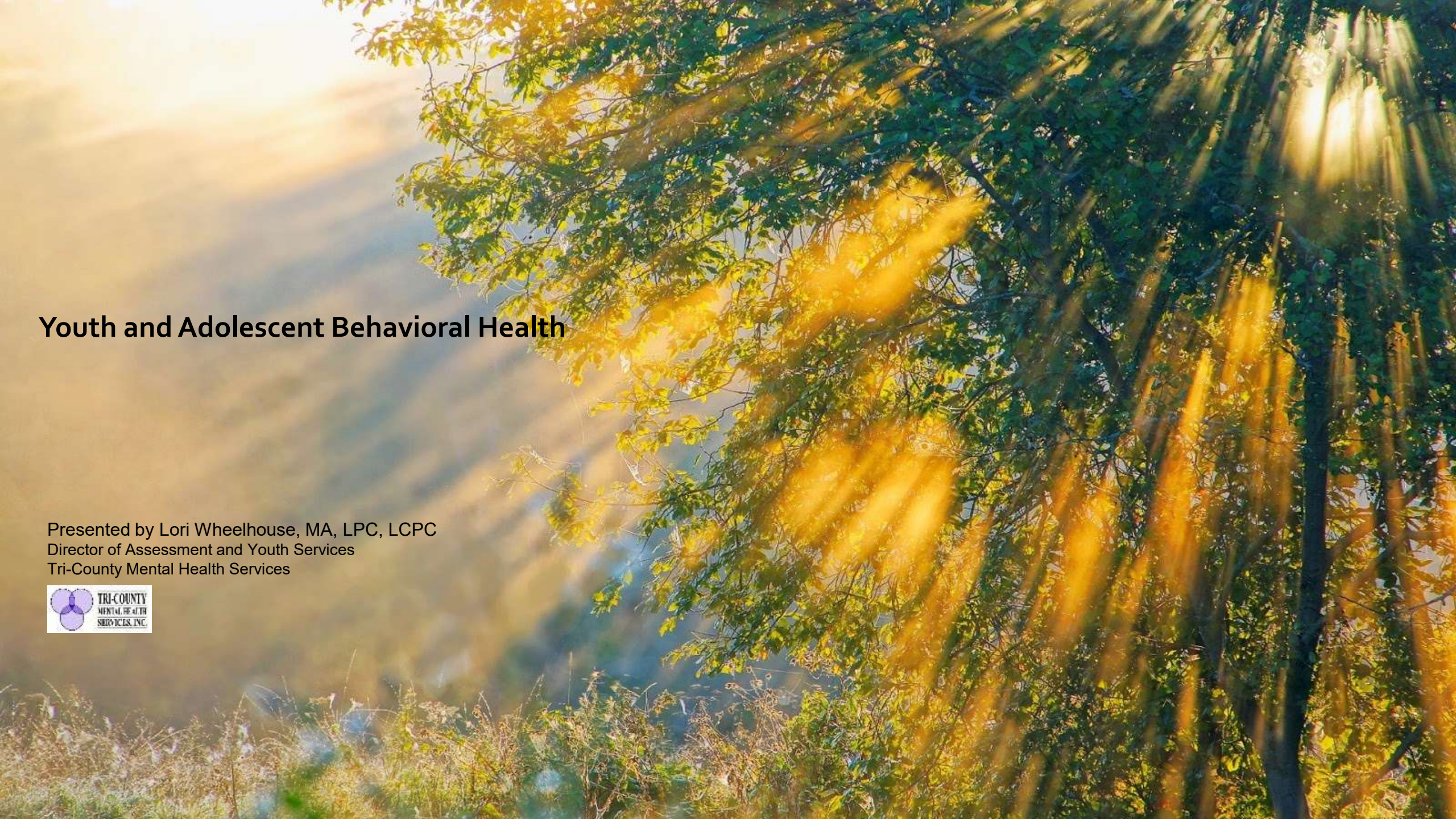

Youth and Adolescent Behavioral Health

Presented by Lori Wheelhouse, MA, LPC, LCPC
Director of Assessment and Youth Services
Tri-County Mental Health Services

Discussion Objectives

- Review SAMHSA Data and Grant Opportunities
- Youth Suicide and Prevention Strategies
- Trauma Informed Practices
- Basic Elements to Resilience

Substance Abuse and Mental Health Services Administration: SAMHSA

- Kim Nelson, MPA, LAC
- Regional Administrator
- Region VII (IA, KS, MO, NE)
- Substance Abuse and Mental Health Services Administration (SAMHSA)
- U.S. Department of Health and Human Services (HHS)
  - 601 E. 12th St., Suite N250
  - Kansas City, MO 64106
    - Phone: 816.426.5291 ♦ Mobile: 816-591-6873
- **E-mail:** Kimberly.Nelson@samhsa.hhs.gov
- **Website:** www.samhsa.gov

SAMHSA's Mission

To reduce the impact of hazardous substance use and mental illness on America's communities

SAMHSA's Vision

America is a nation that understands and acts on the knowledge that:

- Behavioral health is essential to health
- Prevention works
- Treatment is effective
- People recover

SAMHSA's Priorities

- Opiate crisis (and other substance use disorders)
- Serious Mental Illness
- Suicide Prevention

2016 Data

- In 2016: Over 10 million adults with SMI and over 7 million children and youth with SED
- 35.2% of adults with SMI did not receive mental health treatment
- Lack of use of evidence-based practices: Nearly a third receive medications only with no psychosocial or psychotherapeutic services
- Only 2.1% receive AOT and 2.1% receive supported employment services
- 2 million people with SMI are incarcerated every year. Only 1/3 of those will get any treatment for mental illness
- Leads to treatment failure, homelessness, incarceration, need for increased numbers of hospital beds; increased costs
- High rates of co-occurring mental and physical health problems: people with SMI die 10 years earlier than general population

