Mental Health

Whites were more likely to report taking prescription medicines for emotional/mental health issues than the county as a whole.

There are many possible indicators for mental health and mental illness. For this report two recent indicators of mental health were selected: 1) adults likely to have had psychological distress in the past year, 2) adults taking prescription medication for emotional or mental health issues.

Psychological Distress

In 2007 the prevalence of psychological distress in the past year among adults 18 years of age and older was similar in the greater Bay Area (7.3%) and California (8.5%).

Editor's note: In order to obtain stable estimates, greater Bay Area rather than county-level data on psychological distress was included in these analyses. "Cases" represent an estimate of the number people with psychological distress based on a sample of respondents who answered "yes" to questions in the California Health Interview Survey regarding this issue. This data does not identify all residents who have emotional and mental health problems or who actually need or receive services due to such problems.

Table 1 ■ Likely has had psychological distress in past year

Adults 18 years and older, 2007

	Cases	Prevalence
California	2,287,000	8.5%
Greater Bay Area	393,000	7.3%

These estimates are not age-adjusted.

In the greater Bay Area, the number of women who were likely to have had psychological distress (217,000) was greater than the number of men (175,000). A similar percentage of women (8.0%) and men (6.6%) were likely to have suffered from psychological distress.

Table 2 ■ Likely has had psychological distress in past year

Greater Bay Area adults 18 years and older, 2007

	Cases	Percent	Prevalence
Women	217,000	55.2%	8.0%
Men	175,000	44.5%	6.6%
Total	**393,000**	**100.0%**	**7.3%**

These estimates are not age-adjusted.

Adults 65–79 had the lowest prevalence (2.2%) of reported psychological distress; significantly lower than the greater Bay Area (7.3%) and all other age groups. *(Note: Data for residents ages 80 and older were unavailable due to unstable rates.)*

Table 3 ■ Likely has had psychological distress in past year

Greater Bay Area adults 18 years and older, 2007

	Cases	Percent	Prevalence
18–24 years	76,000	19.3%	12.3%
25–39 years	131,000	33.3%	8.6%
40–64 years	168,000	42.7%	6.9%
65–79 years	13,000	3.3%	2.2%**
Total	**393,000**	**100.0%**	**7.3%**

These estimates are not age-adjusted.
** Significantly lower than the greater Bay Area overall.
Total includes age groups not shown.

The highest number of residents who were likely to have had psychological distress were whites (183,000), followed by Asians/Pacific Islanders (79,000) and Latinos (78,000). *(Note: Data for African Americans and American Indians/Alaska Natives were unavailable due to unstable rates.)*

Table 4 ■ Likely has had psychological distress in past year

Greater Bay Area adults 18 years and older, 2007

	Cases	Percent	Prevalence
White	183,000	46.6%	6.7%
Asian/Pacific Islander	79,000	20.1%	6.7%
Latino	78,000	19.8%	7.6%
Total	**393,000**	**100.0%**	**7.3%**

These estimates are not age-adjusted.
Total includes racial/ethnic groups not shown.

Taking Prescription Medicine for Emotional/Mental Health

In 2007, some 76,000 Contra Costa adults 18 years and older reported they had taken prescription medicines for emotional/mental health issues for at least two weeks in the past year. The prevalence of prescription medication use for emotional/mental health in Contra Costa (9.8%) was similar to California (10.0%) and the greater Bay Area (10.4%).

Table 5 ■ Taken prescription medicine for emotional/mental health issue for at least two weeks in past year

Adults 18 and older, 2007

	Cases	Prevalence
California	2,676,000	10.0%
Greater Bay Area	557,000	10.4%
Contra Costa	76,000	9.8%

These estimates are not age-adjusted.

Editor's note: In order to obtain stable estimates, we look to greater Bay Area data for further analysis of prescription medication use for emotional/mental health by gender, age and race/ethnicity.

In the greater Bay Area, 557,000 people reported they had taken prescription medicine for an emotional/mental health issue for at least two weeks in the past year.

More women (349,000) reported taking prescription medicine for emotional/mental health issues than men (208,000). Women were more likely (12.8%) than men (7.8%) to have taken prescription medicines for these purposes.

