Rationale

Mental health and substance abuse disorders among children, youth, and young adults are major threats to the health and well-being of younger populations which often carry over into adulthood\(^1\). Existing research and epidemiological data show that measures of emotional and behavioral problems tend to be directly related to the risk of substance abuse and vice-versa. Evidence also shows that both substance abuse and mental health disorders tend to co-occur in a significant proportion of the population. SAMHSA’s 2010 National Survey on Drug Use and Health reported that 45% of individuals with a substance abuse disorder also had a co-occurring mental health disorder\(^2\). Thus, in order to improve behavioral health in communities, it is important to understand the association, co-occurrence and common or shared risk and protective factors among substance abuse and mental disorders.

SAMHSA’s Strategic Initiative (SSI) 1: Prevention of Substance Abuse and Mental Illness, specifically focuses on “creating communities where individuals, families, schools, faith-based organizations, and workplaces take action to promote emotional health and reduce the likelihood of mental illness, substance abuse including tobacco, and suicide”\(^3\). SAMHSA/CSAP has taken steps to address this initiative by supporting State Epidemiological Outcomes Workgroups in every state, jurisdiction, and several tribes.

State Epidemiological Outcomes Workgroups

SAMHSA/CSAP currently supports 70 epidemiological workgroups in states, tribes, and jurisdictions through Strategic Prevention Framework State Incentive Grants (SPF SIG), Partnership for Success II (PFS II), or State Epidemiological Outcomes Workgroup (SEOW) contracts. Using the outcomes-based prevention model (Figure 1), SEOWs analyze substance-related consequences and consumption data to identify risk/protective factors and align evidence-based strategies to reduce negative outcomes. SEOWs package this information in the form of key products (e.g., state/community profiles, strategic plans, fact sheets) and disseminate this information to decision makers (e.g., advisory councils, governor, legislature), communities, and other stakeholders to inform prevention planning and decision making. In addition, a majority of SEOWs have built monitoring systems to track outcomes and are currently looking at risk/protective factors that influence those outcomes.

Figure 1: Outcomes-based Prevention Model

This training was jointly developed under the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for the Application of Prevention Technologies contract, (Reference # HHSS277200800004C) and the State Epidemiological Outcomes Workgroup contract, (Reference # HHSS28320070048I/HHSS28300001T). For training and technical assistance purposes only.
In alignment with SSI 1, SEOWs look for ways to understand and assess the association between and co-occurrence of substance abuse and mental disorders. As noted earlier, these two behavioral health issues frequently co-occur and research indicates a significant overlap among risk and protective factors that impact these issues. In order to identify shared risk and protective factors and assess their data availability and resources, SAMHSA/CSAP created the Behavioral Health Indicator Workgroup (BHIW).

**Behavioral Health Indicator Workgroup**

The Behavioral Health Indicator Workgroup (BHIW) is comprised of selected SAMHSA/CSAP project officers and staff from two contracts – the Center for Application of Prevention Technologies (CAPT) and the SEOW contract. BHIW was created by SAMHSA/CSAP to assist SEOWs in addressing SSI 1 and to respond to requests from several state health departments that wanted to strengthen their monitoring systems and progress in addressing a broader range of health and well-being indicators related to substance abuse.

Given CSAP’s scope of work, and in light of several clarifying discussions among BHIW members, it became clear that the optimal approach to assisting states, tribes, and jurisdictions is to identify shared risk and protective factors for substance abuse and mental disorders under multiple key domains (e.g. community, family, peer) and to provide the following:

- List of shared risk and protective factors by domains
- Data availability and indicator estimates
- Domain-specific fact sheets; and
- Trainings and webinars on use of these indicators for prevention planning

**What Constitutes a “Shared” Risk or Protective Factor?**

BHIW defines shared risk and protective factors as early predictors that relate to and/or influence the occurrence of both substance abuse and mental disorders. Figure 2 illustrates an example of a shared risk factor. Research shows that family disruption can lead to depression as well as heavy alcohol use. Although depression and heavy alcohol use are identified as risk factors for each other, strategies to address family disruption can help reduce the likelihood of both depression and heavy alcohol use. Given the impact of family disruption on both substance abuse and mental disorders, family disruption is identified as a ‘shared’ risk factor.
BHIW Approach

The BHIW has taken a staged approach—combining research, data, and expert feedback—in order to achieve workgroup goals. The BHIW was charged with accomplishing three specific tasks:

- **Task 1: Identify a set of shared risk and protective factors:** With the 2009 Institute of Medicine report, *Preventing Mental, Emotional, and Behavioral Disorders Among Young People*, as a starting point, the workgroup reviewed research literature from the past 10 years to identify a comprehensive list of risk and protective factors that impact both substance abuse and mental disorders. The initial list was consolidated by domain (e.g., family, school, individual) and submitted for expert review. BHIW is currently in the process of finalizing the list and creating summary products to be shared with SEOWs.

- **Task 2: Assess data availability for selected indicators:** The workgroup searched national datasets and reviewed data sources from state and community profiles/products for the selected risk and protective factors. BHIW is currently in the process of generating a report on data availability and gaps (gap analysis) to be shared with SEOWs.
• **Task 3: Collect, analyze, and disseminate data:** The BHIW is analyzing and reporting available data on the Behavioral Health Indicator System where SEOWs will be able to access, download and utilize these indicator data for prevention planning.

• **Task 4: Create user-friendly products:** The BHIW will share findings (through webinars, workshops, and conference abstracts) and create products and tools to assist STJs in understanding, interpreting and utilizing shared risk and protective factor data for prevention planning and in their profiles/products.

**BHIW Products**

The products generated by the BHIW will assist grantees in developing a better understanding of shared risk/protective factors and in using them to guide prevention planning and decision-making. The BHIW will develop the following key products:

- **BHIW Overview** document provides context, rationale, and workgroup tasks/products.
- **Consolidated Risk and Protective Factor Spreadsheet** will provide a complete list of research-based risk and protective factors, domains, and summary of literature review and methods.
- **Data Availability and Gap Analysis Report** will provide a checklist of indicators, survey questions, and data availability for all domains.
- **Domain-specific Summaries** will include a detailed description, importance, indicators, survey questions, and data sources for each domain (e.g., Adverse Childhood Experiences, family, school).

**Accomplishments**

Over the past year, the BHIW has achieved its goal of identifying a set of shared risk and protective factors that impact both substance abuse and mental disorders. The BHIW has received positive feedback from behavioral health experts and has made progress in assessing data sources and creating summary products to be shared with STJs. The workgroup continues to review SEOW products to identify local data sources and respond to emerging data needs. It intends to finalize and disseminate useful products and findings through webinars, workshops, and conference abstracts.

Many STJs are already looking at ways to expand their capacity and resources to address co-occurring disorders. The data and summary products generated by the BHIW are expected to assist STJs in incorporating shared risk and protective factors in prevention planning and products, enhance their capacity to monitor broader set of behavioral health indicators, thereby enhancing their capacity to address SAMHSA Strategic Initiative 1.

**References**

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