Mental Health and Behavioral Health

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Advancing Addiction Science
Behavioral Health and Mental Health

- Differences? Definitions?
- Implications for communication
- Stigma as an underlying issue
- Potential paths forward
Definitions….

• Behavioral Health = Mental Illness and Addictive Disorders
• Does this include other behavioral issues?
  Diet and exercise?
  Adherence to treatment regimens?
  Family issues?

More than just a label…
Behavioral Health Issues are Extremely Common

- 46% of Americans will meet criteria for a diagnosable mental or substance use disorder in their lifetime
- MH: annual prevalence of 18 percent
  - Approximately 4 percent met criteria for a Serious Mental Illness (SMI) in the past year
  - 50% of mental disorders begin before age 14 and 75% before age 24
- SUD: annual prevalence of 8.1 percent
- Comorbidity is common:
  - 8.2M adults have both SUD and mental illness

[Diagram showing the relationship between SUD, MH, and co-occurring disorders.]
The DSM-5 Definition of **Mental Disorder**

- A syndrome characterized by clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning.

- Mental disorders are usually associated with significant distress in social, occupational, or other important activities.
Substance Use Disorders (SUD)

• Substance use disorders occur when the recurrent use of alcohol and/or drugs causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home.

• According to the DSM-5, a diagnosis of substance use disorder is based on evidence of impaired control, social impairment, risky use, and pharmacological criteria.
ADDICTIONS as Brain Diseases based on 
**Gene-Environment-Development**

**Biology**
- Genes/Development
  - Specific drug(s)
  - Route of Administration
  - Frequency and amount

**Environment**
- Chaotic home
- Trauma/stress
- Abuse/neglect
- Community
- Peers
- Poverty
- Availability/cost

**Brain Mechanisms**

**DRUG/ALCOHOL**

**Addiction**
MH and BH Patients Have

*Unique Communication Needs*

- Distorted thinking is a part of behavioral health disorders:
  - Impaired decision-making is common
  - In severe cases: hallucinations and paranoia can be present

- BH patients experience significant social stigma
  - Many medical professionals have negative attitudes and beliefs about SUD patients
    - Medical professionals believe “violence, manipulation, and poor motivation” among patients are barriers to treatment (Leonieke et al *Drug and Alcohol Dependence* 2013)
  - BH patients might also display off-putting behaviors which they are unable to control, in some cases
How do these unique needs affect care?

• Distorted thinking limits what can be expressed and what can be heard or understood

• Stigma and related provider behavior affects treatment-seeking and adherence
  • Both provider attitudes and patient attitudes can affect whether effective, evidence-based treatment is recommended and used
  • Stigma and lack of awareness can inhibit the patient from seeking and accessing effective treatments, such as medication-assisted treatment for opioid use disorder
Effective Medications for Opioid Addiction

Full Agonist: **Methadone** (daily dosing)
Partial Agonist: **Buprenorphine** (3-4X week, or implant)
Antagonists: **Naltrexone** (monthly extended release)

- **Full Agonist (Methadone)**: Binds to the receptor and activates it; Full agonists have maximal effect.
- **Partial Agonist (Buprenorphine)**: Binds to receptor but has no effect. Prevents heroin from binding.
- **Antagonist (Naltrexone)**: Binds to receptor but has no effect. Prevents heroin from binding.

Science = Solutions
In 48 states and D.C., Opioid Use Disorder Rates Exceed Buprenorphine Treatment Capacity

In 2014, only 25% of opioid admissions had treatment plans that included receiving medications.

% Treatment Programs Offering FDA-approved SUD Medications


Knudsen et al., J Addict Med 2011

MAT: **Stigmatized and Underutilized**

- Lack of knowledge and awareness among providers and patients about options and effectiveness.
- Misconceptions about “swapping one addiction for another” or that the patient is “not truly abstinent” if on MAT.
How can we begin to think about approaches to address these needs?

