

Health Action: Planning for a Healthy Sonoma County

ISSUE BRIEF: MENTAL HEALTH / ALCOHOL AND OTHER DRUGS

Overview

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships, and the ability to adapt to change and to cope with adversity.¹ Mental disorders and dependence on alcohol and other drugs interfere with healthy mental functioning and create a significant burden on individuals, families, and communities. It is estimated that approximately 20 percent of the U.S. population is affected by some type of mental illness during a given year. Mental disorders occur across the lifespan, affecting persons of all racial and ethnic groups, both genders, and all educational and socioeconomic groups. Mental disorders vary in severity and in their impact on people’s lives. Mental disorders – such as schizophrenia, major depression and manic depressive or bipolar illness, and obsessive-compulsive disorder and panic disorder – can be enormously disabling.

Dependence on alcohol, tobacco and other drugs (ATOD) contributes to costly social, physical, mental, and public health problems in Sonoma County, including a significant impact on the local criminal justice system. Often people with substance abuse problems do not feel they need treatment, and many of those who do seek treatment cannot get it. While research has found ATOD treatment to be effective, the system is significantly under-funded due to reductions in Federal and state funding and the lack of insurance parity with other health services. There is growing recognition that preventing ATOD dependence and long-term reduction in ATOD-related problems cannot occur without shifts in community norms and policies.

Key Findings

Mental disorders affect one out of every five people in any given year.

- In the United States approximately 40 million people aged 18 to 64 years, or 22 percent of the population, had a diagnosis of a mental disorder alone (19 percent) or of a co-occurring mental and addictive disorder in the past year.²
- At least one in five children and adolescents between the age 9 and 17 years has a diagnosable mental disorder in a given year.³
- In Sonoma County, it is estimated that 5.7% of the population has a serious mental illness and is in need of mental health services (6.7% for women, 4.7% for men). The estimated prevalence is higher for those below 200% of poverty (10.3% for women and 7% for men).⁴
- See other mental health indicators for Sonoma County in Table 1 below.

Table 1: Selected Mental Health Indicators for Sonoma County and California		
	Sonoma	California
Reported needing help for emotional/mental health problems in past year ⁵	22.8%	18.6%
Saw health professional for emotional/mental problems in past year	12.7%	8.3%
For those who reported needing help:		
Mental health treatment covered by insurance	81.8%	80.1%
Had difficulties/delays getting mental health care	8.5%	6.5%
<i>Source: 2005 California Health Interview Survey</i>		

Many Sonoma County adolescents report sad and hopeless feelings.

- In a 2006 survey of Sonoma County public school students, 21% of 7th graders, 28% of ninth graders, 31% of 11th graders and 40% of alternative school students reported that during the past 12 months they felt “so sad and hopeless almost everyday for two weeks or more that they stopped doing some usual activities” (Table 2). Girls were significantly more likely to report these sad feelings than boys.

	Female	Male	All
7 th grade	23%	19%	21%
9 th grade	37%	20%	28%
11 th grade	40%	22%	31%
Alternative school	52%	31%	40%

Source: 2006 California Healthy Kids Survey, Sonoma County

Mental disorders were the leading cause of hospitalization for those ages 15 - 44 in Sonoma County.⁶

- In 2002, the rate of hospitalization per 10,000 population for mental disorders was 79.1 for those 15-24 years of age and 90.8 for those 25 – 44 years of age.
- The second leading cause of hospitalization for these age groups was unintentional injury.

Many people with a mental disorder never seek treatment.

- Despite the effectiveness of treatment, it is estimated that only 25 percent of persons with a mental health disorder obtain help for their illness in the health care system.⁷

Depression is one of the most common mental health conditions.

- Depression is a common mental disorder, characterized by sadness, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, low energy and poor concentration. These problems can become chronic or recurrent, substantially impairing an individual’s ability to cope with daily life. At its most severe, depression can lead to suicide. Most cases of depression can be treated.⁸
- Depression is the leading cause of disability among adults in developed nations such as the United States.⁹
- About 6.5% of women and 3.3% of men will have major depression in any year.¹⁰
- Women who are poor, have little formal schooling, and are on welfare or are unemployed are more likely to experience depression than the general population.¹¹
- Depression rates are higher among older adults who experience a physical health problem. An estimated 25 percent of older people experience specific mental disorders, such as depression, anxiety, substance abuse, and dementia, that are not part of normal aging.¹²

Rates of suicide in Sonoma County are more than twice the Healthy People 2010 goal of 5 per 100,000.

