

## Chapter One: Introduction

**M**ental health and substance use disorders are among the top conditions for disability and burden of disease, as well as cost to families, employers, and publicly funded health systems in the United States and worldwide.<sup>1,2</sup> In the spring of 2016, North Carolina’s Governor issued an executive order declaring, “mental illness and substance use disorders are among the biggest health care challenges that our state will face over the next decade.”<sup>a</sup> In North Carolina, and across the nation, the means of providing mental health and substance use treatment have undergone tremendous changes over the past 50 years, as the focus has shifted away from institutionalization and towards community-based services and supports. Today, effective prevention, treatment, and recovery are the foundation of publicly funded efforts to ensure that all individuals with mental health and substance use disorders are able to live, work, learn, and participate fully in their communities. Although improvements have led to many more people being able to access services in their communities, the systems remain fragmented, disconnected, and inadequate for many North Carolinians in need of mental health and substance use prevention, treatment, and recovery services and supports. There are many challenges to fully meeting the mental health and substance use needs of North Carolina’s residents, including:

- wide variance in access to services and supports based on insurance status, geographic location, and age;
- long wait times for in-patient mental health care, which leads to extended stays in emergency departments for individuals with mental health and substance use needs;<sup>3</sup>
- dramatic increases in the percentage of court-involved individuals and inmates in state prisons with mental health and substance use disorders;<sup>4</sup> and
- the exponential increase in the abuse of opioids, pain medications, and heroin over the past 15 years.<sup>5</sup>

These problems have varied causes, including payment policies that create huge disparities in access to high-quality, effective prevention, treatment, and recovery services, the lack of integration between mental health and substance use services and physical health services, and the move from institutional to community-based care, but the failure to develop a full continuum of services accessible to all North Carolinians is at the root of these problems.

### Background

In 2014, approximately one in five adults in North Carolina reported having a diagnosable mental, behavioral, or emotional disorder over the past year and one in twelve adults was dependent on or abusing alcohol or illegal drugs.<sup>b,6</sup> While many people report mental health concerns or low levels of substance use, mental health and substance use disorders are uniquely characterized by ongoing signs and symptoms that impair an individual’s ability to relate to others and function in their daily lives.<sup>7</sup>

Mental health disorders are defined as any diagnosable mental, behavioral, or emotional disorder, other than a developmental and substance use disorder, that meets DSM-V<sup>c</sup> criteria. Mental health disorders involve changes in thinking, mood, and/or behavior and can affect how individuals relate to others and make choices.<sup>8</sup> Mental health disorders may include anxiety, changes in mood, intrusive thoughts, or reduced ability to manage behaviors at levels that reduce an individual’s ability to relate to others and function in their daily life.

a Executive Order No. 76, The Governor’s Task Force on Mental Health and Substance Use. July 14, 2015. <http://governor.nc.gov/document/executive-order-no-76-governors-task-force-mental-health-and-substance-use>

b A diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder, assessed by the Mental Health Surveillance Study (MHSS) Structured Clinical Interview for the Diagnostic and Statistical Manual of Mental Disorders—Fourth Edition—Research Version—Axis I Disorders (MHSS-SCID), which is based on the 4th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV). Three categories of mental illness severity are defined based on the level of functional impairment: mild mental illness, moderate mental illness, and serious mental illness. This data includes individuals in any of the three categories. Dependence or abuse is based on definitions found in the DSM-IV as well. Illegal drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used non-medically.

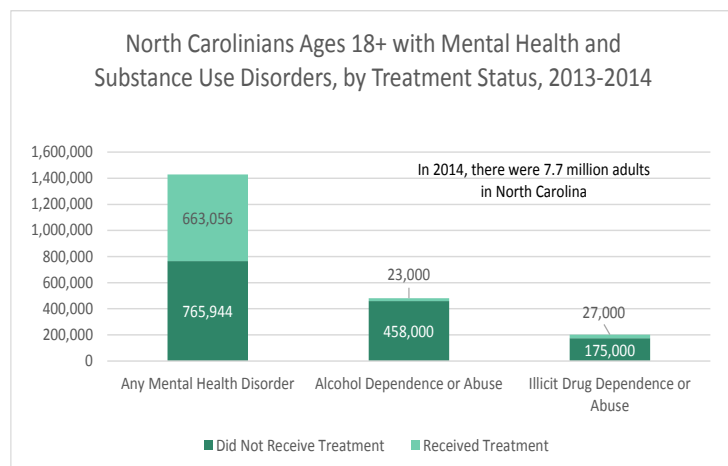
c The Diagnostic and Statistical Manual of Mental Disorders (DSM), published by the American Psychiatric Association, offers a common language and standard criteria for the classification of mental disorders and is used by mental health professionals in the United States. The DSM is updated periodically, the DSM-V is the most recent version, so the version used is specified.

