

Mental Health Advocacy in Arkansas: Forging our own Path to Mental Wellbeing

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Overview

1. Highlight the current state of mental health in Arkansas.
 2. Discuss current Arkansas policy and advocacy movements that address the state's mental health needs.
 3. Explore future avenues for mental health education and advocacy.
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MHA State of Mental Health Report

Key Facts and Findings

MENTAL HEALTH AND SUBSTANCE USE CONDITIONS ARE COMMON



NEARLY HALF
HAVE A
CO-OCCURRING
SUBSTANCE
ABUSE
DISORDER



MOST AMERICANS LACK ACCESS TO CARE

56%
OF AMERICAN ADULTS
WITH A MENTAL ILLNESS
DID NOT
RECEIVE TREATMENT



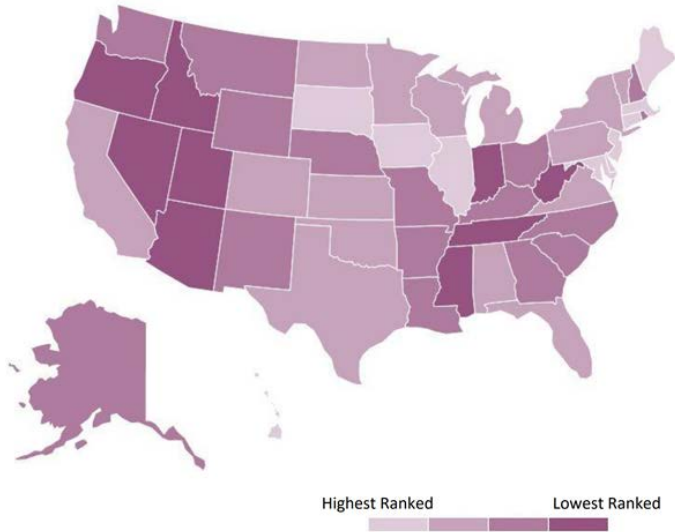
7.7%
OF YOUTH HAD
NO ACCESS
TO MENTAL HEALTH
SERVICES THROUGH
THEIR PRIVATE
INSURANCE

Report Criteria

1. Adults with Any Mental Illness (AMI)
2. Adults with Alcohol Dependence and Illicit Drug Use (Marijuana, Heroin, and Cocaine)
3. Adults with Serious Thoughts of Suicide
4. Youth with At Least One Major Depressive Episode (MDE) in the Past Year
5. Youth with Alcohol Dependence and Illicit Drug Use (Marijuana, Heroin, and 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

