



Substance Abuse and Mental Health Services Administration

SAMHSA NEWS

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SAMHSA's Award-Winning National Newsletter
March/April 2011, Volume 19, Number 2

Behavioral Health is Essential to Health • Prevention Works • Treatment is Effective • People Recover

Preventing Suicide on College Campuses

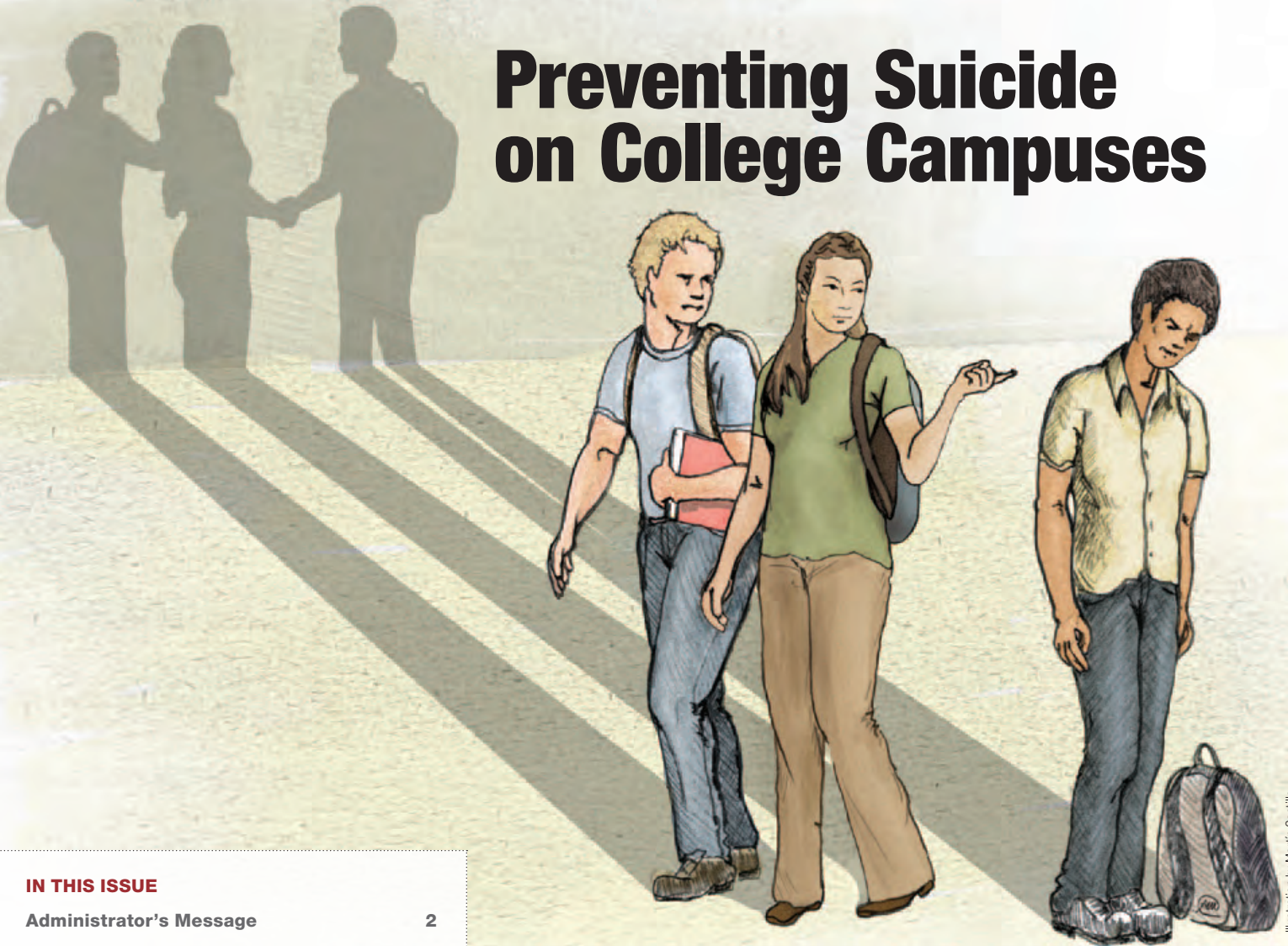


Illustration by Martin Castillo

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College can be a stressful time, and the numbers bear that out. The American College Health Association's 2006 National College Health Assessment found that 94 percent of the college and university students surveyed reported that they felt overwhelmed by everything they had to do. Forty-four percent confessed that they had felt so depressed it was difficult to function. And 18 percent had a depressive disorder.

According to SAMHSA's National Survey on Drug Use and Health, in 2008, young adults age 18 to 25 were more likely than adults age 26 to 49 to have had serious thoughts of suicide (6.7 percent vs. 3.9 percent).

continued on page 4



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View

From the Administrator

Suicide Prevention: Top Priority for SAMHSA and the Nation

By Pamela S. Hyde, J.D.

Preventing suicide is everyone's business. As members of a family, a school, business, neighbors in a community, faith communities, friends, and the Government, we all need to work together to solve this problem. We simply can no longer allow those we live, work, and play with to believe that suicide is the only solution even in the worst of times.

Suicide prevention is a priority at SAMHSA and a priority for the Nation as this major public health threat weighs on families and communities in every state.

Because of the complexity of issues surrounding suicide and the sensitivity required in efforts to prevent these tragedies, SAMHSA has expanded and deepened its focus on suicide prevention. Suicide prevention is now prominently featured in several of SAMHSA's Strategic Initiatives. Those include Military Families, Trauma (especially childhood trauma) and Justice, and

Prevention of Substance Abuse and Mental Illness.

On a national level, Government leadership supports the National Action Alliance for Suicide Prevention. To accelerate efforts to prevent suicide, HHS Secretary Kathleen Sebelius and Department of Defense Secretary Robert M. Gates launched the Action Alliance as a public/private partnership in the fall of 2010. The private sector co-chair is former U.S. Senator Gordon H. Smith, currently President and CEO of the National Association of Broadcasters in Washington, DC. Representing the public sector as a co-chair is Secretary of the Army John McHugh.

OTHER SERVICES

SAMHSA supports the National Suicide Prevention Lifeline and the Suicide Prevention Resource Center, and offers a wide variety of publications

and videos for substance abuse service and treatment providers, mental health counselors, and others in the field.

The Lifeline is a free, 24-hour hotline available to anyone in suicidal crisis or emotional distress. Calls are routed to the crisis center closest to the caller. The phone number is 1-800-273-TALK (1-800-273-8255).

In partnership with the Department of Veterans Affairs (VA), for veterans, active military, and their families, the Lifeline offers a special confidential service. By pressing "1" at the prompt after dialing the Lifeline toll-free number, individuals are connected to trained counselors at the VA.

