Mental Health, 2012

A person's ability to carry on productive activities and live a rewarding life is affected not only by physical health but by mental health. In addition, mental well-being can affect physical well-being in many ways.[1] According to the World Health Organization, mental illnesses account for more disability in developed countries than any other group of illnesses, including cancer and heart disease.[2] Mental health is a broad and complex issue with many facets to consider. The most common mental health disruptions are mild and may fall short of a diagnosable condition, though they still impact daily functioning for many.[3]

Mental health related measures chosen for the State Health Assessment include:[4]

- Mental health emergency department rates
- Sad/hopeless — two weeks in a row (youth)
- Seriously considered suicide (youth)
- Alzheimer's disease, dementia & related disorders diagnoses
- Lifetime anxiety (adults)
- Lifetime depression (adults)
- Co-morbidity for persons with mental illness
- Adults with current symptoms of moderate or severe depression

Additional measures related to mental health can be found in several sections of the State Health Assessment, including Demographics (disability status), General Health and Mortality, Maternal and Child Health, and Intentional Injury.

As the connections between mental and physical health are more widely recognized, the need for a public health approach to mental health is gaining recognition as well. Comprehensive, population-based approaches to promoting mental health are currently primarily focused on early identification and linkages to care for those with mental health

needs, and the prevention of mental illness still lacks a strong base of evidence-based practices.

Many traditional sources of mental health data have been focused on those people who receive mental health services paid for through public health insurance, an especially vulnerable population. However, some population-based data on mental health diagnoses as well as some symptoms are collected through public health surveillance systems.

In Maine, the Behavioral Risk Factor Surveillance System asks adults about lifetime diagnoses of anxiety and depression, and current depression. In 2010, these rates were 17.3%, 21.1% and 9.4%, respectively, with no significant changes from 2006 to 2010. The Maine Youth Integrated Health Survey asks middle and high school students about feeling sad or hopeless every day for two or more weeks and asks high school students whether they have seriously considered suicide. In 2011, 21.8% of middle school students and 22.7% of high school students felt sad or hopeless. 12.7% high school students reported seriously considering suicide.

Women and girls have higher rates for all of the mental health indicators in the State Health Assessment, except for current depression, and co-morbidities. Heterosexuals have lower rates

than others for the indicators for which sexual orientation data is available. White, non-Hispanics have lower rates, while American Indian and Native Alaskans and Hispanics have higher rates for most of these indicators. Those over the age of 64 report these conditions less often than other age groups, except for Alzheimer's and related dementias.[3]

Lower incomes and education are associated with higher rates of ever having been diagnosed with depression, anxiety, current depression and co-morbidities. Those with a college or technical school degree tend to have lower rates of all of the mental health indicators in the State Health Assessment, and those with less than a high school education report higher rates.[3]

Healthy Maine 2020 also has objectives related to mental health, including:[5]

- Mental health emergency department rates per 100,000
- Sad/hopeless — two weeks in a row (high school students)
- Seriously considered suicide (high school students)
- Lifetime anxiety (adults)
- Lifetime depression (adults)
- Adults with current symptoms of moderate or severe depression
- Alzheimer's disease, dementia & related disorders diagnoses per 1000
- Co-morbidity for persons with mental illness (people with depression or anxiety, and any of: diabetes, asthma, hypertension)
- Primary care facilities that provide mental health treatment onsite or by paid referral
- Healthy behaviors of people with mental health issues (fruits and vegetable consumption, physical activity, heavy drinking, and smoking)
- Children with mental health problems who receive treatment
- Adults with mental health disorders who receive treatment
- Persons with co-occurring substance abuse and mental disorders who receive treatment for both disorders
- Suicide deaths per 100,000
- Bullying among high school students
- Non-fatal child maltreatment

[1] US Department of Health and Human Services. Health People 2020: Mental Health and Mental Disorders. 2012 Available from: www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=28 (accessed 1/17/12).

[2] US Center for Disease Control. Mental Illness Surveillance Among Adults in the United States. Fact Sheet 2011. Available from: http://www.cdc.gov/mentalhealthsurveillance/fact_sheet.html (accessed 10/23/2013).

[3] Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health, Mental Health: A Report of the Surgeon General. 1999, U.S. Department of Health and Human Services: Rockville, MD.

[4] Maine Center for Disease Control and Prevention. State Health Assessment – 2012. Available from: http://www.maine.gov/dhhs/mecdc/phdata/sha/index.shtml (accessed 8/21/2013).

[5] Maine Center for Disease Control and Prevention. Healthy Maine 2020. Available from: http://www.maine.gov/dhhs/mecdc/healthy-maine/index.shtml (accessed 8/21/2013).