

MENTAL HEALTH AND WELLBEING



Mental health is an essential part of overall health and is just as important as our physical health.^{1,2} It includes our emotional, psychological, and social wellbeing, affecting how we think, feel, and act. Continuing support for systems and policies committed to addressing mental health concerns and improving equitable access to mental healthcare can strengthen our community.

TOPIC OVERVIEW

A mental illness is a condition that affects a person's thinking, feeling, behavior, or mood. These conditions deeply impact day-to-day living and may also affect the ability to relate to others. According to the CDC, more than 1 in 5 U.S. adults live with a mental illness.³ People of all ages, from childhood to adulthood, with untreated mental health conditions are at an elevated risk for having more than one type of disorder at once.

Although mental health challenges are treatable and often preventable, not everyone has access to the resources they need. For example, disparities in accessing mental healthcare by racial/ethnic groups are well-documented.⁴

In addition to being able to access treatment, positive social connections are an important component of good mental health.

KEY FINDINGS

The following priority areas were identified from available public health data; these were selected based on changes over time for Kitsap residents, differences between Kitsap and Washington, and Kitsap resident input. They include:



Depression & suicide

- **Increases in Kitsap resident suicide rate:** In 2021, there were 17 deaths due to self-inflicted injury for every 100,000 residents in Kitsap. From 2010 to 2021, there was an increasing trend in the suicide mortality.
- **Kitsap youth reported suicide ideation** at higher percentages than Washington youth overall. In 2021, more than one in five Kitsap 12th graders (23%) reported they had seriously considered attempting suicide in the past year — higher than Washington in 2021 (20%).
- **Increases in Kitsap youth reporting depressive feelings:** In 2021, nearly half of Kitsap 12th grade students (47%) reported feeling sad or hopeless for at least two weeks in the past 12 months. From 2012 to 2021, there was an increasing trend in the percentage of 12th graders reporting depressive feelings.
- **Kitsap youth reported attempting suicide** at higher percentages than the Healthy People 2030 goal. Healthy People 2030 aims to reduce the percentage of adolescents in grades 9 through 12 who attempt suicide to less than 2%. In 2021, 9% of 10th graders and 8% of 12th graders reported they had attempted suicide at least once in the past year.



Isolation & support

- **Decreases in Kitsap youth reporting bullying:** In 2021, 16% of 10th graders reported they had been bullied at least once in the past 30 days. From 2012 to 2021, there was a decreasing trend in the percentage of 10th graders reporting they had been bullied.

- **Community members reported barriers** to needed mental healthcare. Among 2022 Kitsap Community Resources survey participants (18 years or older), appointment wait times were reported as the primary barrier to getting needed mental health counseling (44%, 361 participants), followed by cost (23%, 186 participants), and not knowing how to find a counselor (19%, 160 participants).



KEY DISPARITIES

While the findings from this report provide evidence of disparities in Kitsap County across multiple indicators, the following were identified as the most significant and are not a complete list of all disparities:

Note: “Youth” data on this page represent 10th and 12th students who participated in the 2021 HYS. Participants were asked to select the gender identity-related term that they identified with.

Disparities by sex



Youth who identified as female or transgender, questioning, or something else fits better reported higher rates of:

- Frequently being bullied (17% and 30%, respectively, vs. youth identifying as male at 9%)
- Seriously contemplating suicide (24% and 51%, respectively, compared to youth identifying as male at 13.5%)
- Attempting suicide (9% and 20%, respectively, compared to youth identifying as male at 5%)

Disparities by sexual orientation



Youth who identified as lesbian, gay, bisexual, or other reported higher rates of:

- Frequently being bullied (24% compared to 11% of heterosexual youth)
- Seriously contemplating suicide (40% compared to 6% of heterosexual youth)
- Attempting suicide (17% compared to 5% of heterosexual youth)



Disparities by income

Adults reporting lower incomes (less than \$50,000) reported higher rates of:

- Having received a depression diagnosis
- Having 14 or more days of “not good” mental health



Disparities by age

- From 2011 to 2021, a higher percentage of adults ages 18-44 reported 14 or more days of “not good” mental health compared with adults 45 and older.
- In the 2022 Kitsap Community Resources survey, a higher percentage of adults aged 18-34 (52%) reported needing mental healthcare but not being able to get it compared to adults 65 and older (16%).

Disparities by race/ethnicity

- Among youth who selected more than one race (multiracial), 21% reported not having an adult they could turn to, the highest percentage of any race/ethnicity.

Note: No significant differences were observed by race/ethnicity across the other indicators in this topic area where race/ethnicity data were available.

BACKGROUND

Since the COVID-19 pandemic began, national rates of psychological distress among youth have increased.⁶ Like in many areas, Kitsap community members have experienced many disruptions due to COVID-19 and associated mitigation strategies, such as school closures and remote learning, isolation, financial hardship, disruptions in routine healthcare screening, and for some, the death of a family member due to COVID-19.

This chapter seeks to provide a brief overview of trends in mental health and wellbeing among Kitsap County youth and adults to better understand what communities have been experiencing and identify areas where focused interventions could be helpful.

A note about the 2021 Healthy Youth Survey

Throughout this chapter, data is used from the Healthy Youth Survey (HYS). Due to COVID-19, administration of the Healthy Youth Survey was delayed from 2020 until 2021. Due to concerns about the impacts of survey administration changes in 2021 and COVID-19, we recommend using caution when analyzing changes from previous years.

Several factors may or may not have had an impact on 2021 data:

1. The vast majority of students took the survey in person at school, though a small number did take the survey remotely; the potential impact of having students complete the survey remotely is still being assessed.
2. Delaying the survey by a year also means a change in the cohort of students being surveyed.

The HYS data below represents a simple random sample of responses for Washington state estimates and a census of responses (all responses) for Kitsap, as recommended by the Washington Department of Health. For more information about the HYS and to review student participation rates, please refer to the **Methods** chapter.

YOUTH DEPRESSION

“We’ve seen more suicidal patients in my time in the last two years than I’ve ever remembered seeing in my whole career before, and it’s affecting the kids in a really bad way.”

— Organizational leader

Youth depressive feelings

The pandemic and other current events have raised concerns regarding depression and suicidal ideation in youth. In the HYS, depression is assessed by asking students, “During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?” Although this question is not sufficient to diagnose depression, it can be used as a proxy measure for students experiencing symptoms associated with depression.⁷

In 2021, more than one third of 10th graders (39%, 593 students) and nearly half of 12th graders (47%, 571 students) who participated in the HYS reported experiencing depressive feelings during the past year, similar to Washington overall (Figure 1).

From 2012 to 2021, there was no statistically significant trend in the percentage of 10th graders experiencing depressive feelings (Figure 1). For 12th graders, the percentage of students experiencing depressive feelings increased from 2012 to 2021 (Figure 2).