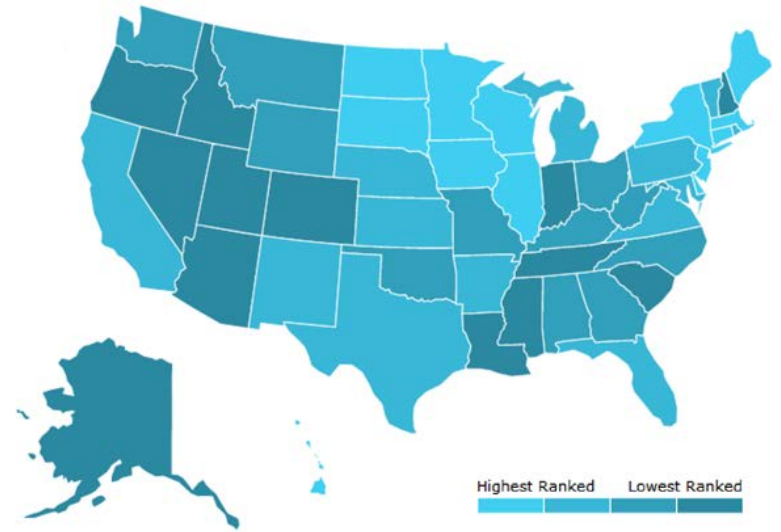
Adult Ranking

2017



Arkansas = 28

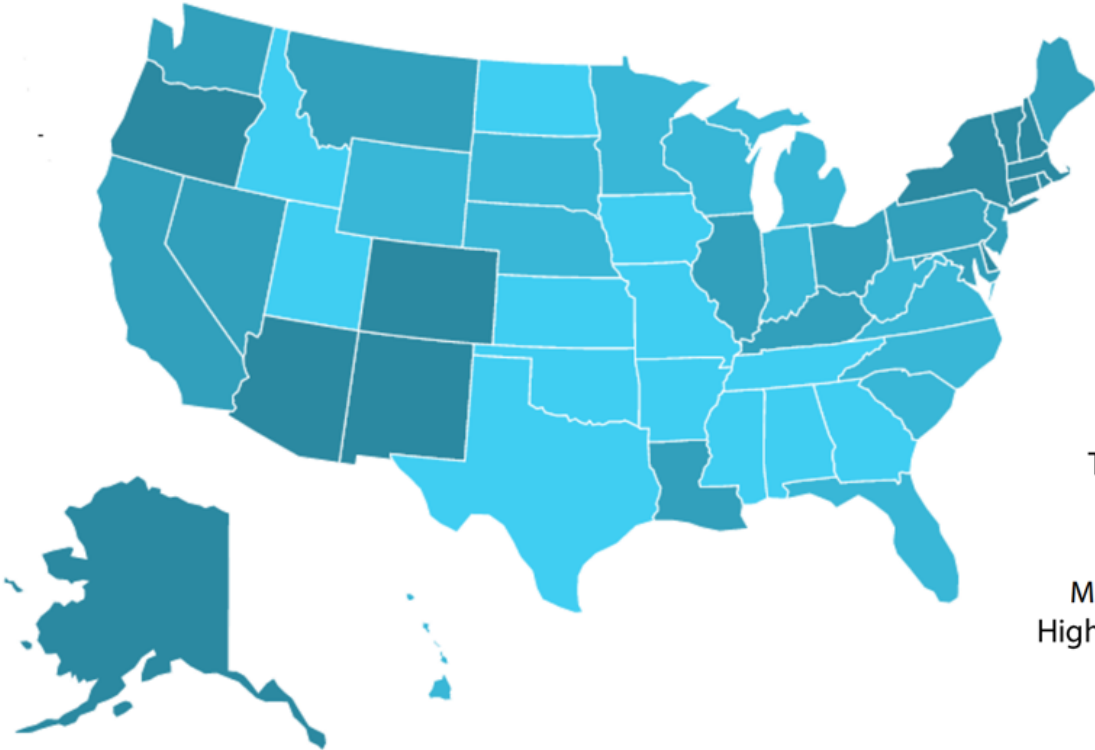
2018



Arkansas = 26

Substance Use in Arkansas

Adult Alcohol Dependence and Illicit Drug Use (Marijuana, Heroin, and Cocaine)

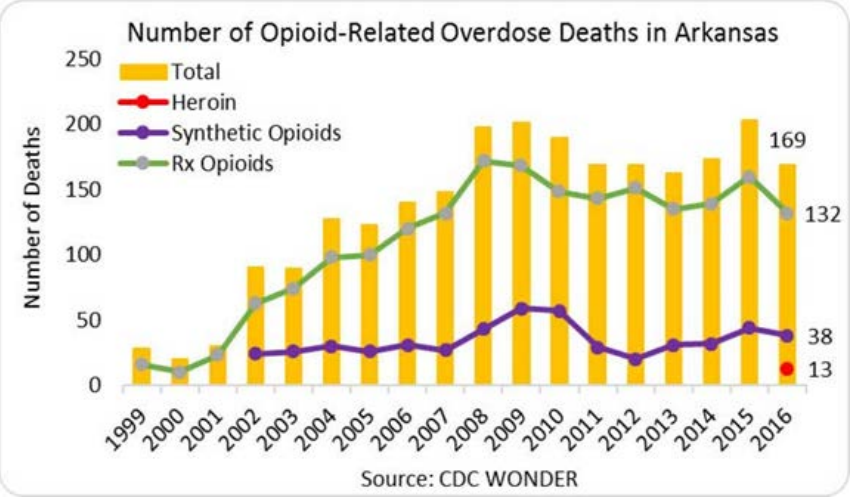
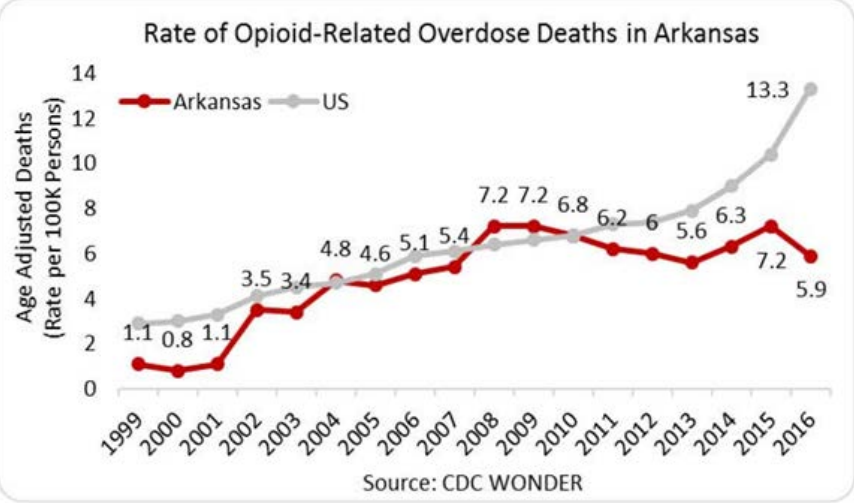


8.47% of adults in America reported having a substance use or alcohol problem. Alcohol Dependence and Illicit Drug Use is influenced by state demographics including: age, degree of urbanicity, and economic conditions.

