THE HEARTS AND MINDS OF AMERICA:
Advancing Health - Improving Lives

Pamela S. Hyde, J.D.
SAMHSA Administrator

NCCBH
42nd National Council Mental Health & Addictions Conference
Chicago, IL • April 17, 2012
THE HEALTH OF AMERICA’S HEARTS AND MINDS
# 10 Leading Causes of Death, United States 2008, All Races, Both Sexes

<table>
<thead>
<tr>
<th>RANK</th>
<th>ALL AGES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Heart Disease: 616,828</td>
</tr>
<tr>
<td>2.</td>
<td>Malignant Neoplasms: 565,469</td>
</tr>
<tr>
<td>3.</td>
<td>Chronic Low Respiratory Disease: 141,090</td>
</tr>
<tr>
<td>4.</td>
<td>Cerebro-vascular: 134,148</td>
</tr>
<tr>
<td>5.</td>
<td>Unintentional Injury: 121,902</td>
</tr>
<tr>
<td>6.</td>
<td>Alzheimer's Disease: 82,435</td>
</tr>
<tr>
<td>7.</td>
<td>Diabetes Mellitus: 70,553</td>
</tr>
<tr>
<td>8.</td>
<td>Influenza &amp; Pneumonia: 56,284</td>
</tr>
<tr>
<td>10.</td>
<td>Suicide: 36,035</td>
</tr>
</tbody>
</table>

WISQARS™
Produced By: Office of Statistics and Programming, National Center for Injury Prevention and Control, CDC
Data Source: National Center for Health Statistics (NCHS), National Vital Statistics System

SAMHSA 20 YEARS STRONG
Million Hearts – A national initiative to prevent 1 million heart attacks and strokes over five years

Remember Your ABCS

A — Appropriate Aspirin Therapy
B — Blood Pressure Control
C — Cholesterol Management
S — Smoking Cessation
BH PROBLEMS COMMON & OFTEN CO-OCCUR w/ PHYSICAL HEALTH PROBLEMS

- ½ of Americans will meet criteria for mental illness at some point in their lives

- 7 percent of the adult population (34 million people), have co-morbid mental and physical conditions within a given year

Figure 1: Percentages of people with mental disorders and/or medical conditions, 2001–2003

Source: Adapted from the National Comorbidity Survey Replication, 2001–2003 (3, 83)
BH PROBLEMS ALSO COMMON IN HIGH NEED MEDICAL POPULATIONS

• Rates of cardiovascular disease, diabetes, and pulmonary disease are substantially higher among disabled individuals in Medicaid with psychiatric conditions

• 12-month prevalence of depression is ~5 percent among people without chronic medical conditions, 8 percent among people with one condition, 10 percent among people with two conditions, and 12 percent among people with three or more conditions

• People with asthma are 2.3 X more likely to screen positive for depression

• 52 percent of disabled individuals with dual-eligibility for Medicare and Medicaid have a psychiatric illness

• Dual-eligibles account for 39 percent of Medicaid expenditures
CO-MORBIDITIES

• Psychiatric disorders were among 7 of the top ten most frequent co-morbid triads in the most expensive 5 percent of Medicaid beneficiaries with disabilities.

• Most common triad was co-morbid psychiatric conditions, cardiovascular disease, and central nervous system disorders:
  – 9.5 percent of all beneficiaries
  – 24 percent of most expensive group
CO-MORBIDITY CHALLENGES

• Adults who had any mental illness, serious mental illness, or major depressive episodes in the past year had increased rates of hypertension, asthma, diabetes, heart disease, and stroke (new NSDUH analysis, 2008-2009)

• Most psychiatric medications, particularly anti-psychotic medications, can cause weight gain, obesity and type 2 diabetes, all of which impact mental conditions such as major depression

• Major depression is a risk factor for developing medical conditions such as cardiovascular disease (CVD);

• Persons reporting CVD have 1.43 x elevated risk of lifetime anxiety disorder
BH IMPACTS PHYSICAL HEALTH

- MH problems increase risk for physical health problems & SUDs increase risk for chronic disease, sexually transmitted diseases, HIV/AIDS, and mental illness
- Cost of treating common diseases is higher when a patient has untreated BH problems
- 24 percent of pediatric primary care office visits and ¼ of all adult stays in community hospitals involve M/SUDs
- M/SUDs rank among top 5 diagnoses associated with 30-day readmission, accounting for about one in five of all Medicaid readmissions (12.4 percent for MD and 9.3 percent for SUD)
WHY WORSE PHYSICAL HEALTH FOR PERSONS WITH BH CONDITIONS?

