All Walks of Life:

A Statewide Conversation on Mental Health and Substance Abuse

What needs to be done in our communities and our state to better prevent and respond to mental illness and substance use disorders?

Berlin

Concord

Keene

Nashua

Plymouth

Portsmouth

November 14, 2013

Sponsored by
New Futures
The NH Community Behavioral Health Association
National Alliance on Mental Illness, NH
The NH Providers Association
The NH Psychological Association

Everyone Welcome!

Compiled by NH *Listens* for All Walks of Life
www.NHListens.org

Welcome and thank you for joining today's conversation ~

We look forward to your questions, concerns, ideas, and hopes for the future of mental illness and substance abuse prevention and care in NH and we welcome all perspectives. *What is working to address mental health and substance abuse challenges in our community?   What are the implications of mental health and substance abuse challenges for our state as a whole?* These are the kinds of questions at the heart of our conversation today.

Significant and substantial work is and has been done in NH for years so it is important to recognize that a lot of effort has come before this conversation and much will follow. This conversation is connected to **Creating Community Solutions,** the National Dialogue on Mental Health, and connects New Hampshire to community conversations across the United States. Still, this conversation is focused on your experience in New Hampshire and asks us all to consider the critical question: *What needs to be done in our communities and our state to better prevent and respond to mental illness and substance use disorders?*

Here is the general outline of our evening:

5:30 – 6:00 PM	**Registration and refreshments**
6:00	**Welcome and Purpose**
6:20	**Small group conversations**
8:40	**Large group summary reports**
8:55	**Next steps**
9:00 PM	**Closing**

This guide is the same for all participants. The facilitators will help guide the conversation but we are all responsible for making sure the group is productive.

Thank you!

What is New Hampshire Listens?
New Hampshire Listens is a civic engagement initiative of the Carsey Institute at the University of New Hampshire. NH Listens works to strengthen New Hampshire communities by helping citizens participate directly in discussions about policies that affect their daily lives. Established in 2011, we engage state residents in local, regional, and statewide conversations on a broad range of topics to bring about informed, innovative solutions to complex issues. At the core of our work, we organize fair, nonpartisan discussions throughout the state, help communities establish their own, independent, local Listens organizations, and train facilitators for public engagement. If you are interested in more information, we look forward to you being in touch with us. We are always looking for thoughtful facilitators and local contacts in NH communities. Find us at: www.NHListens.org .

Detailed Outline

5:30 - 6:00   **Sign in and refreshments**
- ➢ Welcome and sign in at registration table
- ➢ Please join your small group for the introduction and to start the dialogue immediately thereafter. We encourage you to review the background information starting on page 7.

6:00 - 6:20   **Welcome**
- ➢ Welcome from our regional host organization
- ➢ Remarks from NH Listens Moderator
  - ▪ ***The goal of this conversation is to hear from you. Your input will influence both the national dialogue and the statewide conversation on mental health and substance use.***

- ➢ *There are three main goals of the National Dialogue:*
  - • Get Americans talking about mental health and substance use, to break down misperceptions and promote recovery and healthy communities,
  - • Find innovative solutions to our mental illness and substance abuse prevention needs that are relevant to communities and that serve young people in particular, and
  - • Develop clear action steps to move forward in a way that complements existing local activities.

- ➢ *In addition to the goals above, the NH Statewide Dialogue will:*
  - • Inform policy makers about concerns and preferences for mental health and substance use public policy as well as consider the unique needs of veterans, young people, older adults, low income and homeless people, and people in the criminal justice system.

- ➢ *Specifically, we will:*
  - • Get acquainted with up to date information for NH and the US;
  - • Learn about the impact of stigma and debunk myths and misperceptions that support it;
  - • Focus on solutions and your input.

- ➢ **About the process: This conversation is…**
  - • Designed to focus on what is important to *you*.
  - • Designed for participants to be here the whole time (please do what you need to do to be most present: Feel free to take a break or step outside for a phone call if needed).
  - • About a constructive focus and looking forward to desired actions and solutions.
  - • Organized to allow the greatest possible time for everyone to both speak and listen, which is why we use small, facilitated groups where ideas can be explored, differences understood, and preferences for action expressed.
  - • Respectful of your time. We will keep time and respect yours by ending on time.

