

BEHAVIORAL HEALTH IN KITSAP COUNTY

Recently, the term *mental health* has been replaced with *behavioral health*. *Behavioral health* includes not only ways of promoting well-being by preventing or intervening in mental illness, but also has as an aim of preventing or intervening in substance abuse or other addictions. Often mental illness and substance abuse disorders occur together. Behaviors can be changed so this is a more hopeful concept for those who experience mental illness or addiction and have felt that these diseases were permanent. It is imperative, however, to recognize that behaviors are shaped not only by an individual but by myriad external, environmental factors that influence well-being, such as poverty, discrimination, and abuse. (Psychology Today) Prevention works! Getting help is important! Most people first seek and receive help at a primary care provider office.

Mental health concerns range from emotional ups and downs from time to time to longer lasting medical conditions that cause changes in how we think and feel and in our mood. They are not the result of personal weakness, lack of character or poor upbringing. With proper treatment, people can realize their full potential, cope with the stresses of life, work productively and make meaningful contributions to the world. (NAMI) Treatment works! With support, between 70-90% of individuals have a reduction of symptoms and an improved quality of life. Most people with mental illness get better, and many recovery completely.

Mental health disorders include depression, post-traumatic stress disorder, schizophrenia, bipolar, substance use disorder, among many others (For detail, search ICD-10 and DSM V). Early intervention is critical as one-half of all chronic mental illnesses begin by the age of 14; three-quarters by the age of 24. Depression is the leading cause of disability worldwide. Further, persons experiencing serious mental illness are more likely to have chronic physical health conditions and die younger, 14-32 years earlier. (NIMH)

PREVALENCE	<ul style="list-style-type: none"> • 1 in 5 U.S. adults experiences serious mental illness in a given year (NIMH) • 1 in 5 adults report ever being told they have depression (2013 CDC BRFSS) • 1 in 8 youth aged 8-15 had a diagnosable mental disorder within the previous year (NIMH)
Kitsap Adults (BRFSS)	<ul style="list-style-type: none"> • 2 in 5 adults report poor mental health at least 1 of the past 30 days (2011) • 1 in 7 adults report poor mental health on 14 or more of the past 30 days (2011-12) • 1 in 4 adults report ever being told they have depression (2013)
Kitsap Youth 8th & 10th graders (HYS 2012)	<ul style="list-style-type: none"> • 3 in 10 youth report being depressed in the past year • 1 in 3 youth report not having an adult to turn to when feeling depressed
CO-OCCURRING CONDITIONS	<ul style="list-style-type: none"> • 2 in 5 adults who have experienced a substance use disorder also have a co-occurring mental illness (NAMI) • 2 in 3 adults with serious mental illness also have one or more chronic physical health conditions (SAMHSA)
Kitsap Youth 8th graders (HYS 2014)	<ul style="list-style-type: none"> • 3 in 5 youth who report past 2 week binge drinking report being depressed compared to 1 in 4 not binge drinking • 1 in 3 youth who report being overweight report being depressed compared to 1 in 4 at a healthy weight

Sources:

Psychology Today: <https://www.psychologytoday.com/blog/promoting-hope-preventing-suicide/200910/behavioral-health-versus-mental-health>

NAMI: National Association of Mental Illness, <https://www.nami.org>

NIMH: National Institute of Mental Health, <https://www.nimh.nih.gov>

SAMHSA: Substance Abuse and Mental Health Services Administration, www.integration.samhsa.gov/Integration_Infographic_8_5x30_final.pdf

BRFSS: Behavioral Risk Factor Surveillance System, Kitsap analysis. National data: <http://www.cdc.gov/brfss/brfssprevalence/index.html>

HYS: Washington State Healthy Youth Survey

VS: Vital Statistics Databases, Washington State Dept. of Health, Center for Health Statistics. Accessed in Community Health Assessment Tool.