- BH problems are associated with increased rates of smoking and deficits in diet & exercise.
- People with M/SUD are less likely to receive preventive services (immunizations, cancer screenings, smoking cessation counseling) & receive worse quality of care across a range of services.

Source: Modified from Katon (80)

Figure 3: Model of the interaction between mental disorders and medical illness.
PREMATURE DEATH AND DISABILITY

- People with M/SUDs are nearly 2x as likely as general population to die prematurely, (8.2 years younger) often of preventable or treatable causes (95.4 percent medical causes)

- BH conditions lead to **more deaths** than HIV, traffic accidents + breast cancer combined

  ![Bar Chart]

  - More deaths from suicide than from HIV or homicides
  - Half the deaths from tobacco use are among persons with M/SUDs

*CDC, National Vital Statistics Report, 2009*
BH-RELATED DISABILITY

- According to the CDC, more than 2 million Americans report mental/emotional disorders as the primary cause of their disability.
- Depression is the most disabling health condition worldwide; & SA is # 10
Estimated total societal cost of substance abuse in the U.S. is $510.8 billion per year.

Mental disorders: ~$94 billion in lost productivity costs per year

Economic costs of mental, emotional, and behavioral disorders among youth: ~$247 billion

Alcohol and drug abuse & dependence: ~ $263 billion in lost productivity costs per year
BH PROBLEMS = HIGHER MEDICAL COSTS

- Co-morbid depression or anxiety increase physical and mental health care expenditures

- > 80 percent of this increase occurs in physical health expenditures

- Average monthly expenditure for a person with a chronic disease and depression is $560 dollars more than for a person without depression

- Discrepancy for people with and without co-morbid anxiety is $710

- A HMO claims analysis found that general medical costs were 40 percent higher for people treated with bipolar disorder than those without it
PUBLIC PERCEPTION OF VALUE

• Public is less willing to pay to avoid mental illnesses compared to paying for treatment of medical conditions, even when mental illnesses (including SUDs) are recognized as burdensome (NICHD, 2011)
  – Public willing to pay 40 percent less than what they would pay to avoid medical illnesses

• Mental illnesses account for 15.4 percent of total burden of disease (WHO), yet mental health expenditures in U.S. account for only 6.2 percent
BEHAVIORAL HEALTH AFFECTS EVERYONE

- ~Half of Americans will meet criteria for mental illness at some point
- > Half of Americans know someone in recovery from substance use problem
- Positive emotional health helps maintain physical health; engage productively w/ families, employers, friends; & respond to adversity w/ resilience and hope

66 percent believe treatment and support can help people with mental illness lead normal lives

20 percent feel people with mental illness are dangerous to others

Two-thirds believe addiction can be prevented

75 percent believe recovery from addiction is possible

20 percent would think less of a friend/relative in recovery from an addiction

30 percent would think less of a person with a current addiction
TREATMENT WORKS, BUT INACCESSIBLE FOR MANY

- Like many other illnesses, most people recover from M/SUDs

88 percent of individuals diagnosed with depression recover within 5 years

Any MI: 45.1 million
  - 37.8% receiving treatment

SUD: 22.1 million
  - 11.2% receiving treatment

Diabetes: 25.8 million
  - 84% receiving treatment

Heart Disease: 81.1 million
  - 74.6% receiving screenings

Hypertension: 74.5 million
  - 70.4% receiving treatment
• Adults with mental disorders experience high rates of unemployment and disability
  – Unemployment rates are 3 to 5 times higher for people with mental disorders

• 44 percent of children in special education w/ emotional disturbances drop out of school – highest of any category of disability

• Substance use reduces ability to parent and work; increases chances of involvement in criminal justice system
  – 1/2 of all incarcerated people have MH problems; 60 percent have substance use problems; 1/3 have both
Public dialogue about behavioral health is in a social problem context rather than a public health context

- Homelessness
- Crime/jails
- Child welfare problems
- School performance or youth behavior problems
- Provider/system/institutional/government failures
- Public tragedies

Public (and public officials) often misunderstand, blame, discriminate, make moral judgments, exclude

- Ambivalence about worth of individuals affected and about the investment in prevention/treatment/recovery.
- Ambivalence about ability to impact “problems”
LEADING TO INSUFFICIENT RESPONSES

- Increased Security & Police Protection
- Tightened Background Checks & Access to Weapons
- Legal Control of Perpetrators & Their Treatment
- More Jail Cells, Shelters, Juvenile Justice Facilities
- Institutional System Provider Oversight
Multiple and inconsistent messages

• Disease; disability; chronic medical condition; social reaction to difference; brain/genetic or environmental; treat the same as physical conditions; treat with a different psychosocial approach

• Substance abuse and mental illness stem from the same causes and often co-exist; or they are completely different fields and different diseases/conditions

• Behavioral health is and should be extraordinary; or should be the same as any other health condition
A PUBLIC HEALTH MODEL FOR BEHAVIORAL HEALTH

➡ Universal – Focus on Population and Individual Health
  • Health of any affects health of all – social inclusion

➡ Prevention First – Aim Is Healthy Individuals; Healthy Communities
  • Preparation and activities to promote emotional health development and wellness, prevent disease/disorder, and react quickly and effectively to conditions that impact health
A PUBLIC HEALTH MODEL . . .

