

*Maternal, Child and Family Health and  
Wellness – Considerations for Home Visiting  
Programs and Tribal Communities:  
Addressing Mental Health and Substance Use*

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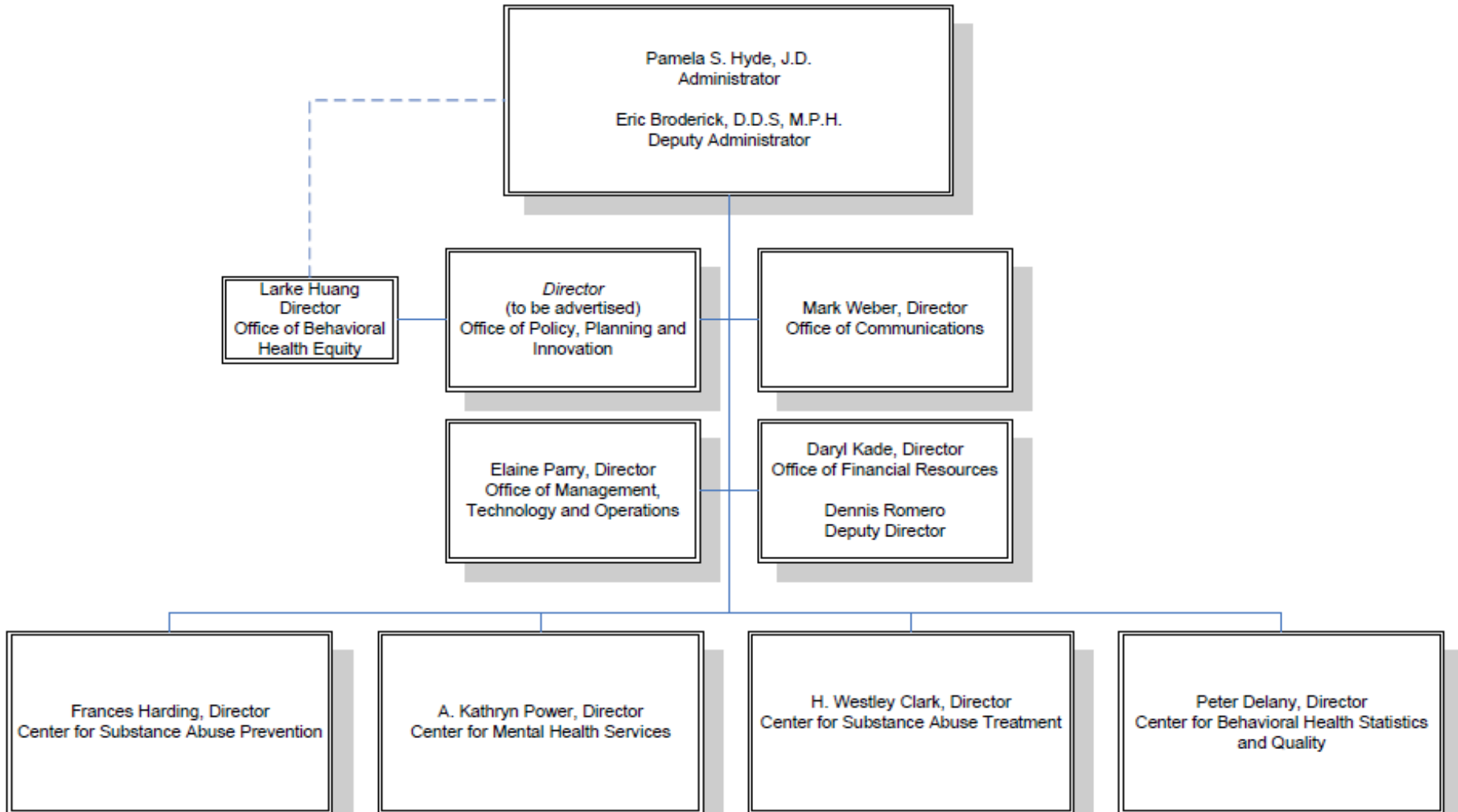
Administrator's Office of Policy Planning & Innovation  
Substance Abuse and Mental Health Services Administration  
(SAMHSSA)

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# Overview

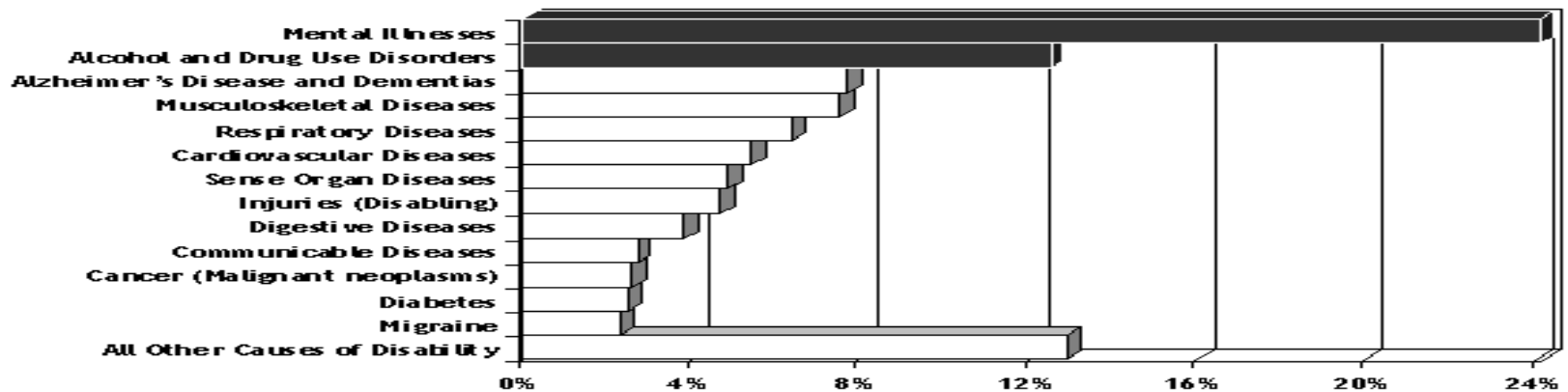
- Key Data Points re Substance Abuse and Mental Disorders (Behavioral Health Disorders)
- Trauma, Substance Abuse and Mental Disorders
- SAMHSA Programs and Resources for AI/AN
- Key Strategies and Lessons Learned in Building Service Networks and Coordination for Vulnerable Families

# 2010 Organizational Structure



# The Global Burden of Mental and Substance Use Disorders


*Figure 1.1. Causes of Disability\*  
United States, Canada and Western Europe,  
2000*



- Causes of disability for all ages combined. Measures of disability are based on the number of years of "healthy" life lost with less than full health (i.e., YLD: years lost due to disability) for each incidence of disease, illness, or condition.