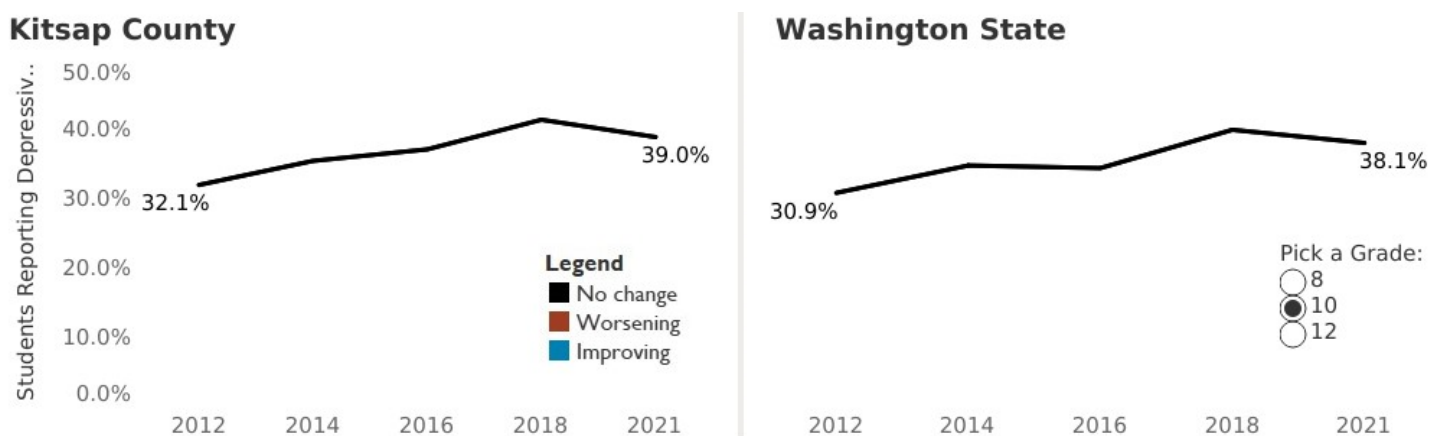
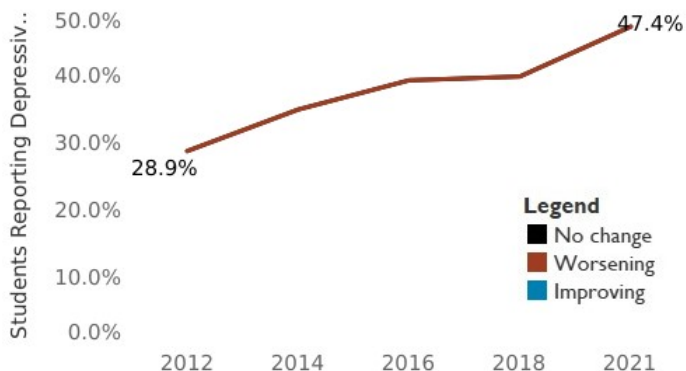


Figure 1. 10th grade students who reported experiencing depressive feelings in the past 12 months, 2012-2021

Data source: Washington State Healthy Youth Survey (HYS)

Kitsap County



Washington State

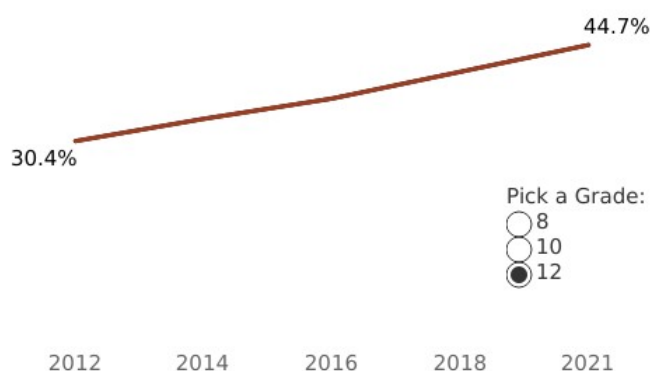


Figure 2: 12th grade students who reported experiencing depressive feelings in the past 12 months, 2012-2021

Data source: Washington State Healthy Youth Survey (HYS)

In 2021, among 10th and 12th graders combined, some student populations reported experiencing depressive feelings more than others, including students who identified as female and students from Bremerton and Central Kitsap school districts (Figure 3).

One in two (50%) students who identified as female reported experiencing depressive feelings, compared to 30% of students who identified as male.

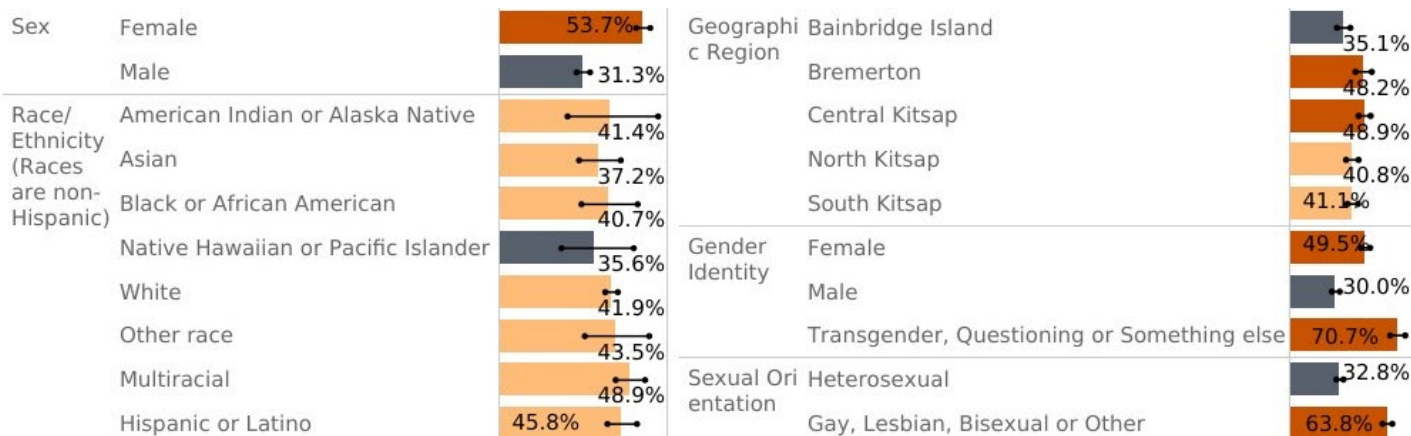
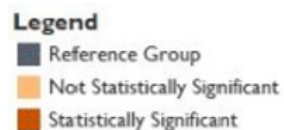


Figure 3: 10th and 12th grade students who reported experiencing depressive feelings in the past 12 months by subgroup, 2021

Data source: Washington State Healthy Youth Survey (HYS)



Note: Geographic regions are based on school districts.

The percentage of 10th and 12th grade students experiencing depressive feelings varied by geographic region, from 35% in Bainbridge Island to 48% in Bremerton and 49% in Central Kitsap.

Many lesbian, gay, bisexual, transgender, and questioning (LGBTQ+) youth face social stigma about their sexual choices or identities. Stigma can take many forms, such as discrimination, harassment, family rejection, social rejection, or violence. For LGBTQ+ youth, these experiences can put their health at risk.⁸

Among Kitsap 10th and 12th grade students in 2021:

- Seven in ten (71%) students who identified as transgender, questioning, or something else fits better reported experiencing depressive feelings — far more than students who identified as female (50%) or male (30%).
- Additionally, about two-thirds (64%) of students who identified as lesbian, gay, bisexual, or other reported experiencing depressive feelings — far more than students who identified as heterosexual (33%)

Although no statistically significant differences were observed by race/ethnicity (Figure 3), the percentage of students who reported experiencing depressive feelings ranged from 36% among students who identified as Native Hawaiian or Pacific Islander to 49% among students who selected more than one race (multiracial).

Youth suicide ideation

In 2021, about one in five 10th graders (22%, 329 students) and about one in five 12th graders (23%, 279 students) reported they had seriously considered attempting suicide in the past year. From 2012 to 2021, there was no statistically significant trend in the percentage of 10th graders or 12th graders seriously considering suicide (Figure 4). However, in 2021, the percentage of 12th graders seriously considering suicide was higher in Kitsap (23%) than Washington (20%); this difference was statistically significant (Figure 5).

