



Section I:

Being free from addictions and having good mental health are essential to overall health.

New Freedom Commission
Related Recommendations

- 1.1 Advance and implement a campaign to reduce the stigma of seeking care and a strategy for suicide prevention.**
- 1.2 Address mental health and substance abuse with the same urgency as physical health**

Overview

In a transformed mental health and substance abuse services system, Oklahomans will seek care when they need it—with the same confidence that they seek treatment for other health problems. Unfortunately, at this time, several major obstacles remain in the path of reaching this goal.

Stigma impedes people from seeking the care they need

The first obstacle, stigma, is a pervasive barrier people face when seeking mental health and substance abuse services. National estimates indicate that only one out of two people with a serious form of mental illness seeks treatment for the disorder.

Lack of information about conditions and available services causes confusion, prompting many people to hide their symptoms and avoid treatment. Similarly, lack of information and effective processes in public and private workplaces often results in misdiagnosis or mismatch of services to those in need.

The results of stigma and untreated diagnoses are devastating. For example, the vast majority of people who die by suicide have an undiagnosed or untreated mental illness. According to the CDC, nationally in 2003 suicide was the third leading cause of death among youth age 10-14, third among those between 15 and 24, second among 25- to 34-year olds and fourth among those 35 to 44 years old (CDC, 2006b).



There is a strong connection between physical health, good mental health and being free from addictions.

A second obstacle emerges from the fragmented systems that deliver services. There is a strong relationship between physical health, substance use, and mental health. For example, depression was correlated with a shortened life expectancy. Also, good mental health improves the quality of life for those with serious physical illnesses. Mental health and substance abuse services are often treated separately from physical health services. National commissions have recommended that states examine how to incorporate mental health services into the planning and delivery of health care reform.

Fragmentation of services and funding across various programs provides one of the greatest challenges to delivery of coordinated services. Currently mental health services and treatment for addictions are offered across many federal agencies such as: Medicare, Social Security Income, Vocational Rehabilitation, Education, Temporary Assistance for Needy Families (TANF), Juvenile Justice and Criminal Justice, Child Welfare, and Federal block grants. To be effective, comprehensive and easily accessible, cross-agency strategies must be identified to address critical issues such as:

- Prescription drug coverage
- Access to services
- Affordability of services
- Coordination of benefits
- Evidence-based services and supports
- Supporting self-direction
- Choice of services
- Coordinated outcomes and accountability

Providing access to effective treatments and services that are easy to navigate and that provide coordinated funding for services is key to reducing barriers to having good mental health and living free from addictions.



Background Information

Suicide data

In 2003, the rate of death by suicide in Oklahoma was 13.6 per 100,000, a rate 26% higher than the national rate (CDC, 2006a). Oklahoma statistics show that in 2003, suicide was the second leading cause of death among youth age 10-14, comprising 16.4% of deaths for this age group within the state compared to 6 percent of deaths in this age group nationally. Suicide was also the second leading cause of death among those 15-24, comprising 13.3 percent of deaths for this age group within the state compared to 11.9 percent of deaths in the age group nationally (CDC, 2006b).

As previously mentioned, people who commit suicide often have undiagnosed or untreated mental illness and stigma often influences a person's willingness to seek treatment. The National Survey on Drug Use and Health estimates that 21.7 percent of people who felt a need for substance abuse treatment did not seek treatment due to stigma. The affect of stigma is even greater for people reporting needed mental health treatment, with 26.9 percent not seeking treatment because of stigma (NSDUH, 2004). By not seeking treatment, these individuals are neglecting their behavioral health, but more than this, may also be neglecting or damaging their physical health.

In a recent study of publicly funded behavioral health clients in Oklahoma and hospital discharges, it was found that the rate of hospital discharges among behavioral health clients who received both mental health and substance abuse treatment was 31%, compared to 18% among the general population. The average number of discharges among behavioral health clients was 7.4, compared to 2.0 among people who did not receive behavioral health services. This study also found a substantive difference in age at discharge when comparing behavioral health clients to the general population. The findings indicate that persons age 20-29 who receive mental health and/or substance abuse services are more than twice as likely to be hospitalized for a medical condition as



Suicide data (cont'd)

those who do not receive these services. This trend reverses at age 60. The study hypothesizes that this may be due to the fact that individuals who have a mental health or addictive disorder do not live as long as others and that older people are less likely to receive mental health and substance abuse services (Moore and Leeper, 2006).

