north dakota
department of
human services

Pamela Sagness, Director
Behavioral Health Division

Adult Mental Health in North Dakota
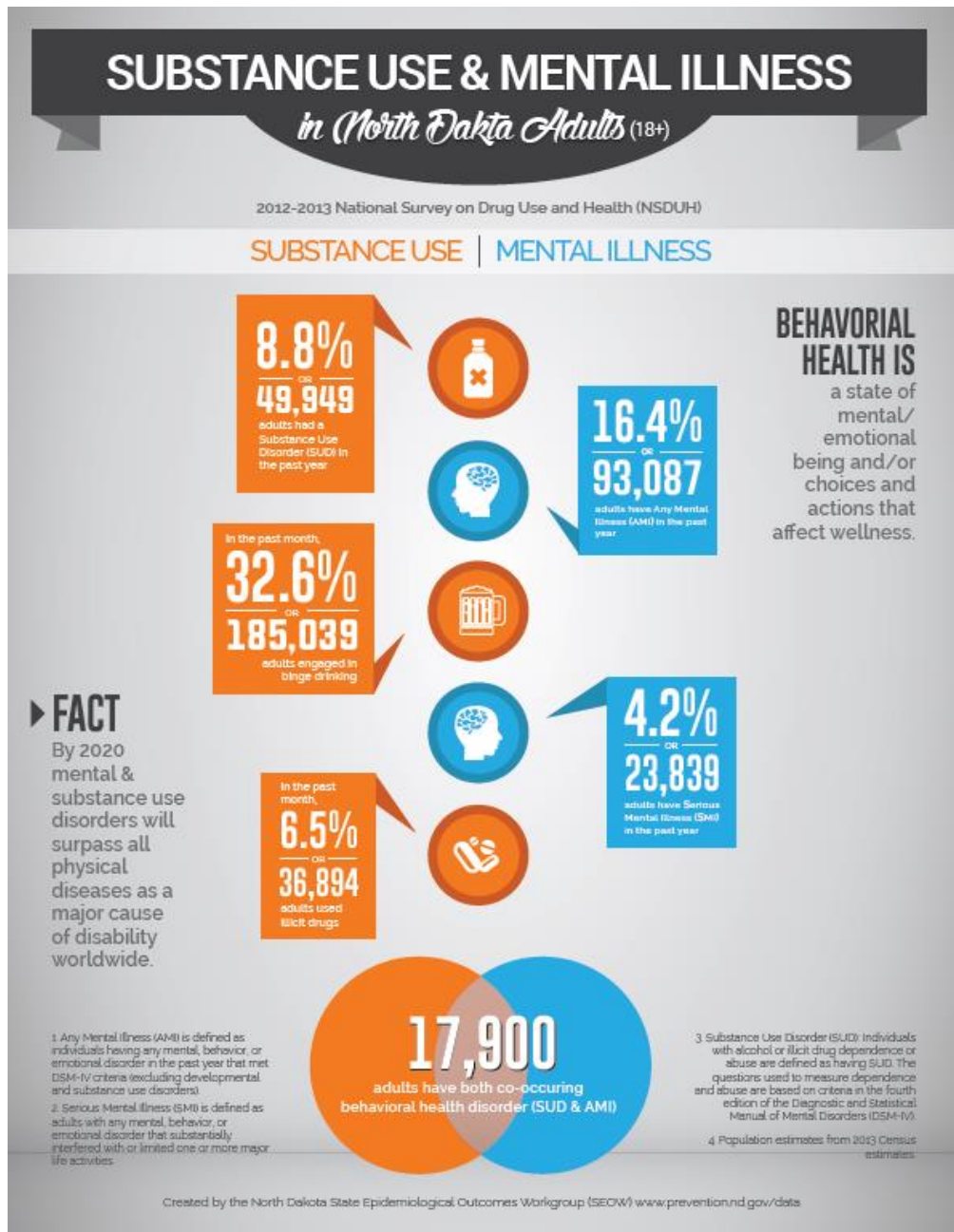Interim Human Services Committee – March 8, 2016

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

SUBSTANCE USE & MENTAL ILLNESS
in North Dakota Adults (18+)

2012-2013 National Survey on Drug Use and Health (NSDUH)

SUBSTANCE USE | MENTAL ILLNESS

8.8% OR 49,949 adults had a Substance Use Disorder (SUD) in the past year

16.4% OR 93,087 adults have Any Mental Illness (AMI) in the past year

BEHAVORIAL HEALTH IS a state of mental/ emotional being and/or choices and actions that affect wellness.