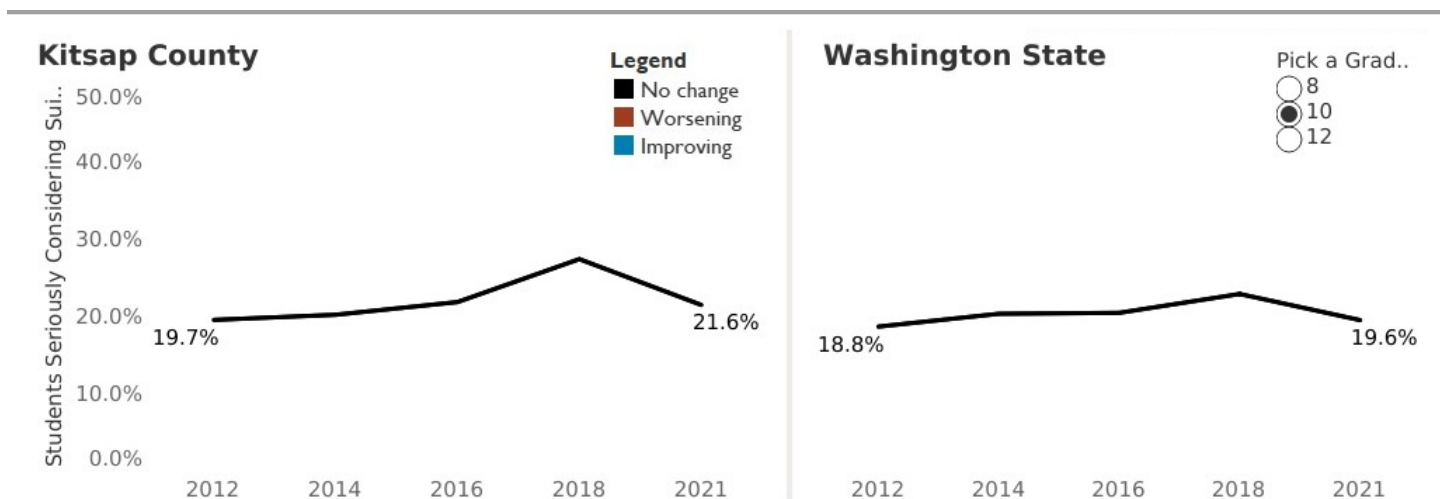


Figure 4. 10th grade students who reported they had seriously considered attempting suicide in the past 12 months, 2012-2021

Data source: Washington State Healthy Youth Survey (HYS)

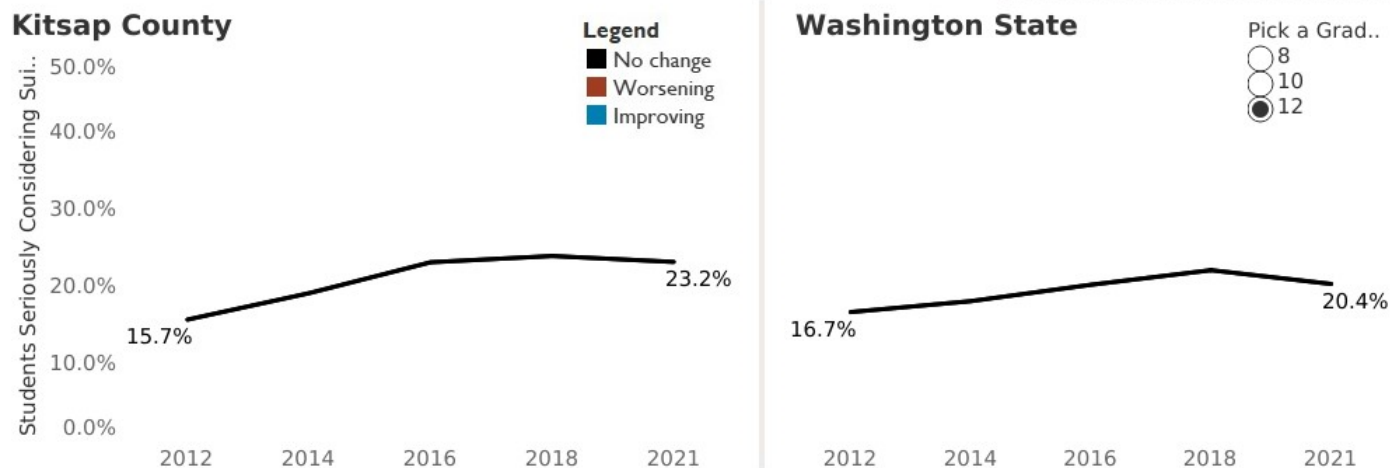


Figure 5. 12th grade students who reported they had seriously considered attempting suicide in the past 12 months, 2012-2021

Data source: Washington State Healthy Youth Survey (HYS)

Among 10th and 12th graders combined, some student populations reported they had seriously considered attempting suicide more than others, including students who identified as female and students who identified as LGBTQ+:

- Nearly one in four (24%) students who identified as female reported they had seriously contemplated suicide, compared to 13.5% of students who identified as male.
- Two in five (40%) students who identified as lesbian, gay, bisexual, or other reported they had seriously contemplated suicide — far more than students who identified as heterosexual (6%).
- More than half (51%) of students who identified as transgender, questioning, or something else fits better reported they had seriously contemplated suicide, compare to 24% of students who identified as female and 13.5% of students who identified as male.
- Although no statistically significant differences were observed by race/ethnicity, the percentage of students who reported seriously considering suicide was highest among students who selected more than one race (multiracial), with more than one in four (26%) reporting suicide contemplation.

Youth suicide attempt

Healthy People 2030 aims to reduce the percentage of adolescents in grades 9 through 12 who attempt suicide to less than 2%.⁹ In 2021, 9% of 10th graders (66 students) and 8% of 12th graders (50 students) reported they had attempted suicide at least once in the past year, similar to Washington state overall. From 2012 to 2021, there was no statistically significant trend in the percentage of 10th or 12th graders seriously considering suicide (Figure 6).

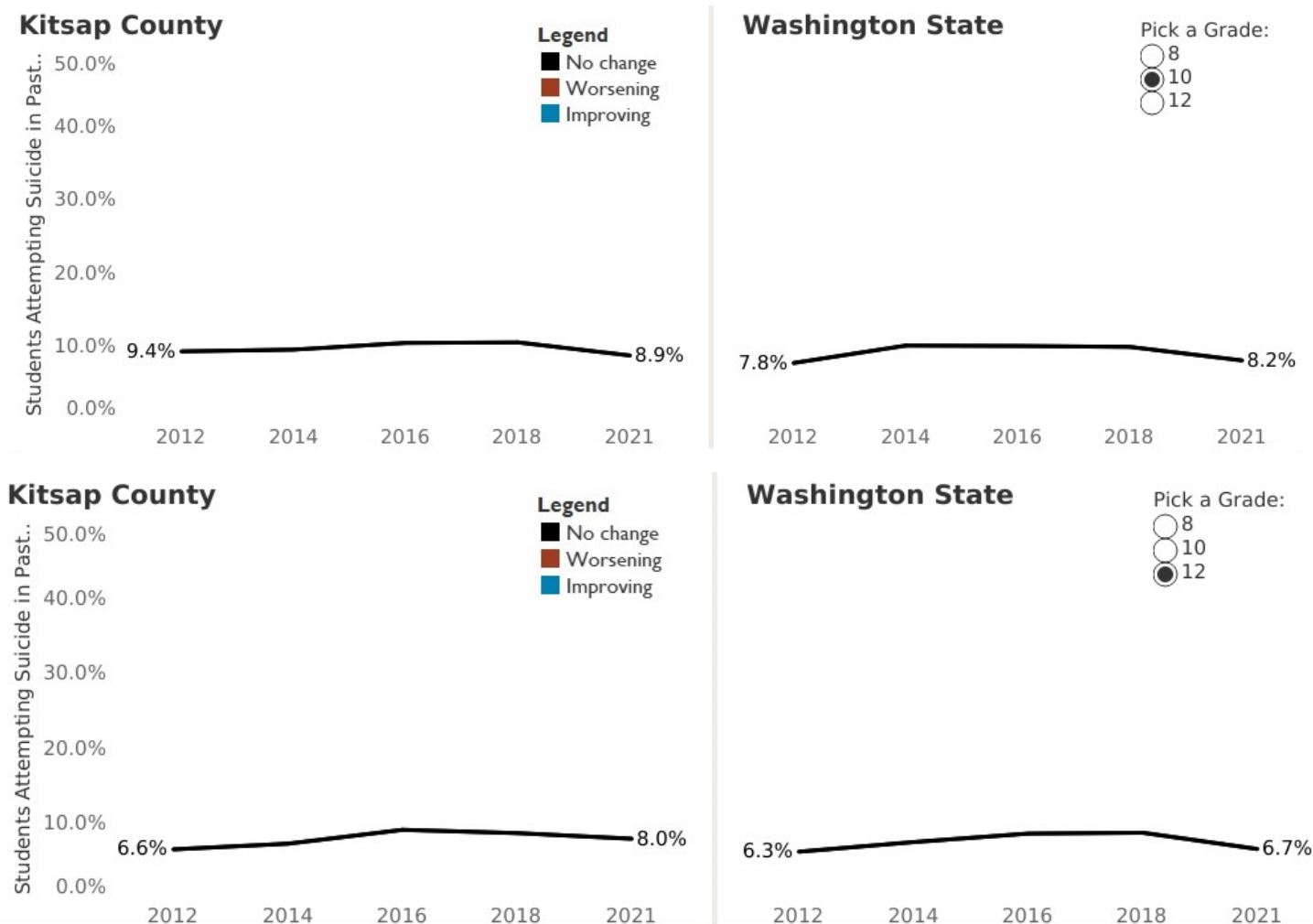


Figure 6. 10th (top charts) and 12th grade (bottom charts) students who reported attempting suicide in the past 12 months, 2012-2021

