Adult Mental Health in North Dakota
Interim Human Services Committee – March 8, 2016
Why Focus on Behavioral Health?

By 2020, mental health and substance use disorders will surpass all physical diseases as a major cause of disability worldwide.

SAMHSA
Adult Mental Health Data
ND State Epidemiological Outcomes Workgroup (SEOW)

Mission: Identify, analyze, and communicate key substance abuse and related *behavioral health data* to guide programs, policies, and practices.

Goal of the SEOW: Use data to *inform and enhance state and community decisions* regarding behavioral health programs, practices, and policies, as well as promote positive behavioral and mental health over the lifespan.
Approximately 1 in 6 (16.2%) adults age 18 or older in North Dakota has Any Mental Illness (AMI)

Any Mental Illness (AMI) is the presence of any mental, behavioral, or emotional disorder in the past year that met DSM 5 criteria.

Data Source:
SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2013 and 2014.
Serious Mental Illness Prevalence

Approximately 1 in 20 (5.4%) adults age 18 or older in North Dakota has a Serious Mental Illness (SMI)

Serious Mental Illness (SMI) is defined as adults with any mental, behavior, or emotional disorder that substantially interfered with or limited one or more major life activities.

Data Source:
SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2013 and 2014.
Core Values

• Community-based
• Consumer-driven
• Culturally and linguistically competent
• Holistic
Key Principles

- Integration
- Least restrictive
- Resist criminalizing
- Broad array of services and supports
  - Accessible (timely)
  - Quality (effective, show outcome)
  - Tailored to consumer
  - Strengths-based
  - Recovery-focused
Behavioral Health
Continuum of Care Model

Source: Institute of Medicine
Promotion & Prevention
Shared Risk and Protective Factors

• Research shows that some risk and protective factors are associated with multiple outcomes.
  – For example, negative life events, such as divorce or sustained neighborhood violence, are associated not only with substance abuse but also with anxiety, depression, and other behavioral health problems.
Resilience

Strengths-based

Focuses on providing the developmental supports and opportunities (protective factors) that promote success.
Early Intervention/Identification
Early Intervention/Identification

• ½ of all people with mental and/or substance use disorders are diagnosed by age 14
• ¾ of people with these conditions are diagnosed by age 24

(2009 Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Institute of Medicine)
Intervening during windows of opportunity **CAN** prevent the disorder from developing.

First Episode Psychosis (FEP)

ABOUT FEP

• Majority of individuals with serious mental illness, such as schizophrenia, bipolar disorder, and major depression, experience the first signs of illness during adolescence or early adulthood

• Often long delays between symptom onset and the receipt of evidence-based interventions

ND ACTION

• 10% set-aside has been allocated to SAMHSA’s Mental Health Block Grant to support the development of FEP services

• The Behavioral Health Division and Planning Council are receiving technical assistance and are developing an implementation plan
Mental Health Treatment and Recovery
North Dakota Olmstead Commission

**Vision:** North Dakota will be a place where: People with disabilities are living, learning, working, and enjoying life in the most integrated setting.

**Goals:**
- Housing
- Employment
- Transportation
- Community Service and Supports
Considerations

- Support the full continuum of care
- Collaborate across systems, including primary care
- Peer Support
- Community-based services
- Best Practices
- Workforce
- Directory of behavioral health providers and specialties
- Criminal Justice
- Autism
- Brain Injury
- Suicide
Upcoming Efforts

• Needs Assessments
  – Behavioral Health Needs Assessment
  – Brain Injury Needs Assessment
  – Olmstead Needs Assessment

• Tribal Behavioral Health meeting
  – March 23rd meeting

• ND Cares
  – Data assessment by August 2016
  – Building capacity of behavioral health providers to serve Service member, Veteran’s, Families, & Survivors