- The suicide death rate in Sonoma County in 2002-2004 was 12.8 per 100,000 compared with 9.4 per 100,000 in California.
- Suicide rates in Sonoma County are highest among adults 75 years and older. Rates are higher among males than females, and higher among White, non-Hispanics than Hispanics (Table 3).
- Suicide was the second leading cause of death in Sonoma County for those ages 15 - 29 in 2002-2004, after unintentional injuries.¹³
- National research shows that at least 90% of all people who kill themselves have a mental or substance abuse disorder, or a combination of disorders. However, most persons with a mental or substance abuse disorder do not kill themselves.¹⁴
- In addition to mental and substance abuse disorders, risk factors include: prior suicide attempt, stressful life events, including a history of physical or sexual abuse, and access to lethal suicide methods.¹⁵
- Women attempt suicide more often than men, but men’s risk of completed suicide is on average four and one half times higher than for women.¹⁶
- Reduction in access to lethal methods and recognition and treatment of mental and substance abuse disorders are among the most promising approaches to suicide prevention.¹⁷

Table 3: Suicide Deaths and Rate Per 100,000 Population, Sonoma County, 2002-2004		
Year**	Deaths	Rate
2000-2002	153	10.4
2001-2003	168	11.4
2002-2004	191	12.8
Age^		
15-19 years	<5	-
20-24 years	13	13.3
25-29 years	15	18.1
30-34 years	12	13.5
35-39 years	10	10.2
40-44 years	21	18.3
45-49 years	26	22.2
50-54 years	16	14.0
55-59 years	14	15.1
60-64 years	14	23.1
65-69 years	6	13.5
70-74 years	10	25.6
75-79 years	12	31.9
80-84 years	9	28.5
85+ years	11	35.2
Gender ^**		
Male	148	20.7
Female	43	5.3
Race/ethnicity ^**		
White, non-Hispanic	173	14.9
Hispanic	12	5.6
** Rate age adjusted to the 2000 standard population		
^ 2002-2004 pooled data		
Source: California Department of Health Services, Vital Statistics, Death Records 2002-2004		

Addictive disorders often co-occur among persons with mental health disorders.¹⁸

- Among adults aged 18 years and older with a lifetime history of any mental disorder, 29% have a history of an addictive disorder.
- Of those with an alcohol disorder, 37% have had a mental disorder.
- Among those with other drug disorders, 53% have had a mental disorder.

The impact of mental and addictive disorders on community resources is significant.

- Nationally, the direct costs of diagnosing and treating mental disorders totaled approximately \$69 billion in 1996. Lost productivity and disability insurance payments due to illness or premature death accounted for an additional \$75 billion. Crime, criminal justice costs, and property loss contributed another \$6 billion to the total cost of mental illness.¹⁹
- A 2001 study by the National Center on Addiction and Substance Abuse estimated that in 1998 California spent \$10.4 billion addressing AOD problems. This amount represented 15.2% of the entire state budget that year – a tax burden of \$310 to each Californian. Of that amount, only \$12 was directed towards AOD prevention and treatment. The remainder was directed toward addressing AOD impacts in health, law enforcement, prisons, schools and business.²⁰

Alcohol is the leading drug used by Sonoma County youth and is associated with high-risk behaviors.

- 48% of Sonoma County 11th grade students report drinking alcohol in the past 30 days. This is significantly higher than the percentage reporting use of marijuana (28%) or tobacco (16%).
- Higher percentages of Sonoma County 7th, 9th, and 11th grade students report using alcohol in the past month than their counterparts statewide (Table 4).
- High-risk behaviors (such as binge drinking and drinking and driving) occur in association with youth alcohol use (Table 4).
- Research shows that the earlier a person starts using AOD, the more likely they are to develop serious problems as an adult. Youth who begin to use alcohol before age 15 are four times more likely to report a dependence or abuse problem in later life than those who begin to use alcohol at 21 years of age or older.²¹

	Sonoma County			California		
	7	9	11	7	9	11
Percent who report using in past 30 days:						
Alcohol	11	31	48	10	25	37
Marijuana	4	16	28	4	12	20
Tobacco	3	9	16	5	10	15
Percent who report high-risk behavior:						
Binge drinking (past 30 days)	4	17	30	4	11	23
Binge drinking 3 or more times (past 30 days)	2	8	16	1	5	12
Ever been very drunk or sick from drinking	7	29	54	7	20	37
Ever been drinking and driving (or in a car driven by someone who had been drinking)	43	25	36	35	19	27

