Community PREVENTION INITIATIVE

The Power of Prevention

New Approaches to Prevention: Aligning Interventions between Substance Abuse and Mental Health

By Terese Voge

As the prevention field's collective understanding of substance abuse grows, including both the causes and prevention, greater collaboration with similarly focused prevention efforts can expand the field's reach and deepen its impact. Substance abuse prevention strategies are now being applied at the national, state, and local levels, and in coordination with other prevention efforts. New research demonstrates how substance abuse prevention strategies can be effective in preventing an array of other mental health disorders. Now, more than ever, those who are implementing programs, practices, and policies are thinking about substance abuse prevention using a broader lens: one that considers the many factors that contribute to total mental health and well being.

In an effort to illuminate the research-to-practice application, this Power of Prevention document focuses on how substance abuse prevention efforts can more strongly align with the institutions and organizations that concern themselves with mental health. When substance abuse prevention work takes place within the mental health network-of-care, it benefits from the vast infrastructure, capacity, and reimbursement arrangements established by the field of mental health. In addition, as the Patient Protection and Affordable Care Act (PPACA, also commonly called Healthcare Reform) nears full implementation, community health standards and clinical reimbursement structures provide fertile ground for a more integrated approach.

COMORBIDITY BETWEEN MENTAL HEALTH PROBLEMS AND SUBSTANCE ABUSE

There is strong evidence that substance use and mental health conditions frequently co-occur. Research shows that those with mental health conditions are more likely to have substance abuse problems, and vice versa. While different sources and methodologies yield slightly different results, the data consistently support

a strong relationship between the two. A National Institute on Drug Abuse (NIDA) study found that among those living with mental illness, the odds of having an addictive condition was 2.7 times greater, with a lifetime prevalence of about 29 percent. Conversely, for those with an alcohol addiction, 37% were also living with mental illness. The highest mental-addictive comorbidity rate was found in those with drug (other than alcohol) addiction, among whom more than half (53%) were found to have a mental health condition.[1] A more recent meta-analytic study found that two-thirds of patients entering substance abuse treatment programs reported at least one co-occurring mental health problem during the previous year.[2]

The connection between substance abuse and mental health is especially acute among at-risk populations, such as homeless individuals; LGBTQ youth; deployed and combat exposed veterans; those who have suffered childhood trauma and abuse; and those exposed to cultural trauma and institutional discrimination, for example, American Indians and Alaska Natives.

1 Regier DA, Farmer ME, Rae DS, Locke BZ, Keith SJ, Judd LL, Goodwin FK, "Comorbidity of mental disorders with alcohol and other drug abuse. Results from the Epidemiologic Catchment Area (ECA) Study." Journal of the American Medical Assocaition,264(19):2511-8, Nov. 21, 1990.

2 Chan, Y.F., Dennis, M.L., and Funk, R.L. "Prevalence and comorbidity of major internalizing and externalizing problems among adolescents and adults presenting to substance abuse treatment." Journal of Substance Abuse Treatment 34(1);14-24, 2008.

A closer look at military personnel provides a good example how mental health and substance abuse issues can be triggered or exacerbated by exposure to certain conditions. For many in the military, deployment, and combat exposure in particular, is linked to a growing number of Post-Traumatic Stress Disorder (PTSD) cases, which often includes substance use problems. A recent Journal of the American Medical Association found that combat exposed military with PTSD or depression were more likely to develop or experience continued alcohol-related problems.[3] The homeless, too, frequently suffer both substance use and mental health conditions. Comorbidity in this population may be especially costly: a study of hospital expenses associated with homelessness reported that 52% of individuals who are homeless were admitted for mental health or substance abuse treatment, compared to 23% of non-homeless, low-income patients.[4]

POLICY MANDATE TO TREAT AND PREVENT COMORBIDITY

The research showing a robust connection between substance abuse and mental health conditions is well established. This research validates the findings of clinicians, who are well aware that substance use and mental health conditions often co-occur. As Alan Manavitz, a psychiatrist with New York-Presbyterian Hospital, explains "mental health problems and substance abuse are often seen together because one makes you more vulnerable to the other." Increasingly, clinical practice favors treating substance abuse and mental illness as one "co-occurring disorder" rather than as two separate issues, often with two different approaches. Best-practice strategies for clinicians now emphasize the importance of providing a single point of access to patients with multiple health needs, including those with co-occurring disorder. This single point of contact is reflected in both legislation and policy, as outlined below.

The Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA)

Groundbreaking in its time, the MHPAEA required that large group health plans maintain the same financial requirements (e.g., co-pays and deductibles) and treatment limitations (e.g., number of visits) applicable to mental health and substance abuse treatment as were applied to all medical/surgical benefits. Until the MHPAEA, substance abuse treatment coverage was not mandated, and the MHPAEA is the first enacted legislation that highlights co-occurring disorders. However, the MHPAEA does not mandate coverage for either mental illness nor substance abuse treatment; rather, it states that if those services were already provided, then the insurer must comply with the PHPAEA's parity provisions. Substance abuse treatment and mental health treatment services, however, are named as one of the Essential Health Benefits of the PPACA.[5]

The Patient Protection and Affordable Care Act (PPACA) of 2010

This shift towards viewing wellness as a condition best achieved by a holistic approach to health is supported by new priorities at the federal level. Increasingly, policy mandates are beginning to align with research and clinical findings about the importance of treating co-occurring disorders simultaneously. One of the biggest policy changes in recent years, PPACA will enhance community health clinics' ability to engage in substance abuse prevention efforts and address dual diagnosis among their patients. Currently, the law provides the following:

- Expands access to prevention services, including annual wellness visits, as well as outreach and education campaigns. In addition, grants are available to implement, evaluate, and disseminate community prevention activities (FY 2010).

3 Jacobson, I.G., Ryan, M.A.K., Hooper, T.I., Smith, T.C., Amoroso, P.J. Et al. (2008). Alcohol Use and Alcohol-Related Problems Before and After Military Combat Deployment. Journal of the American Medical Association, 300, 663-675.

4 Sharon A. Salit, M.A., Evelyn M. Kuhn, Ph.D., Arthur J. Hartz, M.D., Ph.D., Jade M. Vu, M.P.H., and Andrew L. Mosso, B.A., "Hospitalization Costs Associated with Homelessness in New York City." N Engl J Med 1998; 338:1734-1740 June 11, 1998.

5 California Health Benefits Review Program (CHBRP). (2012). Issue Brief: Interaction between California State Benefit Mandates and the Affordable Care Act's "Essential Health Benefits." Oakland, CA: CHBRP.

- Creates additional incentives to coordinate primary care, mental health, and addiction services. In FY 2011, grants and Medicaid reimbursement were made available for the creation of health homes for individuals with chronic health conditions, including mental illness and substance use disorders.

When fully implemented, the law will:

- Fundamentally change what services will be available to individuals that have mental health and addiction disorders. Various provisions will require benefit packages that include treatment for mental health and substance use disorder services, prescription drugs, rehabilitative, habilitative, and prevention and wellness services. These services must be available in benefit packages by Fiscal Year (FY) 2014.

SAMHSA's Strategic Vision for Prevention

The Substance Abuse and Mental Health Services Association (SAMHSA), located in the federal Department of Health and Human Services, acts as the lead government agency in the prevention of substance abuse and the promotion of mental health. SAMHSA has identified eight Strategic Initiatives (SI) to enable them to respond to National, State, Territorial, Tribal, and local trends and support implementation of the Affordable Care Act and the MHPAEA.

The first Strategic Initiative (SS1) titled "Prevention of Substance Abuse and Mental Illness" focuses on "creating communities where individuals, families, schools, faith-based organizations, and workplaces take action to promote emotional health and reduce the likelihood of mental illness, substance abuse including tobacco, and suicide.[6]" In alignment with their Strategic Initiatives for 2011-2014, SAMHSA recently articulated common outcomes using an ecological model. This model offers a practical framework through examination of the social environments of the individual, their relationships, their community, and society. SAMHSA formed State Epidemiological Outcomes Workgroups (SEOW) in every state, jurisdiction, and with several tribes to further study outcomes, and to link data to planning. Seventy SEOWs have been tasked with analyzing and monitoring substance abuse related data to identify risk and protective factors, and align evidence-based strategies to reduce these commonly held negative outcomes.

6 Substance Abuse and Mental Health Services Administration (2011). SAMHSA's Strategic Initiatives Fact Sheet. Rockville, MD.

