FOR THE
SAKE
OF ALL

Improving the health and well-being
of African Americans in St. Louis and
why it matters for everyone

Washington
University
in St.Louis

FOCUS
St. Louis
Leadership
for a Thriving Region

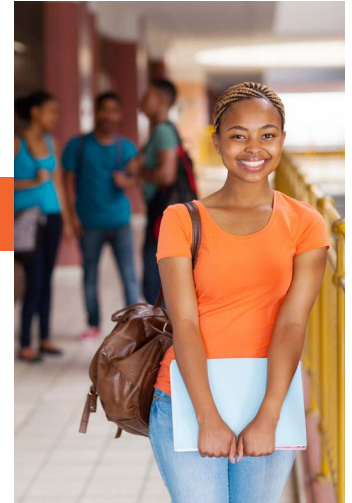**DISCUSSION GUIDE:**   APRIL 2016

Investing in mental health and substance use awareness, screening, treatment, and surveillance in St. Louis

PURPOSE

This *Discussion Guide* focuses on the recommendation to "invest in mental health and substance use awareness, screening, treatment, and surveillance." We encourage you to use the *Action Toolkit* that accompanies this *Discussion Guide* to identify ways to bring this conversation to your community and take steps to invest in behavioral health in the St. Louis community. A digital version of both the *Discussion Guide* and the *Action Toolkit*, with additional resources, is available at http://forthesakeofall. org/take-action/.

BACKGROUND

Behavioral health, which encompasses mental health and substance use problems, is an important part of our overall health. It touches every part of our lives, including how we think, feel, and act. It can also affect our physical well-being by increasing the risk of disease and death. On average, adults living with serious mental illness die 25 years earlier than other Americans, largely due to treatable medical conditions.[1]

The impact of behavioral health begins early. Research on toxic stress and trauma has found that children who experience stressors such as abuse, neglect, or household dysfunction have increased chances of developing health risks and disease later in life.[2]

In addition to its impacts on individuals, behavioral health affects our communities. In 2013, one in five Americans was living with a mental illness,[3] defined as a condition that affects thoughts, feelings, mood, the ability to relate to others, and the ability to function.[4] In addition to health-related costs, serious mental illness costs our country $193.2 billion in lost earnings each year,[5] $6.8 billion of which is lost in Missouri.[6]

One of the greatest challenges surrounding behavioral health is ensuring that appropriate care and resources are available to those who need it. The stigma and misconceptions surrounding mental illness (see *Myths vs. Facts* sidebar) continue to prevent many, including many African Americans, from seeking help.[7,8]

A lack of appropriate screening and poor access to cost-efficient treatment options also prevent many from getting the help they need. Often, individuals first receive diagnosis and care for a mental illness in the emergency room.[7] A high proportion of mental health care also occurs in the criminal justice and child welfare systems.

Most Americans do not receive the necessary treatment, and the problem is even worse for African Americans and those living in poverty.[9]

myths vs. facts about mental illness

myth › Mental health problems don't affect me.

fact › Nearly half of Americans are at risk for developing a mental health disorder in their lifetime.[10] Individuals who do not develop a disorder can still be affected by behavioral health problems their loved ones experience.

myth › Children don't experience mental health problems.

fact › Many mental health disorders have their roots in childhood, as half of all chronic mental illnesses begin by the age of 14.

myth › A mental illness is a sign of weakness or a character flaw.

fact › Mental illness is no more a sign of weakness than a physical ailment, and many people need help in order to get better. Mental health problems can be the result of many factors, including biology, family history, and life experiences, such as trauma and abuse.

