Suicide and Opioids: Intersections and Opportunities for Prevention

Ellyson R. Stout, MS
US Director of Community Suicide Prevention
Education Development Center (EDC)
December 1, 2022

Housekeeping

- You will be muted automatically upon entry. Please keep your phone line muted for the duration of the webinar.

- Webinar is being recorded and will be archived for future viewing at www.pcssNOW.org within 2 weeks.

- Submit questions in the Q&A box at the bottom of your screen.

Today's Presenter

Ellyson Stout, MS
U.S. Director of Community Suicide
Prevention
Education Development Center

Disclosures

- Ellyson Stout, faculty for this educational activity, has no relevant financial relationship(s) with ineligible companies to disclose.

Target Audience

- The overarching goal of PCSS is to train healthcare professionals in evidence-based practices for the prevention and treatment of opioid use disorders, particularly in prescribing medications, as well for the prevention and treatment of substance use disorders.

Educational Objectives

At the conclusion of this activity participants should be able to:

- Describe the broad context of suicide in the U.S. and what we know about suicide prevention

- Explain the relationship between suicidality and opioid use disorder (OUD) from a public health standpoint

- Leverage clinical intervention and prevention strategies and resources to address suicidality and OUD

EDC at a Glance

Education Development Center, Inc. (EDC), is a global nonprofit that advances lasting solutions to improve education, promote health, and expand economic opportunity. Since 1958, we have been a leader in designing, implementing, and evaluating powerful and innovative programs in more than 80 countries around the world.

1958 — EDC was founded by MIT scholars and researchers.

200+ projects managed annually by EDC.

EDC has 1,450 employees.

$178.6 million FY22 operating budget

Funders include USAID, NSF, NIH, MasterCard Foundation, DoEd, and SAMHSA

GLOBAL REACH
EDC has worked in more than 80 countries and in all 50 states in the U.S.

REGIONS
» Africa
» Asia
» Europe
» Latin America and the Caribbean
» Middle East
» United States

Opening Poll: What is your professional role? (check all that apply)

- Mental health treatment provider
- Substance use disorder treatment provider
- Staff in a behavioral health clinical setting
- Leader/administrator for a behavioral health clinical setting
- Suicide prevention professional
- Public health professional
- State agency personnel
- Local health agency personnel
- State or local suicide prevention coalition volunteer
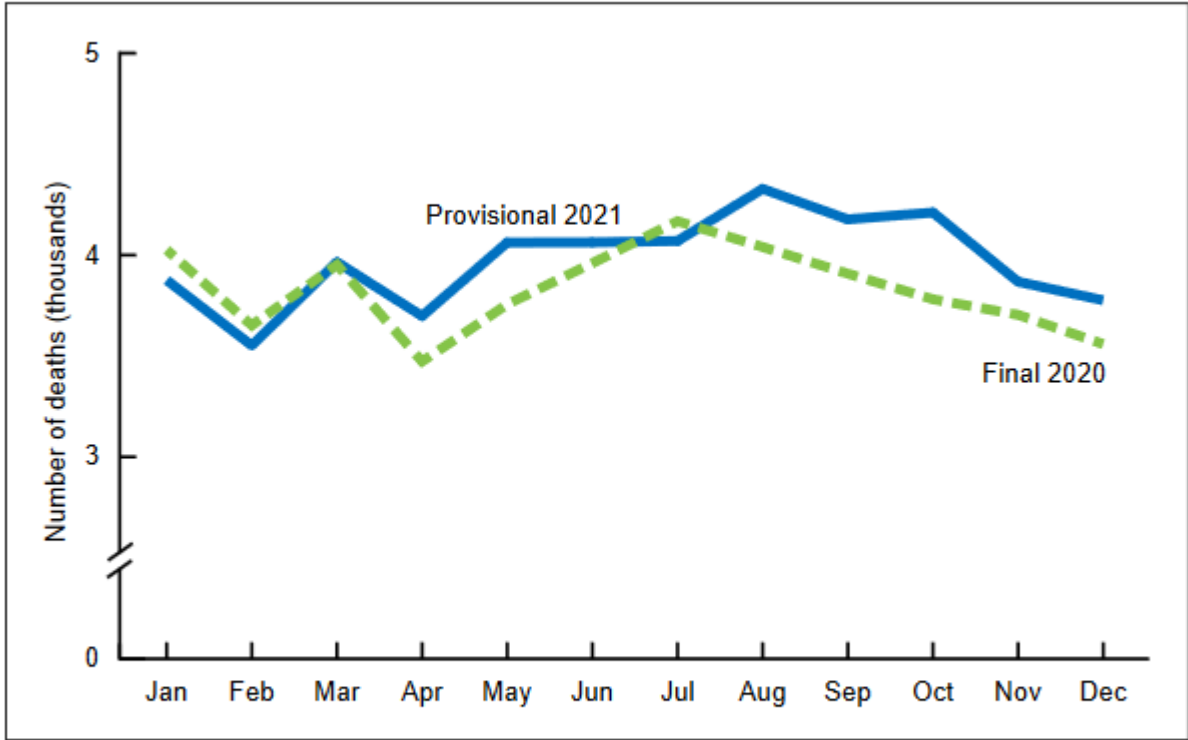- Other (please explain in the chat)

Suicide in the United States

Selected Injury-Related Death Rates
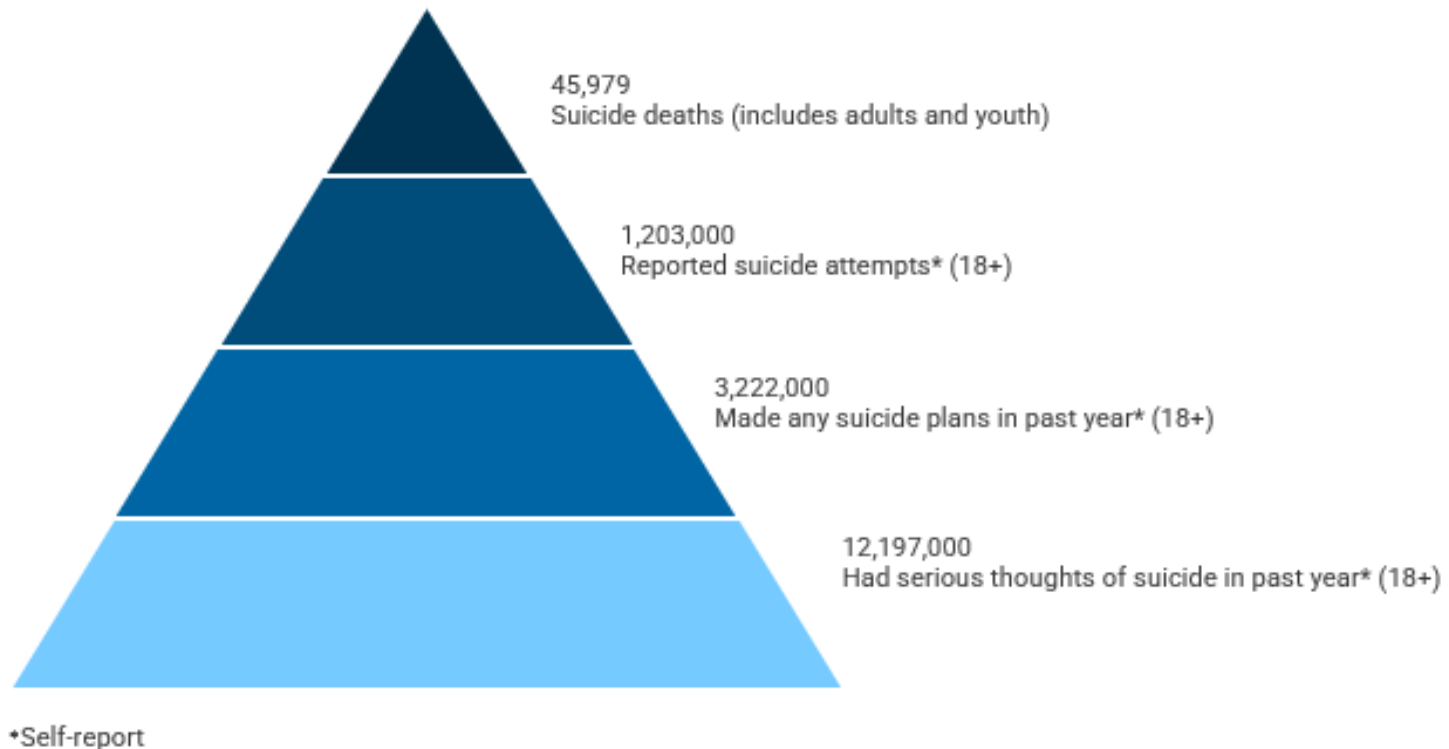## United States 2006 - 2020

