THE SUBSTANCE ABUSE AND MENTAL HEALTH EPIDEMIC

It Is Time to Ignite A Transformational Campaign

A Guide for Group or Personal Reflection

A Passionate Voice for Compassionate Care®
CHA’s January – February edition of *Health Progress* magazine has a special focus on behavioral health. It includes an article by Rod Hochman, MD, president and chief executive officer of Renton, Wash., -based Providence St. Joseph Health. He is also chairperson of the CHA Board of Trustees. In his article, titled, “It Is Time to Ignite a Transformational Campaign,” Dr. Hochman challenges Catholic health ministry in partnership with communities across the nation to start a transformational movement to confront the severe national mental illness and substance abuse epidemics.

In the pages that follow a reflection process is offered to engage leaders around creation of a social movement centered around community that can help solve the nation’s mental health and substance abuse crises. The process is designed to be used flexibly by individuals or groups as a reflection, as part of personal formation and as an exercise between in-person sessions for participants in senior leader formation programs. We hope that it will be useful to executives, managers, clinical and non-clinical associates, board members, sponsors, ethics committee members and others.

**Suggested Reflection Process**

1. Begin your reflection with prayer – one is provided.
2. Read the Executive Summary of the article.
3. Review the Questions for Reflection, noting their concepts, but not answering them yet.
4. Read the full article.
5. Return to the Questions for Reflection:
   A. Review the questions after reading the entire article.
   B. Take time to consider each question, jotting down any responses, considerations or questions that come to you.
   C. If you are completing this as an individual, you might consider taking time to discuss your responses with a colleague – get her or his thoughts on the questions; see if the person agrees with your thoughts or has different viewpoints to offer. If you are discussing as part of a group, take your written notes with you to the meeting. For group use, it could be helpful to assign the reading and then convene either by phone or in person for group discussion.
6. Close with prayer – a concluding reflection is provided.

As you use this guide, please let CHA know if it is useful in your ongoing formation, as well as any changes, suggestions or insights about it that you would like to share. It is a resource for the ministry, and we want it to best suit your needs. To share comments, please contact Mary Ann Steiner, editor, *Health Progress*, at masteiner@chausa.org.
Opening Prayer

*God is Seeking Me*

Loving God, what is it that you would have me do?

It is not what I want you to do,
It is what I want you to be …

Be a Child of God
Be my light in the world
Be my presence among my people
Be kind and just
Be loving and generous
Be joy-filled

Be courageous and visionary
Seeing things as they could be, rather than the way they are
Be fearless and trusting
Be a witness
Be present

As we reflect together today, let us be mindful of the Grace found in God’s presence in ourselves and in one another. May we each be blessed to consider those things beyond anything we’ve previously imagined. Me we be the voice for the voiceless, offering mercy and compassion in all those we encounter. Amen.

- Adapted from “God is Seeking Me,” by Pamela A. Phillips, Bon Secours Hampton Roads, 2007
Executive Summary

Health care needs a transformational movement to help us confront a severe national crises: the mental illness and substance abuse epidemic. Too many lives are at risk, and it is time for real action.

The statistics are staggering. One recent report estimates that in 2016, as many as 65,000 Americans died of a drug overdose. That’s more Americans than were killed in the Vietnam War.

Depression is the leading cause of disability worldwide and is a major contributor to the global disease burden. At its worst, depression can lead to suicide, which is the second leading cause of death in the United States for people between the ages of 15 and 29 years. We also are painfully aware that 20 U.S. veterans kill themselves every day.

Too many people in our communities are not getting the help they need when they are at their most vulnerable points in life. It is estimated that 67 percent of adults cannot get access to adequate mental health and support services. It will require nothing short of social transformation in order to develop a comprehensive support system to help one another.

A critical first step is eliminating the stigma around mental illness and addiction, creating openness that will help ease access to care. We need collaboration involving every segment of society — schools, the criminal justice system, churches, businesses, social service agencies and veterans’ groups.

Every great social movement begins with community, and that’s what it will take to solve the nation’s mental health and substance abuse crises. Together we can inspire hope, healing, wellness and inclusion for everyone.
Questions for Reflection

Rod Hochman, MD, is calling for a transformational industrywide change in health care to address the national crises of substance abuse and mental illness. He contends that the problems have been properly identified and discussed sufficiently, and that now is the time for strategic action.

Hochman uses the 100,000 Lives campaign, led by the Institute for Health Care Improvement 10 years ago, as an example of how to craft specific and actionable goals for a national change in the care of people with mental illnesses and substance abuse disorders. Do you think the 100,000 Lives campaign still provides a realistic model?

What new challenges to a national initiative have surfaced in the last 10 years? What new opportunities might exist now with the use of social media for storytelling and information sharing?

Does your ministry have policies and practices in place to reduce the stigmas of mental illness and substance use disorder? What are they?