Source: U.S. Department of Health & Human Services[11]

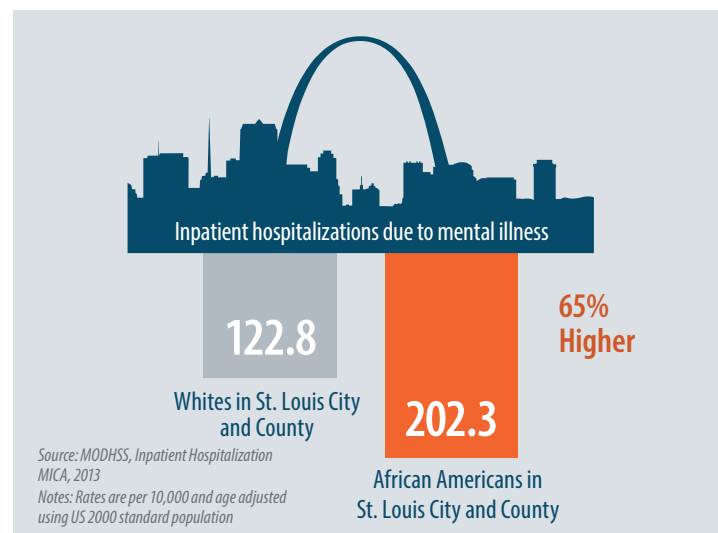## The state of behavioral health in our region

Many of the behavioral health trends seen on a national level are also present in St. Louis City and County. While mental illness does not discriminate, access to treatment and services is not always equally available.

Based on 2013 emergency room data from across the St. Louis region, African Americans visit the ER for behavioral health conditions at a rate more than double that of whites, indicating a lack of access to more effective and cost-efficient options.[12]

African Americans are underrepresented in outpatient treatment but overrepresented in inpatient treatment. Once they seek treatment, African Americans are hospitalized for mental illness more frequently than whites are. For example, in 2013, African Americans in St. Louis were hospitalized at a rate of 202.3 per 10,000, versus 122.8 for whites.[13] This higher rate of hospitalization was seen across several forms of behavioral health problems, such as alcohol and substance use problems, depression, anxiety, and psychosis.[13]

As a result, the cost of treating African Americans makes up a disproportionate share of charges for hospital-based behavioral health treatment.[14] While African Americans represent 30% of the region's population,[15] they accounted for 44% of hospital-based

> Inpatient hospitalization rates due to behavioral health conditions are 65% higher for African Americans than for whites

Inpatient hospitalizations due to mental illness

122.8
Whites in St. Louis City and County

65% Higher

202.3
African Americans in St. Louis City and County

Source: MODHSS, Inpatient Hospitalization MICA, 2013
Notes: Rates are per 10,000 and age adjusted using US 2000 standard population

mental health treatment costs in 2013.[14] These costs affect us all and demonstrate a need to re-examine the delivery of behavioral health services to best serve all populations, regardless of race or socioeconomic status.

STRATEGIES

Recognizing the gaps that exist in our current behavioral health system, what can be done to improve the behavioral health of all in our community, particularly those who have been underserved?

Start young

Just as with physical health, emotional well-being begins in childhood with preventative services, screening, treatment, and support. These investments can have significant effects later in life in terms of stopping negative cycles, reducing chronic disease, and improving overall emotional well-being.[16]

Traditional models of community-based behavioral health care for children need improvement, and there are research-based opportunities for increasing their effectiveness. For example, collaborative care teams, which merge primary care and behavioral health services, have been found to improve access to services.[17]

Investing in evidence-based practices, through funding, training, and measurement, is key to improving the quality of care for all children.

Local examples include:

- Approved by St. Louis County voters in 2008, the St. Louis County Children's Service Fund was created in response to reduced state and national funding for behavioral health

services. Each year, the fund collects and distributes approximately $40 million to 80 agencies providing behavioral health services to children and youth. The Saint Louis Mental Health Board operates a similar fund for agencies serving the City of St. Louis. These funds make it possible to target investment towards initiatives that fill gaps in our region and produce the best outcomes.

Increase awareness and screenings

Overcoming the stigma surrounding mental illness is one of the first steps to improving outcomes. To do this, our community must be willing to engage in an open and ongoing dialogue about behavioral health.

