



Supporting Our Nation's Resiliency in a Period of Economic Recovery

November 12, 2009
NHS Confederation Conference
Mental Health Services Fit for the Future

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Who is SAMHSA



- Substance Abuse and Mental Health Services Administration
- Part of the U.S. Department of Health and Human Services
- Created in 1992 from the breakup of ADAMHA (research v. services)
- Informs, directs, and contributes to national mental health and substance abuse policy
- Makes grants (formula and discretionary) to develop service capacity
- Develops and sponsors evidence-based practices
- Facilitates collection of data on prevalence and service use
- Budget of about \$4 Billion



Effects of the Economy on Health - How Did We Get Here?



Extremely Complex Set of Issues



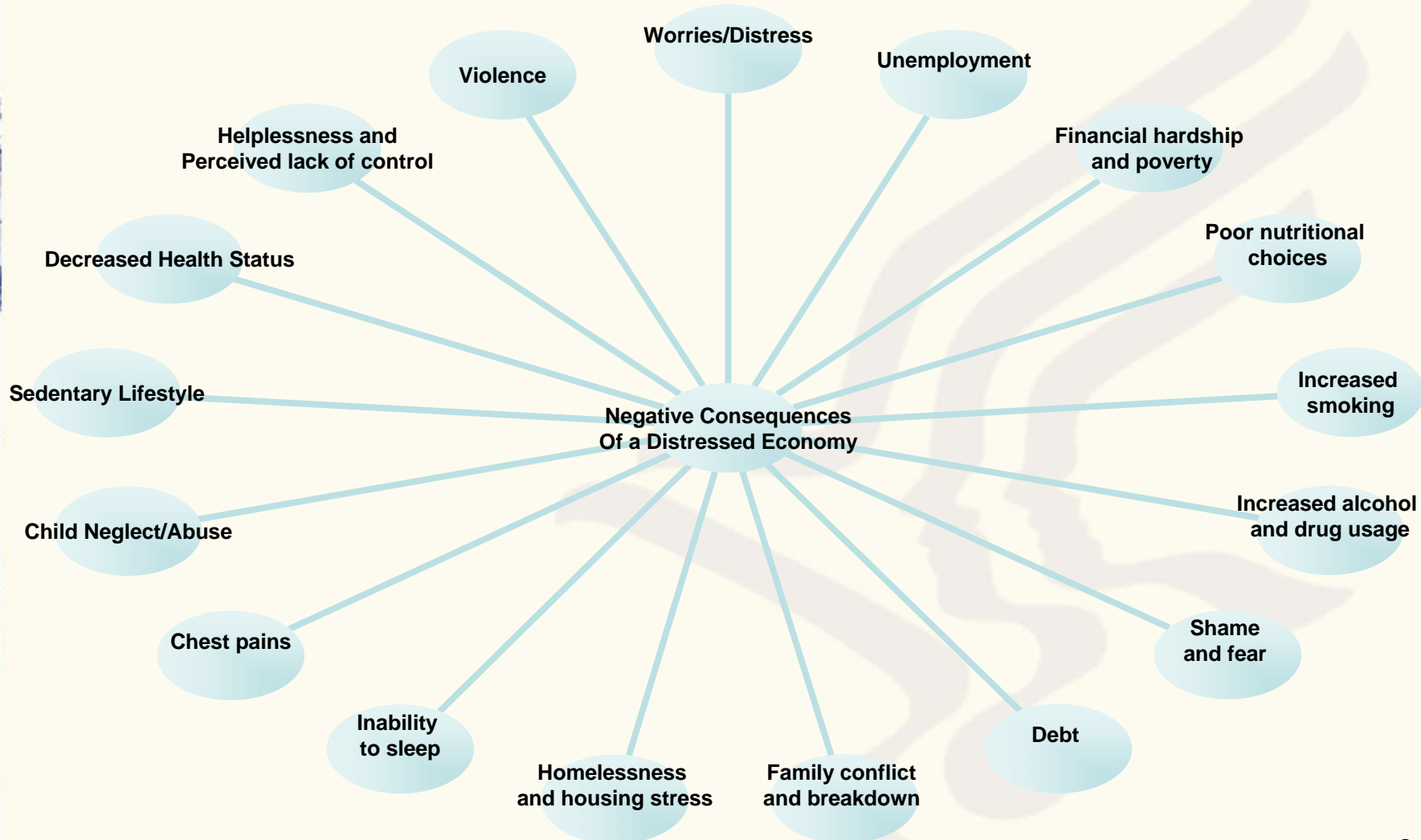
The Issues



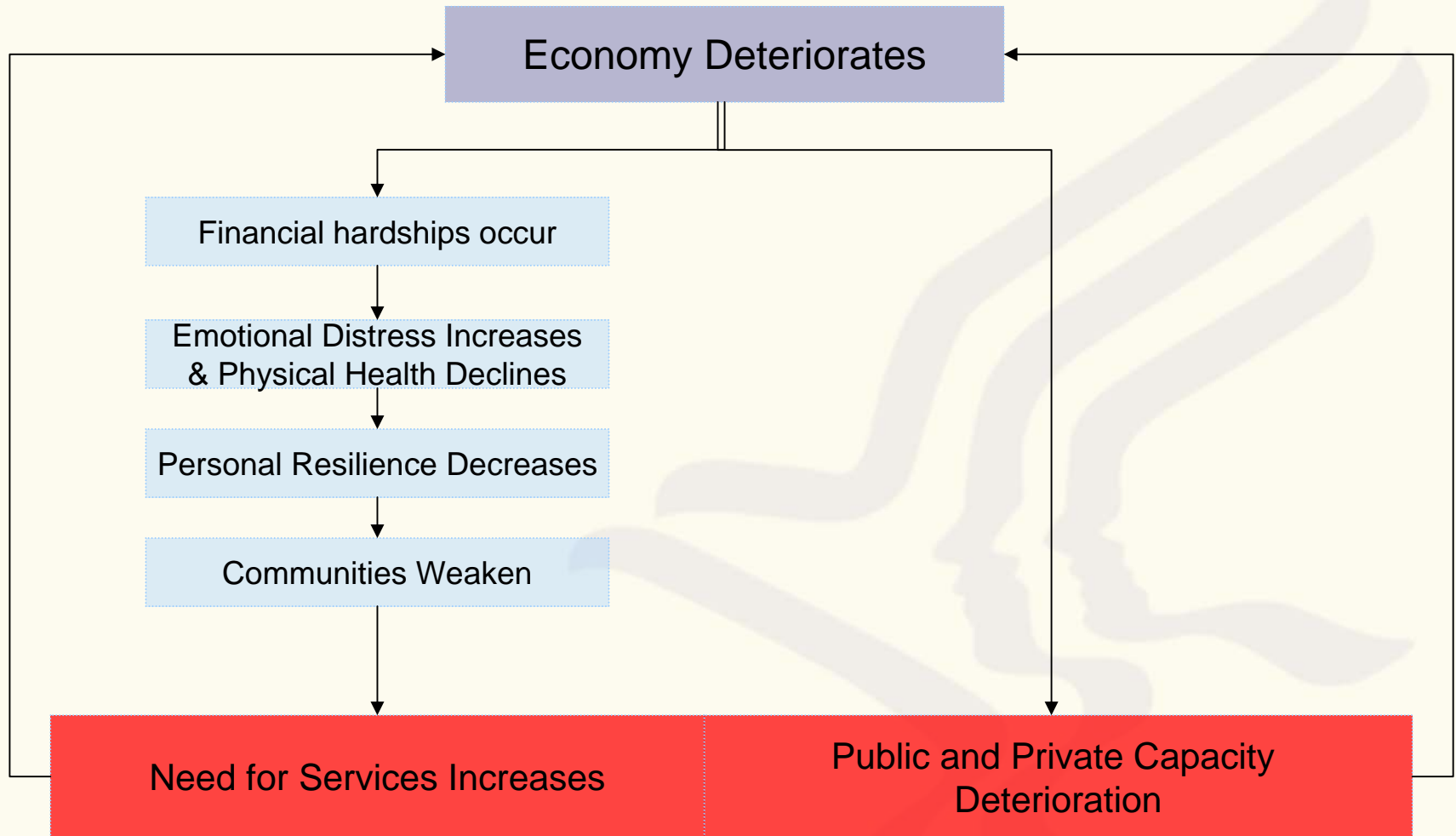
- The psychological impact of economic crisis on individuals and families can easily be compared to the aftermath of a disaster such as Hurricane Katrina – where businesses and jobs were lost and people were forced from their homes
- These types of losses are known risk factors for increased psychological distress, substance abuse and associated behaviors, including suicide, crime, family conflict, child neglect and abuse, and intimate partner violence
- The explicit symptoms of psychological distress and associated behaviors can manifest in months or even years after the triggering events (job loss, home foreclosure etc)
- National capacity to respond in the short term and support recovery over the long term to such events is patchwork at best