In the past month, 32.6% OR 185,039 adults engaged in binge drinking

▶ FACT
By 2020 mental & substance use disorders will surpass all physical diseases as a major cause of disability worldwide.

In the past month, 6.5% OR 36,894 adults used illicit drugs

4.2% OR 23,839 adults have Serious Mental Illness (SMI) in the past year

1 Any Mental Illness (AMI) is defined as individuals having any mental, behavior, or emotional disorder in the past year that met DSM-IV criteria (excluding developmental and substance use disorders).
2 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.

17,900 adults have both co-occuring behavioral health disorder (SUD & AMI)

3 Substance Use Disorder (SUD): Individuals with alcohol or illicit drug dependence or abuse are defined as having SUD. The questions used to measure dependence and abuse are based on criteria in the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV).
4 Population estimates from 2013 Census estimates

Created by the North Dakota State Epidemiological Outcomes Workgroup (SEOW) www.prevention.nd.gov/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.

Mental Illness Prevalence

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.

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.

ADULT MENTAL HEALTH SYSTEM

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
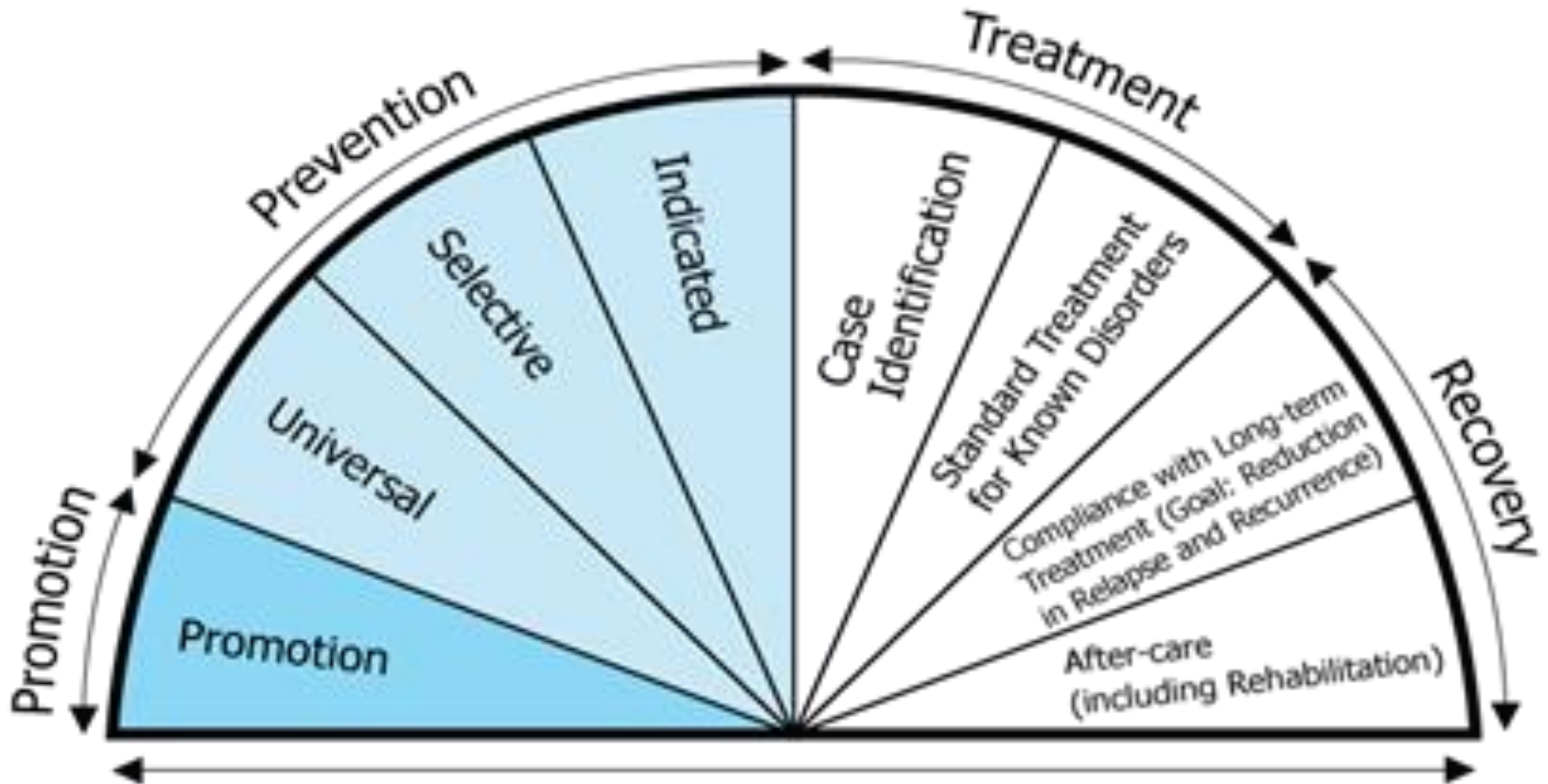
Promotion & Prevention

