Mental Health, Substance Misuse, And Suicide: Shared Risk and Protective Factors

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Sponsored by the Florida Alcohol and Drug Abuse Association and the State of Florida, Department of Children and Families.
Opening Remarks

This presentation will address sensitive material. If you or a close loved-one has been affected by any of the subjects we will cover, please seek support.
Webinar Overview

- Evidence-based links between substance use disorder, mental illness, and suicide
- Contributing factors that influence these conditions
- Risk and protective factors
- Resources to educate and reduce risks
The Basics: Defining Mental Health, Substance Use Disorder and Suicide
Mental Illness

• A mental illness (or mental health condition) is a condition that affects a person's thinking, feeling or mood.

• Such conditions may affect someone's ability to relate to others and function each day.

• Each person will have different experiences, even people with the same diagnosis.

*National Alliance on Mental Illness*
Substance Use Disorder

• A primary, chronic, neurobiological disease with genetic, psychosocial, and environmental factors influencing its development and manifestations

Recovery Research Institute
Suicide

The act of intentionally causing one's own death

Mayo Clinic
Interrelated Risk Factors

How are these conditions linked?
Mental Illness
Most Frequent Connections to Substance Use Disorder & Suicide
More than 1 in 4 Adults Living with Serious Mental Illness also have a Substance Use Disorder

National Alliance on Mental Illness
### Mental Illnesses Most Linked with Substance Use Disorder and Suicide

- **Depression**
- **Anxiety Disorders**
- **Schizophrenia**
- **Personality Disorders**
- **Post Traumatic Stress Syndrome**
Depression
The Overlap
Depression is a serious medical illness that involves the brain. It's more than just a feeling of being "blue" for a few days.

The feelings do not go away.

Suicide Awareness Voices of Education
Reported Symptoms

- Sadness
- Loss of interest or pleasure
- Change in weight
- Difficulty sleeping or oversleeping
- Energy loss
- Feelings of worthlessness
- Use of substances
- Thoughts of death or suicide
Statistics

• More than 20 million people in the United States have depression

• 90% of the people who die by suicide have an existing mental illness or substance abuse problem at the time of their death

National Alliance on Mental Illness
Impact on the Brain

• The nerves in the brain don’t touch each other, but rather pass messages from one to the next through chemicals called neurotransmitters.

• The right amount of neurotransmitters between the nerves to pass the exact same message to the next nerve.

• If there isn’t enough of that chemical, the message doesn’t get passed along correctly and, in this case, depression or a depressive illness can result.

• The chemicals most frequently out of balance are serotonin and norepinephrine.
Emotions and even physical pain can become unbearable. They don’t want to die, but it’s the only way they feel their pain will end.

• A person living with depression oftentimes experiences completely different thoughts before and after a depressive episode.

• This can be a result of a chemical imbalance and can lead to the person to not understanding the options available to help relieve their suffering.

• Many people who suffer from depression report feeling as though they’ve lost the ability to imagine a happy future, or remember a happy past.
• People with anxiety disorders respond to certain objects or situations with fear and dread
• They have physical reactions to those objects, such as a rapid heartbeat and sweating
Reported Symptoms

- Unusual or heightened response to a situation
- Inability to control the response
- Has an altered way of life due to the anxiety
- Can include phobias and panic disorders
An estimated 40 million American adults suffer from persistent and life-draining anxiety disorders.

People with an anxiety disorder have a double or even triple likelihood of also having substance use disorder.

In the past 30 years alone, the portion of 15 and 16-year-olds that feel anxious or depressed has doubled.

Anxiety.org. (2013). The Link Between Anxiety, Depression, And Suicide.
Impact on the Brain

Chronic anxiety disorders impact the amygdala and prefrontal cortex structure.
Anxiety is more closely linked to thoughts of suicide and symptoms of depression than depression.

Results showed that anxiety symptoms contributed to a 45% greater risk of depression and a 23% greater risk of suicidal ideation, while depression symptoms only showed a moderate increase (35% and 16% respectively).