# Mental and Substance Use Disorders in the U.S.

(SAMHSA, NSDUH, 2010)



- 45.1 M adults (19.9%) had mental illness
- Of those, nearly 20% of adults (8.9M) also had a substance use disorder
- 11M adults had a serious mental illness (interfered with one or more major life activities)
- Of adults with SMI, 25% also had a substance use disorder

# Child Well-Being

(Annual Kids Count Report, Annie Casey Foundation, Selected Items, 2009)

KIDS COUNT DATA	Total	White	African American	Asian and Pacific Islander*	American Indian*	Latino
Child death rate (deaths per 100,000 children ages 1 - 14)	22	20	31	15	29	19
Rate of teen deaths by accident, homicide and suicide (deaths per 100,000 teens ages 15 - 19)	50	48	63	28	92	47
Percent of teens who are high school dropouts (ages 16 - 19)	8	6	10	5	10	17
Percent of children in poverty	17	9	32	12	35	29

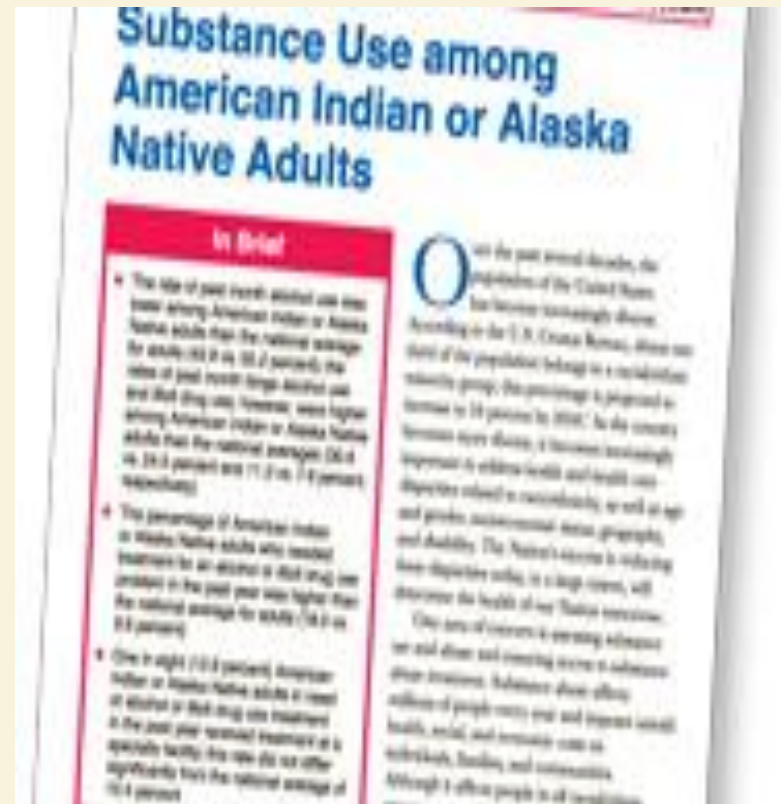
# The Measure of America 2010-2011

[www.measureofamerica.org](http://www.measureofamerica.org)

- American Human Development Index
- Composite of three measures: Health, Education and Income Index
- Calculated by geography (national, state, Congressional Districts) gender, race/ethnicity
- Maps risks and resilience factors
- Provides a context for services/interventions, home visiting
  - Ex: Life expectancy of white baby in D.C. → 83yrs; African American baby → 71 yrs
  - Ex.: In SD, OK, MT, MN, AK, MI: Native Americans life expectancy is in the late 60's – comparable to life span in U.S. in 1950s

# National Household Survey of Drug Use and Health

- Substance Use among American Indian or Alaska Native Adults
- Rates of past-month binge alcohol use and illicit drug use were higher among American Indian or Alaska Native adults than the national averages.
- For Report: [www.oas.samhsa.gov/2k10/182/AmericanIndianHTML.pdf](http://www.oas.samhsa.gov/2k10/182/AmericanIndianHTML.pdf)



# Strategic Initiative #1

## Prevention of Substance Abuse and Mental Illness : Snapshot of Tribal Communities

- ➔ Adolescent American Indian/Alaska Natives have death rates two to five times the rate of Whites in the same age group
- ➔ Suicide is the second leading cause of death for American Indian and Alaska Native youth in the 15-24 age group, 2.5x the national average
- ➔ Past month alcohol use among American Indian or Alaska Natives is significantly lower than the national average for adults
- ➔ Past month binge alcohol drinking and illicit drug use is significantly higher than the national average.
- ➔ Substance use rates are highest among 18-25 age group of American Indian or Alaska Native
- ➔ American Indian or Alaska Native persons had the highest rate of need for substance abuse treatment between 2004-2007

# Strategic Initiative #2

## Trauma & Justice: Snapshot of Tribal Communities

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- From 2008 CDC study, 39% of Native women reported they were victims of intimate partner violence
- Domestic violence is risk for suicide
- Some counties have rates of murder against American Indian and Alaska Native women that are over 10x the national average
- From NCVS data, American Indian and Alaska Native women are 3x more likely to be raped or sexually assaulted
- American Indians are overrepresented in incarceration and arrests rates; e.g. in one Minnesota county, AI are 50% of arrests rates, but only 11.5% of population
- Historical trauma impacts the physical, mental, and economic health of Native American communities

# Strategic Initiative #3

## Military Families: Snapshot of Tribal Communities

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- Native Americans represent the highest per capita enlistment of any ethnic group in the United States
- Rates of lifetime PTSD among American Indian Vietnam veterans ranged from 45-57%, depending on tribal affiliation, higher than any other racial/ethnic group
- High rates of trauma among returning veterans in current wars; NA/AI especially vulnerable given status in military
- Trauma issues - TBI, PTSD, Readjustments – impact families