- ➢ **Group agreements for a productive conversation…**
  - • Share "air time"
  - • If you disagree, consider asking a question rather than arguing to prove your point

- It's OK to disagree, but don't personalize it. Stick to the issue, not the person who is disagreeing with you
- Speak up if the process doesn't seem fair
- Speak for yourself, not for others and not for an entire group (use "I" statements)
- Personal stories stay in the group unless we all agree we can share them outside of the group
- We all share responsibility for making the group productive
- Be respectful and use respectful language
- Respect the facilitator's role
- Listen first…

Please note: We are delighted to have this event covered by the press and local bloggers and want to balance that with our participants' ability to express themselves in a safe environment, share an incomplete thought, or convey a personal story as a part of this process. We respectfully request that all representatives of the media (formal and informal) please ask permission to tape, photograph, identify, or quote an individual participant directly.
We are happy to answer any questions about this request.

6:20 – 6:40   Introductions in small groups
  ➢ Pre-survey: Please fill out the pre-survey on the last page of your discussion guide. This page can be torn off and handed to your facilitator.

  ➢ Your small group has a neutral facilitator whose role is to:
    - Help with the process and keeping time
    - Serve as a reminder of our agreements to be fair and respectful
    - Make sure everyone gets a chance to participate, and
    - Record key information on flip charts

  ➢ Reminder: Your group will need someone to **report out** to the large group at the end. Is anyone willing to take notes on the summary report (page 16)?

  ➢ **Introductions:** One benefit of these conversations is to be in groups with people whose experiences and perspectives are different from your own. As a way to get to know each other a bit, please briefly share your:
    - Name and Hometown
    - Why is the topic of mental health and substance abuse important to you? *Or* briefly describe an experience in your life that informs what you believe about mental illness and/or substance abuse.

6:40 - 7:00   Information Review
Take the time to look over the information section (starting on page 7) about current trends and information related to mental health and substance use in NH and in the United States. This is a lot of information and is not meant to be all-inclusive. While we won't be able to cover each area in depth, we will focus on what you find important to discuss.

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There are pages of research on these issues so we realize this can be overwhelming. For our purposes, we will be asking you "*what do you notice?*" or "*what is most important to you about this information?*" No one is expected to absorb all of this information tonight.

Take a few minutes to read and allow for clarifying questions.

7:00 – 7:20   **What do you notice? A brainstorm**
To simplify a very complicated set of topics, we will **take each focus area in turn** and ask you about them: *What do you notice? What is most important to you about the information?* We will do this briefly by area and then we will determine how best to spend our discussion time based on what you find important. (About 5 minutes for each focus area)
> Focus One: Understanding the Basics
> Focus Two: Stigma and Other Key Challenges
> Focus Three: Populations for Unique Attention
> Focus Four: Responses and Solutions

📝 **Group Report**: **Finalize a list of the key topics brainstormed by your group for each focus area and note the issues that stood out to address and discuss.**

7:20 - 8:00   **Key Questions and Priorities**
Next, consider the framing question: *What needs to be done in our communities and our state to better prevent and respond to mental illness and substance use disorders?*

➢ Given your priorities when you came in and the information we have just reviewed, spend some time discussing the key issues and **their importance to you**. It might be useful for **each person to speak briefly about their perspective.** The following questions may be helpful to prompt your thinking (but you will likely not have time to address each one individually):

- What stands out for you about the challenges we face?
- What are the implications of these mental health and substance use challenges for our community as a whole?
- What are you noticing as indicators of increased need for services?
- What recent public policy decisions have had impacts on mental health and substance use in NH?
- How can we work with local, regional, statewide, and federal decision makers to create healthier communities?
- What promising strategies are already in place to improve mental illness and substance use disorders? What 2-3 strategies do we need?

📝 **Group Report**: **Chart the most important questions and priorities identified by your group. What are the key issues, patterns, and challenges?**

8:00 - 8:15   **Community Solutions and Next Steps**
➤ Spend time here exploring ideas for solutions, including differences and commonalities in your group. What questions remain? Has anyone gained insights or new understandings? Any key areas of disagreement to note? Any new ideas to note?

📝 **Group Report**: **Chart the priorities and solutions/actions identified by your group.**

8:15-8:30   **Final Priorities**
Based on your group's conversation, "*Are there any common-ground thoughts or ideas in this group? If so, what do we want to say at the end of the evening? If not, what diverse points of view do we want to convey?*"

A consensus is not required, but if one emerges, or perhaps if the group wants to put forward two or three primary points of view, that is fine. These will represent your **key recommendations or findings.**

Your group will need to prioritize their top insights to report out to the large group and *select someone to speak.* The reporting out should include no more than **two or three** specific statements.   To arrive at this point, the group should take a step back and look for *both the unique ideas and those that seemed to recur*. Group ideas together that seem to be related, but don't lose track of the unique ones.