Table 6 ■ Taken prescription medicine for emotional/mental health issue for at least two weeks in past year

Greater Bay Area adults 18 and older, 2007

	Cases	Percent	Prevalence
Women	349,000	62.7%	12.8%*
Men	208,000	37.3%	7.8%
Total	**557,000**	**100.0%**	**10.4%**

These estimates are not age-adjusted.

* Significantly higher rate than men.

There were no significant differences in the age groups with respect to the prevalence of taking these prescription medicines.

Table 7 ■ Taken prescription medicine for emotional/mental health issue for at least two weeks in past year

Greater Bay Area adults 18 and older, 2007

	Cases	Percent	Prevalence
18–24 years	41,000	7.4%	6.6%
25–39 years	129,000	23.2%	8.4%
40–64 years	320,000	57.5%	13.1%
65–79 years	53,000	9.5%	9.0%
80 years and older	15,000	2.7%	7.1%
Total	**557,000**	**100.0%**	**10.4%**

These estimates are not age-adjusted.

More whites (364,000) reported taking prescription medicines for emotional/mental health issues for at least two weeks in the past year than Latinos (74,000) and Asians/Pacific Islanders (65,000). *(Note: Data for African Americans and American Indians/Alaska Natives were unavailable due to unstable rates.)*

Whites reported a significantly higher prevalence (13.4%) of taking prescription medicines for emotional/mental health issues than the greater Bay Area as a whole (10.4%). Asians/Pacific Islanders (5.5%) had a significantly lower prevalence compared to the greater Bay Area overall.

Table 8 ■ Taken prescription medicine for emotional/mental health issue for at least two weeks in past year

Greater Bay Area adults 18 and older, 2007

	Cases	Percent	Prevalence
White	364,000	65.4%	13.4%*
Latino	74,000	13.3%	7.3%
Asian/Pacific Islander	65,000	11.7%	5.5%**
Total	**557,000**	**100.0%**	**10.4%**

These estimates are not age-adjusted. Total includes racial/ethnic groups not shown.

* Significantly higher than the greater Bay Area overall.

** Significantly lower than the greater Bay Area overall.

What are mental health disorders?

Mental health is defined as *"a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community."* Cultural differences, subjective assessments and competing professional theories all affect how *"mental health"* is defined.[1]

Mental illness is the term that refers collectively to all diagnosable mental disorders.

Mental disorders are health conditions characterized by alterations in thinking, mood or behavior (or some combination thereof) associated with distress or impaired functioning. Alzheimer's disease is an example of a mental disorder largely marked by alterations in thinking (especially forgetting). These alterations in thinking, mood or behavior contribute to a host of problems—patient distress, impaired functioning, heightened risk of death, pain, disability or loss of freedom.[2]

Why are they important?

Mental health is critical for personal well-being at every stage of life. Mental disorders are real, disabling health conditions that have an immense impact on individuals and families. Mental disorders vary widely in type and severity. About one in four U.S. adults suffer from a diagnosable mental disorder in a given year. Depression is the leading cause of disability in the United States for individuals ages 15–44.[3]

Two-thirds of people with diagnosable mental disorders do not seek treatment. Many people suffer from more than one mental disorder at a given time—nearly half (45%) of those with any mental disorder meet the criteria for two or more disorders.[4]

Nationally in 2004, adults surveyed as part of the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System reported experiencing an average of 3.5 days of poor mental health in the past 30 days. Ten-percent of adults reported 14 or more mentally unhealthy days.[5]

Who is impacted most?

Mental disorders occur in all racial, ethnic and socioeconomic groups. Although the specific causes of most mental disorders are not known, many risk factors have been identified or suggested. These include biological factors (e.g., brain trauma), psychological factors (e.g., stressful events), and sociocultural factors (e.g., poverty). Genetics and a family history of mental and addictive disorders also can increase risk.[3]

Scientists believe that many mental disorders result from the complex interplay of multiple genes with diverse environmental factors. Family studies, often with identical twins who share the same genes, have provided evidence of genetic contributions to depression, bipolar disorder, schizophrenia, autism and other mental disorders. Even for those with genetic risk, however, environmental factors can play a significant role in whether or not a person develops a disorder, or the severity of an illness.[3]

What can we do about it?

Community-wide strategies can be effective in preventing and reducing severity of some mental health conditions, such as depression and post-traumatic stress disorder. Also, prevention strategies can delay onset and support treatment outcomes for those with mental health conditions.

