**Melanie Cole, MS (Host):** Did you know that people living with substance use disorder can also have mental health conditions? Today we're breaking the stigma and redefining mental health with my guest, Linda Sistrunk.

She's the Director of Behavioral Health at Memorial Health System Ohio. Welcome to Memorial Health Radio with Memorial Health System Ohio. I'm Melanie Cole. Linda, it's a pleasure to have you join us today. As we get started on this topic, and it's a great topic, have you seen an uptick in anxiety disorders, mental health conditions, and substance use disorder over the past few years?

**Linda Sistrunk, MSN:** So I have had the fortunate ability to work in healthcare for approximately 30 years. So let's take the last five years into consideration with what we are seeing with mental health and substance use. And we have seen an exacerbation of symptoms. Folks who are trying to reach out for help, the services that are required.

Now the question that we always talk about in mental health and substance use arenas is are we seeing more patients with substance use and mental health or are we acknowledging and having people reach out to get the help that they need? I think that we, over the past three years, have looked at the patient population that we have, and we've had about an approximate 30 percent increase in the amount of patients who seek help through our healthcare system.

**Host:** What good points that you made. Those are good questions to be asked. And what are some of the common misconceptions while we're talking about that, in regards to mental health disorders and substance use disorders?

**Linda Sistrunk, MSN:** So, one of the biggest misconceptions, and we talk about this very openly in healthcare is the idea that people are somehow challenged with mental health and substance use concerns just to annoy us, so that we don't give the respect and dignity that should be provided to people who are actually suffering with a medical condition.

So, specific to mental health conditions, mental health conditions, we have openly acknowledged that people are struggling more with mental health conditions, that we see folks coming in with anxiety, depression, significant mental health concerns that really challenge the ability for them to do well clinically.

Substance use, we don't give as much autonomy and dignity and respect to in regards to the disease process. So the biggest misconception that any health care provider who is an advocate and engages with individual, individuals who are struggling, is that people are doing this on purpose, that somehow there is an attention seeking modality to people who are struggling with mental health and substance use.

We often hear people say very openly and very undignified that this is a choice, not a disease, that this is something that people use to get attention, that people use this to get more money from the system, that people use this as a crutch to not being successful. And we know after taking time and attention to the seriousness of this disease, that we know there is a biological component to substance use and mental health.

**Host:** That's so interesting, and Linda, as I said in my intro and along those lines, since substance use disorders can frequently go hand in hand with mental health disorders, and we know that there's always been a stigma, do you feel that there still is? Give us a little bit of your perspective and opinion on the stigma, and do you feel that because of that, and certainly, based on what you said about substance use disorder just on its own, do you feel that that will keep people from getting help for depression and their substance use issues and their mental health disorders? All of it, but it might keep them from getting the help that they need.

**Linda Sistrunk, MSN:** Yeah. So I'm a very strong clinical professional. I'm a social worker in a major healthcare system. So the number one reason people do not openly have open, honest dialogue about their struggles with mental health and addiction are primarily the concerns of what we're going to say in response to their acknowledgment.

So the idea that people don't want to get help is a preconceived notion to maybe not take our role as serious as it should be. I personally, and you said an opinion, so I will give you my opinion, but I will also give you information that I witness every single day. If we reach out to a patient or a person who is struggling with genuine trauma informed care approach with genuine desire to provide help and assistance; I find very few people are not willing to engage with us to get the help they need with mental health and substance use. So the things that deter patients, the things that deter people from acknowledging they have a concern is one is how we're going to respond to them emotionally. Or how we're going to respond to them with our non verbals, with our interactions, with our treatment, with our plan of care, how we speak to one another, how we speak to them.

So we have taken a strong push to identify our role in encouraging people to get help. I think people want help. I think people want help more than they want to be stigmatized when they come into a clinical setting. So the reason that we can be successful is because we have agreed to engage with every patient we come in contact with, with dignity, respect and honor.

And if we do so, that patient then has the comfort to come back to us and engage with us and be honest about what they need and the services that would be helpful to them. So do I think that people don't want help? I think that some people have a difficult time getting help. I think that some people are stuck in a pattern that is self destructive and is comfortable.

But do I think people want to live the way they live, with not having peace in their heart and not having stability in their life. I do not believe that. No.

**Host:** Linda, tell us about the services that you offer for behavioral health at Memorial Health System Ohio, and tell us about your team.