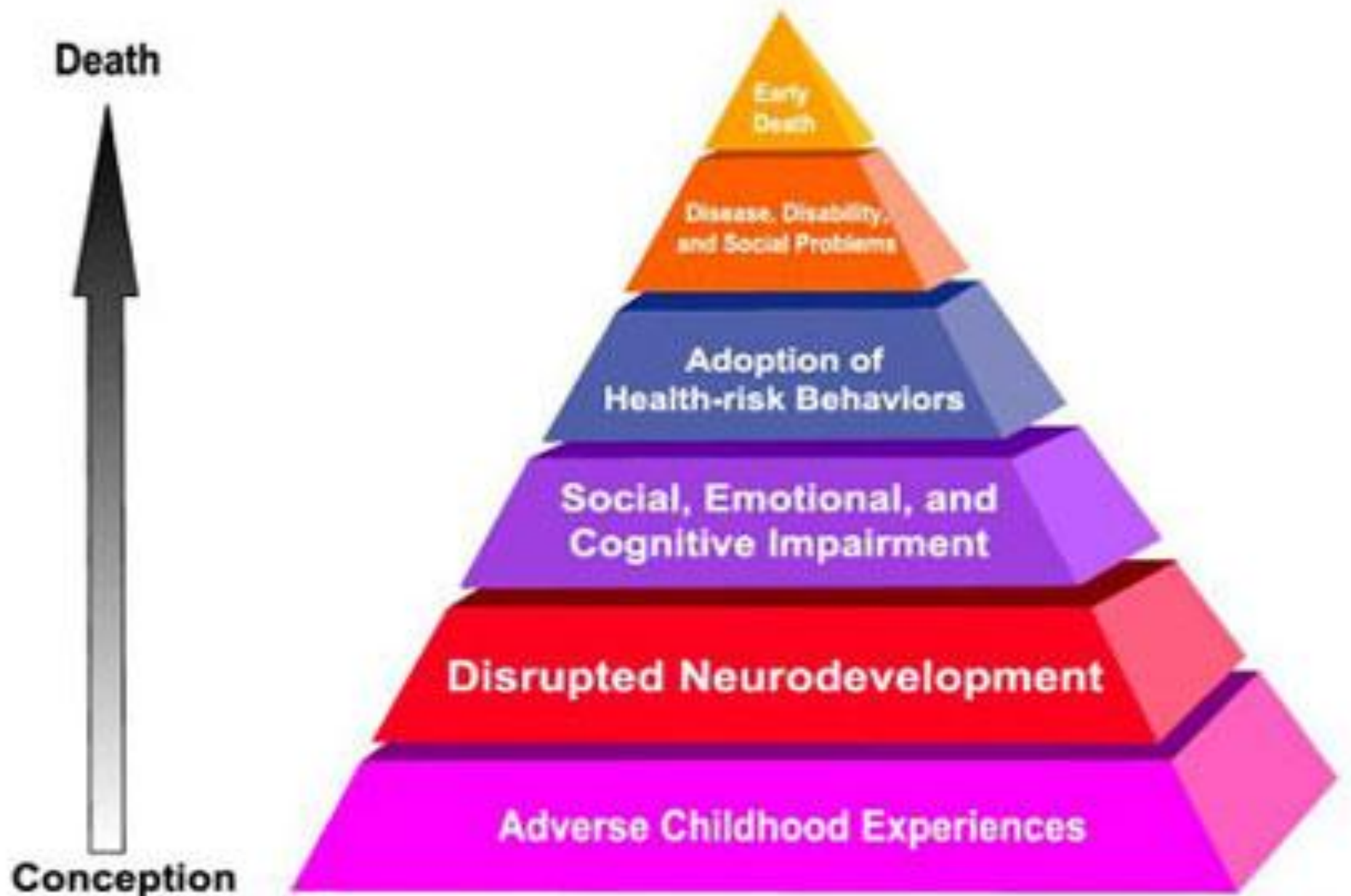
# Trauma in Families: Role in Behavioral and Physical Disorders

- Emerging evidence of trauma associated with chronic diseases – physical, mental and substance use
- Experiences in childhood have impact throughout life...immune system, brain, cognitive and behavioral development early in life are strongly linked to an array of important health outcomes...including cardiovascular disease and stroke, hypertension, diabetes, obesity, smoking, drug use, and depression... (2008 RWJ Report)
- Example: 0-5 year olds more likely to be present when domestic violence occur
- Landmark Study: Adverse Childhood Experiences Study (ACES)
- 17,000 San Diego, Kaiser Patients

# Adverse Childhood Experiences Study

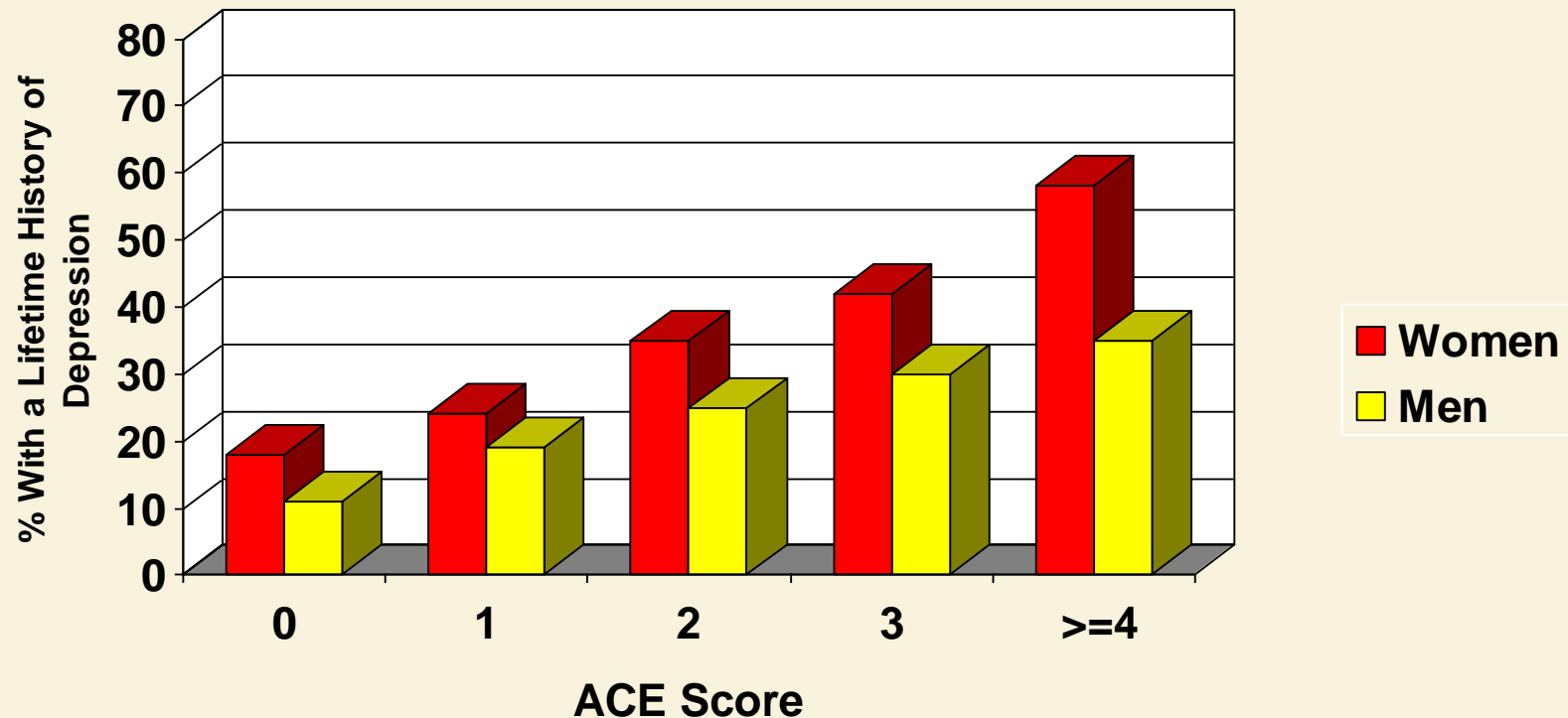
(Felliti, V. and Anda, R.)

