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## Mental Health, Alcohol, and Substance Abuse

- Mental Health and Mental Disorders
- Alcohol Abuse
- Substance Abuse
- Autism Spectrum Disorders
- Exposure to Trauma



## WORK GROUP ON MENTAL HEALTH, ALCOHOL, AND SUBSTANCE ABUSE

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## GOAL

*Improve overall health through the lifespan, through access to quality behavioral health services that include screening, early intervention, prevention and treatment.*

### WHY THIS GOAL IS IMPORTANT

Mental and physical health is intricately connected.<sup>70</sup> Mental illness is among the leading causes of disability in the US.<sup>71</sup> Likewise, substance abuse affects individuals, families, and communities and exacts substantial social, physical, and mental costs.<sup>72</sup> Mental health is therefore critical to the overall wellbeing of individuals across the United States and in the communities of Connecticut.<sup>73</sup>

## Mental Health and Mental Disorders

### Rationale

People of all ages with untreated mental health disorders are at high risk for many unhealthy and unsafe behaviors, including alcohol or drug abuse, violent or self-destructive behavior, and suicide. Mental health disorders also have a serious impact on physical health and are associated with many chronic diseases, including diabetes, heart disease, and cancer.<sup>74</sup> In Connecticut, there is an upward trend in the incidence of mental health related health issues as demonstrated by the increasing rate of emergency department visits for mental health across all age groups over the period 2008 - 2011. Mental health screening and training on effective integration of behavioral health into primary care are essential strategies for reversing this trend and preventing increases in related health concerns.

### OBJECTIVE MHSA-1



Decrease by 5% the rate of mental health emergency department visits.

Target Population(s)	Baseline	2020 Target	Data Source
Connecticut Overall	2,680 per 100,000 (2011)	2,546 per 100,000	Connecticut Department of Public Health, OHCA from Connecticut Hospital Association Chime, Inc. Emergency Department Database (FY2011)

### Strategies

#### Advocacy and Policy

- Advocate for affordable housing.

#### Communications, Education and Training

- Promote depression screening by primary care providers for adults over 18 and for youth 12-17 yrs. of age through:
  - Identification and implementation of standardized health and behavioral health screening tools during patient assessments and;
  - Development of policies to address training, continuing education, and workforce needs of providers and entities participating in integrated health care practices.

#### Partnership and Collaboration

- Promote reciprocal referrals between mental health and primary care providers by identifying and implementing methods for collaboration and integration.
- Identify and implement strategies to encourage integration in both public and the private sector programs to connect homeless individuals and families with mental health problems to mental health services.
- Encourage coordination between healthcare and permanent supportive housing and homeless service agencies.

### Potential Partners

Connecticut Department of Public Health, Connecticut Department of Mental Health and Addiction Services, Connecticut Department of Social Services, Connecticut Department of Children and Families, Connecticut Office of the Healthcare Advocate, Connecticut Department of Correction, Connecticut Department of Consumer Protection, Connecticut Suicide Advisory Board, local mental health authorities, inpatient treatment facilities, other primary care and behavioral health providers, faith-based organizations, coalitions and organizations that focus on mental health and mental disorders, academic health centers, community service providers for families and youth, and others.

## Alcohol Abuse

### Rationale

Substance abuse—involving drugs, alcohol, or both—is associated with a range of destructive social conditions, including family disruptions, financial problems, lost productivity, failure in school, domestic violence, child abuse, and crime. Estimates of the total overall costs of substance abuse in the United States, including lost productivity and health- and crime-related costs exceed \$600 billion annually.<sup>75</sup> In Connecticut, emergency department visits for alcohol abuse or dependence increased from FY 2007 to FY 2011 across age groups.

Although binge drinking behavior decreased significantly with age, and among the student population grades 9-12, there was an increase in binge drinking of alcoholic beverages among all adults, which was significantly higher among white non-Hispanics and Hispanics as compared to black non-Hispanics. Policies and programs that discourage underage drinking will reduce the overall impact of excessive alcohol consumption on health and safety in Connecticut by preventing alcohol abuse before it starts.

### OBJECTIVE MHSA-2

Ph1

Reduce by 5% the proportion of people (from grade 9 and older) who drink excessively across the lifespan.

Target Population(s)	Baseline	2020 Target	Data Source
Connecticut Overall	22.3%;	21.2%	Connecticut School Health Survey (CSHS) (2005-2011).
Binge drinking among students (grades 9-12) (2011)	17.5%	16.6%	
Binge drinking among adults (18+ years of age) (2012)			Connecticut Department of Public Health, Connecticut Behavioral Risk Factor Surveillance System (2003-2011).

### Strategies

#### Advocacy and Policy

- Advocate for an annual requirement for primary care and emergency department providers to receive continuing education on evidence-based strategies for screening, brief intervention, and referral to treatment.
- Review existing policies relative to alcohol sales and regulations.

