New data reveals 156,000+ lost to MH, SUD issues pre-COVID-19

Approximately 156,242 Americans died as a result of alcohol, drugs or suicide in 2019, representing a slight increase over 2018, according to the latest annual report released May 18 by Trust for America’s Health and Well Being Trust.

The report, Pain in the Nation: Alcohol, Drug and Suicide Death, is part of a series of reports tracking the nation’s “deaths of despair” crisis. COVID-19 has created additional stressors to this already-escalating crisis, the report indicated.

“For the last three years, we’ve been trying to highlight the need for our nation to understand that people are dying too soon to preventable causes,” Benjamin F. Miller, Psy.D., chief strategy officer for Well Being Trust, told MHW. This country is seeing deaths attributable to these factors like never before, said Miller.

Based on these findings, “we could lose 1.6 million people by 2025 if these trends stay the same,” he said. “We put out these reports each year not to [just highlight the problem], but to offer solutions. My goal is not for these numbers to stay the same. We need to change that.” Every three-and-a-half minutes, one person is dying by the “deaths of despair”: suicide, alcohol and drugs, he said.

Mental health service access is still challenging during COVID-19 even though telehealth restrictions have been loosened, he said. While increased access to telehealth is great, “it’s not going to be a panacea; it’s not going to solve all the problems at once,” Miller noted.

Recent trends

According to the report, the most recent alcohol, drug and suicide mortality data, from 2019, mostly shows a continuation of recent trends, with small increases in alcohol-induced deaths and larger increases for drug deaths. One major difference in 2019 was that the age-adjusted suicide rate declined by 2% to 13.9 deaths per 100,000. The decline, from 2018, is statistically significant and the first decrease since 2005. Also promising is that the decline spanned many demographic and geographic groups, and preliminary data shows a further decrease in 2020, despite the COVID-19 pandemic, the report stated.

The report, which also emphasizes COVID-19 and trauma data, shows Americans struggled to cope with COVID-19’s direct and indirect effects in 2020, including these four key findings:

1. More Americans in crisis. In 2020, calls to crisis lines, as well as ER visits for mental health conditions, increased.
2. Worse mental health. The U.S. Household Pulse Survey found one in three adults reported symptoms of anxiety disorder or depression, three times the 2019 rate, and higher among certain populations.
3. More substance use. Surveys show increases in both drug and alcohol use.
4. Higher rates of drug overdoses. Preliminary CDC data shows a 27% increase for October 2019 to September 2020 as compared with the prior year. This is a much larger annual increase than typical — for example, 2018 to 2019 saw a 5% increase in drug deaths.

Transformed system needed

A transformation of the mental health and addiction system is needed, said Miller. Integrated care would make it easier for people to get access to care where they need it, such as in primary care, schools and even libraries, he said.

According to the report, transformation would also include expanding the mental health and substance use treatment workforce. Additionally, building community capacity for early identification and intervention for individuals with mental health needs is essential.

Miller said he is encouraged by the House’s passing of a package of 13 mental health bills earlier this month (see story, beginning on page 1). The legislation, which has yet to pass in the Senate, represents “a good step toward change,” he said.

He said there is extreme interest in what the Senate does, and he anticipates the Senate will do something more substantial around mental health. “It’s still being discussed,” he said. This Congress is poised to become the most consequential for addressing mental health and addiction, said Miller.

Mental health exists within a certain framework, he said. There are differences in the payment and delivery of services compared to health care in general. “We need to figure out a new structure,” which would involve these components becoming part of a “seamless integration into health care,” Miller said.

Integrated care is the key solution, he said. “We’ve got to invest more in prevention and reduce trauma, especially among youth, and [reduce] the availability of opioids,” Miller said.

Continues on next page
Disparity reduction also needs to be addressed. A significant number of Blacks and Latinos died from drug overdoses, about a 15% increase, compared to whites at 2%, he said. “That’s a major problem,” Miller noted. “For many years, drug overdose deaths among whites were a lot higher.” Those statistics suggest that whatever solution had been developed around addiction is not working, said Miller. “It’s not working for communities of color,” he said.

**Solutions, recommendations**

Americans need support managing emergent crises, mental health conditions and substance use disorders with early intervention, improved medical care and treatment, and harm-reduction policies, the report stated. And communities need better underlying social and economic conditions that will support and bolster residents’ health, well-being and resilience, and prevent future alcohol, drug and suicide deaths.

According to the report, solutions and recommendations include investing in prevention and conditions that promote health, such as bolstering crisis-intervention programs and supports and limiting access to lethal means of suicide, including drugs and firearms. Addressing the worsening drug use and overdose crisis by promoting harm-reduction policies to reduce overdose and blood-borne infections is another example.

“This report is meant to be a ‘call to action,’ an opportunity for meaningful change,” said Miller. •

**Portland from page 1**

Hardesty proposed the budget amendment, but fellow members who defeated it on a 3-2 vote urged that the city proceed more deliberately on expansion and be guided by a careful evaluation of the pilot. Portland Street Response is currently operating only in the city’s Lents neighborhood.

Weighing on city leaders and residents during this ongoing debate is a high-profile incident that occurred in that neighborhood in April, when a police officer shot and killed Robert Delgado, a man who police say was carrying a replica gun. Some have said such incidents speak to the urgency of expanding the scope of Portland Street Response to cover more calls.

Robyn Burek, program manager for Portland Street Response, which is operated out of Portland Fire & Rescue, told *MHW* that “since the shooting of Robert Delgado, there has been a growing sentiment and desire communicated by the community to see Portland Street Response take over more calls and respond to higher-acuity mental health calls in addition to the lower-acuity.”

**Weighing the arguments**

A one-van team of four is serving the southeast Portland neighborhood covered in the pilot, which began this past February after a delay necessitated by the COVID-19 crisis. The pilot is generally designed to offer nonpolice response to 911 calls involving a mental health crisis or someone experiencing homelessness.

In the proposed city budget he released last month, Portland Mayor Ted Wheeler allocated just under $1 million to keep the pilot running for its anticipated 12-month duration. Hardesty this month introduced an amendment that would have allocated an additional $3.6 million to hire more than a dozen new mental health specialists and fire personnel for the program, allowing for six vans to be in operation by next March.

Hardesty expressed concern that without the commitment of additional funds now, momentum for Portland Street Response could wane as the pilot in Lents comes to a close next February. But Wheeler and two other commissioners who voted against Hardesty’s amendment suggested that a major funding commitment should not be agreed to until a scheduled process of evaluating the pilot reaches its conclusions on the impact the effort is having.

“I have one priority, and it’s outcomes,” Wheeler was quoted as saying by the Portland Mercury, a progressive publication in the city.

‘We’re invested in measuring not only the success of our program but also working to provide data to elected officials so they can be informed and invest in the larger system as well.’

Robyn Burek

“There are far too many people on the streets of this city who struggle under the burden of a wholly inadequate mental health system, and they bear the burden of it.”

Hardesty countered that with the council already having agreed on a timeline for pilot evaluation, including a $200,000 contract with Portland State University for ongoing evaluation, a delay in committing additional funds amounted to