Mental Health

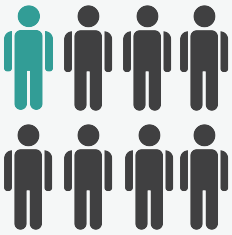
Mental health is vital to overall health and well-being, and forms the foundation for learning, thinking, communicating, emotional growth, resilience and self-esteem. One measure of mental health in adults is self-reported symptoms or experiences around stress, depression, and problems with emotions. When an adult reports 14 or more days during the past month with symptoms in these areas, this is considered poor mental health status.

In 2016, 12% (±1%) of Washington adults self-reported experiencing poor mental health for 14 or more days during the month before interview on the Behavioral Risk Factor Surveillance System (BRFSS) survey. This prevalence has remained stable since 2011. Previous data are not directly comparable due to a change in methods, but they also show rates were relatively stable from 1995-2010. Washington's prevalence is similar to the U.S.

Among adults, self-reported poor mental health was more prevalent among females, those under 24 years of age, and American Indian or Alaskan Natives (AIAN). Self-reported poor mental health prevalence increased as levels of education and income decreased. People reporting poor mental health also reported higher rates of smoking, marijuana use and excessive alcohol use compared to those not reporting poor mental health (data not shown).

Among youth, self-reported experience of extended sadness or hopelessness can be used as a proxy measure for depressive feelings. On the Healthy Youth Survey (HYS), students were asked if they stopped doing usual activities because they felt so sad or hopeless almost every day for two weeks or more during the past 12 months. In 2016, 34% (±2%) of 10th graders reported experiencing depressive feelings. Depressive feelings were more prevalent among females and overall increased with higher grade level.

State agencies, along with partner agencies and providers, are working to promote mental well-being by integrating physical and behavioral health services, implementing the State 5-Year Strategic Plan for Substance Abuse Prevention and Mental Health Promotion, and focusing on supporting safe, stable and nurturing relationships and environments for all children.



1 in 8

Washington adults report having poor mental health

1 in 3

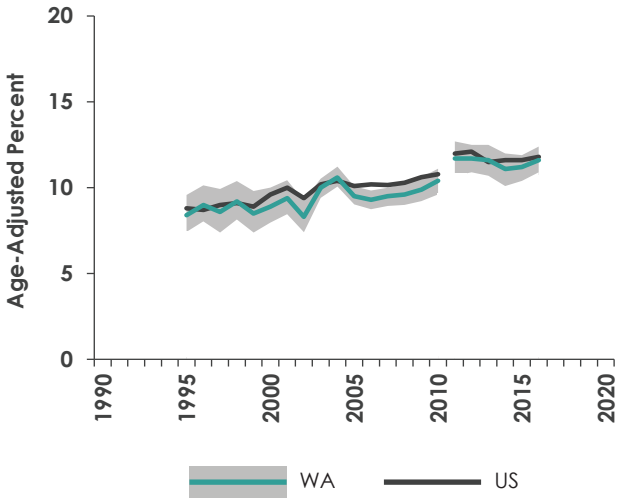
Washington 10th graders report experiencing strongly depressive feelings

Adult

Time Trends

- In the 2016 BRFSS, the prevalence of self-reported poor mental health among Washington State adults was 12% (±1%).
- Washington had a similar prevalence of poor mental health compared to the U.S.
- Poor mental health in Washington has remained stable since 2011. Previous data are not directly comparable due to a change in methods, but they also show rates were relatively stable from 1995-2010.