The state prevalence of adult alcohol and substance use ranges from:

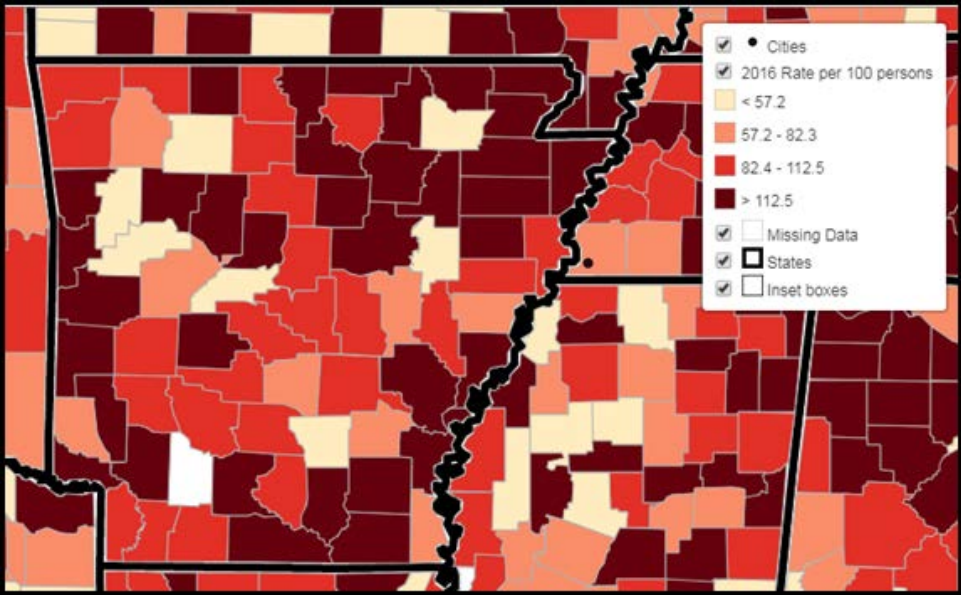


Arkansas = 4



Opioid Prescription Rates

Prescriptions / 100 persons
National Average ~ 66.5



300 Drug overdose deaths due to opioids

Joshua Ash-Deauley Act

AR Code § 20-13-1701 (2016)

(a) A person shall not be arrested, charged, or prosecuted for possession of a controlled substance in violation of § 5-64-419 if the evidence for the arrest, charge, or prosecution of the possession of a controlled substance in violation of § 5-64-419 resulted solely from seeking medical assistance if:

(1) The person in good faith seeks medical assistance for another person who is experiencing a drug overdose; or

(2) The person is experiencing a drug overdose and in good faith seeks medical assistance for himself or herself.

(b) A person shall not be subject to penalties for a violation of a permanent or temporary protective order or restraining order or sanctions for a violation of a condition of pretrial release, condition of probation, or condition of parole based on the possession of a controlled substance in violation of § 5-64-419 if the penalties or sanctions are related to the seeking of medical assistance.

Act 423: Criminal Justice Efficiency and Safety Act



Arkansas Crisis Intervention Training

Part I of Arkansas Act 423

- Provide Crisis Intervention Team Training
 - Law enforcement officer cadets now receive 16 hours of CIT
 - 8-hour courses for current officers
 - In larger law enforcement agencies, one officer must receive 40-hour training to become CIT trainer

Over 240 Law Enforcement Officers have been trained!



Crisis Stabilization Units [CSU]

Part II of Arkansas Act 423

- Budget of \$6.4 million
 - Operate CSUs
 - Provide training to law enforcement
- State pays for operational costs
- County pays for upkeep
- Serves those who encounter law enforcement while in a mental health crisis
- Saves money while making the public safer than a prison-based alternative

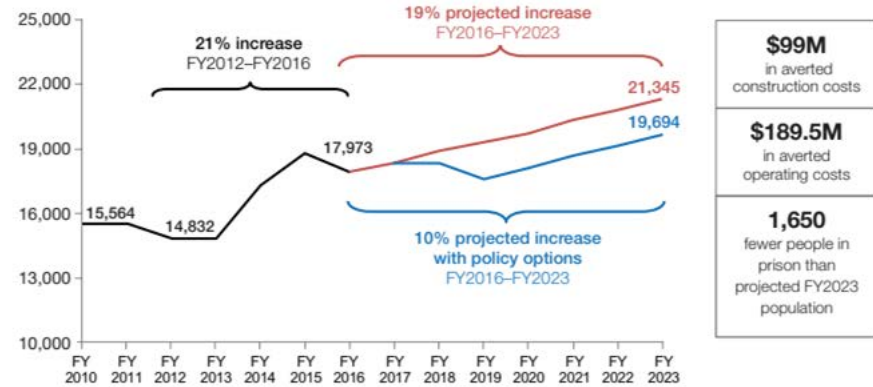


Criminal Justice Reform

Part III of Arkansas Act 423

- Arkansas had the fastest growing prison population in the nation from 2012-2015
- Act 423 limits period of incarceration
- Reforms the probation and parole system in the state and provides more access to mental health treatment in the criminal justice system.
- Network of resources to help identify mental health crises

