

FRANKLIN COUNTY, OHIO

Mental Health Data Brief

INTRODUCTION

Mental health is an important aspect of our overall health and well-being. More than just the absence of mental illness, it affects how we cope with stress, work productively, interact with others, and contribute to our communities. A variety of social, psychological and biological factors influence one's mental health at any given time. Situations such as caring for an ill relative, economic hardship, or proximity to violence are known to negatively impact mental health.²

Mental health shapes our ability to make choices that affect our physical health; it is as important to overall health and wellness as physical health. Poor mental health is associated with stressful work environments, social isolation and unhealthy behavior, all of which are linked to poor physical health outcomes.¹

Mental illnesses are diagnosable medical conditions that affect one's thoughts, feelings, moods or behaviors. Examples include depression, bipolar disorder, anxiety, schizophrenia, and post-traumatic stress disorder (PTSD). While these illnesses have no single cause, factors such as adverse childhood experiences (ACEs), genetics, substance use, social isolation and chronic health conditions can increase one's risk for mental illness.² The terms are often used interchangeably, but mental health and mental illness differ. An individual may go through a period of poor mental health without being diagnosed with a mental illness. Likewise, someone who suffers with a mental illness can experience stretches of positive mental health.²

Columbus Public Health (CPH) works to protect the health, both mental and physical, of all Columbus residents. This brief provides a snapshot of mental health and mental illness in our community. Understanding the mental health status of Franklin County is essential to CPH's vision for a community that empowers all residents to live healthier, safer lives.

INTRODUCTION, CONTINUED

IN THE UNITED STATES

Mental illness is common, affecting individuals of all ages, races and socioeconomic backgrounds. More than half of Americans will be diagnosed with a mental illness or disorder at some point in their lives.² Depression is one of the most prevalent mental illnesses, with 1 in 5 U.S. adults (18+) having been diagnosed with a depressive disorder at some point in their lifetime.³

The national suicide rate has increased by more than 30% since 1999.⁴ Mental illness is often considered the cause of suicide; however, more than half of Americans who died by suicide between 1999 and 2016 were not known to have a diagnosed mental health condition at the time of their death.⁴

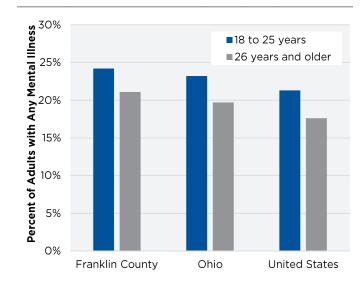
IN OHIO

The prevalence of mental illness in Ohio is consistent with the U.S., with 20% of adults (18+) experiencing any mental illness* in the past year. As seen in Figure 1, young adults are more likely to suffer from a mental illness* than older adults. Similar to the U.S., 1 in 5 adult Ohioans have been diagnosed with depression at some point in their lifetime.

Suicide rates have increased over the past decade from 10.8 deaths per 100,000 Ohio residents in 2007 to 14.8 deaths per 100,000 residents in 2017. Based on 2017 data, it is the 11th leading cause of death in the state.

In any given year, 1 in 5 Americans will experience a mental illness.^{2*}

FIGURE 1: PREVALENCE OF ANY MENTAL ILLNESS* IN THE PAST YEAR AMONG ADULTS BY AGE GROUP, FRANKLIN COUNTY, OHIO, U.S., 2014-2016



IN FRANKLIN COUNTY

Consistent with state and national trends, nearly 1 in 5 Franklin County adults (18+) have experienced a mental illness* in the past year. Adults aged 18 to 25 years have a higher prevalence of mental illness* than those aged 26 years or older.

POOR MENTAL HEALTH DAYS

Poor mental health days refer to days when an individual deals with stress, depressive thoughts and/or problems with emotions, making it more difficult to perform usual activities such as self-care, work, or leisure.

- Thirteen percent of Franklin County adults report 15 or more poor mental health days in the past month.
- Franklin County data show an association between poor mental health and unhealthy behaviors. Adults who drink heavily[†] or smoke are more likely to have at least 15 poor mental health days in the past month than those who do not.
- Poor mental health days are more prevalent among adults with chronic conditions, including asthma, arthritis and chronic obstructive pulmonary disease (COPD), than among all adults.

DEPRESSION

Depression, characterized by persistent feelings of sadness and loss of interest in activities, is one of the most common mental illnesses in Franklin County.

- Depression is more common locally than within Ohio and nationally. One in four Franklin County adults have been diagnosed with depression, compared to 1 in 5 in the state and nationally.
- Franklin County females are more likely to have been diagnosed with depression than males.
 However, Figure 2 shows the percent of males ever diagnosed with depression is increasing.
- Figure 3 shows the association between depression and chronic conditions. The average prevalence of depression among adults with chronic conditions is 36.7% compared to 22.5% among all adults (2013-2017).