The Issues



Breaking the Downward Spiral



Impact on Individuals and Families



- In September, the number of unemployed persons was 15.1 million. The unemployment rate was 9.8 percent. The number of long-term unemployed (those jobless for 27 weeks or more) rose by 450,000 over the month to 5.4 million.
- About 2.2 million persons were marginally attached to the labor force in September, 615,000 more than a year earlier. These individuals, who were not in the labor force, wanted and were available for work and had looked for a job sometime in the prior 12 months. Among the marginally attached, there were 706,000 discouraged workers in September, up by 239,000 over the past 12 months. Discouraged workers are persons not currently looking for work because they believe no jobs are available for them.
- In October 2008, the American Psychological Association reported that money and the economy topped the list as sources of stress for 8 of 10 Americans. Nearly half of Americans report that their stress level has increased over the past year, with as many as 30% rating their average stress levels as extreme (8, 9 or 10 on a 10-point scale where 10 means “a great deal of stress”)
- Data collected on calls to the National Suicide Prevention Lifeline during the summer of 2008 and every month since then reveal on a consistent basis between 20-30% of callers have described economic/financial concerns as a reason for the call

The Impact on Individuals and Families



“Those in debt have two to three times the rate of depression, three times the rate of psychosis, double the rate of alcohol dependence, four times the rate of drug dependence, compared to the general population.”

Mental Capital and Wellbeing, UK Government Office for Science

<http://www.foresight.gov.uk/OurWork/ActiveProjects/Mental%20Capital/ProjectOutputs.asp>



