Healthy People 2020: Who’s Leading the Leading Health Indicators?
Tiffani Kigenyi, MPH
Public Health Analyst, Office of Disease Prevention and Health Promotion,
U.S. Department of Health and Human Services
Leading Health Indicators are:

- Critical health issues that, if addressed appropriately, will dramatically reduce the leading causes of preventable deaths and illnesses
- Linked to specific Healthy People objectives
- Intended to motivate action to improve the health of the entire population
Who’s Leading the Leading Health Indicators?

**Featured Speakers:**

- **Jewel Mullen, MD, MPH, MPA** - Principal Deputy Assistant Secretary for Health, U.S. Department of Health and Human Services
- **Sean Lynch, PhD, LCSW** - Behavioral Health Scientist, Center for Behavioral Health Statistics & Quality, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services
- **Richard McKeon, PhD, MPH** - Chief, Suicide Prevention Branch, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services
- **Scott LoMurray** - Deputy Director, Sources of Strength
Jewel Mullen, MD, MPH, MPA
Principal Deputy Assistant Secretary for Health,
U.S. Department of Health and Human Services
Mental Health

- **What is mental health?**
  - Mental health is a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.

- **What are mental disorders?**
  - Mental disorders are health conditions that are characterized by alterations in thinking, mood, and/or behavior that are associated with distress and/or impaired functioning.

- **What is mental illness?**
  - Refers collectively to all diagnosable mental disorders.
Factors Related to Mental Health

- **Indicators of mental health**
  - Emotional well-being
  - Psychological well-being
  - Social well-being

- **Factors linked to mental health**
  - Race/ethnicity
  - Gender
  - Age
  - Income
  - Education
  - Sexual orientation
  - Geographic location
Mental Health – Across the Lifespan

● **Children and Adolescents**
  ○ 13%-20% (up to 1 out of 5) of children in the United States experience a mental disorder each year
  ○ In 2015, among high school students nationwide:
    ■ 18% seriously considered attempting suicide
    ■ 15% made a plan about how they would attempt suicide
    ■ 9% attempted to take their own life

● **Adults**
  ○ In 2015,
    ■ 18% reported having any mental illness in the past year
    ■ 4% reported having a serious mental illness in the past year
    ■ 4% reported having serious thoughts of suicide in the past year
Mental Health – Leading Health Indicators

- Reduce the suicide rate
- Reduce the proportion of adolescents with a major depressive disorder in the past 12 months
Suicide Rate by Race/Ethnicity

Rate per 100,000
(age-adjusted)

HP2020 Target: 10.2

18
16
14
12
10
8
6
4
2
0

White
Total
American Indian
Asian
Hispanic
Black

NOTE: Data are for ICD-10 codes *U03, X60-X84, Y87.0 reported as underlying cause of death. American Indian includes Alaska Native. Asian includes Pacific Islander. The categories black and white exclude persons of Hispanic origin. Persons of Hispanic origin may be any race. Data are age-adjusted to the 2000 standard population.

Obj. MHMD-1
Decrease desired
Suicide Rate by Age, 2015

NOTE: = 95% confidence interval. Data are for ICD-10 codes *U03, X60-X84, Y87.0 reported as underlying cause of death.

 Suicide and Major Depressive Episode (MDE) among Adolescents by Sex

NOTE: Data are for adolescents aged 12-17 who died by suicide or reported having a Major Depressive Episode (MDE) in the past 12 months. Suicide data are for ICD-10 codes *U03, X60-X84, Y87.0 reported as underlying cause of death.


Related Obj. MHMD-1; Obj. MHMD-4.1, Decrease desired
Major Depressive Episode (MDE) among Adolescents, 2015

NOTE: = 95% confidence interval. *2008 Total = HP2020 baseline. Data are for adolescents aged 12-17 years who reported having a Major Depressive Episode (MDE) in the past 12 months. American Indian includes Alaska Native. Native Hawaiian includes other Pacific Islander. The categories black and white exclude persons of Hispanic origin. Persons of Hispanic origin may be any race.

