

Brief: Mental Health



General Description

Mental illness affects 1 in every 5 adults in the United States. Individuals with mental health issues experience disruption in their ability to think, feel, and relate to others, and this often results in changes in daily functioning. Consequences of untreated mental illness can include short-term and long-term disability, unemployment, homelessness, disrupted family relationships, and substance abuse. Fortunately, treatment for mental illness, often a combination of psychosocial support and medication, can be effective. Nationally, between 70 and 90 percent of individuals experiencing mental illness demonstrate a significant reduction in symptoms and improved quality of life after engaging in mental health treatment.¹

Snohomish County manages the publicly funded chemical dependency treatment system for adults and youth in Snohomish County, which receives funding through 1/10 of 1% of sales taxes.² These activities include certified mental health treatment (both in- and outpatient) as well as training for providers, first responders, and law enforcement personnel. These programs are primarily targeted toward indigent and low-income individuals.³

Relationship to Poverty

The provision of adequate mental health care services is hampered by many factors including stigma, lack of education about the issue, and insufficient mental health coverage. Treatment for mental disorders is effective in general, although specific outcomes vary by patient, type of disorder, and treatment received. Unfortunately, less than 1/3 of adults with a diagnosable mental disorder (and an even greater proportion of children) seek out or obtain treatment of any kind.⁴

Access: Not only is this type of healthcare expensive and often not covered by insurance, there is still stigma associated with mental illness that can dissuade people from accessing care. Though individuals of all income levels can be affected by mental health needs, individuals in poverty may not have as broad of access to treatment. Lower-paying jobs often lack insurance coverage for mental health treatment. This also provides a disincentive for gaining employment because people with mental illness can more reliably count on public benefits for mental health coverage.⁵ Other factors such as high cost and/or copays for treatment, needing time off of work for treatment, needing childcare during treatment, transportation, and language availability create barriers for low-income families and individuals who need mental health services.

Cumulative Effects: Adverse childhood experiences (ACEs), are stressful and traumatic events that occur to people before the age of 19. The ACEs scale measures an individual's childhood exposure to 3 kinds of abuse and 5 kinds of household dysfunction; an ACEs score is the total number of these events experienced in childhood.⁶ These events, which have a much higher prevalence for those in poverty,⁷ include many forms of abuse, neglect, and household dysfunction.⁸ For those with ACEs, consequences lead to poor adult health and mental health outcomes, high-risk behaviors, cognitive and emotional difficulties, and perpetuation of the abuse cycle.⁹

Example programs that might fall under this focus area:

- Mental Health Treatment
- Prevention Programs
- Educational Programs

Snohomish County Stats:

- Population: 746,653
 - Under 18: 174,695
 - 18 to 64: 484,948
 - Over 64: 87,010
- Poverty Rate: 10.2
 - Under 18: 13.6
 - 18 to 64: 9.4
 - Over 64: 7.5

Source: U.S. Census 2015, 5-yr avg.

Effects on Youth

In 2008, 8% of Washington's children needed mental health services, but only 43% of those children actually received services. Applied to Snohomish County today, that's an estimated 13,972 children under 18 who need mental health services and only 5,589 children who will actually receive them.¹⁰

An inconsistent and unpredictable family environment, often found in families in which a parent has a serious mental illness, can contribute to a child's risk of mental illness. Nationally, as many as 50% of children with a mentally ill parent will have some sort of psychiatric diagnosis.¹¹

Suicide is the second-leading cause of death for Washington teens 15 to 19 years old.¹² In 2014, 17.2% of 8th grade students in Snohomish County seriously considered attempting suicide. For 10th grade students, that number increases to 21.2%.¹³

65% of people in Snohomish County have experienced at least 1 adverse childhood experience (ACEs) and 13% (about 94,275 people¹⁴) have an ACEs score of 5 or greater. In Snohomish County, those with high ACEs scores were 16 times more likely to show signs of serious mental illness and more likely to report a lack of adequate emotional support.¹⁵

Nationally, 50% of children and youth in the child welfare system have mental health problems. 57% of children living in households in poverty also struggle with mental health. 85% of those in the child welfare system needing mental health services do not receive them.¹⁶

Effects on Adults

2.3% (about 12,700 individuals) of Snohomish County adults report signs of a serious mental illness. Those in poverty, unemployed, or unable to work had much higher rates of mental illness than others.¹⁷

Employment has been associated with facilitating the recovery processes in mentally ill adults.¹⁸ In Washington State, only about 13% of people with serious mental illness issues are employed.¹⁹ Applied to Snohomish County, this means more than 11,000 individuals would benefit from employment.

