A Plan to Align Substance Abuse, Mental Health and Primary Care Efforts in Minnesota

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The Minnesota Department of Human Services convened a coalition in 2011 that included representatives from the primary care, mental health and substance-abuse prevention communities to develop a statewide plan to align efforts to prevent, screen for and treat substance abuse and mental health concerns. This article describes the plan that grew out of their efforts.

Primary care is the entry point to health care in the United States. Primary care clinicians see patients with a variety of concerns including mental health and substance abuse problems. Because those issues usually are not their first priority, they can miss opportunities to provide much-needed screening and care.

Individuals with mental health and substance abuse problems are frequent users of the primary care system because they have a higher rate of other health problems such as heart disease, diabetes, respiratory disease and infectious disease than the general population. In addition, research has found that 90% of individuals with a mental health problem (with or without a substance use disorder) have seen a primary care provider for some reason just prior to their being diagnosed with a mental illness.

Because of stigma or lack of access to services, persons with mental health or substance abuse disorders may look to their primary care physicians for care rather than seek help from a mental health or substance use professional. In other cases, patients with mental illness or substance abuse disorders may not be able to see a mental health specialist without a referral from their primary care provider. For all of these reasons, mental health and substance-abuse prevention, screening and treatment efforts need to be better integrated with primary care. Yet it is commonly believed by mental health and substance-abuse prevention experts that primary care providers are underused allies.

In September 2011, the Minnesota Department of Human Services (DHS) Alcohol and Drug Abuse Division received a one-year grant from the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA) to produce a five-year plan to align efforts of mental health providers, substance-abuse prevention specialists and primary care providers in Minnesota to screen patients for substance abuse and mental health concerns. DHS submitted the completed plan to SAMHSA on August 1, 2012. This article briefly describes the plan and how it was created.

Assessing the Problem

Staff at DHS started the planning process with a comprehensive analysis of data related to alcohol consumption, mental health issues, and the costs and consequences of mental illness and substance abuse. Following are a few of the findings.
Alcohol Consumption
- Minnesota was among the 10 states with the highest rates of binge drinking (consuming five or more drinks in a row on one occasion for males, four or more for females, during the past month) among persons aged 12 and older in 2008-2009. Binge drinking was reported by 25.8% of Minnesotans aged 26 and older compared with 22.3% nationally. When broken down by age group, binge drinking was reported by 33% of Minnesotans aged 18 to 24 years in 2010, 25% of those ages 25 to 44, 13% of those ages 45 to 64, and 3% of residents aged 65 and older.7
- Minnesota was among the states with the lowest-perceived risk of binge drinking, meaning that people either underestimated the danger of heavy alcohol intake or didn’t recognize their behavior as binge drinking.6
- A survey of college students in Minnesota found that 41% of 18-year-olds and 77.2% of 22-year-olds had consumed alcohol within the past 30 days.7
- Four percent of sixth graders, 19% of ninth graders and 41% of 12th graders reported using alcohol in the past 30 days.8

Mental Health Problems
- Roughly one-third of youths reporting mental or emotional problems lasting at least 12 months had not received treatment for them.8
- Approximately 90% of individuals who complete suicide have experienced a mental or substance use disorder or both.9

Consequences of Alcohol and Drug Abuse
- The economic costs associated with alcohol misuse in Minnesota amounted to an estimated $5.06 billion in 2007—about $975 for every person in the state and 17 times more than the $296 million in tax revenues collected from alcohol sales that year.10
- The total estimated cost of alcohol and drug abuse in the United States is $343 billion per year; that includes the cost of treatment, property damage and lost earnings.11
- The estimated cost of serious mental illnesses (including disability benefits, health care expenditures and loss of earnings) in this country is more than $317 billion annually.12
- Individuals with co-occurring disorders are much more likely to be hospitalized than those with a mental health disorder or a substance use disorder alone. The number of hospitalizations each year for people with substance abuse disorders only was 23 per 1,000 individuals; the number for those with mental health disorders alone was 87 per 1,000; and the number for those with co-occurring disorders was 457 per 1,000.13
- People with serious mental illnesses, on average, die 25 years earlier than the general population.13

Developing the Plan
More than 200 people from government, public health, advocacy organizations and clinical medicine contributed ideas for the plan during interviews and small group discussions. Afterwards, DHS convened a 21-person consortium composed of experts in mental health, primary care, substance abuse and public health to develop a plan to align efforts to identify and treat mental illness and substance abuse before they become problematic. Physicians were well-represented with participation by a cardiologist connected with the Minnesota Medical Association, an internist and former medical director of primary care at a large urban hospital, a public health medical director, and a family physician doing a preventive medicine fellowship at Mayo Clinic.

The consortium set a number of goals. One was to enhance state-level collaboration among the Department of Human Services, other state agencies and primary care to prevent substance abuse and suicide and identify and treat mental illness. A third was to support and empower communities to prevent substance abuse and suicide, and to support individuals identified in primary care settings as having or being at risk for mental illness.

The group then selected tactics for achieving these such as the following:
- Inform primary care providers and others about which mental health promotion and substance-abuse prevention programs are effective for young patients
- Identify communities or agencies that implement evidence-based practices for prevention of mental health and substance abuse problems and replicate the successes
- Encourage new staffing models in which primary care physicians and their staffs work with community-based organizations to support patients suffering from substance abuse and mental health disorders.

Findings and Future Directions
Minnesota was one of seven states to receive funding to send a delegation to SAMHSA’s 2012 State Policy Academy on Preventing Mental and Substance Abuse Disorders in Children and Youth. Representatives from several state agencies, including health, human services and education, received technical assistance to implement the strategic plan and later visited the state of Washington to observe successful efforts to align prevention systems there. During the past year, officials from these agencies have continued to work together on coordinating mental illness and substance-abuse prevention efforts at the state level and to discuss ways to promote prevention and early identification and treatment of mental health and substance abuse problems in primary care settings.

Everyone who participated in the development of the plan hopes to see prevention of substance abuse and mental illness given more attention within the primary care community. We ask individuals and organizations to consider how they can contribute to that goal. MM
REFERENCES


The complete strategic plan to align substance abuse, mental illness and primary care prevention efforts in Minnesota is available on the DHS website: https://edocs.dhs.state.mn.us/lsrerver/Public/DHS-6578-ENG.