SOCIETY FOR PUBLIC HEALTH EDUCATION

Global Leadership for Health Education & Health Promotion

Increased Education and Awareness on Mental Illness

Call for advocacy, health education and promotion activities directed to increased education and awareness for mental illness.

Adopted by the SOPHE Board of Trustees
May 14, 2018

Whereas, mental illness is a common public health concern in the United States as reported by the National Institute of Mental Health, and 18.5% of all adults have a mental illness (National Institute of Mental Health, 2017). In terms of serious mental illness about 4.0% of adults will experience a serious mental illness in a year (National Institute of Mental Health, 2017).

Whereas, both children and adults suffer from mental illness in the United States. The prevalence of severe mental disorder among youth aged 13-18 is 21.4%. The 12-month prevalence for 8 to 15-year olds for any mental disorder was 13.1% (National Institute of Mental Health, 2017). The most commonly diagnosed disorders include anxiety disorder at 18.1%, major depressive episode at 6.9%, and bipolar disorder at 2.6% (National Institute of Mental Health, 2017). Among adults who have a substance use disorder, about 50.5% of them had a mental illness (Substance Abuse and Mental Health Services Administration, 2015).

Whereas, researchers have identified suicide as a public health issue needing population-based approaches to reduce the burden on society (Knox, 2014; United States Department of Health and Human Services Office of the Surgeon General & National Action Alliance for Suicide Prevention, 2012). In 2016, there were 44,965 suicide deaths in the United States, and the overall proportion of suicide deaths in the United States has not changed substantially over time (National Center for Health Statistics, 2016; Kochanek, Murphy, Xu, & Tejada-Vera, 2016; Zhenkun et al., 2016).

Whereas, despite how common mental illness is in the United States, data shows underutilization of services by children and adults. Among adults, men and minority groups tend to have a higher prevalence of underutilization of mental health services. Currently, it is estimated that only 41% of adults with a mental illness utilized mental health services. For those with a serious mental illness, about 62.9 receives mental health services (National Institute of Mental Health, 2017). Furthermore, about 50.6% of children ages 8 to 15 received mental health services. Additionally, female youth are less likely to use mental health services than males (National Institute of Mental Health, 2017).

Whereas, the reason for underutilization of mental health services in these groups of children is still unclear, in adults some reasons have been proposed. Data from a nationally representative sample in 2012 showed that among adults age 18 years or older with an unmet need for mental health care, inability to afford cost of care was the most prevalent reason at 45.7% (Substance Abuse and Mental Health Services Administration, 2013). Furthermore, 28.2% of adults believed that they could handle the mental health issue without treatment while 22.8% of adults reported not knowing where to go for services (Substance Abuse and Mental Health Services Administration, 2013). In men, negative attitudes about being open about mental illness was a key inhibitor of using mental health services. In adults over 60 years, it appeared that although they did not have barriers in accessing professional help, their intentions to visit a primary care physician might be a barrier.

Whereas, among minorities such as lesbian, gay, bisexual, transgender, queer, intersex, asexual, pansexual (LGBTQAIP), racial, and religious minorities, some of the reasons contributing to underutilization of mental health services are racism, bias, discrimination in treatment settings, a mental health system with non-minority values, and the belief that mental health treatment doesn't work (National Institute of Mental Health, 2017). Additionally, research findings suggest that mental health providers are more concentrated in places that are wealthier, whiter, older, and more educated indicating a need for equitable distribution of mental health services (Sharma et al., 2017). Exploratory research has shown that using community gatekeepers is an effective strategy in providing culturally competent mental health to minority groups with mental disorders (Stansbury et al., 2017). When community gatekeepers serve as staff members during mental health interventions, they provide feedback on cultural appropriateness of program, implementation and sustainability plans as well as recruitment endeavors (Langdon et al., 2016).

Whereas, several studies indicate that stigma has been a strong predictor of the underutilization of mental health services (Corrigan, Druss, & Pelick, 2014; Stewart, Jameson & Curtin, 2015; Swanson, McGinty, Fazel & Mays, 2015; Thornicoroft et al., 2016). This is due to the negative attitudes of many Americans towards people with serious mental illness. In 2013, a survey showed that 46% of Americans believed that individuals with mental health illness are more dangerous than the general population (Swanson, McGinty, Fazel & Mays, 2015). Consequently, people with mental health issues avoid using services to prevent a formal diagnosis that could affect their work and personal lives.

Whereas, Healthy People 2020 has set national goals regarding mental health and mental disorders. The objectives for the nation include: reducing the rate of suicides and suicide attempt; reducing proportion of adolescents who engage in disordered eating; reducing proportion of people who experience major depressive episodes; expanding treatment for facilities such as primary care and juvenile residential; increasing treatment for mental illnesses and increasing depression screenings (Healthy People 2020, n.d.).

Whereas, emerging issues in mental health are identified by Healthy People 2020 that include: veterans who have experienced trauma; people within communities who have experienced trauma; and older adults receiving treatment for dementia and mood disorders (Healthy People 2020, n.d.).

Whereas, according to the National Alliance on Mental Illness (NAMI), mental illness goes beyond emotional ups and downs, can be long lasting, and change how people think and feel, however, mental illness is not a result of having a lack of character, poor upbringing, or personal weakness (National Alliance on Mental Illness, n.d.)

Whereas, the American Psychological Association (APA) supports the use of integrated and inter-professional teams to provide early intervention and wellness services -including behavioral health assessment- will enable the development of skills to prevent and effectively manage both physical conditions and a range of mental and behavioral health, and substance use disorders (APA, 2014).

Whereas, the United States Department of Health and Human Services has demonstrated commitment to mental health and continues to support improving the mental health of Americans, as shown in the HHS Strategic Plans (United States Department Health and Human Services, 2014), now therefore,

Therefore, be it resolved, the Society for Public Health Education. Inc. (SOPHE) shall:

1. Develop a fact sheet to be distributed to national, state, and local organizations indicating the importance of including minority community gatekeepers on staff, or boards of directors, that deliver mental health services.
2. Develop two webinars, one targeted toward mental health providers, and another for lay people to provide education about the social determinants of health that lead to health disparities in mental health among religious/gender/racial/ethnic minorities.
3. Develop a toolkit for state chapters, and national, state, and local organizations to provide resources that are already available to help them create programs and campaigns to reduce the stigma of mental illness and educate the public on mental illness.
4. Endorse legislation that supports increasing resources for SAMHSA and increased equity and inclusion for healthcare providers. Encourage increased funding for wraparound services like employment, housing, caregiver support, and peer recovery supports, to reduce and eliminate barriers to community living for vulnerable populations. SOPHE will support mental health parity and any future legislation that ensures that large group health plans cannot impose annual or lifetime limits on mental health benefits. Additionally, these benefits should not be less favorable than any such limits imposed on medical or surgical benefits and extends parity requirements to substance use disorders
5. Continue to build and strengthen its partnership with other national organizations and agencies that promote mental health. SOPHE will partner with SAMHSA for the annual National Prevention Week, and endorse NAMI's programs, including educational classes, presentations, support groups, and outreach and advocacy.
6. SOPHE will encourage diversity and inclusion training for social service providers in the unique needs and experiences of LGBT youth, youth experiencing homelessness, youth in juvenile detention, and youth in congregate living facilities related to mental health and substance abuse issues. Diversity, equity, and inclusion webinars created through various organizations such as the National LGBT Health Education Center and SAMHSA will be promoted by SOPHE.

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