- Psychological abuse by parents 11%
- Physical abuse by parents 11%
- Sexual abuse by anyone 22%
- Substance abuse in household 26%
- Mental illness in household 19%
- Mother treated violently 13%
  
- More than half had at least one ACE

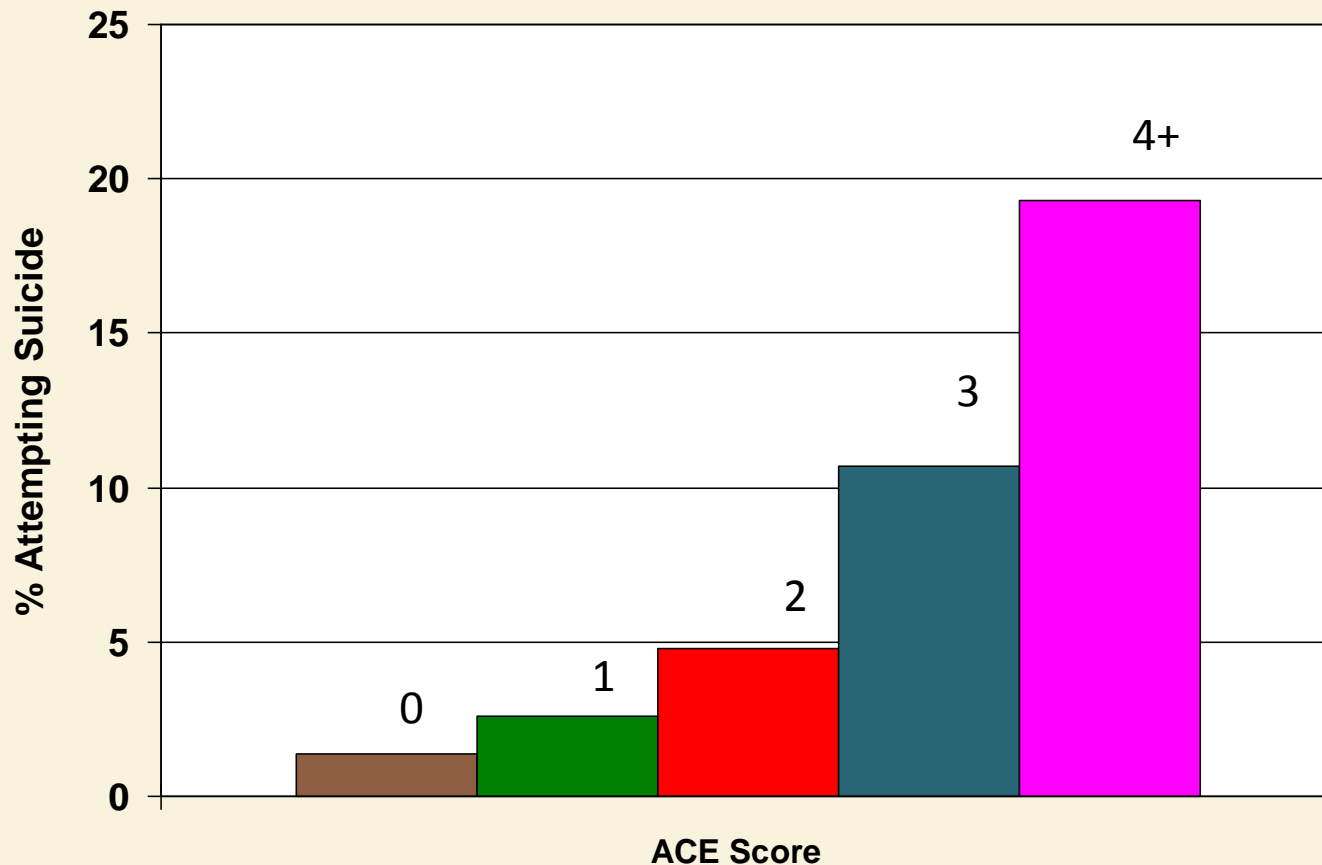


**Mechanisms by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan**

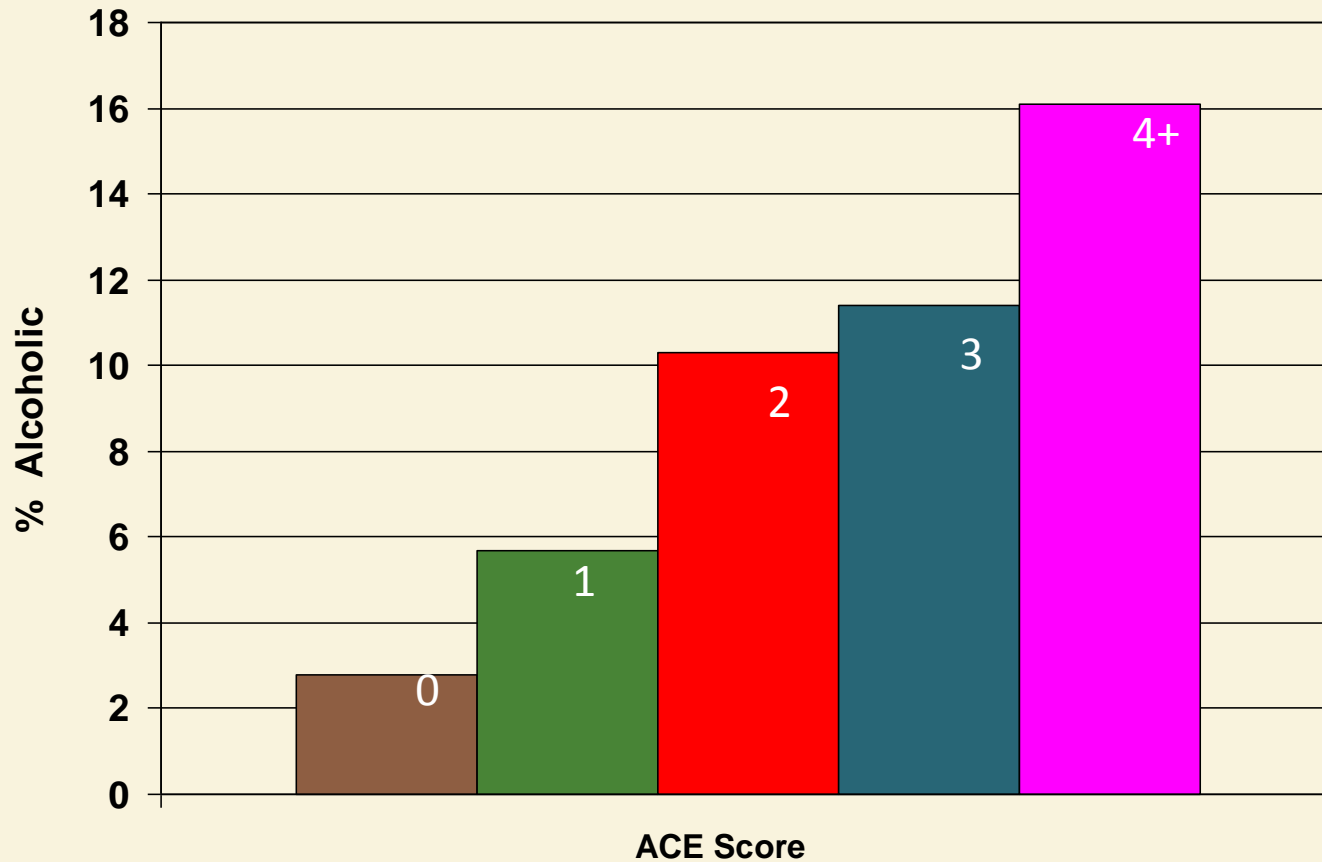
# Adverse Childhood Experiences (ACEs) Underlie Chronic Depression in Adults



# Adverse Childhood Experiences (ACES) Underlie Suicide



# ACES and Adult Alcoholism



# Addressing Trauma

- Recognition of centrality of trauma to many mental and addiction disorders
- And physical chronic diseases.....
- Public health approach to trauma:
  - Prevention
  - Early identification and Intervention
  - Trauma-specific Treatments for behavioral health and other systems, e.g. child welfare, criminal justice, primary care and emergency depts, etc.
  - Recovery
  - Build trauma-informed systems of care

# Early Life Experiences Built into Our Bodies

(J. Shonkoff, 2010)

- Research on biology of stress shows how increases in heart rate, blood pressure, serum glucose, stress hormones fuel “fight or flight response” to deal with acute threat....
- .... But excessive or prolonged activation of these stress response systems → disruptions in brain architecture, immune status, metabolic regulations, and cardiovascular functioning
- Significant adversity impairs development in the first three years

# Three Levels of Stress Response

(J. Shonkoff, 2010)

- Positive: brief increase in heart rate, mild elevation of stress hormone levels → learning to live with stress with adult guidance
- Tolerable: serious temporary stress responses buffered by supportive relationships → builds healthy stress response system
- Toxic: prolonged activation of stress response systems in absence of protective relationships (e.g. chronic neglect, abuse, violence, depressed parents, etc.)

