



Primer: The Substance Abuse and Mental Health Services Administration

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The Substance Abuse and Mental Health Services Administration (SAMHSA) is an agency within the Department of Health and Human Services (HHS), established in 1992 by the Alcohol, Drug Abuse and Mental Health Services Administration (ADAMHA) Reorganization Act (PL 102-321). This agency is tasked with providing prevention, treatment, and recovery support services for mentally ill individuals.

Background

Over 18 percent of American adults suffer from some form of mental illness each year.^[1] America has an expansive national health care system with social safety nets built in, yet each year 20 million individuals in need of substance abuse treatment and another 10 million suffering from other mental health disorders [fail to receive needed care](#). The very nature of Substance Abuse (SA) and mental or Behavioral Health (BH) disorders, combined with fear of criminalization and stigmatization make individuals most in need of SA and BH care the hardest populations to reach.

SAMHSA was established with the mission to “reduce the impact [...] of mental illness in America [...]” and “target mental health services to the people most in need.”^[2] SAMHSA is also tasked with coordinating federal programs that offer benefits and services to mentally ill individuals such as Medicare, Medicaid, VA, housing programs, SNAP, etc.

SAMHSA in Practice

Today SAMHSA has four major functions: data collection, serving as resource database, building awareness of SA and BH disorders, and funding grants.^[3]

SAMHSA has a comprehensive collection of client- to population-level data on both the need and use of SA and BH services in individual cities, regions, and states and at a national level. Information about Emergency Room use, treatment facilities, quality metrics, and health outcomes from numerous sources make SAMHSA a useful resource in finding information about the need for SA and BH care in America.^[4]

SAMHSA has become a useful tool as well for anyone looking for help finding SA and BH services. SAMHSA is responsible for sites like mentalhealth.gov, stopbullying.gov, the National Suicide Prevention Lifeline, the National Helpline, and Disaster Distress Helpline. These tools can be used by ill individuals and their families to help find appropriate care providers.

Awareness campaigns, such as #Recoverymonth are a major focus of SAMHSA, and are intended to help destigmatize SA and BH disorders and increase knowledge of when, how, and where to seek treatment.

Grant funding is another major role filled by SAMHSA, which gives block grants to all 50 states and federal territories. Grantees are charged with using the funds to “plan, implement, and evaluate activities that prevent and treat substance abuse and promote public health” or which “provide comprehensive, community-based mental health services to adults with serious mental illnesses and to children with serious emotional disturbances [...]”^[5]

Leading Change 2.0: Advancing the Behavioral Health of the Nation 2015-2018 is SAMHSA's blueprint for how it will attempt to achieve its priority goals over the next few years. The “strategic initiatives” on which the agency will be focusing include:

- Preventing substance abuse and mental illness
- Health care and health systems integration
- Trauma and justice
- Recovery support
- Health information technology
- Workforce development

Shortcomings at SAMHSA

Despite its goals articulated in *Leading Change 2.0* and defined mission of the agency, SAMHSA has been criticized by Congress and the Government Accountability Office (GAO).

The first critique of the agency from GAO is its focus on low-hanging fruit, such as awareness initiatives and grant funding, while little is done by the agency to aid difficult-to-reach populations of individuals with serious mental illnesses such as schizophrenia, bipolar disorder, and chronic depression.^[6] GAO also pointed out SAMHSA's failure in its mission of coordinating efforts across all agencies that may be working with individuals with serious mental illness. SAMHSA's \$3.7 billion 2016 budget indicates little intention to address these shortcomings.^[7] Only \$5 million of the budget will be applied to developing a Mental Health Crisis System intended to deescalate mental health crises and connect patients with follow-up services, and another \$56 million will be budgeted for grants to expand the behavioral health workforce. Only \$4 million will be budgeted for suicide prevention, and another \$4 million for Mental Health First Aid training for Veterans' families.

Another criticism of SAMHSA is that no one in a leadership position at the national level and only one regional administrator is a doctor who specialized in caring for people with SA and BH disorders.^[8] It has been suggested that an in-depth understanding of these unique populations may be necessary for outreach and care coordination efforts to be effective.

In response to these criticisms, Congress has held a number of hearings, and several pieces of legislation have been introduced to address some of these shortfalls.^[9]

Conclusion

With the help of the Government Accountability Office and other entities working with SAMHSA and Congress to achieve the agency's mission of reducing the impact of mental illness in America progress is being made, especially in raising awareness of these conditions. However, there is still significant room for improvement, guided by Congress, stakeholders, and most importantly patients.

[1] http://www2.nami.org/factsheets/mentalillness_factsheet.pdf.