Exploring innovative solutions to complex problems: Mental health and substance misuse in the United States

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ADVANCING MENTAL, SOCIAL, AND SPIRITUAL HEALTH
PAIN IN THE NATION

Deaths from drugs, alcohol and suicide 1999 to 2025 (PROJECTED)

1999

PainInTheNation.org
Annual Deaths from Alcohol, Drugs and Suicide, 1999-2016

- Drug Deaths: 30,000 in 1999, slightly increasing over the years
- Suicide Deaths: 20,000 in 1999, slightly increasing over the years
- Alcohol Deaths: 10,000 in 1999, slightly increasing over the years
Innovation requires continuous disruption

5 considerations
1) There is no health care system
Let’s consider our language

“Current taxonomy is frequently misleading and fails to describe the complexity of the entirety of the US health care system. Health is a misnomer, because most activity involves illness. Health care and medical care are not synonymous. Prevention requires tools that are often unfamiliar because educational, behavioral, and social interventions, not usually considered to be part of medicine, may be most effective for many diseases. Provider does not accurately describe the dozens of different professions and organizations required for a patient’s care. Payers are paid not to pay too easily; insurers do only modest amounts of insuring because government and employers accept most risk. Economic concepts of cost and value are ambiguous, as measurement is elusive and because one segment’s cost is another’s value. Market is a misnomer because few prices are transparent and many are controlled. Above all, US health care is not a system, as it is neither coordinated by a central entity nor governed by individuals and institutions that interact in predictable ways.”

Vital Conditions

Basic Needs for Health & Safety

Belonging & Civic Muscle

A Healthy Environment

Reliable Transportation

Humane Housing

Lifelong Learning

Meaningful Work & Wealth

Well Being Legacy
Healthcare v. Health

2) We may have forgotten about community and resilience
SOMEBEWHERE IN OUR JOURNEY WE LOST OUR WAY
Is success all-or-nothing?
What is successful treatment for opioid addiction?
- Sticking to your care?
- Not infected?
- Able to work?
- Not arrested or in jail?
- Able to support your family?
- Not dying?

Abstinence is not the only way to define success.
DEATHS FROM DRUG OVERDOSE INCREASED 68% IN COLORADO OVER THE PAST DECADE

CALL TO ACTION
- Make an appointment today with a provider
- Call 1-800-662-HELP (4357) for free confidential support
- Visit www.drugabuse.gov for more information

ARE YOU STILL TAKING A PAIN MEDICATION?
ARE YOU CRAVING A PAIN MEDICATION?
ARE YOU BORROWING A PAIN MEDICATION?
ARE YOU STORING MEDICATION?

ARE YOU THINKING ABOUT HEROIN?

Get your life back. TALK TO YOUR LOCAL DOCTOR ABOUT MEDICATION ASSISTED TREATMENT.

Opoids are pain medications. Some folks they’re also called prescription-painkillers or pain pills.

“Borrow, buy, store, steal” is another way of maybe defining addiction. That someone has an addiction to opioids or prescription pain medicines and is in high risk of becoming addicted.

HIGHPLAINS RESEARCH NETWORK
The Path Forward: a National Resilience Strategy (www.paininthenation.org)

• Improve Pain Management and Treatment
• Stem the Opioid Crisis with a full-scale approach
• Address the Impact of the Opioid Epidemic on Children – and the Need for a Multi-Generational Response
• Expand and Modernize Mental Health and Substance Use Disorder Treatment Services – Toward a Goal of Focusing on the "Whole Health" of Individuals
• Prioritize Prevention, Reduce Risk Factors and Promote Resilience in Children, Families and Communities
• Reboot Substance Misuse Prevention and Mental Health in Schools
# The ROI of a National Resilience Strategy

