

Strategic Initiative #8: Public Awareness and Support

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Key Facts

- In 2009, 12.0 million adults aged 18 and older (5.3 percent) reported an unmet need for mental health care in the past year. These respondents included 6.1 million adults who did not receive any mental health services in the past year. Among the 6.1 million, several barriers to care were reported, including cost, lack of health insurance coverage, and not knowing where to access care.¹²⁴
- Only about half of American children and teenagers with some common mental disorders (generalized anxiety disorder, panic disorder, eating disorders [anorexia and bulimia], depression, attention deficit hyperactivity disorder [ADHD], and conduct disorder) receive professional services.¹²⁵
- Two-thirds of Americans believe that treatment and support can help people with mental illnesses lead normal lives.¹²⁶
- One in five Americans feels that persons with mental illness are dangerous to others.¹²⁷
- Two-thirds of Americans believe addiction can be prevented.¹²⁸
- Just over 95 percent or 19.8 million of the 20.8 million people classified as needing substance use treatment because of the problems they experienced did not feel they needed treatment.¹²⁹
- Among persons aged 12 and older who needed but did not receive treatment at a specialty facility and perceived a need for treatment, lack of coverage or the inability to cover the cost of treatment was the most common reasons given for not receiving illicit drug or alcohol use treatment.¹³⁰
- Seventy-five percent of Americans believe recovery from addiction is possible.¹³¹
- Twenty percent of Americans say they would think less of a friend or relative if they discovered that person is in recovery from an addiction.¹³²
- Thirty percent of Americans say they would think less of a person with a current addiction.¹³³
- Ninety-four percent of primary care physicians in a study conducted in 2000 failed to diagnose substance use disorders properly.¹³⁴

Overview

Social marketing is a well-established, science-based process to influence a target audience to voluntarily accept, reject, modify, or abandon a behavior for the benefit of individuals, groups, or

Purpose of Initiative #8

Increasing the understanding of mental and substance use disorders and the many pathways to recovery to achieve the full potential of prevention, help people recognize mental and substance use disorders and seek assistance with the same urgency as any other health condition, and make recovery the expectation.

society as a whole. The National High Blood Pressure Education Program is a prominent example of successfully using a strategic planning framework and marketing techniques. When the program was launched in 1972, less than one-fourth of Americans knew of the relationship between hypertension, stroke, and heart disease. Today, more than three-fourths of the population are aware of this connection. Virtually all Americans have had their blood pressure measured at least once, and three-fourths of the population have it measured every 6 months.

Just as Americans are aware of the connection between hypertension, stroke, and heart disease, they should be aware of the connection between mental and substance use disorders and take action to prevent and treat these problems.

Opportunities for preventing or intervening early to reduce the death and illness associated with mental and substance use disorders are often missed. Half of all mental illnesses begin by age 14, and three-fourths begin by age 24. Initial symptoms typically precede a disorder by 2 to 4 years. Preventing and delaying initiation of substance abuse can reduce the potential need for treatment later in life. For example, among the 14 million adults aged 21 and older who were classified in the past year with alcohol dependence or abuse, more than 13 million (95 percent) had started drinking alcohol before age 21.

Suicide is another example. Every year, more than 34,000 persons die by suicide in the United States. Approximately 90 percent of those who die by suicide had a mental disorder, and 40 percent had visited their primary care doctor within the past month. Yet, the topic of suicide was seldom raised. Suicide is also strongly related to alcohol and other substance use, 20 to 50 percent of the people who die by suicide had alcohol or drug abuse problems.¹³⁵

People do not receive help for many reasons. Just over 95 percent of the 20.8 million people (19.8 million) classified as needing substance use treatment because of the problems they experienced did not feel they needed treatment. People who reported an unmet need for mental health care in the past year—and those who perceived a need for substance use treatment and did not receive it—reported cost and lack of insurance coverage as the top reasons for not receiving care. With the passage of the Affordable Care Act and enhanced access to mental and substance use disorder prevention and treatment services, cost and insurance barriers should begin to decline.

The opportunity to reduce the gap between people who need and people who receive prevention and treatment services is largely a public education challenge. SAMHSA can improve the rates at which people with mental and substance use disorders receive services, attain, and sustain recovery by:

- Increasing public knowledge about the effectiveness of treatment and opportunities for recovery;
- Educating the public about self, peer, and family care;
- Improving understanding about how to obtain insurance coverage and access treatment; and
- Confronting discrimination and misinformation.

