Mental and Emotional Well-Being

Preface

The initial Mobilizing for Action through Planning and Partnership (MAPP) priority planning process identified the area of *Mental Health* as a priority. During the Community Health Improvement Plan (CHIP) planning process the partners determined to rename the priority area *Mental and Emotional Well-Being.*

This shift was arrived at after extensive dialogue about the assessment process, the underlying regional concerns with limited access to mental health services due to low insurance coverage and dwindling Medicaid reimbursements. The group determined that while these issues are an increasing concern, this rural region has limited political and social capital with which to effect such change. The Panhandle should, however, continue to partner with other groups in Nebraska or at the federal level to influence public policy on mental health coverage.

With this understanding, the group determined that recommendations for improved access to services would best be addressed through encouraging evidence-based practices which enhance early screening and collaborative care models.

Developing strategies on *Mental and Emotional Well-Being* was seen to have a longer term proactive impact on individual, family and community health and healing. The planning team also felt that these community-based prevention activities would increase the benefits of service provided by practitioners and would increase successful outcomes for children, families, and seniors.

In addressing this section of the plan the partners relied heavily on the framework in the National Prevention Strategy as well as The Guide to Community Preventive Services and Healthy People 2020. Resources from Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Juvenile Justice and Delinquency Prevention (OJJDP), and the Administration on Children, Youth and Families were also accessed. The conceptual framework for this plan is drawn from these documents to assure alignment and use of evidence based strategies with state and national priorities.

This document is considered a high level overarching strategic plan. Additional assessments and work plans to implement this plan exist or will be developed at the regional level through initiatives such as Child Well-Being Assessment and Plan, Regional Home Visitation Assessment and Plan, System of Care of for Children 0-8, Prevention System of Care for Youth, System of Care for Older Youth, Panhandle Prevention Coalition Substance Use Prevention Plan, Panhandle Suicide Prevention Coalition, Panhandle Comprehensive Juvenile Services and Violence Prevention Plan, and the Regional Child

Abuse Prevention Plan. *Mental and Emotional Well-Being* will also be implemented through alignment of community/agency plans with this overarching document.

During the planning process the topic of children exposed to violence was covered in both the *Mental and Emotional Well-Being* and the *Injury and Violence Prevention* work groups. The subject area is addressed in *Mental and Emotional Well-Being* as it is an influential factor.

Mental and Emotional Well-Being is, however, interrelated to the other Priority Areas of the Panhandle CHIP. The cross-over with *Injury and Violence Prevention,* particularly the impact of alcohol and drugs, and strategies for positive family interactions is recognized in breaking cycles of community violence. *Healthy Living*, healthy eating and active lifestyle, is seen as an influential action for improving Mental and Emotional Well-Being. Promoting mental and emotional health prevents disease, decreases rates of chronic disease and helps people lead longer healthier lives.

The Local Public Health System (LPHS) Strategic Directions need to be reviewed as ongoing planning for *Mental and Emotional Well-Being* are undertaken. Health Disparities are especially noted and need to be considered and planned for.

There are two Healthy People 2020 Leading Health Indicators (LHI) which pertain to *Mental and Emotional Well-Being*.

- MHMD-1 Reduce the suicide rate.
- MHMD-4 Reduce the proportion of adolescents 12- 17 who experience major depressive episode (MDE).

Mental and Emotional Well-Being Goals and Strategy Summary

The *Mental and Emotional Well-Being* section of the Community Health Improvement Plan has two goals:

- Increase the quality of life for all ages
- Reduce child abuse and neglect rates

Four strategies have been identified to address these goals:

- Promote positive early childhood development including positive parenting and violence-free homes
- Facilitate social connectedness and community engagement across the lifespan
- Provide individuals and families with the support necessary to maintain positive mental and emotional well-being
- Promote early identification of mental health needs and access to quality mental health services

PRIORITY AREA **Mental and Emotional Well-Being**

PROBLEM STATEMENT

It is estimated that only about 17% of US adults are in a state of optimal mental wellness.

Mental disorders are among the most common causes of disability. According to the National Institute of Mental Health, in any given year 1 in 17 adults (13 million Americans) have a seriously debilitating mental illness.

