



MENTAL HEALTH PROMOTION: AN OPPORTUNITY FOR OPIOID OVERDOSE PREVENTION

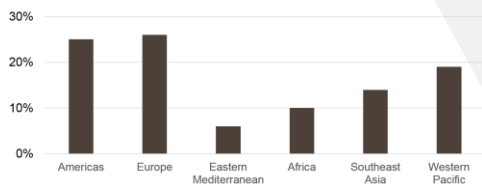
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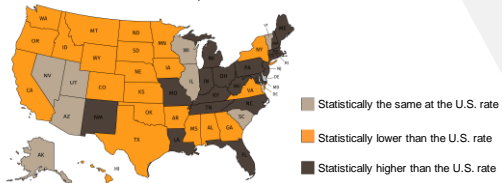
DRUG OVERDOSE IN THE UNITED STATES: HOW BAD IS IT?



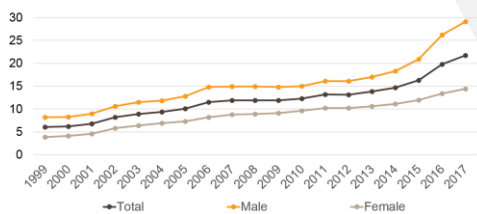
PROPORTIONS OF DEATHS ATTRIBUTED TO DRUG USE, 2015



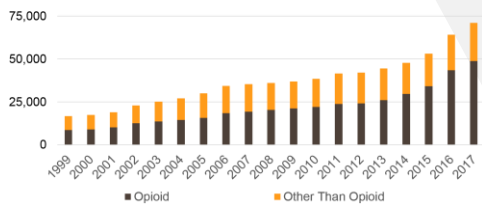
2017 OVERDOSE DEATHS, BY STATE



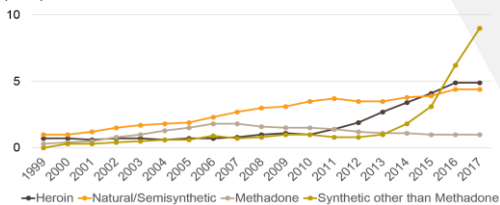
AGE-ADJUSTED OVERDOSE DEATHS, PER 100,000



NUMBER OF OVERDOSE DEATHS



AGE-ADJUSTED OPIOID OVERDOSE DEATHS, PER 100,000, BY CATEGORY

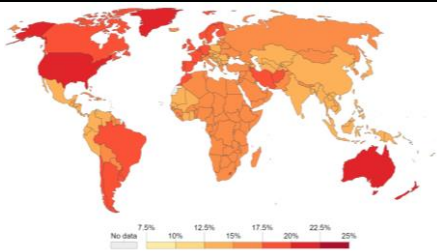




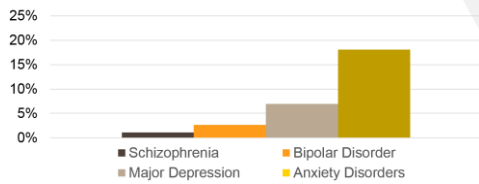
DRUG OVERDOSE: HOW BAD IS IT?

PRETTY BAD AND GETTING WORSE

WHAT'S THE STATE OF MENTAL HEALTH IN THE UNITED STATES?