Research worldwide has repeatedly shown that the way media cover suicide has an impact. That is why SAMHSA is encouraging the next step to help save lives by supporting the release of the Recommendations for Reporting on Suicide. This set of recommendations, created and reviewed by national experts from the mental health and public health fields, suicidologists and epidemiologists, and journalists and editors, will be the one-source document for all those working in the media industry to use as a guide on how to report on suicide.

On a personal level, by pledging to learn about the signs and symptoms of mental illnesses and substance abuse, the warning signs of suicide, and the way to get someone you care about the professional help they need, each of us can make a difference in people's emotional well-being and suicide prevention.

When it comes to suicide prevention—like so many other issues we work with in the behavioral health field—we need a national dialogue to effect change. ▾

Substance Abuse and Mental Health Services Administration

SAMHSA Strategic Initiatives

- Prevention of Substance Abuse and Mental Illness
- Trauma and Justice
- Military Families
- Recovery Support
- Health Reform
- Health Information Technology
- Data, Outcomes, and Quality
- Public Awareness and Support

Using Art To Raise Awareness Around Behavioral Health

SAMHSA recently unveiled a painting by award-winning artist Sam English. He was specifically chosen to create this painting because of his familiarity with the prevention and recovery populations.

Mr. English's art embodies SAMHSA's four messages:

- Behavioral health is essential to health.
- Prevention works.
- Treatment is effective.
- People recover.

The painting was commissioned to help raise awareness about the roles of families and the community in prevention of mental illnesses and substance use disorders.

Born on June 2, 1942, in Phoenix, AZ, Mr. English's parents are Blanche Marie Delorme English, Turtle Mountain Band of Chippewa Indians of Belcourt, ND, and Samuel Elliot English, a member of the Redlake Band of Chippewa Indians, Redlake, MN.

On Sam English's website, he describes his life as an artist and his decision to stop drinking. He says, "I took my first drink at age 14, to be part of a crowd. . . . That first drink lasted for 25 years until I was 39." These days, Mr. English says, his art is a healing process. He's been in recovery since 1981.

Artist Sam English (right) unveils his painting as SAMHSA Administrator Pamela S. Hyde (left) looks on in appreciation.



To read the complete SAMHSA blog on this topic, visit <http://blog.samhsa.gov>.

VOICES FOR RECOVERY

Like Sam English, many individuals choose to speak out about their recovery. To honor Alcohol Awareness Month, here are a few quotes from individuals who recently added their own voice to "Voices for Recovery" on the Recovery Month website:

—"Life is great and I try to do everything I can to express to the people in our communities that recovery works."

—"Today I'm employed, medically insured, I pay taxes, I volunteer, I have a registered automobile with auto insurance, a valid driver's license, and I am able to give back to my community. I have a relationship with my family today and a community of friends that I cherish."

—"I am here to encourage people to realize that no matter how far down we've been, the possibility of overcoming our challenges is not impossible; though not easy, it can be done."

—"I am now 13 months sober, but things are different now. The reason is because I had always tried to stop on my own. I never got help, from God or from others. I never completely surrendered to God. I never dealt with my past, and I never loved myself."

—"I have been clean and sober for 21 years. I am working with youth with serious emotional disorders and behavioral issues and families and giving back for the quality of life that I do not ever take for granted anymore."

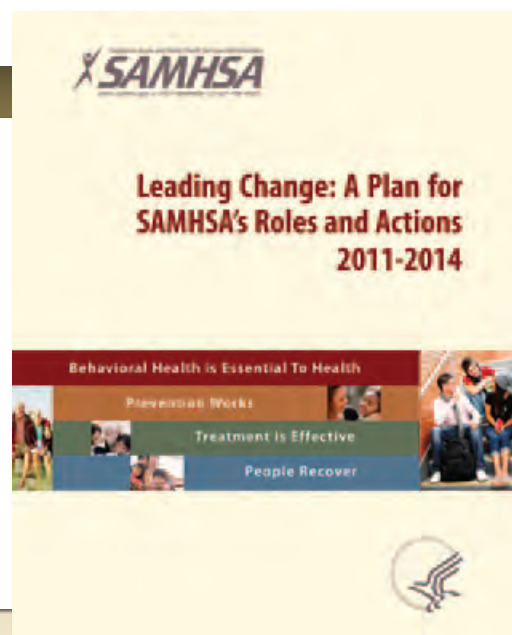
For more information, visit Recovery Month's Voices for Recovery page at <http://www.recoverymonth.gov>.

Leading Change: A Plan for SAMHSA's Roles and Actions 2011-2014

This document presents a brief overview of SAMHSA's plan for leading change, including SAMHSA's focus on people and recovery, SAMHSA's roles, and background on the eight Strategic Initiatives (see graphic on page 2). Individual chapters present key facts and the overall purpose of each Initiative, followed by a discussion

of the Initiative in the context of disparities, health reform, and the behavioral health workforce. The report includes an overview of the components of each Initiative, including specific goals and action steps, as well as measures for determining progress. (113 pages, SMA11-4629)

To download this publication, visit <http://store.samhsa.gov/product/SMA11-4629>.





Preventing Suicide on College Campuses <<p.1

These statistics underscore why Prevention of Substance Abuse and Mental Illness—including suicide prevention—is the first of eight Strategic Initiatives that will guide SAMHSA’s work through 2014 (see page 2).

“Suicide is a preventable tragedy for college students, their families, and our communities,” said SAMHSA

Administrator Pamela S. Hyde, J.D., noting the importance of education about depression, substance abuse, and other suicide risk factors, as well as resources such as SAMHSA’s National Suicide Prevention Lifeline. “By working on suicide prevention on campuses and elsewhere, we can save thousands of lives.”

For college students, they need all the support they can get. The bad economy is adding to students’ stress about debt and job prospects once they graduate. A 2010 Higher Education Research Institute study of more than 200,000 freshmen entering 4-year colleges found that their emotional health had declined to the lowest level since the annual survey began 25 years ago.

The Campus Suicide Prevention Grants program is one way SAMHSA is working to achieve that goal. The program

supports colleges and universities in their efforts to prevent suicide among students and to enhance services for students with depression, substance abuse, and other behavioral health problems that put them at risk of suicide. (See pages 4, 5, and 6 for three campus grantees.)

The National Action Alliance for Suicide Prevention is taking action on a broader scale (see page 8). With this public/private partnership, Ms. Hyde and other leaders from Government, business, the advocacy community, and other groups work together to advance the National Strategy for Suicide Prevention.

For more information about SAMHSA’s suicide prevention activities, visit <http://www.samhsa.gov/prevention/suicide.aspx>. SAMHSA News online (Archives) also offers an extensive list of related articles. ↙

—By Rebecca A. Clay

EAST TENNESSEE STATE UNIVERSITY

Reaching Students Online

How do you reach 15,000 students at a commuter school in a rural area?