Data & Information Driven – To Track and Improve Population-Based Health Status and Quality of Care/Life

- What drives health? What causes disease/disorder?
- What works to prevent, treat and support recovery – evidence-based approaches?

Policies – Affecting the Environment In Which Health or Disease Occurs

- Laws, regulations, rules, norms, culture, conditions, expectations re individual and collective behavior for self and toward others
A PUBLIC HEALTH MODEL . . .

 Structures – Creating & Supporting Government and Community Infrastructure and Capacity
  • Departments, boards, committees, councils, commissions, coalitions, schools, universities

 Access – Assuring availability of right services when individuals, families, community need them
  • Prevention, treatment and recovery supports
  • Adequate, trained, and culturally capable workforce
COMPARE . . .

**Physical Health**

► What It Takes
• Nutrition
• Exercise
• Rest
• Good Genes

► Reducing Risks
• Hand-washing
• Covering cough
• Protecting v food-borne illnesses
• Getting immunizations
• Taking universal precautions
• Avoiding unprotected sex

**Behavioral Health**

► What It Takes
• Understanding/managing emotions
• Managing stress
• Positive social relationships
• Hope – Spirituality

► Reducing Risks
• Trauma
• Chronic stress, esp. in childhood
• Non-supportive or destructive relationships
• Uninformed parenting
• No or limited skills
COMPARE . . .

**Physical Health**

- Recognizing Signs
  - Temperature
  - Cough
  - Fever
  - Pain
  - Avoiding Behaviors That Increase Risks

- Knowing When & How To Get Help
  - Early detection – tests/screening
  - Stop the bleeding and pain
  - Save life first

**Behavioral Health**

- Recognizing Signs
  - Suicidal thinking
  - Depression and anxiety
  - Post-traumatic stress
  - Substance abuse
  - Underage drinking or inappropriate amounts in adults

- Knowing When & How to Get Help
  - Early detection – screening/brief interventions
  - Stop emotional pain
  - Keep safe – for individual and for community
SAMHSA’S VISION

A Nation That Acts On the Knowledge That:
• Behavioral health is essential to health
• Prevention works
• Treatment is effective
• People recover

A Nation/Community Free of Substance Abuse and Mental Illness and Fully Capable of Addressing Behavioral Health Issues That Arise From Events or Physical Conditions
“Heal the soul and the body will follow.”

Stevenson Kuartei, Minister of Health, Republic of Palau
MENTAL & SUBSTANCE USE DISORDERS CAN BE PREVENTED

• Product of biological, environmental and social factors

• Experiences trigger or exacerbate BH problems
  – Trauma, adverse childhood experiences, disasters and their aftermath, poverty, domestic violence, involvement with the criminal justice or child welfare systems, neighborhood disorganization and family conflict

• Addressing risk factors is effective in reducing likelihood of M/suds
  – Individual, family and community risk and protective factors

• Brain impacts – chronic acute stress in early childhood can lead to:
  – Future health problems (including depression and other BH problems)
  – Damage to hippocampus
  – Smaller physical size of developing brain
EARLY INTERVENTION REDUCES IMPACT

• 1/2 of all lifetime cases of mental illness begin by age 14; 3/4 by age 24

• On average, > 6 years from onset of symptoms of M/SUDs to treatment

• Effective multi-sectoral interventions & treatments exist

• Need treatment & support earlier
  – Screening
  – Brief interventions
  – Coordinated referrals
A BOLDER VISION?

• Can we imagine:
  – A generation without one new case of trauma-related mental or substance use disorder?
  – A generation without a death by suicide?
  – A generation without one person being jailed or living without a home because they have an addiction or mental illness?
  – A generation without one youth being bullied or rejected because they are LGBT?
  – A generation in which no one in recovery struggles to find a job?
Nothing that is worth doing can be achieved in a lifetime; therefore we must be saved by hope.

Reinhold Niebuhr
Nothing that is true or beautiful or good makes complete sense in any immediate context of history; therefore we must be saved by faith.
Nothing we do, however virtuous, can be accomplished alone; therefore we must be saved by love.