



# Behavioral Health, HIV, & Reentry

Minority AIDS Initiative Summit  
January 23, 2020

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# Learning Objectives

- Define behavioral healthcare and its components.
- Discuss the most common behavioral healthcare conditions of individuals living with HIV.
- Explore the social and cultural determinants that influence behavioral healthcare treatment.
- Review the Role of Trauma Informed Care and best practices.

# Behavioral Health

The promotion of mental health, resilience and wellbeing; the treatment of mental and substance use disorders; and the support of those who experience and/or in recovery from these conditions, along with their families and communities.

*SAMHSA, n.d.*

# Mental Health

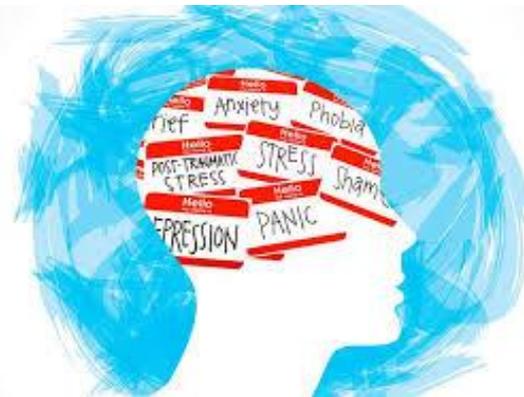
*People living with HIV experience:*

- *2 to 5 times higher rates of depression.*
- *4 times higher rates of depression for women living with HIV.*
- *Higher rates of anxiety.*

SAMHSA, 2016

*5 % of people living in the community have a serious mental illness, comparable figures in state prisons and jails are 16 % and 17 %.*

SAMHSA, 2017



# Mental Health

## Definition

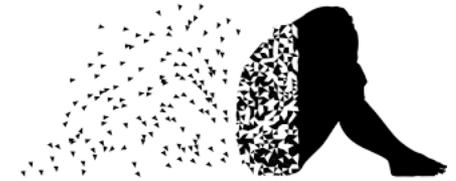
- Emotional
- Psychological
- Social well-being

## Contributing Factors

- Biological factors
- Life experiences
- Family history



# Mental Health Disorders



## *Major Depressive Disorder*

### Symptoms:

- Persistent sad, anxious, or “empty” feelings
- Irritability
- Loss of interest or pleasure in hobbies and activities
- Decreased energy or fatigue
- Thoughts of suicide

## *Generalized Anxiety Disorder*

### Symptoms:

- Feeling restless, wound-up, or on edge
- Muscle tension
- Difficulty controlling feelings of worry
- Having sleep problems
- Difficulty concentrating

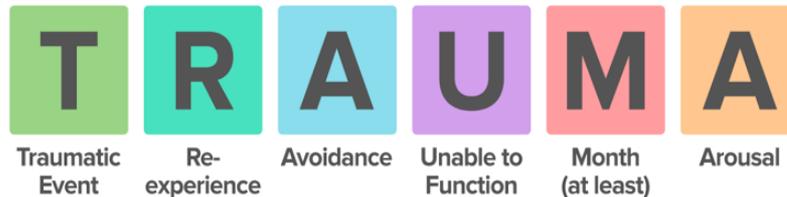
# Mental Health Disorders



## *Post Traumatic Stress Disorder*

Symptoms:

- Re-experiencing
- Avoidance
- Arousal and reactivity
- Cognition and mood



## *Borderline Personality Disorder*

Symptoms:

- Avoid real or imagined abandonment
- Intense and unstable relationships
- Distorted and unstable self-image or sense of self

Impulsive dangerous behaviors

# Mental Health Treatment

## *Psychotherapy*

- Conduct mental health assessments
- Treat emotional and mental suffering with behavioral interventions
- Interventions include:
  - CBT
  - EMDR
  - DBT



## *Psychiatry*

- Trained medical doctors
- Psychiatric medication evaluation
- Psychiatric medication management