FIGURE 1. PROJECTED IMPACT OF ACT 423 ON ARKANSAS'S PRISON POPULATION



Access to Care

Adults with AMI Reporting Unmet Need

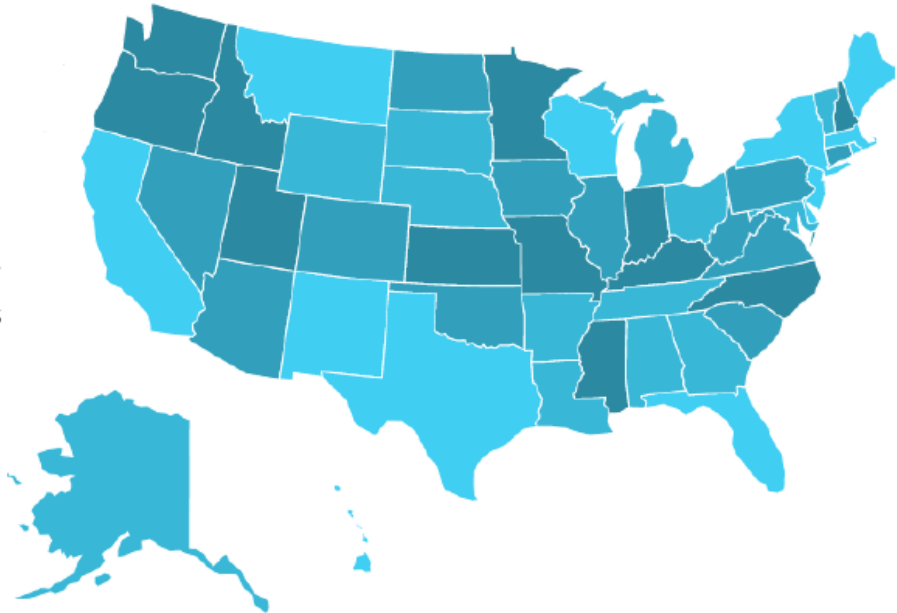
One out of five (20.1%) adults with a mental illness reported that were not able to receive the treatment they needed.

Individuals who are reporting unmet need are seeking treatment and facing barriers to getting the help they need.

Where you live could determine whether you receive timely treatment: individuals living in states with the highest levels of unmet need (bottom 13) were 1.6 times more likely to have people report unmet need.

Across the country, several systemic barriers to accessing care exclude and marginalize individuals with a great need. These include the following:

- 1) Lack of insurance or inadequate insurance
- 2) Lack of available treatment providers
- 3) Lack of available treatment types (inpatient treatment, individual therapy, intensive community services)
- 4) Insufficient finances to cover costs – including, copays, uncovered treatment types, or when providers do not take insurance.



The state prevalence of adults with AMI reporting unmet treatment needs ranges from:

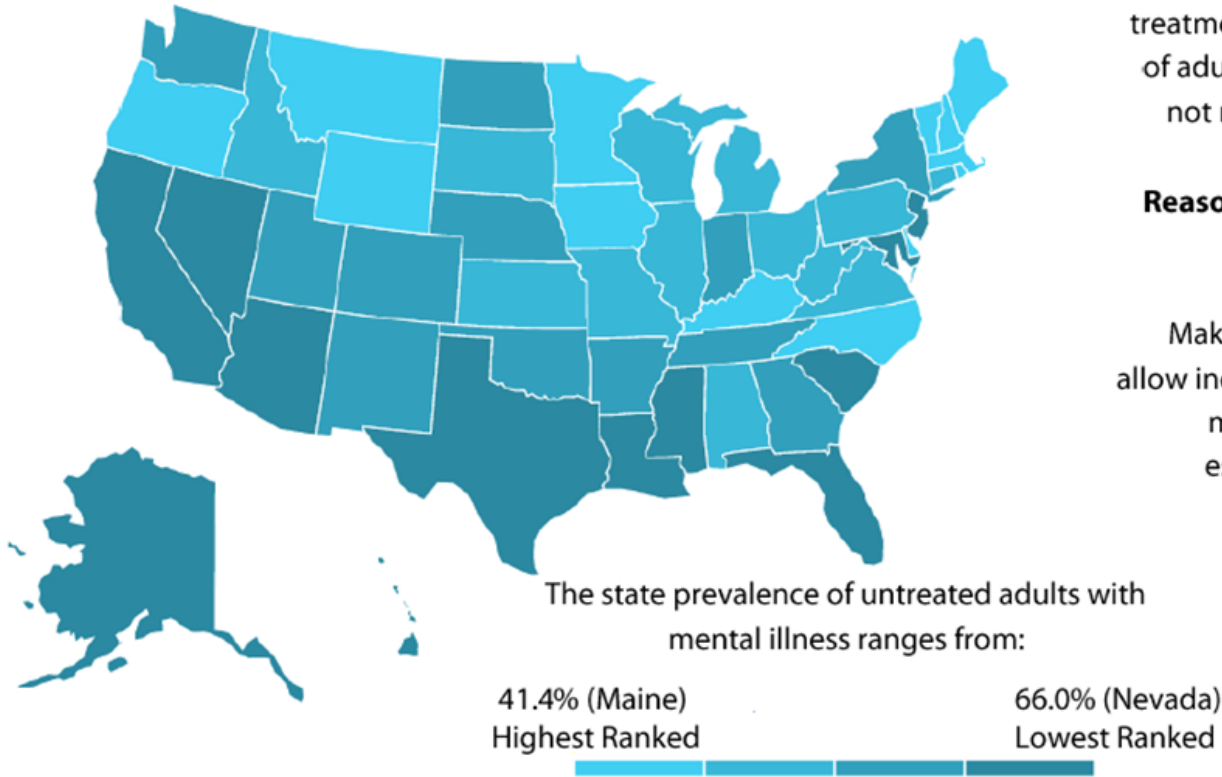
14.4% (Hawaii)
Highest Ranked

25.2% (District of Columbia)
Lowest Ranked



Arkansas = 17

Adults with AMI who Did Not Receive Treatment



55.8% of adults with a mental illness received no treatment. Lack of access to treatment is slowly improving. In 2011, 59% of adults with a mental health problem did not receive any mental health treatment.

Reasons for not receiving treatment can be individual or systemic.

Making screening tools accessible would allow individuals to learn about, and address mental health concerns. Additionally, establishing contact with a healthcare provider at onset is critical.

Grassroots Efforts in Arkansas

MINDfest & MINDtalks

- Reduce stigma through education and integration surrounding mental health



safeTALK

- Provide tools for people to spot signs of suicidal ideation

BECOME SUICIDE ALERT!



safeTALK
suicide alertness for everyone

NAMIWalks

- Raise awareness for mental illness



YOUTH MENTAL HEALTH IS WORSENING AND ACCESS TO CARE IS LIMITED



IN A FIVE YEAR PERIOD, **RATES OF SEVERE YOUTH DEPRESSION HAVE INCREASED**



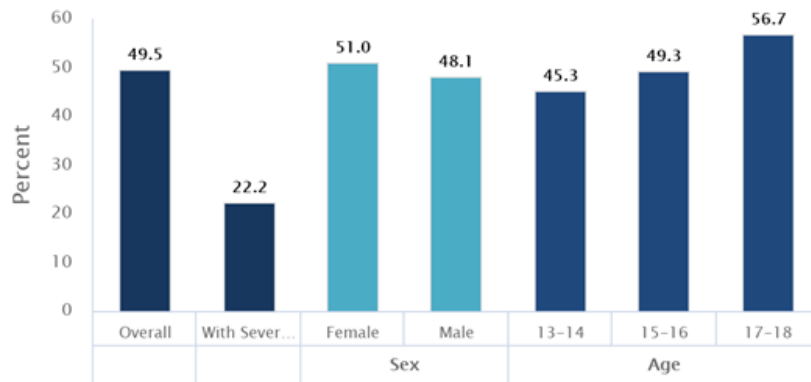
OVER 1.7 MILLION
YOUTH WITH MAJOR DEPRESSIVE EPISODES
DID NOT RECEIVE TREATMENT

THAT'S ENOUGH TO FILL **EVERY** MAJOR LEAGUE BASEBALL STADIUM ON THE EAST COAST **TWICE**



Lifetime Prevalence of Any Mental Disorder Among Adolescents (2001–2004)

Data from the National Comorbidity Survey Adolescent Supplement (NCS-A)



Why are Youth Rates So High?

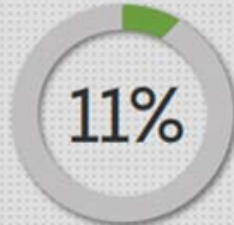
Many mental health disorders first present during adolescence

- Anxiety disorders by age 6
- Behavioral disorders by age 11
- Mood disorders by age 13
- Eating Disorders by age 14
- Substance use disorders by age 15

Fact: 1 in 5 children ages 13-18 have, or will have a serious mental illness.¹



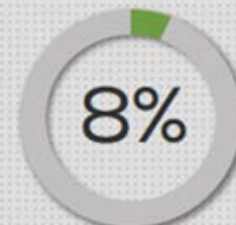
20% of youth ages 13-18 live with a mental health condition¹