This can begin with public education and outreach, both on an individual level and through stigma awareness training for health care providers, religious leaders, schools, and other community organizations.[7]

Outreach efforts should focus on dismantling the stigma of mental illness and educating the community on the effects of toxic stress and trauma. By helping the community understand the role that stress and trauma play in behavioral health, and providing strategies for building resilience, we can help to create healthier environments.[18]

> There is a significant need for accessible, community-based behavioral health services in the St. Louis region

AWARENESS

DATA

Investments should target these four areas

SCREENING

ACCESS
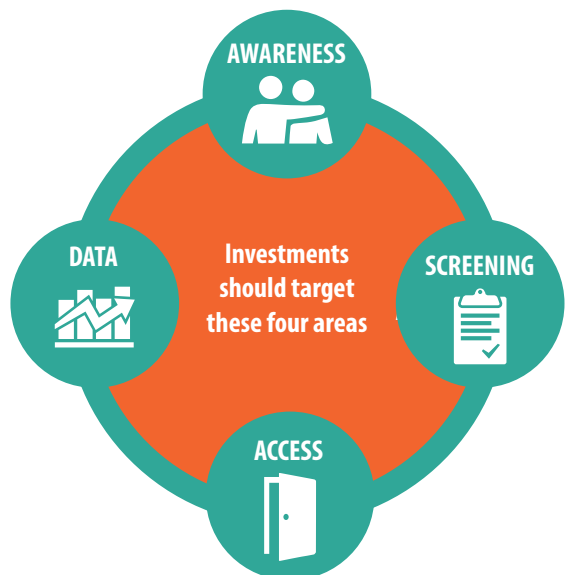
Local examples include:

- Launched by the St. Louis Regional Health Commission (RHC), Alive & Well STL is a community-wide effort focused on reducing the impact of toxic stress and trauma on the region's health and well-being. Through media and public outreach, trainings, events, and ambassadors who represent the community, the initiative is working to shape St. Louis as a trauma-informed community and improve overall emotional health.

The importance of awareness also extends to prevention and early intervention, which can stop behavioral health conditions from becoming chronic problems.

While healthcare personnel like primary care physicians and emergency room staff play an important role in screening, with appropriate training, others in the community can also assist with early intervention.

Local examples include:

- Mental Health First Aid of Missouri provides certification courses designed to teach the general public how to recognize symptoms of mental health problems, how to offer and provide initial help, and how to guide a person towards appropriate treatments and other supportive help.

Improve access for high-risk populations

Screenings are only one part of the equation; behavioral health treatment and services must be accessible to those who need it.

Individuals in St. Louis City and County face barriers to accessing services, such as a shortage of behavioral healthcare providers in the City of St. Louis.[19] These barriers force some residents to seek services through the emergency room (or not at all).[19] Access to

needed services is limited by an individual's financial situation or location, creating behavioral health disparities in our region.[19] One solution is to proactively reach out to underserved groups instead of waiting for them to seek services.[18]

Beyond access, we also must address the quality of treatment to improve outcomes. Too often, the services that are available are less than effective due to lengthy wait lists, staff turnover, fragmentation, and inconsistent use of evidence-based treatment.[19] Collaborative treatment teams and integrative services have been shown to improve access and outcomes.[20]

Local examples include:

- The Hospital Community Linkages project, established by the Behavioral Health Network, was designed to improve care coordination for underserved and high-risk populations. Each year, approximately 700 patients are successfully connected with community treatment, helping to reduce future emergency room visits and hospitalizations for behavioral health issues.

Build effective tracking and reporting systems

One barrier to improving access and quality of behavioral health services is the lack of consistent and widely shared information. Too often, this means that behavioral health needs in our community go under-reported or unidentified, and care is not properly coordinated.[19] Quite simply, people slip through the cracks.

