Mayors’ Resources on Behavioral Health Issues

What Is Behavioral Health and Why Does it Matter to Mayors?

Behavioral health refers to a state of mental/emotional being and/or choices and actions that affect wellness. Behavioral health problems include substance abuse or misuse, alcohol and drug addiction, serious psychological distress, suicide, and mental and substance use disorders. This includes a range of problems, from unhealthy stress to diagnosable and treatable diseases such as serious mental illnesses and substance use disorders, which are often chronic in nature but that people can and do recover from. The term is also used to describe the service systems encompassing the promotion of emotional health; the prevention of mental and substance use disorders, substance use, and related problems; treatments and services for mental and substance use disorders; and recovery support.

Substance abuse and mental illness exact a major toll on America’s communities. Substance use and mental disorders impact many aspects of our society—economy, health care, schools, criminal justice, business, families, and homelessness. Mayors can make a difference by supporting people in recovery and city efforts to prevent and treat mental and substance use disorders.

Mobilizing Your Community

Community Benefit: Mobilizing to prevent or reduce mental, emotional, and behavioral disorders in any community can save substantial sums of money in these dire fiscal times in several ways by:

- Reducing health care costs for both public sector and private sector businesses in your community;
- Reducing both violent, drug-related, and property crime among adults and adolescents in your city;
- Reducing emergency and urgent care utilization in your community;
- Reducing the need for and prevalence of prescriptions for Schedule II drugs in your community;
- Reducing theft, vandalism, and other related economic loses to local businesses;
- Preventing lifetime exposure to child maltreatment in your community;
- Preventing lifetime rates of tobacco, alcohol, and other drug addictions in your local adolescents and adults;
- Preventing the need for expensive special education costs incurred locally;
- Improving academic achievement, graduation rates, and college entry in your community;
- Improving perceived community desirability; and
- Improving property values.

Making Change Happen: All of this is possible by doing three things:

1. Convening diverse stakeholders in your community to specifically focus on the above goals;
2. Engaging diverse stakeholders to move your community forward with powerful, proven, and cost-efficient strategies documented to achieve the above goals; and
3. Adopting a true public health approach to demonstrate that every citizen in your community is positively affected by one or more low-cost, practical strategy that can realistically help/support their families, friends, neighbors, and workplaces.
**Action Steps:** Here are specific actions that can move the benefits forward:

- Convene a summit on reducing and preventing mental, emotional, and behavioral disorders in your community—ensuring representation from multiple sectors that can have an active role:
  1. Business community (remember to invite diverse business groups such as Hispanic Chamber; African-American Chamber; Lesbian, Gay, Bisexual, Transgender Chamber (and not just one group). Also invite key business movers and shakers who sit on nonprofit boards.
  2. Advocacy or support groups involving families and parents
  3. Advocacy or support groups with child and youth leadership
  4. Local print, radio, TV, cable, and Internet media
  5. Public, private, and church-affiliated schools—adult and youth leaders
  6. Local charitable funders and foundations
  7. School superintendents, board members, association/union representatives
  8. Municipal and county law enforcement, city/county prosecutors, city/county parole and probation
  9. Emergency medical services
  10. Faith-based groups
  11. Fraternal or other civic groups
  12. Local nonprofits, from big to little
  13. Local scientists or experts who have a passion for big-picture change
  14. Local data experts who can provide a portrait of local data trends
  15. Local hospitals, insurance providers, and medical or behavioral health leaders
  16. Behavioral health providers or prevention services
  17. Local Tribal representatives, if any
  18. People who know how or are writing grants in your community
  19. Other elected leaders
  20. Personalities/local celebrities (can be terrific community “draw” as moderators or group leaders)

- Invite some dynamic presenters who can paint a picture of possibility, and have local people present documented cases of success to engender local pride;
- Have process leader(s) engage those present to create a vision of what to increase and what to decrease in the community (See [www.promiseneighborhoods.org](http://www.promiseneighborhoods.org) for sample processes and measures);
- Staff and technical or professional experts can sketch out possibilities of enhancing/improving current efforts with low-cost, effective strategies (see list of resources);
- Discuss how to remove or reduce barriers for action; and
- Secure commitments, create a timeline, and create a scoreboard for early wins.