SOURCE: National Survey on Drug Use and Health (NSDUH), SAMHSA.
Activities Supporting Behavioral Health Indicators Related to Mental Health and Mental Disorders

Sean Lynch, PhD, LCSW, Co-Lead MHMD Workgroup
Center for Behavioral Health Statistics and Quality

Richard McKeon, PhD, Suicide Prevention Branch Chief,
Center for Mental Health Services
SAMHSA Background
Reduce the impact of substance abuse and mental illness on America's communities.

http://www.samhsa.gov/
Centers

- **SAMHSA Headquarters: Centers**
  - Center for Mental Health Services (CMHS)
  - Center for Behavioral Health Statistics and Quality (CBHSQ)
  - Center for Substance Abuse Prevention
  - Center for Substance Abuse Treatment
CMHS Supports SAMHSA’s Mission

- Strengthens the Nation's mental health system by helping states improve the quality of their treatment and support
- Makes it easier for people to access mental health programs
- Encourages a range of programs such as systems of care to respond to the increasing number of mental disorders among America's children
- Ensures that scientifically-established findings and practice-based knowledge are applied in treating mental disorders
CBHSQ Supports SAMHSA’s Mission

- **Federal Statistical Reporting Unit**
  - Provides national leadership in behavioral health statistics and epidemiology
  - Promotes basic and applied research in behavioral health data systems and statistical methodology
  - Designs and carries out special data collection and analytic projects to examine issues for SAMHSA and other federal agencies
  - Participates with other federal agencies in developing national health statistics policy
  - Consults and advises SAMHSA’s Administrator and the Department of Health and Human Services' Secretary on statistical matters
SAMHSA’s Suicide Prevention Efforts in the United States

Richard McKeon, Ph.D.
Chief, Suicide Prevention Branch
Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover
National Strategy for Suicide Prevention
SAMHSA Suicide Prevention Efforts

- Garrett Lee Smith State/Tribal Youth grants
- Campus Suicide Prevention grants
- Suicide Prevention Resource Center
- National Suicide Prevention Lifeline
- National Strategy grants
- Native Connections
THE IMPACT OF GLS SUICIDE PREVENTION PROGRAM ON YOUTH SUICIDAL BEHAVIOR

Lucas Godoy Garraza (ICF International); Christine Walrath (ICF International); David Goldston (Duke CSSPI); Hailey Reid (ICF International), Richard McKeon (SAMHSA)
SAMHSA & The JED Foundation Present
Responding to Suicide Clusters on College Campuses

August 20, 2015
1:30 – 5:00pm, ET

Welcome by Richard McKeon, Ph.D.
Facilitated by Victor Schwartz, M.D.

Part I: Madelyn S. Gould, Ph.D., M.P.H.
Kerri Smith, LCSW, MPH

Part II: Dolores Cimini, Ph.D.
Gregory T. Eells, Ph.D.
Philip W. Meilman, Ph.D.
The nation’s only federally supported resource center devoted to advancing the National Strategy for Suicide Prevention.
Native Connections Cohort 1
Lifeline’s Imminent Risk Policy (2011)
Richard McKeon, Ph.D., M.P.H.
Branch Chief, Suicide Prevention, SAMHSA
240-276-1873
Richard.mckeon@samhsa.hhs.gov
Data Sources and Publications
SAMHSA/CBHSQ Data Sources

- National Survey on Drug Use and Health (NSDUH)
- National Mental Health Services Survey (N-MHSS)
Behavioral Health Treatment Services Locator

https://findtreatment.samhsa.gov/
National Registry of Evidence-Based Programs & Practices (NREPP)

SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP) promotes the adoption of scientifically established behavioral health interventions.

About NREPP
NREPP was developed to help the public learn more about evidence-based interventions that are available for implementation.

Find an Intervention
Search the database to find interventions reviewed by NREPP.
- Search by keyword
- View all interventions

Learning Center
NREPP's Learning Center offers resources to support the selection and adoption, implementation, and evaluation of evidence-based programs and practices.

Reviews and Submissions
A review generally takes several months to complete, from the initial scheduling of the kick-off call to the completion of an NREPP intervention summary.

Contact NREPP
866-436-7377
nrepp@samhsa.hhs.gov
Online contact form

NREPP News
Keep up with the latest NREPP-related news, including announcements regarding recently added intervention summaries.