**Linda Sistrunk, MSN:** Okay, well that's a loaded question because we do a lot. About six years ago, we took a proactive response to what we saw as the needs of our patients in our acute care setting, outpatient setting, and emergency room setting. So every hospital provides some resource management for substance use and mental health.

It is, part of our internal structure of most healthcare systems. We decided about, again, about six years ago to look at the interactions we were having with patients and to identify a way to provide support that gave the patient the best chance of a positive outcome. Now, what does that sentence mean? It means that we take an individualized approach to every person who comes into our healthcare system and we determine their plan of care based upon where they are emotionally. This is a little bit different than a lot of systems in the sense that we meet with people in every aspect of the healthcare system.

We can go meet with you right before your surgery. We can meet you while you're inpatient on an acute setting side. We meet you when you're in ICU and having struggle with your clinical status. We meet you in the emergency room, in outpatient.

So, when we meet with the patient, we determine the type of support they may need while they are hospitalized. So, we have a group of approximately 20 individuals who provide support through the hospital system in a very non traditional way. We have gone back to the basics. We are a non order based, non billable, support service in the hospital, which basically means when we walk around the hospital, anybody can ask us to assist anybody.

So registration can ask us to meet with somebody who is there to do you know, pre registration for surgery because they're upset. We can meet with somebody who is in the neurology office, who's struggling with the current diagnosis. We can meet somebody who is getting ready to have chemotherapy. And we do this because we believe firmly that you can not be clinically well, unless we are providing services that allow you to be emotionally well.

And with that concept, with understanding that every person in our hospital system who engages with a patient who is struggling or may not be struggling, may have the possibility of struggling, that everybody who comes in contact with that patient has to have a genuine desire for a holistic plan of care that gives the patient the best opportunity for a positive outcome.

**Host:** Linda, I'd like to talk to you about socioeconomic status and access to health care. Data shows that people from racial or ethnic minorities are less likely to receive mental health care. And across the board, as you and I discussed, we've seen mental health disorders rise due to the unprecedented challenges that we faced as a nation and minority communities have faced a disproportionate burden on the mental health services available. How does socioeconomic status and indeed insurance status come into play in all of this?

**Linda Sistrunk, MSN:** So, socioeconomic along with just cultural belief and generational patterns of acceptance, really dictate whether or not somebody is going to get help. So what we see in rural America is we see two types of folks. We see people who have generationally encouraged active access to mental health case management, wraparound services.

So grandma received services from community mental health, mom received it, child receives it. That is a great access to care. The barrier is then we have the flip side where people grow up in really what we would say is an average stable life, who also have the same emotional inconsistencies, emotional instabilities as people who have been engaged generationally through mental health, who do not get help, because they don't believe their symptoms are severe enough.

So it actually is an interesting pattern. We have many services for people who fit under the socioeconomic guidelines of poverty. So the Medicaid system in most states provides a very well informed wraparound supportive service to anybody who needs substance use or mental health. The barrier is the amount of folks who are getting services right now, kind of ties up the ability of the staff to be able to manage a high amount of caseload. So it's not, again, we go back to do people have the desire? Are we hindering people of certain populations by not getting them help? Well, sure we are. We're hindering everybody. We're hindering everybody regardless of their insurance or their socioeconomic status by not having enough services to meet the current needs of our community.

So I think the challenge is not only about do you have private insurance or do you have Medicaid? It's about how do we provide access to both of those resources collectively in a way that can manage the amount of people who are requesting help.

**Host:** Along the lines of outreach, Linda, and as we mentioned earlier, the reluctancy to get the mental health services because of the stigma or fear of being judged or any of those other reasons that we've discussed. Do you feel that there is a place in the health care system for mandated treatment? I mean, in some situations when criminality is involved, then there is mandated treatment sometimes, but when there's not, can you tell us if there's a place for this?

**Linda Sistrunk, MSN:** Yeah, so I mean it depends on what you're talking about. Obviously I'm a social worker so I participate in voluntary and involuntarily referrals for mental health. So currently in the state of Ohio, we are able to mandate that people get mental health treatment. Now, I think that is a positive approach to care when somebody is dysregulated enough to not understand how unsafe their current mental health condition is.