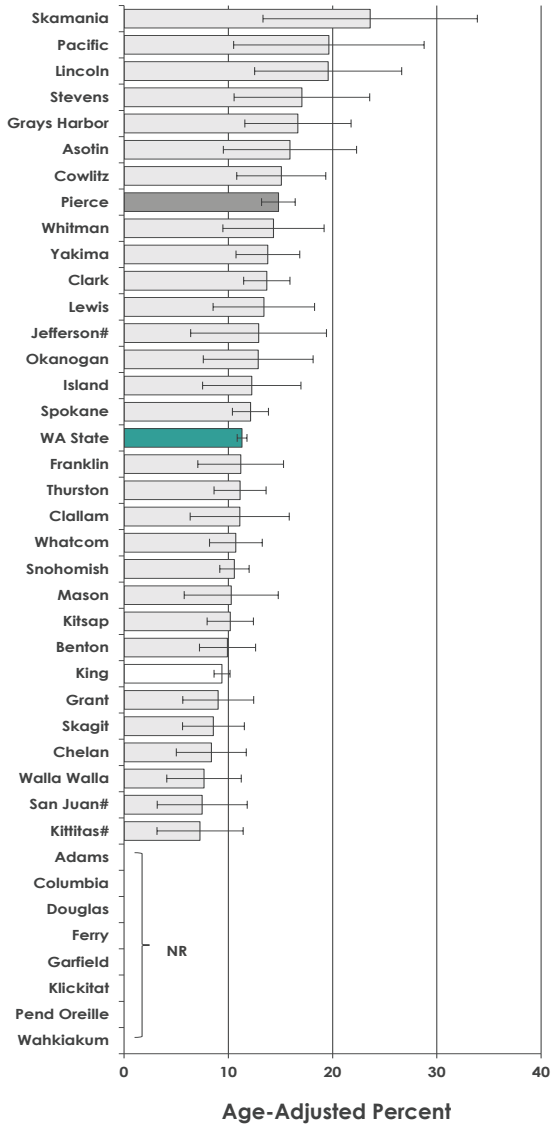
Poor Mental Health Status
Washington State & US
BRFSS, 1995-2016



Geographic Variation

- In the 2014-2016 BRFSS, the prevalence of self-reported poor mental health was higher in Pierce County compared to the state.
- King County had a lower prevalence than the state.

Self-Reported Poor Mental Health
Washington Counties
BRFSS, 2014-2016



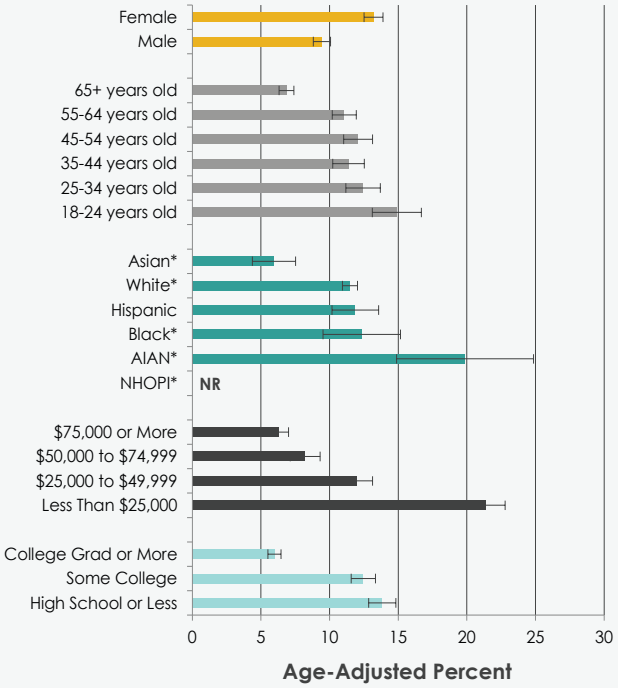
WA State
Same as WA State
Lower than WA State
Higher than WA State

NR: Not reported if RSE ≥ 30% or to protect privacy
#Relative standard error (RSE) is between 25% and 29%

Disparities

- Females had higher prevalence of self-reported poor mental health than males, 14% (±1%) compared to 9% (±1%).
- Young adults ages 18-24 years of age had a higher prevalence of self-reported poor mental health than older age groups. Adults aged 65 and older had the lowest prevalence compared to young adults.
- AIAN had a higher prevalence of self-reported poor mental health compared to whites. Asians had a lower prevalence compared to whites.
- The prevalence of self-reported poor mental health increased as levels of education and income decreased.