Australian Research University Study

Australian National University
The role of anxiety is often overlooked.

Anxiety disorders often occur before depression among individuals who have both types of disorder.

The emphasis should be on identifying anxiety to stop suicidal ideation before depression even occurs.

Anxiety.org. (2013). The Link Between Anxiety, Depression, And Suicide.
Schizophrenia
The Overlap
Schizophrenia

- Schizophrenia is a severe and can be a lifelong brain disorder.
- People who have it may hear voices, see things that aren't there or believe that others are reading or controlling their minds.
- National Alliance on Mental Illness
Reported Symptoms

- Unusual thoughts or perceptions
- Disorders of movement
- Difficulty speaking and expressing emotion
- Problems with attention, memory, and organization
As many as 50 percent of those diagnosed with schizophrenia also have a co-occurring substance use disorder. People with schizophrenia are more likely to commit suicide if they are young, male, white, and never married. The condition is also more likely if someone did well in their everyday life before they were diagnosed with schizophrenia, developed depression after the diagnosis, a history of substance use disorder and a history of past suicide attempts.

Impact on the Brain

• Studies show that certain brain chemicals that control thinking, behavior, and emotions are either too active or not active enough in people with schizophrenia.

• Research indicates the brain loses tissue over time.

• In schizophrenia, dopamine is tied to hallucinations and delusions. That’s because brain areas that "run" on dopamine may become overactive.

Substance use may mimic symptoms of schizophrenia

Use of unprescribed substances during treatment is likely to reduce the effectiveness of treatment

Those with substance use disorders often miss part of their treatment plan

For a person with schizophrenia, this may mean forgetting medications or discontinuing their use altogether
Personality Disorders
The Overlap
Personality Disorders

A deeply ingrained pattern of behavior of a specified kind that deviates markedly from the norms of generally accepted behavior, typically apparent by the time of adolescence, and causing long-term difficulties in personal relationships or in functioning in society

Mayo Clinic
People with personality disorders experience patterns of behavior, feelings, and thinking that can:

• Interfere with a person’s life
• Create problems at work and school
• Cause issues in personal and social relationships
Personality disorders affect 9.1% of the United States adult population.

People with personality disorders engage in impulsive and risky behaviors including substance use.

The risk of suicide increases for those who have a dual diagnosis of a personality disorder and a substance use disorder.

Impact on the Brain

- The Amygdala is noticeably larger and those with personality disorders experience emotions more intensely.

- The cooling down period takes much longer.

- The Hippocampus is in a state of continuous hyperarousal and can misinterpret threats.

- High levels of Cortisol production makes stress levels in life overwhelming.

- Prefrontal Cortex is often inactive which means a higher level of impulsivity.
Post Traumatic Stress Syndrome
The Overlap
Post Traumatic Stress Disorder (PTSD)

• PTSD is brought on by the experience of a traumatic or life-threatening event.

• When a person is in danger, the brain triggers the “fight-or-flight” response.

• Brain chemicals are altered, and heart rate, blood pressure, respiration, and body temperature are elevated. Focus and attention levels are heightened and adrenaline flows.

• When the stress response continues after the danger has passed, and it is no longer necessary to protect a person from harm, the person may have PTSD.
Reported Symptoms

• Avoidance: staying away from people, places, or things that are reminders of the event
• Re-experiencing: flashbacks, frightening thoughts, or nightmares
• Arousal and reactivity: difficulties sleeping, being “on edge,” angry outbursts, or being easily startled
• Cognition and mood symptoms: distorted feelings of guilt, negative image of self, memory issues, or loss of interest in activities previously enjoyed

National Institute of Mental Health
Statistics

• About 50-66 percent of those who suffer from PTSD also battle simultaneous substance use disorder
• PTSD is a disorder that will affect about 7-8 out of 100 people in their lifetime
• 1 in 5 veterans of the Iraq and Afghanistan wars are diagnosed with PTSD.
• 20 percent of suicides in the United States are Veterans

Impact on the Brain

Overstimulated amygdala: After trauma the amygdala can get caught up in a highly alert and activated loop during which it looks for and perceives threat everywhere.