According to Jameson K. Hirsch, Ph.D., an assistant professor of psychology at Eastern Tennessee State University (ETSU) in Johnson City, you go where the students are—online.

The SAMHSA-funded campus suicide prevention project that Dr. Hirsch directs supplements traditional approaches like a course module and training for health service trainees and resident assistants in dorms with an ever-growing Internet presence. The ETSU PEAKS (Prevention through Education, Awareness, and Knowledge of Suicide) initiative features a main website, a Facebook page, a Twitter account, and much more. “I really see it as the future when it comes to trying to get social messaging across,” said Dr. Hirsch. “We’re just trying to be on people’s radar on a daily basis.”

Each of the project’s online activities reinforces the others. In addition to the project’s main website at <http://www.etsu.edu/etsupeaks>, there’s an increasingly popular Facebook page. The page, which has

already attracted 200 “friends” and 500 “likers” from among ETSU’s students, staff, and local community, features news about the project’s activities, links to articles on health and mental health from such sources as the American Psychological Association and *Psychology Today*. There’s even an embedded video promoting the National Suicide Prevention Lifeline. Soon the site will feature podcasts and video vignettes about the counseling center.

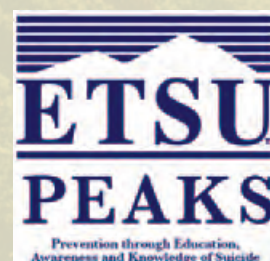
“Not everyone will see a flyer or a sign, but everyone’s on Facebook,” said Dr. Hirsch. “We’re trying to make our Facebook site one-stop shopping.”

The project has begun using Facebook advertising to target its messages to particular users. During exam time, for instance, an ad targeting students might ask if they’re feeling stressed out, ask if they want to talk to someone, and link them to the counseling center. An ad targeting their friends and relatives might ask if they know a student who’s in trouble and direct them to the ETSU PEAKS main Facebook page.

That strategy is really paying off, said Dr. Hirsch. At a cost of about \$500, the ads

have been shown 2 million times and have generated 600 click-throughs. “That’s less than a dollar a click—less than I pay for a pen or water bottle to give away at an event,” said Dr. Hirsch. “In terms of bang for your buck, it’s a pretty innovative way to reach out to people in the community.”

There’s also a Twitter feed, at <http://www.twitter.com/etsupeaks>, which features a couple of posts a day aimed at students, friends, and relatives who have signed up for the updates. There’s a page on the social bookmarking site Delicious, <http://www.delicious.com/etsupeaks>, where the project lists links to favorite web resources. There’s even a site on the photo-sharing site Flickr, at <http://www.flickr.com/photos/etsupeaks>, where the project showcases pictures from such activities and events as residence hall outreach and Mental Health Awareness Day.



I Pinangon

UNIVERSITY OF GUAM



Transforming a Legend

One of Guam's major tourist attractions is Two Lovers Point, site of a Chamorro version of *Romeo and Juliet*.

According to the legend, a young woman from a wealthy family fell in love with a poor warrior. The young woman's father, the suitor chosen for her, and Spanish soldiers trapped the lovers at the edge of a cliff high above Tumon Bay. Gazing into each other's eyes, the two lovers braided their long black hair together, shared a final kiss, and then plunged to their deaths in the roaring water below.

Now a SAMHSA-funded suicide prevention program at the Isa Psychological Services Center at the University of Guam in Mangilao is trying to undo such glorifications of suicide. I Pinangon—which means “awakening” in Chamorro—works to raise awareness about suicide on campus and in the surrounding community.

“Guam has a very high suicide rate, especially among the youth,” said I Pinangon Associate Director Eunice Joy Perez, explaining that the rate is significantly higher than that on the U.S. mainland. And the causes of suicide are different, too. According to anthropological research, she explained, most suicides in Micronesia are impulsive acts prompted not by depression but by conflict within the family or other relationships.

I Pinangon's screenings reveal that 15 to 20 percent of students on the campus, especially the minority who live in dorms rather than commuting back to their family homes daily, think about suicide. About 70 to 80 percent report knowing someone who has died by suicide.

But because of the intense stigma surrounding suicide and mental health treatment, many students don't know about the prevalence of suicide or what to do if someone needs help. “Seeking mental health services is seen as a weakness, and people believe that whatever problems families have should be kept within the family,” said Ms. Perez.

I Pinangon's goal is to change all that. Its activities include depression and alcohol use screenings, training for faculty and staff, a mandatory module on suicide prevention for all freshmen, screenings of movies with suicide themes along with discussion on prevention, and an annual forum that brings together experts as well as high-ranking community leaders who describe their personal experiences with suicide. “It's not just about preventing suicide on campus,” emphasized Ms. Perez. “We hope that when students go home or graduate they have the skills they need to identify people at risk and help them.”

A highlight of I Pinangon's recent work is a play that gives the two lovers legend a new, modern twist.

To come up with the play, I Pinangon sponsored a play-writing contest. “Contests not only create unique products that are relevant to our population, but also stimulate interest,” said Program Assistant Camarin Meno, noting that the program has sponsored essay and tee-shirt design contests in the past. I Pinangon selected a theater department professor's proposal as the winner and has been working with him and focus groups of students to fine-tune his draft.

In the play, which will premier this spring, the two characters are not lovers but rather a gay man suffering the effects of homophobia and a young woman who has been sexually assaulted by her mother's boyfriend. “We hear these kinds of stories all the time,” said Ms. Perez. “The play depicts the different struggles of our students.” In this version of the legend, the two don't leap to their deaths. Instead, they listen to each other's stories and become friends who will support each other through rough times.

“The play turns a local legend about suicide on its head and makes it about suicide prevention,” says Ms. Meno. “It's a perfect way to invite culture in, but with a prevention message.”

