Dakota Medical Foundation's Behavioral Health Briefing

This briefing highlights and expands upon findings and recommendations from the 2022 DMF Wellness Survey along with studies and statistics from national databases that address five specific areas:

1. Preventing Behavioral Health Problems
2. Healthy Technology Use
3. Early Intervention
4. Treatment and Recovery
5. Workforce Development

I. Preventing Behavioral Health Problems

Good mental and behavioral health includes tending to our emotional, psychological, social, and spiritual well-being. When combined, behaviors like exercising, eating right, sleeping soundly, and having great relationships have been shown to profoundly affect how we think, feel, and act as we navigate life. These behaviors also help to determine how we handle stress, relate to others, and make choices. As a result, they are important at every stage of life, from childhood and adolescence through adulthood and aging.

Behaviors of Concern

- **Physical Activity:** Less than a quarter of Americans (22.9%) get the minimum amount of exercise recommended by federal guidelines. (1)
- **Nutrition and Weight:** 41.9 percent of adults are obese (2)
- **Alcohol Use:** One in six US adults binge drinks (consuming 5+ drinks at a time), with 25% doing so at least weekly. (3)
- **Sleep:** 70% of adults report that they obtain insufficient sleep at least one night a month, and 11% report insufficient sleep every night. (4)
- **Relationships:** The number of close friendships that Americans have has declined over the past several decades. In 1991, 63% reported having five or more close friends. In 2021, that number declined alarmingly to 38%. (5)
- **Worship:** In 2020, 47% of U.S. adults belonged to a church, synagogue, or mosque. This is down more than 20 percentage points (67%) from 2000. (6)

Why These Statistics Matters: To prevent a multitude of mental health concerns, research suggests that six specific behaviors must be addressed. These essential behaviors include:

1. Being physically active
2. Eating healthy
3. Limiting alcohol use
4. Getting sufficient sleep
5. Maintaining high-quality relationships
6. Participating in communities of faith

Consider the following:

- Research shows that **exercise** is an effective treatment for depression. In fact, for many people it works as well as antidepressants. (7)

- Studies have compared **whole-foods diets** (e.g., the Mediterranean diet) to a typical US diet and the results have shown that the risk of depression is 25% to 35% lower in those who eat more nutritious foods. (8)

- Depression and sleep problems are closely linked. People with insomnia, for example, may have a tenfold higher risk of developing depression than people who get a **good night's sleep**. And among people with depression, 75 percent have trouble falling asleep or staying asleep. (9)

- **Alcohol use** disorder and depression are two conditions that often occur together. What's more, alcohol use can cause or worsen symptoms of mood disorders. (10)

- **Good relationships** don't just protect our bodies; they protect our brains. In fact, the world's longest running study has identified that the single biggest predictor of a long and happy life is the quality of one's relationships. (11)

- Throughout the years, scholars have routinely documented an unwavering link between greater happiness, less anxiety, tranquility, and **faith** both at the aggregate and individual levels. (12)

Urgent State Prevention Related Developments:

- 25.5% of North Dakotan's reported doing **no physical activity or exercise** other than their regular job in the past 30 days. (13)

- North Dakota has the **11th highest adult obesity rate** in the entire U.S. at 33.9%. (14) obesity trends here

- Use of alcohol, tobacco, and illicit drugs exact a heavy toll on the lives and families of North Dakotans and the economy of the state. North Dakota has among the **highest rates** in the nation in recent **alcohol use and binge drinking**, regardless of age group. (15)

- **One third** of North Dakotan's report **not getting enough sleep** on a consistent basis. (16)

- In a 2022 survey of select North Dakota parents, some **33+%** reported both themselves and the youth in their home have **DECLINED in getting adequate exercise or physical activity in the past 12 months**. (18)

What Works?

Preventing depression, anxiety, and other mental health problems requires a multifaceted approach with efforts from policymakers, state and local government, health care, schools, childcare, employers, communities of faith, families, and individuals to ensure that the best choices are the easiest choices.