Source: CDC, 2021
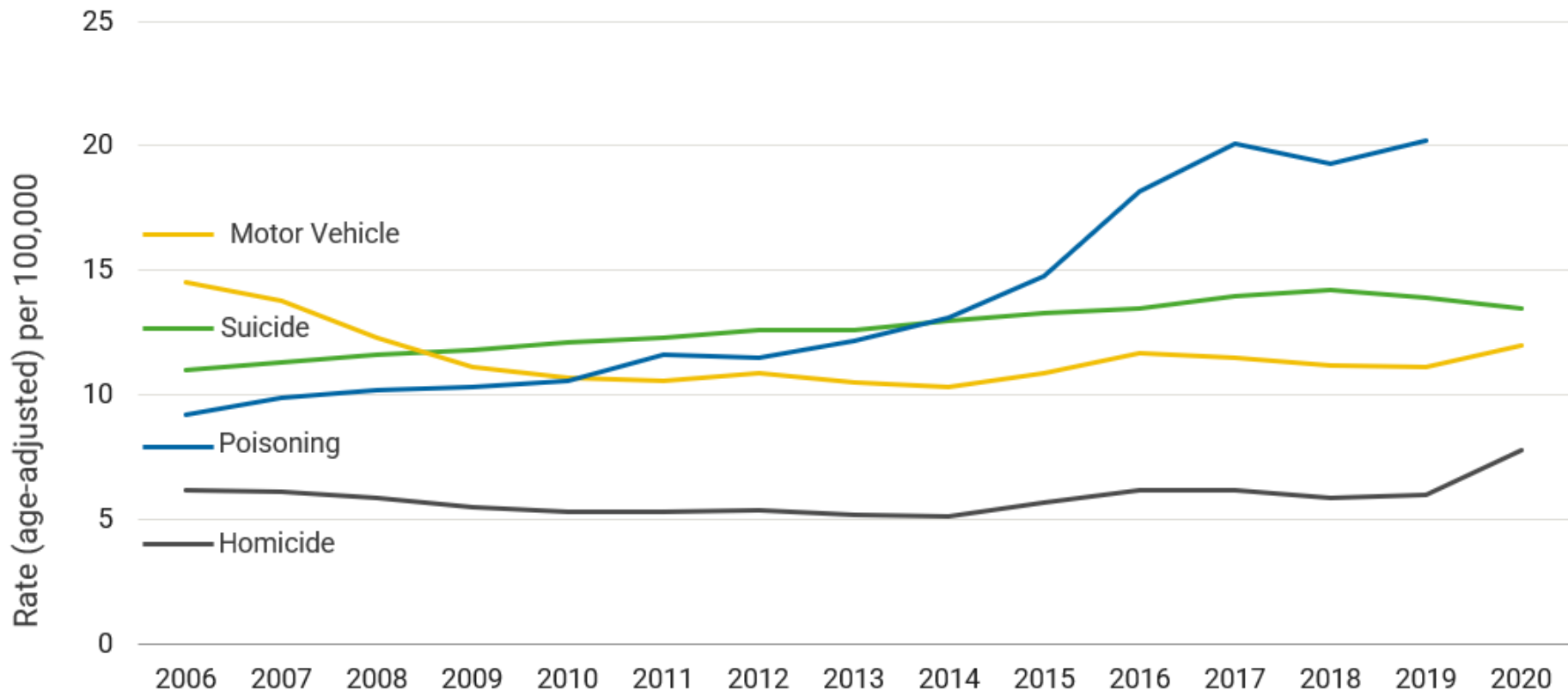
Suicide in the United States (cont.)

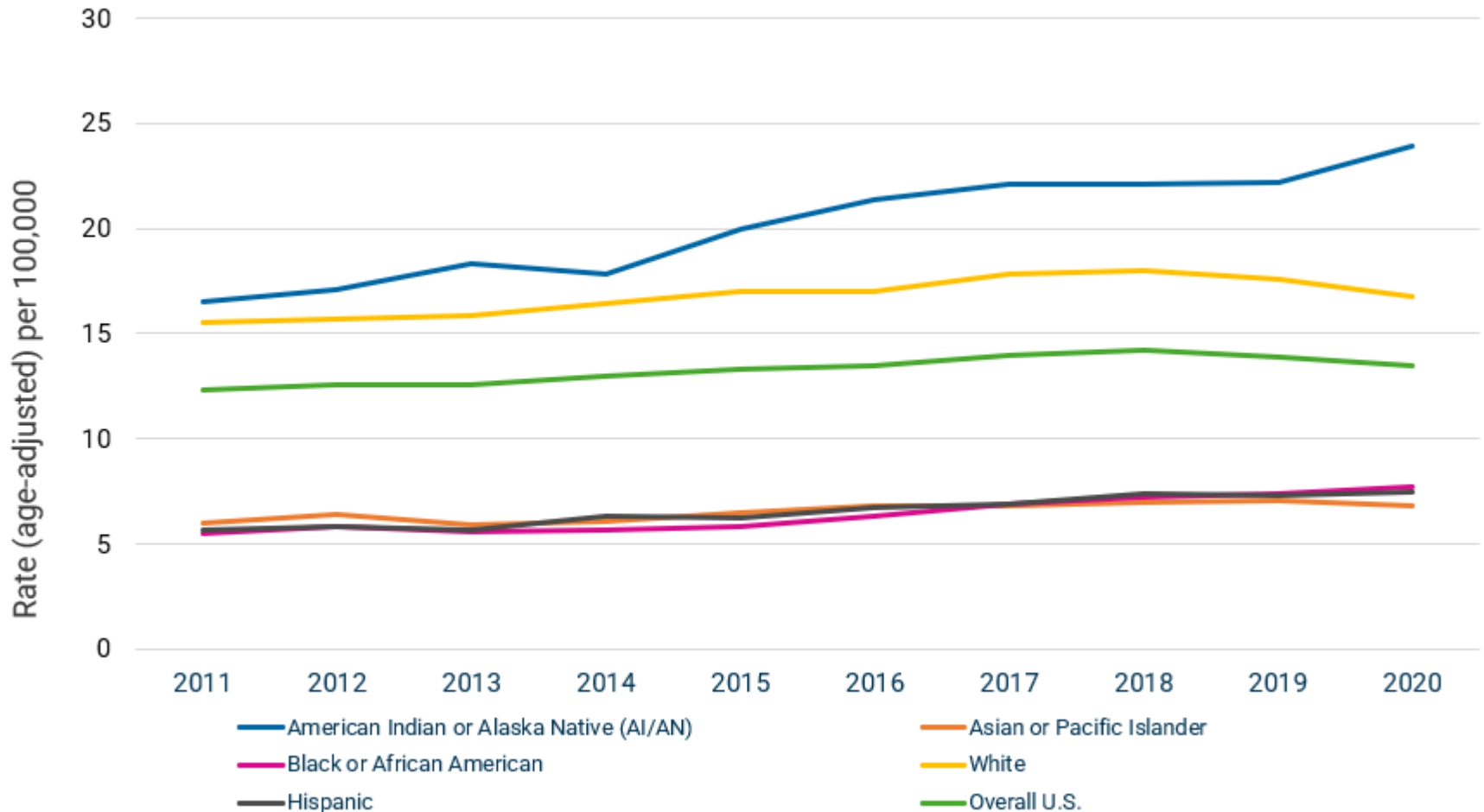Figure 1. Number of suicides, by month: United States, final 2020 and provisional 2021

NOTES: Suicides are identified with *International Classification of Diseases, 10th Revision* underlying cause-of-death codes U03, X60–X84, and Y87.0. Provisional 2021 data are based on death records received and processed by the National Center for Health Statistics as of May 15, 2021.
SOURCE: National Center for Health Statistics, National Vital Statistics System, Mortality.

Source: Curtin et.al., 2022

11

Suicidal Behavior, United States 2020

45,979
Suicide deaths (includes adults and youth)

1,203,000
Reported suicide attempts* (18+)

3,222,000
Made any suicide plans in past year* (18+)

12,197,000
Had serious thoughts of suicide in past year* (18+)

