain and experiences; mental health and substance use can both be a result of the same underlying causes, such as brain composition, genetic vulnerabilities, and early exposure to stress or trauma.
- Substance use can cause symptoms consistent with mental health diagnoses (feelings of hopelessness/helplessness, insomnia, dysfunctional sleep, hyperactivity, anhedonia, etc.) – are the symptoms substance-induced or organic due to mental health issues?
- Common mental health disorders with substance use disorder (NSDUH): ADHD, Bipolar Disorder, Borderline Personality Disorder, Depression, Eating Disorders, Generalized Anxiety Disorder, Obsessive Compulsive Disorder, Post-Traumatic Stress Disorder, and Schizophrenia.

Treatment Considerations

- On average, 11 years pass between onset of mental illness symptoms and treatment initiation.
- A mental health crisis is defined as a non-life-threatening situation in which a person experiences an intensive behavioral, emotional, and/or psychiatric response triggered by a precipitating event. The person may be at risk of harm to self or others, disoriented or out of touch with reality, functionally compromised, or otherwise agitated and unable to be calmed. If this crisis is left untreated, it could result in a mental health emergency.
- Encourage mental health screenings (PHQ-9, GAD-7, CAGE, or DAST-10)– visit mhascreening.org for a quick, free and private way to assess personal mental health symptoms.
- The best treatment for co-occurring disorders is to treat both diagnoses concurrently.
- Recognize, understand and address how one diagnosis impacts the other.
- Screen for Suicidality - COD is associated with suicidal thoughts, plans and attempts.
- If treating psychiatrist is outside of the organization providing substance use treatment, coordination of care is essential; Pharmacotherapy is a multidisciplinary discussion to monitor for safety (potential interactions), adherence and response.



SAMHSA's Six Guiding Principles in Treating Clients with Co-Occurring Disorders (TIP 42)

- **Use a recovery perspective** – recovery is a long-term process and internal changes progress through various stages.
- **Adopt a multi-problem viewpoint** – be comprehensive in approach (mental, medical, substance use, family, social problems).
- **Develop a phased approach to treatment** – engagement, stabilization/persuasion, active treatment, and continuing care/relapse prevention.
- **Address specific real-life problems early in treatment** – case management early on to address basic needs/barriers.
- **Plan for the client's cognitive and functional impairments** - interventions that match individual's needs and functioning level, particularly for individuals with more serious mental disorders.
- **Use support systems to maintain and extend treatment effectiveness** - family, peer providers, faith community, etc.

SAMHSA'S 6 Core Components for Ideal Substance Use Treatment for Individuals with COD

- Providing access;
- Completing a full assessment;
- Providing an appropriate level of care;
- Achieving integrated treatment;
- Providing comprehensive services; and
- Ensuring continuity of care.

Tools2Thrive (Mental Health America) - Ways to Boost Mental Health and General Wellness

- Recognize and own feelings;
- Find positive(s) after loss;
- Connect with others;
- Eliminate toxic influences/relationships;
- Create healthy routines; and
- Support others.

Additional Resources:

Mental Health America – Mental Health Month Toolkit - <https://www.mhanational.org/mental-health-month>

National Institute of Mental Health: Mental Illness - <https://www.nimh.nih.gov/health/statistics/mental-illness.shtml>

SAMHSA – NSDUH - Results from the 2018 National Survey on Drug Use and Health: Graphics from the Key Findings Report

https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHfrBriefingSlides2018_w-final-cover.pdf

SAMHSA - TIP 42: Substance Use Treatment for Persons With Co-Occurring Disorders

<https://store.samhsa.gov/product/tip-42-substance-use-treatment-persons-co-occurring-disorders/PEP20-02-01-004>