Behavioral Health Update: Policy, Resources, and Tools to Support Maternal and Child Health

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Maternal Health Collaborative
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Substance Abuse and Mental Health Services Administration (SAMHSA)

**Mission**
Reduce the impact of substance use and mental illness on America’s communities

Substance Abuse and Mental Health Services Administration (SAMHSA)

<table>
<thead>
<tr>
<th>Core Principles:</th>
<th>Core Priorities:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Adoption of evidence-based practices</td>
<td>1. Combat the opioid crisis by expanding prevention, treatment, recovery services</td>
</tr>
<tr>
<td>2. Increasing access to mental and substance use disorder services</td>
<td>2. Addressing serious mental illness and serious emotional disturbance</td>
</tr>
<tr>
<td>3. Support clinicians, grantees, patients, public</td>
<td>3. Advancing (broader) substance abuse prevention, treatment, &amp; recovery</td>
</tr>
<tr>
<td>5. Behavioral health is integral to health</td>
<td></td>
</tr>
</tbody>
</table>
Top Region VI Behavioral Health Priorities

- Mental Health: Depression, Anxiety & Suicide
- Substance Use/Misuse: Alcohol, Methamphetamine & Opioid Addiction
- Health Promotion & Prevention: BH Literacy/Reducing Stigma
- Access to Care: Technology and Tele-Health
- Integrative/Collaborative Care: Primary Care/BH Integration
- Behavioral Health Practitioner Education and Training/Workforce Shortage
- Special Populations: Tribal, Criminal Justice, Veterans

Elements of Mental Illness & Addiction Treatment

- **Community Prevention/Health Promotion**
  - M/SUDs are chronic illnesses
  - Community Health / Education / Literacy
- **Urgent/Crisis Care**: 1st Responders / ER / Psych ER / Detox
- **Primary Care (mild => moderate)**
  - Screening / Diagnosis / Outpatient Treatment / Chronic Disease Management / Medication (MAT)
- **Specialty Care (moderate => serious/complex)**
  - Diagnostic Evaluation / Testing / Outpatient Treatment / Inpatient Treatment / Medication (MAT) / Case Management / Chronic Disease Management / Rehabilitation and After-Care
- **Rehabilitation/Recovery Support Services**
  - Health / Home / Community / Purpose

Language Matters

SUDs are chronic illnesses: *Not Moral Failings*

SUD treatment works: *Saves Lives and Money*

Remember person-first language. Labels turn people into things.

“If you want to care for something, you call it a flower. If you want to kill something, you call it a weed.” (William White, 2015)
1. People with a mental illness and addiction are more likely to encounter law enforcement than get medical help. Currently, more people with mental illness in jail and prison than in hospitals.
2. They're blamed for violence when they're more likely to be the victims.
3. They have higher rates of homelessness.
4. They're seen as a danger to society, to other people, to themselves.

**DISCRIMINATION** - “occurs when an individual is treated less favorably than another person in a similar situation for a reason related to a prohibited ground.”

(Committee on Economic, Social, and Cultural Rights, 2016)

- **Mental Illness and Addiction**
  - 75% People with a psychological condition do not feel that others are understanding or compassionate about their illness.
  - 95% People with a substance use disorder don’t believe they need help.
  - 3:5 People with a mental illness who get treatment.
  - 1:9 People with a substance use disorder who get treatment.

- **Factors Affecting Mental Illness & Addiction**
  - Family history
  - Family and peer relationships
  - Trauma experience
  - Limited access to health care
  - Early exposure to illicit drugs & alcohol
  - Poverty
  - Poor health
  - Chronic pain
  - Lower educational level
  - Homelessness / Unsafe living environment
  - Unemployment
  - Exposure to criminal behavior
### Opioids, Substance Use, and Pregnancy