*Self-report

Rates of Suicide by Race/Ethnicity, United States 2011-2020

Source: CDC, 2021

13

Percent Change in Age-Adjusted Suicide Death Rates, 2020

Percent Change in Suicide Mortality Rates by Select Demographics and Region, 2010–2020
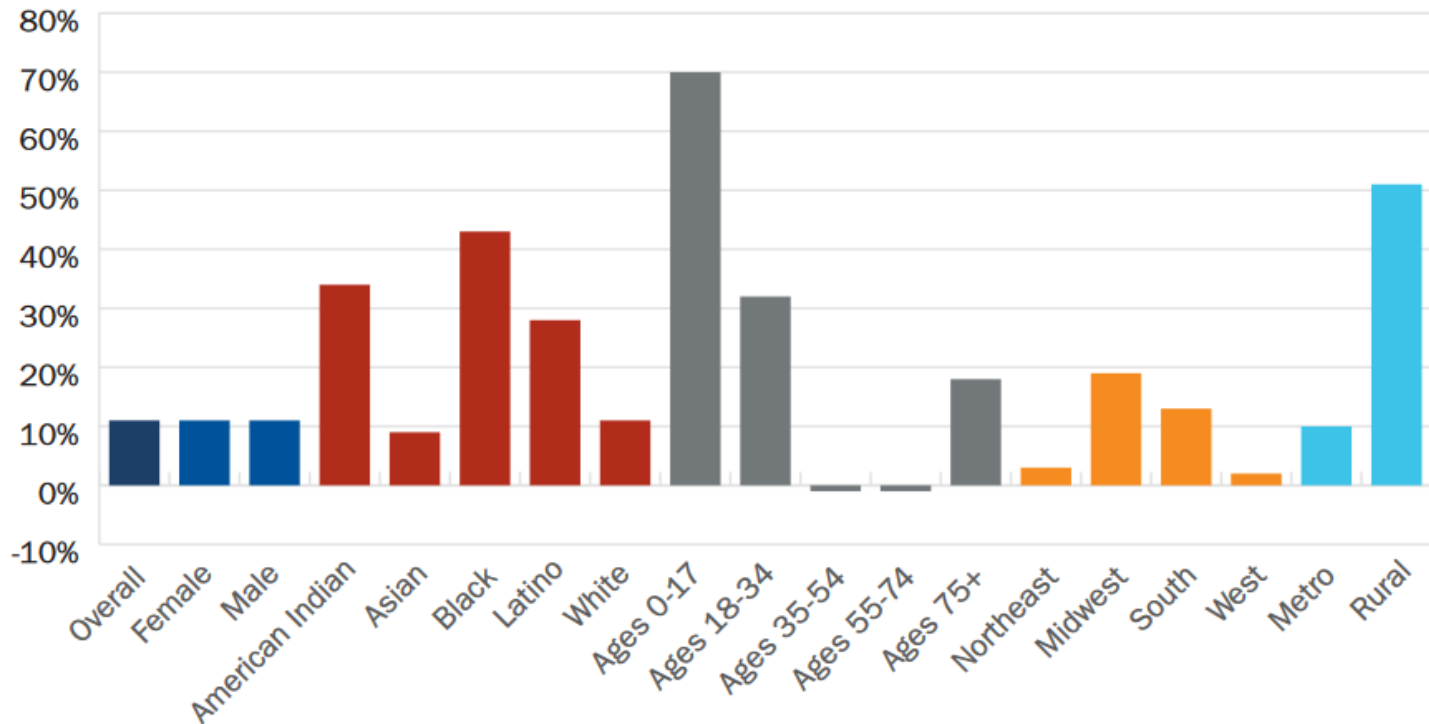
TFAH and WBT analysis of National Center for Health Statistics data

Source: Trust for America's Health and Well Being Trust, 2022

Groups Disproportionately Affected

- American Indian/Alaska Native youth
- LGBTQ youth
- Rural males
- Lower income/education levels
- Veterans
- Individuals experiencing SUD or SMI
- Recent increases in Black, Latino, youth populations

Suicide Risk and Protective Factors

Risk Factors	Protective Factors
Prior suicide attempt or knowing someone who died by suicide	Effective behavioral health care
Substance misuse/substance use disorder	Connectedness to individuals, family, community, social institutions
Mental health challenges (especially mood disorders, SMI)	Life skills
Access to lethal means	Self-esteem and a sense of purpose/meaning in life
Trauma/ adverse childhood experiences	Cultural, religious, or personal beliefs that discourage suicide
Social isolation	
Chronic disease and disability	
Lack of access to behavioral health care	

Source: SPRC

PCSS Providers Clinical Support System

Complexity of Suicide Risk

Relationship problem **(42%)**

Problematic substance use **(28%)**

Crisis in the past or upcoming two weeks **(29%)**

Job/Financial problem **(16%)**

Physical health problem **(22%)**

Loss of housing **(4%)**

Criminal legal problem **(9%)**

Many factors contribute to suicide among those with and without known mental health conditions.
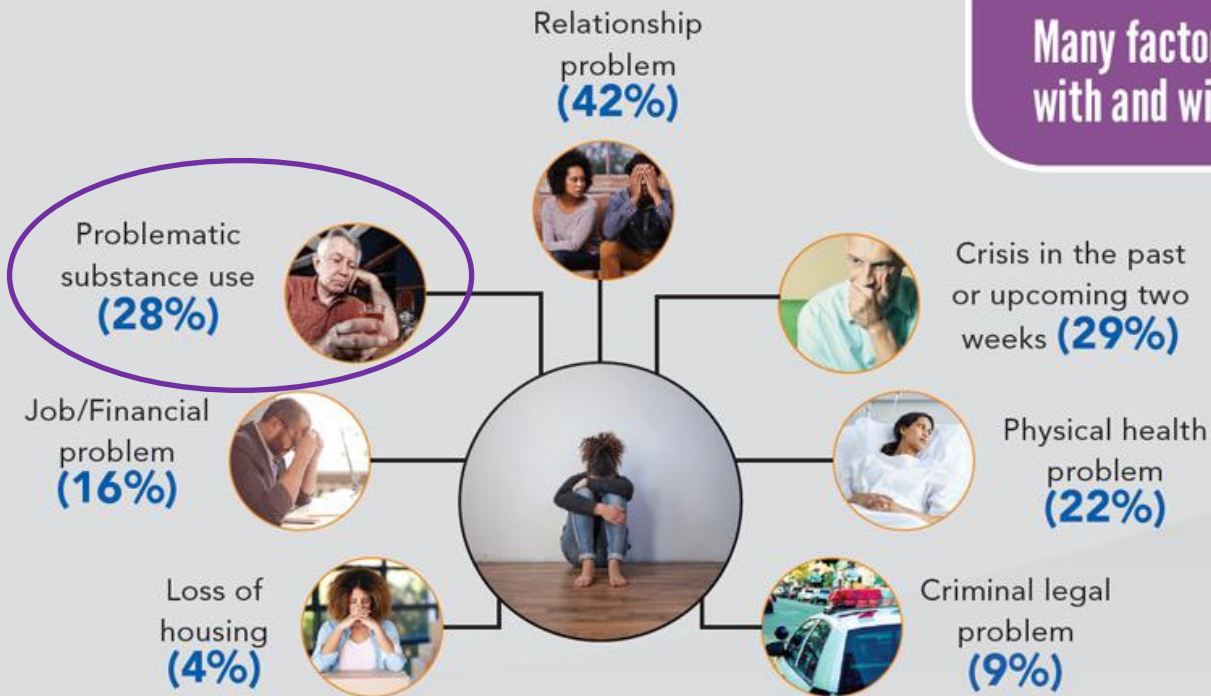
Note: Persons who died by suicide may have had multiple circumstances. Data on mental health conditions and other factors are from coroner/medical examiner and law enforcement reports. It is possible that mental health conditions or other circumstances could have been present and not diagnosed, known, or reported.
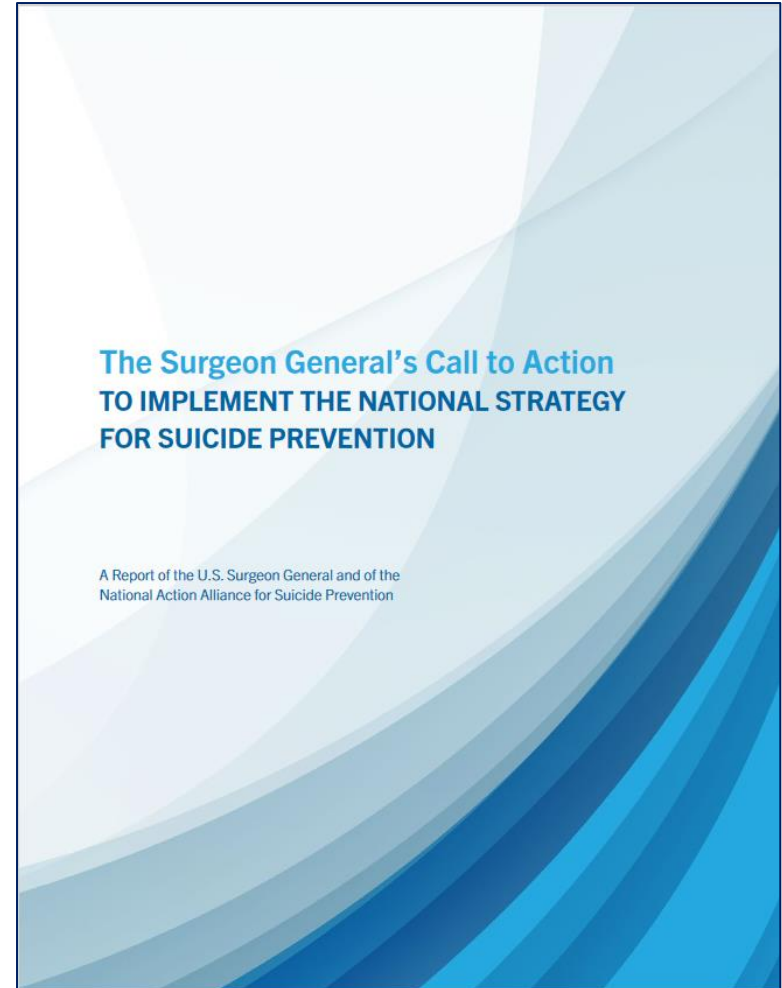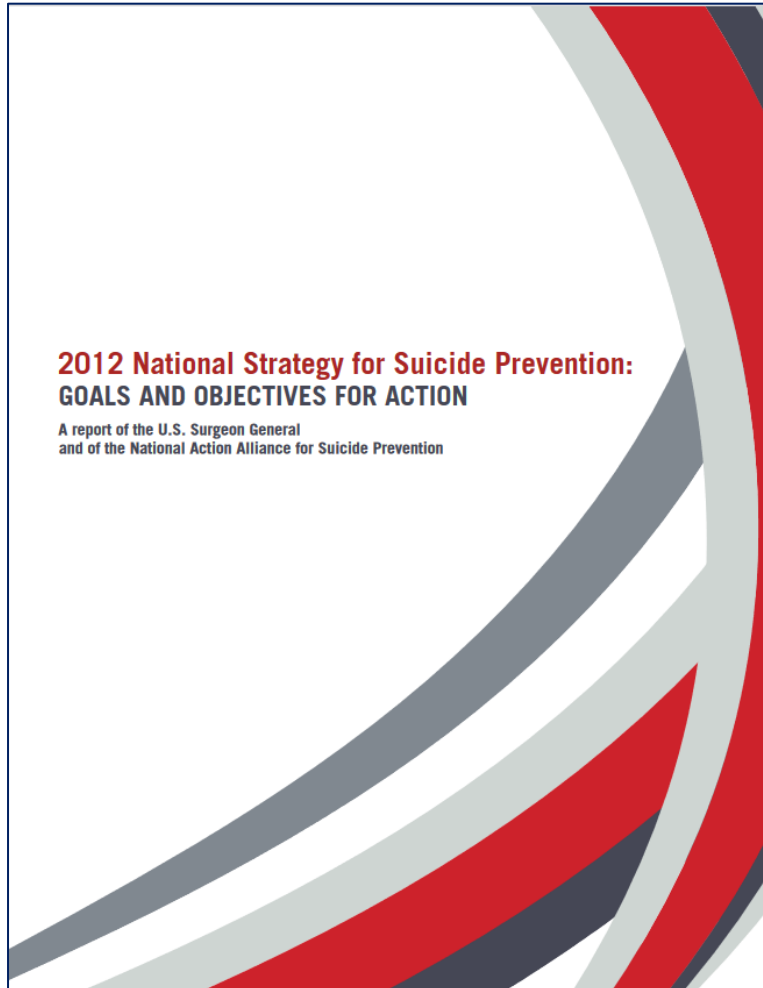
SOURCE: CDC's National Violent Death Reporting System, data from 27 states participating in 2015.