Underactive hippocampus: An increase in the stress hormone glucocorticoid kills cells in the hippocampus, which renders it less effective in making connections necessary for memory consolidation. This interruption keeps both the body and mind stimulated in reactive mode as neither element receives the message that the threat has transformed into the past tense.
Substance Use Disorder

The Overlap
Substance Use Disorder

A primary, chronic, neurobiological disease with genetic, psychosocial, and environmental factors influencing its development and manifestations.

*Recovery Research Institute*
Symptoms

- Impaired control over substance use
- Compulsive use
- Continued use despite harm
- Cravings
Statistics

19.7 million American Adults (aged 12 and older) battled a substance use disorder in 2017.

74% of adults suffering from a substance use disorder in 2017 struggled with an alcohol use disorder.

38% of adults in 2017 battled an illicit drug use disorder.

In 2017 1 out of every 8 adults struggled with both alcohol and drug use disorders simultaneously.

National Survey on Drug Use and Health
“The instinct to survive is human nature itself, and every aspect of our personalities derives from it. Anything that conflicts with the survival instinct acts sooner or later to eliminate the individual and thereby fails to show up in future generations”

Robert A. Heinlein
Impact on the Brain

• The basal ganglia plays an important role in positive forms of motivation, and are also involved in the formation of habits and routines.

• The Amygdala becomes overactive.

• The Prefrontal Cortex is less active.
What Common Threads have you Recognized between Mental Health Conditions & Substance Use Disorder?
Suicide
The Overlap
Suicide is the 2nd leading cause of death among people aged 10-34 in the U.S.

Suicide is the 10th leading cause of death in the U.S.

The overall suicide rate in the U.S. has increased by 31% since 2001

46% of people who die by suicide had a diagnosed mental health condition

National Alliance on Mental Illness
3.7% of U.S. adults experienced a co-occurring substance use disorder and mental illness in 2018 (9.2 million people)

90% of people who die by suicide had shown symptoms of a mental health condition, according to interviews with family, friends and medical professionals (also known as psychological autopsy)

Lesbian, gay, bisexual, and transgendered youth are 4 times more likely to attempt suicide

National Alliance on Mental Illness
75% of people who die by suicide are male

Transgender adults are nearly 12 times more likely to attempt suicide than the general population

Annual prevalence of serious thoughts of suicide, by U.S. demographic group:

- 4.3% of all adults
- 11.0% of young adults aged 18-25
- 17.2% of high school students
- 47.1% of lesbian, gay, and bisexual high school students
2016 Florida Suicide Statistics

- Suicide is the 10th leading cause of death overall in Florida
- 2nd leading cause of death for ages 25-34
- 3rd leading cause of death for ages 10-24
- 4th leading cause of death for ages 35-44
- 5th leading cause of death for ages 45-54
- 8th leading cause of death for ages 55-64
- 16th leading cause of death for ages 65 & older

The Common Links
Common Links

- Distorted thought patterns
- Isolation
- Keeping problems a secret
- Brain structure changes
- Emotional pain
- Chemical imbalances
- Life pressures
- Pressure to provide for family
- Trauma
Additive Influences

External Contributors
What external contributors do you believe may add additional risk?
Examples of External Contributors

- Stigma & Lack of Understanding
- Discrimination
- Belief Systems
- Media
- Language
- Focus on the “disease model”
- Lack of resources
Stigma and lack of understanding are the main reasons depression remains a topic we avoid.