**Past Month Substance Use among Pregnant Women**

<table>
<thead>
<tr>
<th>Substance</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marijuana</td>
<td>0%</td>
<td>4%</td>
<td>8%</td>
<td>12%</td>
</tr>
<tr>
<td>Opioids</td>
<td>6%</td>
<td>10%</td>
<td>14%</td>
<td>17%</td>
</tr>
<tr>
<td>Cocaine</td>
<td>1%</td>
<td>2%</td>
<td>3%</td>
<td>4%</td>
</tr>
<tr>
<td>Illicit Drugs</td>
<td>12%</td>
<td>16%</td>
<td>18%</td>
<td>20%</td>
</tr>
<tr>
<td>Tobacco Products</td>
<td>2%</td>
<td>3%</td>
<td>4%</td>
<td>5%</td>
</tr>
<tr>
<td>Alcohol</td>
<td>8%</td>
<td>10%</td>
<td>12%</td>
<td>14%</td>
</tr>
</tbody>
</table>

*Estimates may not sum to 100 due to rounding.*

**Marijuana Use among Women by Pregnancy Status**

<table>
<thead>
<tr>
<th>Status</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant</td>
<td>3.4%</td>
<td>4.9%</td>
<td>7.1%</td>
<td>11.6%</td>
</tr>
<tr>
<td>Not Pregnant</td>
<td>0%</td>
<td>1.2%</td>
<td>0.4%</td>
<td>0.9%</td>
</tr>
</tbody>
</table>

*Difference between the estimates and the 2018 estimate is statistically significant at the .05 level.*
Daily or Almost Daily Marijuana Use Among Women by Pregnancy Status

<table>
<thead>
<tr>
<th>Year</th>
<th>Pregnant</th>
<th>Not Pregnant</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>1.8%</td>
<td>2.6%</td>
</tr>
<tr>
<td>2016</td>
<td>2.8%</td>
<td>3.4%</td>
</tr>
<tr>
<td>2017</td>
<td>3.1%</td>
<td>3.6%</td>
</tr>
<tr>
<td>2018</td>
<td>2.7%</td>
<td>3.1%</td>
</tr>
</tbody>
</table>

Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.

Also known as Neonatal Opioid Withdrawal Syndrome (NOWS)

Physiologic and neurobehavioral signs of withdrawal that may occur in neonates following in utero substance exposure

NAS develops in 50 – 80% of infants with in utero exposure

Occurs in 5.8 per 1000 births but is as high as 50.6/1000 in some states! (Patrick et al, 2015)

Neonatal Abstinence Syndrome (NAS)

NAS and Cognitive development

Differences in cognitive development may widen with age:

- Exposed children showed significantly lower performance scores as measured in many studies
- Exposed children 3-6 years of ages had significantly lower IQ scores, Verbal, Performance, and Full Scale scores than controls
- Lower IQ, higher total behavioral problem scores, higher proportion of school problems
- Impairments in verbal working memory, cognitive impulsive, and cognitive flexibility in preschool children
Many Perinatal “Exposures”

During pregnancy:
- Prescription medications
- Maternal stress
- Polysubstance use

Following birth:
- Stressful environments
- Parental attachment behaviors
- Exposures during breastfeeding
- Nutrition
- Many others!

“Most mothers who were exposed to opioids used other substances, including marijuana, stimulants, cigarettes, and alcohol. Maternal opioid exposure was associated with a higher risk of pregnancy complications and poor birth outcomes as well as adverse postnatal child physical health and neurodevelopmental outcomes.” (Auine et al., 2019)

Substance Use in Pregnancy: Trends in the Right Direction

2017: Showed a startling increase in substance use and particularly marijuana use in pregnancy: may be associated with fetal growth restriction, stillbirth, and preterm birth; may cause problems with neurological development, resulting in hyperactivity, poor cognitive function

SAMHSA/HHS efforts:
- Public awareness efforts, information sharing with stakeholders and the public
- Launch of SAMHSA.gov/marijuana
- Launch of Substance Abuse Prevention Technology Transfer Centers with a focus on marijuana and other substance use in pregnancy
- Expansion of treatment programs for pregnant/post partum parenting women: both residential and outpatient through CARA
- Publication of Clinical Guidance for Treating Pregnant and Parenting Women with Opioid Use Disorder
- Publication of Healthy Pregnancy/Healthy Baby Factsheets for women and their families
- Use of STR and SOR funding for opioid use disorder in pregnancy and prevention interventions
- Joint article from Assistant Secretary for Mental Health and Substance Use and Surgeon General addressing treatment of opioid use disorder in pregnancy

Parenting and Substance Use Disorders

Having a substance use disorder makes it more difficult to parent
- Executive functioning (self-regulation skills, mental processes involved in planning, remembering instructions, focusing attention, making decisions)
- Emotion regulation
- Additionally impacted by lack of sleep, hormonal changes, and potential symptoms of postpartum depression.