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.

Substance Use Disorders Risk and Protective Factors

Shared Risk and Protective Factors

Mental Illness Risk and Protective Factors
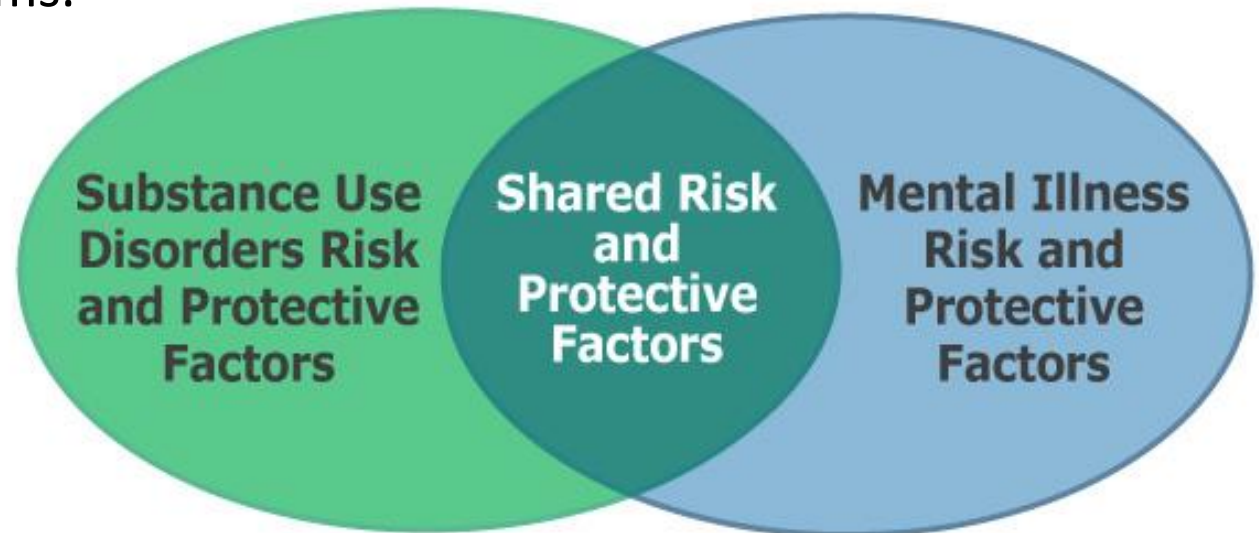
Resilience