Self-Reported Poor Mental Health
Washington State
BRFSS, 2014-2016



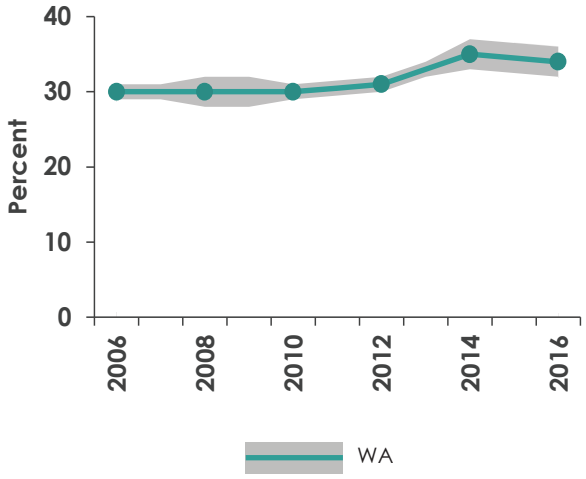
**Non-Hispanic* (all races) | *AIAN:* American Indian/Alaska Native | *NHOPI:* Native Hawaiian/Other Pacific Islander

Youth

Time Trends

- In the 2016 Healthy Youth Survey (HYS), the prevalence of depressive feelings among Washington State youth was 34% (±2%).
- Self-reported depressive feelings among youth were stable in Washington from 2006 through 2016.

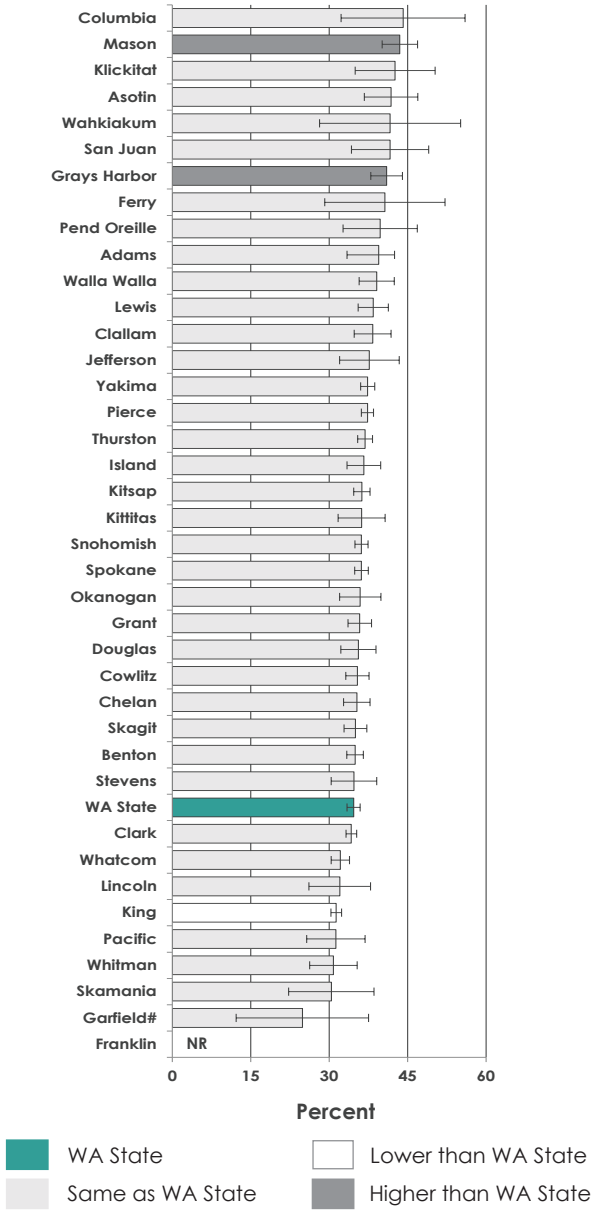
Youth Depressive Feelings, 10th Graders Washington State, HYS



Geographic Variation

- In the 2014 and 2016 HYS combined, the prevalence of depressive feelings among youth was higher in Grays Harbor and Mason counties compared to the state.
- King County had a lower prevalence of depressive feelings among youth than the state.