Mental and substance use disorders are among the costliest burdens to municipal governments (e.g., law enforcement, emergencies, social services, indigent care, school costs for special education, and insurance costs for municipal employees), and they are the leading cause of poor productivity in local businesses and increased medical costs, according to documentation assembled by the Substance Abuse and Mental Health Services Administration. With the publication of the 2009 Institute of Medicine report on the prevention of mental, emotional, and behavioral disorders, it is now very clear that most of these problems can be prevented or significantly reduced while increasing positive community benefits in a short period of time.

Please visit [www.SAMHSA.gov](http://www.SAMHSA.gov) for additional SAMHSA resources.
Suggested Resources

Crisis Intervention Teams Training

Community Benefits: The crisis intervention team model has been found to reduce injuries sustained by officers and by their use of lethal force during emotionally disturbed person calls. As a result of the model, law enforcement agencies have observed a swifter disposition of emotionally disturbed person calls, reduced dispatching of SWAT officers, reduced officer overtime, and increased time spent on patrol when a law enforcement-friendly crisis center is in operation. Officers trained in the model have been found to more accurately recognize the signs and symptoms of an individual in a behavioral health crisis. Individuals transported to a crisis center were found to be more likely to connect with community-based behavioral health services than individuals who were arrested.

Training Description: The crisis intervention team model is a strategy for improving the outcomes of law enforcement interactions with people experiencing a behavioral health crisis. The model was first developed by the Memphis Police Department in response to a shooting by an officer of a man with mental illness. Training for law enforcement officers is only one component of the model. Community collaboration, integration of people with lived experience and family members, and a law enforcement-friendly crisis stabilization center are also essential elements of the crisis intervention team model.

Target Audience: Crisis intervention team training is intended for sworn officers of law enforcement agencies and first responder/911 dispatchers. The model has been adapted for corrections officers working in jails and prisons.

Contact: Neal Brown, Branch Chief, email: neal.brown@samhsa.hhs.gov; phone: 240–276–1906

Mental Health First Aid Training

Community Benefits: Individuals who participate in this groundbreaking public education program help their community identify, understand, and respond to signs of mental illnesses and substance use disorders. Community individuals have greater confidence in providing help to others, greater likelihood of advising people to seek professional help, improved concordance with health professionals about treatments, and decreased stigmatizing attitudes.

Training Description: Mental Health First Aid (MHFA) is an interactive 12-hour course that presents an overview of mental illness and substance use disorders in the United States. The course introduces participants to the risk factors and warning signs of mental health problems, builds understanding of their impact, and gives an overview of common treatments. This training can help city staff members, or the general public, to be aware of mental illness and ways to address it. Issues covered in the training include depression (including crisis first aid for suicidal behavior and depressive symptoms), anxiety disorders (including crisis first aid for panic attacks, traumatic events, and acute stress reaction), psychotic disorders (including crisis first aid for acute psychosis, aggressive behavior, and psychotic symptoms), and substance use disorder (including crisis first aid for overdose and for withdrawal).

Target Audience: MHFA is for the staff members, employees, or general public to help identify, understand, and respond to signs of mental illnesses and substance use disorders.

Program Implementation: Those who take the 12-hour course to certify as Mental Health First Aiders learn a five-step action plan encompassing the skills, resources, and knowledge to help an individual in crisis connect with appropriate professional, peer, social, and self-help care.

Contact: The MHFA training is operated and disseminated by the National Council for Community Behavioral Healthcare. They can be reached at 1701 K Street, NW., Suite 400, Washington, DC 20006; phone: 202–684–7457; email: Communications@thenationalcouncil.org or visit www.TheNationalCouncil.org.
Emotional CPR Training

Community Benefits: Laypeople certified in Emotional CPR (eCPR) can help others recover from severe emotional distress, trauma, and/or disasters, thus preventing unnecessary use of costly hospital emergency rooms and mental health services. This public health education program is easily adaptable to any crisis situation and can be used with culturally diverse populations. When people feel that they have a meaningful and valued place in the community, they are less likely to “act out” and hurt themselves or others. Thus, eCPR helps build stronger and more resilient communities.