• Awareness of attitudes
• Combating stigma and misconception
• Tailored communication
Awareness of **Attitudes**

• As providers, attitudes of peers and patients can influence care:
  • Provider attitudes about MAT effectiveness and morality impact whether it is offered and used (Salsitz et al *J Med Toxicol* 2016, Roberto et al *J. Subst Abuse Treatment* 2014)
  • Patient attitudes about MAT and risk of relapse affect treatment-seeking behavior (Uebelacker et al *J Subst Abuse Treatment* 2016, Bailey et al *J Subst Abuse Treatment* 2013)

• An analysis of news media coverage of OUD from 1998-2012 found that 64% of articles framed OUD as a law enforcement problem, and only 3% mention expanding treatment (McGinty et al. *Psychiatric Services* 2015)
Reducing Stigma

• Improve knowledge?
  • Knowledge of MAT effectiveness is low among providers (Aletraris et al Subst Abuse 2016)
  • Involvement in the NIDA Clinical Trials Network significantly improves provider attitudes towards buprenorphine acceptability (Knudsen et al Am J Addictions 2010)

• Destigmatize language
  • Referring to an individual as “a substance abuser” vs “having a substance use disorder” can bias clinician attitudes about whether SUD patients are culpable, threatening, or deserving of punishment (Kelly and Westerhoff Int. J. Drug Policy 2010, Kelly, Dow, and Westerhoff J. Drug Issues 2010)
  • See Kelly et al Am J Med 2015, Scholten et al Public Health 2017 for further recommendations
• Patients with behavioral health issues may:
  • Have distorted thinking or decision making
  • Have poor self-perception, and may not feel empowered to help themselves
  • Need help overcoming stigma and provider attitudes in order to receive treatment
  • Need additional support in entering treatment, adhering to treatment, and retention in treatment
Diagnostic Terminology: The Diagnostic and Statistical Manual for Mental Disorders (DSM)

What’s in a name?

- DSM-III (1980)
- DSM-III-R (1987)
- DSM-IV (1994)

Primary Substance Use Disorders called “...Abuse” and “...Dependence”
Examples of *Naming* in the Alcohol and Drug Field

“The definition of addiction gained some acceptance, but confusion in the use of the terms addiction and habituation and misuse of the former continued....The component in common appears to be dependence, whether psychic or physical or both.... The Expert Committee recommends substitution of the term 'drug dependence' for the terms 'drug addiction' and 'drug habituation'.“

*WHO Expert Committee 1964*
## Examples of *Naming* in the Alcohol and Drug Field

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<tr>
<th>Alcohol and Drug Terms</th>
<th>Descriptive Terms</th>
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<td>Abuse</td>
<td>Habituation</td>
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<tr>
<td>Addiction</td>
<td>Harmful Use</td>
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<tr>
<td>Alcoholism</td>
<td>Inebriety</td>
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<td>Chemical Dependence</td>
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<td>Dependence Syndrome</td>
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<td>Dipsomania</td>
<td>Psychoactive Substance</td>
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<td>Drug</td>
<td>Pseudoaddiction</td>
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Spectrum of Psychoactive Substance Use

Casual/Non-problematic Use
- recreational, casual or other use that has negligible health or social effects

Beneficial Use
- use that has positive health, spiritual or social impact:
  - e.g. medical pharmaceuticals; coffee/tea to increase alertness; moderate consumption of red wine; sacramental use of ayahuasca or peyote

Problematic Use
- use that begins to have negative consequences for individual, friends/family, or society
  - e.g. impaired driving; binge consumption; harmful routes of administration

Chronic Dependence
- Use that has become habitual and compulsive despite negative health and social effects
Vignette study of 516 clinicians showed lower perpetrator-punishment responses when faced with the substance use disorder label compared to the substance abuser label.

e.g. “His problem is caused by a reckless lifestyle” (.69)
“Mr. Williams is responsible for causing his problem” (.59)
“He should be given some kind of jail sentence to serve as a wake-up call” (.53)
“His problem is caused by poor choices that he made” (.51)

Kelly JF, Westerhoff CM. International J Drug Policy 2009
Substance Use Disorder (as in alcohol use disorder, amphetamine use disorder, etc.)

Minimal support for: Addiction (i.e. alcohol addiction, amphetamine addiction, etc.) and Substance Dependence (i.e. alcohol dependence, amphetamine dependence, etc.)
Reducing Stigma: SG Report’s Vision

Everyone has a role to play in changing the conversation around substance use, to improve the health, safety, and well-being of individuals and communities across our nation.