Alzheimer's disease is the tenth leading cause of death in the United States. It is the 6th leading cause of death among American adults and the 5th leading cause of death among adults age 65 or older.

By 2020, mental & substance use disorders (M/SUDs) will surpass all physical diseases as a major cause of disability worldwide. One-half of U.S. adults will develop at least one mental illness in their lifetime.

Nationally, mental and substance use disorders have health implications:

- Mental health problems increase risk for physical health problems SUDs increase risk for chronic disease, sexually transmitted diseases, HIV/AIDS, and mental illness
- Cost of treating common diseases is higher when a patient has untreated behavioral health problems
- 24% of pediatric primary care office visits and ¼ of all adult stays in community hospitals involve M/SUDs
- M/SUDs rank among top five diagnoses associated with 30-day readmission, accounting for about one in five of all Medicaid readmissions (12.4% for MD and 9.3% for SUD)
- Mental Health and Substance Use Disorders account for almost one fourth of all adult stays in community hospitals

People with M/SUDs are nearly twice as likely as the general population to die prematurely, often of preventable or treatable causes.

Behavioral health conditions lead to more deaths each year than HIV, traffic accidents and breast cancer combined.

<u>Adverse Childhood Experiences</u>

Adverse Childhood Experiences such as, physical, emotional, and sexual abuse, witnessing violence, traumatic events, and family dysfunction are associated with mental illness, suicidality, substance abuse, and physical illnesses.

- A history of exposure to adverse childhood experiences is associated with high risk behaviors such as smoking, alcohol and drug use, and risky sexual behavior as well as health problems such as obesity, diabetes, ischemic heart disease, sexually transmitted diseases and attempted suicide.
- 6-in-10 U.S. youth have been exposed to violence within the past year; nearly 1-in-10 are injured.

Suicides

In 2008 suicide was the tenth leading cause of death in the U.S. In 2009 suicide was the seventh leading cause of death in the Panhandle. Risk Factors for suicide include alcohol or substance use, isolation, extreme emotional stress, history of child maltreatment, and mental health conditions such as depression.

Many mental and emotional disorders are preventable and treatable. Early identification and treatment can help prevent the onset of disease, decrease rates of chronic disease and help people lead longer, healthier lives.

HEALTH DISPARITIES

The unmet need for mental health services in greatest among underserved groups, including elderly persons, racial and ethnic minorities, those with low incomes, those without health insurance and residents of rural areas. Racial discrimination is associated with chronic stress and can lead to negative health outcomes such as high blood pressure and depression.

Age

Children and Adolescents

Half of all lifetime cases of mental illness begin by age 14. Three fourths of the cases by age 24. On average it takes more than six years from the onset of the mental illness or substance use disorder to the onset of treatment.

- In 2009, 2.9 million (13.8%) of youth between 14 and 17 years of age reported having serious thoughts of suicide compared to 8.8 million (3.7%) of persons 18 years and older.
- 2.3 million (10.9%) youths between 14 and 17 years of age had made a plan compared with 2.3 Million (1%) of persons 18 years and older.
- Suicide rates are highest among American Indian/Alaska Native Youth.

Older Adults

- Among nursing home residents, 18.7% of people age 65-74 and 23.5% of people age 85 and older have a mental illness.

High Needs Populations

- Rates of cardiovascular disease, diabetes, and pulmonary disease are substantially higher among disabled individuals on Medicaid with psychiatric conditions.
- The 12-month prevalence of depression is about 5% among people without chronic medical conditions, 8% among people with one condition, 10% among people with two conditions, and 12% among people with three or more conditions.
- People with asthma are 2.3 times more likely to screen positive for depression.
- 52% of disabled individuals with dual-eligibility for Medicare and Medicaid have a psychiatric illness.

Gender

Almost 15% of women who recently gave birth reported symptoms of postpartum depression.

Sexual Orientation

Family and community rejection of lesbian, gay, bisexual, and transgender (LGBT) youth, including bullying, can have profound and long term impacts (e.g. depression, use of illegal drugs, and suicidal behavior).