Source: Stone et.al., 2018

Suicide Prevention

Poll: What has been your involvement with suicide prevention? (check all that apply)

- Participate in awareness/gatekeeper training
- Conduct screening/assessment in clinical setting
- Involved in suicide crisis response
- Design policies/protocols for suicide care
- Provide clinical treatment of suicidality in a clinical setting
- Involved in community coalition/task force
- Work on local or state legislation or policy to support suicide prevention
- Involved in suicide bereavement support/postvention
- Other (please explain in the chat)
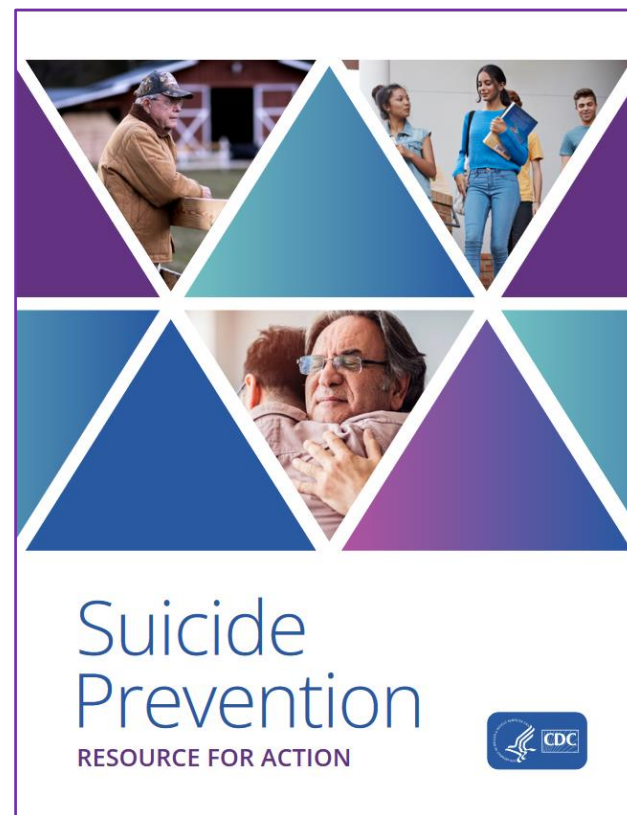
Suicide Prevention in the U.S.

2012 National Strategy for Suicide Prevention:
GOALS AND OBJECTIVES FOR ACTION

A report of the U.S. Surgeon General
and of the National Action Alliance for Suicide Prevention

The Surgeon General's Call to Action
TO IMPLEMENT THE NATIONAL STRATEGY
FOR SUICIDE PREVENTION

A Report of the U.S. Surgeon General and of the
National Action Alliance for Suicide Prevention

Surgeon General's Call to Action to Implement the NSSP
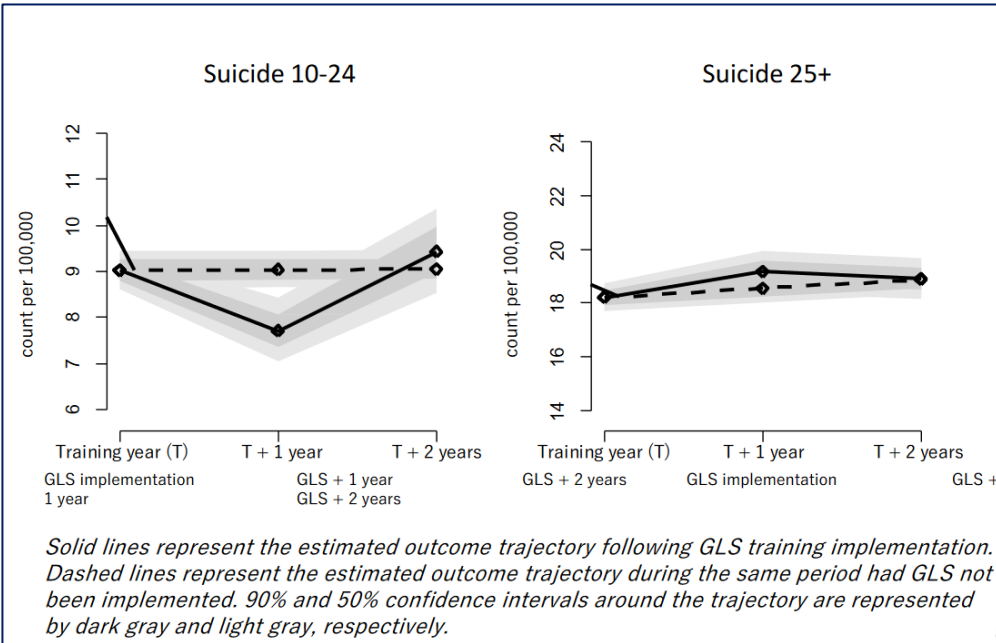
Six key actions

1. Activate a broad-based public health response to suicide

2. Address upstream factors that impact suicide

3. Ensure lethal means safety

4. Support adoption of evidence-based care for suicide risk

5. Enhance crisis care and care transitions

6. Improve the quality, timeliness, and use of suicide-related data
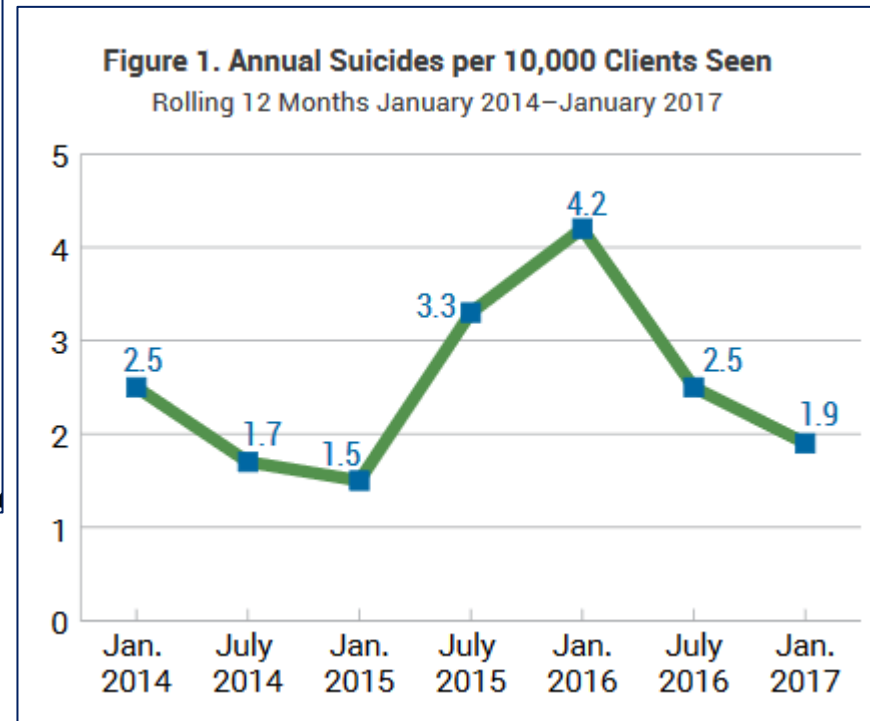
CDC's Suicide Prevention Resource for Action