Impact on State and Community Systems



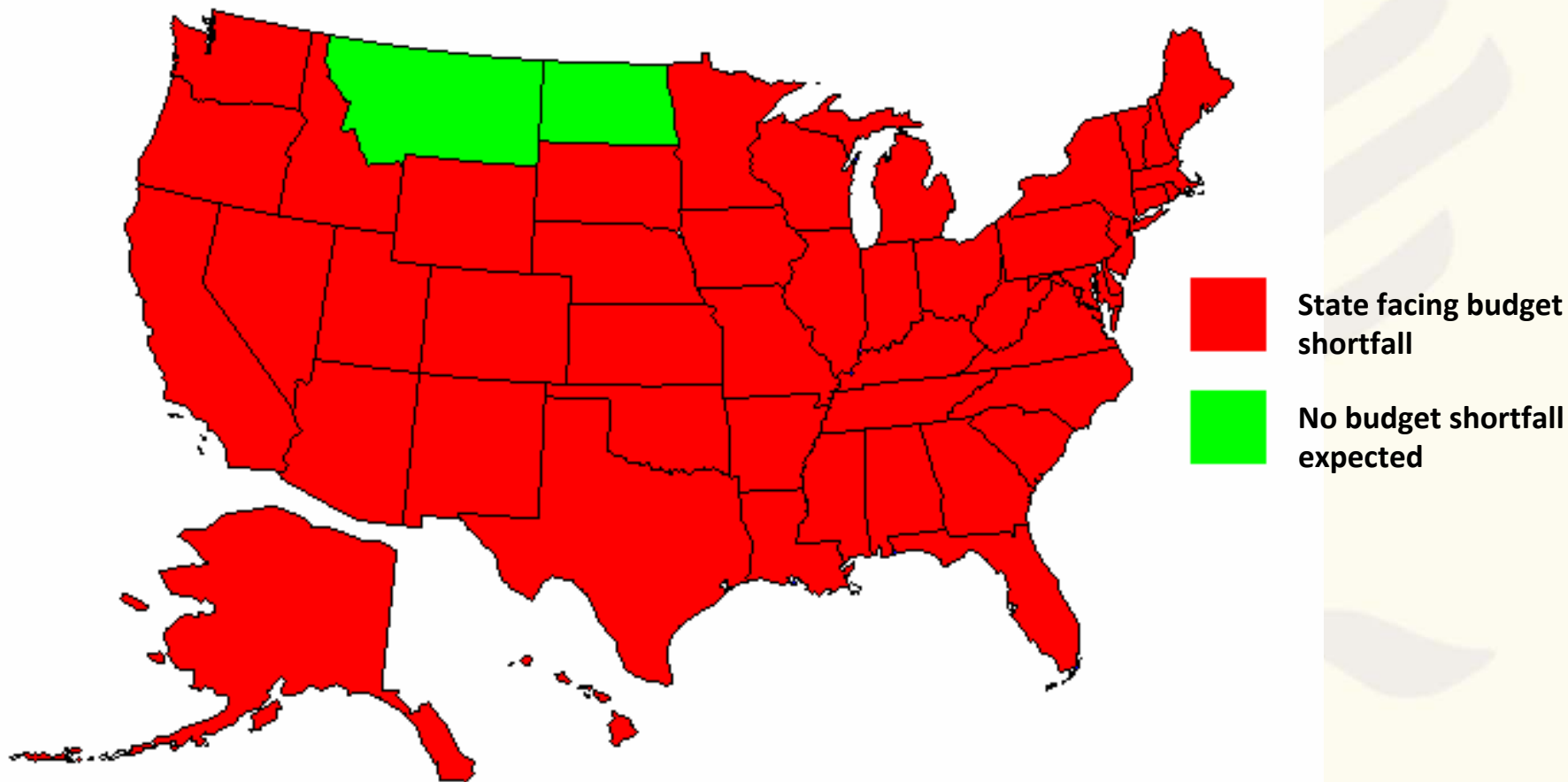
- Cumulative state budget gaps are expected to exceed \$350 billion for the period of FY2009 – FY2011
- The National Association of State Mental Health Program Directors estimates a \$1.5 billion reduction in funding for services this year and up to \$3 billion next year

For example

- The Ohio Legislature sharply cut drug and alcohol addiction services and mental health care – a net loss of \$170 million
- Budget cuts in Illinois could result in 175,000 people losing community mental health services and 65,000 people with alcohol and substance addictions losing treatment services
- 53% of State Mental Health Agencies are cutting services to indigent healthcare consumers without Medicaid