Training Description: eCPR is an educational program designed to teach people to assist others through an emotional crisis with three simple steps: C=Connecting, P=emPowering, and R=Revitalizing. The Connecting process of eCPR involves deepening listening skills, practicing presence, and creating a sense of safety for the person experiencing a crisis. The emPowering process helps people to better understand how to feel empowered themselves as well as to assist others in feeling more hopeful and engaged in life. In the Revitalizing process, people re-engage in relationships with their loved ones or their support system, and they resume or begin routines that support health and wellness, which reinforces the person’s sense of mastery and accomplishment, further energizing the healing process. It was developed with input from leaders from across the United States who have learned how to recover and grow from emotional crises.

Target Audience: The general public.

Program Implementation: The eCPR training is based on the principles found to be shared by a number of support approaches: trauma-informed care, counseling after disasters, peer support to avoid continuing emotional despair, emotional intelligence, suicide prevention, and cultural attunement.

Contact: For more information, to schedule an introductory workshop/training in eCPR, or to be an eCPR Ambassador and help spread the word about this exciting program, email info@ncmhr.org or call 877–246–9058. Please visit the NCMHR Web site, http://www.ncmhr.org/ for eCPR updates and education materials.

National Recovery Month

Community Benefits: Publically supporting people in recovery helps assure them that the city cares, that people can recover, and that they are supported by their community and city. It also brings others out of the shadows, showing that others are in a similar situation. Recovery events help reduce discrimination in communities as a whole.

Program Description: The National Recovery Month (Recovery Month) observance is an annual event held in September to recognize the gains made by those who have attained recovery from substance use and mental health disorders. The observance also recognizes the contributions of addiction and mental health treatment providers to the lives of those who have achieved recovery. Each year, millions of people gather in walks, rallies, town hall meetings, picnics, and other celebratory events in recognition of the contributions being made by those who have achieved recovery and in recognition of the role that treatment programs, mutual support, and other recovery efforts are playing in the lives of those in recovery. The observance targets individuals in recovery, their families, treatment providers and health care workers, civic and elected leaders, the private sector, and the general public and calls on everyone to “Join the Voices for Recovery.”

Target Audience: The 2011 Recovery Month target audiences are policymakers, individuals affected by substance use and mental health problems, families, people in recovery, health care providers, the workforce (those who have a problem and are employed), and the general public.
Program Implementation: The *Recovery Month* observance is accessible to everyone. The information kit, available through [www.samhsa.gov](http://www.samhsa.gov) or [www.recoverymonth.gov](http://www.recoverymonth.gov), has examples of ways that everyone can celebrate *Recovery Month*. Cities, municipalities, townships and counties, and States can find sample proclamations adaptable to every governing entity. In addition, there are sample media materials and op-ed pieces that facilitate public involvement in this effort. Each government sector stands to gain from engagement in this observance, as millions of Americans are living in recovery from substance use or mental disorders nationwide.

**Contact:** SAMHSA *Recovery Month* leader Ivette Torres, Ivette.Torres@samhsa.hhs.gov, phone: 240–276–2757.

---

**10 by 10 Wellness Campaign**

**Community Benefits:** The community benefits from the 10x10 Wellness Campaign because it results in healthier citizens who help to improve quality of life, lower health costs, and improve the social fabric of the community. The campaign fosters unity and encourages communities to work together to achieve comprehensive wellness for everyone on every level because a connected, healthier community is a happier, more productive community.

**Campaign Description:** SAMHSA established the 10x10 Wellness Campaign to increase life expectancy by 10 years over the next 10 years by promoting wellness as part of the recovery path for substance use, mental health problems, and trauma.

**Disparity:** People with substance use disorders and mental health conditions die decades earlier (on average at the age of 52) than the general population, mostly due to preventable medical conditions such as diabetes, cardiovascular and lung disease, and other chronic illnesses. A core strategy of SAMHSA’s 10x10 Wellness Campaign is National Wellness Week, which occurs during *National Recovery Month* from September 19 to September 25. Through this effort, community and faith-based organizations can mobilize in support of people in recovery by hosting National Wellness Week activities and distributing messages that promote how eight dimensions of wellness can help achieve overall health—mental and physical. The eight dimensions of wellness are emotional, financial, social, spiritual, occupational, physical, intellectual, and environmental. Other key strategies for this effort include partner engagement, educational materials, Webinars, and media outreach.