Babies born with substance exposure can be harder to parent
- Sensitivity to noise and lights
- Excessive crying
- Difficulty eating and sleeping
Opioids Impact on Children and Families

At least 2.2 million children had been affected by the U.S. opioid crisis by 2017. Majority of these children are under the age of five.

The home environment is often unstable and children are exposed to a variety of experiences. May result in secrecy, loss, conflict, violence, and fear.

Older children may experience a role reversal as they take on the role of caregiver for the younger children, filling the void of a parent who is emotionally or physically absent.

Approaches for Treatment in Pregnancy

- Clinical Guidance for Treating Pregnant and Parenting Women with Opioid Use Disorder and their Infants
- Medication assisted treatment is the treatment of choice
- Many women do not have access to any treatment at all
- Detoxification has been reexamined due to concerns about the impact on development

Medication Assisted Treatment

Combination of FDA-approved medication (Medication Assisted Treatment (MAT)) for as long as the person benefits from the care:

- **Naltrexone**: blocks effects of opioids (long lasting injectable)
- **Methadone**: long acting, once-daily, opioid from specially licensed programs
- **Buprenorphine/naloxone**: long acting, once-daily, opioid from doctor’s offices; available by prescription (film, pill, implant)

Medical Withdrawal ("Detoxification")
- > 80% relapse rate in the year following treatment
- High risk for overdose and death when relapse occurs
- Should not be a stand alone treatment
Isn’t this just substituting one drug for another?

These medications relieve withdrawal symptoms and psychological cravings that cause chemical imbalance in the body.

MAT programs provide a safe and controlled level of medication to overcome the use of an abused opioid.

Research has shown that when provided at the proper dose, MAT medications have no adverse effects on a person’s intelligence, mental capacity, physical functioning and employability.

Adverse Childhood Experiences and Trauma-Informed Support

Adverse Childhood Experiences (ACEs)

- Physical abuse
- Sexual abuse
- Emotional abuse
- Physical neglect
- Emotional neglect
- Mother treated violently
- Substance misuse within household
- Household mental illness
- Parental separation or divorce
- Incarcerated household member

Adverse Childhood Experiences (ACEs)
Types of ACEs

- **ABUSE**
  - Physical
  - Emotional
  - Sexual

- **NEGLIGENCE**
  - Physical
  - Emotional
  - Sexual

- **HOUSEHOLD DYSFUNCTION**
  - Domestic Violence
  - Parental Mental Health
  - Substance Abuse

ACE Impacts

- **BEHAVIOR**
  - Substance use
  - Lack of physical activity
  - Smoking

- **PHYSICAL & MENTAL HEALTH**
  - Depression
  - Diabetes
  - Suicide attempts

ACEs Can Be Prevented

- Strengthen economic supports to families
  - Strengthening household financial security
- Change social norms to support parents and positive parenting
  - Public engagement and enforcement campaigns
  - Legislative approaches to reduce corporal punishment
- Provide quality care and education early in life
  - Increased access to early childhood education
  - Expanded access to quality health care for children
### ACEs Can Be Prevented

- Enhance parenting skills to promote healthy child development
- Early childhood home visits
- Foster child and family development approaches
- Intervention to lessen harm and prevent future risk
- Enhanced primary care
- Behavioral change training programs
- Treatment to lessen harms of abuse and neglect exposure
- Treatment to prevent problem behavior and later involvement in violence

### Possible Signs of Trauma in Pre-Schoolers

- Separation anxiety or clinginess towards teachers or primary caregivers
- Regression in previously mastered stages of development (e.g., baby talk or bedwetting/toileting accidents)
- Lack of developmental progress (e.g., not progressing at same level as peers)
- Re-creating the traumatic event (e.g., repeatedly talking about, "playing" out, or drawing the event)
- Difficulty at naptime or bedtime (e.g., avoiding sleep, waking up, or nightmares)
- Increased somatic complaints (e.g., headaches, stomach aches, overreacting to minor bumps and bruises)