Specifically, there are four strategies recommended by nation experts that have strong evidence of effectiveness. These include:

1. School and Youth Programs

Well-designed physical education in schools has been shown to increase the level of moderate-and vigorous-intensity physical activity among young people. Proven strategies include physical education curricula that increase physical activity knowledge and skills among students, modify traditional games so that more students are active for longer periods of time, substitute less active games with more active ones, and train teachers how to develop and implement lesson plans that include activity. (17)

2. Community-Wide Campaigns

Community-wide campaigns are sustained, high-intensity efforts designed to reach large numbers of people from a wide range of groups based on social, economic, and other factors, including age, sex, race, and ethnicity. They seek to promote physical activity by combining several strategies, such as media coverage and promotions, risk factor screening and education, community events, and policy and environmental changes. Community-wide campaigns typically include general and targeted media outreach, contests, counseling, support groups, and programmatic offerings such as classes. (17)

3. Social Support

These strategies build support for social networks and friendships to help people start, maintain, or increase physical activity. They include group activities such as buddy systems and walking and activity clubs (e.g., hiking, cycling, trekking). For example, Walk with a Doc was formed by a doctor to encourage his patients to walk more by hosting walking sessions and serving as an active role model. It has since grown to over 500 chapters worldwide, including groups led by medical students. (17)

4. Individual Supports

Individual supports or individually adapted health behavior change strategies focus on the specific needs of individuals and are delivered to individuals or groups. They build on a long history of effective behavior change interventions and are important

complements to population-level strategies. They provide frequent feedback and various levels of reinforcement to help participants build skills, set goals, and solve problems. (17)

II. Promoting Healthy Technology Use

In our ever-changing world, the use of technology is continuously expanding. It now influences every area of our lives, from our ability to communicate with others to how we access information. Unfortunately, we have also seen a number of negative effects of technology on mental health as well. If we are to thrive in the coming years, it's essential that we interact with technology in the healthiest ways possible.

Access To Mobile Devices and Social Media

- **Access to Mobile Devices:**
  - In 2018, 97% of adults owned a cellphone of some kind. Remarkably, 95% of teens reported that they have their own mobile devices (or have access to one) with internet and online capabilities. (1)
- **Access to Social Media:**
  - 72% of adults use some type of social media. With respect to kids, 75% of teens report having at least one active social media profile, and 51% report visiting a social media site at least daily. (2)

Behaviors of Concern

- **Amount of Time Spent Online:**
  - In 2021, adults in the U.S. spent an average of 485 minutes (eight hours and five minutes) with digital media each day. **Teenagers (ages 13-18) use an average of nine hours of entertainment media per day** and tweens (ages 8-12) use an average of six hours a day (not including time spent using media for school or homework) (3)
  - What's more, according to Pew Research, 45% of teens reported in 2018 that they were online on a near-constant basis. This is compared to only 24% in 2015. (4)
  - Media use in tweens and teens has grown faster since the start of the pandemic than it has over the four years prior to the pandemic. (5)
  - Researchers have found that the "sweet spot" for daily technology use is between 2.5 and 3.5 hours. Above those levels, detrimental physical, emotional, and psychological effects are felt. (6)
  - In a **2022 survey** of select North Dakota's parents, 55.9% reported the youth in their home have **declined in the healthy use of electronic devices** and social media in the past 12 months. (14)

Why These Statistics Matters:

Over-reliance on technology use, social media, and dependence on mobile devices often lead to psychological and physical issues and can contribute to more serious health conditions, such as anxiety, depression, and self-harm. The overuse of technology has a more significant impact on developing children and teenagers.

Here some of the ways this happens:

- Connecting with people online is less emotionally fulfilling than connecting in person (leaving everyone feeling socially isolated—especially teens). (7)
- Being deluged by a tidal wave of "perfect people" photos makes people (especially teens and girls) view themselves negatively. (8)
- Spending more time online reduces the frequency of healthier pursuits that truly make people feel good (e.g., exercising, music, hobbies, etc.) (9)
- Increased utilization of electronic media leads to less restorative sleep—especially in kids. (10)
- Important patterns of concentration (e.g., work and studying) are significantly disrupted by repeated distractions—thus leading to poorer performance and increased anxiety (especially in kids). (11)
- More time spent online encourages people to eat less healthy, thus leading to a lack of mood stability. (12)
- Because people are fiercely social beings, social media can lead to intense rumination and anxiety with respect to FOMO—Fear of missing out. This is more pronounced in kids (13)
- Cyberbullying (which, unlike traditional bullying, can occur at any time, day, or night, and be perpetrated by anonymous sources) is particularly concerning in that it can lead to relentless anxiety and severe self-doubt.