So we do provide mandated mental health treatment when somebody is exhibiting signs of being a danger to themselves or others. It works in the sense that we are able to provide stability, oversight, supervision, and medication when that person did not have the ability to do so. Substance use disorder is a whole different ballgame when it comes to mandating treatment.

We know that it takes effort, time, and sustainability from a person's emotional capability to be able to be in recovery. So, do I believe that we should mandate substance use? I think that when people are in a complete dysregulation breakdown, when people are unable to keep themselves safe, when people are doing harm to themselves, their children, or the population, we should have the ability to initiate some type of supervision and treatment to give them the best chance of having their brain not be foggy to make good choices. Whether or not we can keep them in a program when they are clear and able to make their own decisions, is a question that we always get into as far as the rights of individuals to make decisions that are not popular with other people. So, I think court ordered mandated treatment is successful at times.

In my profession, I have watched people excel with court ordered medication treatment, with court ordered mental health treatment. I think a lot of people do well. I think the majority do well while they're court ordered and then when they are not court ordered, they go back to same patterns. So mandating treatment should be initiated prior to your crisis.

So we should look at what we're doing with children who are struggling. We should make part of a mandated understanding, part of your pediatric visit every time you go. Part of your annual discussion with your primary care physician. We should have the option for care in all of our schools, in all of our community hubs with YMCA's and YWCA's.

And the reason I say that is because what we do right now is we mandate treatment for adults who are in crisis, when we knew generationally that they were children who were going to be in crisis eventually. And so rather than focusing on mandating treatment, I would look at how can we stop the perpetual pattern of generational dysregulation with mental health and substance use.

We get focused on pushing people to do something when we could have prevented it 10 years prior.

**Host:** These are some heady ideas that we're talking about here today, Linda, and really a whole episode in themselves, because that's very complex. But it is so interesting, and I really appreciate everything that you've said here today. And as we wrap up, how do you advocate? And please tell us about any resources that you'd like to mention that are available for people in the community that really are looking to get help, or have a loved one that suffers from mental health disorders, possibly substance use disorder, or the both of them together.

**Linda Sistrunk, MSN:** So the way that our team advocates is we do the general communication throughout the hospital system. Our service is here. This is what we do. This is what we offer. But we take it a little bit further when we personally become engaged in the process. So we have a ridiculous passion for being part of the solution.

And I say a ridiculous passion because it is never ending. We come to this hospital system every day, energized to make a difference to the people that we provide services to. So, I would say that the biggest thing you can do to advocate is you can live and speak and work personally and professionally with the idea that every time I come in contact with somebody who is in need and I give them genuine compassion and decency, it gives them the ability to believe that they are worthy of a better existence, that they mean something to somebody.

And so I think a lot of people will listen to professionals before they listen to their family. So, our commitment to our community is this, again, we are a very non traditional approach to health care. So, we are available 24/7. Anybody who calls our hospital system can get a hold of a behavioral health worker who will help coordinate services for mental health or substance use.

But secondary to that, the best thing we have done, hands down, is to work with every one of our employees in this healthcare system to ensure that they are also available as advocates and communicators for any type of coordination of care. So if you work in registration, you know how to get ahold of us, you know how important it is to make sure that you link somebody with services. If you are a physician, that you offer that service to people, that we provide access to care. So services in our hospital are like every other hospital. We're doing everything we can to support people in our community. Neonatal abstinence, women and children's health care. We have child pediatrics.

We have primary care where we have behavioral health embedded in that system, emergency room, ER, acute care support systems. There is not one department in this hospital that is not touched by behavioral health or substance use support. But the only way we can do it is to encourage the thousands of employees we have into understanding that they have a significant role in this also.

So it's not a one department approach, it's an entire system approach. And it works. It works. Our outcomes are fantastic. Our link to care is fantastic. And we do great work every day. Not just every now and then. We do it every day.

**Host:** I can certainly hear the compassion in your voice and the passion for what you do, Linda. Thank you so much for joining us. It's such a comprehensive approach. And as you say, very unique. Thank you again for sharing your expertise with us today. And you can visit our website at mhsystem.org/services/behavioralhealth to get connected with one of our providers.

That concludes this episode of Memorial Health Radio with Memorial Health System Ohio. Please always remember to subscribe, rate, and review Memorial Health Radio on Apple Podcasts, Spotify, iHeart, and Pandora. Until next time, I'm Melanie Cole. Thanks so much for joining us today.

**Linda Sistrunk, MSN:** Thank you.