STRATEGY	APPROACH
① Strengthen Economic Supports	• Improve household financial security • Stabilize housing
② Create Protective Environments	• Reduce access to lethal means among persons at risk of suicide • Create healthy organizational policies and culture • Reduce substance use through community-based policies and practices
③ Improve Access and Delivery of Suicide Care	• Cover mental health conditions in health insurance policies • Increase provider availability in underserved areas • Provide rapid and remote access to help • Create safer suicide care through systems change
④ Promote Healthy Connections	• Promote healthy peer norms • Engage community members in shared activities
⑤ Teach Coping and Problem-Solving Skills	• Support social-emotional learning programs • Teach parenting skills to improve family relationships • Support resilience through education programs
⑥ Identify and Support People at Risk	• Train gatekeepers • Respond to crises • Plan for safety and follow-up after an attempt • Provide therapeutic approaches
⑦ Lessen Harms and Prevent Future Risk	• Intervene after a suicide (postvention) • Report and message about suicide safely

Suicide Prevention
RESOURCE FOR ACTION

CDC

PCSS — Providers Clinical Support System

22

Suicide Prevention Works!

Suicide 10-24 / Suicide 25+

Solid lines represent the estimated outcome trajectory following GLS training implementation. Dashed lines represent the estimated outcome trajectory during the same period had GLS not been implemented. 90% and 50% confidence intervals around the trajectory are represented by dark gray and light gray, respectively.

Source: Walrath et al, 2015

Figure 1. Annual Suicides per 10,000 Clients Seen
Rolling 12 Months January 2014–January 2017

Source: SPRC, 2018

988 Suicide & Crisis Lifeline

988 is 24/7 crisis support

When having

Thoughts of suicide? YES

Mental health crisis? YES

Substance use crisis? YES

Please don't hang up.

Your crisis counselor will

· Listen

· Support

· Share resources If needed

Suicide and Substance/ Opioid Misuse

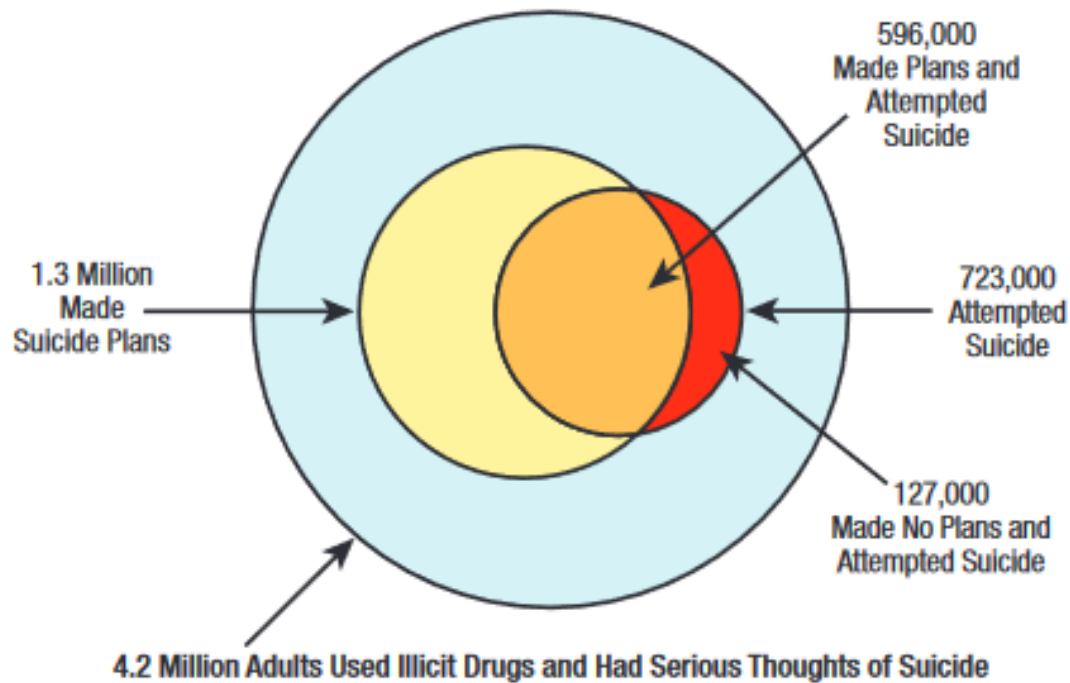# Poll: For an adult who has a past year SUD, how much higher is their risk of suicidal thoughts?

a) Twice as high
b) Three times as high
c) Four times as high
d) Five times as high
e) Their risk is the same as for those without past year SUD

Suicidal Behavior and Past-Year Substance Use Disorder, United States 2020


Source: SAMHSA, 2020

27
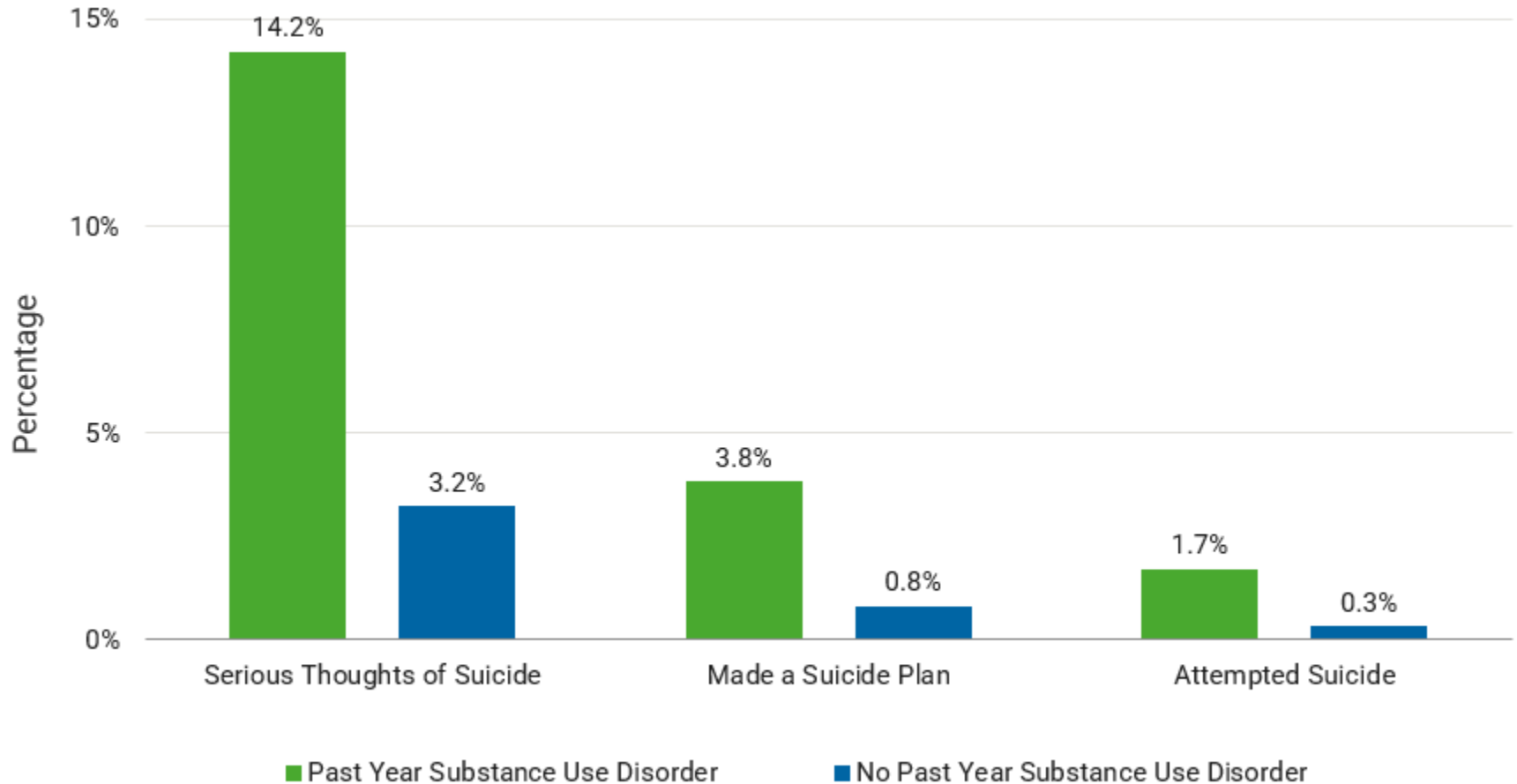
Substance Misuse and Suicide

Figure 7. Suicidal Thoughts, Plans, and Attempts in the Past Year among Adults Aged 18 or Older Who Used Illicit Drugs in the Past Year: 2015