The **written** flip chart notes from your small group will convey a more complete view of your group's ideas. You will likely not have time to represent **all** of your ideas on the summary sheet or in the large group report out (two minutes!). All notes from the small groups will be used to provide a Summary Report to participants and decision makers.

📝 **Group Report:** Finally, please add any additional information that your group feels is important to pass along to those compiling information for next steps.

8:30 – 8:50   **Reporting Out**
Each group will be asked to provide a VERY BRIEF summary of their most important findings, concerns or recommendations. If you are asked to speak for your group, please be brief and share what has been compiled *by your group*, including common ground and divergent views. (You will have two minutes!)

📝 **Group Report:** **What are your group's specific recommendations for better preventing and responding to mental illness and substance use disorders in our communities and our state? (these will be shared during the large group report out)**

8:50 – 8:55   **Wrap up comments –   NH Listens Moderator**
• Please fill out the post-survey and evaluation – it matters to us! Thank you!
• Forthcoming summary will be sent out over e-mail and posted on line.

9:00 PM   **Thank you and adjourn - Regional Host**

Information Section

This information has been compiled to provide background on the challenges and issues facing New Hampshire's communities regarding mental illness and substance abuse. There is tons of research on these issues so this is not meant to be all inclusive. Instead, our interest is in sharing basic, current information *in order to learn from you* what is significant and noteworthy to you. Data in this section has been pulled from multiple sources. National data is from the Substance Abuse and Mental Health Services Administration (SAMHSA) and may be found at www.samsha.gov and New Hampshire data, shared by many statewide behavioral health organizations, may be found at http://www.dhhs.state.nh.us/.

Terms and Definitions

Before we start looking at the central questions, let's define some terms that will be used heavily throughout our conversation:

Addiction is a chronic disease that results when a person ingests a substance (alcohol, cocaine, nicotine) or engages in an activity (gambling) that can be pleasurable but the continued use of which impacts the brain, becoming compulsive despite negative consequences. Addiction is a chronic, progressive, treatable brain disease.

Behavioral Health is an umbrella term that includes both mental health and substance use disorders.

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

Mental Illness is defined as "collectively all diagnosable mental disorders" or "health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress and/or impaired functioning." Under these definitions, substance use might be classified as either a mental health problem or a mental illness, depending on its intensity, duration, and effects.

Mental Health Promotion consists of interventions to enhance the ability to achieve developmentally appropriate tasks and a positive sense of self-esteem, mastery, well-being, and social inclusion and to strengthen the ability to cope with adversity. This ability to cope is referred to as resilience.

Mental Health Treatment is the provision of specific intervention techniques by a professional for conditions identified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM). These interventions should have proven effectiveness, the ability to produce measurable changes in behaviors and symptoms, and should be person- and family-centered and culturally and linguistically appropriate.

Prevention is a step or set of steps along a continuum to promote individual, family, and community health; prevent mental and substance use disorders; support resilience and recovery; and prevent relapse.

Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. People with mental illness and substance use disorders can and do recover from these conditions, and hope plays an essential part in overcoming the internal and external challenges, barriers, and obstacles. Controlling or managing symptoms is part of this process.

Recovery Support Services include a focus on providing for the health, housing, vocational, and social support needs of people with mental health problems. These include peer- and family-operated services.

Substance Abuse is defined as the use of alcohol or drugs despite negative consequences.

Substance Use Disorder is a disorder in which the use of one or more substances leads to a clinically significant impairment or distress.

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Substance Use is defined as the consumption of low infrequent doses of alcohol and/or other drugs, sometimes called experimental, casual, or social use.

Trauma results from an event, series of events, or set of circumstances that are experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being.

Focus One: Understanding the Basics

Mental Health is Part of Your Overall Well-Being
Mental health is important at every stage of life, from childhood and adolescence through adulthood. Over the course of your life, if you experience mental health problems, your thinking, mood, and behavior could be affected. Many factors contribute to mental health problems, including:

- Life experiences, such as trauma or abuse
- Biological factors, such as genes or brain chemistry
- Family history of mental health problems

> **Did You Know?**
> *Prejudice and discrimination associated with mental and substance use disorders create enormous housing challenges for these individuals.*

Mental Health Challenges are Common
An estimated 20% of Americans ages 18 and older – about one in five adults – will experience mental health problems this year.

