

Chapter 10

Mental Health

Mental health problems contribute significantly to the disease burden of our society.¹ Most of the data available are national and state statistics, which are used to estimate prevalence rates of mental disorders for Sonoma County. In addition, the chapter also examines access to and availability of mental health services.

Highlights of this chapter include:

- ◆ In 2002, mental health conditions were the second leading cause of hospitalizations (after pregnancy/childbirth) for Sonoma County residents age 25-44.
- ◆ In 2001, 18% of adults in Sonoma County reported feeling “downhearted or sad” some or most of the time, and 33% said at some time their social activities were limited due to an emotional problem.



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Mental disorder was one of the five most costly health conditions in the nation from 1987 to 2000. The rise in prevalence of treated mental disorders was the key factor associated with higher costs, accounting for approximately 60% of the increased spending. This rise reflects both increased recognition and diagnosis of mental disorders and the availability of new psychotropic medications.²

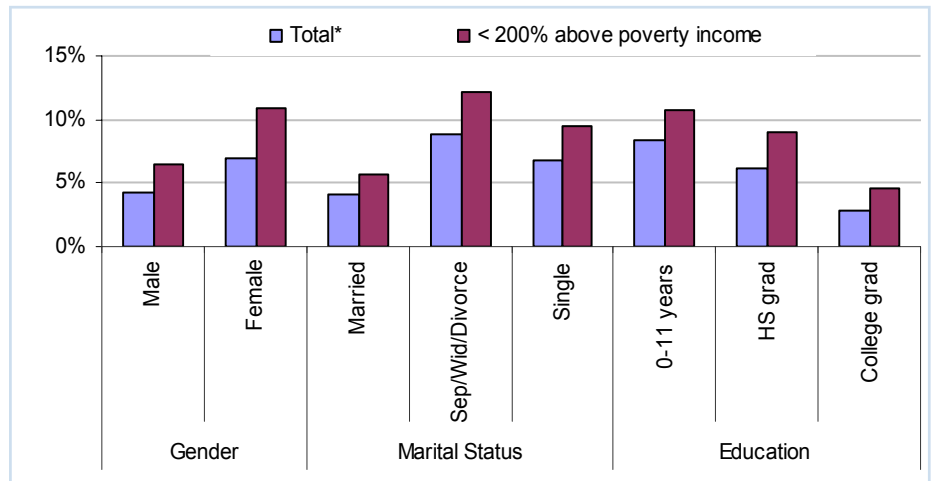
General Prevalence

Mental health and mental illness can be thought of as a continuum. Mental illness refers collectively to all diagnosable mental disorders. Mental disorders are health conditions characterized by alterations in thinking, mood or behavior associated with distress or impaired function.

Currently it is estimated that about 20% of adults nationwide are affected by mental disorders during a given year. This estimate, when applied to the Sonoma County population, equals about 75,000 adults.

In Sonoma County, it is estimated that a sub-population of 5.4% adults is considered to have a "serious mental illness" (SMI), defined as a mental disorder that interferes with some social functioning. About half of those with SMI (2.6% of adults) were identified as being even more seriously affected, or as having "severe and persistent

Figure 10.1
Estimates of Prevalence of Adults with Serious Mental Illness (SMI) by Selected Demographics, Sonoma County 2000



*Total non-institutionalized population.

Source: California Department of Mental Health, *Estimates of Prevalence of Persons with SED and SMI, Sonoma County 2000*.

mental illness" (SPMI).

According to California prevalence estimates, approximately 6.0% of the non-institutionalized adult population has an SMI. The most significant differences in prevalence of SMI in Sonoma County adults are related to gender, marital status, education, and income (Figure 10.1).³

Mental disorders were the eighth leading cause of hospitalizations in Sonoma County in 2002, and the seventh leading cause of hospitalizations in California. Approximately 5% of all hospitalizations in Sonoma County were for mental disorders.⁴

