

Unattended Mental Health's Impact on Society

Communities prosper when the mental health needs of community members are met. Unaddressed mental health problems can have a negative influence on homelessness, poverty, employment, safety, and the local economy. They may impact the productivity of local businesses and health care costs, impede the ability of children and youth to succeed in school, and lead to family and community disruption.

- In 2014, about one in five adults in America (18.1 percent or 43.6 million adults) had any mental illness¹ in the past year), and 4.1 percent (9.8 million adults) had serious mental illness.ⁱ
- In 2014, 11.4 percent of youth aged 12 to 17 had a major depressive episode² in the past year. Youths who have experienced a major depressive episode were more likely to have used any illicit drugs in the past year.ⁱⁱ

Pierce County Prevalence:

- In Pierce County, 16.9 percent of adults reported poor mental health lasting two or more weeks in the past month.ⁱⁱⁱ (BRFSS 2014)
- One in four adults in Pierce County were told they have a depressive disorder by their health care provider. (BRFSS 2014)
- Among Pierce County high school students – 38.3 percent of 10th graders reported feeling so sad or hopeless for two weeks or more that they stopped doing their usual activities. (HYS 2014)
- From 2004-2008, 10.0 percent of mothers in Pierce County who had recently given birth had postpartum depression. (PRAMS 2004-2008)
- More than 90% of those who died by suicide had one or more mental disorders.^{iv} Suicide is the 8th leading cause of death in Pierce County and the second leading cause of death for youth ages 15-24. (DOH CHS 2014)

Impacts:

Mental illness creates enormous social and economic costs. These costs impact many different sectors including health care, business, education, law enforcement, criminal justice system, and emergency and social services. In 2012, expenditures for mental health care in the U.S. cost \$83.6 billion. Much of the economic burden of mental illness is not the cost of care, but the loss of income due to unemployment, expenses for social supports, incarceration, and a range of indirect costs due to a chronic disability that begins early in life.

¹ Adults with any mental illness were defined as having any mental, behavior, or emotional disorder in the past year that met DSM-IV criteria (excluding developmental disorders and substance use disorders). Adults with any mental illness were defined as having serious mental illness if they had any mental behavioral or emotional disorder that substantially interfered with or limited one or more major life activities.

² Based on DSM-IV criteria, adolescents were defined as having a major depressive episode if they had a period of 2 weeks or longer in the past 12 months when they experienced a depressed mood or loss of interest or pleasure in daily activities, and they had at least some additional symptoms, such as problems with sleep, eating, energy, concentration, and self-worth.

Health System

Depression is the leading cause of disability worldwide, and is a major contributor to the global burden of disease. The cost of treatment for mental health issues is equivalent to the cost of cancer care.^v

- Mood disorders such as depression are the third most common cause of hospitalization in the U.S. for both youth and adults ages 18-44.^{vi}
- Nearly two-thirds of U.S. adults over 18 years old with any mental illness went without treatment.^{vii}

Work Productivity and Lost Earnings

Major depression is associated with more annual sick days and higher rates of short-term disability than other chronic diseases. People suffering from depression have high rates of absenteeism (in some cases, three times more sick days than non-depressed workers) and are less productive at work.

- Mental health issues result in an estimated \$193 billion in lost earnings.^{viii}
- In a study comparing depression treatment costs of lost productivity costs, 45 to 98 percent of treatment costs were offset by increased productivity.^{ix}

Family and Community Disruption

- Children of mothers who suffer from chronic depression are more likely to have behavior problems at school.^x
- The caregiver burden associated with depression can affect workplace performance.^{xi}
- Military service affects the mental health of families, thirty-two percent of children of military families scored “high-risk” for emotional and behavior problems – a risk 2.5 times higher than the national average of children without military parents. Suicide rates of veterans are nearly twice that of the general population; each day, about 22 veterans die from suicide.^{xii}

School Failure

Untreated mental illness among youth leads to school failure, delinquency, substance abuse and entrance into the criminal justice system.