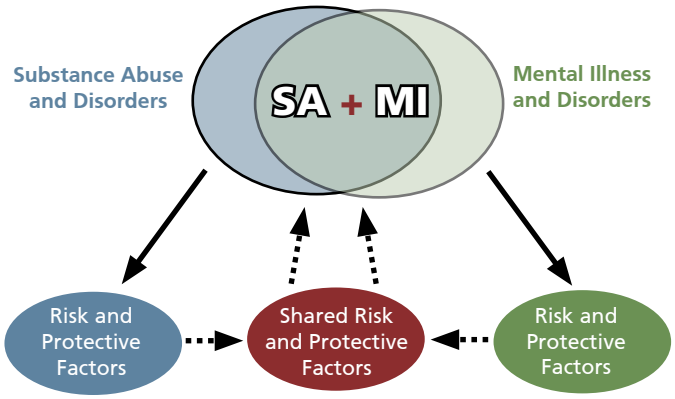
SAMHSA is now expanding the work of the SEOWs through the formation of the Behavioral Health Indicator Workgroup, which is addressing SS1 by identifying and defining factors that impact both mental disorders and substance use disorders. It aims to bolster the ability of local and State governments to plan through the use of improved resources and data monitoring tools.[7]

APPLYING THE RESEARCH: PREVENTION AS THE BRIDGE BETWEEN SUBSTANCE ABUSE AND MENTAL HEALTH

Despite the alignment of research, clinical knowledge, and a policy mandate to address co-occurring disorders, there are still practical challenges to implementation. The two fields of practice that address these issues, substance abuse and mental health, have distinct bodies of knowledge, with separate training, education, and professional organizations. A promising bridge between substance abuse and mental health is the field of prevention.

There is significant overlap in the activities and interventions used to support mental health with those used to prevent substance abuse. For example, there are currently 166 evidence-based programs, practices, and policies listed on the National Registry of Evidence-based Programs and Practices (NREPP) with identified outcomes that work to mitigate or prevent substance abuse, while at the same time improving mental wellness (common examples include: afterschool programs, parenting support and education classes,

7 More information on Workgroups and products released can be found at: http://captus.samhsa.gov/access-resources/samhsa-contractcollaboration-supports-epidemiological-workgroups



and life skills programs). There are 31 strategies listed on NREPP that have outcomes specific to addressing co-occurring disorders.[8]

The high prevalence of co-occurring disorders demonstrates ample opportunity for the prevention field to bolster and improve access to effective drug and alcohol prevention methods in mental health settings, and to support cross-training and collaborative partnerships across the two fields. Mental health clinicians trained in substance abuse identification and treatment play an important role in preventing AOD use and mitigating problems associated with use.

Knowing the etiology and compounding factors of substance use disorders has helped in the development of effective prevention strategies. Seminal research has laid the foundation for prevention theory and practice, and early researchers, such as Hawkins and Catalano, continue to study the conditions and characteristics that precede dependence and addiction.[9] There is now a large body of research confirming the presence of "risk" factors that increase susceptibility, and "protective" factors that help insulate against the conditions that give rise to substance abuse.[10] Increasingly, clinicians and researchers are finding that many of the risk and protective factors in play around substance abuse also factor into the prevention of mental health conditions.

CONCLUSION

The many opportunities that mental health settings and substance abuse prevention settings offer one another are a product of their breadth and depth. The field of mental health is broad in its range and diffuse in access points. The practices and policies used to prevent substance abuse often contribute to better mental health outcomes. This relationship is supported by years of highly regarded research and data that suggest multiple shared risk and protective factors that impact the two fields both individually and their overlap in co-occurring disorders. These factors are now firmly a part of the design and application of prevention programs, practices, and policies, and the associated outcomes can be used as a guide in selecting strategies that best align with a community's needs. As the use of evidence-based programs, practices, and policies becomes the norm, greater understanding and partnerships can direct efforts towards those strategies that can impact multiple outcomes.

8 NREPP www.samhsa.gov visited December, 2012

9 Hawkins, J. David; Catalano, Richard F.; Miller, Janet Y. "Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: Implications for substance abuse prevention." Psychological Bulletin, Vol 112(1), Jul 1992, 64-105. doi: 10.1037/0033-2909.112.1.64

10 Valerie J. Edwards, Ph.D.; George W. Holden, Ph.D.; Vincent J. Felitti, M.D.; Robert F. Anda, M.D., M.S. "Relationship Between Multiple Forms of Childhood Maltreatment and Adult Mental Health in Community Respondents: Results From the Adverse Childhood Experiences Study."Am J Psychiatry 2003;160:1453-1460. 10.1176/appi.ajp.160.8.1453

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