Data source: Washington State Healthy Youth Survey (HYS)

Similar to the indicators above for youth depression and suicide ideation, 10th and 12th grade students who identified as LGBTQ+ and students who identified as female reported higher percentages of attempted suicide in 2021:

- Nearly one in ten (9%) students who identified as female reported they had attempted suicide, compared to 5% of students who identified as male.
- One in six (17%) students who identified as lesbian, gay, bisexual, or other reported they had attempted suicide, far more than students who identified as heterosexual (5%).
- One in five (20%) students who identified as transgender, questioning, or something else fits better reported they had attempted suicide, compared to 9% of students who identified as female and 5% of students who identified as male.

YOUTH ISOLATION & SOCIAL SUPPORT

Bullying

Creating a safe learning environment is critical for a student’s academic achievement. When students feel safe at school, they are more likely to have higher grades than students who do not feel safe at school.¹⁰

In the HYS, bullying is defined as when one or more students threaten, spread rumors about, hit, shove, or otherwise hurt another student repeatedly and includes electronic forms of bullying, known as cyberbullying. It is not bullying when two students of about the same strength or power argue or fight or tease each other in a friendly way. The survey then asks, “In the last 30 days, how often have you been bullied?”

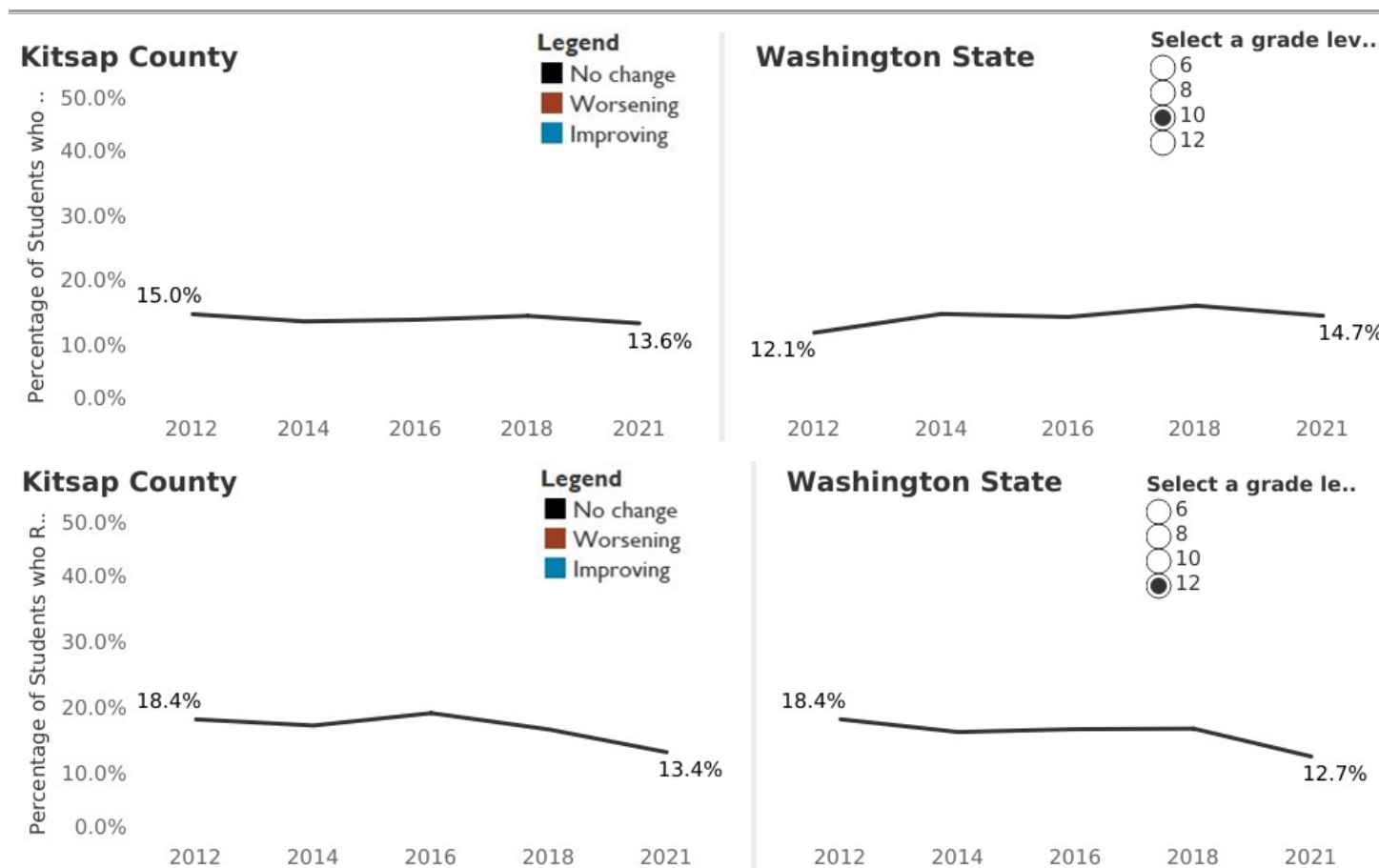


Figure 7. 10th (top charts) and 12th grade (bottom charts) students who reported they had been bullied in the last 30 days, 2012-2021

Data source: Washington State Healthy Youth Survey (HYS)

In 2021, 16% of 10th graders (250 students) and 13% of 12th graders (161 students) in Kitsap reported they had been bullied at least once in the past 30 days, similar to Washington state overall. For 10th graders, the percentage of students reporting they had been bullied decreased from 2012 to 2021 (Figure 7).

From 2012 to 2021, there was no statistically significant trend in 12th graders who reported they had been bullied. Among 10th and 12th graders, some student populations reported higher percentages of being bullied than others, including students who identified as female, students who identified as LGBTQ+, and students from Bremerton, Central Kitsap, and North Kitsap school districts.

- 17% of students who identified as female reported they had been bullied, compared to 9% of students who identified as male.
- 24% of students who identified as lesbian, gay, bisexual, or other reported they had been bullied, compared to 11% of students who identified as heterosexual.
- 30% of students who identified as transgender, questioning, or something else fits better reported they had been bullied, compared to 17% of students who identified as female and 9% of students who identified as male.
- Across regions in Kitsap, 20% of students from Bremerton, 16% of students from Central Kitsap, and 17% of students from North Kitsap reported the highest percentages of students being bullied. When compared to the reference group of Bainbridge Island (9%), these differences were statistically significant.
- Although no statistically significant differences were observed by race/ethnicity, the percentage of students who reported being bullied was highest among students who identified as Black or African American, with nearly one in five (19%) reporting they had been bullied.

Adults to turn to when feeling sad or hopeless

Caring adults, including parents, school staff, coaches, and faith leaders, can support youth. Educating caring adults on how to recognize mental health conditions, increase social connectedness, and work with youth on resiliency skills can expand support systems to help prevent suicide among our youth population.

In 2021, 14% of 10th graders (101 students) and 13% of 12th graders (81 students) felt they did not have an adult to turn to when they felt sad or hopeless, similar to Washington overall. From 2012 to 2021, there was no statistically significant trend in the percentage of 10th or 12th graders who reported they did not have adult support (Figure 8).

Among 10th and 12th graders, some student populations reported they did not have adult support more than others (Figure 8), including students who identified as male, students who identified as LGBTQ+, and students who selected more than one race (multiracial).