48 States Face Budget Shortfalls

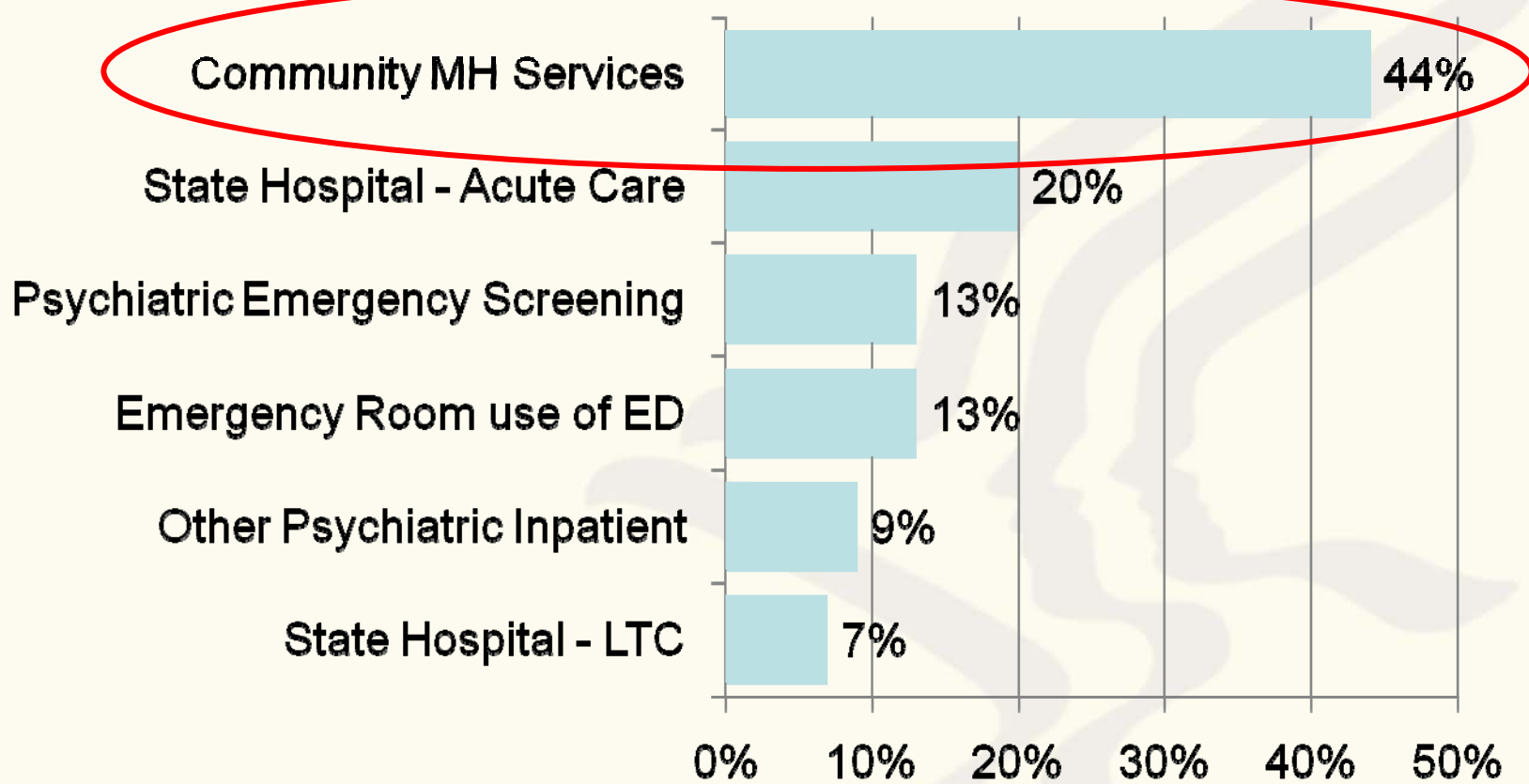
(Includes states with shortfalls in FY2010)



Map from the Center on Budget and Policy Priorities: McNichol, E., & Lav, I.J. (2009). State Budget Troubles Worsen.