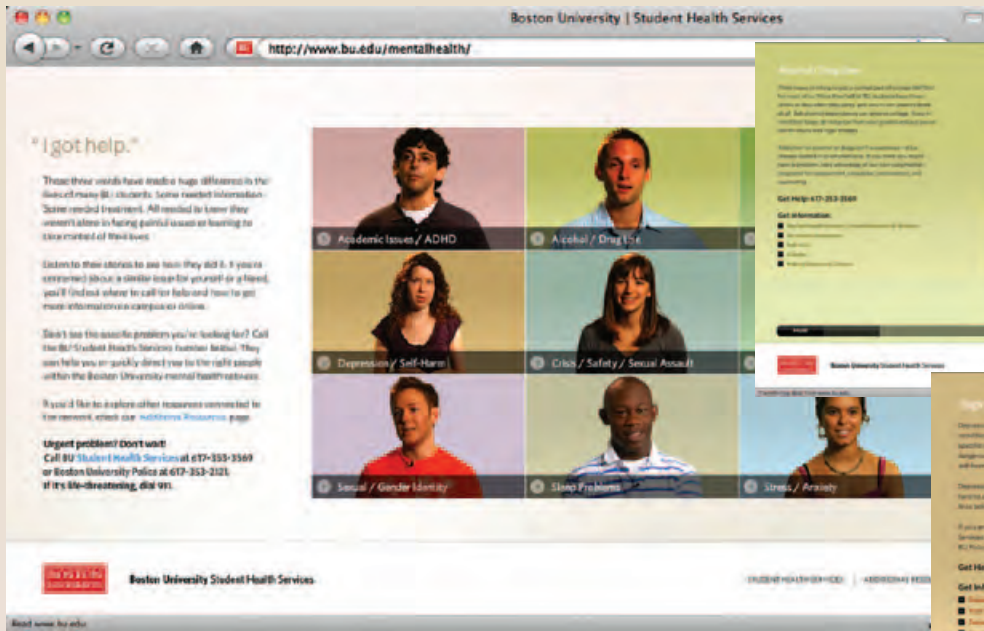
—By Rebecca A. Clay

These techniques are a great way to get basic information out there, said Dr. Hirsch, noting that his baseline survey revealed that many students didn't know where the student counseling center was or weren't even aware such a resource was available. “We're trying to get them information in a way that's a little flashier than just a sign somewhere or a line in the student handbook,” he said.

Plus, Dr. Hirsch added, the online approach allows students to access the information they need in private. That's especially important in rural areas, he said, where a culture of “rugged individualism” contributes to stigma about seeking help with mental health issues.

“Nobody wants to be seen going to the counseling center,” said Dr. Hirsch. “This way, they don't have to tell anybody.”





Boston University: Revealing Secrets Can Help Students

What if you knew the secrets that troubled your friends, colleagues, and strangers on the street?

In 2010, the Boston University (BU) Center for Psychiatric Rehabilitation gathered 1,000 anonymous messages from students in an effort to help students experiencing emotional pain understand that they are not alone.

SECRETS INCLUDE . . .

"I don't think anyone from here at school will miss me over the summer, because I haven't really gotten that close to anyone here. I feel unspeakably pathetic about this."

"I'm afraid to have kids because they might get my depression. But I think I would make a really great mother."

"Sometimes things have gotten so bad that I've seriously wanted to die. My mom is the only reason why I wouldn't. I love you."

Modeled after Frank Warren's national *PostSecret* campaign, *BU Secret* is a critical part of BU's mental health promotion and suicide prevention activities made possible by the SAMHSA Campus Suicide Prevention grant that BU received in 2009.

THE NEED FOR COMMUNITY

BU is a large university with 16,000 undergraduates and 13,000 graduate students living on and off campus, which stretches a linear mile-and-a-half down both sides of busy Commonwealth Avenue.

"The actual physical layout of campus is not conducive to creating a sense of community immediately for students," said Dori Hutchinson, Sc.D., the center's Director of Services.

Lawrence E. Kohn, M.S., the center's Director of Development, agreed. "There's an underbelly of community, but for some students, the campus can be very isolating and alienating."

In addition, as on many college campuses, BU students have expressed feeling shame over talking about emotional or mental health problems, so Dr. Hutchinson and Mr. Kohn are focusing their efforts on raising awareness about campus mental health resources and encouraging students to talk about what they're feeling.

"Creating a sense of community is a large aim of our SAMHSA grant," said Dr. Hutchinson.

SHARING SECRETS

BU Secret is the most visible activity BU is conducting to combat feelings of shame and raise awareness of mental health resources on campus, she said.

In 2010, the center mailed blank postcards to 8,000 undergraduates and asked them to write out an innermost secret, decorate the card, and return it.

The 1,000 cards received were divided among four highly trafficked residence halls and displayed for 2 weeks. "Students could read the cards and not feel so alone," said Mr. Kohn. "They realize that so many others are walking around with pain."

"Around the postcards, we listed in a ticker-tape style all of the mental health resources on campus," Dr. Hutchinson said. The project has support on all levels of the university, from faculty to the Dean of Students to the Board of Trustees.

The project was done as part of the campus' Active Minds activities, and as a result, BU was named the Chapter of the Year in 2009–2010. *PostSecret* creator Frank Warren is now working with the Active Minds national office to expand the program nationwide in an initiative called



STUDENT SUPPORT NETWORK

Dr. Hutchinson and her team are working on multiple fronts to help BU students in distress. Knowing that most students in distress turn to friends rather than adults, the team used SAMHSA grant funds to start a training program called the Student Support Network.

In a program originally conceived by SAMHSA grantee Worcester Polytechnic Institute, students are trained to recognize signs of distress in other students.

“Students learn to discern the difference between someone who’s having some troubles and someone who’s in imminent danger of hurting themselves and refer them to immediate help,” said Mr. Kohn.

TRAINING

In spring 2010, BU trained 30 students, and in fall 2010, an additional 45 students were trained. The goal for spring 2011 is to train nearly 60 students. “This is not a peer counseling training,” Mr. Kohn emphasized. “Students take the skills they learn out into their normal, daily interactions, which strengthen the culture of caring people on campus.”

BU recruits students from campus populations that are at higher risk for displaying signs of distress, said Dr. Hutchinson. Groups include international students (BU has the largest international

student population of any university in the United States); gay, lesbian, bisexual, transgender, and questioning students; student athletes; and those who participate in Greek life.

DEPRESSION SCREENINGS

SAMHSA grant funds have also made possible two national depression screening days. The first year, BU screened 65 students; the second year, that number quadrupled to 233.

“Every person gets 3 to 5 minutes afterwards to talk privately, whether or not their screen showed they needed to be referred for treatment,” said Mr. Kohn. “We ask if there was something that made them come in or if they wanted to talk about anything specific.”

At both events, 30 percent of those screened were referred for further treatment. “And in the first year, we actually hospitalized someone who was experiencing suicidal thoughts,” Dr. Hutchinson said. “That makes all of our efforts worth it.”

Learn more about mental health resources at Boston University by visiting <http://www.bu.edu/mentalhealth>. Find out more about SAMHSA’s suicide prevention activities by visiting <http://www.samhsa.gov/prevention>. ↘

—By Kristin Blank

PostSecretU. (For more information about Active Minds, see *SAMHSA News* online, May/June 2009 and September/October 2010.)

Another *BU Secret* campaign is underway, with postcards slated for display in spring 2011. To see a video of the postcards, visit *SAMHSA News* online.



Action Alliance Identifies Three High-Risk Populations for Suicide Prevention Efforts

Task Forces on LGBT Youth, American Indians and Alaska Natives, Military and Veterans

The National Action Alliance for Suicide Prevention has added three new task forces to address suicide prevention efforts within high-risk populations: American Indians/Alaska Natives (AI/AN); youth who identify as lesbian, gay, bisexual, or transgender (LGBT); and military service members and veterans.