# Example: Parental Depression

Institute of Medicine Report: *Depression in Parents, Parenting and Children*, June 10, 2009

- 148.8 million parents in the U.S.
- 17% parents had major or severe depression in lifetime (NCS-R, 2002); 7% in past year had depression = 7.5M
- 15.6M children (<18yrs old) living with adult with major depression
- Linked to disruptive behavior disorders, academic problems, higher risk for depression, poor emotional/social competence in school and fewer friends (greater than for bipolar or other maternal health conditions).

Two Core Parenting Functions Effected:

- Fostering Healthy Relationships
- Carrying out the Management Functions of Parenting

Maternal history of maltreatment increases women's risk for depression, substance abuse and domestic violence; puts child at greater risk of maltreatment

But, with Parenting Interventions: Depressed parents can improve their parenting skills, even while remaining depressed.

# Substance Abuse, Mental Health and Families in the Child Welfare System

- Substance abuse plays a critical role in families referred to the child welfare system
- Parental substance abuse is key trigger for children entering/re-entering foster care
- Mental health/substance use affect the ability to parent (e.g. healthy parenting → child self-regulation)
- An estimated 11.9 percent of children in this country (8.3 million) live with at least one parent who abuses alcohol or other drugs; most are younger than 5 years old.
- African American and Native American children have highest rates of out of home placements

# Technical Assistance re Tribes and Substance Use

- Native American Center for Excellence
- National resource center providing information on AI/AN substance abuse prevention programs, practices, and policies
  - <http://nace.samhsa.gov/index.aspx>
- NASADAD: National Association of State and Alcohol Drug Abuse Directors; link with HV program
  - [www.nasadad.org](http://www.nasadad.org)
- Substance Abuse Treatment Locator:
  - [www.samhsa.gov](http://www.samhsa.gov)