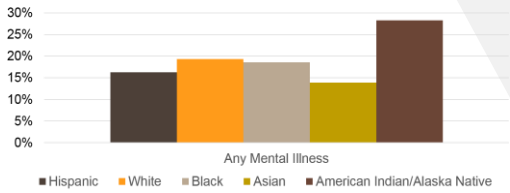


PREVALENCE OF MENTAL HEALTH DIAGNOSES



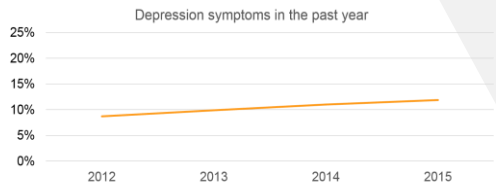


MENTAL HEALTH, BY RACE



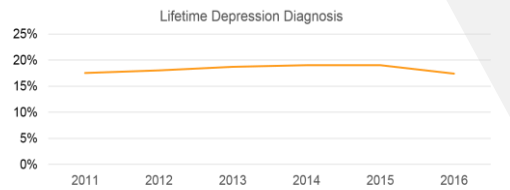


MENTAL HEALTH IN ADOLESCENTS

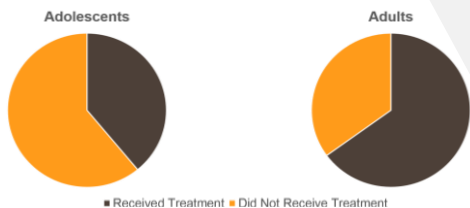




MENTAL HEALTH IN ADULTS



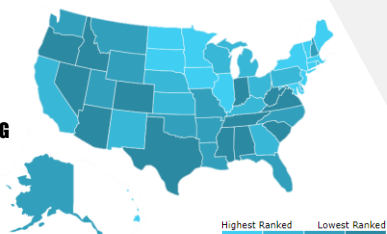
MENTAL HEALTH CARE TREATMENT

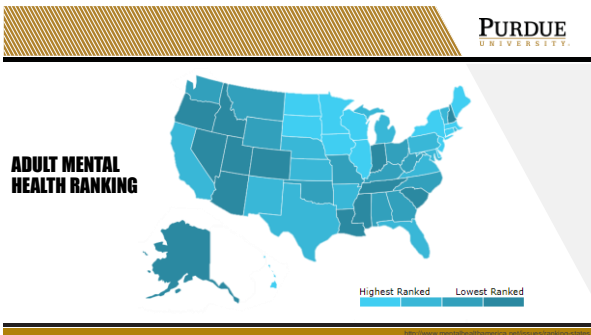


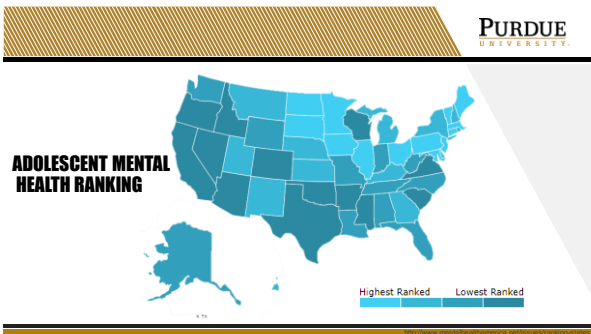
THE STATE OF MENTAL HEALTH

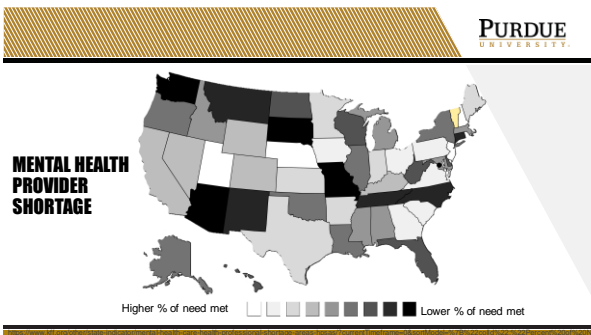
1. Adults with Any Mental Illness (AMI)
2. Adults with Dependence or Abuse of Illicit Drugs or Alcohol (Marijuana, Heroin, Cocaine)
3. Adults with Serious Thoughts of Suicide
4. Youth with At Least one Past Year Major Depressive Episode (MDE)
5. Youth with Alcohol Dependence and Illicit Drugs Use (Marijuana, Heroin, Cocaine)
6. Youth with Severe MDE
7. Adults with AMI who Did Not Receive Treatment
8. Adults with AMI Reporting Unmet Need
9. Adults with AMI who are Uninsured
10. Adults with Disability who Could Not See a Doctor Due to Costs
11. Youth with MDE who Did Not Receive Mental Health Services
12. Youth with Severe MDE who Received Some Consistent Treatment
13. Children with Private Insurance that Did Not Cover Mental or Emotional Problems
14. Students Identified with Emotional Disturbance for an Individualized Education Program
15. Mental Health Workforce Availability

OVERALL RANKING








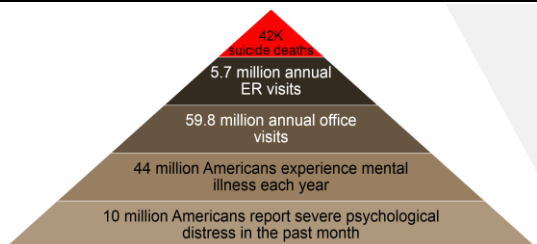


MENTAL HEALTH PROVIDER SHORTAGE IN INDIANA

- DESIGNATIONS**
-  Federally Qualified Health Center
 -  FQHC Look A Like
 -  Rural Health Clinic
 -  Correctional Facility
 -  Geographic
 -  Low-Income Population



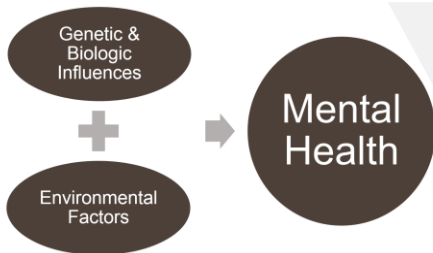
<http://www.purdue.edu/healthcare> 04/14/2019

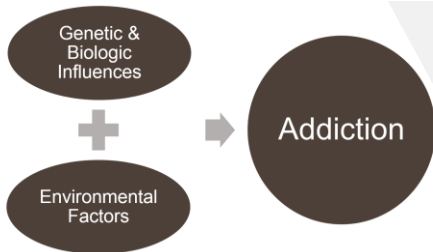


WHAT'S THE STATE OF MENTAL HEALTH IN THE UNITED STATES?

NOT GREAT, BUT RECENTLY STABLE

WHAT INFLUENCES MENTAL HEALTH AND ADDICTION?