- 17% of students who identified as male and 20% of students who identified as transgender, questioning, or something else fits better felt they did not have adult support, compared to 9% of students who identified as female.
- 21% of students who identified as lesbian, gay, bisexual, or other felt they did not have adult support, compared to 10% of students who identified as heterosexual.
- Among multiracial students, 21% felt they did not have adult support -- the highest percentage of any race/ethnicity. The lowest percentage was among students who identified as white (11%). When comparing these two groups, this difference was statistically significant.
- Although no statistically significant differences were observed by region, the percentage of students who felt they did not have adult support ranged from 10% (Bainbridge Island) to 17% (Central Kitsap).

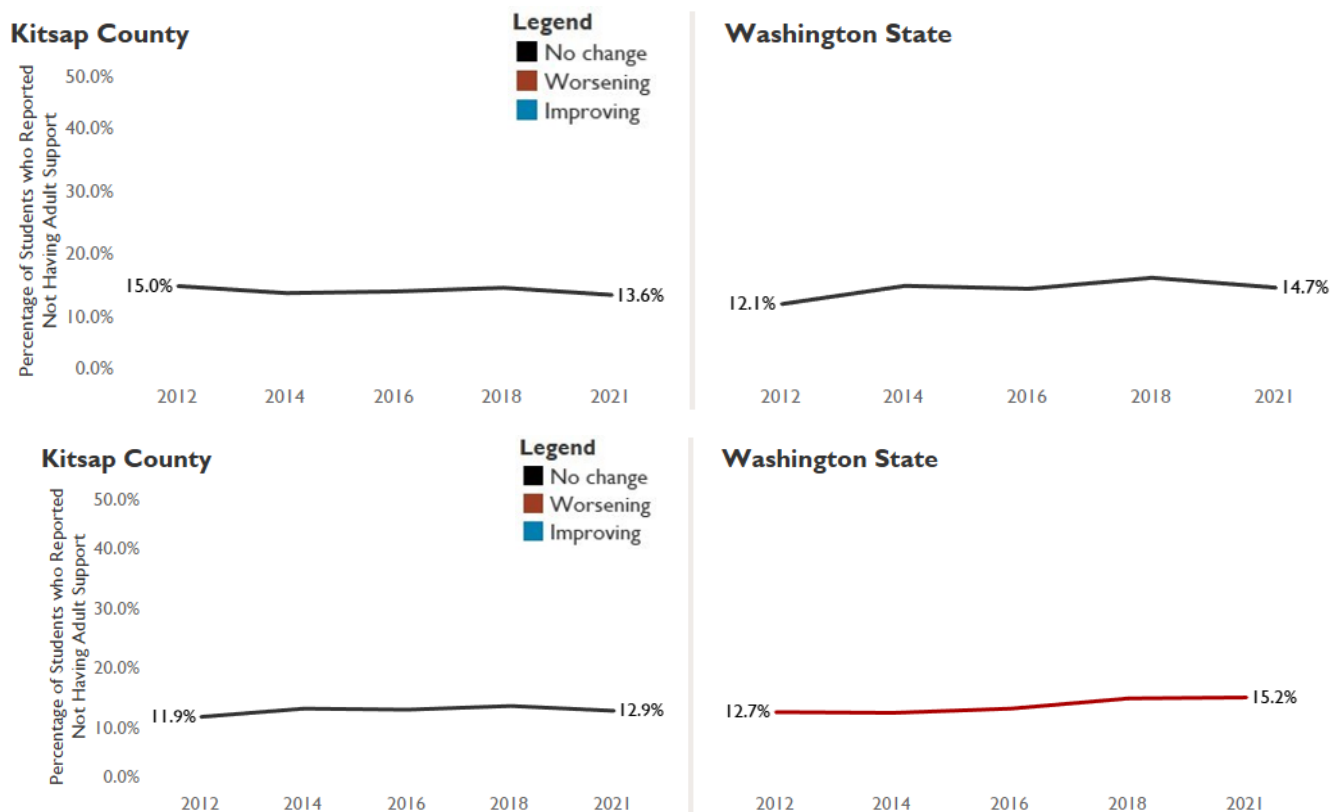


Figure 8: 10th (top charts) and 12th grade (bottom charts) students who felt they did not have an adult to turn to when they felt sad or hopeless, 2012-2021

Data source: Washington State Healthy Youth Survey (HYS)

Community members’ experiences with youth social support

Community members in several of the 2022 Kitsap Community Resources focus group discussions spoke of difficulties they faced in finding mental health providers for their children, particularly those who were accepting new patients. As one participant shared:

“I probably spent a couple hours on at least three different days calling, leaving messages, researching, going online, and looking at who took our healthcare, and then checking reviews. And I mean probably six to eight hours at least just for a counselor for my son.”

— Community member

ADULT DEPRESSION

Depression diagnoses in adults are self-reported to the Behavioral Risk Factor Surveillance Survey (BRFSS), a yearly survey that measures changes in the health of people in the U.S. Adult estimates of depression are not directly comparable to youth estimates due to different questions being asked and survey methods being used.

In 2021, an estimated 29% of Kitsap adults (18 years and older) reported they had been told they had a depressive disorder — including depression, major depression, dysthymia, or minor depression — at some point in their lifetime, which was similar to Washington state overall (Figure 9). From 2011-2021, there was no statistically significant trend in the estimated percentage of Kitsap adults reporting they had a depressive disorder.

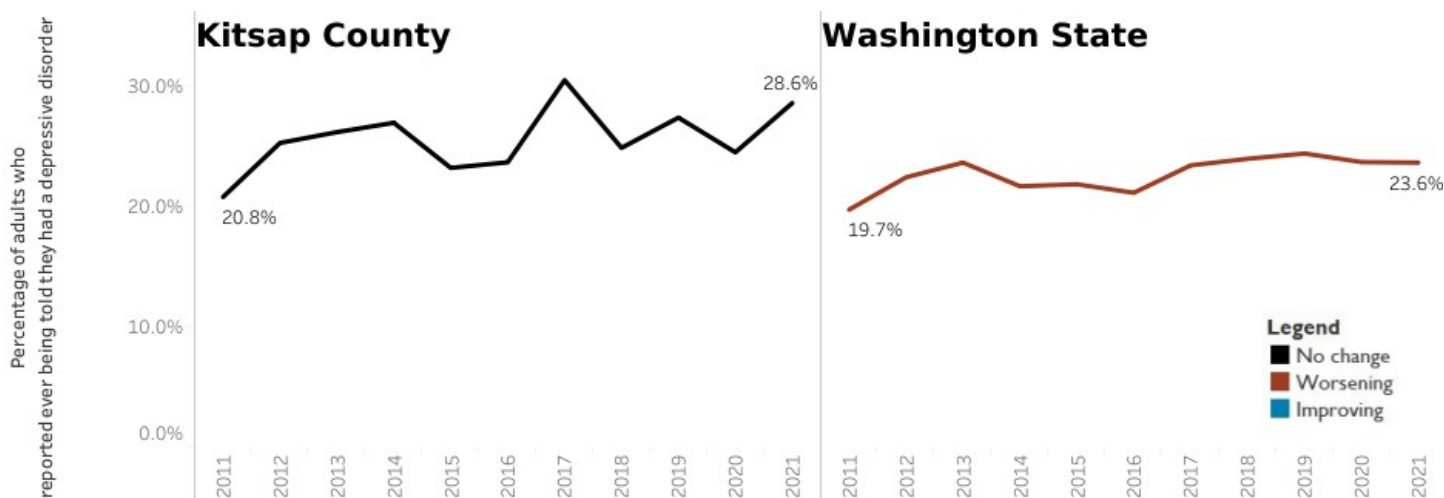


Figure 9. Estimated percentage of adults (18+) with a depressive disorder, 2011-2021

Data source: Washington Department of Health, Behavioral Risk Factor Surveillance System (BRFSS)

Not all community members may be able to access mental health services to receive a depressive disorder diagnosis. For example, in 2022, the estimated rate of mental health providers in Kitsap (417 per 100,000 residents) was lower than the estimated rate in Washington state overall (457 per 100,000 residents). This indicates there could be a lack of mental health professionals in Kitsap.