By establishing regional systems for tracking, screening, and reporting, we could develop a clearer picture of the needs in our community and respond accordingly.[19]

Local examples include:

- Behavioral Health Network (BHN) collects behavioral health data for the RHC "Access to Care" data book, which includes hospital inpatient (acute) psychiatric care, crisis services, and community-based provider operating statistics. BHN creates a centralized database for the region's Hospital Community Linkages initiative, fostering care coordination between hospitals and community-based providers. Additionally, BHN is collecting data to better understand regional behavioral health resources and capacity as well as the costs and cost savings for delivered services. BHN is engaging service providers to assess the opportunities for data sharing and care coordination across the region as well as the state.

SUMMARY OF KEY POINTS

- Behavioral health is a critical part of everyone's overall well-being, affecting everything from our ability to connect with others to our daily activities.

- The majority of people who need behavioral health services do not receive them, due to factors such as lack of awareness, negative perceptions, cost, and availability. These barriers disproportionately affect African Americans in our community, creating behavioral health disparities.

- Addressing the issue of mental health should begin at an early age and requires a comprehensive approach, from public education and screening to tracking and reporting.

DISCUSSION QUESTIONS

1. What experiences in your life shape or inform how you think about behavioral health?

2. What role do you think, or have you seen, race and socioeconomic status play in discussions about behavioral health?

3. What misconceptions do you think exist around behavioral health and mental illness?

4. Do you feel there is a stigma around mental illness in our community? If so, what could be done to help reduce this stigma?

5. What impact do you believe toxic stress, trauma, and mental illness have on our region?

6. Where do you see gaps in our region's behavioral health services and resources?

7. What do you think is the greatest barrier to improving access to behavioral health services in our region?

8. What role do you think the general public can or should play in early intervention on behavioral health issues?

9. Who in the St. Louis community is currently working to improve behavioral health? What could be done to support these efforts?

10. What would you be willing to do to improve behavioral health awareness, access, and treatment in our community?

Missouri Foundation for **Health**

Funding for this project was provided in part by Missouri Foundation for Health. The Foundation is a resource for the region, working with communities and nonprofits to generate and accelerate positive changes in health.

References

1. Mauer B. *Morbidity and mortality in people with serious mental illness.* Parks J, Svendsen D, Singer P, Foti ME, eds. Alexandria, VA: National Association of State Mental Health Program Directors Medical Directors Council; 2006. Accessed December 10, 2015.

2. Felitti VJ, Anda RF, Nordenberg D, et al. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. *Am J Prev Med.* 1998; 14(4):245-258. doi:10.1016/S0749-3797(98)00017-8.

3. Substance Abuse and Mental Health Services Administration. *Results from the 2013 National Survey on Drug Use and Health: Mental Health Findings.* Rockville, MD: Substance Abuse and Mental Health Services Administration; 2014. NSDUH Series H-49, HHS publication (SMA) 14-4887.

4. Mental health conditions. National Alliance on Mental Health website. http://www.nami.org/Learn-More/Mental-Health-Conditions. Accessed on December 10, 2015.

5. Insel TR. Assessing the economic costs of serious mental illness. *Am J Psychiatry.* 2008; 165(6):663-665.

6. Smith RC, Lundy CJ, Rothermich RM. *Status Report of Missouri's Substance Use and Mental Health* (21st ed.). Jefferson City, MO: Missouri Department of Mental Health; 2015.

7. Rostain AL, Ramsay JR, Waite R. Cultural background and barriers to mental health care for African American adults. *J Clin Psychiatry.* 2015;76(3):279-283.

8. Snowden LR, Catalan, R, Shumay M. Disproportionate use of psychiatric services by African Americans. *Psychiatric Serv.* 2009;60(12):1664-1671.

9. Wang PS, Lane M, Olfson M, Pincus HA, Wells KB, Kessler RC. Twelve-month use of mental health services in the United States: Results from the National Comorbidity Survey Replication. *Arch Gen Psychiatry.* 2005;62(6):629-640. doi:10.1001/archpsyc.62.6.629.

10. Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR, Walters EE. Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Arch Gen Psychiatry.* 2005;62(6):593-602.