11% of youth have a mood disorder¹



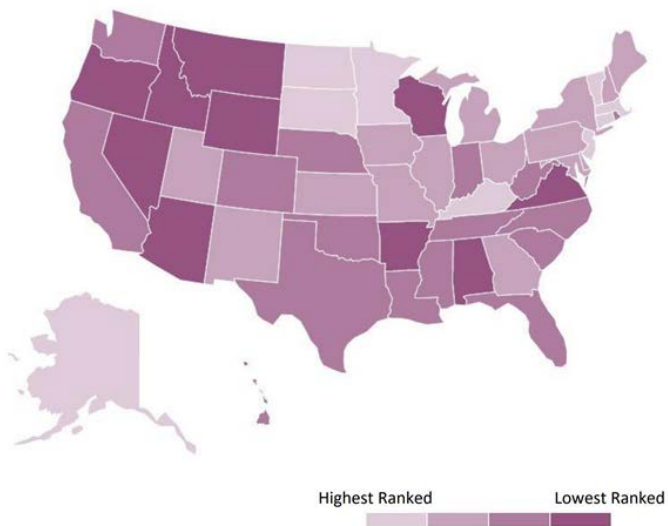
10% of youth have a behavior or conduct disorder¹



8% of youth have an anxiety disorder¹

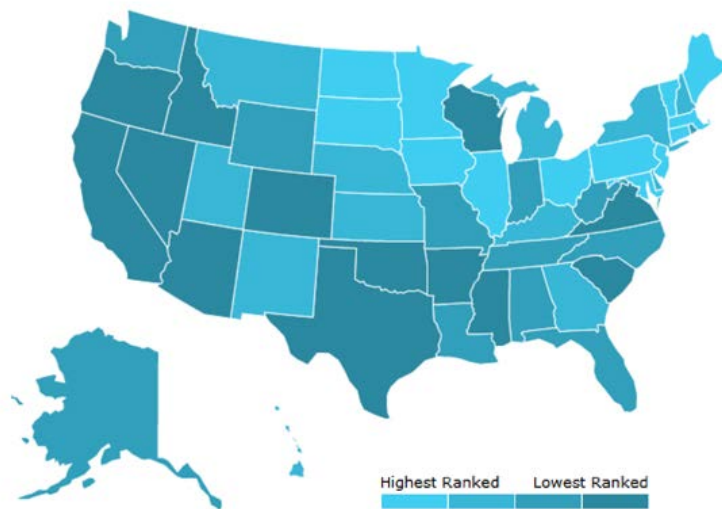
Youth Ranking

2017



Arkansas = 51

2018



Arkansas = 46

Suicide

- 19% AR HS Students report they have seriously considered attempting suicide
- 12% AR HS Students report they have attempted suicide
- 5% AR HS Students report they attempted suicide that resulted in an injury, poisoning, or overdose that had to be treated at a hospital