MENTAL HEALTH CAUSES

- Genetics
- Environmental exposures before birth
- Brain chemistry



ADDICTION CAUSES

- Genetics
- Environmental factors
- Changes to the brain



MENTAL HEALTH RISK FACTORS

- Stressful life situations
- Chronic health issues
- Trauma
- Social isolation
- Alcohol/substance misuse



ADDICTION RISK FACTORS

- Family history
- Mental health disorder
- Peer pressure
- Lack of family involvement
- Early use
- Characteristics of the drug



COULD THE INCREASE IN OPIOID OVERDOSE DEATHS BE ATTRIBUTED TO DEPRESSION?



BACKGROUND

- Depression is both a risk factor and consequences of opioid use.
 - Depression → higher rates of initiation and chronic use of opioid analgesics
- Chronic use of opioid analgesics → Depression



METHODS

- Outcomes: CDC WONDER
 - Opioid analgesic-related death
 - Unintentional opioid analgesic-related deaths
 - All opioid-related deaths
- Exposure: BRFSS
 - Percent of state population with self-reported depression diagnosis



RESULTS

	Primary Analysis ^a		Secondary Analysis ^a			
	Crude IRR ^b (95%CI)	Adjusted IRR ^{c,e} (95%CI)	Crude IRR ^d (95%CI)	Adjusted IRR ^{c,d} (95%CI)	Crude IRR ^e (95%CI)	Adjusted IRR ^{c,e} (95%CI)
Depression ^f	1.32 (1.05-1.67)	1.26 (1.01-1.58)	1.38 (1.07-1.79)	1.31 (1.03-1.68)	1.38 (1.11-1.73)	1.33 (1.07-1.67)

^aGEE models that account for state and year effects (2011-2015); ^bModel 1 includes deaths due to "other opioids," "methadone," and "other synthetic narcotics"; ^cAdjusted analyses control for state-level reports of health, percent insurance status, and medical marijuana policies; ^dModel 2 excludes opioid analgesic deaths due to suicide and other intentional methods; ^eModel 3 includes all opioid-related overdose deaths, even if no opioid analgesic was involved; ^fOne percentage point increase in state population reporting depression diagnosis



BOTTOM LINE

A one percentage point increase in self-reported depression diagnoses was associated with a 26% (95%CI: 1%-58%) increase in opioid analgesic-related deaths, after adjusting for state general health, insurance status, and medical marijuana policies

WHAT CAN *WE* DO?

Nearly 2/3 of opioid overdoses involve prescription opioids.

PATIENT-PROVIDER RELATIONSHIP

- Conduct an initial and ongoing depression screening
- Discuss the risk for depression
- Share information about the risk of depression, opioid addiction, and how to seek help
- Engage other professionals for these conversations



Only 44.2% of the mental health care need is met.



SUPPORT EFFORTS TO TRAIN AND RETAIN MHP

- Incentivize workforce development
- Reduce regulation/reimbursement burden
- Implement innovative approaches
- Increase reimbursement/novel reimbursement methods



WHAT CAN *YOU* DO?



ASSESS FOR RISK OF SUICIDE OR HARM

- Warning signs:
 - Talking about wanting to die
 - Looking for way to kill self
 - Talking about feeling hopeless or trapped
 - Talking about being a burden
 - Increased use of substances
 - Anxious, agitated, or reckless behavior
 - Too much/too little sleep
 - Withdrawn
 - Extreme mood swings



RESPONDING TO IMMEDIATE SUICIDE CONCERNS

- Call 911
- Call the National Suicide Prevention Lifeline (1-800-273-TALK)
- If the person is panicking or in crisis, try the 5-4-3-2-1 coping exercise
 - 5 things you (the other person) can see
 - 4 things you can touch
 - 3 things you can hear
 - 2 things you can smell
 - 1 thing you can taste



LISTEN WITHOUT JUDGEMENT

- Show that you're listening
 - Maintain eye contact
 - Be mindful of how you're positioning your body
 - Keep a calm voice tone and pace
- Ask open questions to encourage people to talk
 - What, how, could, would questions



LISTEN WITHOUT JUDGEMENT: MORE OPTIONS

- Paraphrase the content/thoughts of what the person is saying
 - "It sounds like you're saying...."
- Reflect the feelings
 - "It seems like you're [feeling word]."
 - "You're feeling/felt [feeling word] when/because [context]"




REASSURE OR PROVIDE INFORMATION

- Mental illness is still stigmatized in the U.S.
 - Mental illness portrayal in the media
 - Assumptions about mental illness (unstable, lazy, untrustworthy, unintelligent, incapable)
 - Innuendoes about mental illness (e.g., whispering "depression")
 - Stepping back from individuals with mental illness
 - Disrespecting the severity of mental illness (e.g., telling me to get over it')



ENCOURAGE PEOPLE TO TALK WITH A PROFESSIONAL

- Doctors
- Mental health providers
- Peer specialists



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ENCOURAGE PEOPLE TO ENGAGE IN SELF-CARE



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QUESTIONS?

Contact: lschwabr@purdue.edu