Increased Demand for Services

Percentage of States Experiencing Increased Demand for Services



As of July, 2009

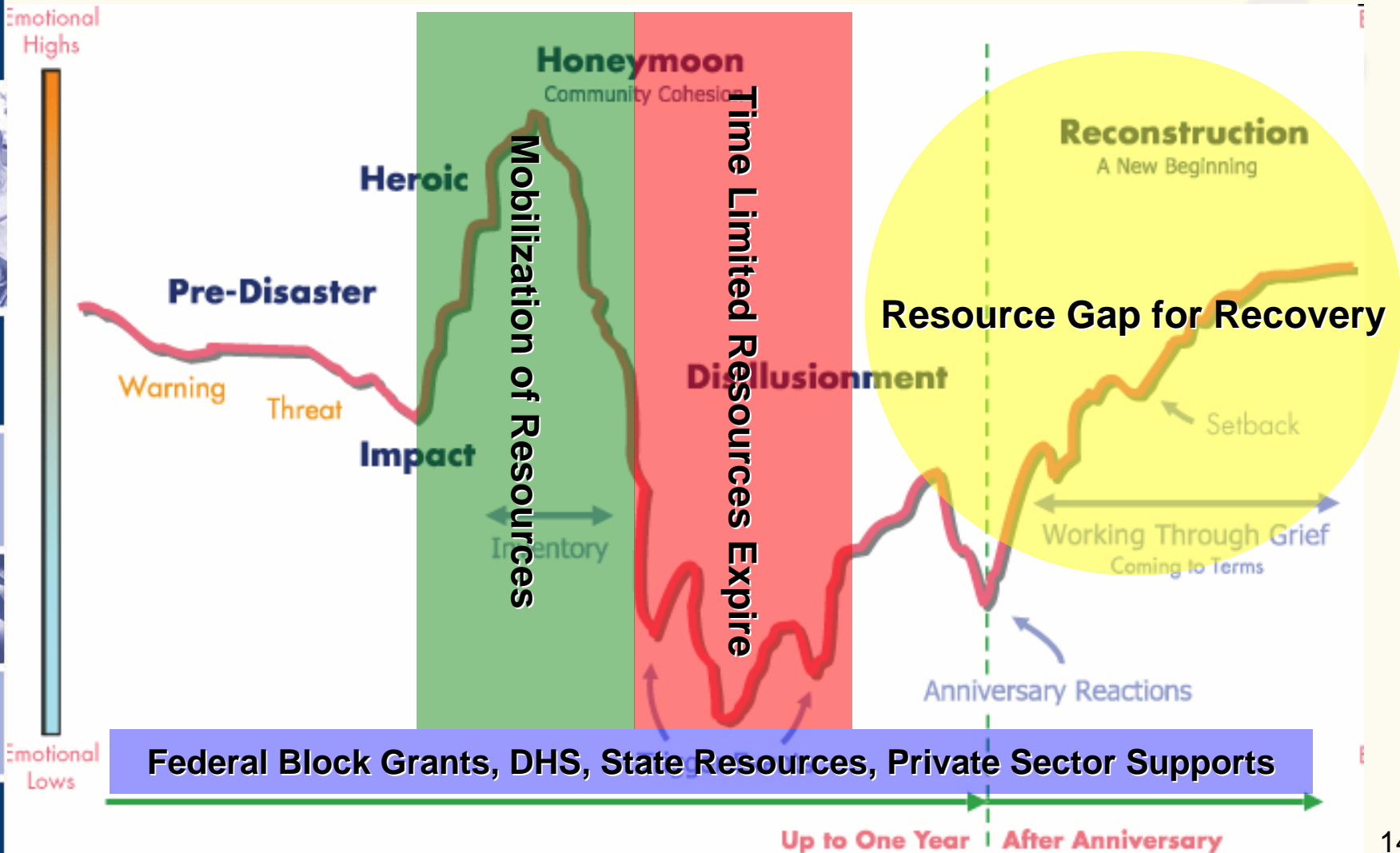
Impact on National Public Health



- Unhealthy behaviors - smokers are 13% less likely to quit during economic hard times, and ex-smokers are more likely to relapse; binge drinking increases dramatically
- Distressed State and community systems threaten universal access to health services (capacity)
- Decreased health supporting decisions (foregoing prescriptions, check-ups, and preventative care)
- Disaster-like health consequences are long-term issues