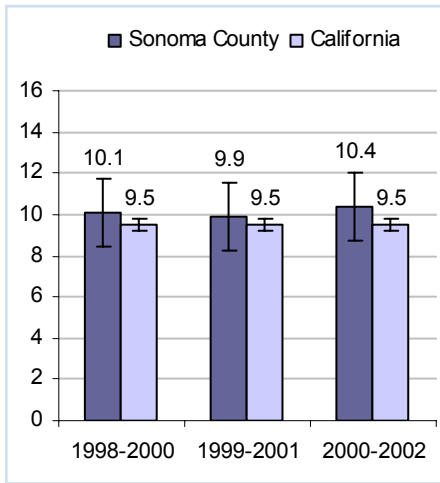
In 2002, mental disorders were a

leading cause of hospitalizations (second only to pregnancy/childbirth) for Sonoma County residents age 25-44 (48.9/10,000). For adults age 15-24, mental health was also a leading cause of hospitalizations, with a rate of 36.4/10,000 (third to pregnancy/childbirth and unintentional injury). Sonoma County hospitalization rates due to mental disorders for every age group were significantly lower than those of California.⁵

"Mental health problem" is the term used to describe signs and symptoms of insufficient intensity or duration to meet the criteria for any mental disorder. Almost everyone has experienced mental health problems in which the distress one feels matches some of the signs and symptoms of mental disorders.



Figure 10.2
Suicide Death Rates*, Three-year Rolling Average, Sonoma County and California 1998-2002



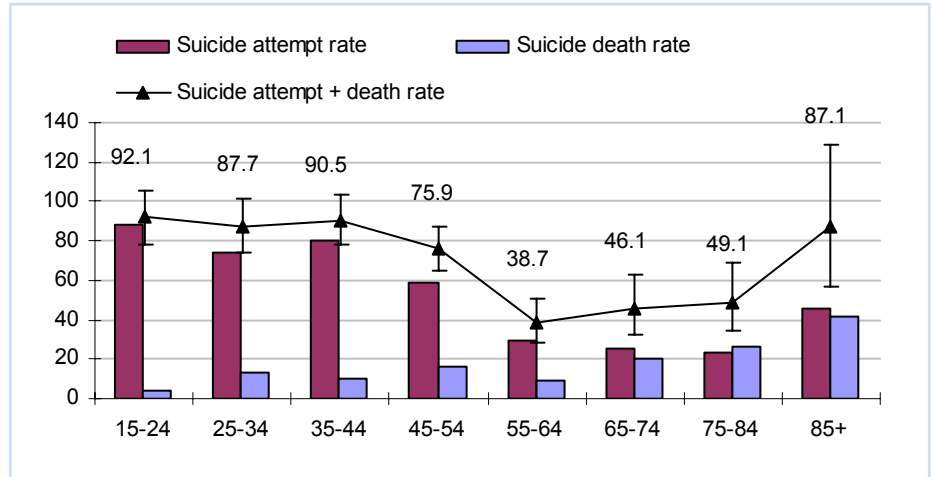
*Rates are age-adjusted and per 100,000 population.
 Source: California Department of Health Services, vital statistics death records 1998-2002.

Mental health problems may warrant active efforts in health promotion, prevention and treatment.

In 2001, over 16% of adults in Sonoma County reported needing help for emotional/mental health problems, but less than half of these individuals said they discussed these problems with a health professional.⁶

In 2001, 18% of adults in Sonoma County said they felt “downhearted and sad” some or most of the time. About 11% – more than 1 in 10 adults – “did less” due to an emotional problem, and more than 13% didn’t “perform usual work” due to emotional problems. One in three Sonoma County adults reported

Figure 10.3
Suicide Attempt and Death Rates* by Age Group, Sonoma County 2000-2002



*Rates are per 100,000 population.

Source: California Department of Health Services, vital statistics death records 2000-2002, and California Office of Statewide Health Planning and Development, patient discharge data 2000-2002.

that at some time their social activities were limited due to an emotional problem.⁷

Suicide

Research has shown that more than 90% of individuals who take their own lives have depression or another diagnosable mental or substance abuse disorder, often in combination with other mental disorders.⁸

Sonoma County suicide rates were similar to California rates from 1998 to 2002 (Figure 10.2). Sonoma County’s age-adjusted suicide rate was about twice the Healthy People 2010 goal of 5.0/100,000.⁹

From 2000 to 2002, suicide death

rates for Sonoma County were, on average, three times higher among men than among women (16.9/100,000 compared to 4.8/100,000). Suicide attempt rates, however, were twice as high among women than men (72.1/100,000 compared to 33.3/100,000).