This brings to six the number of task forces formed by the Action Alliance, the public-private partnership forged in September 2010 to advance the National

Strategy for Suicide Prevention (NSSP). The other task forces are Data and Surveillance, Research, and NSSP.

SAMHSA will provide support and technical expertise for the task forces and the Action Alliance, in cooperation with the private sector and other Federal support. All task forces will include leading experts in the field, including researchers and scientists, advocates, and family members.

“I am heartened that we are focusing attention on communities hardest hit by suicide,” said former U.S. Senator Gordon H. Smith, co-chair of the Action Alliance. “By shining a light on their struggles I am optimistic we can help them identify solutions and bring hope for a better tomorrow.”

According to Federal data, in the U.S., suicide claims more than 34,000 lives annually—the equivalent of 94 suicides per day, or one suicide every 15 minutes.

LGBT YOUTH

Studies from organizations such as the SAMHSA-funded Suicide Prevention Resource Center report that lesbian, gay, bisexual and transgender youth are from 1.5 to 7 times more likely to report having attempted suicide than their non-LGBT peers, while transgender youth are believed to have higher rates of suicidal behavior as well.

Co-leading the LGBT Youth Task Force are Kevin Jennings, Assistant Deputy Secretary, Office of Safe and Drug-Free Schools, U.S. Department of Education; and Charles Robbins, Executive Director of the Trevor Project.



AI/AN POPULATIONS

For AI/AN youth and young adults age 10 to 34, suicide is the second leading cause of death and is on the rise.

Jointly leading the American Indians and Alaska Natives Task Force are Yvette Roubideaux, M.D., M.P.H., Director of the Indian Health Service; Larry Echo Hawk, J.D., Assistant Secretary of Indian Affairs, U.S. Department of the Interior; and McClellan Hall, M.A., Executive Director, National Indian Youth Leadership Project.

For more information about a SAMHSA grant program that addresses mental health problems among Native youth, see *SAMHSA News* online, November/December 2010.



LOOKING AHEAD

In the coming months, the Action Alliance will determine how to address suicide risk in other high-risk groups, such as Latina youth, older adults, individuals with disabilities, survivors of suicide attempts and of suicide loss, and working-aged men and women.

For more about the Action Alliance, read *SAMHSA News* online, September/October 2010, or visit <http://www.actionallianceforsuicideprevention.org>.

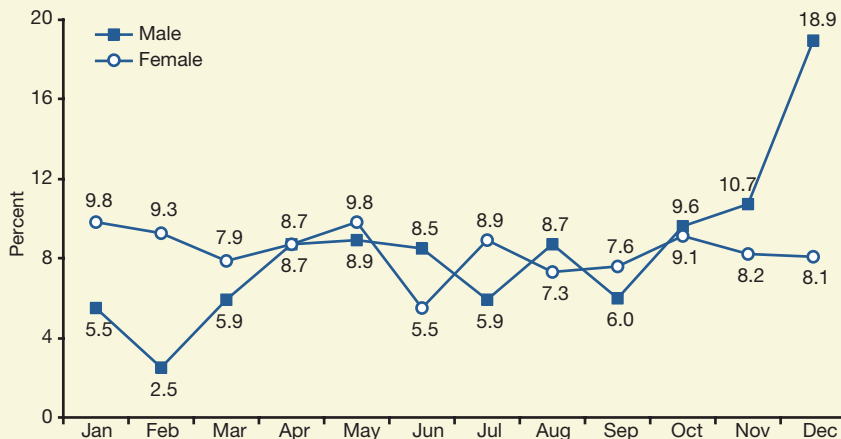
ACTIVE MILITARY AND VETERANS

As previously reported in *SAMHSA News* and the national media, research indicates that there are increased suicide rates among veterans, and suicide rates among service members recently reached historic highs within the Army and Marine Corps.

Leading the Military and Veterans Task Force are Jan Kemp, R.N., Ph.D., National Director, Suicide Prevention Program for the U.S. Department of Veterans Affairs; and Maggie Haynes, Director of Combat Stress for the Wounded Warrior Project.



Monthly Variations in Drug-Related ER Visits Involving Suicide Attempts by Adolescents Age 12 to 17, by Gender



Source: SAMHSA Center for Behavioral Health Statistics and Quality (February 9, 2011). *The DAWN Report: Monthly and Seasonal Variation in Emergency Department Visits for Drug-Related Suicide Attempts: 2004 to 2008*. Figure 2. Rockville, MD.

New Data on Trends in ER Visits for Drug-Related Suicide Attempts

A meeting of the National Action Alliance on Suicide Prevention on February 9 coincided with the release of recent findings from a SAMHSA study on monthly and seasonal trends in drug-related suicide attempts.

The study, *Monthly and Seasonal Variation in Emergency Department Visits for Drug-Related Suicide Attempts: 2004 to 2008*, is an effort to inform policy makers and service providers on the nature and scope of suicide attempts.

The Action Alliance is a public/private partnership (including SAMHSA) to update and advance the National Strategy for Suicide Prevention. The goal is to enhance efforts to address what has become the foremost, preventable public-health tragedy in our Nation—suicide. One of the meeting's specific goals is to more effectively deliver messages to high-risk groups.

FINDINGS

In its examination of monthly and seasonal trends in the number of emergency department visits involving drug-related suicide attempts, the study revealed considerable fluctuations.

The study found that from 2004 to 2008, on average, each year emergency departments dealt with 178,423 visits for drug-related suicide attempts by patients 12 or older. Overall the number of visits reported by emergency departments ranged from 12,656 in February (7.1 percent) to 16,812 visits in September (9.4 percent).

- Among adolescent males, only 2.5 percent of drug-related, suicide-attempt emergency room visits by males age 12 to 17 occur in February as opposed to 18.9 percent reported in December.
- Among men age 50 and older, December marked the highest level of emergency department drug-related suicide attempt visits (12.9 percent). The lowest level of visits for males in this age group was in October (5.5 percent).

The report is part of SAMHSA's Strategic Initiative on Data, Outcomes, and Quality and is based on SAMHSA's Drug Abuse Warning Network (DAWN) report.

A copy of the study is available on the SAMHSA website at <http://oas.samhsa.gov/2k11/DAWN019/SuicideBySeason.cfm>.

Healing Beyond Borders

The Iraq-SAMHSA Initiative, which began in 2008, has sponsored teams of Iraqi behavioral health providers to the United States. While here, these providers have an opportunity to observe various services they may want to activate in Iraq. In addition, Iraqi providers share clinical insights with their U.S. colleagues on ways to improve services in both countries.

The initiative has resulted in a sharing of ideas that has been beneficial to all participants. Importantly, the Iraqi teams have reported real progress.