Youth Depressive Feelings, 10th Graders
Washington Counties
HYS, 2014 & 2016

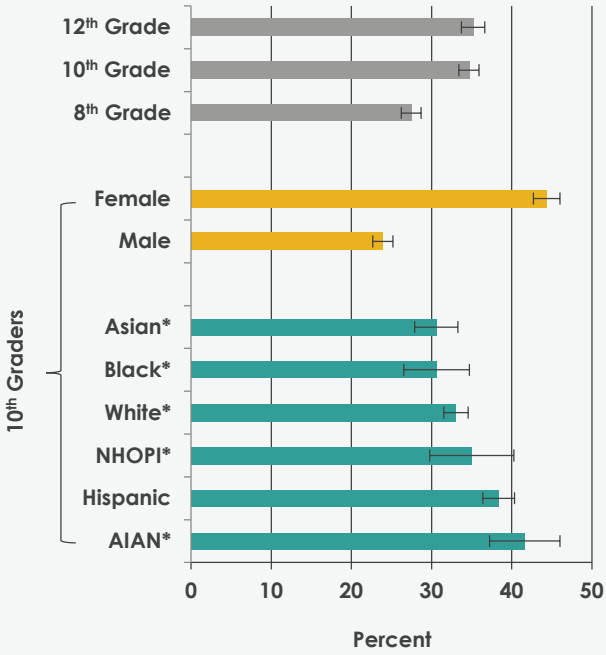


NR: Not reported if RSE ≥ 30% or to protect privacy
#Relative standard error (RSE) is between 25% and 29%

Disparities

- In the 2014 & 2016 combined HYS, self-reported depressive feelings were higher among 10th grade females than males, 44% (±2%) compared to 24% (±1%).
- Prevalence of depressive feelings increased with higher grade level.
- The prevalence of depressive feelings was higher among AIAN and Hispanic 10th graders compared to whites.

Youth Depressive Feelings
Washington State
HYS, 2014 & 2016



*Non-Hispanic (all races) | *AIAN:* American Indian/Alaska Native | *NHOPI:* Native Hawaiian/Other Pacific Islander

How is Washington promoting mental well-being?

State agencies and partners are working to promote mental well-being by integrating physical and behavioral health clinical services, implementing the State 5-Year Strategic Plan for Substance Abuse Prevention and Mental Health Promotion, and focusing on supporting safe, stable and nurturing relationships and environments for all children. More specifically, state agencies, local public health, education, and social service agencies along with tribal, nonprofit and community organizations have been collaborating to promote mental well-being by:

- Integrating physical and behavioral health services by developing a single system with an integrated network of physical health services, mental health services and substance use disorder services in the Medicaid (Apple Health) program. The system will enable better coordinated care for patients, and less fragmented access to needed services. Care will be managed through a single accountable insurance plan for the client.
- Funding behavioral health organizations to ensure mental health services are available across the state, and providing workforce development and training for prevention and treatment professionals.
- Pursuing initiatives such as the Practice Transformation Support Hub and Pediatric Transforming Clinical Practice Initiative (pTCPi) helping clinicians better use electronic health records to identify populations of interest, track performance improvements, put team-based care into place, and make linkages to community-based services.
- Securing the Medicaid 1115 waiver to make regional investments in integrated clinical models. Resources will support staffing and workforce development to better provide behavioral health services, development of information technology infrastructure to facilitate sharing across provider teams, and increased availability of technology solutions, such as telemedicine.
- Implementing New Journeys programs statewide. The New Journeys Program provides evidence-based early intervention for youth and families who have experienced a first episode of psychosis in order to interrupt the untreated duration of psychosis and support recovery, in addition to symptom management.
- Convening the Family Youth System Partner Round Tables (FYSPRT) which bring together all necessary parties to contribute to continuous improvement to children, youth and family behavioral health services and supports. FYSPRTs are convened at a regional level and each region sends partners to the statewide FYSPRT to share feedback and problem solving.
- Requiring Accountable Communities of Health work on Medicaid Transformation Demonstration Projects related to integration of physical and behavioral health.
- Prioritizing mental health promotion/suicide prevention among many of the 64 Community Prevention and Wellness Initiative communities funded by DSHS/DBHR. Communities identify risk and protective factors in their community that relate to youth alcohol and drug use and related issues such as mental health, and address them locally with appropriate evidence-based strategies.
- Providing DSHS/DBHR funding to 29 federally recognized tribes to provide mental health promotion/suicide prevention services. Tribes develop and implement action plans to address their most important needs.

- Providing training and technical assistance, convening forums, and supporting communication to exchange best practices related to promoting safe, stable, nurturing relationships and environments for children among health and social service providers and educators across the state. This includes sharing research on brain science, resiliency, and trauma-informed approaches.
- Supporting cross-sector collaboration on policy, systems and programs to support safe, stable, nurturing relationships and environments for all children, including working to develop an *Infant Early Childhood Mental Health Plan* for Washington State.
- Working to promote social emotional development and reduce suspension and expulsion of children under eight years old from child care and early learning settings through workforce development efforts such as increasing capacity for reflective supervision and provider access to training.
- Working with Medicaid Managed Care Organizations to increase the rates of covered adults who fill their initial antidepressant medication prescriptions within 30 days, and continue use of the medication as prescribed. Washington data show that Spanish-speaking patients fill their prescriptions at a rate of 35% compared with 53% of English-speaking, and 14% compared with 35%, respectively, continue to take their medication.
- Promoting home visiting programs that reach children and families in those critical first years of life, strengthening the parent-child bond, developing more positive parenting practices, improving school readiness, and connecting families to services—through state agencies and public-private partnerships.

Passing E2SHB 1713 in 2017 which:

- Makes maternal depression screening a covered benefit for mothers of children birth to six months of age.
- Requires provider payment for annual depression screening for 12-18-year-old youth.
- Calls for Department of Early Learning to establish a child care consultation program linking child care providers with evidence-based, trauma-informed and best practice resources.
- Requires behavioral health organizations to reimburse providers of behavioral health services via telemedicine or store.
- Establishes a pilot program in two educational school districts to develop integrated mental health and substance use disorder shared service models.
- Establishes a 24-month child and adolescent psychiatry residency in Eastern Washington through Washington State University.

See also Adverse Childhood Events (ACEs), Suicide & Safe Storage of Firearms, and Access to Behavioral Health Providers

Evidence-based interventions to promote mental well-being are available in www.samhsa.gov/nrepp

Technical Notes

Confidence Intervals: Definition and examples are described in Appendix C

Race and Ethnicity: Classification described in Appendix C

Relative Standard Error: Definition and how it was used is described in Appendix C

Trauma Informed Approaches: The Federal Substance Abuse and Mental Health Services Administration (SAMHSA) defines 'A program, organization, or a system that is trauma informed {as one that} 1. Realizes the widespread impact of trauma and understands the potential paths for recovery; 2. Recognizes the signs and symptoms of trauma in clients, families, staff, and other involved with the system; 3. Responds by fully integrating knowledge about trauma into policies, procedures, and practices, and 4. Seeks to actively resist re-traumatization.' www.samhsa.gov/nctic/trauma-interventions