In order for individuals with behavioral health problems to receive the treatment they need, Oklahoma must focus more attention on the education of behavioral healthcare providers. Since FY 2001, the number of new Licensed Professional Counselors (LPC) has decreased by 65 percent, with 142 new licenses in FY 2005. Very few behavioral health professionals seek licensure as Marital/Family Therapists (LMFT) or as Behavioral Practitioners (LBP), with only 17 new LMFT licenses in FY 2005 and six LBP licenses. In addition over the past six fiscal years, Oklahoma has a net loss of four psychiatrists with the non-renewal of licenses due to death, retirement, disciplinary action, or moving. One behavioral health field which has seen increased numbers over the past five years is Licensed Social Workers, with a 72 percent increase since FY 2001. (All licensure data supplied by personal correspondence. Please see the Oklahoma Needs Assessment and Resource Inventory Report, Chapter 14, for more information.)

Unmet Treatment Need

The Needs Assessment analyzed data to estimate the extent of Oklahomans' unmet treatment needs.

- An estimated 63.94% of youth (age 9-17) had a mental health or addictive disorder but did not receive publicly funded treatment.
- Approximately 44.58% of youth (age 9-17) with serious emotional disturbances did not receive publicly funded treatment.
- Adults with serious psychological distress had an estimated 79.96% unmet needs.
- Substance abuse treatment for illicit drug dependence or abuse did not address 81.46% of the need in 2005.



Strategic Developments

Oklahoma has a strong commitment to suicide prevention. Current efforts to combat suicide include a series of initiatives that provide the foundation for transformation in this area. The State is a current Grantee of Garrett Lee Smith Memorial Act (SAMHSA) funding. Prior to this initiative, Oklahoma developed a State Plan for Youth Suicide 60% Prevention (2001) that was implemented by the Youth Suicide in accordance with the Prevention Council. The Council was created by passage of HB 1241.

The Oklahoma State Plan for Youth Suicide Prevention was created by the Youth Suicide Prevention Task Force as a result of HJR 1018. Technical assistance in development and implementation of the plan was provided by the University of Washington, University of Calgary/Living Works Education, Health Resources and Services Administration, and Suicide Prevention Action Network.

Oklahoma implemented a public awareness campaign in 2006 to purchase public service announcements from several radio markets to target specific populations within the state's three major urban areas. The announcements were designed with an anti-stigma message and focused on Systems of Care and services for children. The campaign was successful and reached out to a variety of demographic groups, including Spanish speaking audiences.



**Work Group
Recommendations**

Children's Behavioral Health

- Develop a public engagement campaign that targets specific groups including children and youth through schools.
- Conduct Children's Mental Health Day events at the State Capitol.
- Update and enhance the Systems of Care website.
- Form a stakeholder group to develop and implement a public and legislative campaign for parity in funding.
- Enhance the ongoing efforts of JOIN and 2-1-1 to improve awareness of available resources.

Adult Services

- Recognize and improve the coordination of mental health services and primary health care.
- Underserved and vulnerable adults age 18 and older will have increased access to mental health and substance abuse services.
- Remove barriers to consumer eligibility and enhance access to evidence based and promising practices.
- Promote a standardized approach to screening for co-occurring disorders that can be used in multiple settings utilizing the "no wrong door" approach.
- Explore and implement available options for financing and the efficient use of human resources.

Criminal Justice

- Develop a public education and awareness campaign.
- Identify at-risk students.
- Develop programs focusing on prevention from entering the criminal justice system.

Workforce Development

- Utilize the Adverse Childhood Experience Study (ACES) to educate legislators, business, community members, service providers, and other stakeholders about the long-term impact of early childhood trauma.



Workforce Development
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- Collaborate with agencies to create a comprehensive public relations campaign to promote understanding of overall wellness and early signs of behavioral health issues.
- Partner with the Department of Education and the State Board of Regents to develop an integrated wellness curriculum for common and higher education that incorporates the importance of trauma-informed, culturally competent, consumer-led recovery, and how to access services.
- Involve consumers in developing competency-based continuing education unit (CEU) curriculum content.