Five teams visited the USA in 2008. In the fall of 2010, six more teams visited. The Iraqi teams in both 2008 and 2010 visited trauma services, substance abuse services, and children's mental health services. In 2008, teams also visited mental health services for the elderly and community-based rehabilitation services.

Two Iraqi teams recently visited a variety of award-winning trauma-informed care and services sites on the East Coast. The team on substance abuse services was hosted by the INOVA Fairfax Comprehensive Addiction Treatment Services program (CATS) and the Pacific Southwest ATTC at UCLA. Johns Hopkins University again hosted

an Iraqi team on school-based mental health services, and the Children's National Medical Center hosted a team on services for mothers and children with serious mental illnesses.

In addition, Maryland's Department of Health and Mental Hygiene/Forensic Services hosted a team from Baghdad this fall on forensic psychiatric services.

SHARING IDEAS

The Iraq-SAMHSA Initiative has resulted in a sharing of ideas that has been beneficial to both the U.S. and Iraqi participants. All of the Iraqi teams have reported real progress. The 2008 team on community-based rehabilitation services put community service teams in place that include family members as paid team members. The two 2010 teams here to observe trauma services have been incorporating trauma-informed

care into their hospital and outpatient services, and the substance abuse team is working with their U.S. host sites to participate in a one-year substance abuse treatment certificate program at the University of Cairo.

U.S. providers have reported noteworthy lessons from their Iraqi colleagues, including that US programs need to increase the involvement of families and communities, and that "Recurring or Ongoing Trauma" may be a more appropriate characterization for much of the trauma experienced in conflict regions and under other circumstances such as domestic violence.

For more information on this innovative partnership, the participating U.S. host sites, and the ongoing technical assistance that is a hallmark of this activity, contact Winnie Mitchell, SAMHSA's International Officer, at Winnie.mitchell@samhsa.hhs.gov. ◀

BACKGROUND

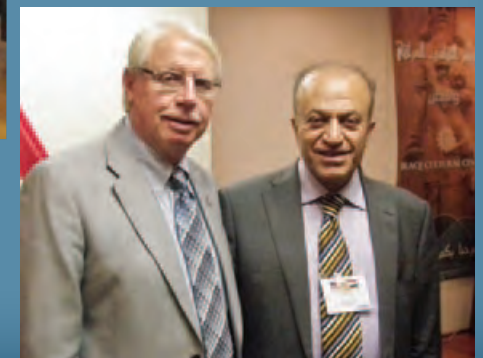
In the spring of 2004, SAMHSA formed the Planning Group on Iraq Mental Health to help Iraq's Ministry of Health re-establish behavioral health services in Iraq (see *SAMHSA News* May/June 2004).

SAMHSA sponsored two Action Planning Conferences on Iraq Mental Health in 2005 and 2006 in Amman, Jordan, and Cairo, Egypt, bringing together mental health professionals from throughout Iraq to plan behavioral health services. There they identified substance abuse, forensics, services for children and adolescents, and on-going trauma, as the country's behavioral health priorities. ◀



Above, Dr. Nsaif al-Hemiary, Winnie Mitchell, Administrator Pam Hyde, and Dr. Sabah Sadik at the Iraqi Cultural Center.

SAMHSA's Planning Group on Iraq Mental Health includes Dr. Sabah Sadik (at right), co-chair with SAMHSA's Winnie Mitchell, the Planning Group's Coordinator. James Haveman (at left) is a longtime member. Dr. Sadik is head of training for Iraq's Ministry of Health.



Young Mothers: How Many Use Cigarettes, Alcohol, and Marijuana?

Adolescents in general are a group at high risk for substance use problems. Particularly vulnerable are young mothers (those age 15 to 19).

Substance Use among Young Mothers, a recent report from SAMHSA's National Survey on Drug Use and Health, uses combined 2005 to 2009 data. The report focuses on substance use among young women who are mothers and living with their children.

CHARACTERISTICS OF TEENAGE MOTHERS

An estimated 528,000 young women age 15 to 19 lived with at least one of their own children, and an estimated 609,000 children lived with their young mothers. Young women age 15 to 17 were less likely than their 18- or 19-year-old counterparts to be mothers (1.7 versus 9.7 percent).

Young women living below the poverty threshold were much more likely than young women living above the poverty threshold to be mothers (12.3 versus 3.2 percent).

The majority of 15- to 17-year-old mothers (71.9 percent) lived with at least one parent compared with 46.0 percent of 18- or 19-year-old mothers. An estimated 73.8 percent of those age 15 to 17 and 31.7 percent of those age 18 or 19 were enrolled in school.

YOUNG MOTHERS AND SUBSTANCE USE

Among young mothers, 35.0 percent smoked cigarettes in the past month, 30.0 percent used alcohol, and 11.7 percent used marijuana.

Cigarettes. Young mothers were more likely than young women who were not mothers to have smoked cigarettes

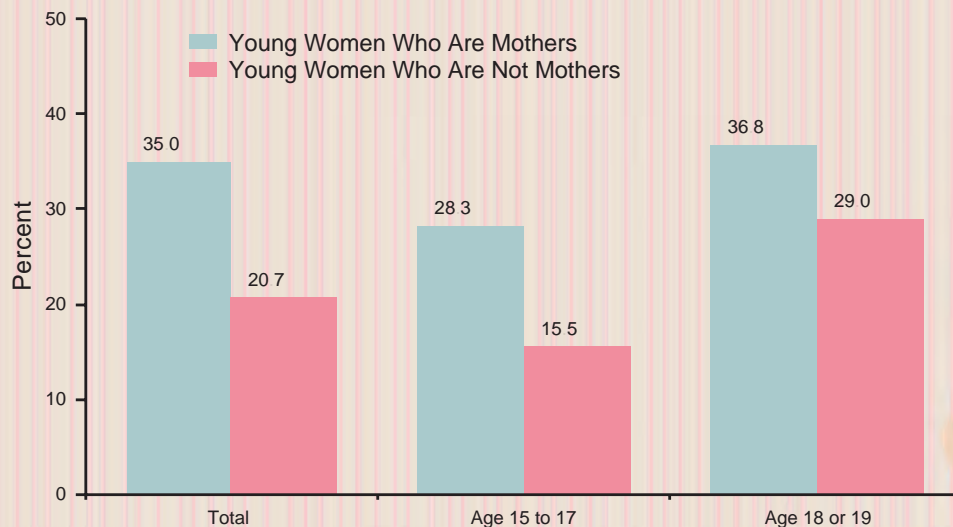
in the past month (35.0 versus 20.7 percent) (see chart). This same pattern was found for both age groups, with 18- or 19-year-old mothers smoking at a higher rate than 15- to 17-year-old mothers (36.8 versus 28.3 percent).