Barriers to a mental health diagnosis can include difficulties in accessing support, concerns about confidentiality and trust, a preference for informal sources of health, and stigma, among others.¹¹ For additional data on healthcare service availability in Kitsap, please refer to the **Healthcare Access** chapter.

To assess adult depression among Kitsap subgroups, we combine years of BRFSS data (2011-2022) to increase sample size and improve statistical reliability. From 2011 to 2022 Kitsap data indicated (Figure 10):

- A higher estimated percentage of adults (18 years or older) who identified as female reported having ever received a depression diagnosis (33%), compared to male adults (18%).

- Adults (18 years or older) with the two lowest reported incomes (less than \$25,000 and \$25,000 to less than \$50,000) reported having received a depression diagnosis more frequently than any other income group (46% and 28%, respectively).

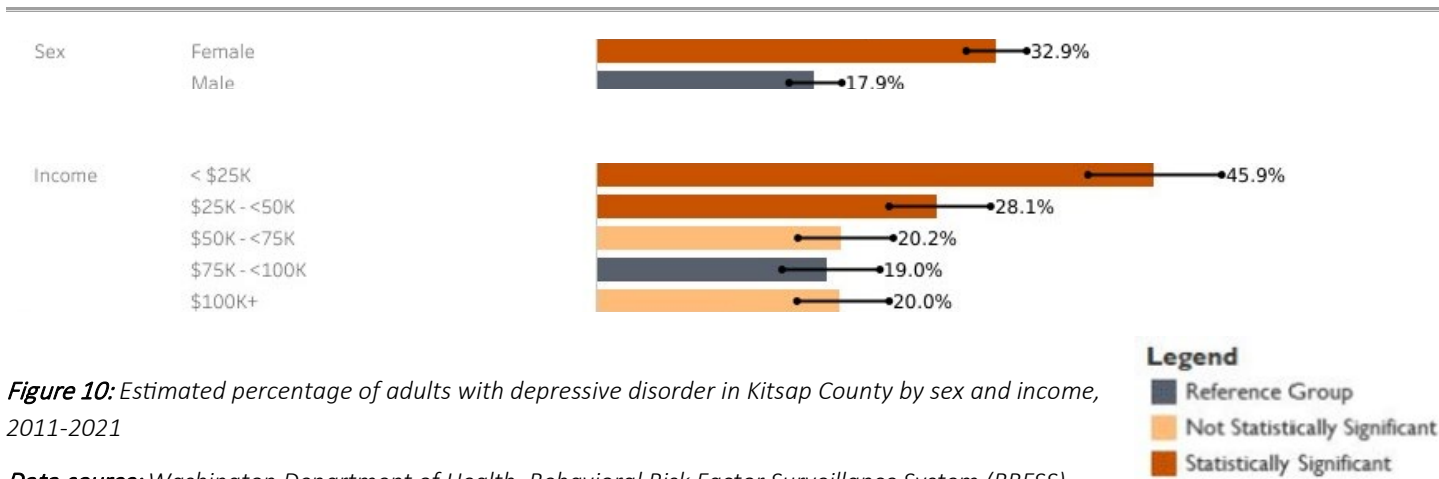


Figure 10: Estimated percentage of adults with depressive disorder in Kitsap County by sex and income, 2011-2021

Data source: Washington Department of Health, Behavioral Risk Factor Surveillance System (BRFSS)

Adult mental distress

Mental distress is self-reported to BRFSS in response to how many days in the past 30 days respondents felt their mental health was “not good.” Those who answered “more than 14 days” were categorized as experiencing mental distress.

In 2021, an estimated 13% of Kitsap adults (18 years and older) reported having more than 14 “not good” mental health days in the last month, similar to the estimated percentage of Washington adults (15%, Figure 11). From 2011 to 2021, there was no statistically significant trend in the percentage of Kitsap adults reporting mental distress.

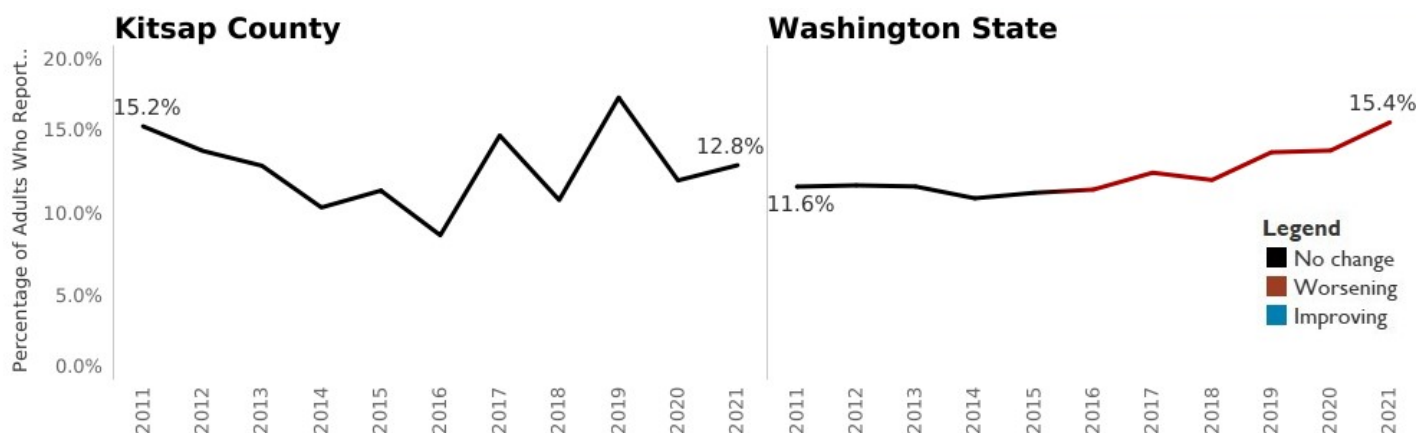


Figure 11: Estimated percentage of adults with mental distress, 2011-2021

Data source: Washington Department of Health, Behavioral Risk Factor Surveillance System (BRFSS)

From 2011 to 2021, estimates indicate that some populations were more heavily affected than others, including community members who identify as LGBTQ+, community members with lower household incomes, and younger age groups (18-44 years old). No statistically significant differences were observed by race/ethnicity or by sex (Figure 12).

- From 2011 to 2021, more than one in three (34%) adults (18+) who identified as lesbian, gay, bisexual, or other reported they had 14 or more days of “not good” mental health, far more than adults who identified as heterosexual (11%).
- From 2011 to 2021, adults (18 years and older) with the two lowest reported incomes (less than \$25,000 and \$25,000 to less than \$50,000) reported 14 or more days of “not good” mental health more frequently than any other income group (24% and 14%, respectively).
- From 2011 to 2021, adults (18 years and older) in the younger age groups (18-44 years old) reported 14 or more days of “not good” mental health more frequently than older age groups (45 years and older).