In your community, what actions are in place to improve access to mental health services? What partnerships could be forged to further improve access?
The reports were a major topic of conversation in every health care circle at the time. In fact, for years all we did was talk about them, almost as if we were admiring the problem and patting ourselves on the back for acknowledging it. There were pockets of improvements and best practices here and there. But by and large, we weren't collectively taking consistent, actionable steps across the country to safeguard our patients from harm, and after the initial excitement died down, it was as if we closed the reports and put them away on a shelf.

The reports might have stayed there, collecting dust, had it not been for the 100,000 Lives campaign led by the Institute for Healthcare Improvement in Cambridge, Massachusetts. Anyone who has worked in health care for more than a decade will remember this initiative that aimed to reduce patient deaths and harm due to preventable medical errors by 100,000 lives in 18 months. Although health care still has a way to go to eliminate harmful errors, the initiative achieved its goal and sparked a passion for safety and quality that continues to propel us today.

ACTION AND TRANSFORMATION
The reason I bring it up in this context is because the 100,000 Lives campaign is a brilliant example of how to ignite a transformational movement in health care. And that's exactly what we need at this moment as we find ourselves facing another severe national crisis: the mental illness and substance abuse epidemic. We all are aware of the problem and have talked about it endlessly. But we can no longer afford to just talk. Too many lives are at risk. It's time for real action.

The statistics are staggering. One recent report estimates that in 2016, as many as 65,000 Americans died of a drug overdose. That's the highest rate ever. That's more Americans than were killed in the Vietnam War.

Depression is the leading cause of disability worldwide and is a major contributor to the global disease burden. At its worst, depression can lead to suicide, which is the second leading cause of death in the United States for people between the ages of 15 and 29 years. And we are painfully aware that 20 U.S. veterans kill themselves every day.
Too many people in our communities — including our own family members, neighbors, friends and co-workers — are not getting the help they need when they are at their most vulnerable points in life. It’s estimated that 67 percent of adults cannot get access to adequate mental health and support services.

How many more people need to suffer and die before we develop a comprehensive support system to help one another? It will require nothing short of social transformation, which is why I believe we can learn from the 100,000 Lives playbook and apply similar strategies to solving the crisis at hand.

DESTIGMATIZE, PERSONALIZE

A critical first step is eliminating the stigma around mental illness. One of the most powerful tactics deployed by the 100,000 Lives campaign was putting a face and name to the statistics to help us connect with individuals behind the numbers. I recall many national meetings in which Donald M. Berwick, MD, MPP, the Institute for Healthcare Improvement’s former president and CEO who spearheaded the campaign, would share the stories of people killed by preventable medical errors. We all followed suit at local levels, sharing stories of people in our own hospitals who died when they shouldn’t have. We reflected on their names, ages and hobbies, emphasizing that these were individuals whose lives were cut short, who had families that loved them and who still had so much to give to the world. Their stories spurred us to do everything possible to prevent the same errors from happening to anyone else.

The 100,000 Lives campaign also made it safe for clinicians to talk openly about their own mistakes, which opened the door to identifying gaps in the system so that we could fix them. For a long time in health care, we felt the pressure of being perfect. We were not encouraged to express our concerns or question someone in higher authority. The 100,000 Lives campaign made it acceptable — in fact, expected — to speak up if you believe a patient is inadvertently being put in harm’s way.

Imagine if we created the same openness around mental health and addiction? Our society often equates such issues with weakness, making people reluctant to come forward when they need help. I recently spoke with Maureen Bisognano, president emerita and senior fellow with the Institute for Healthcare Improvement. She was another major figure in the 100,000 Lives campaign — she became actively involved in mental health after her nephew died of a drug overdose.

Bisognano said she was proud to see that her nephew’s widow included the phrase “died after suffering a drug addiction” in his obituary. In the U.S., we often are taught to keep these types of struggles quiet and not share them outside of the family. But listing the cause of death allowed other people in the community to acknowledge addiction in their own families and to see they are not alone, that there are others facing the same issues.

In the health care ministry, we also need to look within our own organizations and address the pressure and stress on our health care workforce. The intense physical, intellectual and emotional demands of caring for patients ultimately take a toll and can manifest in terms of high burnout rates, anxiety and depression. We have expected clinicians to just “suck it up,” and we have not provided outlets and resources for them so they can talk about the trauma of the life-and-death situations they deal with every day. Health care workers are a source of healing for our communities, so we, in turn, need to support their healing and wholeness by helping them build resilience and maintain joy and meaning in their work.

EMBARRASSING OTHERS INTO ACTION

The 100,000 Lives campaign moved all of us into the action phase of preventing harmful errors. The Institute for Healthcare Improvement challenged every hospital and clinician in the country to join in the campaign to save lives, and it gave us...
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sense of collaboration is what we need now to solve the mental health and substance abuse crisis. One major difference, though, is that in addition to health care organizations, we need every segment of society to be part of the solution, from the schools and the criminal justice system to churches, businesses, social service agencies and veterans’ groups.

By the time someone shows up in an emergency room with a mental health or addiction issue, that individual already has suffered a great deal of emotional and personal pain without enough early support or intervention. That is why we need to get upstream and bring the assets of entire communities to bear so we can help one another in the earliest possible stages.