- Most people with mental health problems who are appropriately treated get better, and many recover completely.
- In New Hampshire, 20 percent of the adult (18+) population works out to about 207,000 individuals. This is greater than the combined populations of Manchester and Nashua.

Mental Health and Substance Use Exists on a Continuum
- <u>Mental Health Continuum</u>: Everyone experiences occasional stress and difficulties. However, left untreated they can become moderate and marked distress to disabling and chronic impairment. Mental health and mental illness are not polar opposites but may be thought of as points on a continuum.
- <u>Substance Use Continuum</u>: Substance use can be benign or even beneficial – prescription drugs taken as prescribed for example – dependent on the substance, the circumstance, and the age of the user. Substance misuse, however, is a continuum from occasionally problematic to chronic addiction and frequently requires treatment to halt progression to more severe impairment.

Mental and Substance Use Conditions often Co-occur
In other words, individuals with substance use conditions often have a mental health condition at the same time, and persons with mental health problems often abuse substances or experience addiction at the same time.

- In 2011, an estimated 20.6 million persons (8% of the population ages 12 or older) were classified with substance dependence or abuse in the past year.
- Approximately 8 million adults have co-occurring disorders.

Attitudes and Beliefs Impact Our Ability to Improve Outcomes
People's attitudes and beliefs set the stage for how they interact with others and how we make decisions regarding public policy and funding for treatment and support. Negative or stereotypical attitudes and beliefs can prevent a person from seeking treatment, although research tells us that treatment is effective and people do recover.

- <u>Positive attitudes</u> about mental health can result in supportive and inclusive behaviors (e.g., willingness to date a person with a mental illness, rent a house to or hire a person with a mental illness).
- <u>Negative attitudes</u> may result in avoidance, exclusion from daily activities, and, in the worst cases, exploitation and discrimination.

Did You Know?

Almost two-thirds of the over 45 million adults with any mental illness and almost 90 percent of the over 21 million adults with substance use disorders go without treatment in our country every year.

Addiction is a Chronic, Treatable Disease
Research shows that addiction shares many characteristics with other major chronic diseases such as hypertension, diabetes and asthma. For example:

- Genetics play a role;
- Medical impact on the body is significant;
- Complications develop if the disease is untreated;
- Self-care is critical to success; and,
- Medication can help.

Treatment Works and is Well Documented
Although addiction is a chronic disease, it can be and is treated successfully. Chronic diseases require treatment throughout an affected person's life. Whether the disease is alcohol or drug dependence, diabetes, asthma, or hypertension, a patient's success in treatment depends on a number of factors including adherence to what is prescribed: ongoing treatment, medication, and/or behavioral changes.

- Treatment for substance use disorders is as successful as treatment for other chronic conditions and many people are treated without relapse. Relapse, however, does not define a failure of treatment; it is anticipated in the treatment course of a chronic disease.

Treatment Works but we have a Treatment Gap
Almost two-thirds of the more than 45 million adults with any mental illness and almost 90% of the over 21 million adults with substance use disorders go without treatment in our country every year. In New Hampshire:

- We rank second to last in the nation for people in need of substance abuse treatment being able to access it.
- Our public mental health system provides services to only 21 percent of adults who live with serious mental illnesses in the state.
- We rank first in the nation for underage alcohol use.
- Of the 130,000 New Hampshire residents estimated to need treatment for alcohol and other drug disorders only 6,000 per year are currently able to get needed treatment through state contractors.

Untreated Mental Illness and Substance Use Disorders Increase Costs
Going untreated means disorders can become more serious and cause huge suffering to individuals and their families.

- Limits ability to reach social and educational goals
- Can seriously impair productive lives and life expectancy
- Leads to expensive costs to communities in terms of health, welfare, and criminal justice costs.
- If left untreated, addiction is a terminal disease. More than 20 % of deaths in America every year are addiction-related.
- In an average year there are approximately 2,351 admissions to New Hampshire Hospital which offers inpatient psychiatric services to the people of NH. An increase in the number of admissions paired with a decrease in the number of available beds has resulted in a steep increase in the rate of admissions per bed over the past decade (see chart).