Alcohol. Mothers age 15 to 17 were just as likely as their counterparts who were not mothers to have used alcohol in the past month (25.3 and 24.6 percent, respectively), while mothers age 18 or 19 were less likely than their counterparts who were not mothers to have done so (31.2 versus 46.6 percent).

Marijuana. The rate of marijuana use was higher among mothers age 15 to 17 than among women of the same age who were not mothers (17.9 versus 10.0 percent), but marijuana use was less common among mothers age 18 or 19 than among women of the same age who were not mothers (10.1 versus 15.0 percent).

Download the full report from SAMHSA's website at <http://www.oas.samhsa.gov/2k11/196/YoungMothers.htm>. ↴

Past-Month Cigarette Use among Women Age 15 to 19, by Mothering Status: 2005 to 2009



Source: SAMHSA Center for Behavioral Health Statistics and Quality (March 10 2011) Figure 2 "Past Month Cigarette Use among Women Age 15 to 19 by Mothering Status 2005 to 2009" *Substance Use among Young Mothers* Rockville MD

SAMHSA's YouTube Channel Features Underage Drinking Video Series

Just in time for Alcohol Awareness Month, SAMHSA's YouTube channel (<http://www.youtube.com/samhsa>) features several new videos produced by states and territories as part of a unique initiative to increase awareness of underage drinking and mobilize young people, their families, and their communities.

The initiative is a call to action to inform audiences about state and local initiatives and resources. So far, there are 23 videos from 21 states and 2 territories up on YouTube. More are in production.

Listed below are a few of the latest state/territory underage drinking prevention videos developed with production support from SAMHSA:

- **(Alaska) Underage Drinking Prevention in Alaska: A Collective Responsibility**

The Alaska video emphasizes that all members of a community share the responsibility of preventing underage drinking and showcases a variety of prevention initiatives being implemented across the State.

- **(Colorado #1, #2, and #3) Underage Drinking: It's an Adult Problem**

Colorado produced three short videos describing the prevalence and consequences of underage alcohol use and emphasizing the key role adults play in preventing it. The first video illustrates the fact that social gatherings offer excellent opportunities to teach youth responsible alcohol use behaviors. The second calls attention to youth access to alcohol and offers guidelines for keeping youth safe and healthy. The third features tips for responsible alcohol consumption by adults 21 and older in the presence of those who are underage.

- **(Delaware) Time to Re-Think Teens and Drink**

This video raises awareness of the prevalence of underage drinking in Delaware, reviews the consequences associated with it, and reinforces the message that parents are the greatest influence in their children's lives.

- **(West Virginia) A Time for Action: Preventing Underage Drinking in West Virginia**

This video challenges attitudes that tolerate and enable underage alcohol use in West Virginia and emphasizes the importance of collaboration and the need for prevention to be enacted on a local level.

- **(Wyoming) Underage Drinking Prevention in Wyoming: A Call to Action**

The focus of this video is on the three strategies used to change the social norms that surround underage alcohol use in Wyoming: adopting underage drinking ordinances, educating the community about underage alcohol use, and ensuring that community events remain safe for youth.

The video initiative to prevent underage alcohol use supports SAMHSA's Strategic Initiative #1: Prevention of Substance Abuse and Mental Illness, which states, "prevention of underage drinking is a priority for states, territories, tribal entities, universities, and communities." ▾

—By *Riggin Waugh*

Look for these and other videos on SAMHSA's YouTube channel at <http://www.youtube.com/samhsa>.



Children's Mental Health Awareness Day 2011



This year, the national theme for Awareness Day focuses on building resilience in young children dealing with trauma.

Communities around the country will participate by holding their own Awareness Day events. These events may focus either on the national theme or a theme adapted to the specific populations a local community serves.

The national event in Washington, DC, will open with an art exhibit sponsored by the American Art Therapy Association at the prestigious Shakespeare Theatre-Harman Center for the Arts in Washington, DC (<http://www.shakespearetheatre.org>), and continue with a tribute to youth who dealt with trauma in their childhood and who built on their resilience.

Last year, on Awareness Day 2010, more than 1,000 sites held Awareness Day events and nearly 11,000 children and youth participated. In addition, SAMHSA presented a special achievement award to Dr. T. Berry Brazelton for his work with infants and young children.

About Awareness Day

National Children's Mental Health Awareness Day is a key strategy of the Caring for Every Child's Mental Health Campaign. Part of SAMHSA's Public Awareness and Support Strategic Initiative, the campaign seeks to raise awareness about the importance of children's mental health and that positive mental health is essential to a child's healthy development from birth.

For more information, visit <http://www.samhsa.gov/children>. ↙

Calls To Action for Awareness Day 2011 National Event

- Integrate mental health and model resilience skills in every environment that has an impact on child development from birth.
- Enhance resilience and nurture social and emotional skills in young children from birth.
- Provide information to the public and teach them to recognize the signs of traumatic stress.
- Raise awareness that treatment for trauma is critical to achieving the milestones of a child's social and emotional development from birth.
- Promote trauma-informed services and supports in all child-serving settings.



<http://www.facebook.com/samhsa>
<http://www.twitter.com/samhsagov>
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<http://www.youtube.com/samhsa>
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<http://blog.samhsa.gov>

PRISM AWARDS



PRISM Awards: Honoring Accurate Portrayals of Mental Health and Substance Abuse Issues

Television's "The Closer," "The Good Wife," "Grey's Anatomy," "Breaking Bad," and "Entourage" as well as the films *Black Swan* and *Winter's Bone* are among the productions nominated for this year's 15th Annual PRISM Awards.

The awards ceremony will be held on April 28, 2011, at the Beverly Hills Hotel. SAMHSA Administrator Pamela S. Hyde, J.D., will address attendees at the gala.

In collaboration with SAMHSA and FX Network, the Entertainment Industries Council, Inc., produces the nationally televised PRISM Awards to recognize the realistic depiction of substance use, addiction, and mental health issues in film, television, interactive media, music, DVD, and comic book entertainment.

Awards will be handed out for feature films, television series, and performances in these categories. ↙



Celebrating Those Who Make a Difference for Behavioral Health

VOICE Awards 2011

Save the Date! This year's Voice Awards will be held on Wednesday, August 24, 2011, at Paramount Studios in Hollywood, CA.

This year, SAMHSA is putting special emphasis on the impact of trauma and the significant effects it can have on individuals, families and friends, communities, and our Nation. For more information, visit <http://www.voiceawards.samhsa.gov>. ↙

GotDrugs?

Turn in your unused or expired medication for safe disposal Saturday, April 30th

For more information, visit <http://www.DEA.gov>



We'd Like To **Hear** From You

We appreciate your feedback! Please send your comments, article ideas, and requests to: Kristin Blank, Associate Editor–SAMHSA News, IQ Solutions, Inc., 11300 Rockville Pike, Suite 901, Rockville, MD 20852. Send email to samhsanews@iqsolutions.com or fax to 301-984-4416.