The Well Being Trust is a national foundation based in Oakland, California, that aims to do exactly that. It is working to bring diverse organizations together to advance the mental, emotional and spiritual health and well-being of communities across the country. Providence St. Joseph Health established the foundation in 2012 with an initial seed investment of $100 million and has invited other organizations to join the cause.

The foundation is infusing the 100,000 Lives campaign’s bold thinking into its mental health efforts. Bringing her experience from the Institute for Healthcare Improvement, Bisognano serves as the advisory council chair for the Well Being Trust. She has been instrumental in helping the foundation get organized so that we can identify the most effective set of actions that will have the biggest impacts in our communities.

Bisognano is working closely with Tyler Norris, MDiv, the foundation’s chief executive. Prior to joining the Well Being Trust, Norris was vice president for Total Health at Kaiser Permanente in Oakland, California, where he worked with large community institutions to apply all operational assets to impact the economic, social and environmental determinants of health.

Under their leadership, the Well Being Trust is engaging organizations across sectors to:

- Eliminate the stigma of mental illness and ease access to care
- Build resilience in children, teens, families and seniors
- Reduce suffering from depression, anxiety and social isolation
- Curtail substance abuse
- Create hope for people with serious and persistent mental illness
- Grow healthy, equitable communities that support human flourishing

The foundation has announced its first slate of grants, which include:

- A collaboration with the Institute for Healthcare Improvement to support patients who come to emergency departments in need of mental health care and substance abuse treatment
- A partnership with the Trust for America’s Health to develop federal and state policy recommendations for a variety of mental health issues, but especially for substance misuse and suicide
- A grant to the California Mental Health and Wellness Initiative, an effort sponsored by the state of California to focus on better integrating behavioral health services across the full spectrum of care, from hospitals and clinics to schools, churches, community centers and the social services

ENGAGING OUR YOUTH

I have believed for a long time that our young people offer refreshing, valuable perspective, and I think one of the smartest things Bisognano and Berwick did prior to creating the 100,000 Lives campaign was to get advice from their kids about how to develop a national initiative to reduce
Every great social movement begins with community, and that’s what it will take to solve the nation’s mental health and substance abuse crisis.

Rod Hochman is president and CEO of Providence St. Joseph Health based in Renton, Washington.

NOTES

QUESTIONS FOR DISCUSSION

Rod Hochman, MD, is calling for a transformational industrywide change in health care to address the national crises of substance abuse and mental illness. He contends that the problems have been properly identified and discussed sufficiently, and that now is the time for strategic action.

■ Hochman uses the 100,000 Lives campaign, led by the Institute for Health Care Improvement 10 years ago, as an example of how to craft specific and actionable goals for a national change in the care of people with mental illnesses and substance abuse disorders. Do you think the 100,000 Lives campaign still provides a realistic model?

■ What new challenges to a national initiative have surfaced in the last 10 years? What new opportunities might exist now with the use of social media for storytelling and information sharing?

■ Does your ministry have policies and practices in place to reduce the stigmas of mental illness and substance use disorder? What are they?

■ In your community, what actions are in place to improve access to mental health services? What partnerships could be forged to further improve access?
Closing Prayer

A Reflection on Luke 7: 19-23

The people of Jesus’s time first became aware of him as a teacher and a healer through the visible evidence of his interactions with the poor and the sick. As they told what they had seen and experienced, his reputation spread across the land. The good news he brought continues to live on today in the healing narratives in the Gospels and in the health care ministries serving in his name. In this passage from Luke 7, Jesus responds to the disciples who have been sent by John the Baptist to question him.

After the disciples of John told him about what Jesus was doing, John summoned two of his disciples and sent them to Jesus to ask, “Are you the one who is to come, or should we look for another?” When the men came to him, they said, “John the Baptist has sent us to you to ask, ‘Are you the one who is to come, or should we look for another?’” At that time he cured many of their diseases, sufferings and evil spirits; he also granted sight to many who were blind. And he said to them in reply, “Go and tell John what you have seen and heard: the blind regain their sight, the lame walk, lepers are cleansed, the deaf hear, the dead are raised, the poor have the good news proclaimed to them.”

Consider the response Jesus made to John’s disciples: “Go and tell what you have seen and heard.” The ministry of Catholic health care extends the healing ministry of Jesus to those who are in need today. As we consider what is needed to confront the epidemics of our time—metal illness and opioid addiction—let us ask ourselves if we are the ones called to help or if we should merely look to another. Having faith in what we have seen and heard and in God’s power that is always working through us, we pray …

God, our Creator, you have blessed us with the great gift of your Son Jesus whose healing ministry is a model for our own. Grant that we may ever serve you by serving our brothers and sisters who experience mental illness, addiction, self-abuse and neglect. Help us to bring alive your reign through being the voice for those who are voiceless. May we partner in new and extraordinary ways to bring peace and healing and show your mercy and compassion. Amen.