INFLUENTIAL FACTORS

Prevention of mental, emotional and behavioral disorders is interdisciplinary. The CDC notes that the current models look at the interaction of social, environmental, and genetic factors throughout the lifespan.

In behavioral health and prevention models researchers have identified the impact of:

- Risk factors, which predispose individuals to mental illness.
- Protective factors which protect them from developing mental health disorders.

Healthy People 2020 lists the following major areas of progress in understanding mental and emotional well-being in the past 20 years.

- MEB disorders are common and begin early in life.
- The greatest opportunity for prevention is among young people.
- There are multi-year effects of multiple prevention interventions on reducing substance abuse, conduct disorders, antisocial behaviors, aggression, and child maltreatment.
- The incidence of depression among pregnant women and adolescents can be reduced.
- School based violence prevention can reduce the base rate of aggressive problems by 25-33%.
- There are potential indicated preventive interventions for schizophrenia.
- Improving family functioning and positive parenting can have positive outcomes on mental health and can reduce poverty related risk.
- School-based preventive interventions aimed at improving social and emotional outcomes can also improve academic outcomes.
- Interventions targeting families dealing with adversities, such as parental depression or divorce, can be effective in reducing risk for depression among children and increasing effective parenting.
- Some preventive interventions have benefits that exceed costs with the available evidence strongest for early childhood interventions.
- Implementation is complex, and it is important that interventions be relevant to target audiences.

Health People 2020 notes three emerging issues in the area of mental health:

- Veterans who have experienced physical and mental trauma.
- People in communities with large-scale psychological trauma caused by natural disasters.
- Older adults, as the understanding and treatment of dementia and mood disorders continues to improve.

Breaking research in these areas will be of interest, especially as the region

has significant populations of veterans and seniors.

DETERMINANTS "Several factors have been linked to mental health including race, ethnicity, gender, age, income level, education level, sexual orientation and geographic location.

Other social conditions – such as interpersonal, family, and community dynamics, housing quality, social support, employment opportunities, and work and school conditions – can also influence mental health risk and outcomes both positively and negatively. For example, safe shared places for people to interact, such as parks and churches can support mental health. A better understanding of these factors and how they interact, and their impact, is key to improving and maintaining the mental health of all Americans" (CDC Healthy People 2020).

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PRIORITY AREA: Mental and Emotional Well-Being

GOALS:

- **Increase the quality of life for all ages.**
- **Reduce child abuse and neglect rates.**

STRATEGIES	ACTIVITIES	PARTNERS
#1 Promote positive early childhood development including positive parenting and violence free homes.	Develop and maintain an integrated system of early childhood services which emphasize positive parent childhood interaction including family interventions, home visitation, center-based services, school and community based services for parents and children 0-6.	SOC Children 0-8, Organizations, day care providers, schools, pre-schools
	Develop and pilot a "transitions" initiative which promotes ease of transition for all children and parents from preschool to kindergarten and prioritizes children with emotional and behavioral concerns.	SOC Children 0-8
	Develop and implement an annual regional early childhood training plan for parents, day care providers, home visitation and center based workers, integrated professionals including annual conferences held in tiers of the region.	SOC Children 0-8
	Fully implement the Center on Social and Emotional Foundations for Early Learning (CSEFEL) Teaching Pyramid to assure a comprehensive systematic approach to: • Creation of an effective workforce • Positive relationships with children, families • Classroom preventive practices • Social emotional teaching strategies • Intensive individualized interventions.	ESU #13 leaders in conjunction with SOC 0-8, pre-schools, parents, partners, PPHHS Training Academy
	Partner or research the development of a data system	State partners and