Results for public comments received — January 4-31, 2016 (PDF | 131 KB)
Visit the NREPP Newsroom.

Sign up to receive email updates from NREPP.
The CBHSQ Report

Serious Mental Health Challenges among Older Adolescents and Young Adults

In Brief

- Combined 2010 to 2012 NSDUH data indicate that 1 in 10 older adolescents aged 16 to 17 had a major depressive episode (MDE) in the past year. One in five young adults aged 18 to 25 (16.7 percent) had any mental illness (AMI) in the past year and 5.9 percent had a serious mental illness (SMI).
- In the past year, 5.1 percent of older adolescents had co-occurring MDE and substance use disorder (SUD); 6.4 percent of young adults had co-occurring AMI and SUD, and 1.6 percent of young adults had co-occurring AMI and SUD.
- Among older adolescents with MDE, 60.1 percent did not receive treatment for depression in the past year. A young adult with AMI, 18.8 percent did not receive mental health services in the past year. Among young adults aged 18 to 25, 7.0 percent did not receive treatment.
- Older adolescents with MDE and young adults with mental illness generally had poorer quality of life than those without mental illness.

In the United States, the transition into adulthood begins in the late teens and continues through the mid-20s. This can be a transitional period for young people as they move out of their parental home and make decisions that shape their futures. For example, they are deciding their careers, entering relationships, and beginning to plan for the future. Adolescents and young adults face more challenges and may have different experiences from older adults. The challenges that older adolescents and young adults face may be more difficult if they have a mental illness (e.g., schizophrenia or bipolar disorder) or substance use disorder (AUD).

Mental disorders can arise in young people through their transition into adulthood. Fostering the prevalence of major depressive episode (MDE) and AUD may increase over time through the adolescent years. Studies have shown that there is a need for early identification and treatment of mental disorders that may arise in young people. One study has shown that young people are more likely to have MDE from adolescence to young adulthood than older adults. Other research has shown that young adults are at a higher risk of AUD than older adults. Young adults are more likely to have AUD than older adults.

Although older adolescents and young adults have greater mental health vulnerability, they are not immune to psychiatric problems that affect older adults. The transition into adulthood for older adolescents and young adults is an important period for both prevention and treatment of mental illness and reducing the impact of mental illness-related challenges.
Barometers
Contents

FOREWORD ......................................................................................................................... iii

YOUTH SUBSTANCE USE ......................................................................................................... 1
  Illicit Drug Use .................................................................................................................. 1
  Cigarette Use ................................................................................................................... 2
  Binge Alcohol Use .......................................................................................................... 3
  Substance Use Initiation and Risk Perceptions ................................................................. 4
  Nonmedical Use of Pain Relievers .................................................................................... 6

YOUTH MENTAL HEALTH AND TREATMENT ................................................................. 7
  Depression ......................................................................................................................... 7
  Treatment for Depression ............................................................................................... 8

MENTAL HEALTH AND TREATMENT ............................................................................. 9
  Thoughts of Suicide ......................................................................................................... 9
  Serious Mental Illness ...................................................................................................... 10
  Treatment for Any Mental Illness .................................................................................... 11
  Mental Health Consumers ............................................................................................. 12

SUBSTANCE USE .................................................................................................................. 13
  Alcohol Dependence or Abuse ...................................................................................... 13
  Illicit Drug Dependence or Abuse ............................................................................... 14
  Heavy Alcohol Use ......................................................................................................... 15

SUBSTANCE USE TREATMENT ......................................................................................... 16
  Alcohol ............................................................................................................................. 16
  Illicit Drugs ...................................................................................................................... 17

FIGURE NOTES ................................................................................................................... 18

DEFINITIONS ....................................................................................................................... 19

SOURCES ............................................................................................................................. 20
Blogs and Publications

Other Health Systems Delivery publications are available at https://www.samhsa.gov/health-financing/publications-resources
Last thoughts

- Federal responsibility to be good stewards of the public trust
- Large, reliable, national surveys
- Data dissemination for decision making
- Cutting edge responses to the needs of public health providers and their constituents
Thank You!