11. Mental health myths and facts. U.S. Department of Health & Human Services website. http://www.mentalhealth.gov/basics/myths-facts. Accessed on December 10, 2015.

12. Missouri Department of Health and Senior Services. Missouri Information for Community Assessment. Emergency Room MICA. http://health.mo.gov/data/mica/EmergencyRoomMICA. Accessed December 10, 2015.

13. Missouri Department of Health and Senior Services. Missouri Information for Community Assessment. Inpatient Hospitalization MICA. http://health.mo.gov/data/mica/InpatientHospitalizationMICA. Accessed December 10, 2015.

14. Missouri Department of Health and Senior Services. Missouri Information for Community Assessment. Hospital Discharges, Charges, and Days of Care MICA. http://health.mo.gov/data/mica/D_C_DofCMICA. Accessed December 10, 2015.

15. US Census Bureau. American Community Survey. Data Profiles. 2009-2013 ACS 5-Year Data Profiles. https://www.census.gov/acs/www/data/data-tables-and-tools/data-profiles/2013. Accessed December 10, 2015.

16. Shonkoff JP, Garner AS, The Committee on Psychosocial Aspects of Child and Family Health, Committee on Early Childhood, Adoption, and Dependent Care, Section on Developmental and Behavioral Pediatrics. The lifelong effects of early childhood adversity and toxic stress. *Pediatrics.* 2012;129(1):e232-e246. doi:10.1542/peds.2011-2663.

17. Garland AF, Schlagel RH, Brookman-Frazee L, Baker-Ericzen M, Trask E, Fawley-King K. Improving community-based mental health care for children: Translating knowledge into action. *Adm Policy in Ment Health and Ment Health Serv Res.* 2013;40:6-22.

18. Blanch AK, Shern DL, Steverman SM. *Toxic Stress, Behavioral Health, and the Next Major Era in Public Health.* Mental Health America; 2014.

19. George Warren Brown School of Social Work. *Saint Louis Mental Health Board Needs Assessment.* St. Louis, MO: Washington University in St. Louis; 2015.

20. Vogel, ME, Malcore, SA, Illes, RC, Kirkpatrick, HA. Integrated primary care: Why you should care and how to get started. *J Men Health Counseling.* 2014;36(2):130-144.

ACTION TOOLKIT:

Investing in mental health and substance use awareness, screening, treatment, and surveillance in St. Louis

↘

TAKE ACTION!
Be part of the solution.

There are many steps you can take to invest in behavioral health for all in St. Louis.

Behavioral health is key to our quality of life, both as individuals and as a region. We all play a part in addressing the role that trauma, toxic stress, mental illness, and substance abuse play in our community and ensuring that all have access to the behavioral health resources they need. Improving the availability and quality of behavioral health services in our region can be pursued in many ways. We also must work to overcome the stigma that prevents many from seeking help in the first place. Effective strategies should incorporate public education and awareness, screenings, early intervention, equal access, evidence-based treatment, and consistent tracking and monitoring. You can help. Be a thought leader and agent of change in your community!

Educate and inform:

- Read the companion *Discussion Guide*.

- Read the *For the Sake of All* brief: *How can we improve mental health in St. Louis?*

- Attend an Alive and Well STL training. Training programs are available for a number of different audiences, including community members, organizations, and health care professionals. Programs range from one hour to multiple days in length.

- Participate in the Hear Our Voices experience. Hosted by Places for People, this public awareness campaign gives listeners the chance to gain a better understanding of what people living with schizophrenia experience.

- Take a Mental Health First Aid course to learn the warning signs for behavioral health problems and how to respond.

- Host a discussion in your organization, faith community, or community group about behavioral health. In addition to the resources provided here, a toolkit is available for download at MentalHealth.gov.

- Listen to the St. Louis Public Radio podcast We Live Here on the effects of toxic stress.

- Check out the Mental Health Channel. Available online as a tool to raise awareness, this free resource offers 94 short episodes on mental health, disorders, and treatment topics.