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

Windows of Opportunity
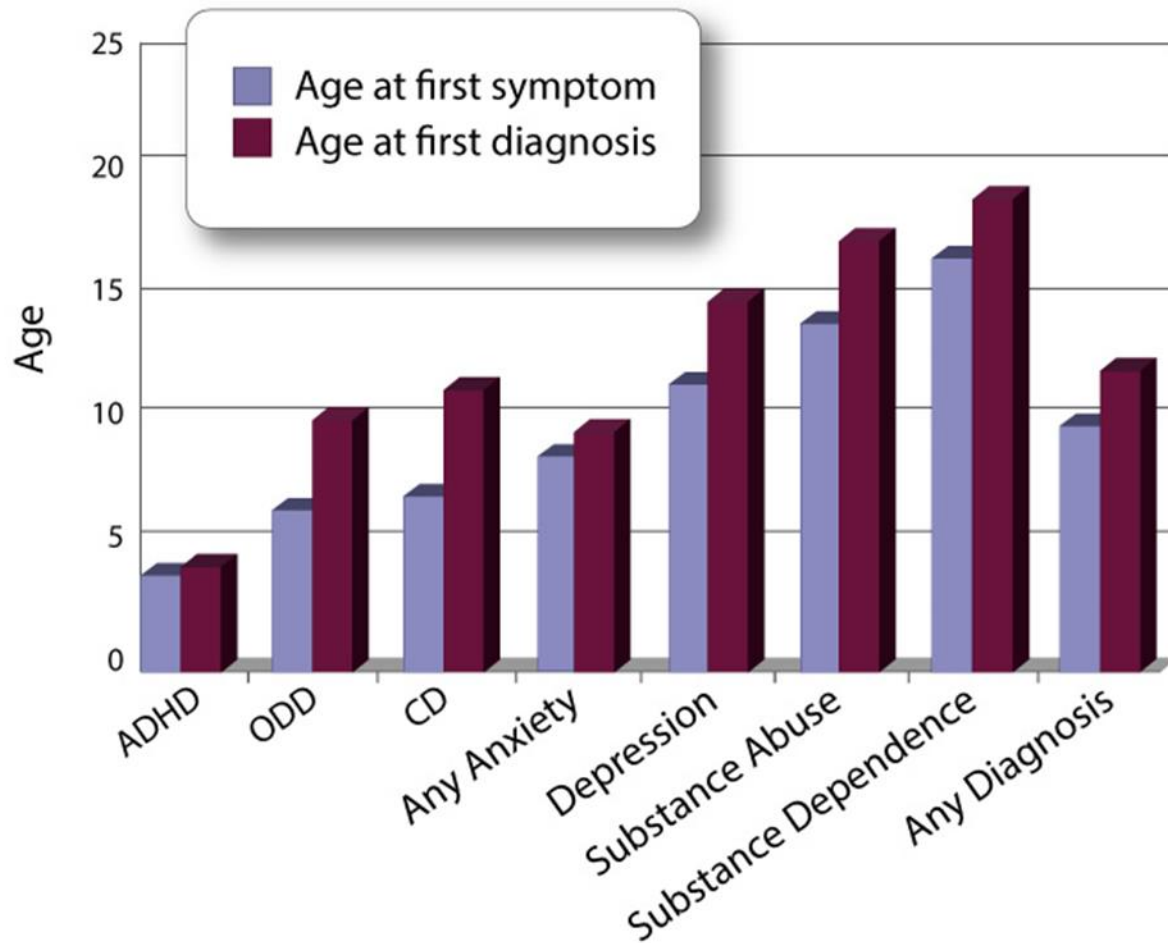
Intervening during windows of opportunity *CAN* prevent the disorder from developing.