Substance Abuse and Mental Health Services Administration
5600 Fishers Lane
Rockville, MD 20857
Toll-Free Numbers
877-SAMHSA-7 (877-726-4727)
800-487-4889 (TDD)
Sources of Strength
Upstream Prevention
Sources of Strength Primary Mission

Intervention
Sources of Strength Secondary Benefit

Postvention
Sources of Strength Team’s can be activated
Filling the Gaps in Prevention

Strength Focused
Hope, Help, Strength
Peer Led
Risk Focused
Sad, Shock, Trauma
Adult Driven
Impact of Sources of Strength
(Phase -1)

Cluster Randomized Controlled Trial (NIMH, SAMHSA funding)
18 Schools; 465 Peer Leaders; 2,700 students

Peer Leaders
• Increased healthy coping attitudes/norms (ES .22-.75)
• More connections to adults (M +1 connection)
• 4X more likely to refer peer to adults
• Largest gains for least connected or healthy peer leaders

Impact of Sources of Strength
(Phase -1)

School Population

- Increased help-seeking acceptability (ES .58)
- Increased perception that adults help suicidal peers (ES .63)
- Largest gains for suicidal students

Wyman et al. (2010). *American Journal of Public Health*
Research Highlights

- Received American Public Health Association National Public Health Practice Award with ND Adolescent Suicide Prevention project in 2005
- Listed on NREPP in May, 2012
- National Peer Leadership Study - University of Rochester and National Institute of Mental Health
- Additional Research projects with Stanford University, University of Manitoba, Australian National University, Johns Hopkins and others
- CDC study on sexual violence outcomes (5 year randomized control trial)
Social Network Theory

ANATOMY OF A SOCIAL NETWORK

- DEGREE: Number of connections
- BROKERAGE: Connecting clusters
- CLOSURE: Building trust within a cluster
- BETWEENNESS: Critical link between other nodes
- CLOSNESS: How easily a node can make connections

This graphic appeared in Fast Company and was created by Dave Gray

SOURCES OF STRENGTH
**Nodes:**
- Red: Attempt
- Yellow: Ideation

**Node Size:**
Local network density

**Shading:**
Suicide homophily
Interconnected Risks

Shared Risk & Shared Protective Factors

Mental Health
Violence
Suicide
Substance Abuse

Difficult to separate one from the others
Sources of Strength Model

Supportive Adult Advisors + Diverse Peer Leaders \( \times \) Strategic Messaging Campaigns = Positive Cultural Change

Caring Connected Positive
Influence within Social Group
Engage Interact Apply
Positive Social Norming
Follow-up Support
- 1 month out
- End of Semester
- Beginning of Semester

Buy-in & Training
- Stakeholder Buy-in
- Recruitment
- Training

 Forums
- AA Forums
- PL Forums
- Trainer Forums

PL Support
- Weekly Texts
- Videos
- Social Media

Call Support
- Problem Solving
- Program Wisdom
- Networking Connections

AA Support
- Weekly Emails
- Videos
- Support Tools
- New Resources

Webinars
- PL Recruitment
- New Tools & Resources
- Sustainability

Website Resources
- Forms & Handouts
- AA & Trainer materials
- Messaging & Activity Templates
THANK YOU!

Scott LoMurray
Deputy Director, Sources of Strength
scott@sourcesofstrength.org
701-471-7183
Roundtable Discussion

Please take a moment to fill out our brief survey.
NATIONAL MINORITY HEALTH MONTH 2017 #NMHM17

- HHS OMH #Bridge2Health Twitter Town Hall: April 12
- HHS OMH Health Equity Call to Action Thunderclap: April 28
- Visit [www.minorityhealth.hhs.gov](http://www.minorityhealth.hhs.gov) for social media materials and other resources, including an events calendar
Stay Connected

- Visit [healthypeople.gov](http://healthypeople.gov) to learn more about the Healthy People 2020 Leading Health Indicators

- To receive the latest information about Healthy People 2020 and related events, visit our website to:
  - Join the Healthy People 2020 Consortium
  - Share how your organization is working to achieve Healthy People goals

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Join our Healthy People 2020 group on LinkedIn