

Make A Difference: MENTAL HEALTH IN IOWA

1 in 5 children have a mental health disorder.¹

Less than one-half of children with a diagnosable mental disorder receive mental health services in a given year.²

1 in 4 adults have a mental health disorder.³

Less than one-third of adults with a diagnosable mental disorder receive mental health services in a given year.²

An estimated 13.5% of elderly who require home healthcare are depressed.⁴

14.3 of every 100,000 people age 65 and older died by suicide in 2004.⁵



By 2020, major depressive illness will be the leading cause of disability in the world for women and children.⁶

25.1% of children with a mental illness have an anxiety disorder.⁷
14.0% of children with a mental illness have a mood disorder.⁷
9.0% of children with a mental illness have attention deficit hyperactive disorder.⁷

18.1% of adults with a mental illness have an anxiety disorder.³
20.8% of adults with a mental illness have a mood disorder.³
9.1% of adults with a mental illness have a personality disorder.⁸

COMPREHENSIVE ARRAY OF MENTAL HEALTH SERVICES (SAMSHA BLOCK GRANT MODEL)

- Healthcare Home / Physical Health
- Prevention (Including Promotion)
- Engagement Services
- Outpatient Services
- Medication Services
- Community Support (Rehabilitative)
- Recovery Supports
- Other Supports (Habilitative)
- Intensive Support Services
- Out of Home Residential Services
- Acute Intensive Services

THE GOAL: Increase healthy choices by 10%.

How are we doing?

According to the 2010 National Survey on Drug Use and Health, approximately:

- 20% or 335,099 people in Iowa are living with a mild mental health disorder.⁹
- 4% or 121,854 people in Iowa are living with a moderate mental health disorder.¹⁰
- 5% or 152,318 people in Iowa are living with a serious mental health disorder.¹¹

Of these individuals:

- 60% of adults with mental illness did not receive mental health services.¹²



- 43.7% of untreated individuals went untreated because they could not afford the cost.¹³



What can we do?

ENSURE ALL COUNTIES HAVE ACCESS TO FULL RANGE OF MENTAL HEALTH SERVICES

Regionally maintain the full spectrum of mental health services from preventative to recovery supports as outlined within the SAMSHA's Good and Modern Behavior Health Services Model.

IMPLEMENT MENTAL HEALTH STRATEGIES ADDRESSING PREVENTION AND EDUCATION

Formalize annual collection of data on adverse childhood experiences.

PROVIDE COORDINATED CARE FOR CHILDREN AND FAMILIES

Formalized screening and referral process into a system of care model.

Why is it important?

SIGNIFICANT REDUCTION IN SYMPTOMS IMPROVED QUALITY OF LIFE

With the best treatments available for mental illness, between 70-90% of individuals has:

- Significant reduction in symptoms
- Improved quality of life¹⁴

This improved quality of life can be seen through increased earnings,¹⁷ independence and recovery.

INCREASED INDEPENDENCE FOR INDIVIDUALS

With appropriate supports, including medication and services chosen for individuals, many people with serious illnesses can reach an improved level of independence.¹⁵

ACCELERATED RECOVERY MINIMIZED HARM

Early identification and effective recovery treatment is of vital importance accelerates recovery and minimizes harm related to the progression of illness.¹⁶

¹ New Freedom Commission on Mental Health. (2003). *Achieving the promise: Transforming mental health care in America. Final report* (DHHS Pub. No. SMA-03-3832). Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

² U.S. Department of Health and Human Services. *Mental Health: A Report of the Surgeon General*. Rockville, Md., U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, 1999, pp. 4084009, 411. Retrieved from: http://www.nami.org/Template.cfm?Section=About_Mental_Illness&Template=/ContentManagement/ContentDisplay.cfm&ContentID=53155

³ Kessler RC, Chiu WT, Demler O, Walters EE. Prevalence, severity, and comorbidity of twelve-month DSM-IV disorders in the National Comorbidity Survey Replication (NCS-R). *Archives of General Psychiatry*, 2005 Jun;62(6):617-27. Retrieved from: http://www.nimh.nih.gov/statistics/1ANYDIS_ADULT.shtml

⁴ Hybels, C.F. and Blazer, D.G. Epidemiology of late-life mental disorders. *Clinics in Geriatric Medicine*, 19(Nov. 2003):663-696.

⁵ Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. (2005) [accessed January 31 2007]. Retrieved from: www.cdc.gov/ncipc/wisqars.

⁶ NAMI. What is Mental Illness: Mental Illness Facts. Retrieved from: http://www.nami.org/template.cfm?section=about_mental_illness

⁷ Merikangas KR, HE J, Burstein M, Swanson SA, Avenevoli S, Cui L, Benjet C, Georgiades K, Swendsen J. Lifetime prevalence of mental disorders in U.S. adolescents: Results from the National Comorbidity Study-Adolescent Supplement (NCS-A). *J Am Acad Child Adolesc Psychiatry*. 2010 Oct; 49(10): 980-989. Retrieved from: <http://www.nimh.nih.gov/statistics/>

⁸ Lenzenweger MF, Lane MC, Loranger AW, Kessler RC (2007). DSM-IV personality disorders in the National Comorbidity Survey Replication. *Biological Psychiatry*, 62(6), 553-564. Retrieved from: <http://www.nimh.nih.gov/statistics/>

⁹⁻¹³ 2010 National Survey on Drug Use and Health. Retrieved From: http://www.samhsa.gov/data/nsduh/2k10MH_Findings/2k10MHResults.htm

¹⁴⁻¹⁶ National Alliance on Mental Illness. Retrieved From: http://www.nami.org/template.cfm?section=about_mental_illness
¹⁷ 2003. NGA> Strategies States Can Use to Employ Persons with Mental Illness. Retrieved from: <http://www.nga.org/files/live/sites/NGA/files/pdf/0703MENTALILLNESS.pdf>