#### Communications

- Identify and disseminate information about community coalitions that use evidence-based programs to address underage drinking.

#### Partnership and Collaboration

- Partner with the Connecticut Hospital Association to expand the use of evidence-based screening, tools, brief intervention, and referral to treatment in emergency departments.

**OBJECTIVE MHSA-3** Ph1  
Reduce by 5% the proportion of drinking for youth in grades 9-12 (ages 14-18).

Target Population(s)	Baseline	2020 Target	Data Source
Connecticut Overall	41.5% students (grades 9-12) (2011)	39.4%	Connecticut School Health Survey (CSHS) (2005-2011).

**Strategies**

*Advocacy and Policy*

- Advocate for stronger penalties for driving under the influence for under age drivers.
- Advocate for an annual requirement for primary care, college health, and emergency department providers to receive continuing education on evidence-based strategies for screening, brief intervention, and referral to treatment.
- Advocate for combined enforcement and policy strategies on college campuses such as nuisance party enforcement operations, checkpoints, and social host ordinances.

*Communications, Education and Training*

- Educate the public relative to existing laws and regulations regarding underage drinking.
- Identify and disseminate information about community coalitions that use evidence-based programs to address underage drinking.

*Partnership and Collaboration*

- Promote collaboration between colleges and communities to work together to enforce relevant alcohol-related laws and establish consistent messages about responsible hospitality.

*Surveillance*

- Strengthen enforcement relative to existing laws and regulations regarding underage drinking.

**OBJECTIVE MHSA-4**  
Reduce by 5% the rate of emergency department visits for people who are alcohol dependent across the lifespan.

Target Population(s)	Baseline	2020 Target	Data Source
Connecticut Overall	219 per 100,000 emergency department visits; alcohol dependence; all ages (2011)	208 per 100,000	Connecticut Department of Public Health, OHCA from Connecticut Hospital Association CHIME, Inc. Emergency Department Database (FY2011).

**Strategies**

*Communications*

- Identify and disseminate information about community coalitions that use evidence-based programs to address underage drinking.

*Partnership and Collaboration*

- Partner with the Connecticut Hospital Association to expand the use of evidence-based screening, tools, brief intervention, and referral to treatment in emergency departments.

*Research*

- Research and identify diverse recovery opportunities.

**Potential Partners**

Connecticut Department of Public Health, Connecticut Department of Mental Health and Addiction Services, State Department of Education, Connecticut Department of Children and Families, Connecticut Office of the Healthcare Advocate, Connecticut Department of Correction, Connecticut Department of Consumer Protection, The Governor's Prevention Partnership, health care facilities, primary care and behavioral health providers, faith-based organizations, legal system including court support services, other organizations and coalitions that focus on mental health and alcohol addictions, academic institutions, community service providers for families and youth, and others.

## Substance Abuse

### Rationale

In Connecticut, residents are more likely to die from an unintentional drug overdose than a motor vehicle accident.<sup>76</sup> The majority of these deaths are attributable to overdose of prescription opioid painkillers.<sup>77</sup> Non-medical uses of these drugs are 2-3 times higher for 18-25 year olds. In addition, the rate of emergency department visits for substance abuse or dependence increased for persons 18 to 64 years of age over the period 2007-2011. Drug control and education/awareness about the benefits and risks of prescription opioid painkillers among those aged 12 and older are key prevention strategies for addressing this growing threat to Connecticut’s health.

**OBJECTIVE MHSA-5** Ph1  
Reduce by 5% the non-medical use of pain relievers across the lifespan (ages 12 and older).

Target Population(s)	Baseline	2020 Target	Data Source
Connecticut Overall	4.4% (2010-2011)	4.2%	Substance Abuse and Mental Health Services Administration (SAMHSA), Survey on Drug Use and Health Model-Based Estimates (2010-2011).

### Strategies

#### *Communications, Education and Training*

- Educate and inform consumers regarding the risks and benefits of regulated products using strategies appropriate to culture, language, and literacy skills (e.g., prescription drug safety and side effects, public health alerts, general information about safe and appropriate medication use).
- Educate health care professionals on proper opioid prescribing, brief screening, intervention referral and treatment, and effective use of prescription drug monitoring programs.
- Educate and inform consumers regarding the risks and benefits of regulated products using strategies appropriate to culture, language, and literacy skills (e.g., prescription drug safety and side effects, public health alerts, general information about safe and appropriate medication use).

#### *Partnership and Collaboration*

- Facilitate controlled drug disposal programs, including official prescription take-back events and local drop-boxes.
- Educate prescribers on the benefits of the Connecticut Prescription Monitoring and Reporting System (CPMRS).

#### *Surveillance*

- Explore opportunities to review aggregate data from the Connecticut Prescription Monitoring and Reporting System (CPMRS) to identify prevention opportunities.

**OBJECTIVE MHSA-6**

Ph1

Reduce by 5% the use of illicit drugs across the lifespan (ages 12 and older).