- Learn more about the Adverse Childhood Experiences (ACE) Study and how factors such as abuse, neglect, or family dysfunction can affect behavioral health throughout life.

- Read the Robert Wood Johnson Foundation's issue brief on Mental Health Parity.

- If you interact with youth and teens, whether as a parent, coach, educator, or mentor, explore Mental Health America of Eastern Missouri's toolkits on warning signs and other mental health topics.

- Watch the documentary *A New State of Mind: Ending the Stigma of Mental Illness*, available online.

- Explore the Calls to Action in the Ferguson Commission report focused on improving behavioral health in our region, including Building Safe and Trauma-Informed Environments and Increasing Access to Care for Children.

Volunteer and donate:

There are many organizations in our region focused on improving behavioral health through activities such as public education, policy and advocacy work, screening, coordination of care, monitoring, treatment, or addressing access barriers. While direct service is usually limited to trained clinicians and health care personnel, many of these organizations rely on volunteers to serve on boards and committees, plan events, assist with advocacy efforts, or help with administrative tasks. Besides volunteering, you can also provide support through fundraising and donations.

Here are a few examples in the St. Louis region:

• Great Circle serves 26,000 children, individuals, and families each year through centers across the state. The organization provides a spectrum of behavioral health programs, including crisis services, counseling, 24-hour care, parent resources, care management, training, and education.

• Epworth Children and Family Services employs a holistic approach to help children overcome severe emotional and behavioral challenges caused by abuse and neglect. Volunteers are engaged in a variety of ways, from mentoring to life skills training to facility improvements.

• Our Little Haven serves some of the youngest in our community and their families, focusing on early intervention through assessments and screenings, treatment, and support. Behavioral health services are provided regardless of ability to pay, which means the organization relies upon community support through donations and in-kind gifts.

• The mission of Mental Health America of Eastern Missouri is to represent the public's interest in all matters relating to mental health. The organization engages nearly 300 volunteers annually as it runs a range of initiatives including support groups, training for health care and law enforcement professionals, educational seminars, and advocacy work.

• Places for People serves those struggling with mental illness, particularly those facing additional challenges such as chronic homelessness, substance use disorders, and primary health issues. Their comprehensive services range from intake and assessment to therapy to housing and employment, and trained volunteers work directly with clients and behind the scenes.

There are many other organizations that would welcome your contributions of time, talent, or resources. If you have the experience of living with a mental illness, your perspective can be particularly valuable, as NAMI (National Alliance on Mental Illness) St. Louis and other organizations welcome volunteers as peer-to-peer facilitators and presenters.

Organize and advocate:

• Become an Alive and Well STL Ambassador. Training is provided, and ambassadors help to lead conversations around behavioral health, trauma, and toxic stress in their organizations, neighborhoods, or faith communities.

• Host or attend a NAMI St. Louis Sharing Hope program, an interactive presentation designed to increase knowledge and resources about behavioral health in African-American communities.

• Advocate for policies that improve access to quality behavioral health care, reduce mental health disparities, provide early screenings, and create consistent monitoring and evaluation systems by writing to or calling your local and state policy makers, such as members of the Missouri Senate and House of Representatives.

- Support those helping to break down barriers. For example, Legal Services of Eastern Missouri provides free legal representation to those with mental illness facing discrimination or other civil rights issues. The organization engages volunteers from the legal profession, as well as the general public.

- Bring a CHADS (Communities Healing Adolescent Depression & Suicide) presentation to your school, parent-teacher organization, youth organization, church, or business.

- Write a letter to the editor or op-ed to increase awareness around behavioral health and trauma or in support of investment in evidence-based behavioral health initiatives. Use the talking points provided below.

- Share your ideas and experiences to shape the future of behavioral health care in the Care for Your Mind community.

Invest in
BEHAVIORAL HEALTH

Use these when informing others about investing in behavioral health.

TALKING POINTS

Talking points:

- Behavioral health touches every part of our lives, including how we think, feel, and act. The impacts of mental illness, addiction, toxic stress, and trauma go beyond individuals, affecting our communities and our region in terms of lost earnings and health care costs.