What Works?

The most promising, effective, and urgent strategies for promoting healthy technology use are centered on enabling teachers, educating parents, and empowering teens:

1. Parenting Education

The skills that parents must possess include:

- Modeling good behavior
- Establishing ground rules
- Knowing how to implement parental controls (e.g., monitoring and blocking)
- Arranging homes and living areas for online safety
- Protecting vulnerable spaces (e.g., bedrooms, meals, etc.)

2. Teacher and Teen Education

The skills that teachers must know, and teens must possess include:

- Establishing safe passwords
- Using reporting tools to monitor who is following and friending
- Learning how to be good digital citizens (school-based curricula)
- Knowing how to maintain positive and healthy online relationships
- Knowing how to make friends and build relationships in person
- Reporting bullying and other dangerous encounters

III. Intervening Early on Behavioral Health Problems

Definition of Early Intervention: Early intervention is the process of providing specialized support to a person who is experiencing or demonstrating any of the early symptoms of mental illness—most notably suicidal tendencies.

Behaviors of Concern

- **U.S. Annual Suicide Attempts:** In the US, 1.2 million people attempt suicide each year (1)
- **U.S. Suicides:** 46,000 attempts are successful. It is now the 10th leading cause of death. (1)
- **Help Lines:** There are about 2 million calls each year to the National Suicide Prevention Lifeline. (2)
- **Warning Sign Detection:** The vast majority of the population have a woefully limited understanding of how to detect the warning signs for mental health problems or how to intervene if a friend or family member is showing signs of risk—especially suicide. (3)
- **The Average Wait Time to Access Behavioral Health Services:** The average wait time to access behavioral health services is about six weeks. But if the goal is to identify specialists, wait times can stretch into months and even years. (4)

Why These Statistics Matter

It is estimated that more than 94 million Americans have had to wait longer than one week for mental health services. For every one day of wait time, 1% of willing patients are lost. So if you have a 21-day wait, 21 percent of the patients seeking care will just give up and quit trying to see someone. (5)

This is of enormous concern because early intervention is not only critical for reducing the progress of a mental illness, but for improving a person's mental and physical health, community participation, and socioeconomic outcomes far into the future.

And because the first onset of mental illness is most often between the ages of 14-24, intervening early is particularly important for children and young people, for whom mental illness can have profound, long-term consequence and be quite costly.

Urgent National and State Early Intervention Related Developments:

- From 2019 to 2021, emergency department visits for suspected suicide attempts increased by 51% for girls and 4% for adolescent boys. (6)
- In 2021, the American Academy of Pediatrics declared a state of emergency regarding child and adolescent mental health and research has suggested significantly increased rates of successful youth suicides during the COVID-19 pandemic as compared with rates in 2019. (7)
- In a 2022 survey of select parents in North Dakota 31.8% reported that the mental health of the youth in their home has declined in the past 12 months. (9)
- In 2020, the suicide rate in North Dakota was 18.1 people per 100,000, compared to 13.5 people per 100,000 across the United States. In rural counties, the suicide rate is even higher.
- Nearly half of the state's population of about 780,000 lives in rural counties, where the suicide rate is 20.6 people per 100,000. (8)
- In a 2022 survey of North Dakota's behavioral health service providers, 80.2% reported there were inadequate services and support in their community for adults and youth experiencing mental and behavioral health challenges. (9)

What Works

There is emerging research that highlights promising best practices in early intervention.

1. Life skills training

Because most of the population cannot accurately identify the early warning signs of depression, suicide, or other anxiety disorders, it is vital to begin by educating parents, teachers, coaches, allied health professionals, physicians, law enforcement, youth leaders, and business professionals about the signs and symptoms of mental health concerns and, more importantly, how to take action.

2. Public Information Campaigns

In addition to targeted life skills training, raising the general public's awareness and understanding of various mental health concerns should also be a crucial part of the efforts to reduce the toll of mental health problems in North Dakota. These campaigns should utilize a broad variety of media with careful attention being place on the action that needs to be taken when encountering these issues.