Disparities

Segmenting SAMHSA's market outreach includes development of specific strategies to reach and engage diverse cultural, racial, and sexual minority groups. Although these populations have similar rates of behavioral health disorders to the general population, they bear a heavier burden of disease, often due to lack of information, access, and appropriate services. SAMHSA will align its communication strategy to improve the reach of SAMHSA's media in these communities; increase the cultural relevance of its outreach, awareness, and media strategies; and establish networks of culturally diverse consumers, families, and stakeholders to better share information and inform SAMSHA's work.

Health Reform

In recognition that behavioral health is essential to overall health, the Affordable Care Act makes the prevention and treatment of mental and substance use disorders part of the essential benefits package. Under the new law, mental and substance use disorders will no longer be used to deny coverage as a "pre-existing conditions." People with mental and substance use disorders and those at risk can greatly benefit from the new health reform law, but only if they are aware of and know how to access the benefits. Raising public awareness about prevention, early intervention, treatment and recovery support service benefits will increase demand for these services and provide an unprecedented opportunity and challenge for the behavioral health community. The Initiative will meet this need by building capacity and raising public awareness about the benefits of health reform, parity, and other developments in Federal behavioral health policy.

Behavioral Health Workforce

Increasing the relevance, effectiveness, and accessibility of training and education is an urgent priority for the behavioral health field. SAMHSA remains committed to supporting an effective behavioral health workforce, which means ensuring that the workforce has the latest information about effective services, supports, and trends. It also means the behavioral health workforce is connected to a broader dialogue that emphasizes the importance of self-direction for people with mental and substance use disorders and the critical roles that peers and family members play in recovery. Though this Initiative, SAMHSA will work to ensure that the behavioral health workforce has access to the information needed to provide successful prevention, treatment, and recovery services. SAMSHA will also support the workforce to engage people with mental and substance use disorders and empower them on the path to recovery.

Components of Initiative

SAMHSA's Strategic Initiative on Public Awareness and Support articulates a clear strategy to engage the public through multiple communications channels and satisfy customer needs at the moment and in the format information is desired. To maximize the effectiveness of these efforts, SAMHSA will tailor communications to a variety of audiences, including providers, policymakers, payers, current and potential service recipients, educators, family members (e.g., caregivers, children, youth, and young adults), researchers, community advocates, individuals, and the media.

Each audience has a distinct set of wants, needs and communications channels. Market research—including the employment of Web-based public engagement strategies and platforms—will be used to inform the development and evaluation of messages, products and services, and communications channels. This communications approach and public engagement strategy will include Web, social media (e.g., Twitter, Facebook, YouTube, and blogs), analytics and metrics, media monitoring, graphic design, mapping/geospatial, data and application program interface (API) development, video and multimedia, mobile messaging, and ongoing assessments of new and emerging technologies (e.g., gaming). In addition to these communications channels, cultivating relationships and collaborating with public and private sector organizations will further strengthen SAMHSA's effort to influence attitudes and actions related to behavioral health.

SAMHSA is aligning and focusing its communications assets on achieving the goals of the Public Awareness and Support Initiative and the other seven Strategic Initiatives. The agency has reframed its mission and is sharpening its presence and visibility. SAMHSA intends to disseminate a consistent set of messages across multiple platforms. As an example, SAMHSA is consolidating 88 Web sites, combining multiple 1-800 numbers into a single point of entry, creating one user-friendly facility locator service, and building a public engagement strategy with social media.

To lead this effort SAMHSA has created a Communications Governance Council (CGC). The Council is charged with setting the strategic direction and policy for SAMHSA's public communications activities. It will provide guidance on the development and implementation of the communications plan for each Strategic Initiative and make decisions on concept and content clearances for SAMHSA's public communications activities, including Web, new media, and electronic and written publications based on the plans.

Through the use of the strategic initiative strategic planning framework and the latest marketing techniques, SAMHSA will deliver content when and where it is needed and serve as the principal source for the American public to find accurate and timely information about behavioral health services, including prevention, treatment, and recovery supports.

Goals

Goal 8.1: Increase public understanding about mental and substance use disorders, the reality that people recover, and how to access treatment and recovery supports for behavioral health conditions.

Goal 8.2: Create a cohesive SAMHSA identity and media presence.

Goal 8.3: Advance SAMHSA's Strategic Initiatives and HHS priorities through strategic communications efforts.

Goal 8.4: Provide information for the behavioral health workforce.

Goal 8.5: Increase social inclusion and reduce discrimination.