New Hampshire Hospital: Number of Admissions Per Hospital Bed By Fiscal Year
Source: New Hampshire Hospital
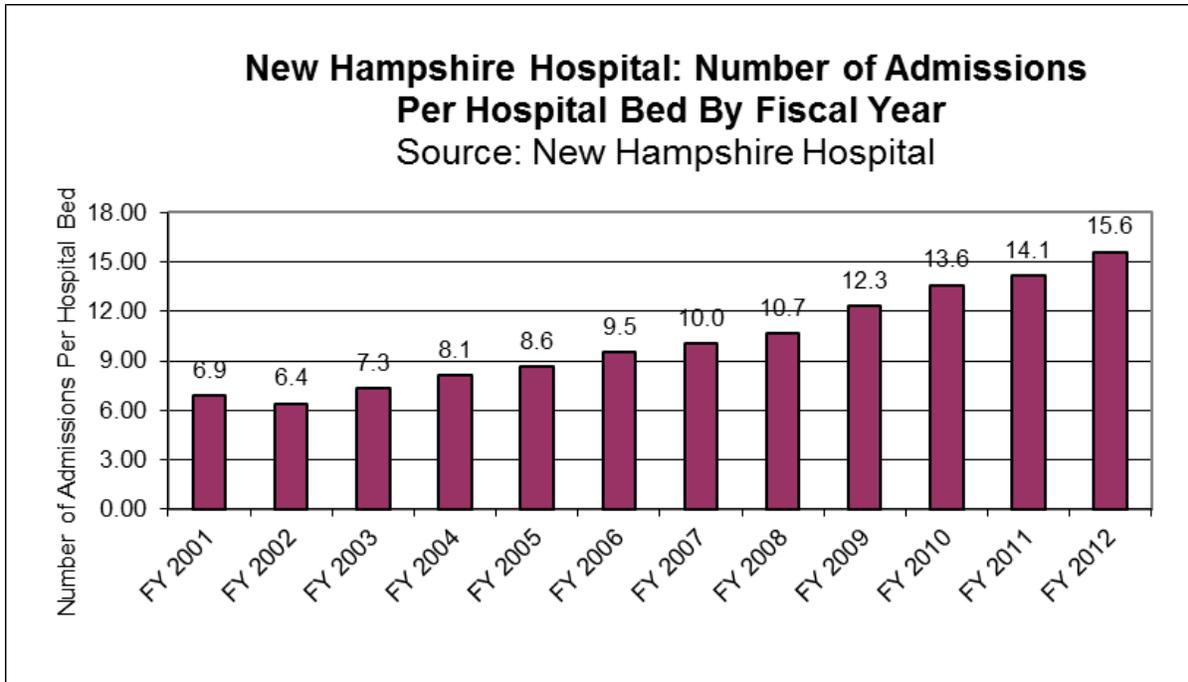
Community Impacts Nationally:
Untreated mental illness and substance abuse takes a tremendous toll on America's communities.
- Serious mental illness cost the US an estimated $193.2 billion in lost earnings per year and an estimated $247 billion in annual costs overall.
- By preventing a child from becoming dependent on alcohol we can save approximately $700,000 over the course of their lifetime.
- By helping a child graduate from high school that would otherwise have dropped out, we can save as much as $388,000 over the course of their lifetime.

Community Impacts in NH:
- Excessive alcohol use alone costs the state $1.15 billion each year -- $757 million in lost worker productivity, $182 million in healthcare costs, $88 million in criminal justice costs, and $124 million in other costs including motor vehicle crashes and state and local tax revenue. (Source: New Futures)
- The state's ten community mental health centers (CMHCs) serve 50,000 adults and children annually. About 20,000 are currently enrolled in Medicaid - the rest typically have limited or no health insurance yet state law provides that the CMHCs must care for these individuals.
- Without Medicaid expansion, the state budget offered no relief to this major challenge for CMHCs, which amounts to a $13 million cut to the system for the biennium. The expansion of Medicaid eligibility would increase access to treatment for approximately 8000 people.
- Inadequately funded community supports shows itself in the backup at local hospital emergency rooms, where individuals in a psychiatric crisis wait for beds at NH Hospital, sometimes for days at a time.

Did You Know?
Family-driven care means that families have a decision-making role in the care of their own children as well as the policies and procedures that shape care for children in their community, state, tribe, territory, and nation.