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
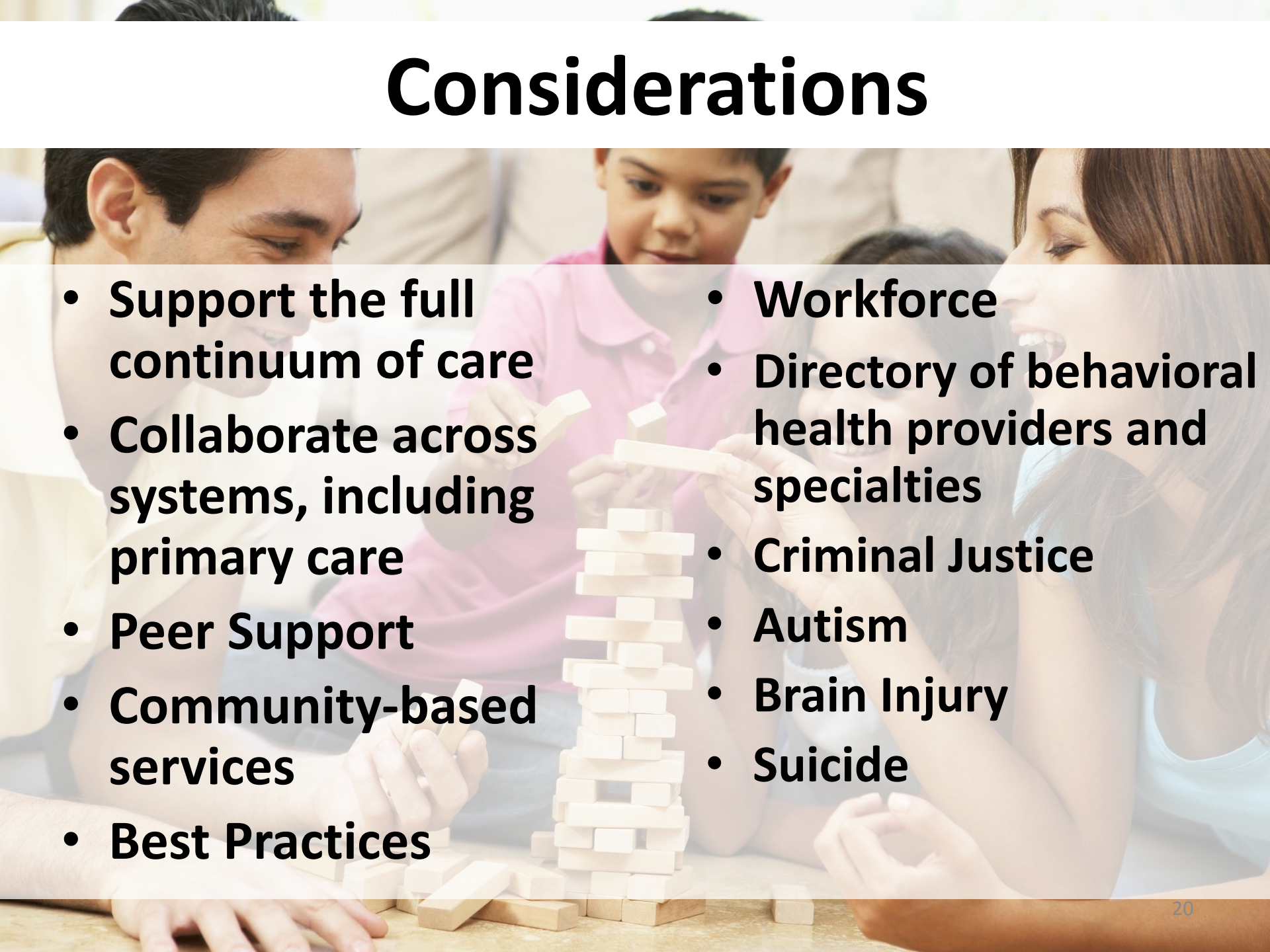## and Recovery

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**
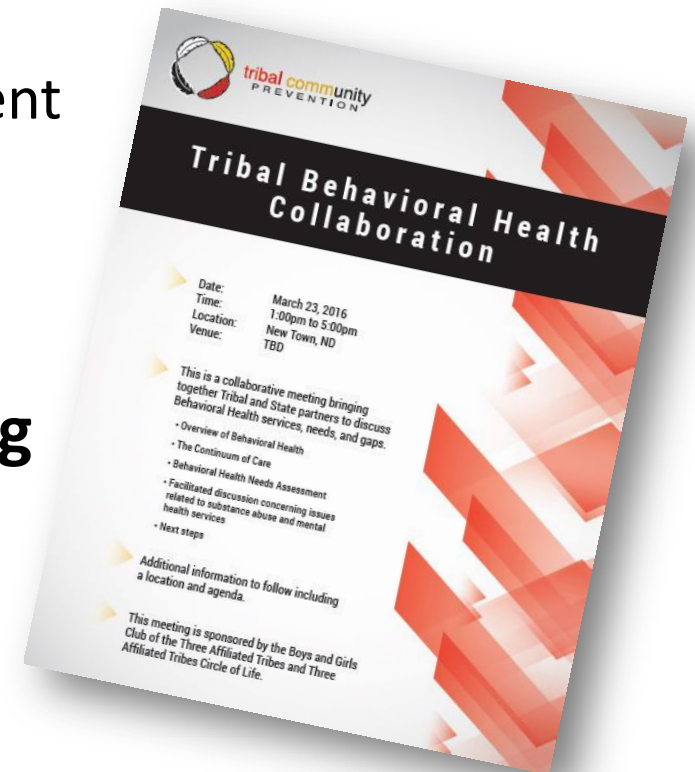- **Suicide**

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

Questions?