People suffering from mental health conditions, trauma, substance use disorder, previous thoughts or attempts of suicide, fear others will think they’re crazy or weak, or somehow a lesser person.
Unhelpful Belief Systems

• People with mental illness are dangerous
• People with mental illness cannot heal
• People with substance use disorder choose to use drugs and alcohol
• Suicide only affects certain populations
• Others?
Media and Mental Illness

A lot of pressure does come with social media because you find that people use it as a competition tool to see whose life is doing better than the other and that slowly contributes to factors like debt, low self-esteem, suicidal thoughts, cyber bullying among others.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2292278/
The media can play a critical role in shaping the perceptions about the risks of substance use by often glamorizing it in the news, magazines, film and television.

Media research shows that in the 200 most popular movie rentals in 2007, alcohol appeared in 93 percent, tobacco in 89 percent and illicit drugs in 22 percent.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2292278/
• Biddle & Colleagues (2012) conducted a systematic Web search of 12 suicide-associated terms (e.g., suicide, suicide methods, how to kill yourself, and best suicide methods) to simulate the results of a typical search conducted by a person seeking information on suicide methods.

• They analyzed the first 10 sites listed for each search, for a total of 240 different sites.

• Approximately half were pro-suicide web sites and sites that provided factual information about suicide.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2292278/
Risk & Protective Factors

What to Keep in Mind
Mental Health
Risk and Protective Factors
## Risk Factors

- Living in an area that has few or no community resources
- Parents who are homeless
- Mental illness in the family
- Addiction in the family
- Little to no support from family members
- Dismissive or abusive responses from family members about individuals experience
- History of trauma

- Experiencing a learning disorder
- History of aggression in the family or in the community
- Involvement with substances
- Inability to control behavior
- Deficits in social or cognitive abilities
- Social rejection by peers
- Poor academic performance
- Little to no attachment to parents or caregivers
Protective Factors

• Having caring and supportive people around
• Ability to discuss problems with a trusted person
• Frequent shared activities with others
• Guidance on how to solve problems or cope
• Close relationships with positive friends and peers

• Membership in positive peer groups
• Commitment to school or employment—investment in doing well for the future
• Positive feelings toward ability to be social
• The presence of religion or spirituality in life
• Developed skills for planning for the future
Substance Use Disorder
Risk and Protective Factors
Risk Factors

- Genetic predisposition
- Certain brain characteristics that can make someone more vulnerable to addictive substances than the average person
- Psychological factors (e.g., stress, personality traits like high impulsivity or sensation seeking, depression, anxiety, eating disorders, personality and other psychiatric disorders)
- Environmental influences (e.g., exposure to physical, sexual, or emotional abuse or trauma, substance use or addiction in the family or among peers, access to an addictive substance; exposure to popular culture references that encourage substance use)
- Starting alcohol, nicotine or other drug use at an early age
Protective Factors

- Strong and positive family bonds
- Parental monitoring of children's activities and peers
- Clear rules of conduct that are consistently enforced within the family
- Involvement of parents in the lives of their children
- Success in school performance strong bonds with institutions, such as school and religious organizations
- Adoption of conventional norms about drug use
- Positive social circle
Suicide
Risk and Protective Factors
Risk Factors

- Family history of suicide
- Family history of child maltreatment
- Previous suicide attempt(s)
- History of mental disorders
- History of alcohol and substance abuse
- Feelings of hopelessness
- Impulsive or aggressive tendencies
- Cultural and religious beliefs
- Local epidemics of suicide
- Isolation, a feeling of being cut off from other people
- Barriers to accessing mental health treatment
- Loss (relational, social, work, or financial)
- Physical illness
- Easy access to lethal methods
- Unwillingness to seek help because of the stigma attached to mental health and substance abuse disorders or to suicidal thoughts

Centers for Disease Control and Prevention (CDC)
https://www.cdc.gov/
Protective Factors

- Effective clinical care for mental, physical, and substance abuse disorders
- Easy access to a variety of clinical interventions and support for help seeking
- Family and community support (connectedness)
- Support from ongoing medical and mental health care relationships
- Skills in problem solving, conflict resolution, and nonviolent ways of handling disputes
- Cultural and religious beliefs that discourage suicide and support instincts for self-preservation
How can we Help?