2016 Data

- **Tobacco Use** - Although about 1 in 5 people aged 12 or older were current cigarette smokers, cigarette use generally declined between 2002 and 2016 across all age groups
- **Alcohol Use** - About 1 in 5 underage individuals aged 12 to 20 were current alcohol users. The percentage of underage drinkers in 2016 was lower than the percentages in 2002 through 2014 but was similar to the percentage in 2015
- **Illicit Drug Use –** About 1 in 10 Americans 12 or older (10.6%) used an illicit drug - but ranges as high as 1 in 4 for young adults aged 18 to 25 Regardless of age, illicit drug use continues to be driven primarily by marijuana use and the misuse of prescription pain relievers
  - The percentage of people aged 12 or older who were current marijuana users in 2016 was higher than the percentages from 2002 to 2015 However, this increase is driven by adult use. Adolescent (age 12 – 17) use decreased
- Among people aged 12 or older who misused pain relievers in the past year, about 6 out of 10 people indicated that the main reason they did so was to relieve physical pain (62%), and about half (53%) indicated that they obtained the last pain relievers they misused from a friend or relative.

2016 Data

- **Substance Use Disorder Treatment -** About 1 in 13 people age 12 and older needed treatment, of those about 1 in 10 received it in a specialty care facility in the past year
- **Major Depressive Episode -** 12.8% of adolescents aged 12 to 17 (3.1 million adolescents) and 10.9% of young adults aged 18 to 25 (3.7 million) had a major depressive episode (MDE) during the past year This represents an increase from 2015
- **Co-Occurring MDE and Substance Use among Adolescents –** The percentage of adolescents aged 12 to 17 who used illicit drugs in the past year was higher among those with a past year MDE than it was among those without a past year MDE (31.7% vs 13.4%). Among adolescents who had a co-occurring MDE and an SUD in the past year, 71.9% received either substance use treatment at a specialty facility or mental health services in the past year

SAMHSA Grants

- Formulary Grants SAPT BG - Substance Abuse Prevention and Treatment
- MH BG – Mental Health Block Grant
- Homelessness
- Discretionary Grants – a few examples include: Drug Free Communities grants to coalitions
- Pregnant and Post Partum Women with SUD’s
- Primary and Behavioral Health Care Integration
- Drug Courts
- Adolescent Treatment Services Grants
- Medication Assisted Treatment Grants

Local Suicide Prevention Actives

- **Zero Suicide-**

The Coalition for Community Behavioral Healthcare, in collaboration with DMH and the national Suicide Prevention Resource Center, is hosting a Show Me Zero Suicide Learning Collaborative for Community Mental Health Centers this spring. The foundational belief of Zero Suicide is that suicide deaths for individuals under care within health and behavioral health systems are preventable. The Collaborative will begin with a two-day Zero Suicide Academy for senior leaders of organizations that seek to dramatically reduce suicides among patients in their care. Using the Zero Suicide framework, participants learn how to incorporate best and promising practices into their organizations and processes to improve care and safety for individuals at risk. DMH facilities are also being educated on the Zero Suicide framework.

- **Signs of Suicide-**

The SOS Program encourages students to identify a trusted adult in their life such as a school counselor, teacher, or coach, and to turn to them when in need. Also included in the SOS Program is a validated screening tool to assess students for the signs of depression. The SOS Signs of Suicide® High School Prevention Program is the only school-based suicide prevention program listed on SAMSHA's National Registry of Evidence-based Programs and Practices that addresses suicide risk and depression, while reducing suicide attempts.

Trauma Informed Care Practices

- The implementation of a trauma-informed approach is an ongoing organizational change process. A “trauma-informed approach” is not a program model that can be implemented and then simply monitored by a fidelity checklist. Rather, it is a profound paradigm shift in knowledge, perspective, attitudes and skills that continues to deepen and unfold over time. Some leaders in the field are beginning to talk about a “continuum” of implementation, where organizations move through stages. The continuum begins with becoming trauma aware and moves to trauma sensitive to responsive to being fully trauma informed.
- Purpose: To ensure that agencies do no harm; to assess the implementation of basic principle of trauma-informed approaches in various organizational settings; to develop a common language and framework for discussion; and to help increase the effectiveness of services, wherever and whatever they are, by increasing awareness of trauma.
- The Missouri Model: https://dmh.mo.gov/trauma/MO%20Model%20Working%20Document%20february%202015.pdf

Trauma Informed Care Practices

The Five Domains of creating a trauma informed environment:

Safety: Ensuring physical and emotional safety

Trustworthiness: Maximizing trustworthiness, making tasks clear and maintaining appropriate boundaries

Choice: Prioritizing developmentally appropriate choice and control for children, youth, families and adults

Collaboration: Maximizing collaboration and sharing of power with children, youth, families, and adults

Empowerment: Prioritizing child, youth, family and adult empowerment and skill-building

Developing Resilience

Resilience is the process of adapting well in the face of adversity. trauma, tragedy, threats, or even significant sources of stress - such as family and relationship problems, serious health problems, or workplace and financial stressors. It means "bouncing back" from difficult experiences.

Top 10 ways to build resilience-

Make connections
Avoid seeing crisis as impossible to overcome
Accept that change is part of living
Move toward your goals
Take decisive actions
Keep learning
Nurture yourself
Keep things in perspective
Maintain a hopeful outlook
Take care of yourself

Resources

- www.samhsa.gov
- www.tr-countymhs.org
- www.wellmissouri.com
- www.encouragehopeandhelp.com

- Lori Wheelhouse, MA, LPC, LCPC
- loriw@tri-countymhs.org
- 816-468-0400