# Tribal Law and Order Act

## July 29, 2010

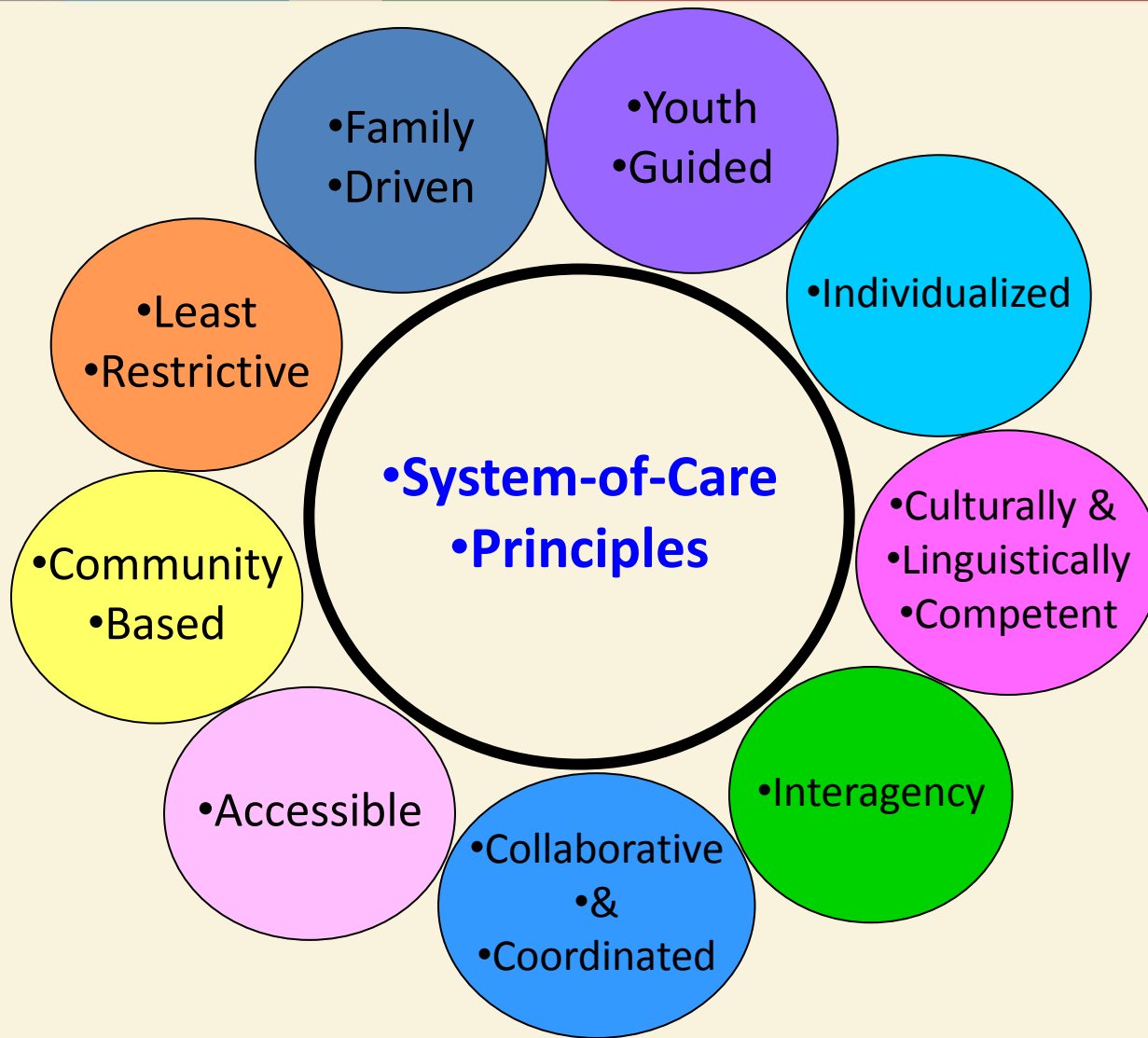
- Provisions re Substance Abuse: SAMHSA created Office of Indian Alcohol and Substance Abuse
- Consult with tribes on framework for coordination of federal resources and development of Tribal Action Plan
- Interagency coordination with Justice, Education, and HHS
- “Dear Tribal Leader” letter: SAMHSA and HIS to clarify roles/responsibilities, collaborations

# 1.Childrens Mental Health Initiative: Build Systems of Care

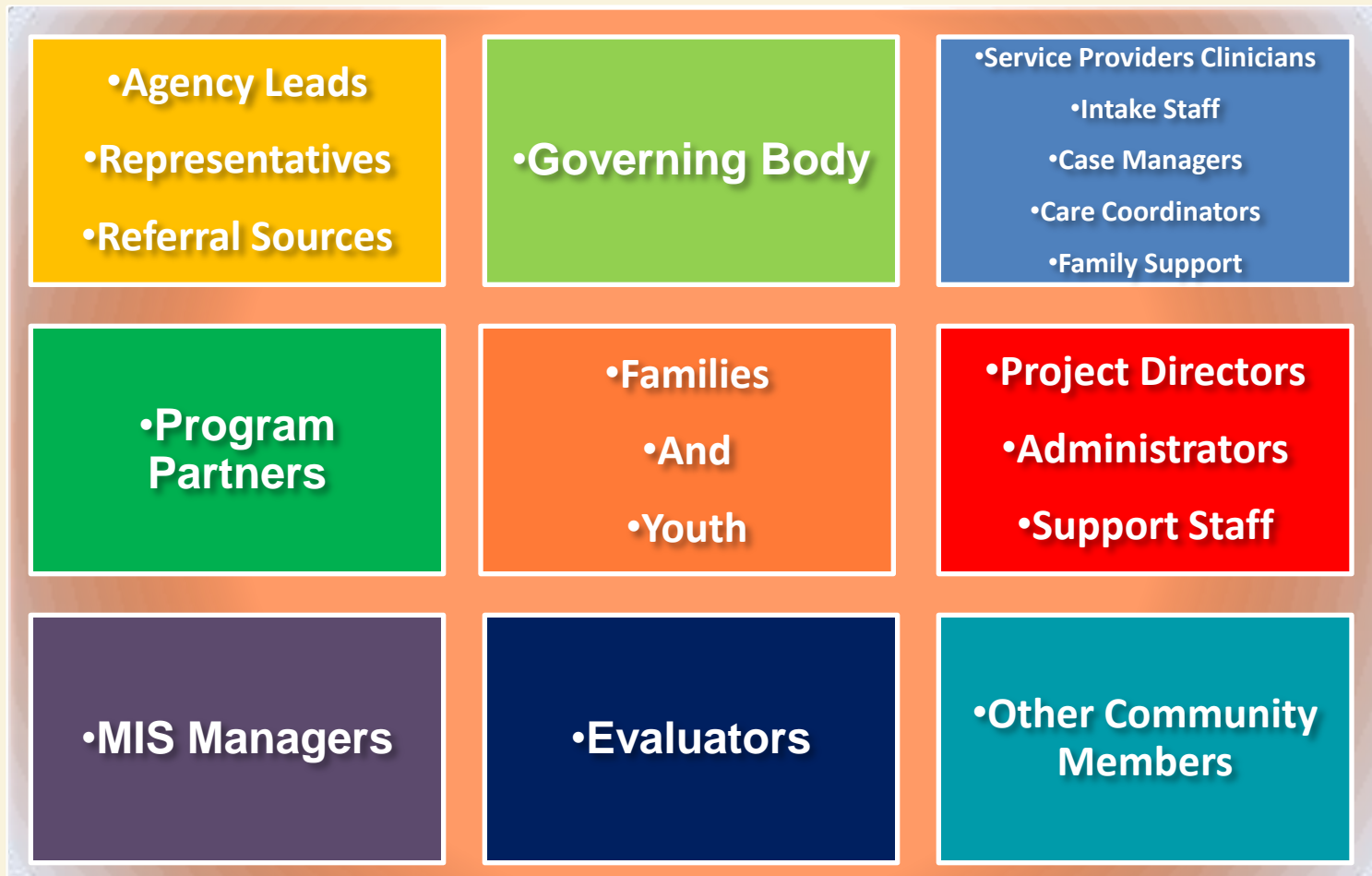
- Largest children's mental health services initiative to date (over \$1.38 billion spent to date; \$125.3 million in President's FY 2010 budget).
- PURPOSE OF CMHI: To develop **home and community-based** "systems of care" in States, political subdivisions of States, American Indian tribes or tribal organizations, and territories, to meet the needs of children and adolescents with serious emotional disturbances and their families.
- Systems of care = coordinated network of community-based services and supports, strengths-based, culturally competent
- Increasing recognition of presence of Substance use and Mental disorders in a parent of these children