Specific Goals, Objectives, and Action Steps

Goal 8.1: Increase public understanding about mental and substance use disorders, the reality that people recover, and how to access treatment and recovery supports for behavioral health conditions.

Objective 8.1.1: Raise public awareness of behavioral health issues.

Action Steps:

1. Coordinate development of public education campaigns within SAMHSA and in collaboration with private and nonprofit organizations, including populations affected by disparities.
2. Solicit and use stakeholder feedback, including responses from representatives of other groups affected by disparities, and market research to inform content development.
3. Facilitate inter- and intra-agency collaboration for content development and evaluation using the Behavioral Health Coordinating Council and other Federal, State, Tribal, Territorial, and community partners.
4. Facilitate inter- and intra-agency collaboration to improve awareness in targeted populations and through specific delivery systems.
5. Engage behavioral health organizations—including those serving diverse racial, ethnic and sexual minority communities; guilds; the private sector, and government entities—to extend the reach of campaigns and efforts.
6. Develop and implement a plan to increase the amount of donated media connected with SAMHSA communications efforts.
7. Develop scheduled news media events to promote behavioral health access issues, such as suicide prevention and children's mental health services.
8. Develop and enact a plan for SAMHSA leadership to speak in nontraditional settings and to nonbehavioral health audiences.
9. Consolidate and coordinate national public events and awareness days and months sponsored by SAMHSA.
10. To measure and report change, establish an annual survey of American attitudes and awareness.

11. Engage stakeholder groups that represent populations affected by health disparities to ensure that the action steps included under this goal target diverse audiences and are conducted in a culturally competent manner.

Objective 8.1.2: Deliver evidence-based behavioral health information to the public in a meaningful way.

Action Steps:

1. Complete the SAMHSA's Health Information Network redesign and knowledge management project.
2. Inventory current communications product in development.
3. Improve the design and accessibility of training and educational materials while ensuring that materials are appropriate to varied audiences and adapted to their unique needs (e.g., create materials in plain language, in accessible formats, and in multiple languages when appropriate).
4. Train SAMHSA staff on how to plan, produce, distribute, and promote training and educational materials.
5. Work with Centers and Offices to coordinate public release of studies, grants, and other announcements.
6. Host regular media workshops highlighting key behavioral health issues.
7. Use product inventory metrics to help identify content gaps and outdated materials that need updating.
8. Ensure that campaigns and products are connected to a tailored distribution and marketing plan that is inclusive of diverse ethnic, racial, and sexual minority communities.
9. Work with other HHS and Federal agencies to reduce multiple public education efforts on similar topics.

Objective 8.1.3: Increase the public's awareness of signs and symptoms of mental and substance use disorders and how to access services.

Action Steps:

1. Inventory SAMHSA-supported information service telephone numbers and develop a single 1-800 number to access SAMHSA information services and a strategy to promote awareness of this number across all groups.
2. Consolidate and improve the SAMHSA treatment locators.
3. Develop public education activities and materials to cover changes resulting from health reform and parity, and materials and focus efforts on specific populations to address behavioral health disparities.

4. Centralize the public's access to SAMHSA technical assistance providers and grantees.

Objective 8.1.4: Use emerging technology and social media to engage and inform the public.

Action Steps:

1. Develop pilots based on SAMHSA priorities and best practices established by other Federal Agencies.
2. Use evidence from pilot campaigns to develop a comprehensive new media strategy.
3. Develop tools and processes to support greater engagement with the public and with diverse stakeholders and audiences, including groups affected by disparities.
4. Establish metrics and benchmarks to evaluate the effectiveness of new media and new technologies to effectively support the SAMHSA priorities.
5. Develop content ready for use with traditional and emerging news media (e.g., blogs and social networking).

Goal 8.2: Create a cohesive SAMHSA identity and media presence.

Objective 8.2.1: Streamline and coordinate SAMHSA's Web presence.

Action Steps:

1. Create a SAMHSA-wide Web program that provides infrastructure support for a content-rich, up-to-date, and effective Web presence.
2. Ensure accessibility for a variety of audiences on SAMHSA's Web site, including people with disabilities, and support access to Spanish and other high-frequency language materials.
3. Develop common templates, standards, infrastructure, and operating system for the SAMHSA Web program that ensures ease of use and 508 compliance.
4. Develop a common set of metrics to benchmark SAMHSA Web performance for multiple audiences, including racially and ethnically diverse end users and lesbian, gay, bisexual, transgender, and questioning (LGBTQ) populations.
5. Implement a Web Content Management System (WCMS) to facilitate publishing content.
6. Eliminate redundancy in SAMHSA's Web presence by consolidating and centralizing content.
7. Consolidate and redesign SAMHSA's Web site with the appropriate page links and search capacity to create one place to find Federal behavioral health services information.