	that will measure children who are ready for school in all five domains: physical development, socio-emotional development, approaches to learning, language and cognitive development.	PPHHS
	In response to Defending Childhood research, develop and implement evidence-based activities to prevent children's initial and repeated exposure to violence.	SOC Children 0-8, DOVES, PPHHS Child Abuse Prevention Plan
#2 Facilitate social connectedness and community engagement across the lifespan.	Community events and volunteering opportunities promote inclusion of youth, persons with disabilities and mental illness, and intergenerational activities.	Communities, schools, organizations, service organizations, faith groups, Chambers of Commerce, RSVP
	Create safe supportive communities for all children and youth.	Healthy Communities Healthy Youth, communities, parents, organizations, businesses, faith groups, out of school time programs
	Media campaigns to promote parent and child interaction and communication on important social issues.	Prevention Coalition, state partners
	Promote the development of sustained caring relationships between youth and adults.	Parents, schools, agencies, communities, Project Everlast, SSRHY
	Provide children and youth with opportunities to build social and emotional competence.	Parents, day cares, preschools, schools, out of school time activities, communities
	Increase connections between students and their schools.	Communities, parents, agencies, out of school time programs, schools

	An array of youth leadership programs which promote service learning and community generosity.	Youth leadership programs Youth Leadership Institute WNCC
	Maintain safe shared spaces for people to interact and community members to gather.	Area Office on Aging, senior centers, faith communities, schools
#3 Provide individuals and families with the support necessary to maintain positive mental and emotional well-being.	Enhance community education and outreach efforts to improve understanding on children exposed to violence and of Adverse Childhood Experiences	PPHHS, Public Health, healthcare, communities
	Provide literacy friendly information and mental and emotional well-being for consumers, especially groups that experience unique stressors (US Armed Forces, firefighters, police officers, and other emergency response workers).	Physicians, law enforcement and fire agencies, public health
	Reduce the negative impact of childhood exposure to violence by improving systems and services that identify and assist youth and families who have been impacted by violence to reduce trauma, build resilience, and promote healing.	SOC Children, Prevention System of Care for Youth, System of Care for Older Youth including homeless, foster youth and independent living
	Provide formal and informal respite services for families who are primary caregivers for persons with developmental disabilities, chronic illness, or mental health disorders.	Life Span Respite, faith groups, community members, extended family
	Develop and implement a continuum of positive parent child interaction programs and policies from Elementary to High School Completion.	Prevention System of Care for Youth, System of Care for Older Youth
	Pilot and disseminate findings on transitioning 1184 Treatment Teams to prevention service access teams.	PPHHS, Juvenile Justice, Scotts Bluff and Dawes 1184 Treatment Teams
	Implement policies and programs which enhance evidence-based protective factors of youth and	PPHHS, communities, schools, agencies

	adults.	
	Maintain an array of prevention resources which support individuals and families and develop protective factors.	PPHHS partners and communities
	Promote quality out of school time programs.	Communities, parents, agencies, youth
	Adopt and equitably enforce school bullying policies.	Schools, communities, youth
	Worksite Wellness policies to reduce stress and promote mental and emotional well-being.	Public Health, Panhandle Worksite Wellness Council, worksites
#4 Promote early identification of mental health needs and access to quality mental health services	Screen for mental health needs among children and adults, especially those with disabilities and chronic conditions and refer people to treatment and community resources as needed.	Primary care providers, Rural Partnership for Children, Home Visitation, EDN
	Implement programs to identify risks and early indicators of mental, emotional, and behavioral problems among youth and ensure that youth with such problems are referred for appropriate services.	Early Learning Centers, schools, and colleges, health care, providers
	Train key community members (e.g. adults who work with elderly, youth, and armed services personnel) to identify the signs of depression and refer people to resources.	Region I Behavioral Health QPR, organizations, communities, PPHHS Training Academy
	Annual suicide prevention walks in Panhandle communities.	Suicide Prevention Coalition
	Provide Screenings and Brief Interventions (SBRIT).	Maternal Child Health, home visiting assessments, primary care physicians, ER's
	Expand resources through practices such as for Collaborative Care for Management of Depressive Disorders through health care system level	Primary care physicians, mental health providers, case managers, patients

	intervention and the use of case managers to link providers and patients.	
	Review and consider enhancing home-based depression care for older adults which includes active screening for depression, measurement-based outcomes, trained depression care managers, case management, patient education and a supervising psychiatrist.	Area Office on Aging, providers, home health, patients, families
	Expand the use of telehealth to provide accessible mental health services to rural patients.	Hospitals, nursing homes, providers, patients