3. Help Lines

Mental health struggles require support from others. While friends and family are integral, their strong emotional attachment and lack of training can cloud their advice and hinder their ability to sufficiently help in a moment of crisis. National mental health hotlines provide trained, unbiased volunteers and mental health professionals who offer empathy and defuse crisis situations.

Of particular note, evidence increasingly shows that preventing and intervening early for young people with mental health problems, especially depression and first onset psychosis, can dramatically improve immediate and long term outcomes.

4. Timely Referral

Each presenting individual should be afforded the opportunity to receive the appropriate assistance from qualified professionals. Unfortunately, we face a serious provider shortage and as a result, there are significant wait times to obtain needed treatment.

IV. Treating and Recovering From Behavioral Health Problems

Behavioral treatment and recovery services focus on whole-body, whole-person health. This means ensuring patients are provided readily-available, evidence-based behavioral health services so they can live a full and satisfying life.

Positive behavioral and mental health treatment allows people to work more productively, cope better with everyday stress, maintain a positive outlook, and engage in meaningful pursuits.

Behaviors of Concern

- **US Lifetime Prevalence:** More than 50% of Americans will be diagnosed with a mental illness or disorder at some point in their lifetime (1).
- **US Annual Prevalence:** 1 in 5 Americans will experience a mental illness in a given year (1).
- **US Adolescent Prevalence:** 1 in 5 children, either currently or at some point during their life, have had a seriously debilitating mental illness (1).
- **Extent of Concern:** 1 in 25 Americans now live with a serious mental illness, such as schizophrenia, bipolar disorder, or major depression (1).
- **Impact on Healthcare:** Estimates have been cited that as many as 60% of healthcare (patient-provider) encounters are related to mental health issues. (2)
- **North Dakota Prevalence:** The share of adults in North Dakota with any mental illness was 20.5% in 2018-2019, which was similar to the U.S. share (19.9%) (5)

Why These Statistics Matters:

Social Isolation: Poor mental health leads to problems such as social isolation, which disrupts a person's communication and interactions with others. This can have particularly harmful effects on children and adolescents whose development depends on forming bonds with their family members and peers. (3)

Educational Success: Evidence suggests that poor mental health affects people's educational success. In fact, the suspension/expulsion rate for students with emotional disturbances, for example, is 64 percent. (3)

Occupational Success: Mental health issues can also lead to struggles at work including poor concentration and absenteeism which in turn lead to job loss, loss of health insurance and a whole host of negative cascading events that follow. (3)

Substance Use: A clear relationship exists between mental health issues and substance misuse. Each can lead to the other. In fact, one in four people with a serious

mental illness also has a substance use disorder, according to the National Institute on Drug Abuse. (3)

Illness and Life Expectancy: Mental health issues influence the onset, development, and effects of physical illnesses. Research also indicates that mental illness could reduce life expectancy by 20 years. (3)

Urgent State and National Treatment and Recovery-Related Developments:

- Already, more than 150 million people live in federally designated mental health professional shortage areas. Within a few years, the country will be short between 14,280 and 31,109 psychiatrists. Psychologists, social workers, and others will be overextended as well. (4)
- Leading up to the pandemic, large shares of adults with mental illness did not receive care. In North Dakota, 61.1% (33,000) of adults with mild mental illness, 56.1% (18,000) of adults with moderate mental illness, and 19.7% (5,000) of adults with serious mental illness in the past year did not receive mental health treatment. (5)
- In a 2022 survey of service providers in North Dakota, 61.9% reported that the average **WAIT PERIOD** for a client to receive mental and behavioral health services (excluding ER services) from their organization was **ONE MONTH OR MORE**. (6)
- North Dakota currently ranks 50th out of 52 states (includes Washington, D.C., and national rate) for private insurance that covers mental or emotional problems for kids. (7)

What Works?

Evidence demonstrates that to successfully address mental health concerns in a statewide population, four major barriers will need to be addressed and/or removed. These include:

- Significantly expanding the mental health workforce.
- Increasing the number of certified treatment facilities who practice evidence-based protocols.
- Expanding private insurance and Medicaid assistance to cover the cost.
- Encouraging the development of new approaches to recovery and aftercare.

V. Developing North Dakota's Behavioral Health Workforce

The Importance of Workforce Development: Across the United States and especially North Dakota there is a profound shortage of behavioral health workers. These workers play an integral role in supporting those struggling with mental health conditions, a role that has become even more important in the wake of today's turbulent times.