596,000 Made Plans and Attempted Suicide

1.3 Million Made Suicide Plans

723,000 Attempted Suicide

127,000 Made No Plans and Attempted Suicide

4.2 Million Adults Used Illicit Drugs and Had Serious Thoughts of Suicide

Suicidality in Substance Use Populations

- Death ambivalence among those with use disorders
- Two primary manifestations of suicidality in SUD populations:
  1. **Heavily composed of people with SUDs**, in whom chronic compulsive use fosters a numb ambivalence about death
  2. Composed of those who have **co-morbid psychiatric disorders** and/or **chronic pain** who have a higher intent to die consistent with traditionally understood suicide risk factors

Serious Thoughts of Suicide and Pain Reliever Abuse, Adults (18+)

Source: SAMHSA, 2020

30
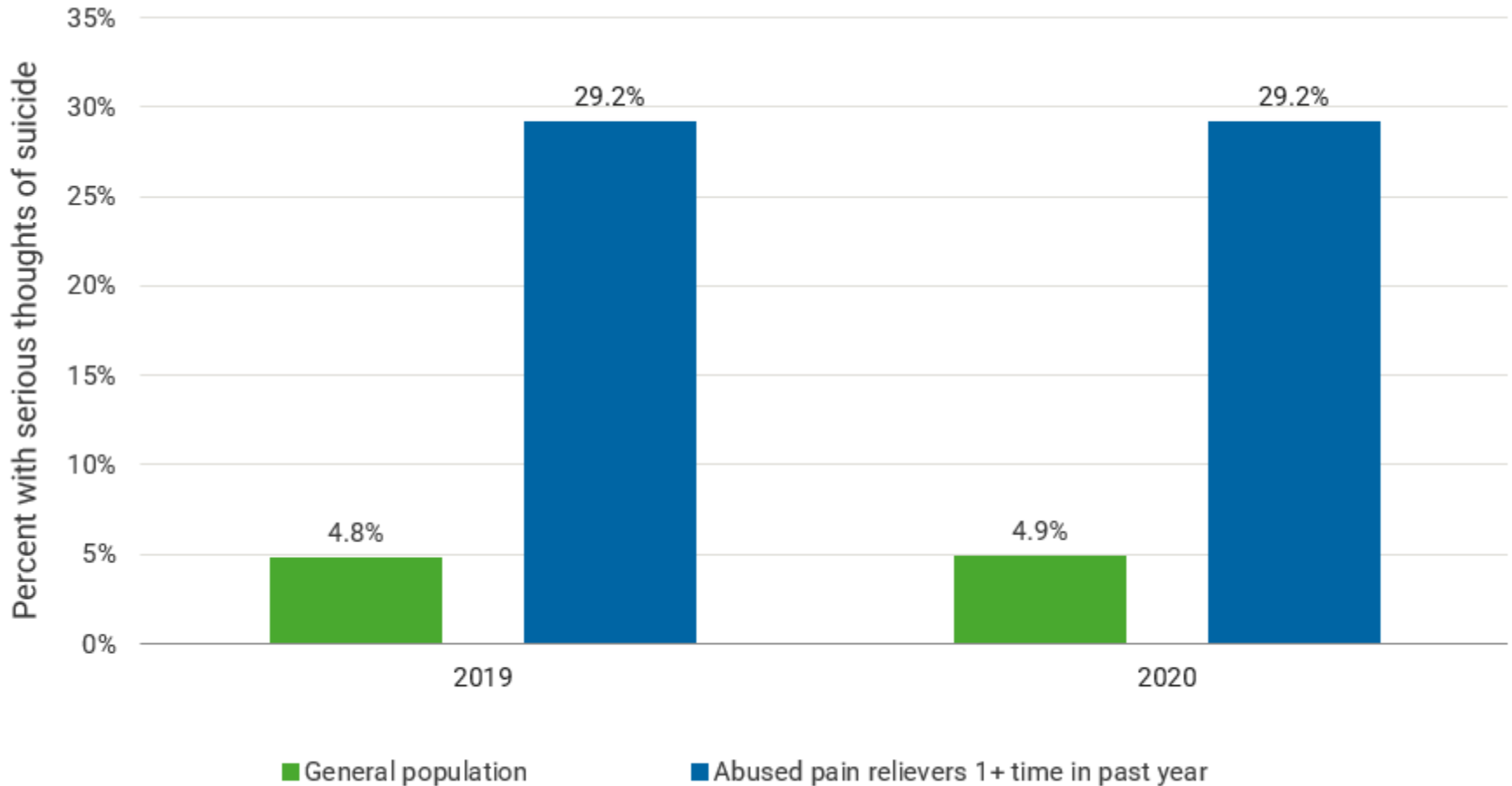
From the Research

- Adults who receive *high doses* of opioids are at increased risk for suicide

- Adults who *abuse opioids weekly* or more are more likely to engage in suicide planning and attempts.

- Adults who have an *opioid use disorder* are 13x more likely to die by suicide than the general population.


Sources: Ilgen et al, 2016; Ashrafioun et al., 2017; Wilcox et.al., 2004

From the Research (cont.)

- ED patients who survive an opioid overdose are:
  - 100 times more likely to die of an unintentional overdose
  - _18 times more likely to die by suicide_ within a year than patients who visit the emergency department for other reasons
- People using opioids regularly are _75% more likely to make suicide plans and 2x more likely to attempt suicide_

Sources: Goldman-Mellor et al., 2020; Oquendo & Volkow, 2018; SAMHSA, 2018

Suicide and Overdose:
Shared Risk and Protective Factors

Shared Risk Factors	Shared Protective Factors
Access to opioids, poisons, firearms and other lethal means	Stable employment
Childhood trauma and adversity	Stable housing
Economic hardship	Community connectedness
Incarceration	Safe, supportive, inclusive environments
Physical health problems/disability	Access to healthcare
Behavioral health challenges	Early detection and treatment of mental and behavioral health disorders
Barriers to accessing healthcare	
Social isolation	

Source: ASTHO 2022

PCSS Providers Clinical Support System

Increases in Risk Factors in the COVID Era

- Economic stress
- Housing/food insecurity
- Loss/disability of loved ones due to COVID
- Exposure to family violence
- Racism and related traumatic events
- Climate-related traumatic events
- Social isolation
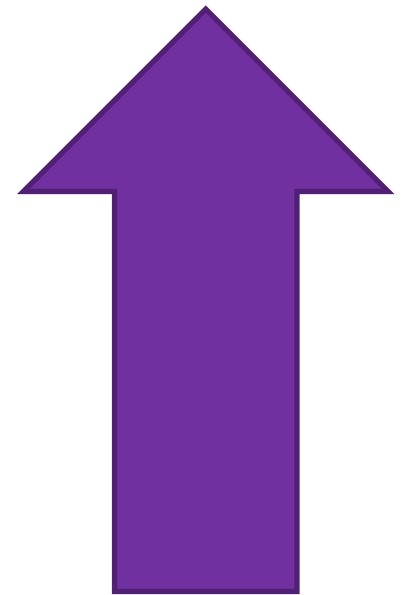
Prevention at the Intersection of Suicide and OUD

Chat Question

What are you doing in your setting/role to address suicide and overdose risk?

The importance of healthcare settings

Figure 12. Suicidal Thoughts, Plans, and Attempts in the Past Year among Adults Aged 18 or Older, by Receipt of Mental Health Services: Percentages, 2015
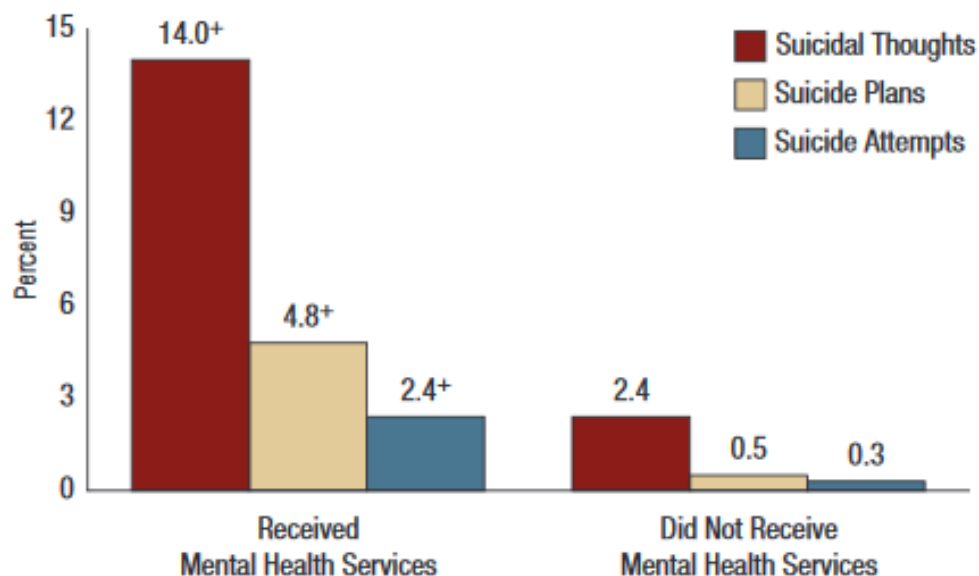
⁺ Difference between this estimate and the estimate for adults who did not receive mental health services is statistically significant at the .05 level.