EVALUATION OF MENTAL AND EMOTIONAL WELL-BEING STRATEGIES

STRATEGIES	TARGET: By July 2017…	DATA SOURCE	BASELINE
#1 Promote positive early childhood development including positive parenting and violence-free homes.	Developmental: Increase the proportion of children who are ready for school in all five domains: physical development, socio-emotional development, approaches to learning, language and cognitive development (EMC-1).	TBD	TBD
	Increase the proportion of parents who use positive parenting and communication with their doctors and other health care professionals about positive parenting (EMC -2).	TBD	TBD
#2 Facilitate social connectedness and community engagement across the lifespan.	Increase the number of middle school youth who report that they are connected to three or more adults in their community.	SPARKS Surveys	Panhandle 2012: 80%
#3 Provide individuals and families with the support necessary to maintain positive mental and emotional well-being.	Increase the proportion of youth reporting that they have a SPARK and the support to pursue their SPARK.	SPARKS Surveys	Panhandle 2012: 61.2%
	Increase the proportion of homeless or near homeless youth who receive screenings and referral for mental health services.	SSRHY RHYMS	Panhandle 2010-11: 462
	Maintain or increase an array of prevention resources which promote protective factors.	Service Array Assessment Protective Factor Surveys	Panhandle 2011: Survey Completed Panhandle 2012: 0
	Increase number of schools which have and enforce anti-bullying policies.	TBD	TBD
#4 Promote early identification of mental health needs and access to quality mental health services.	Increase the proportion of elementary, middle and senior high schools that provide comprehensive school health education and services, including mental health.	TBD	Baseline: 0
	Increase depression screenings by primary care providers (MHMD) 11.	TBD	TBD

EVALUATION OF MENTAL AND EMOTIONAL WELL-BEING GOALS

The goals for Healthy Eating align with Nebraska Physical Activity and Nutrition State Plan 2011-2016.

GOALS	TARGET: By July 2017	DATA SOURCE	BASELINE	RELATED HP 2020 OBJECTIVE
Increase the quality of life for all ages.	Decrease the percentage of adults who report that their mental health (including stress, depression, and emotional problems) was not good 10 or more of the last 30 days.	Nebraska Behavioral Risk Factor Surveillance System (BRFSS)	NE 2007: 9.7% NE 2010: 10.9% PAN 2007: 11.8% PAN 2010: 14.4%	Reduce the suicide rate MHMD-1 (LHI)
	Decrease the % of adults 18 or older who report that they rarely or never get the social or emotional support they need.	BRFSS	NE 2007: 6.4% NE 2010: 7.2% PAN 2007: 8.3% PAN 2010: 10.7%	
	Decrease the % of adults who report they are dissatisfied or very dissatisfied with their life.	BRFSS	NE 2007: 3.6% NE 2010: 4.3% PAN 2007: 3.2% PAN 2010: 4.6%	
	Decrease the % of high school youths who report they have been depressed in the past	Nebraska Youth Risk	NE 2011: 21%	MHMD-2 Reduce suicide attempts by adolescents.

	12 months.	Behavior Survey (YRBS)		
	Decrease the % of high school students who considered suicide in the past 12 months>	YRBS	NE 2011: 14%	
	Decrease the % of high school youth who reported having attempted suicide in the past 12 months.	YRBS	NE 2011: 8%	
Reduce child abuse and neglect rates	Reduce the rates of child maltreatment in the Panhandle.	DHHS	NE 2007-09: 10.4/1000 Panhandle 2007-09: 8.8/1000	IVP 42 Reduce children's exposure to violence

EVALUATION OF MENTAL AND EMOTIONAL WELL-BEING HP 2020 LEADING HEALTH INDICATORS

HP 2020 LEADING HEALTH INDICATOR	DATA SOURCE	BASELINE
MHMD-1 Reduce the suicide rate.	DHHS	NE 2005-2009: 10.5/100,000 population Panhandle 2005-2009: 13/100,000 population 0-14 years: 27 15-24 years: 187 25-64 years: 277 Over 65: 9 Total Suicide Deaths: 500
MHMD-4 Reduce the proportion of adolescents 12- 17 who experience major depressive episode (MDE).	TBD	TBD