- Ten percent of children and adolescents suffer from mental illness enough to cause impairment and contribute to barriers in learning, yet nearly 80% do not receive needed services.
- Approximately 50% of students labeled with emotional or behavior disorders dropped out of school; only 42% of those who remained in school graduated with a diploma.
- Only 60% of youth with mental illness are employed a year after leaving high school, and less than 10% move on to post-secondary education.

Youth and the Criminal Justice System

Without adequate community services many of our youth end up in the criminal justice system.

- Pierce County juvenile court officials estimate that 20 to 40% of the youth detained need a mental health referral. In 2011, 508 detained youth had mental health referrals.^{xiii}
- Over two-thirds of all dollars spent on juvenile justice go to housing mentally ill youth in juvenile detention facilities.

Conclusion

Providing for and supporting good mental health is a public health issue. Lack of attention to and treatment of mental illnesses has costs that extend well beyond the individual impacted by the illness. Communities prosper when the mental health needs of community members are met.

ⁱ Center for Behavioral Health Statistics and Quality. (2015). Behavioral health trends in the United States: Results from the 2014 National Survey on Drug Use and Health (HHS Publication No. SMA 15-4927, NSDUH Series H-50). Retrieved from <http://www.samhsa.gov/data/>

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- ⁱⁱ Ibid.
- ⁱⁱⁱ Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?
- ^{iv} American Association of Suicidology. (2012). *Suicide in the USA Based on 2010 Data*. Washington, DC: American Association of Suicidology.
- ^v Soni, A. (2009). *Statistical Brief #248: Estimates for the U.S. Civilian Noninstitutionalized Population*. Rockville, MD: Medical Expenditures Panel Survey, Agency for Healthcare Research and Quality. Retrieved from http://www.meps.ahrq.gov/mepsweb/data_files/publications/st248/stat248.pdf
- ^{vi} Wier, LM (Thompson Reuters), et al. HCUP facts and figures: statistics on hospital based care in the United States, 2009. Web. Rockville, Md. Agency for Healthcare Research and Quality, 2011. Retrieved March 5, 2013, from <http://www.hcup-us.ahrq.gov/reports.jsp>
- ^{vii} U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. (2012). *Results from the 2011 National Survey on Drug Use and Health: Mental Health Findings* (NSDUH Series, H-45, HHS Publication No. (SMA) 12-4725). Rockville, MD. Retrieved from <http://store.samhsa.gov/product/SMA12-4725>
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- ^{ix} Kessler, RC, et. al. "Depression in the Workplace: Effects on Short-Term Disability." *Health Affairs*. September 1999. Vol. 18, No. 5: 164-171.
- ^x Moore, K.A., Hair, E.C., Vandivere, S.M., Cameron, B., Thomson, L., & McNamara, M. (2006). *Depression among moms: Prevalence, predictors, and outcomes for children*. Research Brief, Publication #2006-1. Washington, DC: Child Trends. Available at: http://www.childtrends.org/wp-content/uploads/2013/03/Child_Trends-2006_03_31_RB_MomDepression.pdf - See more at: http://www.childtrends.org/?indicators=parental-depression#_edn9
- ^{xi} Mohamed S, Rosenheck R, Lyketos CG, Schneider LS. Caregiver burden in Alzheimer disease: cross-sectional and longitudinal patient correlates. *Am J Geriatr Psychiatry*. 2010;18:917-927.
- ^{xii} U.S. Department of Veterans Affairs, Mental Health Services, Suicide Prevention Program. (2013). *Suicide Data Report, 2012*. Retrieved March 5, 2013, from <http://www.va.gov/opa/docs/Suicide-Data-Report-2012-final.pdf>
- ^{xiii} Pierce County Detention and Corrections Center-Mental Health Program. Tacoma, WA, 2012.
- ^{xv} Kessler RC, Chiu WT, Demler O, Walters EE. Prevalence, severity, and comorbidity of 12-month DSM-IV disorders in the National Comorbidity Survey Replication. *Arch Gen Psychiatry* 2005;62:617-627.