Dependence  
Substance  
Tobacco  
Nicotine  
Symptoms  
Smoking  
ABUSE  
DRUGS  
REHAB  
EXCESS  
FOOD  
HEROIN  
DRINKING  
OVERDOSE  
SEX  
PAIN  
Addiction  
Dependence  
SMOKING  
DRUG ABUSE  
TOLERANCE  
Methadone  
Crystal Meth  
Benzodiazepines  
WITHDRAWAL  
Behavioral  
CIGARETTES  
Cocaine  
CRACK  
TOBACCO  
ALCOHOLIC  
COMPULSION  
Amphetamines  
DEPENDENCE  
OXYCODONE  
METH  
CONTROL  
Alcohol  
ANXIETY



Substance Abuse Can Appear Casual 

# Addiction Usually Does Not

## Abuse

The Substance Abuse and Mental Health Services Administration defines moderate drinking as:

- Up to one drink each day for women
- Up to two drinks per day for men

Anything beyond that level of drinking is considered alcohol abuse, and puts people at risk of developing an alcohol use disorder (i.e. alcohol addiction)

Substance abuse is also considered using prescription drugs in any other way than how they were prescribed, eg. taking pain medication to get high

## Addiction

In contrast, addiction often shows serious physical, social and psychological symptoms

Nearly all known definitions include the same component: continuing to use drugs or alcohol despite the problems that it presents, such as social pressures, relationship problems, and physical symptoms

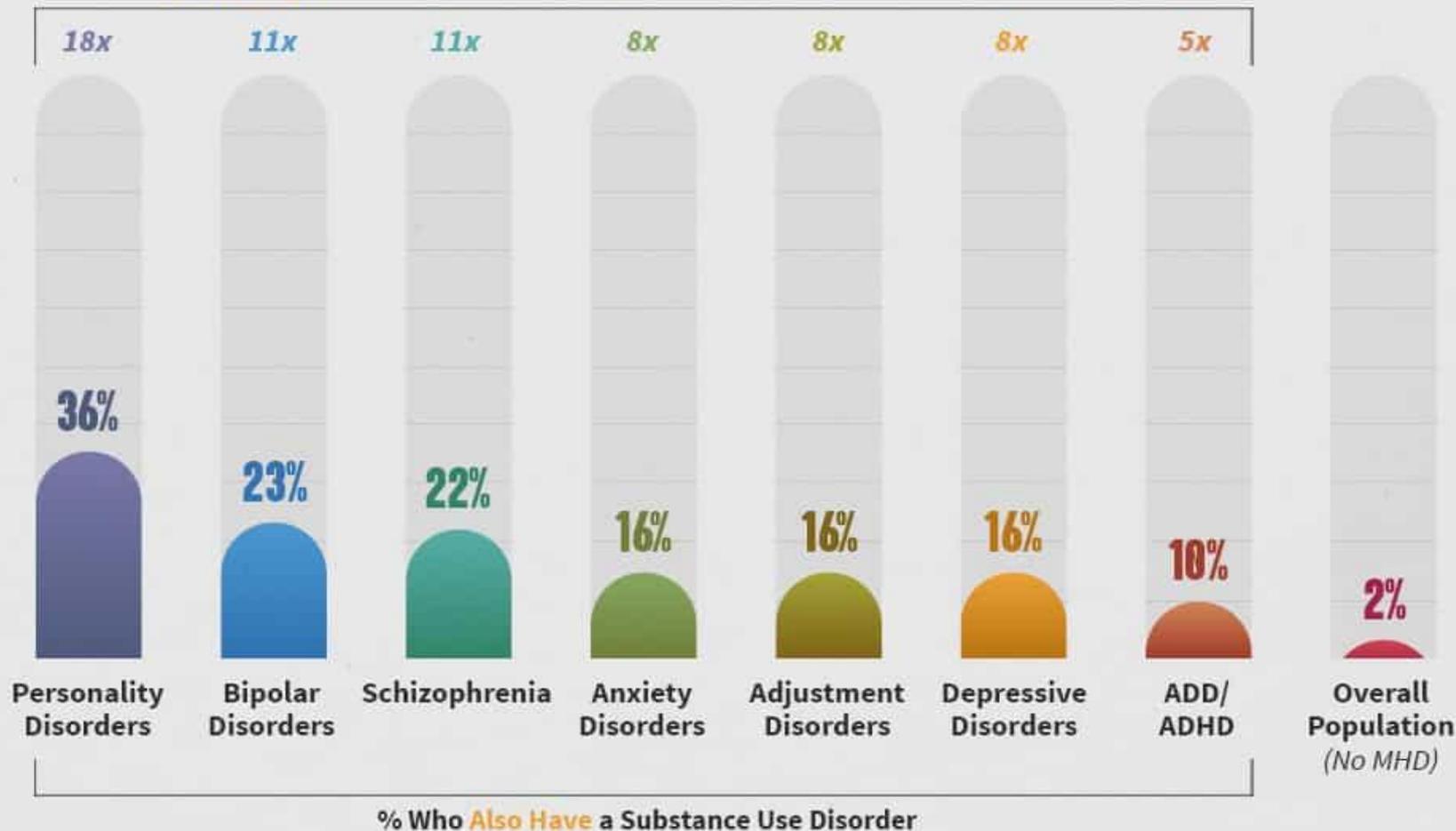
“Addiction is defined as a chronic, relapsing brain disease that is characterized by compulsive drug seeking and use, despite harmful consequences”