Focus Two: Stigma and Other Key Challenges

It is hard to make progress on mental health and substance use disorders when it is difficult to address the underlying fears, discrimination, and attitudes that are common in our communities. Stigma has a significant impact and is based in misinformation and misperceptions. In addition, there are many myths and misperceptions that persist.

Stigma
- Stigma refers to attitudes and beliefs that lead people to reject, avoid, or fear those they perceive as being different.
- Stigma, an invisible mark of shame, disgrace, or disapproval, prevents up to 60% of those with mental illness from seeking treatment.

Myths and Misperceptions
- About 24% of the US population believes that a person with a mental illness is dangerous and 39% believe he or she is unpredictable.
- Less than half (44.3%) believe that someone with a mental illness can be successful at work.
- Slightly more than half (55.2%) believe that treatment can help people with mental illness lead normal lives.
- Around 30% believe that a person with mental illness can eventually recover.

The facts – Dispelling the Myths
- People with mental illness only commit 3-5% of violent acts and are much more likely to be victims than perpetrators of violence.
- Individuals who receive treatment for mental illnesses in the community (outpatient, day, and residential treatment) were 11 times more likely to have been the victims of violent crime than the general population in the past year.
- Most people who suffer from mental illness who receive appropriate treatment recover and lead healthy lives.
- More than 75% of reported domestic violence incidents occur while the attacker is under the influence of alcohol or drugs.
- An estimated 75% of the parents of children in therapeutic foster care have records of substance addiction problems.

Did You Know?

The annual cost of mental, emotional, and behavioral disorders among young people is estimated to be 247 billion – including the costs of treatment and lost productivity.

Bullying
Bullying can have significant mental health consequences for both victims and bullies.
- Compared to individuals who were not bullied, victims of bullying were nearly three times as likely to experience generalized anxiety as those who were not bullied, and even more likely to suffer from panic attacks or agoraphobia (fear of public spaces).
- Social media today such as Facebook and Twitter play a big role in bullying and violence ("digital disrespect") and are a contributor to suicide and depression.

Cultural differences
Many cultural differences can affect the ways in which different groups make use of services
- African Americans tend to rely on family, religious and social communities for emotional support rather than health care professionals.
- Latinos use mental health services less than the general population.
- Asian and Pacific Islanders tend to delay help-seeking which may be due to mistrust of the system and language barriers.

Trauma and Toxic Stress

When young children are exposed to repeated traumatic experiences (e.g., child abuse, witnessing violence), they are at increased risk of developing mental health problems, substance abuse, and chronic health problems (like heart disease and diabetes).

- The negative impacts of these early experiences can be prevented or reversed when a child has a relationship with a supportive, responsive and caring adult at an early age.

Sexual Orientation

Social attitudes regarding sexual orientation can also impact how we view people with mental health problems. The rejection of lesbian, gay, bisexual, transgender, and queer youth by their families, or by their peers and community, can have profound and long-term impacts, including depression, use of illegal drugs, and suicidal behavior.

Suicide

- Nationally, suicide is the third leading cause of death among youth ages 15-24. For New Hampshire young people 15-24 years old, suicide is the second-leading cause of death.
- Nationally, more post 9/11 (Iraq and Afghanistan wars) Veterans have taken their own lives than have been killed in combat.
- On average there are 184 confirmed suicide deaths in NH each year. The vast majority of violent deaths in NH are suicides. For every homicide in NH, there are approximately 9 suicides. (2012 NH Annual Suicide Prevention Report)

Focus Three: Populations for Unique Attention

While all people across the lifespan can be impacted by mental health and substance use issues, veterans, young people, older adults, low income and homeless people, and people in the criminal justice system have unique needs and circumstances.

Veterans

In New Hampshire, we have over 129,000 veterans, which represent 10% of our population. Many are female and the largest age group is between 35 and 54. At the same time, NH is the only state in the US that does not have a full-service VA facility or equivalent Military Treatment Facility (MTF).