**Target Audience:** Primary audiences include people with mental health and substance use problems, as well as their families, behavioral health providers, and primary care providers.

**Campaign Implementation:** Mayors can play an active role in this campaign by signing the Pledge for Wellness on behalf of their communities and by participating in National Wellness Week in a variety of ways. A mayor can partner with clinicians, recovery centers, and faith- and community-based organizations to encourage local participation in National Wellness Week, sharing messages of how the dimensions of wellness are part of recovery from trauma and/or mental health and substance use problems. A mayor may decide to issue a proclamation for National Wellness Week, participate in local events, or speak to the media about the importance of decreasing the disparities for people with mental health and substance use problems in the community.

**Contact:** Paolo Delvecchio, Director of Consumer Affairs, SAMHSA’s Center for Mental Health Services; e-mail: paolo.delvecchio@samhsa.hhs.gov; phone: 240–276–1946. Also visit the Web site at [http://10x10.samhsa.gov](http://10x10.samhsa.gov) or email 10x10@samhsa.gov for further information.
**The Good Behavior Game**

**Community Benefits:** The game has long-term evidence that it can significantly prevent attention deficit hyperactivity disorder; oppositional disorder; conduct disorder; violent crime; all serious alcohol, tobacco, and other drug addictions; adult psychiatric problems; and, for many children, the need for special education. Individuals who play the game have shown increases in reading scores, high-school graduation rates, and college entry rates; the game costs about $5 per year while the child is in K–12. Break-even costs can happen in 12 months, and the longer term impact could save schools, health insurances, municipalities, States, and the Federal Government thousands of dollars per child in terms of reduced deviant behavior, unemployment, crime, and mental illness. A SAMHSA cost-effectiveness study finds the rate of return on the game to be $66 for every dollar spent on the game.

**Program Description:** The Good Behavior Game is a simple universal strategy that teaches children to have control over their attention and not be distracted by negative behavior from others, and it works by reinforcing appropriate social and classroom behavior by teams of children. The strategy works by addressing early aggressive and inattentive behavior that, left unchecked, can evolve into a well-documented downward developmental trajectory and lead to multiple, costly problems in later life. Instead, the children learn a new developmental path.

**Target Audience:** Elementary-age children.

**Program Implementation:** In elementary schools, classrooms are divided into teams, and each team can win rewards if the entire team is “on task.” Rewards can be simple, like hearing jokes for a minute, dancing by their desks, sitting backwards in their chairs, and playing a brief game. For an evidence-based practice to be effective, training and ongoing coaching must be a high priority. In the case of the Good Behavior Game, teachers need to be coached for implementing the game well to produce the previously proven results. If done well, coaching can boost staff morale and offer many immediate benefits.

**Contact:** Dennis D. Embry, Ph.D., President and Senior Scientist, PAXIS Institute, P.O. Box 31205, Tucson, AZ, 85751; phone: 520–299–6770; email: dde@paxis.org; or Jeanne Poduska, Sc.D.; Director, Center for Integrating Education and Prevention Research in Schools, American Institutes for Research; email: jpoduska@air.org; phone: 410–347–8553. Or, contact the SAMHSA Project Officer, Gail Ritchie, at gail.ritchie@samhsa.hhs.gov or 240–276–1867.

---

**Triple P Positive Parenting Program**

**Community Benefits:** The Triple P system, when implemented as a public health approach for parenting, blankets an entire population with an array of interventions that can decrease the incidence and prevalence of child maltreatment and child behavior problems. Triple P has been associated with behavioral improvements in the classroom and other settings outside of the home. Because Triple P embraces the public health notion of minimum sufficiency, the most intensive services are time limited. Coupled with its broad population reach, Triple P has been recognized as a model evidence-based practice: One that is cost-effective, highly researched, and accessible to diverse cultural populations and language groups.