Phases of Disaster Response



Resource Gaps for Recovery



- Patchwork response to reducing psychological distress, and related behaviors
- Little attention to long term consequences and impact on other service delivery systems
- Community mental health and substance abuse services are strained as a result of increased demand and budget restrictions
- Resource limitations for behavioral health components of the National Response Framework



SAMHSA's Response to Current Economic Climate



- Convened All Hazards Behavioral Health Conference
- SAMHSA resource webpage
- Production of specialized materials
- Technical Assistance to Federal Agencies
- Coordination with FEMA
- Convened the Federal Executive Steering Committee on Mental Health
- Presentations at FEMA Conference



SAMHSA's Response to Current Economic Climate



- Supplemental funding
- Stress management and psychosocial resilience resource collection and toolkit
- Continue to provide support and technical assistance to States & Federal Agencies
- Community Economic Adjustment Program (CEAP)
- Mental Health and Substance Abuse Commissioner's Roundtable
- 8 Country Economic Roundtable in Ottawa



Proposed Actions to Support Recovery



- Community Resiliency and Recovery Initiative
- Augment Funding to Block Grants
- SAMHSA Emergency Response Grants
- Suicide Prevention Network
- Public Education Campaign
- Leadership and Management



The Community Resilience and Recovery Initiative



Activities

Individual Crisis Counseling, Case Management, Educational Outreach, Group Crisis Counseling, Public Education, Support, Assessment, Referral, and Resource Linkage

Outcomes

(ST) Distressed communities awarded funds, implemented programs, trained personnel, materials developed, messaging for senior leaders, campaign kickoff; (LT) increase/protect economic health of community, prevention of long-term disability, facilitate employability and return to work, decreased symptoms, increased self reliance, increased resiliency, increased mental and physical health, preserve local safety net



Augment Funding to Block Grants



Activities

Gap identification, Services creation, collaboration across sectors, infrastructure support, workforce development

Outcomes

(ST) Build targeted capacity addressing need, relief of MOE, increased services available; (LT) Increase/protect economic health of State, create healthier workforce, prevent long-term disability, facilitate employability and return to work, decreased symptoms, increased self reliance, increased resiliency, increased mental and physical health, preserve local safety net



Suicide Prevention Lifeline Network



Activities

Increase capacity; improve the quality of lethality assessment; enhanced crisis center response for economic issues; enhanced referral and follow up

Outcomes

(ST) Stabilization of Network, locality capacity restored, training implemented, economic related follow-up and referral processes established; (LT) Decreased suicide attempts, decreased suicide completions, follow-up and referral completed



The SAMHSA Emergency Response Grant (SERG) Program



Activities

Evidence based prevention and wellness strategies including crisis counseling, hot line support, group interventions, public service announcements, information dissemination, screenings and other interventions

Outcomes

(ST) Applications awarded, services available, materials developed and distributed, screenings completed, prevention strategies instituted; (LT) Decreased symptoms, increased self reliance, increased resiliency, increased mental and physical health



National Public Education Campaign



Activities

Radio, television, print, and multimedia campaign, State level supports of campaign, coordination with other stakeholders

Outcomes

(ST) Development of Message, Identification of channels and messengers; (LT) Increased public awareness of issues, acceptance of community responsibility and commitment to self, family, and community



Federal Executive Steering Committee (FESC) on Mental Health



Activities

Leadership and Management of Government-wide responsibility (Includes 9 Cabinet Level Departments)

Outcomes

(ST) Identification of responsible organizations, commitment to coordination of resources, production of Federal Action Agenda on Resilience and Recovery; (LT) Report to the President on coordinated of program initiatives and impact of communities of interest



Proposed Actions to Support Recovery



- Community Resiliency and Recovery Initiative

- Augment Funding to Block Grants

- SAMHSA Emergency Response Grants

- Suicide Prevention Network

- Public Education Campaign

- Leadership and Management





“We must continue to clean up the wreckage of this recession, but it is time to rebuild something better in its place”

President Obama, *Washington Post*, July 12, 2009

Thank you

Questions and Comments