Source: California Healthy Kids Survey, 2004

Sonoma County adults exhibit high rates of high-risk drinking²²

- Heavy drinking is reported by a significant number of Sonoma County adults. On average, of those consuming alcohol in the past 30 days, 30% of Sonoma County males report having more than the recommended two drinks per day, while 44% of females report drinking more than the recommended one drink per day.
- In 2003, 18% of Sonoma County adults 18 and older (representing an estimated 64,000 residents) reported binge drinking within the past 30 days.
- In 2004, a total of 2,885 adults 18 and over were arrested in Sonoma County for driving under the influence (DUI). The rate of adult arrests for DUI has consistently been higher in Sonoma County than the statewide for the years 2000-2004.
- On average, about one person is killed or injured every day in alcohol-involved traffic crashes in Sonoma County.

Methamphetamine use is a significant problem in Sonoma County.²³

- Methamphetamine is a highly addictive drug. Methamphetamine use in Sonoma County exceeds national rates and its users cross all gender, age and socioeconomic strata. It is used for multiple and complex reasons: as a stimulant to boost sexual performance, relieve depression and isolation, and increase energy.
- Methamphetamine is readily available in Sonoma County. Most methamphetamine is imported from Mexico.
- The impact of methamphetamine on public health and safety is significant. The impact of methamphetamine use is felt in many areas across the community including: hospital and emergency department use, deaths, criminal justice and probation, AOD treatment, mental health, child welfare, poor birth outcomes, communicable disease, and environmental safety.

Access to AOD treatment is limited by restrictions in public funding and private insurance coverage.

- Despite the documented effectiveness and need for public treatment resources, the AOD treatment system in California is under-funded. A recent assessment indicated that, on any given day, over 400 Sonoma County residents may be seeking publicly-funded AOD treatment that is not available.²⁴
- There are a number of state-licensed substance abuse treatment providers in Sonoma County that provide a range of services, from intensive residential programs to outpatient counseling and support services, but access to these providers depends greatly upon insurance status or ability to pay.
- Self-help programs, such as Alcoholic Anonymous, are used by some as a source of treatment and ongoing support in recovery.

The mental health delivery system in Sonoma County is a patchwork of diverse providers with varying degrees of expertise, professional backgrounds and charges for service.

- While the public sector has historically been the provider of care for clients with serious and persistent mental illness, the private sector has typically treated the less seriously ill clients.
- The availability of private mental health practitioners in Sonoma County is above the national or state per capita average, but access to these providers depends greatly upon insurance status or ability to pay. Private health insurance is generally more restrictive in coverage of mental illness than is coverage for other health services. As a

result, individuals often pay more out-of-pocket for mental health services than for physical health services.

- The public mental health system is funded almost entirely by State sales tax and small grants. Recent expansions of Mental Health Services Act (MHSA) programs will increase the number and variety of community-based mental health services in Sonoma County. County emergency mental health services have also expanded recently.
- The 2007 closure of the psychiatric inpatient unit operated by the County in conjunction with Sutter Hospital and the recently announced closure of Memorial Hospital's psychiatric acute inpatient unit create a gap in mental health services in the community.

Contributing Factors

Behavioral health issues (mental health diagnoses and substance abuse) are not clear cut and often are combined with other complex issues. Many individuals showing up in emergency rooms with apparent mental health problems have many other issues including alcohol and other drug use, poverty, poor education, poor employment history, stress, poor social skills and connections, and difficult familial relationships.

Insufficient health coverage of behavioral health issues. Insufficient private insurance coverage of behavioral health services and insufficient availability of publicly-funded treatment are barriers for many who seek treatment and support.

Lack of integrated approach to behavioral health leads to missed opportunities for prevention and early problem identification. Many behavioral health problems can be effectively treated. Early detection, assessment, and links with treatment and supports can help prevent problems from worsening. However, it is still not common practice for service providers across settings to routinely screen for mental illness and substance abuse disorders.

Stigma creates barriers to providing and receiving competent mental health and AOD treatment services. Mental illness and substance abuse are often denied and unrecognized as a significant health issues. This can lead to inappropriate treatment, school and job failure, unemployment, homelessness, and significant government spending on social services and criminal justice.