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I'd like to see an article about:

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In the current issue, I found these articles particularly interesting or useful:

From the Administrator

- Suicide Prevention: A Top Priority for SAMHSA and the Nation

Preventing Suicide on College Campuses

- Cover Story
- East Tennessee State University
- University of Guam
- Boston University

National Action Alliance for Suicide Prevention

- Three New Task Forces for At-Risk Groups

Entertainment Industry

- VOICE Awards
- PRISM Awards

Children

- Awareness Day 2011

Statistics

- New Data on Trends in ER Visits
- Young Mothers: How Many Use Cigarettes, Alcohol, & Marijuana?
- In the ER: Suicide Attempts Involving Antidepressants

International

- Healing Beyond Borders

Alcohol Awareness Month

- Videos on Underage Drinking

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Center for Behavioral Health Statistics and Quality



Find Substance Abuse & Mental Health Treatment

One of the most important goals of SAMHSA is to ensure that Americans can find treatment for substance abuse and mental health issues in their local area.

**SAMHSA's 24-Hour
Toll-Free Referral Helpline
1-800-662-HELP**

<http://www.samhsa.gov/treatment>



In the ER: Suicide Attempts Involving Antidepressants

In 2008, 23.0 percent of visits adolescents made to the emergency room (ER) for drug-related suicide attempts involved antidepressants. For young adults, that number totaled 17.6 percent.

Emergency Department Visits for Drug-Related Suicide Attempts Involving Antidepressants by Adolescents and Young Adults: 2004 to 2008, a recent report from SAMHSA, examines recent trends based on combined 2004 to 2008 data.

For young adults, there were statistically significant increases in the number of drug-related ER visits for suicide attempts

involving antidepressants between 2005 and 2006 (3,807 versus 6,010 visits) and between 2005 and 2008 (3,807 versus 6,700 visits).

Between 2004 and 2008, there was an annual average of 9,660 ER visits for drug-related suicide attempts involving antidepressants by adolescents age 12 to 17 and young adults age 18 to 24.

Between these years, females made up three-fourths of visits by adolescents (74.7 percent) and two-thirds of visits by young adults (65.2 percent).

OTHER SUBSTANCES

Among ER visits for suicide attempts involving antidepressants, more than two-thirds of visits by adolescents (68.4 percent) and more than three-fourths of visits by young adults (78.0 percent) involved other substances in addition to antidepressants.

Other types of pharmaceuticals were the most common drugs used in combination with antidepressants for both age groups (58.8 percent of visits made by adolescents and 61.5 percent of visits made by young adults). For each group, the most commonly found pharmaceuticals were pain relievers and drugs to treat anxiety and insomnia.

One-tenth (10.2 percent) of visits by adolescents and nearly one-fourth (22.6 percent) of those made by young adults involved antidepressants in combination with alcohol.

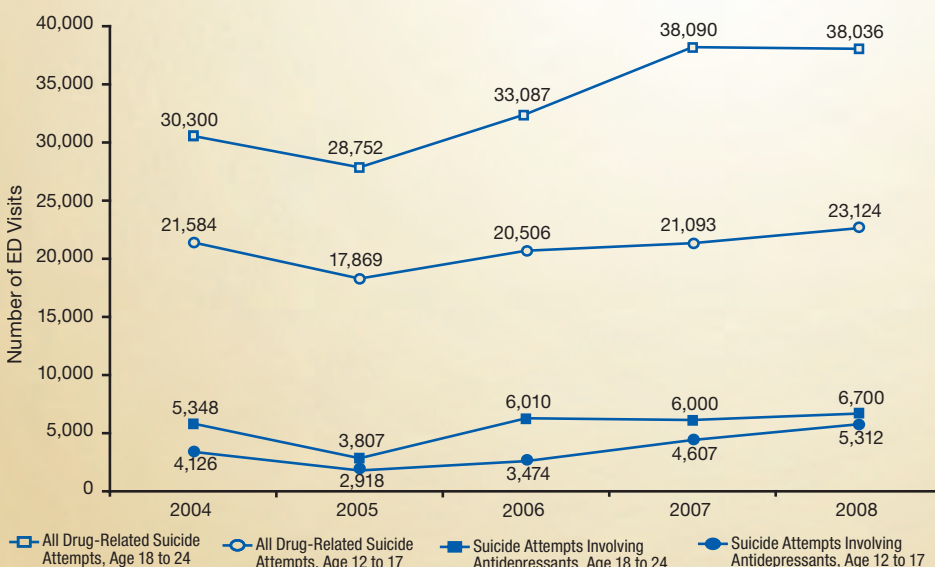
HOSPITALIZATION

Among ER visits involving suicide attempts and antidepressants, 27.6 percent of adolescents and 17.3 percent of young adults were treated and released.

One-third (32.9 percent) of visits made by adolescents and one-half (49.4 percent) of visits made by young adults resulted in hospitalization.

Download the full report from SAMHSA's website at <http://store.samhsa.gov/product/DAWN11-0308>.

Number of Emergency Department (ED) Visits for Drug-Related Suicide Attempts Involving Antidepressants by Adolescents and Young Adults: 2004 to 2008



Source: SAMHSA, Center for Behavioral Health Statistics and Quality (March 8, 2011). *The DAWN Report: Emergency Department Visits for Drug-Related Suicide Attempts Involving Antidepressants by Adolescents and Young Adults: 2004 to 2008*. Figure 1. Rockville, MD.



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April Is Alcohol Awareness Month

Thousands of communities across the Nation are hosting events during the month of April to raise public awareness about the consequences of alcohol misuse. These events often focus on underage drinking and the critical need for communities to mobilize around prevention. (See *SAMHSA News*, page 12.)

Raise your personal awareness of alcohol use. Visitors to the National Alcohol Screening Day website can conduct a quick, anonymous self-assessment of their drinking behaviors and possible related problems, including depression. Military families, college students, and members of the general public also can find local screening facilities through the site. Visit <http://www.mentalhealthscreening.org>.

To find help for an alcohol use problem, visit SAMHSA's Substance Abuse Treatment Facility Locator at <http://findtreatment.samhsa.gov>.

To read the SAMHSA blog on Alcohol Awareness Month, visit <http://blog.samhsa.gov>.

There's **More**

Go online to read more from *SAMHSA News* at <http://www.samhsa.gov/samhsaNewsletter>.

Read about . . .



Adults & Inhalant Treatment Admissions

Who is "huffing"? According to new data, adults may be involved.



Traumatic Brain Injury: Advisory Available

"Treating Clients with Traumatic Brain Injury," is the focus of SAMHSA's recent *Substance Abuse Treatment Advisory*, Volume 9, Issue 2.