SUICIDAL THOUGHTS

Suicidal thoughts are not rare, and many individuals experience them during episodes of stress or depression.⁵ Approximately 5% of Franklin County adults have seriously thought about taking their own lives within the past year. One in 10 adults aged 18 to 25 years seriously thought about trying to kill themselves in the past year compared to 4% of adults aged 26 years and older.

From 2016 to 2018, there were 1,697 visits to Franklin County emergency departments for suspected suicide attempts.[†] This averages to 11 visits per week. Of these visits:

- Slightly more than half were by females;
- Nearly 3 in 4 were by those under 35 years old;
- The number of whites was nearly four times higher than blacks.

FIGURE 2: PREVALENCE OF DEPRESSION AMONG ADULTS BY SEX, FRANKLIN COUNTY, 2013-2017

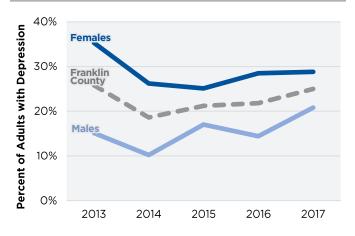
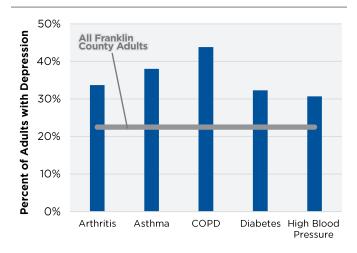


FIGURE 3: PREVALENCE OF DEPRESSION AMONG ADULTS WITH CHRONIC CONDITIONS, FRANKLIN COUNTY, 2013-2017





SUICIDE

Suicide rarely has a single cause. Several factors other than a known mental health condition, such as relationship problems, physical ailments, unemployment, economic instability or substance use, can contribute to suicide.⁴

Suicide has been increasing both locally and nationally. In 2017, suicide was the 10th leading cause of death in the US and second leading cause of death for those aged 10 to 24 years. In Franklin County, suicide was the 10th leading cause of death and the third leading cause for those aged 10 to 24 years.

- Figure 4 shows the trends in suicide age-adjusted death rates[§] (ADRs) by sex among Franklin County residents from 2009 to 2018. The ADR for suicide is four times greater among Franklin County males than females.
- The ADR[§] for suicide is two times greater among non-Hispanic white residents than non-Hispanic black residents (2017).
- Nearly 2 in 3 suicide victims in Franklin County are non-Hispanic white males. The ADR[§] for non-Hispanic white males is two times greater than the county rate (2017).

For more information on suicide among children and teens, please refer to the 2019 Franklin County Child Fatality Review Report on Youth Suicides at www.columbus.gov/publichealth/programs/Child-Fatality-Review/CFR-Publications/.

SUBSTANCE USE DISORDER

Substance use disorder is characterized by recurring use of alcohol and/or other drugs that changes normal behavior and interferes with daily activities and relationships. Over 20 million U.S. adults suffer from substance use disorders.⁷ Due to the highly interrelated nature of mental health and substance use, nearly 1 in 3 adults with a substance use disorder also suffer from an additional mental illness.⁷ Substance use, especially of tobacco and alcohol, is prevalent in Franklin County.

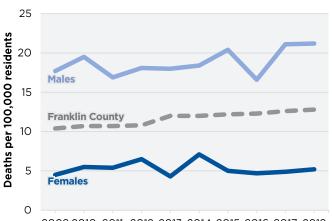
- Consistent with state and national trends, 7% of Franklin County adults suffered with alcohol use disorder^{||} in the past year and 8% are heavy drinkers.[†]
- At least 1 in 4 Franklin County residents aged 12 years and older have used a tobacco product in the past year. Similarly, 24% of Franklin County adults currently smoke.
- Approximately 4% of those aged 12 years and older in Franklin County have used an illicit drug# other than marijuana in the past month.

If you or someone you know is contemplating suicide, call the National Suicide Prevention Lifeline at 1-800-273-TALK to access 24/7 free, confidential support.

In Franklin County, NetCare Access provides immediate assistance to adults in crisis at 614-276-2273.

Suicide attempts[†] are more common among women, but men are more likely to die by suicide.

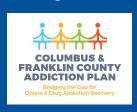
FIGURE 4: SUICIDE AGE-ADJUSTED DEATH RATES[§] BY SEX, FRANKLIN COUNTY, 2009-2018



2009 2010 2011 2012 2013 2014 2015 2016 2017 2018

The Columbus and Franklin County Addiction Plan is a community action plan designed to

decrease drug overdoses, overdose deaths and infectious diseases like hepatitis C and HIV/AIDS. For more information, visit www.columbus.gov/cfcap.