- Stigma is the number one barrier to treatment for veterans of all eras.
- The most common symptoms and/or diagnoses for veterans include depression, anxiety/panic, post-traumatic stress disorder (PTSD), substance abuse, and suicidal ideation.
- Misperception that PTSD is a "life sentence" that cannot be successfully treated prevents many veterans suffering with symptoms from pursuing help of any kind.
- Community and family impacts include social isolation, divorce, substance abuse, unemployment, homelessness, and suicide.
- Other facts to dispel myths about veterans:
  - Not all veterans have PTSD
  - PTSD does not cause or increase the risk for violence
  - Women do engage in combat
  - Men are victims of military sexual assault too

> ## Did You Know?
> *Nationally, more post 9/11 (Iraq and Afghanistan wars) Veterans have taken their own lives than have been killed in combat.*

Youth

Young people experience some of the highest rates of mental health challenges but assessing the needs that youth have at different stages of development is hard. In addition, young adults in NH between ages of 18 and 25 have some of the highest rates of alcohol and drug misuse in the US. The majority of lifetime mental illnesses and substance use disorders begin in youth.

- Lowest rates of seeking help.
- Less than one in five adolescents get treatment for diagnosable mental health conditions.
- Can be the most costly of all illnesses if not identified and treated early.

- Delays in receiving treatment after first symptoms can lead to more severe consequences such as dropouts, suicide, etc.
- Half of all diagnosable lifetime cases of mental illness begin by age 14, and three-fourths of all lifetime cases start by age 24.
- Close to 43,000 New Hampshire adults live with serious mental illness and about 14,000 children live with serious mental health conditions.

Older Adults

The aging of the population in New Hampshire will have important consequences for our systems of care in the state and in each community. Untreated mental disorders among both older adults with physical disabilities and family caregivers are a major cause of avoidable placements in institutional settings.

- The population of older adults in the U.S. will nearly double over the next 20 years. More importantly, adults 65 and older will increase from 13% to 20% of the population, roughly equal to the population of children under age 18. If the prevalence of mental disorders among older adults remains unchanged, over the next two decades the number of older adults with mental and/or substance disorders will nearly double from about 8 million people to about 14 million people. That is staggering growth, and our service systems are not prepared.
- Mental and substance use disorders are major impediments to living well in old age. They cause considerable personal suffering and make it difficult for older people to achieve their potential in old age.
- Mental disorders, particularly depression and anxiety, are major contributors to—and are exacerbated by—social isolation, which results in diminished quality of life, further barriers to intervention and premature institutionalization.
- Treatment works. There are effective, evidence-based interventions that can improve the quality of life of older adults with mental and substance use disorders, including dementia.

Poverty, Homelessness and Mental Illness:

Stable housing is important to individuals seeking treatment and for delivering services to the person in their living environment and community. Through research we know that treatment is effective and recovery is possible but not when a person's basic need for safety and housing are lacking. From the January 2010 HUD Point-in-Time (PIT) counts, Continuums of Care reported that:

Did You Know?

Delays in receiving treatment after the first onset of symptoms of schizophrenia or psychosis are found to be related to: poorer response to antipsychotic medications, presence of more severe symptoms, more frequent recurrences and hospitalizations, and higher suicide risk.

- 26.2% of sheltered adults who were homeless had a severe mental illness; and
- 46% of sheltered adults on the night of the PIT count had a chronic substance abuse problem and/or a severe mental illness.

Mental health is closely correlated with poverty, with common mental disorders being twice as prevalent among the poor.

- Highest estimates of mental disorders are: (1) among those with the lowest education levels; (2) unemployed; and, (3) facing large amounts of debt.
- Poverty and unemployment increase with severity of the disorder.
- Among those with severe disorders, those receiving disability benefits are most likely to be poor.

People in the Criminal Justice System

There are high rates of mental illnesses and substance abuse problems among people in the criminal justice system. Providing earlier intervention and treatment could significantly reduce public costs of jails, courts, and corrections, and employer costs associated with lost productivity as a result of mental health and substance abuse problems of employees and their families.

- In 2005, individuals who experienced mental health problems accounted for 56% of state prisoners, 45% of federal prisoners, and 64% of jail inmates.
- Sixty-seven to seventy percent of youth in the juvenile justice system have a diagnosable mental disorder.

- The New Hampshire Department of Corrections estimates that between 30% and 40% of adults currently incarcerated in state prisons have a mental illness. In 2007, 75% of inmates in NH county jails had a history of substance abuse, and approximately 46% were individuals living with a mental illness. In the state's women's prison, incidence rates are even higher. An estimated 71% of women incarcerated are living with a mental illness.
- The New Hampshire Department of Corrections estimates that 70% of this population has a diagnosable substance use disorder that requires treatment.
- 90+% of revocations of parole in New Hampshire are due to condition violations involving parolees who used drugs or alcohol.