Objective 8.2.2: Create common design elements, formats, and standards for SAMHSA materials.

Action Steps:

1. Develop templates and standards for SAMHSA materials. Include templates that are appealing to and reflective of diverse populations.
2. Establish and facilitate SAMHSA staff adherence to a set of quality review criteria for SAMHSA products that includes attention to cultural and linguistic needs of diverse audiences.
3. Develop SAMHSA standards for key engagement technologies (e.g., video, application programming interface development, and mobile).

Objective 8.2.3: Develop a consistent set of messages and a common language for behavioral health across HHS.

Action Steps:

1. Implement strategies to ensure that SAMHSA's messages and products are consistent with Culturally and Linguistically Appropriate Standards (CLAS) to address the diverse populations served by HHS.
2. Refine consistent SAMHSA talking points to ensure that they reflect, where appropriate, a behavioral health approach including prevention, treatment, and recovery, are culturally appropriate, and meet the health literacy of their intended audiences.
3. Disseminate and promote SAMHSA talking points in all areas possible (e.g., news releases, Administrator speeches, SAMHSA reports, and presentations).
4. Conduct a communications audit to solicit feedback from diverse groups of stakeholders to inform and improve how the SAMHSA defines and promotes behavioral health language, including focus group testing for messages and materials.
5. Provide the Office of the Assistant Secretary for Public Affairs with standard language to use in public outreach materials for a wide range of behavioral health issues, including for diverse cultural and linguistic populations.
6. Work with HHS and other partners through the HHS Behavioral Health Coordinating Committee to develop common terminology and outreach approaches on behavioral health issues that cut across multiple professions and areas of expertise and multiple populations and languages.
7. Develop and implement a crisis communications plan to support disaster response and recovery efforts. Work with the news media to provide consistent and clear messages on these issues and explanations of their importance.
8. Inform and engage the public during public incidents and current events related to behavioral health.

Goal 8.3: Advance SAMHSA's Strategic Initiatives and HHS priorities through strategic communications efforts.

Objective 8.3.1: Provide communications support to SAMHSA's Strategic Initiatives.

Action Steps:

1. Establish a SAMHSA-wide Communications Governance Council to implement a shared operating framework and decisionmaking process for SAMHSA communications.
2. Create and implement a communications plan for each Strategic Initiative that ensures input from, is appropriate for, and reaches out effectively to a broad range of behavioral health stakeholders, including individuals in recovery and their families, culturally and linguistically diverse audiences, and community coalitions.
3. Use research gathered from consumers, family, and community members from racially and ethnically diverse groups and LGBT communities to inform content development priorities for each Initiative.
4. Establish internal mechanisms for making content decisions based upon stakeholder feedback.
5. Build a culturally and linguistically diverse corps of effective SAMHSA spokespeople on these initiatives, particularly individuals in recovery.
6. Develop recovery and resiliency oriented, culturally and linguistically appropriate multimedia materials (e.g., news releases, news bulletins, and factsheets) highlighting accomplishments.

Objective 8.3.2: Engage stakeholders to inform and receive feedback about policy directions.

Action Steps:

1. Establish a standard approach for involving individuals in recovery from mental or substance use disorders, racially and ethnically diverse individuals, Tribes, and members of the LGBT community in all aspects of SAMHSA's outreach capabilities, including SAMHSA news, news releases, social media, and Web site, in serving diverse groups of stakeholders.
2. Provide transparent mechanisms to solicit and respond to stakeholder input on key policy issues.
3. Develop the workforce to establish and maintain a recovery and resiliency oriented, culturally and linguistically diverse behavioral health communications network of States, Territories, Tribes, providers, consumers, and other audiences.

Goal 8.4: Get information to the behavioral health workforce.

Objective 8.4.1: Improve the design and accessibility of technical materials and resources.

Action Steps:

1. Establish a common recovery- and resiliency-oriented, culturally and linguistically appropriate approach and product lines for SAMHSA's practice improvement portfolio for both mental health and substance use conditions (e.g., Treatment Improvement Protocols, Toolkits, Clinical Guidelines, and Community Planning Guides).
2. Solicit input from a diverse representation of the workforce on types of resources and formats they would prefer to receive information.
3. Evaluate different channels of sharing information (e.g., Webinars) to respond to needs of the field more quickly.
4. Work with mainstream and culturally and linguistically diverse practitioners and provider groups to increase awareness and implementation of evidence-based practices, promising programs, practice-based interventions, and emerging knowledge to improve practice and outcomes through tailored materials and communications efforts.
5. Work to coordinate resources provided by SAMHSA technical assistance providers to reduce duplication and ensure broader dissemination and use of technical assistance resources and materials.