*Adverse Childhood Experiences (ACEs): experiences children may have during the first 18 years of life: physical, emotional, sexual abuse; exposure



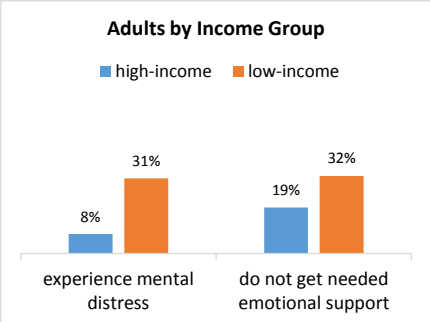
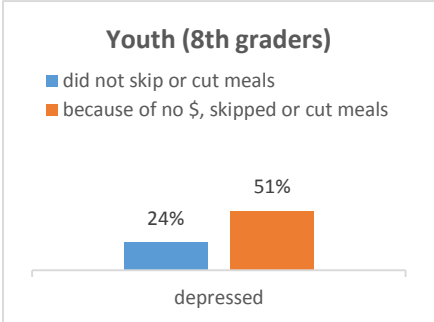
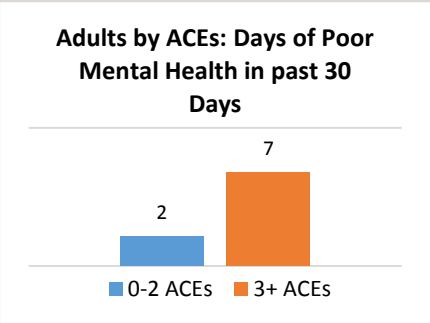
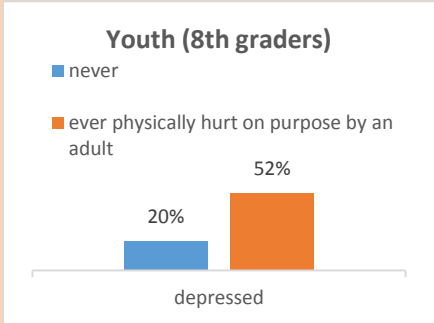
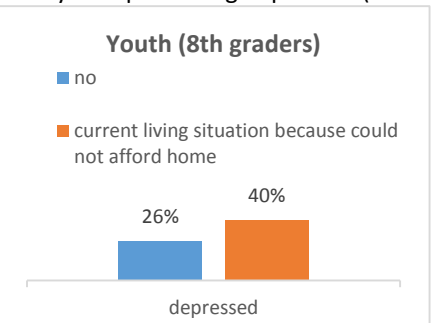
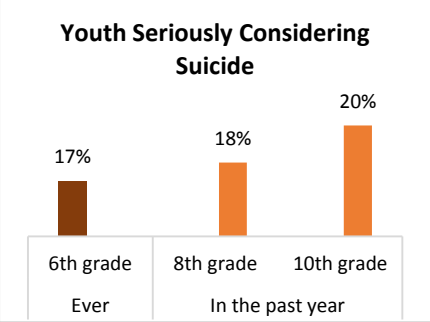
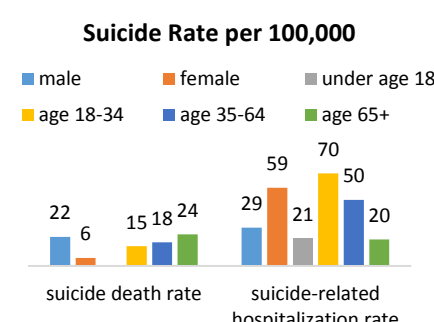
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<p>Behavioral Health and Income</p>	<p>Adults with lower incomes are more likely to report mental distress and lack of emotional support (BRFSS 2011-12)</p>  <table border="1"> <caption>Adults by Income Group</caption> <thead> <tr> <th>Category</th> <th>high-income</th> <th>low-income</th> </tr> </thead> <tbody> <tr> <td>experience mental distress</td> <td>8%</td> <td>31%</td> </tr> <tr> <td>do not get needed emotional support</td> <td>19%</td> <td>32%</td> </tr> </tbody> </table>	Category	high-income	low-income	experience mental distress	8%	31%	do not get needed emotional support	19%	32%	<p>Youth living in households that had to cut back or skip meals because there was no money for food are more likely to report being depressed (HYS14)</p>  <table border="1"> <caption>Youth (8th graders)</caption> <thead> <tr> <th>Category</th> <th>depressed</th> </tr> </thead> <tbody> <tr> <td>did not skip or cut meals</td> <td>24%</td> </tr> <tr> <td>because of no \$, skipped or cut meals</td> <td>51%</td> </tr> </tbody> </table>	Category	depressed	did not skip or cut meals	24%	because of no \$, skipped or cut meals	51%																		
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<p>Behavioral Health and Adverse Childhood Experiences (ACEs)*</p>	<p>Adults with higher Adverse Childhood Experiences report more days of poor mental health (BRFSS 2011)</p>  <table border="1"> <caption>Adults by ACEs: Days of Poor Mental Health in past 30 Days</caption> <thead> <tr> <th>ACEs Category</th> <th>Days of Poor Mental Health</th> </tr> </thead> <tbody> <tr> <td>0-2 ACEs</td> <td>2</td> </tr> <tr> <td>3+ ACEs</td> <td>7</td> </tr> </tbody> </table>	ACEs Category	Days of Poor Mental Health	0-2 ACEs	2	3+ ACEs	7	<p>Youth ever physically hurt on purpose by an adult leaving a mark, bruise or injury are more likely to report being depressed (HYS 2014)</p>  <table border="1"> <caption>Youth (8th graders)</caption> <thead> <tr> <th>Category</th> <th>depressed</th> </tr> </thead> <tbody> <tr> <td>never</td> <td>20%</td> </tr> <tr> <td>ever physically hurt on purpose by an adult</td> <td>52%</td> </tr> </tbody> </table>	Category	depressed	never	20%	ever physically hurt on purpose by an adult	52%																					