Target Population(s)	Baseline	2020 Target	Data Source
Connecticut Overall	13.4%	12.7%	Substance Abuse and Mental Health Services Administration (SAMHSA), Survey on Drug Use and Health Model-Based Estimates (2010-2011).
	Marijuana (2010-2011)		
	1.9%	1.8%	
	Cocaine (2010-2011)		

**Strategies**

*Communications*

- Promote and disseminate information about self-help recovery groups.

*Planning & Development*

- Identify and implement evidence-based prevention and early intervention programs and strategies.
- Identify and implement techniques for increasing engagement and retention in recovery.

**Potential Partners**

Connecticut Department of Public Health, Connecticut Department of Mental Health and Addiction Services, State Department of Education, Connecticut Department of Children and Families, Connecticut Office of the Healthcare Advocate, Connecticut Department of Correction, Connecticut Department of Consumer Protection, The Governor’s Prevention Partnership, Connecticut Suicide Advisory Board, health care facilities and clinics, primary care and behavioral health providers, professional associations focused on substance abuse prevention and treatment, faith-based organizations, legal system including court support services, other organizations and coalitions that focus on addiction and recovery, community service providers for families and youth, and others.



## Autism Spectrum Disorders

### Rationale

Autism spectrum disorders, or neurodevelopment disorders, are associated with social impairments, communication difficulties, and the engagement in repetitive or restrictive behaviors. Genetics and environmental exposures are risk factors for autism spectrum disorders. There was a 23% increase in the estimated prevalence of autism in 8 year old boys since 2009, according to the Centers for Disease Control, which represents an important trend to address in Connecticut. Screening children for autism spectrum disorders can assist children and families to access services as early as possible and identify the best interventions for physical, mental, and emotional well-being.

**OBJECTIVE MHSA-7** Ph1  
 Increase by 10% the number of children who are referred to Connecticut Birth to Three System following a failed Modified Checklist for Autism in Toddlers screening.

Target Population(s)	Baseline	2020 Target	Data Source
Connecticut Overall	21 referrals (FY 2010 1st quarter)	23 referrals	Connecticut Birth to Three System. Connecticut Birth to Three System Year to Year Comparison: Referrals and Eligibility Rates by Program: FY 2010 1st Quarter).

### Strategies

*Communications*

- Promote Modified Checklist for Autism in Toddlers screening for children prior to age 2 yrs.
- Promote and distribute educational materials that identify signs and symptoms for autism.

*Education and Training*

- Educate primary care providers on appropriate referrals for children under 3 who fail Modified Checklist for Autism (M-CHAT) screening.

*Surveillance*

- Establish a baseline of the % of children receiving Modified Checklist for Autism in Toddlers screening prior to age 2 yrs.

### Potential Partners

Connecticut Department of Public Health, Connecticut Department of Mental Health and Addiction Services, State Department of Education, Connecticut Office of Early Childhood, Connecticut Department Developmental Services (Autism Division), Connecticut Department of Children and Families, Connecticut Department of Social Services, health professional associations, organizations and coalitions that focus on autism and autism advocacy, community service organizations for family and youth, academic research centers, and others.

## Exposure to Trauma

### Rationale

Exposure to trauma may affect mental health, physical health, and functioning in the family, at school, or among peers.<sup>78,79,80</sup> Traumatic events include experiences of sexual abuse, physical abuse, domestic violence, community and school violence, medical trauma, motor vehicle accidents, acts of terrorism, war, natural disasters, suicides, and other events.<sup>81</sup>

In 2012, an estimated 200,000 residents in Connecticut reported experiencing at least 5 adverse childhood experiences. While exact prevalence estimates vary, mental health experts agree that trauma experiences shape how individuals respond to mental health services. Screening people for a history of trauma acknowledges the role trauma plays in their lives and can better inform needed services.<sup>82</sup>

### OBJECTIVE MHSA-8

Ph1

Increase by 5% trauma screening by primary care and behavioral health providers.

Target Population(s)	Baseline	2020 Target	Data Source
Connecticut Overall	25,085 (FY 2011)	26,339	Department of Mental Health and Addiction Services. DMHAS Clients Who Screen Positive for Trauma in SFY11.

### Strategies

#### Communications

- Develop a directory of trauma-informed treatment providers.

#### Planning & Development

- Establish and promote evidence-based trauma screening tool for children and adults.
- Conduct trauma screening for all referrals on an out-patient basis for children and adults.

#### Surveillance

- Establish mechanism to determine baseline for trauma screening.

### Potential Partners

Connecticut Department of Public Health, Connecticut Department of Mental Health and Addiction Services, Connecticut Department of Children and Families, Connecticut Office of the Healthcare Advocate, Connecticut Department of Correction, Connecticut Department of Veterans' Affairs, State Department of Education, health care facilities, primary care and behavioral health providers, organizations and coalitions that address trauma, medical and behavioral health professional associations, and others.