**Program Description:** The Triple P Positive Parenting Program is a multilevel system or suite of parenting education and support strategies. Triple P is designed to prevent social, emotional, behavioral, and developmental problems in children by enhancing their parents’ knowledge, skills, and confidence. The program, which also can be used for early intervention and treatment, is founded on social learning theory and draws on cognitive, developmental, and public health theories.

**Target Audience:** Families with children from ages 0–12, with extensions to families with teenagers ages 13–16.
Program Implementation: Because not all families need the same thing, Triple P is NOT a “one size fits all” program. The program offers parents five intervention levels of increasing intensity to meet each family’s specific needs. Each level includes and builds upon strategies used at previous levels. Depending upon resources, Triple P may be implemented in stages. The core Level 3 and 4 interventions are typically implemented first. These levels can stand alone, and agencies will see beneficial outcomes for their clients.

Contact: Triple P America, phone: 803–451–2278, email: contact.us@triplep.net

Mental Health Connection

Community Benefits: Mental Health Connection provides a seamless system of mental health care that can be accessed with only one phone call that results in connections to the needed services done in a compassionate and timely manner.

Program Description: Mental Health Connection is a leading-edge mental health services organization that works to revolutionize the mental health service delivery system. Its members develop plans for long-term changes in the system while also addressing key immediate issues. Mental Health Connection is supported through membership dues, sponsorships, grants, and private donations.

Target Audience: Public and private agencies committed to providing mental health support and individuals who need mental health care services.

Program Implementation: Mental Health Connection creates and implements a system of care in which all providers are “connected” so that services are not duplicated. People who need mental health services will be able to access them easily from a variety of providers in a seamless manner that is hassle-free. People in need will not have to repeat the same story to numerous agencies or fill out duplicate applications and forms. Mental Health Connection works to address issues that will enhance the current system while developing and implementing its long-term goals.

Contact: Patsy Thomas, President, Mental Health Connection of Tarrant County, 3131 Sanguinet St., Fort Worth, TX 76107-5336; phone: 817–927–5200; email patsywthomas@gmail.com.

Evidence-Based Kernels

Program Description: The 2009 Institute of Medicine Report on prevention of mental, emotional, and behavioral disorders (p. 210–211) suggests that “the dissemination of a set of simple behavior-influence procedures, or ‘kernels,’ would be helpful for parents, teachers, health care providers, and youth workers in fostering positive development among children, adolescent (and adults).” These kernels have significant scientific research but are not what one would describe as programs. Some of the kernels have clear scientific evidence of preventing or reducing serious mental, emotional, or behavior disorders such as methamphetamine or cocaine addiction, psychosis, depression, bipolar disorder, attention deficit hyperactivity disorder, oppositional defiance, prescription medication use and misuse, or school-based problems. These kernels are often very inexpensive and can be infused in existing community-based programs and services, thereby improving outcomes at little or no marginal cost. The research of these kernels has been supported by the National Institutes of Health, other Federal agencies, and private funding. Some kernels can be used as recipes to reduce population-level indicators such as youth tobacco or alcohol access and prevalence rates at both the State and/or community levels.
**Target Audience:** General public, families, parents, businesses, schools, teachers, health care and social service providers, law enforcement, and media.

**Program Implementation:** Publications on evidence-based kernels can be found by visiting the National Library of Medicine Web site (www.pubmed.gov) and searching “evidence-based kernels” for the latest articles. Two recent articles are especially relevant: “Behavioral vaccines and evidence-based kernels: non-pharmaceutical approaches for the prevention of mental, emotional, and behavioral disorders,” 2011; and “Evidence-based kernels: fundamental units of behavioral influence,” 2008.

**Contact:** Dennis D. Embry, Ph.D., President and Senior Scientist, PAXIS Institute, P.O. Box 31205, Tucson, AZ, 85751; phone: 520–299–6770; email: dde@paxis.org; or Anthony Biglan, Ph.D., Senior Scientist and Principal Investigator, Promise Neighborhood Research Consortium, Oregon Research Institute, 1715 Franklin Blvd., Eugene OR 97403-1983; phone: 541–484–2123; email: tony@ori.org.