California male suicide death and suicide attempt rates were 15.6/100,000 and 36.3/100,000, respectively and female rates were 4.0/100,000 and 60.3/100,000, respectively. Men have a higher completion rates because of their method of choice, such as firearms versus drug overdose.¹⁰

Hospitalization rates for suicide attempts were highest for the 15-24 and 35-44 age groups (87.9/100,000 and 80.1/100,000, respectively). The

rates for suicide attempts were significantly higher than the rates for suicide deaths from age 15-24 to age 45-54 (Figure 10.3). Older adults (age 55-54, age 65-74, age 75-84 and age 85+) had similar attempt and death rates.

When combined, suicide attempt and death rates were similarly high for Sonoma County adults age 15-24, age 25-34, age 35-44, age 45-54 and age 85+. For younger adults, the death rate contributed about 5% of the suicide burden. In older adults (age 65-74, 75-84, and 85+), however, the suicide death rate contributed about half of the suicide burden.¹¹ Sonoma County older adults age 85+ had a significantly higher suicide attempt and death rate that California older adults age 85+ (87.1/100,000 compared to 51.1/100,000, respectively).¹²

The suicide attempt and death rate by age for Sonoma County males was highest for older adults age 85+ (138.4/100,000). The suicide death rate for this age group contributed to 54% of the suicide burden. For females, the suicide death and attempt rate was highest for young adults age 15-24 (134.0/100,000). The suicide death rate contributed to less than 1% of the female suicide burden.

Young Adults

As noted in the Surgeon General's Report on Mental Health, the incidence of suicide attempts peaks

during mid-adolescence. Mortality from suicide increases through the teen years, and suicide is the third leading cause of death among adolescents nationwide.¹³

The percent of students who report experiencing "sad and hopeless" feelings increases significantly from 7th grade to 9th grade.¹⁴ From 2000 to 2002 in Sonoma County, the hospitalization rate due to attempted suicide for youth age 10-14 was 3.9/100,000. This rate is significantly higher for youth age 15-19 (103.0/100,000).¹⁵

No suicide deaths were reported among youth age 11-17 in 2002, compared to a four-year average (1998 to 2001) of approximately three suicides a year.¹⁶

Among Sonoma County residents age 20-24, annual suicide averages at the end of the 1990s were high (about 6 deaths per year). From 2000 to 2002, the number of suicides for this age group fell to two deaths per year.¹⁷

Older Adults

In 2001, 12% of Sonoma County adults age 65+ reported that they "did less" because of an emotional problem, and over 17% reported that they felt "downhearted and sad" "some or all of the time."¹⁸

Suicide disproportionately impacts older adults (age 65+). Nationally, there is an average of one suicide every 90 minutes among older

adults. Risk factors for suicide among this age group differ from those among the young. In addition to a higher prevalence of depression, older persons are more socially isolated and more frequently use highly lethal suicide methods. In Sonoma County (2000-2002), older adults (age 65+) were five times more likely to use a firearm in a suicide or attempted suicide (33.3%) than adults under age 65 (6.4%).¹⁹

In 2000-2002, the ratio of suicide attempts to deaths in Sonoma County for all ages combined was approximately 1:1 (for every suicide that was attempted there was a suicide death). The attempts-to-death ratio for adults age 45-64, in contrast, was 3:1, (three attempts for every suicide).²⁰

In 2000-2002, the suicide death rate was significantly higher for older adults age 85+ than for adults of any other age category. In addition, Sonoma County's suicide death rate for adults age 85+ was statistically similar to the California rate (41.8/100,000 compared to 24.3/100,000).²¹

Mental Health Treatment

The term "access to mental health services" generally refers to the ability to obtain treatment with appropriate professionals for mental disorders. Having health insurance, and the nature of its coverage and administration, are important fac-



tors influencing access to mental health services.²²

It is estimated that about 30,000 Sonoma County residents (6% of the population) use primary or general health care for mental health needs, with an average of four mental health visits per year.²³

The vast majority of persistently mentally ill in Sonoma County rely on the Department of Health Services, Mental Health Division for treatment. In fiscal year 2002-2003, an estimated 9,865 clients were seen by the Mental Health Division.²⁴

Penetration rates reflect the proportion of health care beneficiaries who received help for a mental health disorder. These rates are used to evaluate utilization of mental health services. From 2000-2001 through 2002-2003, the penetration rate for youth age 12-17 in Sonoma County was approximately 13%. This was significantly higher than the comparable California rate (8%).²⁵



Chapter 10 References

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