MENTAL HEALTH SERVICES

Although the prevalence of mental illness is troubling, there are treatment options for those who suffer. Mental health services include, but are not limited to, inpatient treatment/counseling, outpatient psychotherapy and prescription medications. Treatment choices vary by both patient and diagnosis. No one treatment is right for every patient.⁸

Certain population groups are more likely to access mental health services than others. Disparities in treatment vary according to several factors including sex, In Franklin County, young adults aged 18 to 25 years are more likely to experience a mental illness* but less likely to receive mental health services than those aged 26 years and older.

age, insurance status and financial resources. Stigma surrounding mental illness can also inhibit those who need help from seeking care.

More adults in Franklin County (16.9%) have accessed mental health services in the past year, compared to U.S. adults (14.5%). Mental Health America of Franklin County has compiled a complete list of resources in the county: www.mhafc.org/get-info/resources/resource-directory/.

REFERENCES

- 1. World Health Organization, https://www.who.int/en/news-room/fact-sheets/detail/mental-health-strengthening-our-response.
- 2. Centers for Disease Control and Prevention, https://www.cdc.gov/mentalhealth/learn/index.htm
- 3. Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data. https://www.cdc.gov/brfss/brfssprevalence/.
- 4. Centers for Disease Control and Prevention, Vital Signs: Suicide rising across the US. https://www.cdc.gov/vitalsigns/suicide/
- 5. Morbidity and Mortality Weekly Report, Suicidal Thoughts and Behaviors Among Adults Aged >18 Years, United States, 2008-2009, 60 (SS13); 1-22. https://www.cdc.gov/mmwr/preview/mmwrhtml/ss6013a1.htm
- 6. Heron M. Deaths: Leading Causes for 2017. National Vital Statistics Reports; vol 68 no 6. Hyattsville, MD: National Center for Health Statistics 2019.
- 7. National Institute on Mental Health, https://www.nimh.nih.gov/health/topics/substance-use-and-mental-health/
- 8. National Alliance on Mental Illness, https://www.nami.org/Learn-More/Treatment

NOTES

*Experiencing a mental illness is defined as the presence of a diagnosable mental, behavioral or emotional disorder in the past year (excluding developmental and substance use disorders) of sufficient duration to meet diagnosis criteria specified within the Diagnostic and Statistical Manual of Mental Disorders, 4th edition (DSM-IV).

Heavy drinking is defined as men having more than 14 drinks per week and women having more than 7 drinks per week.

'Suspected suicide attempts include all emergency room visits that contained the words "suicide" and "attempt" in the reason for visit. These are estimated figures of suspected suicide attempt visits. Race, sex and age are based on visits with available data.

^{\$}Age-adjusted Death Rate (ADR) gives the number of deaths per 100,000 population. This is a way to standardize death rates to minimize the effects of differences in age compositions when comparing the death rates for different populations.

Alcohol Use Disorder (AUD) is defined as meeting the criteria in the DSM-IV for either dependence or abuse for alcohol.

#Illicit drugs include cocaine (including crack), heroin, hallucinogens, inhalants or prescription-type psychotherapeutics used non-medically.

DATA SOURCES

Any Mental Illness, Serious thoughts of Suicide, Alcohol Use Disorder, Tobacco Product Use, Illicit Drug Use, Mental Health Services (Franklin County, Ohio, & United States): Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, Substate Age Group Tables, 2012-2014 (Illicit Drug Use only) and 2014-2016. All indicators are percent of adults aged 18 years and older reporting these behaviors and conditions, unless otherwise specified.

Poor Mental Health Days, Depression, Heavy Drinking, Current Smoking (Franklin County & Ohio): Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2013-2017. All indicators are percent of adults aged 18 years and older reporting these behaviors and conditions.

Emergency Department Visits for Suspected Suicide Attempts (Franklin County): Ohio Department of Health's EpiCenter application (Ohio's statewide syndromic surveillance system used by state and local public health agencies). Additional data preparation and analysis by Columbus Public Health, Office of Epidemiology. Ohio Department of Health and Columbus Public Health specifically disclaim responsibility for any further analyses, interpretations or conclusions.

Suicide, Leading Causes of Death (Franklin County & Ohio): Ohio Department of Health Vital Statistics 2009-2018, Ohio Public Health Information Warehouse, accessed 9/27/2019. 2018 data are preliminary. The Ohio Department of Health specifically disclaims responsibility for any analysis, interpretations or conclusions.



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