The stigma associated with these behavioral health issues has served to limit the engagement of the broader community in addressing this problem. There is increasing recognition of the need to change norms about the importance of prevention, early intervention and treatment of behavioral health issues as a part of an integrated approach to health.

Community norms, settings and environments facilitate or encourage AOD use.

Research has found compelling evidence that communities with higher availability of alcohol and other drugs have higher consumption rates and higher rates of related problems. Social norms that promote high consumption and minimize the risks associated with underage and abusive AOD use contribute to this availability, as do weak or unenforced laws.

How Communities Can Support Behavioral Health?

Researchers and behavioral health advocates have identified a number of ways that communities can take action to support behavioral health.

Community

- Recognize the interconnectedness of physical, mental and spiritual well-being.
- Encourage healthy lifestyles (including healthy eating, physical activity, living free of dependence on alcohol and other drugs, stress reduction, social connectedness, and community engagement) that contribute to improved overall health and well-being, with a specific focus on the needs and concerns of vulnerable populations.
- Encourage early identification and treatment of behavioral health issues by educating the public to recognize symptoms and to reject the stigma associated with these issues.
- Provide supportive early intervention services, such as Student Assistance Programs or Employee Assistance Programs, to help people cope with stress, distress, and adversity that can lead to mental health problems.
- Advocate for changes in local zoning/land use tools and other ordinances to limit access and availability of ATOD and reduce their secondhand effects.
- Change current community norms that promote high-risk ATOD consumption. Shape norms to improve health and safety.
- Limit advertising and marketing of alcohol and tobacco. Advertising for these products is widespread through a broad variety of broadcast and print media. Sponsorship of sports, community festivals, and arts events often glamorizes drinking or smoking and reinforces them as intrinsic to social interaction.

Health Care Delivery System

- Promote an integrated continuum of health and mental health care.
- Promote routine behavioral health screening in primary care and other health care settings, including emergency departments, and provide links to treatment and supports when needed.
- Advocate for parity of behavioral health insurance benefits with those provided for physical health.
- Encourage health insurance purchasers and insurance plans to include behavioral health screening (e.g., depression, substance abuse) and management as standard practice in primary care.

Major Gaps in Sonoma County

Community

- Stigma and denial of behavioral health issues leads to missed opportunities for prevention, early problem identification, and treatment.
- Lack of public understanding of availability of mental health and ATOD treatment services and how they can be accessed.
- Community environments, settings, and norms that encourage ATOD consumption.

Health Care Delivery System

- Lack of integrated approach to behavioral health leads to missed opportunities for prevention and early problem identification.
- Insufficient private insurance coverage of behavioral health services.
- Insufficient availability of publicly-funded treatment services for those seeking treatment.
- Lack of psychiatric inpatient services.

Resources

Mental Health

U.S. Department of Health and Human Services

- *Healthy People 2010, Chapter 18: Mental Health and Mental Disorders*
(<http://www.healthypeople.gov/Document/HTML/Volume2/18Mental.htm>)
- *Mental Health: A Report of the Surgeon General* (1999)
- *Depression* (NIH Publication No. 07-3561, revised 2007)
- *President's New Freedom Commission on Mental Health Report* (2003)
(www.MentalHealthCommission.gov)

Centers for Disease Control and Prevention

- Mental health prevalence data
(<http://apps.nccd.cdc.gov/HRQOL/TrendV.asp?State=6&Category=1&Measure=7>)

California Department of Mental Health

- Prevalence rates for Serious Mental Illness
(http://www.dmh.cahwnet.gov/Statistics_and_Data_Analysis/Prevalence_Rates.asp)

Sonoma County Department of Health Services, Mental Health Services

- *Mental Health Services Act (MHSA) Implementation Progress Report*
- *Prevention and Early Intervention Draft Proposed Guidelines*

Alcohol, Tobacco, and Other Drugs

Community Prevention Institute (www.ca-cpi.org)

- *Policy Strategies to Reduce Underage and Binge Drinking*
- *Environmental Prevention*

California Department of Alcohol and Drug Programs

- *Sonoma County Indicators of Alcohol and Drug Abuse Risk, Sonoma County 2004*

County Alcohol and Drug Program Administrator's Association of California

- *California Alcohol and Drug Impact Report* (March 2005)

Sonoma County Department of Health Services, Prevention and Planning Division

- *Planning for Community-Based Prevention of Alcohol and Other Drug-Related Problems in Sonoma County, Step 1: Assessment* (December 2006)