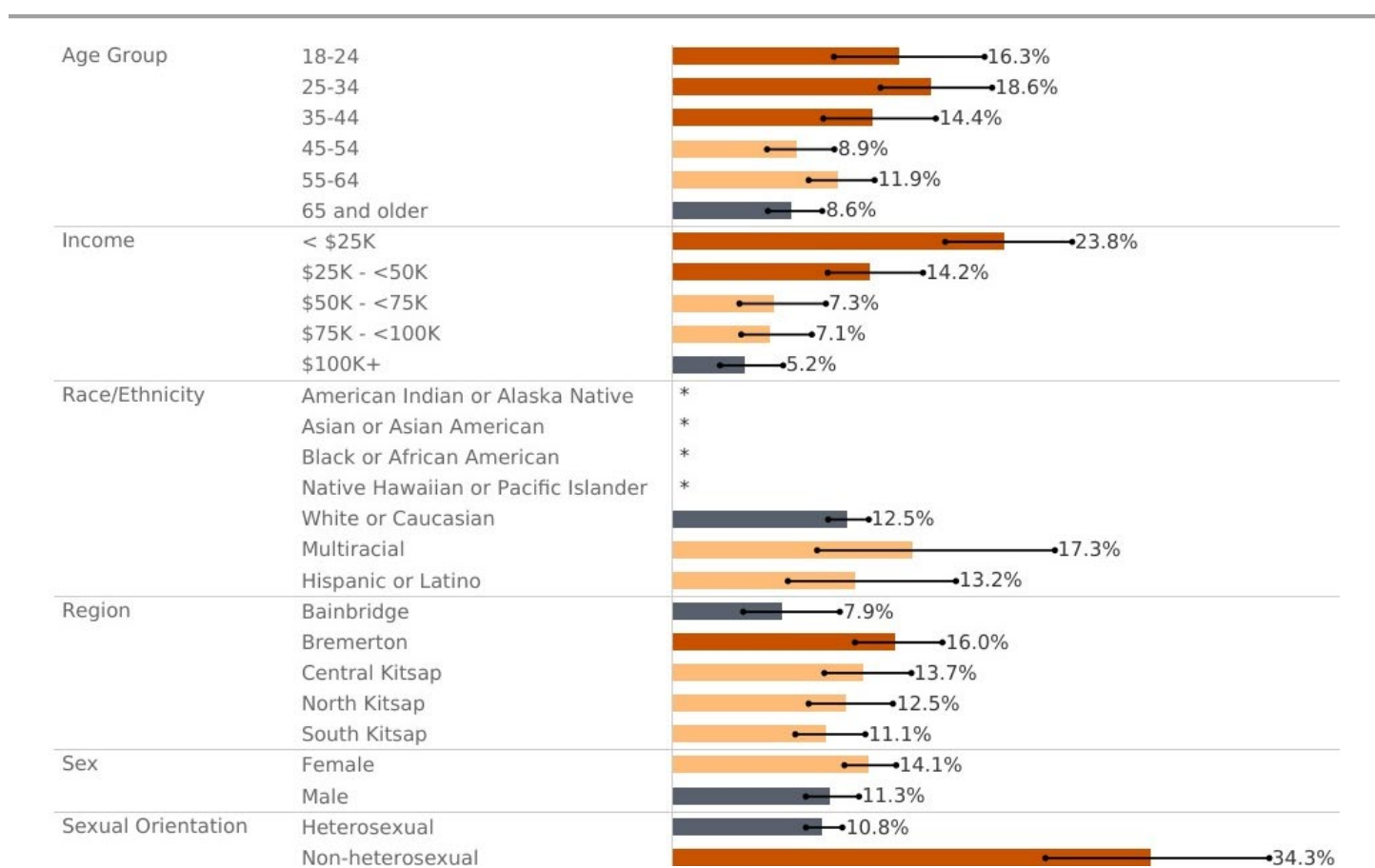


Figure 12: Estimated percentage of adults with mental distress in Kitsap by subgroup, 2011-2021

Data source: Washington Department of Health, Behavioral Risk Factor Surveillance System (BRFSS)

Note: *The estimate has an elevated relative standard error (RSE) greater than 25% and does not meet KPHD reliability standards. Geographic region is based on ZIP code rollup.



Impact of COVID-19 on community member wellbeing

In the 2021 Kitsap County Community Health and Wellbeing Survey, participants were asked how things had changed for them over the course of the COVID-19 pandemic as of May 2021:

- More than one in two (56%, 3,420 survey participants) reported they were experiencing more anxiety, and nearly four in ten (38%, 2,314 participants) reported they were experiencing more depression.
- Nearly four in ten (39%, 2,395 survey participants) reported they had experienced at least one major life change.

ADULT ISOLATION & SOCIAL SUPPORT

“People who are struggling with substances and mental illness are the ones who are not able to reach out or engage in some of the services that already exist out there. Even when they're trying to seek care, if they're not already plugged into Peninsula Community Health or to Kitsap Mental Health, there's a barrier to getting their immediate needs met...”

— Organizational leader

Seniors (65 or older) living alone

While living alone does not inevitably lead to social isolation, it can be a risk factor. Social contacts tend to decrease as people age for a variety of reasons, including retirement, the death of friends and family, and lack of mobility.

Social isolation and loneliness in seniors have been linked with adverse health effects, including increased risk for hospital readmission, dementia, increased risk of falls, and death.¹² According to the ACS, from 2017 to 2021, an estimated 11,102 seniors were living alone, which was about one in every five (20%) seniors in Kitsap.

Community members' experiences seeking mental health support

Community members in the 2022 KCR focus group discussions shared their own ongoing personal experiences with mental health issues that they felt had been exacerbated by the COVID-19 pandemic. Many expressed that they were unsure where to go for care. As one community member put it, “I don't even know what resources are available to me.”

Participants also identified youth, low-income elderly, and people struggling with co-occurring mental illness and substance use disorders as those most impacted by what was described as an inadequate behavioral healthcare system in Kitsap County.

In the 2022 KCR Community Survey, about one in six (17%, 559 survey participants) were concerned about their emotional wellbeing more than half of the past 30 days (10%) or nearly every day (7%). Among all survey participants, wait times were the primary barrier to getting needed mental health counseling (44%, 361 participants), followed by cost (23%, 186 participants), and not knowing how to find a counselor (19%, 160 participants).

- Three in five (60%, 71 participants) Central Kitsap residents said long appointment wait times were a barrier to mental health counseling, a higher proportion than any other Kitsap County region.
- Overall, those younger than 35 had higher percentages of participants reporting needing mental healthcare, but not being able to get it (52%, 243 participants), compared to those 65 and older (16%, 93 participants).

HOSPITALIZATIONS & MORTALITY

Self-inflicted injury hospitalization rate (age-adjusted)

The self-inflicted injury hospitalization rate is an important indicator of potential suicide attempts and mental health status in a community. It includes all non-fatal hospitalizations where self-inflicted injury was a contributing cause of the hospitalization.

In 2019, there were 39 hospitalizations due to self-inflicted injury per 100,000 residents in Kitsap after adjusting for age (Figures 13). See the **Methods** chapter for more information about adjusting for age.

In 2019, Kitsap’s rate was lower than the rate of hospitalizations for every 100,000 residents in Washington (47 per 100,000) and this difference was statistically significant.

In 2019, nearly two in three (64%) self-inflicted injury hospitalizations in Kitsap were due to drug poisoning, and nearly one in five (17%) were due to cutting — using a sharp object like a razorblade, knife, or scissors to make marks, cuts, or scratches on one’s own body.

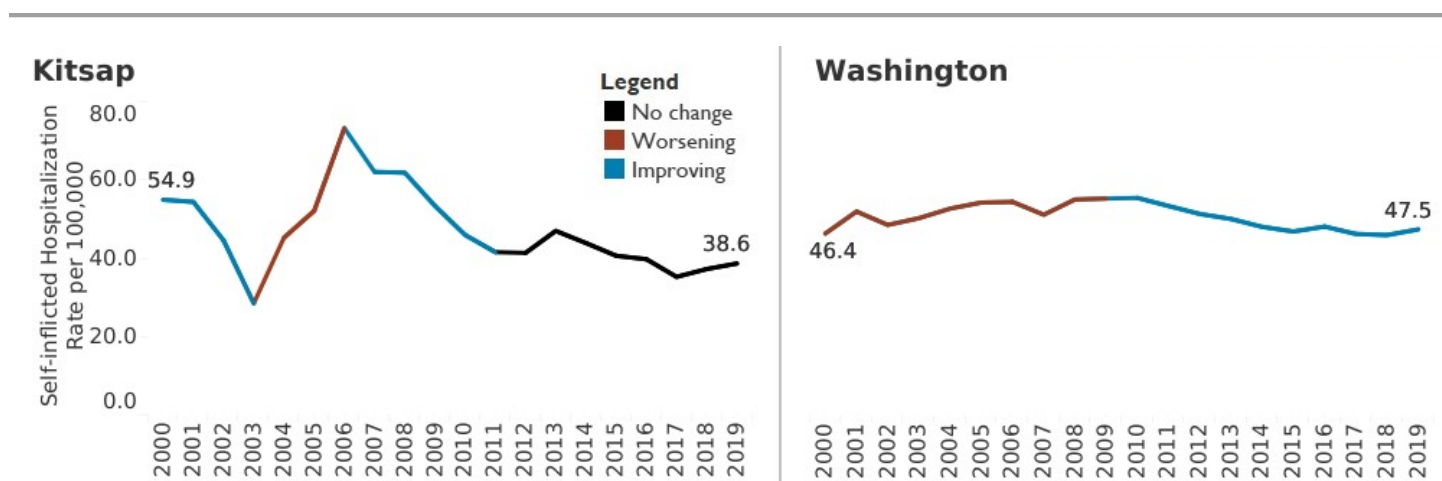


Figure 13: Self-inflicted injury hospitalization rate per 100,000 population, age-adjusted, 2000-2019

Data sources: Washington Hospital Discharge Data, Comprehensive Hospitalization Abstract Reporting System (CHARS), Washington State Department of Health; Community Health Assessment Tool (CHAT), Washington State Department of Health

Suicide rate (age-adjusted)

In the U.S., suicide has increased fastest among people of color, younger individuals, and people who live in rural areas, making it a serious public health concern.¹³ According to recent data from the CDC, suicide is among the leading causes of death in the U.S.¹⁴ In Kitsap, suicide was the 10th leading cause of death in 2021 (49 deaths). For additional information on leading causes of death, refer to the **Injuries, Hospitalizations, and Deaths** chapter.