- The issue of behavioral health should be important to all of us. In the U.S., two-thirds of individuals have experienced at least one traumatic event, one in five is living with a mental illness, and more than half are at risk of developing a mental disorder in their lifetime.

- The majority of Americans dealing with mental illness do not receive the care or treatment they need. The reasons are many: stigma, lack of screening, cost, limited access to quality treatment, poorly coordinated care, and more.

- The barriers to behavioral health services affect African Americans and low-income individuals disproportionately, leading to health disparities in our region.

- Many behavioral health disorders have their roots in childhood, making it all the more important to address behavioral health at an early age, with preventative services, screening, treatment, and support.

- To improve behavioral health in our region, we must increase awareness and screenings; improve access to and quality of care, particularly for high-risk populations; and build effective monitoring and evaluation systems.

Sample social media posts:

When using these sample posts, make sure to include a link to the *For the Sake of All* website: http://forthesakeofall.org.

For the Sake of All
@4theSakeofAll
⚙ Following

Stress and traumatic experiences are making us sick and together are a leading cause of poor health outcomes: https://forthesakeofall.org

Over 1/2 of Americans are at risk for developing a behavioral health disorder. Invest in behavioral health: https://forthesakeofall.org

MYTH: Children don't experience mental health problems. FACT: Mental illness affects 1 in 5 youth ages 13-18: https://forthesakeofall.org

Most people dealing w/ mental illness do not receive the care they need. Improve access for all in #STL: https://forthesakeofall.org

Mental illness doesn't discriminate, but access to treatment & services isn't always available for all in #STL: https://forthesakeofall.org

Break down the stigma around mental illness. Learn how you can increase behavioral health awareness in #STL: https://forthesakeofall.org

⬎ RESOURCES

》 MentalHealth.gov, hosted by the U.S. Department of Health & Human Services, provides resources for anyone interested in behavioral health issues, including educators, faith and community leaders, parents, and those living with mental illness.

》 Alive and Well STL is a community-wide effort focused on reducing the impact of stress and trauma on our region, through tools such as a radio program, educational trainings, and an ambassador project.

》 The mission of the National Alliance on Mental Illness (NAMI) St. Louis is to improve the quality of life of persons with severe and persistent mental illness and their families, along with providing community support, education, and advocacy.

》 Active Minds is an organization aimed at empowering students to change the perception about mental health on college campuses. Locally, Lindenwood University, Saint Louis University, and Washington University all host student chapters.

》 Children's Advocacy Services of Greater St. Louis, operated by UMSL, works with children 0-18 who have experienced any kind of trauma and provides community and professional development training.

》 Mental Health America of Eastern Missouri addresses the entire spectrum of behavioral health through education, access to support groups and services, advocacy, screenings, and resources for health professionals, law enforcement, and the media.

》 Behavioral Health Response operates a 24/7 helpline staffed by behavioral health professionals to serve youth and adults.

》 The International Institute of St. Louis and the Multicultural Counseling and Research Center both provide free or low-cost behavioral health services in a number of languages to meet the needs of foreign-born individuals.

》 The Family Mental Health Collaborative brings together nonprofit behavioral health organizations throughout St. Louis County to provide services to children and adults on a sliding fee scale.

》 In addition to research and advocacy, the National Institute of Mental Health provides educational resources and publications, with some available in both English and Spanish.

》 The Family Resource Center is aimed at addressing and reducing trauma in families, through services such as family therapy, foster care case management, parent support, mentoring, and access to resources.

》 The Saint Louis Mental Health Board administers public funds for behavioral health and children's services for the benefit of St. Louis City residents.

》 St. Patrick Center and Places for People help coordinate behavioral health services for individuals struggling with chronic homelessness.

》 The Substance Abuse and Mental Health Services Administration works to reduce the impact of substance use and mental illness and promote behavioral health equity for all underserved populations.