Substance use disorders are measured on a continuum from mild to severe use of alcohol or illicit drugs including marijuana, cocaine, heroin, other stimulants, opioids, hallucinogens, inhalants, or prescription-type psychotherapeutics used non-medically. Although some substances are patently illegal, others are illegal only for certain age groups (e.g., alcohol and tobacco), while others are legal per se but are misused (e.g., prescription drugs). For the purposes of this report, “substances” will be the generic term used to describe drugs and alcohol. The essential feature of a substance use disorder is a cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues using the substance despite significant substance-related problems.

There are many causes of mental health and substance use disorders. Research suggests that mental health and substance use disorders are the result of the interplay of numerous genetic, biological, psychological, and environmental factors.<sup>4</sup> Many mental health disorders emerge during childhood or adolescence, although they can emerge at any point. Some mental health disorders may be precipitated in response to disruptive life events, but most mental health and substance use disorders are chronic or recurrent conditions that, like chronic physical illnesses, require ongoing care and treatment. Although substance use disorders are triggered by the use of substances, there are predisposing genetic and environmental factors that can make some people more susceptible than others. Genetics accounts for approximately one-half of the likelihood that an individual will develop a reliance on substances, a finding similar to other chronic illnesses.<sup>9</sup>

Although many North Carolinians have mental health and substance use disorders, the vast majority do not receive treatment.<sup>6,10</sup> Mental health and substance use are important public health issues that can have lasting negative impacts on individuals, families, public health care systems, and communities if left unaddressed.

**Table 2.1 More than Half of Adults in North Carolina with Mental Health and Substance Use Disorders Do Not Receive Treatment**



Source: Substance Abuse and Mental Health Administration, Center for Behavioral Health Statistics and Quality. National Survey on Drug Use and Health 2013 and 2014, Table 77. Rockville, MD: Substance Abuse and Mental Health Administration; 2015. <http://www.samhsa.gov/data/sites/default/files/1/1/NSDUHsaeNorthCarolina2014.pdf>. Accessed July 12, 2016.

The prevention, diagnosis, and treatment of mental health and substance use disorders is difficult for several reasons. Many individuals with mental health and substance use disorders may not recognize that they have a problem. Similarly, many of those who know they have a problem do not seek treatment or they may not have access to affordable treatment.<sup>6,10,11</sup> Enduring stigmas, negative stereotypes, and prejudice that result from misconceptions about mental illness create barriers to accessing and receiving treatment. Unlike pathways to treatment for physical health concerns, many people do not know how to find appropriate care for mental health and substance use disorders.<sup>12</sup> In North Carolina, the system for accessing mental health and substance use treatment services varies widely based on payment source, age, and geography. The challenges of navigating the systems of mental health and substance use treatment are a huge impediment to care. All of these factors can delay or prevent appropriate care.

Mental health and substance use disorders together carry huge direct and indirect costs to individuals, families, and communities. In addition to the direct costs of prevention, treatment, and recovery supports, there are also indirect costs associated with motor vehicle accidents; premature death; comorbid health conditions; disability and lost productivity; unemployment; poverty; school difficulties; engagement with social service, juvenile justice, and criminal justice systems; homelessness; and a host of other problems. Mental health and substance use disorders together rank as the fourth most costly medical conditions in terms of overall health care expenditure after heart conditions, cancer, and traumatic injury.<sup>13</sup> Over \$300 billion annually is spent on the direct and indirect financial costs associated with mental health disorders in the United States,<sup>14</sup> while substance use disorders are estimated to cost Americans more than \$600 billion each year.<sup>15</sup> Mental health and substance use disorders are the leading cause of disability in the United States.<sup>2</sup>

A variety of serious chronic diseases commonly co-occur with mental health and substance use disorders, including diabetes, cardiovascular disease, and cancer. While research continues in the area of understanding

comorbidity, it is known that certain mental health disorders are established risk factors for subsequent substance abuse and contribute to other illness.<sup>10,16</sup> Similarly, having a chronic disease can be a risk factor for mental health and substance use disorders. Furthermore, mental health and substance use disorders both serve as near universal conditions associated with suicide.<sup>10</sup>

### **Adolescent Mental Health and Substance Use**

Mental health and substance use are especially important to address among the adolescent population (defined as ages 12-17 for the purposes of this report), as research shows that brain development and maturation is incomplete during this period and that exposure to substances can cause long-term changes in brain function and a greater likelihood of developing an addiction disorder.<sup>17</sup> Approximately one in nine adolescents in North Carolina experienced a major depressive episode<sup>d</sup> in the past year and one in twenty adolescents was dependent on or abusing alcohol or illegal drugs. Similar to adults, most adolescents who have mental health and substance use disorders do not receive treatment.<sup>6</sup>