Learn about: Learn about local resources in your region, professional and peer-based

Be: Be careful of language around mental health conditions and substance use disorder

Talk: Talk openly with people about these subjects to reduce stigma and offer hope

Check in: Check in with any personal bias you may have regarding these subjects

Continue: Continue to seek education

Work in: Partner with community systems to create opportunities for people to seek help and support
Examples of Existing Collaboratives & Programs
The Recovery Collaborative mission is to ensure that individuals and families have the clinical, legal and community resources they need to successfully recover from substance use disorders and mental health issues at every stage of the recovery process including identifying at-risk youth, first use, initial diagnosis and serious chronic illness.

http://recoverycollaborative.com
The Medicaid Innovation Accelerator Program (IAP) is a collaboration between the Center for Medicaid and CHIP Services (CMCS) and the Center for Medicare and Medicaid Innovation (CMMI) designed to build state capacity and support ongoing innovation in Medicaid. The Medicaid IAP provides targeted support to states’ ongoing delivery system reform efforts across four priority program areas: (1) reducing substance use disorders; (2) improving care for Medicaid beneficiaries with complex care needs and high costs; (3) promoting community integration through long-term services and supports, and (4) supporting physical/mental health integration.

Ohio Statewide Crisis Text Line

• Established by Ohio Association of County Behavioral Health Authorities

• Crisis Text Line provides free support at your fingertips, 24/7. It is a free, confidential service available via text on mobile devices. It is intended to broaden the options available through current community crisis hotlines. Crisis Text Line’s goal is to move people from a hot moment to a cool calm.

https://www.oacbha.org/crisis_text_line.php
The mission of Partnership for Drug-Free Kids is to reduce teen substance abuse and help families impacted by addiction, and a top organizational priority is to deliver resources and tools to parents to educate them on teen substance abuse issues and motivate them to take action to address these issues.

The lead program of the Partnership's local effort is PACT360 – Police and Communities Together. The goal of this program is to provide key community stakeholders—local law enforcement, prevention, treatment, health care, education officials, and other professionals—with the resources and training needed to implement a variety of prevention education programs that will help parents and teens learn about adolescent drug and alcohol abuse and equip them to be more effective in dealing with these issues.

The SPRC Substance Abuse and Suicide Prevention Collaboration Continuum is a Web-based resource designed to help suicide prevention programs in state, tribal, campus, and community settings build and strengthen connections with their substance abuse prevention and treatment counterparts. This information and tool may also be useful for developing partnerships with other types of organizations.

The SPRC Substance Abuse and Suicide Prevention Collaboration Continuum [https://www.sprc.org/collaboration-continuum](https://www.sprc.org/collaboration-continuum)
Resource Guide

- Faces and Voices of Recovery facesandvoicesofrecovery.org
- Mayo Clinic http://mayoclinic.org
- National Institute of Health https://www.nih.gov/
- National Alliance on Mental Illness NAMI Mental Health Conditions
- Recovery Research Institute www.recoveryanswers.org
- SAMHSA Suicide Prevention https://www.samhsa.gov/find-help/suicide-prevention
- SAMHSA Brief Substance Use and Suicide https://www.samhsa.gov/find-help/suicide-prevention
- Suicide Awareness Voices of Education save.org
- Suicide Prevention Resource Center https://www.sprc.org/
- World Health Organization www.who.int
- ZERO Suicide Substance Use Disorder https://zerosuicide.sprc.org/champions/populations-settings/substance-use-disorder-treatment
References

- Centers for Disease Control and Prevention (CDC) https://www.cdc.gov/


References

- Ohio Association of County Behavioral Health Authorities; Ohio Statewide Crisis Text Line. Retrieved from https://www.oacbha.org/crisis_text_line.php
- Recovery Collaborative http://recoverycollaborative.com


• The SPRC Substance Abuse and Suicide Prevention Collaboration Continuum https://www.sprc.org/collaboration-continuum

Thank you!

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