Behavioral Health Providers Defined: The broadest definition of the behavioral health workforce includes not only providers of substance abuse and mental health services, but also providers who deliver behavioral health services in a supportive role in various settings. (1)

The Current Number of US Behavioral Health Providers: It is estimated there were approximately 776,445 US behavioral health providers in 2020. (2)

The Current Number of US Behavioral Health Providers Needed: It is estimated that the number of US behavioral health providers that will be needed in the US will 868,180. This an alarming 11% increase from today's numbers. (2)

The Need for Psychiatrists: It is estimated that the US will be short between 14,280 and 31,109 psychiatrists. With not enough of this specialty to go around, an additional burden will be placed on already overextended psychologists, social workers, and other allied health professionals. What's more, the gap between need and access for more behavioral health providers is far greater in rural areas. In fact, more than half of U.S. counties lack a single psychiatrist. (3)

Psychiatrists in North Dakota: As of 2018, North Dakota had 88 psychiatrists with a mean age of 51. This translates into 1.16 psychiatrists for every 10,000 residents. 84.1% of ND's psychiatrists work in urban areas. This means that 46 of ND's 53 counties have no psychiatrist within their geographical proximity. (7)

Urgent State and National Mental-Related Developments:

- In recent 2022 statewide survey of select behavioral health providers, respondents reported that one of the top challenges currently facing their organization was a severe lack of providers and services available. (8)

Why These Statistics Matter

With stats like these, it is apparent that an already strained mental health infrastructure is destined to collapse if no additional support is provided. Despite the exhaustive efforts of our mental health workers to expand their hours and caseloads, many

vulnerable people in ND communities will not have adequate access to the critical mental health services they need if things do not change.

What Works

Developing ND's Behavioral Health Workforce is vitally important to the future health of all the State's citizens. Specifically, there are four crucial areas that must be addressed.

1. Training and Recruiting More Behavioral Health Professionals

To meet North Dakota's behavioral health demand, more providers—especially psychiatrists—will need to trained and/or recruited. Strategies that will assist include: 1) expanding the existing Behavioral Health Loan Repayment Program which repays the student loans of those providers who establish their services in North Dakota and/or 2) providing significantly more residency training slots through ND's medical schools. (4, 5)

2. Building the Pipeline by Elevating the Value of Paraprofessionals Through Training, Support, and Recognition

Any development of the state's behavioral health workforce will need to establish a strong paraprofessional base by strengthening the process for entry into the workforce and developing avenues for advancement up the career ladder and recognition along the way. Paraprofessionals do not have a license in North Dakota and are unable to function independently. Instead, they work under the supervision of a licensed professional. North Dakota does not have a well-defined entry level or beginning to a career in the behavioral health field or established career ladders for advancement. (4)

3. Recruiting and Developing Peer Support Workers

Peer support workers are individuals with direct or indirect lived experience of a mental health condition, substance use disorder, or both, who provide non-clinical support to others undergoing the recovery process. They bring their personal knowledge of mental health conditions and substance use disorder and share experiential information to support people's progress towards recovery. Peer support workers play a critical role in helping to reduce hospitalizations and other high-cost services by helping those they support to stay engaged in the recovery process. Though they offer a high return on investment in behavioral health services, peer support workers are often stuck in low-wage roles with limited opportunity for career progression. To best leverage the power of peer support, it is critical to standardize and formalize the field of peer support and bolster career pathways. (5)

In a 2020 report, the Substance Abuse and Mental Health Services Administration (SAMHSA) projected the U.S. would need over 1.1 million peer support workers, with 70 percent focusing on mental health and 30 percent on substance use disorder to address rising behavioral health needs.

In stark contrast, an estimate of total certified peer support workers across the U.S. from April 2016 was estimated to be just over 23,500. (6)

4. Ensuring the Wellness of All Behavioral Health Providers

As the demand for behavioral health services becomes overwhelming in scale, and significant health concerns over mental health professional burnout reach an all-time high, it's urgently important that we recognize the pandemic's latent and lasting implications on mental health care workers in North Dakota.

This means providing world-class training and ongoing support for North Dakota's providers. Currently there is no single entity tasked with this responsibility.

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