### Possible Signs of Trauma in Pre-Schoolers

- Changes in behavior (e.g., appetite, unexplained absences, angry outbursts, decreased attention, withdrawal)
- Over- or under-reacting to physical contact, bright lighting, sudden movements, or loud sounds (e.g., bells, slamming doors, or sirens)
- Increased distress (e.g., unusually whiny, irritable, moody)
- Anxiety, fear, and worry about safety of self and others
- Worry about recurrence of the traumatic event
- New fears (e.g., fear of the dark, animals, or monsters)
- Statements and questions about death and dying
Trauma-Informed Support

- Maintain usual routines. A return to “normalcy” will communicate the message that the child is safe and life will go on.
- Give children choices. Often traumatic events involve loss of control and/or chaos, so you can help children feel safe by providing them with some choices or control when appropriate.
- Increase the level of support and encouragement given to the traumatized child. Designate an adult who can provide additional support if needed.
- Set clear, firm limits for inappropriate behavior and logical—rather than punitive—consequences.
- Recognize that behavioral problems may be transient and related to trauma. Remember that even the most disruptive behaviors can be driven by trauma-related anxiety.

Resources
Center of Excellence for Infant and Early Childhood Mental Health Consultation (IECMHC)

Prevention-based service that pairs a mental health consultant with families and adults who work with infants and young children in the different settings where they learn and grow, such as child care, preschool, and their home.

https://www.samhsa.gov/iecmhc/about

National Child Traumatic Stress Network

Mission: To raise the standard of care and improve access to services for traumatized children, their families, and communities across the United States.

Research suggests that approximately 25% of American school children will experience a traumatic event by the age of 16. A child's reaction to trauma can interfere considerably with their school performance and behavior.

https://www.nctsn.org/

National Child Traumatic Stress Network

- Resources for specific audiences (child welfare, families, healthcare, CJ) and types of trauma (early childhood, disasters, abuse)

Public Awareness

Raising public awareness about the scope and severity of childhood trauma is critical to building the standard of care and increasing access to quality services for traumatized children and their families.
Additional SAMHSA Technical Assistance Centers

- National Resource Center for Mental Health Promotion & Youth Violence Prevention
- National Center on Substance Abuse & Child Welfare (NCSACW)
- GAINS Center for Behavioral Health and Justice Transformation (GAINS Center)
- Homeless and Housing Resource Network
- Center for Integrated Health Solutions (CIHS)
- SS/SSI Outreach, Access and Recovery (SOAR)
- Suicide Prevention Resource Center (SPRC)
- Bringing Recovery Support Services Technical Assistance Center (BRSS-TACS)
- Tribal Technical Assistance Center (T-TAC)

SAMHSA Technology Center Network

- ATTC attcnetwork.org
- MHTTC mhttcnetwork.org
- PTTC ptcnetwork.org

One-stop shop online training portal for the TTC program

American Indian Alaskan Native Technology Transfer Centers

- National American Indian Alaskan Native PTTC
- National American Indian Alaskan Native ATTC
- National American Indian Alaskan Native MHTTC
PCSS provides evidence-based training and resources to give healthcare providers the skills and knowledge they need to treat patients with OUD.

Numerous resources related to substance use and pregnancy including webinars, educational brochures, and clinical practice guidance.

https://pcssnow.org/

SMI Adviser: Clinical Support System for Mental Illness

SMI Adviser

State Targeted Response Technical Assistance (STR-TA)

The Opioid Response Network operates the STR-TA Consortium to support local, state, and Tribal systemic efforts in addressing opioid use disorder prevention, treatment and recovery.

OpioidResponseNetwork.org
Opioid Resources: www.samhsa.gov & www.hhs.gov/opioid

Behavioral Health Treatment Services Locator
Find alcohol, drug, or mental health treatment facilities and programs around the country at findtreatment.samhsa.gov.

Buprenorphine Practitioner & Treatment Program Locator
Find information on locating practitioners and treatment programs authorized to treat opioids at www.samhsa.gov/medication-assisted-treatment/practitioner-program-data/treatment-practitioner-locator.