Effective community strategies to prevent mental illness include:[6]

Build the resilience of local communities: Stress is an inevitable part of life that everyone—adults, teens and children—experiences at times. Healthy and resilient communities provide people with physical safety and strong supportive social networks.

Build the research base: Neuroscience and genetics present important research opportunities. Research that explores approaches for reducing risk factors and strengthening protective factors for the prevention of mental illness should be encouraged.

Overcome stigma: Powerful and pervasive, stigma prevents people from acknowledging their own mental health problems and ever disclosing them to others. We can help reduce stigma by dispelling myths about mental illness, and by encouraging individuals experiencing mental health problems to seek help.[6]

Improve public awareness of effective treatment: Americans are often unaware of the choices they have for effective mental health treatments. Treatments fall mainly under several broad categories—counseling, psychotherapy, medication therapy, rehabilitation. All human services professionals, not just health professionals, have an obligation to be better informed about mental health treatment resources in their communities and should encourage individuals to seek help.

Ensure the supply of mental health services and providers: Efforts should be made to expand mental health services, which now exist in short supply. For adults and children with less-severe conditions, primary health care, the schools and other human services must be prepared to assess and, at times, to treat individuals who come seeking help.

Ensure delivery of state-of-the-art treatments: A wide variety of effective, community-based services exist for even the most-severe mental illnesses, yet often these best practices are not being translated into community settings. To be effective, the diagnosis and treatment of mental illness must be culturally competent and tailored to all characteristics that shape a person's image and identity.

Facilitate entry into treatment: Public and private agencies have an obligation to facilitate entry into mental health care and treatment through the multiple "portals of entry" that exist: primary health care, schools and the child welfare system.

Reduce financial barriers to treatment: Concerns about the cost of care and the disparity in insurance coverage (for mental disorders in contrast to other illnesses) are among the most common reasons why people do not seek needed mental health care.

The Mental Health Division of Contra Costa Health Services currently serves approximately 18,000 individuals, roughly 7,000 children and 11,000 adults annually. The Mental Health Division is the publicly funded safety net for the county with a mission to provide services to low-income individuals with severe mental illness who are either on Medi-Cal or uninsured. [The estimated prevalence of severe mental illness among people living in households with an income below 200% of the federal poverty level is 8.9%.[7]] The Mental Health Division's services are provided through a system of care that includes Mental Health staff, community-based organizations and a network of private therapists.

The Mental Health Division serves:

- Adults who have serious mental disabilities
- Children and adolescents who are seriously and emotionally disturbed
- Anyone in acute psychiatric crisis
- Anyone who lives in the county who has Medi-Cal or no insurance and asks for services

Data Sources: Mental Health

TABLES

All data for the Mental Health section are from the California Health Interview Survey's AskCHIS data query system, copyright © 2007 the Regents of the University of California, all rights reserved, available online at: http://www.chis.ucla.edu/. Data analysis performed in June 2010. AskCHIS data are generated from a telephone survey that asks questions to a randomly selected group of residents in Contra Costa and other counties in California. Responses are then weighted to represent the county, region and state as whole. Total numbers are estimates calculated by CHIS using rates so some totals may not exactly match the sum of subgroups.

Percent is the number of likely psychological distress cases for a group divided by the total number of likely psychological distress cases multiplied by 100. The prevalence is the number of likely psychological distress cases for a group divided by the number of residents within each group multiplied by 100.

Data presented for Latinos include Latino residents of any race. Data presented for Whites, Asians/Pacific Islanders and African Americans include non-Latino residents. Not all race/ethnicities shown but all are included in totals for Contra Costa, greater Bay Area and California. The greater Bay Area includes the counties of Santa Clara, Alameda, Contra Costa, San Francisco, San Mateo, Sonoma, Solano, Marin and Napa.

Tables 1-4: The variable used for these tables is a dichotomous measure of psychological distress in the past year using the Kessler 6 series. The Kessler 6 series is a commonly used scale of nonspecific psychological distress and is used to describe the characteristics of adults with and without serious psychological distress. Distress in the past year was assigned to those indicating a month worse than the current month. If the respondent did not indicate a worse month, the current month's distress levels are assigned.

Tables 5-8: For these tables respondents were asked: "During the past 12 months, did you take any prescription medications, such as an antidepressant or sedative, almost daily for two weeks or more, for an emotional or personal problem?"

TEXT

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