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<p>Behavioral Health and Housing/Homelessness</p>	<p>In the 2015 Kitsap County Point in Time Count of persons experiencing homelessness, of the 254 adult participants:</p> <ul style="list-style-type: none"> 35% reported having a serious mental illness 19% reported having an alcohol or drug problem 	<p>Youth reporting a current living situation due to losing home because it was unaffordable are more likely to report being depressed (HYS 2014)</p>  <table border="1"> <caption>Youth (8th graders)</caption> <thead> <tr> <th>Category</th> <th>depressed</th> </tr> </thead> <tbody> <tr> <td>no</td> <td>26%</td> </tr> <tr> <td>current living situation because could not afford home</td> <td>40%</td> </tr> </tbody> </table>	Category	depressed	no	26%	current living situation because could not afford home	40%																											
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<p>SUICIDE Nationally, 90% of those who die by suicide have an underlying mental illness (NAMI). Suicide is the 8th leading cause of death among Kitsap County residents (VS 2010-12)</p>																																			
<p>Youth Ideation Hospitalizations and Deaths</p>	<p>1 in 6 sixth graders report ever seriously considering suicide; 1 in 5 tenth graders considered suicide in the past year (HYS 2012)</p>  <table border="1"> <caption>Youth Seriously Considering Suicide</caption> <thead> <tr> <th>Grade</th> <th>Ever</th> <th>In the past year</th> </tr> </thead> <tbody> <tr> <td>6th grade</td> <td>17%</td> <td>-</td> </tr> <tr> <td>8th grade</td> <td>-</td> <td>18%</td> </tr> <tr> <td>10th grade</td> <td>-</td> <td>20%</td> </tr> </tbody> </table>	Grade	Ever	In the past year	6th grade	17%	-	8th grade	-	18%	10th grade	-	20%	<p>The suicide deaths are highest among males and older adults; suicide hospitalizations are highest among females and adults age 18-34 (VS 10-12)</p>  <table border="1"> <caption>Suicide Rate per 100,000</caption> <thead> <tr> <th>Category</th> <th>male</th> <th>female</th> <th>under age 18</th> <th>age 18-34</th> <th>age 35-64</th> <th>age 65+</th> </tr> </thead> <tbody> <tr> <td>suicide death rate</td> <td>22</td> <td>6</td> <td>15</td> <td>18</td> <td>24</td> <td>-</td> </tr> <tr> <td>suicide-related hospitalization rate</td> <td>29</td> <td>59</td> <td>21</td> <td>70</td> <td>50</td> <td>20</td> </tr> </tbody> </table>	Category	male	female	under age 18	age 18-34	age 35-64	age 65+	suicide death rate	22	6	15	18	24	-	suicide-related hospitalization rate	29	59	21	70	50	20
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