# Value-driven Systems Change



# A Participatory Process: *Collaboration to Make Systems of Care Successful*



# Circles of Care

- 3-year infrastructure program for AI/AN tribes, tribal organizations, Urban Indian programs and Tribal Colleges.
- Planning grant for development of community-based systems of care for youth with serious emotional disorders.
- 31 Tribes funded since 1998; 8 currently funded

# Circles of Care: Key Challenges

- General issues of poverty, historic trauma, insufficient infrastructure
- Basic grants management issues
- Start-up issues, e.g., recruitment of staff
- Local tribal politics; changes in tribal council/administration
- Lack of access to others service systems and providers
- For information on grantees:  
[http://www.nicwa.org/mental\\_health/SystemsOfCare/index.asp](http://www.nicwa.org/mental_health/SystemsOfCare/index.asp)

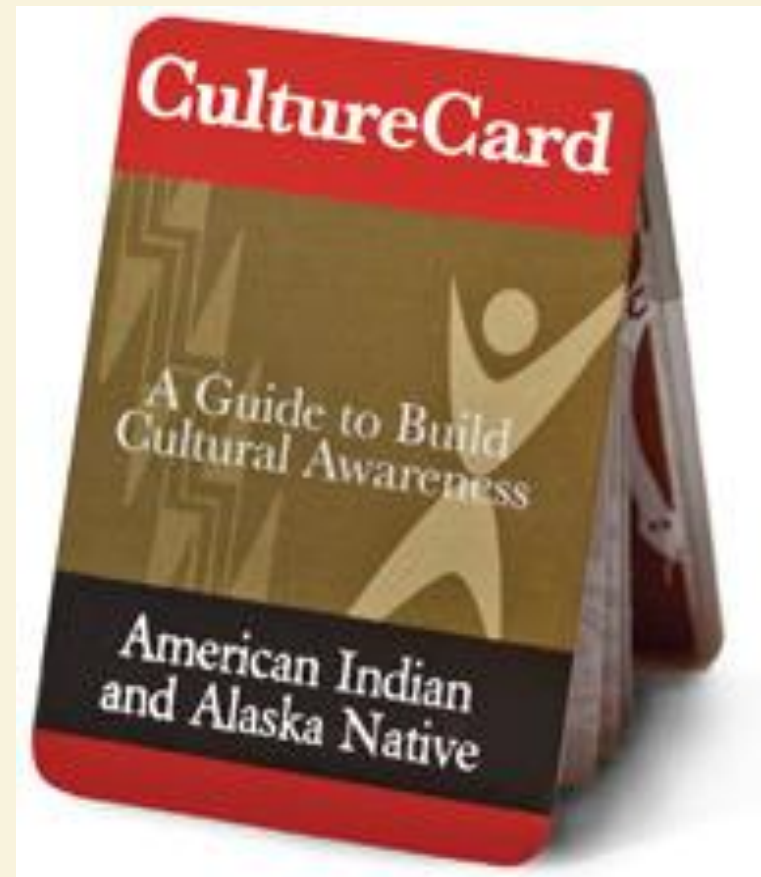
# Blending Tribal and Western Concepts in Circles of Care Program

- A graphical representation of the stages of changes using Yaqui symbolism and concept of a journey instead of linear continuum of precontemplation to completion phases
- Arizona's Pascua Yaqui tribe, Raquel Aviles, Project Director



# Resources: Culture Card

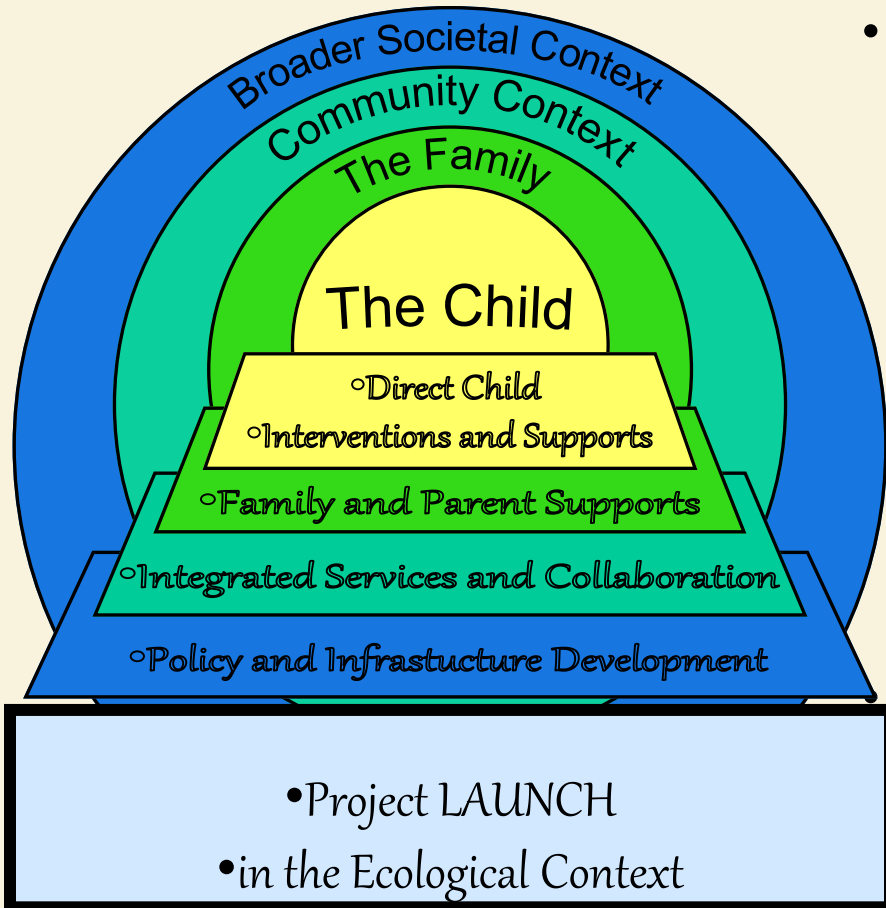
- “Culture Card: A Guide to Build Cultural Awareness: American Indian and Alaska Native”  
Pocket-sized, fold-out resource offers a basic orientation for providers working with Native people. It features:
  - list of myths and facts
  - customs and regional and cultural variations
  - a set of dos and don'ts. Order the card from [SAMHSA](http://www.samhsa.gov). For an article about how the card was developed, see [SAMHSA News online, March/April 2009](http://www.samhsa.gov/newsroom/2009/03-04-09); Capt Andrew Hunt
- [www.samhsa.gov/samhsaNewsletttr](http://www.samhsa.gov/samhsaNewsletttr)