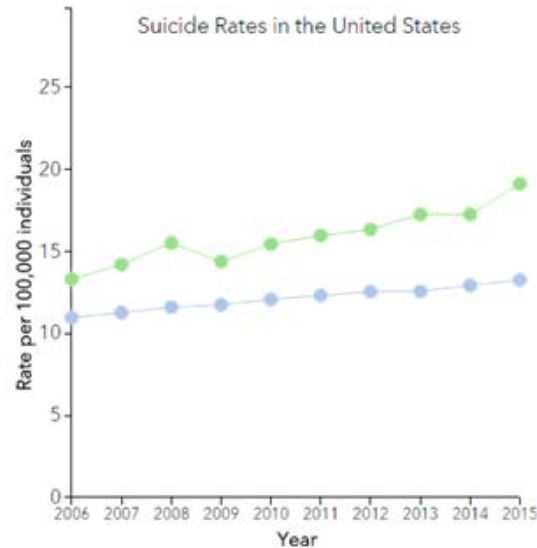
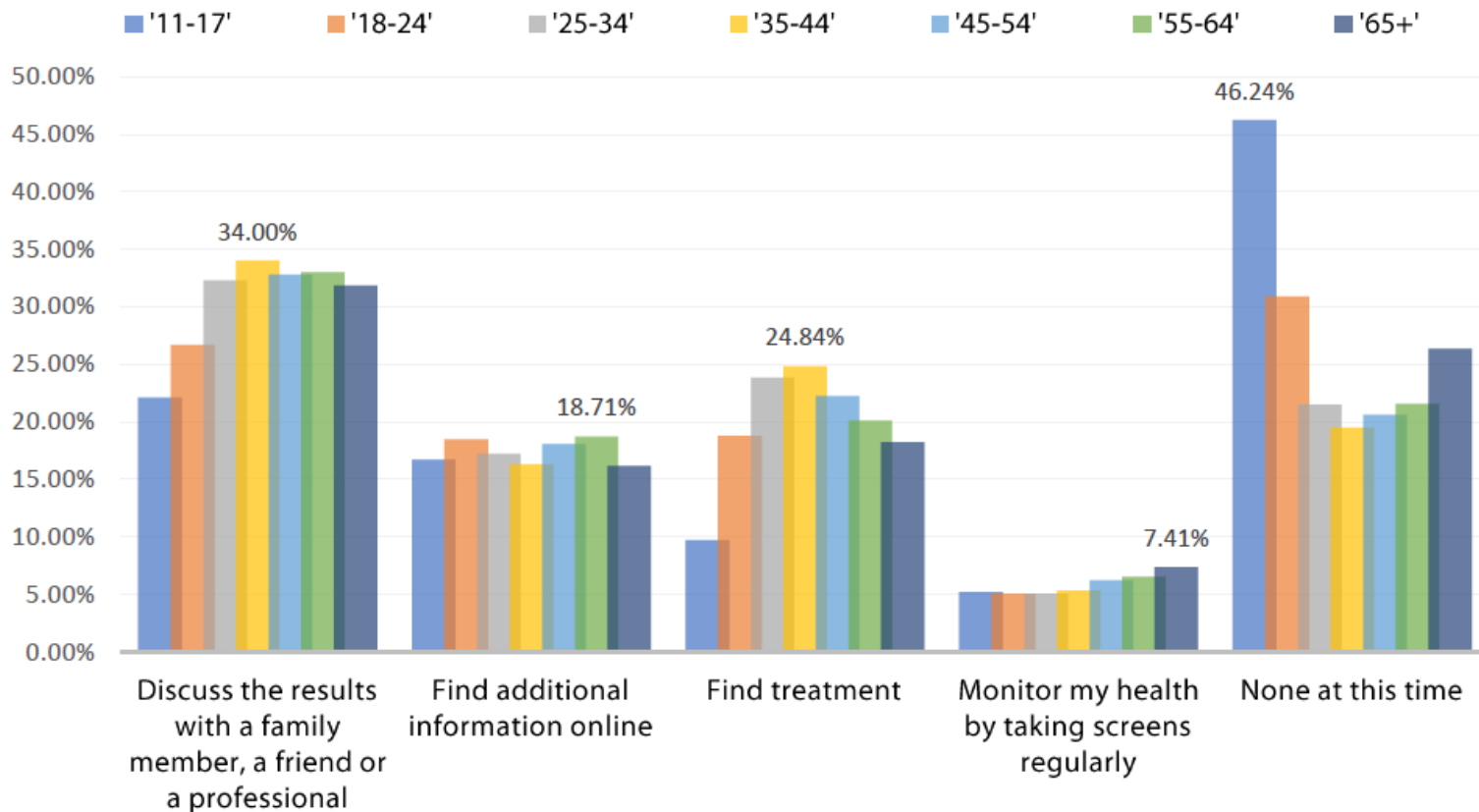


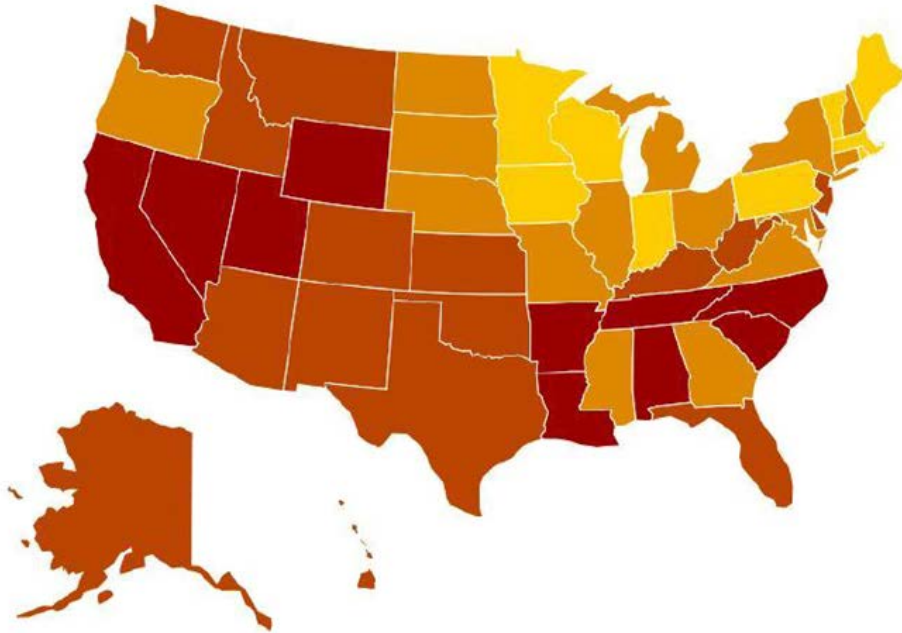
Table 1. Leading Causes of Death in the United States (2015)