In 2008, Medicaid recipients in the public mental health system received \$654 a month in Supplemental Security Income. However, with the current cost of a one bedroom apartment in Snohomish County, those who qualify for Medicaid services may not be able to afford housing.²⁰

Individuals with a serious mental illness face increased risks of chronic medical conditions. Nationally, adults living with serious mental illness die an average of 25 years earlier than others, largely due to treatable medical conditions.²¹

9.4% (about 45,585 individuals) of adults ages 18-64 in Snohomish County are living in poverty. Worldwide, common mental disorders are twice as frequent among the poor as the affluent.²²

30% of the households included in the County's most recent Low-Income Needs Assessment included at least one member who received mental health treatment that year.²³

Effects on Seniors

11.9% (about 10,354 individuals) of older adults in Snohomish County are living with depression.²⁴ Depression is the most prevalent mental health problem among older adults, ranging as high as 37% in primary care settings.²⁵ The presence of depressive disorders often adversely affects the course and complicates the treatment of other chronic diseases.²⁶

Older adult suicide rates are the highest rate of any age group in Snohomish County.²⁷ The highest rate of suicide (38.0 per 100,000) occurs with men over 65 years.²⁸

Nationally, two-thirds (67%) of older adults with a mental disorder do not receive needed services,²⁹ which could be a symptom of provider issues. There are 1,800 board-certified geriatric psychiatrists in the U.S.—one for every 23,000 older Americans. By 2030, that ratio will shrink to 1 geriatric psychiatrist for every 27,000 older adult.³⁰ This diminished capacity means seniors will struggle to receive the specialized care they require.

For seniors struggling to make ends meet, access to mental health services can be even more challenging. The poverty rate for individuals age 65 and older in Snohomish County is 7.5% (6,526 individuals). The lack of adequate financial resources can seriously constrain access to health and mental health services.³¹

Other Populations of Interest

Incarcerated Individuals: A large number of adults and youth enter the criminal justice system due to mental health and/or chemical dependency issues. The criminalization of mental illness is recognized as a nationwide problem. Nationally, an estimated 16% of adults and 24% of youth in city and county jails suffer from a mental illness. According to Snohomish County Jail data, more than 20% of all bookings have a history with the mental health system.³²

Communities of Color and Culturally Competent Care: For minorities facing mental health issues who do seek treatment, there are further roadblocks, including cultural competence of providers. Additionally stigma can make people reluctant to discuss their mental health needs with friends, family, or even their health care providers. Providers need to be trained to understand the populations they serve and the differences and different needs between and within groups.³³

Veterans and Active Duty Servicemembers: Veterans and those in active duty often experience higher rates of Posttraumatic Stress Disorder (PTSD) and depression than the civilian population. For example, of the 1.7 million veterans who served in Iraq and Afghanistan, an estimated 20% suffer from PTSD or major depression;³⁴ for active duty servicepeople, that number climbs to 25%.³⁵ Less than half of all veterans who screen positive for serious issues will seek help from a mental health professional, and more than 1/5 will seek that coverage outside of the VA system.³⁶

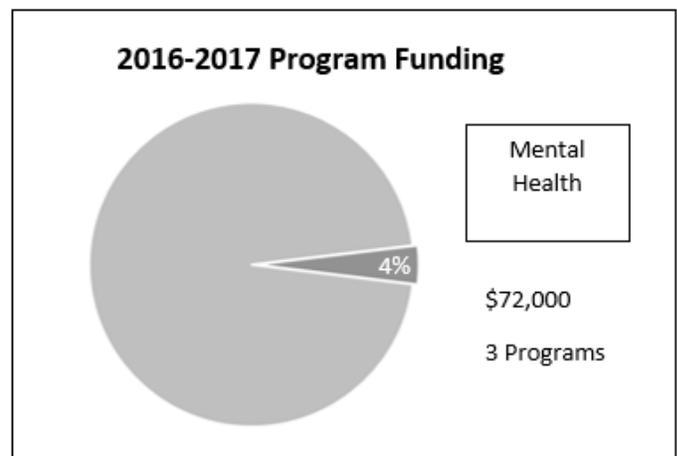
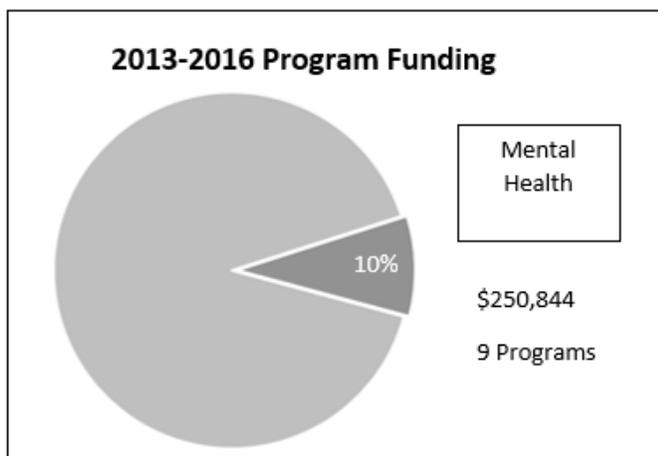
Strategies in Practice

Increasing access to mental health services is critical to a mentally healthy community. These can include broad-based mental health education, increasing the availability of affordable service providers, and locating services in areas with underserved (or underresourced) communities.^{37,38}

Quality of mental health services is enhanced by incentivizing evidence-based practices. In addition, mental health professionals need to adopt a culturally sensitive approach that is responsive to the needs of different populations.^{39,40}

Policies and programs should promote collaboration among the various systems that serve those with mental health issues (e.g. education, health, law enforcement, child welfare). Many of the factors that increase an individual's risk of poor mental health also increase their risk for poor physical health and involvement with the justice system.⁴¹

Past United Way Funding



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