### **Older Adult Mental Health and Substance Use**

Mental health and substance use disorders affect approximately one in five of North Carolina's 1.5 million older adults (ages 65 and older for the purposes of this report).<sup>18</sup> Depressive and cognitive disorders and symptoms are most common, but substance use is a significant problem as well.<sup>18</sup> The mental health and substance use needs of older adults vary considerably from younger populations, largely because they typically occur along with other health problems. More than 75% of older adults in North Carolina report having one or more chronic diseases.<sup>19</sup> Commonly used medications may worsen mental health disorders and may be dangerous or even deadly when mixed with alcohol and other substance use.<sup>18,20</sup> Additionally, age alters the way people metabolize alcohol and drugs; for example, older adults tend to have a higher sensitivity to alcohol.<sup>20</sup> Furthermore, challenges that often come with age, such as loneliness, poor physical health, and diminished mobility can contribute to mental health and/or substance use disorders.<sup>18</sup> Mental health and substance use disorders among older adults are often not identified, diagnosed, or treated.<sup>18</sup>

### **Mental Health and Substance Use in the Spotlight**

These issues are at the forefront of health policy issues today, both at the national and state levels, due to rising visibility of the costs of not addressing mental health and substance use treatment needs. Health care coverage of mental health and substance use treatment has been expanded in recent years under the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) and the Patient Protection and Affordable Care Act in 2010. Both laws addressed existing disparities between insurance coverage for physical medical and surgical benefits versus mental health and substance use treatment coverage. Within the last year, President Barack Obama called for the U.S. Department of Health and Human Services and the U.S. Department of Education to launch a national conversation on mental health to reduce the stigma associated with mental illness and to encourage afflicted individuals to seek resources and treatment. Unaddressed mental health issues can have a variety of negative influences on homelessness, poverty, employment, safety, and the economy.<sup>12</sup>

Shortly after the North Carolina Institute of Medicine Task Force on Mental Health and Substance Abuse was convened, the Governor of North Carolina convened a Task Force on Mental Health and Substance Use that focused on the "improvement of the mental health and substance use treatment system as it intersects with the criminal justice system."<sup>e</sup> The Governor's Task Force had work groups on opioid abuse and heroin resurgence, as well as special topics on adults, children, youth, and families. Among other topics, the Governor's Task Force focused heavily on opioid and prescription drug use, the courts and criminal justice system, and the impact of mental health and substance use on emergency departments and hospitals. The Governor's Task Force has generated a lot of attention from state government and the press about the impact of mental health and substance use disorders in North Carolina.

### **The North Carolina Institute of Medicine Task Force on Mental Health and Substance Use**

The North Carolina Institute of Medicine (NCIOM) Task Force on Mental Health and Substance Use was funded by the Kate B. Reynolds Charitable Trust, with the goal of developing recommendations to increase and improve community-based and evidence-informed prevention, treatment, and recovery services and

<sup>d</sup> Major depressive episode is defined in the DSM-IV as a period of at least two weeks when an individual experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of specified depression symptoms.

<sup>e</sup> Executive Order No. 76, The Governor's Task Force on Mental Health and Substance Use. July 14, 2015. <http://governor.nc.gov/document/executive-order-no-76-governors-task-force-mental-health-and-substance-use>

supports for individuals with mental health and substance use disorders. The Task Force focused heavily on recommendations to support the development of a full continuum of community-based mental health and substance use prevention, treatment, and recovery services for all North Carolinians, as these services are essential to keeping people healthy in their home communities and assisting people who are transitioning back into the community after a crisis or in-patient treatment.

The Task Force was divided into three groups: the cross-cutting work group, the older adult work group, and the adolescent work group. The cross-cutting work group addressed topics affecting the whole population, including the array of services available, workforce needs, integrated care, and telebehavioral health. The adolescent working group addressed coordination and system transition issues among the many agencies and organizations that provide services to adolescents. The older adult working group looked at the need to develop a continuum of services for the older adult population.

The Task Force was co-chaired by Angela Bryant, Senator, North Carolina General Assembly; Courtney Cantrell, PhD, former Director, Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, North Carolina Department of Health and Human Services; Josh Dobson, Representative, North Carolina General Assembly; and John Santopietro, MD, FAPA, Chief Clinical Officer of Behavioral Health, Carolinas Health System. They were joined by 67 other task force and steering committee members including legislators, state and local agency representatives, service providers, advocates, and community representatives. The Task Force met five times and each work group met four times between June 2015 and July 2016.

While there are numerous potential areas of focus within North Carolina's mental health and substance use treatment systems, the NCIOM Task Force on Mental Health and Substance Use chose to focus on improving access to and coordination of community-based, evidence-informed prevention, treatment, and recovery services and supports for individuals with mental health and substance use disorders services. In the following chapters, recommendations are presented for the systems providing mental health and substance use services, starting with those around payment, then those that affect all North Carolinians with mental health and substance use disorders, followed by recommendations specifically for adolescents and older adults.

The Task Force made 28 recommendations, which are summarized in the Executive Summary. Chapter 2 provides background information and recommendations on the systems and payers for mental health and substance use services in North Carolina. Chapter 3 covers recommendations that affect all North Carolinians' ability to access effective treatments and services that are easy to navigate. Chapter 4 explores issues affecting adolescents with mental health and substance use disorders, and Chapter 5 looks at issues affecting older adults with mental health and substance use disorders. A full listing of the recommendations is included in the Appendix.

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