~ National Institute on Drug Abuse

# HOW SUBSTANCE USE COMPARES FOR THOSE

*with a Mental Health Disorder*

How Much **More Likely** is a Person With a **MHD** to Have a **SUD** Compared to People Without a **MHD**?



MHD: Mental Health Disorder

SUD: Substance Use Disorder

Source: SAMHSA



# SUBSTANCE USE

## TREATMENT

In 2017, an estimated **20.7 million** people aged 12 or older needed substance use treatment.



Just 4 million people aged 12 or older received any substance use treatment in the past year.<sup>5</sup>

In 2016, the number of admissions to substance use treatment for methamphetamine use aged 12 or older totaled 178,547.



This number has steadily increased since 2011, when there were just 115,244 admissions for methamphetamine use.<sup>8</sup>

## AMONG ADULTS



**11.4 million** people misused **opioids** in 2017, including

**11.1 million** people who misused **prescription pain relievers**

**886,000** people who used **heroin**.<sup>6</sup>



died of a **drug overdose** in 2017.<sup>9</sup>

From July 2016 through September 2017, a total of



**142,557** **emergency department visits** in **45 states** were suspected opioid-involved overdoses.<sup>7</sup>

The most commonly used illicit drug in the past month was **marijuana**, which was used by



**26 million** people aged 12 or older.<sup>10</sup>

<sup>7</sup> Vivolo-Kantor AM, Seth P, Gladden RM, et al. "Vital Signs: Trends in Emergency Department Visits for Suspected Opioid Overdoses — United States, July 2016–September 2017." *MMWR Morb Mortal Wkly Rep* 2018;67:279–285. 2018. Accessed February 28, 2019. Retrieved from: <https://www.cdc.gov/mmwr/volumes/67/wr/mm6709a1.htm>

<sup>8</sup> Center for Behavioral Health Statistics and Quality. "Treatment Episode Data Set (TEDS): 2016. Admissions to and Discharges from Publicly Funded Substance Use Treatment." Rockville, MD: Substance Abuse and Mental Health Services Administration, 2018. Accessed February 28, 2019. Retrieved from: [https://www.samhsa.gov/data/sites/default/files/2016\\_Treatment\\_Episode\\_Data\\_Set\\_Annual.pdf](https://www.samhsa.gov/data/sites/default/files/2016_Treatment_Episode_Data_Set_Annual.pdf)

<sup>9</sup> Ahmad FB, Rossen LM, Spencer MR, Warner M, Sutton P. Centers for Disease Control and Prevention National Center for Health Statistics. *Provisional drug overdose death counts*. Accessed February 28, 2019. Retrieved from: <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

[recoverymonth.gov](http://recoverymonth.gov)



**NATIONAL RECOVERY MONTH 2019**  
30th Anniversary

# Substance Misuse Treatment

## Treatment Modalities

- Detoxification
- Residential
- Intensive Outpatient
- Medically Assisted Treatment (MAT)

## Length of Treatment

- Ambulatory and Residential 3-5 days or longer
- 28-60 days
- 8-12 weeks
- Length of treatment determined through medical assessment

# Substance Use Disorders: Trends in Care

## Past Clinical Conception

- Moralism Model (willpower-based)
- Addiction affects only the behavior.
- Emphasis on punishment (criminal justice issue).
- Emphasis on individual prevention and treatment.