Sonoma County Department of Health Services, Alcohol and Other Drug Services

- *Sonoma County Methamphetamine Profile* (July 2006)

Local Contacts

- Stella Rijeka, Mental Health Coalition of Sonoma County
- Judy House, CEO, PsychStrategies
- Rita Scardaci, Director, Sonoma County Department of Health Services
- Art Ewart, Director, Sonoma County DHS, Mental Health Services
- Gino Giannavola, Director, Sonoma County DHS, Alcohol and Other Drug Services
- Barbara Graves, Director, Sonoma County DHS, Prevention and Planning Division

Endnotes

¹ U.S. Department of Health and Human Services (DHHS), *Healthy People 2010, Chapter 18: Mental Health and Mental Disorders*.

² U.S. Department of Health and Human Services (DHHS), *Healthy People 2010, Chapter 18: Mental Health and Mental Disorders*, p. 18-3.

³ U.S. Department of Health and Human Services (DHHS), *Healthy People 2010, Chapter 18: Mental Health and Mental Disorders*, p. 18-3.

⁴ California Department of Mental Health, Updated (January 2006) and Detailed Prevalence Rates for Sonoma County, Series P5 Estimates of Need for California,

http://www.dmh.cahwnet.gov/Statistics_and_Data_Analysis/Prevalence_Rates.asp (accessed 2/11/08).

⁵ California Health Interview Survey 2005 asked the following question: "During the past 12 months, did you think you needed help for emotional or mental health problems, such as feeling sad, blue, anxious or nervous?"

⁶ California Office of Statewide Planning and Development, Hospital Discharge Data, 2005.

⁷ U.S. Department of Health and Human Services (DHHS), *Healthy People 2010, Chapter 18: Mental Health and Mental Disorders*.

⁸ World Health Organization, <http://www.who.int/topics/depression/en/>

⁹ World Health Organization, http://www.who.int/mental_health/management/depression/definition/en/

¹⁰ U.S. Department of Health and Human Services (DHHS), *Healthy People 2010, Chapter 18: Mental Health and Mental Disorders*. p. 18.5.

¹¹ U.S. Department of Health and Human Services (DHHS), *Healthy People 2010, Chapter 18: Mental Health and Mental Disorders*. p. 18.8.

¹² U.S. Department of Health and Human Services (DHHS), *Healthy People 2010, Chapter 18: Mental Health and Mental Disorders*. p. 18.3.

¹³ California Department of Health Services, Vital Statistics, Death Records, 2000-2004.

¹⁴ U.S. Department of Health and Human Services (DHHS), *Healthy People 2010, Chapter 18: Mental Health and Mental Disorders*. p. 18.14.

¹⁵ U.S. Department of Health and Human Services (DHHS), *Healthy People 2010, Chapter 18: Mental Health and Mental Disorders*. p. 18-14.

¹⁶ U.S. Department of Health and Human Services (DHHS), *Healthy People 2010, Chapter 18: Mental Health and Mental Disorders*. p. 18-8.

¹⁷ U.S. Department of Health and Human Services (DHHS), *Healthy People 2010, Chapter 18: Mental Health and Mental Disorders*. p. 18-14.

¹⁸ U.S. Department of Health and Human Services (DHHS), *Healthy People 2010, Chapter 18: Mental Health and Mental Disorders*. p. 18-6.

¹⁹ U.S. Department of Health and Human Services. *Mental Health: A Report of the Surgeon General*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Center for Mental Health Services. National Institutes of Health, National Institute of Mental Health, 1999.

²⁰ County Alcohol and Drug Program Administrator's Association of California, *California Alcohol and Drug Impact Report*, March 2008.

²¹ *Results from the 2003 National Survey of Drug Use and Health: National Findings* (Office of Applied Studies, NSDUH Publication No. SMA 04-3964). Rockville, MD, Substance Abuse and Mental Health Services Administration, 2004.

²² The findings in this section were excerpted from: Sonoma County Department of Health Services, Prevention and Planning Division, *Planning for Community-Based Prevention of Alcohol and Other Drug-Related Problems in Sonoma County, Step 1: Assessment*, December 2006.

²³ The findings in this section were excerpted from: Sonoma County Department of Health Services, *Sonoma County Methamphetamine Profile: Report to the Board of Supervisors*, July 2006.

²⁴ Sonoma County Health Partnership, *Focus on Alcohol and Other Drug Treatment: Can We Close the Gap?* Policy Brief, Spring 2002.