Action Plan to ensure Oklahomans will understand that being free from addictions and having good mental health are essential to overall health.

Goal I.A: Develop a broad based public information strategy to reduce the stigma associated with mental health and substance abuse treatment and increase public knowledge that recovery is possible.

Strategies

1. *Develop an over-arching framework for public information activities.*

2. *Increase consumers', family members' and other citizens' knowledge of available resources and how those can be accessed.*

3. *Decrease disparity of insurance coverage for behavioral health benefits to assure access to needed services.*

4. *Increase capacity of systems to provide more substance abuse and mental health services and supports.*

Action Plans

- a. Seek advisors in the design and implementation of public information campaign.
- b. Develop a request for proposals. Request will delineate broad goals for campaign as well as identify additional groups to be targeted, such as traditionally under represented communities, rural citizens, tribal and Native American organizations, etc.
- c. Select firm to design major elements of the campaign
- d. Initiate actions in accordance with c. above.

- a. Utilize consumer and family advisory groups to review current resource information base available through 2-1-1 and JOIN (Joint Oklahoma Information Network).
- b. Identify additional resources or strategies needed to building upon current resources of 2-1-1 and JOIN, particularly to achieve state coverage of 2-1-1 access.
- c. Work with consumer and family advisory groups to identify and develop additional media formats to increase citizen knowledge of available resources for treatment and supports.

- a. Partner with the Oklahoma Commission on Children and Youth and other Governor's Transformation Advisory Board members to review needed public and legislative effort to strengthen current insurance parity requirements in Oklahoma.
- b. Coordinate efforts, public messages, planning and advocacy within context of overall transformation public information campaign(s).

- a. Convene group, representing Governor's Transformation Advisory Board partner agencies to analyze Needs Assessment and Resource Inventory Report and other documentation to identify priorities for increasing the types, amounts, and locations to improve system capacity.
- b. Propose plan for increased funding requests or financial restructuring to increase system capacity.
- c. Review findings with state agencies.



Goal I B: Strengthen the Oklahoma framework for suicide prevention.

Strategies

1. Utilize resources available through current youth suicide prevention activities and partnerships.
2. Expand suicide prevention activities to address the needs of the entire life span.

Action Plans

- a. Fund local communities, tribal organizations and higher education institutions to implement evidence-based prevention practices in accordance with the strategies developed by the Youth Suicide Prevention framework.
 - b. Provide community-level training and technical assistance to build local infrastructure for Youth Suicide Prevention programs.
 - c. Increase the number of trained gatekeepers and suicide prevention program instructors in the state.
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- a. Support annual suicide prevention conference.
 - b. Provide on-going assistance to State Team on the Prevention of Suicide (STOP).

Goal I C: Inform and re-inform post-secondary training programs in a manner that reduces stigma, increases interest in working in the substance abuse and mental health fields, and expands the understanding of recovery and related best practices.

Strategies

1. Develop systems by which consumers and family members can inform post-secondary education of the need for enhanced curriculum content about recovery.
2. Prioritize and implement recommendations of the Annapolis Coalition Report* that can focus on Oklahoma-based post-secondary education.

* <http://www.annapoliscoalition.org>

Action Plans

- a. Convene meeting with representatives of higher education, consumers, and family groups to identify broad vision and goals that impact post secondary curricula in the area of reducing stigma and increasing knowledge about recovery.
 - b. Propose content for modules on recovery applicable to a variety of degree programs.
 - c. Develop and support speakers' panels of consumers and families with lived experiences who can provide on-campus presentations throughout the state.
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- a. Review effective practices and develop consensus for addiction and co-occurring core mental health performance competencies.
 - b. Describe core performance competencies for effective delivery of mental health and substance abuse services across partner agencies.
 - c. Identify, adapt, and adopt competency-based specialty curricula for specific behavioral health practice areas and make these materials available to incorporate in higher education programs.
 - d. Develop strategies to infuse these standards into competency models, pre-service and continuing education curricula, training accreditation and program accreditation standards, and certification and licensure requirements.