<table>
<thead>
<tr>
<th>Health and/or Societal Dollars Saved for Every $1 Invested</th>
<th>Range</th>
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</thead>
<tbody>
<tr>
<td>Five Strongest School-based Substance Misuse Prevention Programs</td>
<td>$3.80 - $34.62</td>
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<tr>
<td>School-based Social Emotional Learning Programs</td>
<td>$11.63</td>
</tr>
<tr>
<td>School-based Violence Prevention Programs (including Suicide)</td>
<td>$15 - $81.64,65,66</td>
</tr>
<tr>
<td>Early Childhood Education Programs</td>
<td>$4 - $12.67</td>
</tr>
<tr>
<td>Nurse Home Visiting for High-Risk Infants</td>
<td>$5.7068</td>
</tr>
<tr>
<td>Women, Children and Infant (WIC) Program</td>
<td>$2 - $3.29</td>
</tr>
<tr>
<td>Effective Substance Use Treatment Programs</td>
<td>$3.7770</td>
</tr>
<tr>
<td>Community Health Navigator, Referral and Case Management Programs</td>
<td>$2 - $4.71</td>
</tr>
<tr>
<td>Sobriety Treatment and Recovery Teams (for parents with substance use disorders as alternative to traditional child welfare programs (savings identified are within the foster care system))</td>
<td>$2.2272</td>
</tr>
<tr>
<td>Screening, Brief Intervention and Referral to Treatment (for Substance Misuse)</td>
<td>$3.81 - $5.6073,74</td>
</tr>
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Alcohol Pricing: a 10 percent increase in the price of alcoholic beverages is shown to reduce consumption by 7.7 percent.75,76 Alcohol tax revenue generated around $9.8 billion for communities across the country in 2016.77

[www.paininthenation.org/Resilience](http://www.paininthenation.org/Resilience)
3) This is not our first opioid crisis – are we learning from history?
Un-burying the lead: Public health tools are the key to beating the opioid epidemic

• Utilize Medicaid to reimburse supportive housing programs that co-locate employment, education, and health services.

• Promote and finance two-generation, family-centered treatment and support for children under foster and kinship care.

• Involve community leaders in designing preventive systems for younger children to promote healthy behaviors, social skills, community opportunities, and pro-social involvement.
Un-burying the lead: Public health tools are the key to beating the opioid epidemic

• “The key to a successful battle against opioid addiction will be prioritizing interventions aimed squarely at the environmental risk factors in order to address true impacts that social determinants have on opioid dependent populations, while also continuing efforts begun to address prevention and treatment aimed at the supply side and continuum of care.”
Innovation in opioid treatment?

• Evidence growing but uneven

• No single approach is sufficient:
  • Changing characteristics (e.g. synthetics vs. prescription; populations affected)
  • Complexity of factors - economic and educational
  • Underlying social and emotional risks

• Danger: Treating only symptoms not underlying cause
4) Technology and social networks are not the panacea (but can help)
How Yelp Reviews Can Help Improve Patient Care

5) We need to integrate and then disintegrate
Integrated sites: 39 percent received some type of substance abuse treatment in integrated sites.

Non-integrated: 16.8 percent received substance abuse treatment in non-integrated sites.
SUICIDE DEATHS & PRIMARY CARE VISITS

Many individuals who die by suicide have recently had a primary care visit

45%  20%  73%
1 Month  24 Hours  Elderly – 1 Month

Luoma, Martin, & Person, 2002; Pirkis & Burgess, 1998; Juurlink et al., 2004
Integration

• The Zero Suicide Initiative requires primary care doctors to screen every patient during every visit with two questions:
  • How often have you felt down in the past two weeks?
  • How often have you felt little pleasure in doing things?
• High scores lead to further questions about sleep disturbances, changes in appetite and/or thoughts of hurting oneself.
• The model led to an 80 percent reduction in suicide.
Comprehensive Care = Cost Savings

- Substantial, independently evaluated total cost of care differentials
- Normalized for differences in population, demographics, risk and price

Those who say it can’t be done are usually interrupted by others doing it

James Baldwin
UPSTREAM
Resources

- ben@wellbeingtrust.org
- www.makehealthwhole.org
- www.integrationacademy.ahrq.gov
- www.wellbeingtrust.org
- www.farleyhealthpolicycenter.org