83% of individuals who died by suicide had a health care visit in the year prior to their death and contact with a primary care provider (PCP) was the most common visit type (64%)

(Ahmedani, B. K., Simon, G. E., Stewart, C., Beck, A., Waitzfelder, B. E., Rossom, R., . . . Solberg, L. I. (2014). Health care contacts in the year before suicide death. Journal of General Internal Medicine, 29(6), 870–877.)

Source: SAMHSA, 2016

Workforce Preparedness

Zero Suicide Workforce Survey – Selected Results

■ % of Total Respondents (n=10,050)
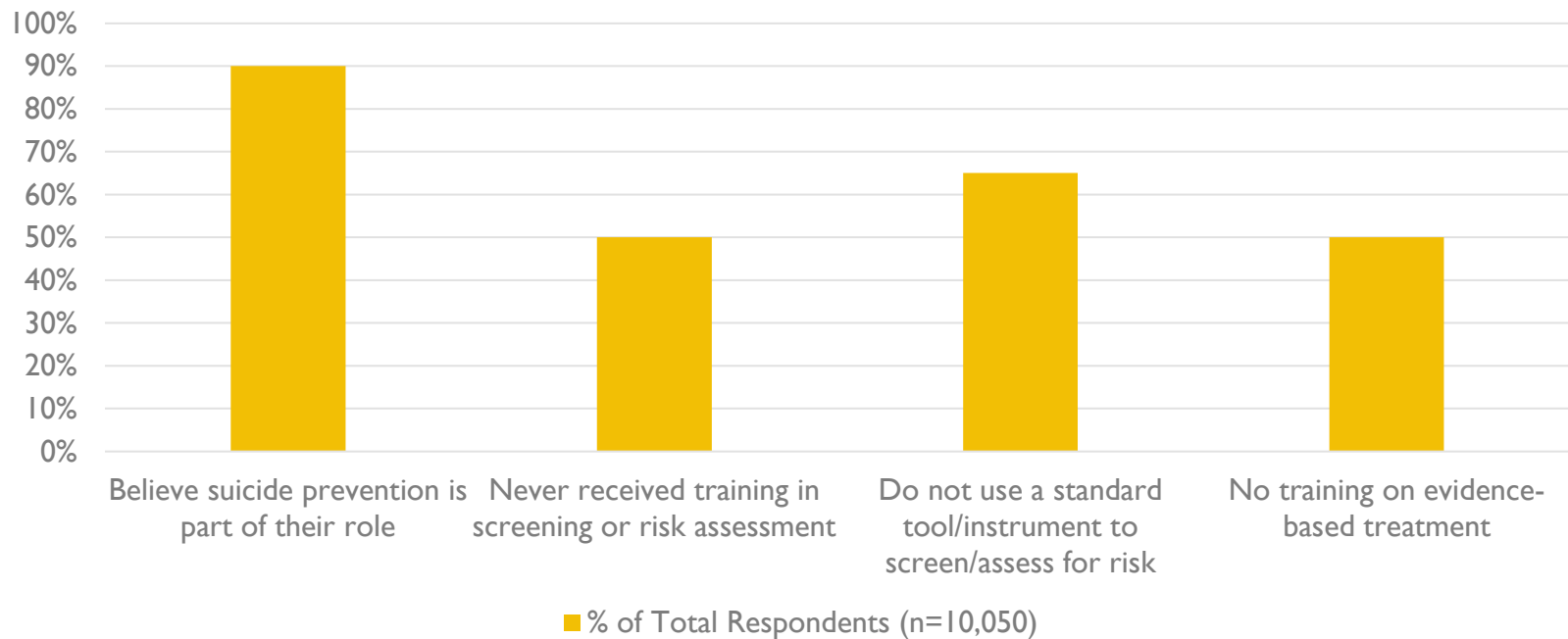
Every health system has a role

Recommended Standard Care for People with Suicide Risk:
MAKING HEALTH CARE SUICIDE SAFE

NATIONAL ACTION ALLIANCE FOR SUICIDE PREVENTION

Primary Care	Outpatient Beh. Health	Emergency Department	Beh. Health Inpatient Care
Identify suicide risk in MI/SUD patients	Identify/assess suicide risk at each visit	Identify patients who have harmed selves or have MI/SUD conditions	Identify/assess suicide risk at admission and daily
Safety planning and lethal means counseling/safety	Safety planning and lethal means counseling/safety	Safety planning and lethal means counseling/safety	Safety planning and lethal means counseling for post-discharge; involve family
Refer to specialized care; make MH appt	Provide treatment and support for those at risk	Refer to specialized care; make MH appt	Make MH apt
Caring contact within 48 hours	Caring contacts for care transitions or missed appts.	Caring contact within 48 hours Second caring contact in 7 days	Caring contact within 48 hours Second caring contact in 7 days

Systems Change for Safer Suicide Care

LEAD
system-wide culture change committed to reducing suicides

TRAIN
a competent, confident, and caring workforce

IDENTIFY
patients with suicide risk via comprehensive screenings

ENGAGE
all individuals at-risk of suicide using a suicide care management plan

TREAT
suicidal thoughts and behaviors using evidence-based treatments

TRANSITION
individuals through care with warm hand-offs and supportive contacts

IMPROVE
policies and procedures through continuous quality improvement

ZERO SUICIDE

zerosuicide.edc.org

PCSS Providers Clinical Support System

40

Additional Considerations for Safer Care across Suicide and OUD

- Trauma-informed, culturally responsive systems
- Screening for both suicide risk and substance use
- Brief interventions, including safety planning
- Addressing harm reduction as part of lethal means safety
- Central involvement of peer supports
- Treatment modalities that address co-occurring disorders
  - DBT
  - Motivational interviewing
  - CBT for co-occurring disorders

Recovery-Specific Safety Planning

- Include suicidality and substances
  - Warning signs, triggers for substance use and suicide
  - Substances included in 'making environment safe'
  - Address harm reduction (naloxone access, safe use, etc.)
- Psychoeducation to family about lethality of substances (esp. opioids)
- Outline relapse prevention plan
- Medication considerations

Care Transitions

- Post-behavioral health discharge is a high-risk moment for suicide and overdose
- Key strategies:
  - Involving family members/ natural supports
  - Safety planning
  - Leverage role of peers
  - Step-down care
  - Communication between orgs
  - Follow up calls and other brief interventions (postcards)
  - Monitoring and continuous quality improvement

Best Practices in Care Transitions for Individuals with Suicide Risk:
INPATIENT CARE TO OUTPATIENT CARE

NATIONAL ACTION ALLIANCE FOR SUICIDE PREVENTION

PCSS Providers Clinical Support System

43

Public Health Prevention Opportunities

- ✓ Addressing 'upstream' prevention priorities
- ✓ Access to high quality health services
- ✓ Crisis response: 988 and crisis continuum
- ✓ Postvention
- ✓ Promoting connectedness, problem-solving skills
- ✓ Focusing on populations disproportionately impacted
- ✓ Evaluation and monitoring of data/emerging trends

STRATEGY	APPROACH
❶ Strengthen Economic Supports	• Improve household financial security • Stabilize housing
❷ Create Protective Environments	• Reduce access to lethal means among persons at risk of suicide • Create healthy organizational policies and culture • Reduce substance use through community-based policies and practices
❸ Improve Access and Delivery of Suicide Care	• Cover mental health conditions in health insurance policies • Increase provider availability in underserved areas • Provide rapid and remote access to help • Create safer suicide care through systems change
❹ Promote Healthy Connections	• Promote healthy peer norms • Engage community members in shared activities
❺ Teach Coping and Problem-Solving Skills	• Support social-emotional learning programs • Teach parenting skills to improve family relationships • Support resilience through education programs
❻ Identify and Support People at Risk	• Train gatekeepers • Respond to crises • Plan for safety and follow-up after an attempt • Provide therapeutic approaches
❼ Lessen Harms and Prevent Future Risk	• Intervene after a suicide (postvention) • Report and message about suicide safely

PCSS Providers Clinical Support System

Collaboration is Key

- SPRC (www.sprc.org):
  - Substance Abuse and Suicide Prevention Collaboration Continuum
  - Virtual Learning Lab collaboration modules
  - State Suicide Prevention Infrastructure Recommendations
- Community Toolbox: https://ctb.ku.edu/en
- WHO Community Engagement Toolkit: https://apps.who.int/iris/handle/10665/272860

Resources

- Opioid Misuse, Overdose, and Suicide Webinar Series (SAMHSA): https://zerosuicide.edc.org/resources/resource-database/opioid-misuse-overdose-and-suicide-webinar-series
- In Brief: Substance Use and Suicide: A Nexus Requiring a Public Health Approach (SAMHSA): https://store.samhsa.gov/sites/default/files/d7/priv/sma16-4935.pdf
- TIP 50: Addressing Suicidal Thoughts and Behaviors in Substance Abuse Treatment (SAMHSA): https://store.samhsa.gov/sites/default/files/d7/priv/sma15-4381.pdf
- Zero Suicide website: https://zerosuicide.edc.org/
  - Substance Use Disorders in the Zero Suicide Framework: https://zerosuicide.edc.org/resources/resource-database/substance-use-disorders-zero-suicide-framework
  - Improving Care for Homeless Patients at Risk for Suicide: https://zerosuicide.edc.org/resources/resource-database/improving-care-homeless-patients-risk-suicide

Resources (cont.)