## 2. The National Child Traumatic Stress Initiative: [www.nctsn.org](http://www.nctsn.org)

- Improve quality of treatment and access to trauma-focused treatment and services
  - Develop effective trauma interventions
  - Provide training in effective trauma treatment to practitioners
  - Provide education about trauma and trauma-informed care to service systems
  - Develop resources on trauma
- Network Approach: Collaboration – Research to Practice, Service System Providers
- Trauma and Indian Country; National Native Child Trauma Center, Indian Country Child Trauma Center; Healing From the People's Trauma (Oglala Sioux)

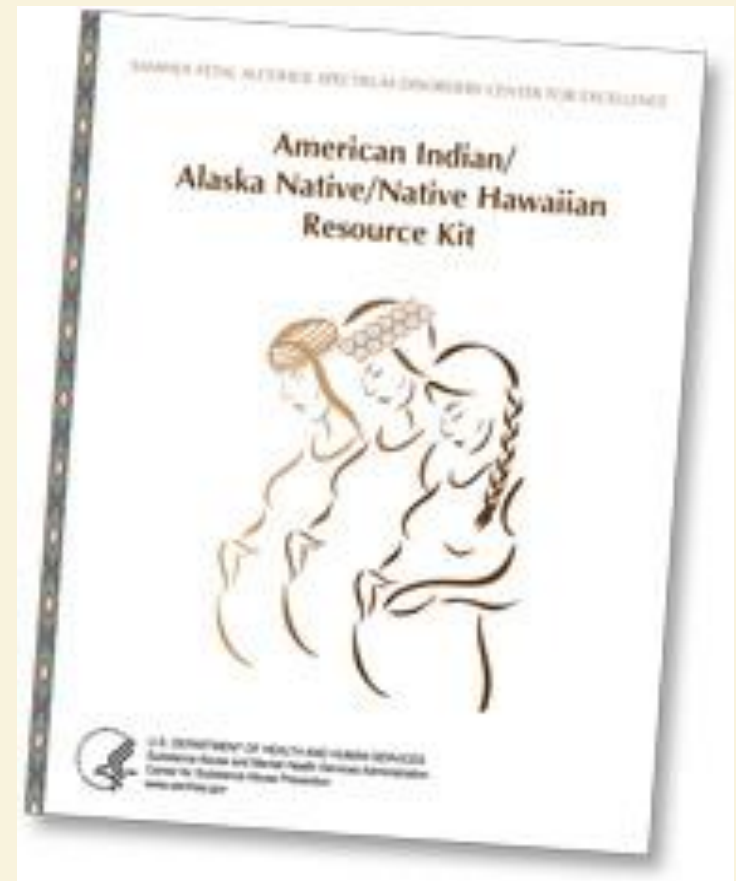
# 3. Project LAUNCH



- Project LAUNCH (Linking Actions for Unmet Needs in Children’s Health) is designed to foster the healthy development of all young children from birth to age 8; at-risk children The programs seeks to help all young children reach their developmental potential, enter school ready to succeed, and experience success in the early grades. Includes children exposed to substances, trauma  
17 States, 7 communities and Tribes have been funded since 2008.

# Resources: Fetal Alcohol Spectrum

- American Indian/Alaska Native/Native Hawaiian Resource Kit: Fetal Alcohol Spectrum Disorders (FASD)  
This kit gives statistics on Fetal Alcohol Spectrum Disorders among American Indian, Alaska Native, and Native Hawaiian populations. Includes education, prevention, and outreach strategies, tips for collaboration among agencies and organizations, two posters, and a CD. Available online only through the [SAMHSA Store \(SMA07-4264\)](#).



# NREPP: SAMHSA's National Registry of Evidenced Based Practices and Programs

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- Searchable on-line registry of more than 170 interventions supporting mental health promotion, substance abuse prevention and mental health and substance abuse treatment.
- Purpose: to assist the public in identifying approaches to preventing and treating mental and/or substance use disorders that have been scientifically tested and that can be readily disseminated to the field.
- [www.samhsa.gov/nrepp](http://www.samhsa.gov/nrepp)

# What have we learned re strategies for Service System Improvement?

- Collaboration among systems (Federal, State, Local)
  - Developing a shared vision, cross-sector incentives
  - Connecting information systems, identify shared indicators
  - Engaging leadership across systems
  - Coordinated financing and resources
- “Partnering” with families
  - Relationship based
  - Responsive to culture and context
  - Strengths based cultural wraparound approaches
- Coordination of developmentally appropriate services/supports sustained over time

# Shift the Paradigm to A Two Generation Ecological Approach

- Move from individually-focused to family-centered care
  - Facilities and providers specialize in either adults or children, not both
  - Rarely asked if adult with disorder has children in the home
  - Child service system not equipped to identify parents with substance and mental disorders
  - Financing of delivery system – based on adult acute care or individual well-child or acute care

Treatment/Recovery services for adult → prevention for the child

Intervention and supports for child → lessen impact of family trauma, drug use, mental disorders

Address social factors: economic, educational, cultural

# Strengthening Protective Factors in Families

- Parental Resilience: ability to cope and bounce back from challenges
- Social Connections: for emotional support and concrete assistance
- Knowledge of Parenting and Child Development
- Concrete Support in Times of Need: financial, informal support/social networks, formal supports, e.g. TANF, Medicaid
- Children's social and emotional development: ability to interact positively, regulate emotions/social behavior