Objective 8.4.2: Use new technology and media to engage and inform the workforce.

Action Steps:

1. Inventory SAMHSA-supported meetings and conferences and leverage opportunities to advance SAMHSA priorities.
2. Enhance the quality and availability of workforce-related information, including information relevant for diverse populations on SAMHSA's existing new media channels and Web site.
3. Pilot and evaluate the use of new media platforms that are not currently being used by SAMHSA and are relevant to a diverse workforce (e.g., LinkedIn and e-Learning platforms).
4. Establish platform (e.g., wiki, UserVoice) for program offices to use to engage targeted audiences.

Goal 8.5: Increase social inclusion and reduce discrimination.

Objective 8.5.1: Engage consumers, families, and persons in recovery to identify key messages and strategies.

Action Steps:

1. Provide ongoing training opportunities for key mainstream and diverse audiences, including consumers, peers, persons in recovery, providers, LGBTQ populations, and researchers on discrimination reduction and social inclusion.
2. Infuse discrimination reduction and social inclusion throughout communications related to the Strategic Initiatives.
3. Convene diverse consumer and family stakeholder groups to seek input to establish public education and awareness efforts to reduce discrimination and improve public attitudes associated with behavioral health conditions and promote social inclusion, acceptance, support, and recovery.
4. Establish supports and awards for consumer-run and persons-in-recovery run organizations to establish social inclusion efforts on the State, Territorial, Tribal, and community level.
5. Develop impact statement tools that can be used to examine programs and policies for impact on the social inclusion of people in recovery and those traditionally affected by disparities, including LGBTQ populations.
6. Through a systematic outreach effort, develop a network of consumers, families, and persons in recovery from diverse perspectives, including racial and ethnic minority, disability and LGBTQ groups.

Objective 8.5.2: Engage media and stakeholders in communication around discrimination reduction and social inclusion.

Action Steps:

1. Coordinate and consolidate public recognition and awareness events for mainstream and diverse cultural and linguistically diverse audiences (e.g., award shows and awareness days and months) to improve exposure and salience of messages.
2. Increase SAMHSA expert and material placement on news, ethnic, and popular media outlets (e.g., talk and reality shows)
3. Maintain an entertainment awards program that recognizes the efforts of diverse entertainment media outlets and consumer and persons in recovery leaders to promote accurate representations of people in recovery and break down the misperceptions and stereotypes so often perpetuated by the entertainment media.

Objective 8.5.3: Engage the public, employers, educational systems, and others to enhance their understanding and support of resilience, recovery, and social inclusion.

Action Steps:

1. Identify and consistently deliver key messages around resilience and recovery across SAMHSA communications channels and ensure relevance to a culturally, linguistically, and geographically diverse audience
2. Identify areas of misconception and misrepresentation across diverse populations, particularly when additional risk factors related to social, economic, and environmental conditions negatively impact recovery and resilience.
3. Increase SAMHSA expert and material placement on news, ethnic, and popular media outlets (e.g., talk and reality shows).
4. Collaborate with a broad representation of constituency groups and stakeholders, including groups affected by disparity, to identify common priorities and leverage work to educate the public.
5. Partner with constituency groups, stakeholders, and diverse ethnic groups to send news releases through their systems and networks.
6. Work with the Primary and Behavioral Health Care Integration Technical Assistance Center as it develops recovery-oriented curricula and materials for medical schools, nursing programs, doctoral psychology programs, schools of social work, and other relevant training programs.

Objective 8.5.4: Work with other Federal agencies, providers, and the health and human services field to enhance their understanding and support of resilience, recovery, and social inclusion.

Action Steps:

1. Identify best communications channels for engagement and engage various provider groups, including strategic outreach to LGBT communities and those traditionally affected by disparity, to identify common priorities related to social inclusion.
2. Leverage other work to encourage shared decisionmaking with consumers, families, youth, and people in recovery.

Strategic Initiative #8 Measures

Population-Based

- Increase the percentage of persons reporting knowledge of how to find treatment services for mental and substance use disorders.

SAMHSA Specific

- Increase the number of persons receiving behavioral health focused prevention information from SAMHSA-supported advertising, broadcast, or Web site.

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