- National Strategy for Suicide Prevention: https://www.ncbi.nlm.nih.gov/books/NBK109917/

- Surgeon General's Call to Action to Implement the NSSP: https://www.hhs.gov/sites/default/files/sprc-call-to-action.pdf

- CDC Technical Package for Suicide Prevention: https://www.cdc.gov/suicide/pdf/suicideTechnicalPackage.pdf

- National Action Alliance for Suicide Prevention (theactionalliance.org):

  - Recommended Standard Care for People with Suicide Risk: https://theactionalliance.org/sites/default/files/action_alliance_recommended_standard_care_final.pdf

  - Best Practices for Care Transitions for Individuals with Suicide Risk: https://theactionalliance.org/sites/default/files/report_-_best_practices_in_care_transitions_final.pdf

- SPRC 'Scope of the Problem' pages (for downloadable data slides): https://sprc.org/about-suicide/scope

References

- National Action Alliance for Suicide Prevention. (2019). Best practices in care transitions for individuals with suicide risk: Inpatient care to outpatient care. Washington, DC: Education Development Center, Inc.
- Ashrafioun, L., Bishop, T.M., Conner, K.R., & Pigeon, W.R. (2017). Frequency of prescription opioid misuse and suicidal ideation, planning, and attempts. Journal of Psychiatric Research, 92, 1-7. http://www.journalofpsychiatricresearch.com/article/S0022-3956(16)30183-2/fulltext
- Center for Behavioral Health Statistics and Quality. (2021). 2020 National Survey on Drug Use and Health: Detailed Tables. Substance Abuse and Mental Health Services Administration, Rockville, MD. Retrieved from https://www.samhsa.gov/data
- Centers for Disease Control and Prevention, National Center for Health Statistics. (2021). 1999-2019 Wide Ranging Online Data for Epidemiological Research (WONDER), Underlying Cause of Death files [Data file]. Retrieved from https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html
- Centers for Disease Control and Prevention CDC Wonder, 2014-2020, United States, Age-Adjusted Death Rates per 100,000 Population [map]. All Injury, Suicide, All Races, All Ethnicities, Both Sexes, All Ages. (January 2022). Mapped using Tableau Public. Retrieved from https://wonder.cdc.gov
- Centers for Disease Control and Prevention (CDC), Youth Risk Behavior Surveillance System. (2021). 1991-2019 High School Youth Risk Behavior Survey Data [Data file]. Retrieved from https://nccd.cdc.gov/youthonline/
- Curtin SC, Garnett MF, Ahmad FB. Provisional numbers and rates of suicide by month and demographic characteristics: United States, 2021. Vital Statistics Rapid Release; no 24. September 2022. DOI: https://dx.doi.org/10.15620/cdc:120830
- Education Development Center (2018). Zero Suicide Workforce Survey Results, 2015-2017. Personal correspondence.
- Goldman-Mellor S, Olfson M, Lidon-Moyano C, Schoenbaum M. Mortality Following Nonfatal Opioid and Sedative/Hypnotic Drug Overdose. Am J Prev Med. 2020 Jul;59(1):59-67. doi: 10.1016/j.amepre.2020.02.012. Epub 2020 May 7. PMID: 32389530; PMCID: PMC7311279.
- Ilgen, M.A., Bohnert, A.S.B., Ganoczy, D., Bair, M.J., McCarthy, J.F., & Blow, F.C. (2016). Opioid dose and risk of suicide. Pain, 157(5), 1079-1084. https://www.slideshare.net/101N/opioid-dose-risk-of-suicide
- Johns MM, Lowry R, Haderxhanaj LT, et al. Trends in Violence Victimization and Suicide Risk by Sexual Identity Among High School Students — Youth Risk Behavior Survey, United States, 2015–2019. MMWR Suppl 2020;69(Suppl-1):19–27. DOI: http://dx.doi.org/10.15585/mmwr.su6901a3

References

- National Action Alliance for Suicide Prevention: Transforming Health Systems Initiative Work Group. (2018). Recommended standard care for people with suicide risk: Making health care suicide safe. Washington, DC: Education Development Center, Inc.
- Oquendo MA, Volkow ND. Suicide: A Silent Contributor to Opioid-Overdose Deaths. N Engl J Med. 2018 Apr 26;378(17):1567-1569. doi: 10.1056/NEJMp1801417. PMID: 29694805.
- Rosen, L. M., Hedegaard, H., Kahn, D., & Warner, M. (2018). County-level trends in suicide rates in the U.S., 2005–2015. *American Journal of Preventive Medicine, 55*(1), 72-79.
- Stone DM, Simon TR, Fowler KA, et al. Vital Signs: Trends in State Suicide Rates — United States, 1999–2016 and Circumstances Contributing to Suicide — 27 States, 2015. MMWR Morb Mortal Wkly Rep 2018;67:617–624. DOI: http://dx.doi.org/10.15585/mmwr.mm6722a1
- Substance Abuse and Mental Health Services Administration. SAMHSA Opioid Overdose Prevention Toolkit. HHS Publication No. (SMA) 18-4742. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2018.
- Suicide Prevention Resource Center. (2018). Surveillance Success Stories: Centerstone of Tennessee. Accessed online at: https://sprc.org/sites/default/files/resource-program/Centerstone_Final.pdf
- Trust for America's Health and Well Being Trust. Pain in the Nation: The Epidemics of Alcohol, Drug, and Suicide Deaths 2022. Accessed online at: file:///C:/Users/estout/Downloads/TFAH_2022_PainIntheNation_Fnl.pdf
- Walrath C, Garraza LG, Reid H, Goldston DB, McKeon R. Impact of the Garrett Lee Smith youth suicide prevention program on suicide mortality. Am J Public Health. 2015 May;105(5):986-93. doi: 10.2105/AJPH.2014.302496. Epub 2015 Mar 19. PMID: 25790418; PMCID: PMC4386522.
- 10 Wilcox, H.C., Conner, K.R., & Caine, E.D. (2004). Association of alcohol and drug use disorders and completed suicide: an empirical review of cohort studies. Drug and Alcohol Dependence, 76 Suppl:S11-9.

Thank you!

Elly Stout, MS

estout@edc.org

https://www.edc.org/body-work/suicide-violence-and-injury-prevention

PCSS Mentoring Program

- PCSS Mentor Program is designed to offer general information to clinicians about evidence-based clinical practices in prescribing medications for opioid use disorder.

- PCSS Mentors are a national network of providers with expertise in **addictions, pain, evidence-based treatment including medications for opioid use disorder (MOUD)**.

- 3-tiered approach allows every mentor/mentee relationship to be unique and catered to the specific needs of the mentee.

- No cost.

For more information visit:

https://pcssNOW.org/mentoring/

PCSS Discussion Forum

Have a clinical question?

Ask a Colleague

A simple and direct way to receive an answer related to medications for opioid use disorder. Designed to provide a prompt response to simple practice-related questions.

http://pcss.invisionzone.com/register

PCSS is a collaborative effort led by the American Academy of Addiction Psychiatry (AAAP) in partnership with:

Addiction Technology Transfer Center	American Society of Addiction Medicine
American Academy of Family Physicians	American Society for Pain Management Nursing
American Academy of Pain Medicine	Association for Multidisciplinary Education and Research in Substance use and Addiction
American Academy of Pediatrics	Council on Social Work Education
American Pharmacists Association	International Nurses Society on Addictions
American College of Emergency Physicians	National Association for Community Health Centers
American Dental Association	National Association of Social Workers
American Medical Association	National Council for Mental Wellbeing
American Osteopathic Academy of Addiction Medicine	The National Judicial College
American Psychiatric Association	Physician Assistant Education Association
American Psychiatric Nurses Association	Society for Academic Emergency Medicine

Educate. Train. Mentor