Rank	Select Age Groups						
	10-14	15-24	25-34	35-44	45-54	55-64	All Ages
1	Unintentional Injury 763	Unintentional Injury 12,514	Unintentional Injury 19,795	Unintentional Injury 17,818	Malignant Neoplasms 43,054	Malignant Neoplasms 116,122	Heart Disease 633,842
2	Malignant Neoplasms 428	Suicide 5,491	Suicide 6,947	Malignant Neoplasms 10,909	Heart Disease 34,248	Heart Disease 76,872	Malignant Neoplasms 595,930
3	Suicide 409	Homicide 4,733	Homicide 4,863	Heart Disease 10,387	Unintentional Injury 21,499	Unintentional Injury 19,488	CLRD 155,041
4	Homicide 158	Malignant Neoplasms 1,469	Malignant Neoplasms 3,704	Suicide 6,936	Liver Disease 8,874	CLRD 17,457	Unintentional Injury 146,571
5	Congenital Anomalies 156	Heart Disease 997	Heart Disease 3,522	Homicide 2,895	Suicide 8,751	Diabetes Mellitus 14,166	Cerebrovascular 140,323
6	Heart Disease 125	Congenital Anomalies 386	Liver Disease 844	Liver Disease 2,861	Diabetes Mellitus 6,212	Liver Disease 13,278	Alzheimer's Disease 110,561
7	CLRD 93	CLRD 202	Diabetes Mellitus 798	Diabetes Mellitus 1,986	Cerebrovascular 5,307	Cerebrovascular 12,116	Diabetes Mellitus 79,535
8	Cerebrovascular 42	Diabetes Mellitus 196	Cerebrovascular 567	Cerebrovascular 1,788	CLRD 4,345	Suicide 7,739	Influenza & Pneumonia 57,062
9	Influenza & Pneumonia 39	Influenza & Pneumonia 184	HIV 529	HIV 1,055	Septoemia 2,542	Septoemia 5,774	Nephritis 49,959
10	Two Tied 33	Cerebrovascular 166	Congenital Anomalies 443	Septoemia 829	Nephritis 2,124	Nephritis 5,452	Suicide 44,193

Next Steps by Age



Students Identified with Emotional Disturbance for an Individualized Education Program



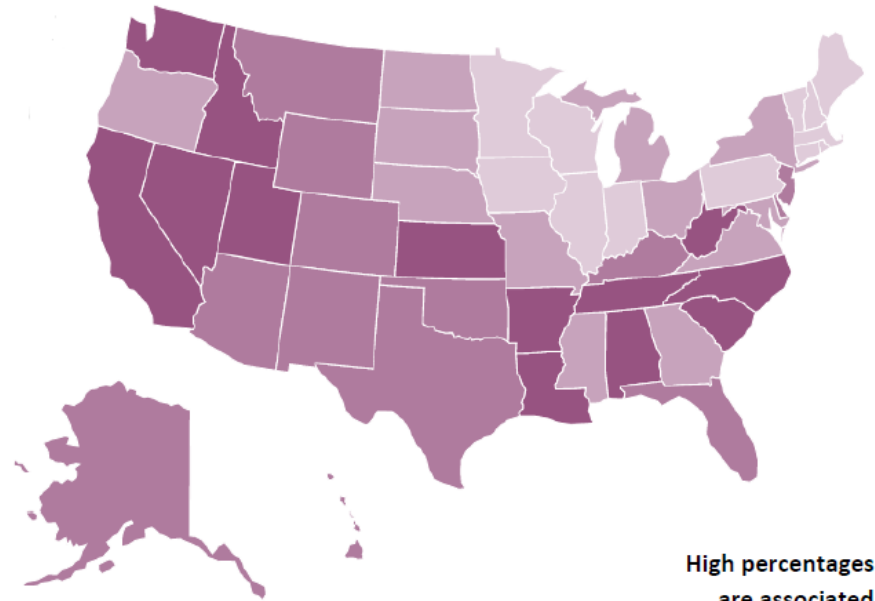
The state rate of students identified as having an emotional disturbance for an IEP ranges from:

(Vermont) 26.35
Highest Ranked

1.82 (Arkansas)
Lowest Ranked



Students Identified with Emotional Disturbance for an Individualized Education Program



The state rate of students identified as having an emotional disturbance for an IEP ranges from:

26.05% (Vermont)
Highest Ranked

1.91% (Arkansas)
Lowest Ranked



High percentages are associated with positive outcomes and low percentages are associated with poorer outcomes.

Future for Mental Health

Education

- School Based Mental Health Services
- Student and teacher curriculum
- H.R.1211 - Mental Health in Schools Act of 2015



Future for Mental Health

Advocacy





MIND
COALITION

Mental Illness & Neurodevelopmental Disorders

How to get involved

Volunteers • Vendors • Sponsors • Speakers

info@MINDCoalition.org

646-883-0119

MINDCoalition.org

Facebook.com/MINDCoalition