In 2021, there were 17 deaths due to self-inflicted injury for every 100,000 residents in Kitsap, similar to the rate for Washington state overall (15 per 100,000, Figure 14). More than one in two (53%) Kitsap suicide deaths were by

discharge of firearms in 2021, down from 66% in 2020. From 2010 to 2021, there has been a statistically significant increasing trend in the suicide mortality rate in Kitsap.

When breaking down available data by subgroups (Figure 15), the suicide rate:

- was higher among males (26 per 100,000 residents) than among females (9 per 100,000 residents).
- was higher among adult age groups (18 or older) than youth (0-17 years of age).

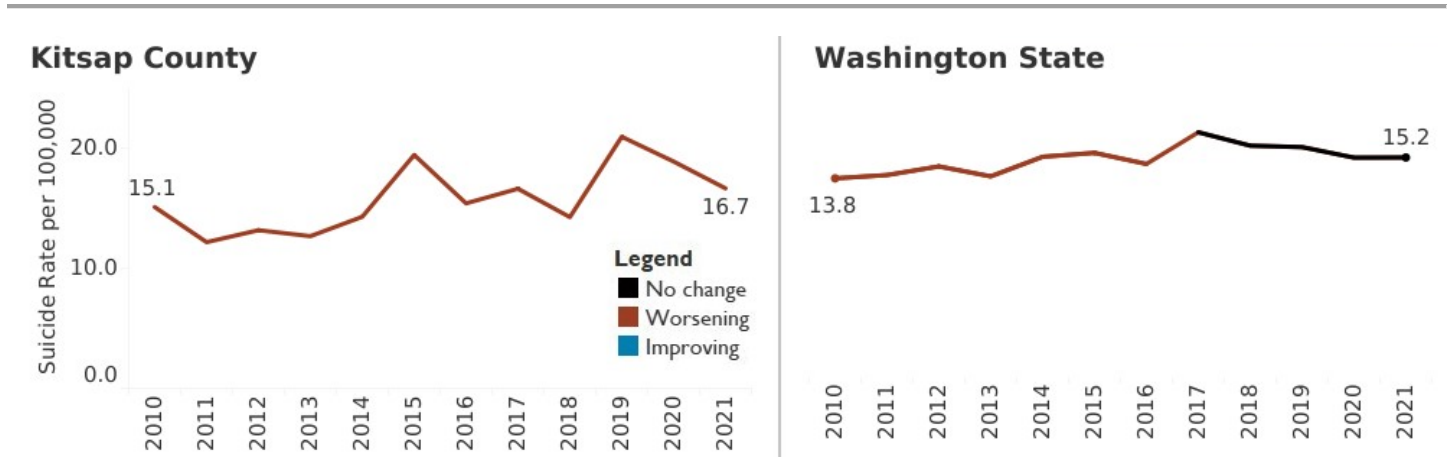
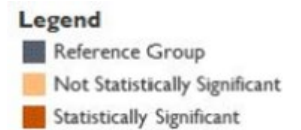


Figure 14: Suicide rate per 100,000 population, age-adjusted, 2010-2021



Figure 15: Suicide rate per 100,000 across Kitsap subgroups, 2017-2021 (age-adjusted)

Data source: Washington State Department of Health, Center for Health Statistics, Death Certificate Data, Community Health Assessment Tool (CHAT)



COMMUNITY ASSETS

There are many community members and organizations working directly to improve the health of our community by working to support mental health and wellbeing.

Many more are working on underlying issues that influence our ability to have good mental health, such as access to safe housing. Below is a short list of those working directly on support mental health and wellbeing:

[988 Suicide and Crisis Lifeline](#), [Coffee Oasis Teen Text Line](#), [Volunteers of America Crisis Call Line](#), [Salish Regional Crisis Line](#) and [Veterans Crisis Line](#) provide 24/7, free and confidential support for people in distress, and prevention and crisis resources for individuals and families.

[Catholic Community Services](#) provides an array of services, including counseling, case management, information and referral, chemical dependency services, mental health services and family support services to people in need.

Community and senior centers, such as [Bainbridge Island Senior Center](#), [Bremerton Senior Center](#), [Givens Community Center](#), [North Kitsap Senior Center](#), and [Village Green Community Center](#), offer social activity programs for seniors.

Community health navigators, housed within agencies like [Bainbridge Island Police Department](#) and [Port Orchard Police Department](#), [Central Kitsap Fire and Rescue CARES program](#), and the [Poulsbo Fire CARES program](#) help provide a more integrated approach between first responders, mental health, and social services.

[Crisis Clinic of the Peninsulas](#) provides over-the phone crisis intervention, information referral and a supportive listening ear to people in our community who are experiencing situational distress.

[Fishline](#) began providing free mental health services in 2022 for those in need in North Kitsap.

[Forefront](#) is a research organization based at the University of Washington, that is training health professionals to develop and sharpen their skills in the assessment, management, and treatment of suicide risk.

[Institute on Aging's Friendship Line](#) is available 24/7 for lonely older adults and adults living with disabilities.

[Kitsap County Suicide Awareness and Prevention group](#) increases awareness of—and access to— suicide prevention support and resources for all ages, with the goal of reducing suicide in our community.

[Kitsap Mental Health Services \(KMHS\)](#) is a private, not-for-profit community mental health center that provides mental health and behavioral health care services to children, families, adults and seniors.

[Kitsap Strong](#) is a collective impact initiative with public and private partners, committed to reducing childhood adversity, reducing intergenerational poverty and building resiliency.

[National Alliance on Mental Illness \(NAMI\)](#) improves quality of life for individuals with severe mental illnesses.

[Suquamish Tribe's Wellness Center](#) and [Port Gamble S'Klallam Tribe's Wellness Program](#) help community members address chemical dependency and mental health issues through prevention and outreach services.

[The 1/10 of 1% Mental Health-Chemical Dependency-Therapeutic Courts Tax](#) provides funding for diverse projects focused on mental health and chemical dependency prevention and treatment.

[The Trevor Project](#) provides a confidential hotline for LGBTQ youth in crisis, feeling suicidal, or in need of a safe, judgement-free place to talk. [Teen Link](#) is a program of [Crisis Connections](#) that serves youth in Washington State, providing a phone hotline and text chat.

ENDNOTES

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- ⁹ Healthy People 2030: Reduce suicide attempts by adolescents — MHMD-02, Office of Disease Prevention and Health Promotion, <https://health.gov/healthypeople/objectives-and-data/browse-objectives/mental-health-and-mental-disorders/reduce-suicide-attempts-adolescents-mhmd-02>
- ¹⁰ Dilley, J. (2009). Healthy Students, Successful Students Partnership Committee, Washington State Board of Health, Washington State Office of Superintendent of Public Instruction, Washington State Department of Health, Research Review: School-based Health Interventions and Academic Achievement, <https://doh.wa.gov/sites/default/files/legacy/Documents/8300/130-083-HealthAcademic-en-L.pdf>
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