## Present Clinical Conception

- Medical Model (science-based)
- Addiction affects both brain and behavior.
- Emphasis on prevention and treatment (public health issue).
- Emphasis on wholistic prevention and treatment for individual, family and community.

# Substance Use Treatment: Trends in Care

## Current Strengths

- Increased scientific research on the nature of addiction.
- Increase in national SUD treatment resources.
- Advent of medically assisted treatment (alcohol and opioid use disorders) .
- Promotion of substance use treatment as prevention with intersecting health conditions (HIV/HVC)

## Current Challenges

- No “Treatment on Demand” community structure.
- Current SUD treatment providers overwhelmed with demand for treatment services.
- No specialized treatment modalities for stimulant use disorders.

# Recovery

*“Recovery is a process of change through which people improve their health and wellness, live self-directed lives, and strive to reach their full potential.”*

<https://www.samhsa.gov/find-help/recovery>

# Intersectionality of Behavioral Health

## Intersectionality

How aspects of one's social and political identities might combine to create unique modes of discrimination.



# Social Stigma

*Social stigma is the disapproval of or discrimination against, a person based on perceivable social characteristics that serve to distinguish them from other members of a society.*

# Social Stigma



**MENTAL ILLNESS DOES NOT DISCRIMINATE,  
BUT SOMETIMES PEOPLE DO.**

**BREAKING  
THE STIGMA:  
MYTHS OF ADDICTION**

# Social Stigma



**OUR FIGHT ISN'T OVER.**

PEOPLE LIVING WITH HIV STILL FACE STIGMA IN SCHOOL, WORK, PUBLIC, AND EVEN IN HEALTHCARE.  
HIV STIGMA: **#LETSENDIT**

WORLD AIDS DAY  
POWERED BY ART



**STIGMA**  
IN AND OUT

# Best Practices

- Community Resources
- Mental Health First Aid
- Motivational Interviewing
- Cultural Humility
- Unconscious Bias
- Trauma Informed Care



# Mental Health First Aid

## Mental Health First Aid ALGEE Action Plan

- **A**ssess for risk of suicide or harm
- **L**isten nonjudgmentally
- **G**ive reassurance and information
- **E**ncourage appropriate professional help
- **E**ncourage self-help and other support strategies

# Motivational Interviewing

- Express empathy through reflective listening.
- Develop discrepancy between clients' goals or values and their current behavior.
- Avoid argument and direct confrontation.
- Adjust to client resistance rather than opposing it directly.
- Support self-efficacy and optimism



# Cultural Humility

- *The “ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of **cultural** identity that are most important to the [person].”*

## Cultural Humility (HUMBLE) Model

- H:** Humble about the assumptions you make
- U:** Understand your own background and culture
- M:** Motivate yourself to learn more about the other person's background
- B:** Begin to incorporate this knowledge into your work
- L:** Life-long learning
- E:** Emphasize respect and negotiate service plans

Adapted from: [Using Cultural Humility to Navigate Challenging](#)

# Unconscious Bias

*(or implicit **bias**) is **prejudice** or unsupported judgments in favor of or against one thing, person, or group as compared to another, in a way that is usually considered unfair. ... As a result of **unconscious biases**, certain people benefit and other people are penalized.*

# Trauma Informed Care

## ***Definition***

*Strengths-based service delivery approach “that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment”*

## ***Approach***

- 1. Realizing the prevalence of trauma.*
- 2. Recognizing how trauma affects all individuals involved with the program, organization, or system, including own workforce.*
- 3. Responding by putting knowledge into practice.*

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