Early Serious Mental Illness Treatment Locator
Find treatment programs in your state that treat recent onset of serious mental illnesses at www.samhsa.gov/esmi-treatment-locator.

Opioid Treatment Program Directory
Find treatment programs in your state that treat addiction and dependence on opioids at dpt2.samhsa.gov/treatment/.

Suicide Prevention Lifeline 1-800-273-TALK (8255)
www.suicidepreventionlifeline.org
24-hour, toll-free, confidential suicide prevention hotline available to anyone in suicidal crisis or emotional distress. Your call is routed to the nearest crisis center in the national network of more than 150 crisis centers.

SAMHSA’s National Helpline 1-800-662-HELP (4357)
www.samhsa.gov/find-help/national-helpline
Also known as, the Treatment Referral Routing Service, the Helpline provides 24-hour, free and confidential treatment referral and information about mental and/or substance use disorders, prevention, and recovery in English and Spanish.

Disaster Distress Helpline 1-800-985-5990
www.samhsa.gov/find-help/disaster-distress-helpline
Stress, anxiety, and other depression-like symptoms are common reactions after any natural or human-caused disaster. Call this toll-free number to be connected to the nearest crisis center for information, support, & counseling.

Veteran’s Crisis Line 1-800-273-TALK (8255)
www.veteranscrisisline.net
Connects veterans (families and friends) in crisis with qualified, caring VA responders through a confidential, toll-free hotline, online chat, or text.

Drug-Free Workplace 1-800-NOMPLOY (666-7569)
www.samhsa.gov/workplace/resources/drug-free-helpline
Assists employers and union representatives with policy development, drug testing, employee and parent, employee education, supervisor training, and program implementation.

Public Health Messages

Help Prevent Suicide
Living well with Serious Mental Illness
Marijuana and Adolescent Health
Methamphetamine

Know the Risks of Marijuana
Healthy Brain and Substance use in Young Minds
Opioids

Know the Risks of Fentanyl
National Prescription Drug Take Back Day

Naloxone

Resources for Families Coping with Mental and Substance Use Disorders

https://www.samhsa.gov/public-messages
Psychological First Aid

Goals of Psychological First Aid

Psychological first aid (PFA) promotes and sustains an environment of:

- SAFETY
- CALM
- CONNECTEDNESS
- SELF-EFFICACY
- HOPE

https://www.redcross.org/take-a-class/coronavirus-information/psychological-first-aid-online-course

Opioid Overdose Reversal – Naloxone Training

https://www.ndci.org/resource/training/e-learning/naloxone-training/

Staying In Touch:
Using Caring Contacts to sustain connection with your clients
So what exactly is a Caring Contact?

A Caring Contact is:

- A personalized written form of practitioner outreach to individual clients
- Based on communication that expresses caring concern for the client
- Brief, appropriate, and easy to understand
- Inviting, yet not requiring, a response from the client

Sources: Carter et al, 2005; Motto & Bostrom, 2001

Caring Contacts, An Example

This example of a Caring Contact is by Ursula Whiteside, a clinical psychologist in Washington state. It exemplifies how a practitioner’s style as well as the tone of the therapeutic work with the client may be incorporated.

Source: CBS News

Caring Contacts, Another Example

Here is an example of a Caring Contact from the Puyallup Tribal Health Authority that includes a message in the Puyallup language with English translation. The card is sent in an envelope to protect client confidentiality.

Source: ZeroSuicide
Caring Contacts, Another Example

Available at: www.attcnetwork.org

Trauma Informed Telehealth Services

- Allowing people to set guidelines for how they would like to interact via technology
- Allowing people to turn off cameras, use virtual backgrounds
- Asking about privacy – will they be overheard, do they need headphones etc.
- Acknowledging challenges in lack of face-to-face connections
- TAKE BREAKS – more than you think you will need. Five minutes every 30 minutes - walk away and turn off cameras [Note: we could model this here]
Leveraging Technology - Oklahoma Case Study

- Leveraging Technology - Oklahoma Case Study

SAMHSA’s mission is to reduce the impact of substance abuse and mental illness on America’s communities.

HHS Region VI:
AR, LA, NM, OK, TX and 68 Federally Recognized Tribes

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Thank You