Focus Four: Responses and Solutions

With complex issues like these, there will always be a need to continue to build on what is already in place and be on the lookout for new solutions and improvements. Still, significant information exists about what works and partners across New Hampshire have collaborated to make strategic recommendations about addressing mental health and substance use needs.

We Know What Works:
- Promotion: Enhancing the ability to cope and provide positive sense of well-being
- Prevention: Identifying early indicators of problems and promoting behaviors to reduce them.
- Treatment: Providing proven methods that reduce or eliminate problem behaviors
- Recovery: Sustaining positive behaviors and hope

Two Recent Sources of Information in New Hampshire

1. *Addressing the Critical Mental Health Needs of New Hampshire's Citizens: A Strategy for Restoration* was written in 2008 and makes recommendations, including those to be implemented through a combination of federal and state general funds, within a comprehensive ten-year plan. These recommendations include:

Increase the Availability of Community Residential Supports
- Formal supported housing programs to improve access to housing subsidies while providing intensive targeted case management
- A bridging rental subsidy for individuals eligible for Section 8 vouchers who are on the waiting list for that voucher
- Residential treatment programs with 132 new beds to provide crisis support and specialized housing for persons who are otherwise unable to live independently

Increase Capacity for Community-Based Inpatient Psychiatric Care
- Four additional Designated Receiving Facility units across the state providing an additional 48-64 involuntary beds
- A taskforce of stakeholders to find ways to expand the availability of voluntary inpatient psychiatric care in community hospitals across the state

Develop Assertive Community Treatment Teams
- Twelve new intensive outpatient service teams allowing individuals to recover while reducing repeated use of hospitalization, emergency rooms and jail/prisons

Community Mental Health Workforce Retention and Development
- Adequate resources to pay and maintain qualified staff for the delivery of mandated and necessary services to persons with serious mental illness
- A collaborative for increasing the number of available residents and experienced psychiatrists in the state
- Investments in updated academic education and ongoing training for our mental health system workforce

Department of Corrections Study Committee Planning Considerations
- The State of New Hampshire needs to consider any necessary plans for mental health housing, training, and specialized services as related to master planning from House Bill 25- FN-A, Chapter 264:1, Section V. (H) for prison units, secure psychiatric care and the housing of non-violent offenders

2. In *Collective Action, Collective Impact: NH's Strategy for Reducing the Misuse of Alcohol and Other Drugs and Promoting Recover 2013 – 2017*, recommendations include actions across all sectors in NH:

Business
    • Workplace policies can send clear messages about risks of alcohol and drug misuse both at and outside of the workplace.
    • Signs, posters, paycheck inserts and other messages can help frame the risks of alcohol and drug misuse and provide information on ways to get help in a caring manner.
    • Managers and employers can encourage early and confidential conversations about problems an employee may be experiencing as a result of alcohol or drug misuse. Sometimes just initiating a conversation can help a young adult see better how substance use might be affecting his/her work and well-being.

Health and Medical
    • Health and medical clinics working with young adults can offer education and early intervention programs, including confidential screening and assessments, brief interventions and referral to treatment and recovery support services.
    • Culturally sensitive services and health promotion messages can be designed to appeal to young adults.

Government
    • Local and county government can support laws and policies that deter the misuse of alcohol and other drugs.
    • Government agencies can provide resources and other support to community programming for young adults.

Community and Family Supports
    • Community and family support organizations can develop special events and communications to appeal to young adults.
    • Organizations can provide confidential services and referrals geared toward young adults.

All Walks of Life Regional Community Conversations: Small Group Report

Location: (circle one)

         Berlin   Concord   Keene   Nashua   Plymouth   Portsmouth

Small Group Facilitator Name: _____

Group Letter: _____

Number of people in your small group: _____

Each group is asked to provide **ONE** written summary of their deliberations including the following information and any additional information the group desires to add (feel free to use the reverse side). Please be sure this report is finalized by your group prior to dispersing:

1. Finalize a list of the key topics brainstormed by your group for each focus area and note the issues that stood out to address and discuss.

2. Chart the most important questions and priorities identified by your group. What are the key issues, patterns, and challenges?

3. Chart the priorities and solutions/actions identified by your group.

4. What are your group's specific recommendations for better preventing and responding to mental illness and substance use disorders in our communities and our state? (these will be shared during the large group report out)

5. Please add any additional information that your group feels is important to pass along for the summary report and for local, regional, and statewide decision makers.