# **MENTAL HEALTH — OVERVIEW**

Mental health and mental illness are not polar opposites, but points on a continuum. Somewhere in the middle of that continuum are "mental health problems," which most people have experienced at some point in their lives. The boundaries between mental health problems and milder forms of mental illness are often

indistinct, just as they are in many other areas of health. At the far end of the continuum lie disabling mental illnesses such as major depression, schizophrenia, and bipolar disorder. Left untreated, these disorders can become devastating (Department of Health and Human Services [DHHS] 1999).

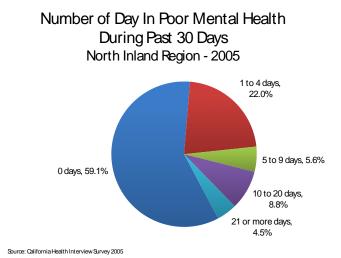
Typically, a mental health problem lacks the intensity or duration to be considered an illness. This report briefly presents available data on both poor mental health and more serious mental illnesses. Selfreported mental health is typically reported as days in poor mental health during the past 30 day.

Currently, people with serious mental illness need medication to help control symptoms, in addition to supportive counseling, self-help groups, assistance with housing, vocational rehabilitation, income assistance and/or other community services to achieve the highest level of recovery.

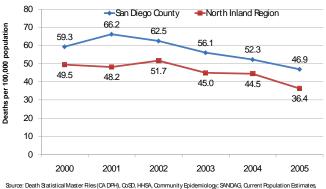
The consequences of serious mental illness can impact individuals throughout their lives.

- Children and adolescents Problems managing their emotions, focusing on tasks and/or controlling their behavior (Federal Interagency Forum on Child and Family Statistics 2007).
- Adults Family disruption, unsuccessful relationships, loss of employment and housing
- Older adults Increased disability, suicide and institutionalization

Suicide is one major consequence of undiagnosed, untreated or undertreated mental illness. Over 90% of suicides in the United States are associated with mental illness and/or alcohol and substance abuse (MIMH 2007).

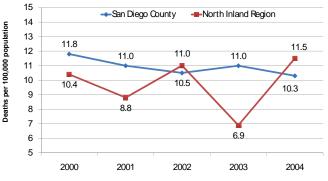


Self-Inflicted Injury Hospitalizations San Diego County and North Inland Region, 2000 - 2004



Source: Death Satistical Master Files (CA DPH), CoSD, HHSA, Community Epidemiology, SNNDAG, Current Population Estimates, 9/27/2006. Data prepared by County of San Diego (CoSD), Health & Human Services Agency (HHSA), Community Health Satistics, 12/12/2006.

## Intentional Injury - Suicide Deaths San Diego County and North Inland Region, 2000 - 2004



Source: Death Satistical Master Files (CA DPH), CoSD, HHSA, Community Epidemiology, SANDAG, Current Population Estimates 9/27/2006. Data prepared by County of San Diego (CoSD), Health & Human Services Agency (HHSA), Community Health Satistics, 12/12/2006.

# Who is most impacted — Days in Poor Mental Health

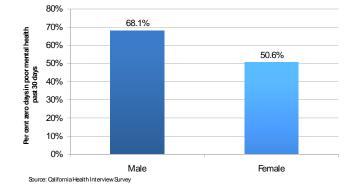
Days in poor mental health is one of four measures of depression and mental health status currently available and is used here to provide some insight into the mental health status of North Inland region residents.

During 2005, 59.1% of North Inland region residents reported no days in poor mental health during the past month. An additional 22% reported they experienced 1 to 4 days of poor mental health.

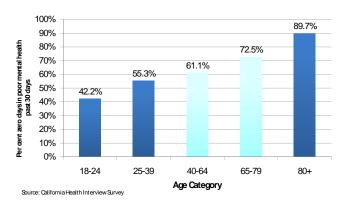
Those most impacted by poor mental health include:

- Females had significantly more poor mental health days than males.
- Persons ages 18 to 24 years had significantly more poor mental health days than persons ages 65 and over.
- Persons reporting fair or poor health had significantly more poor mental health days than those reporting excellent health.
- Divorced persons had more poor mental health days than those who are married or living with a partner.

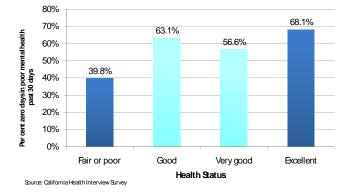
### Zero Days in Poor Mental Health By Gender, North Inland Region, 2005



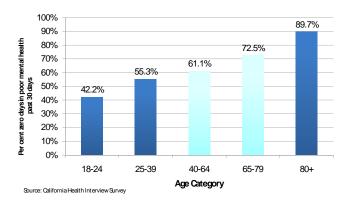
### Zero Days in Poor Mental Health By Age, North Inland Region, 2005







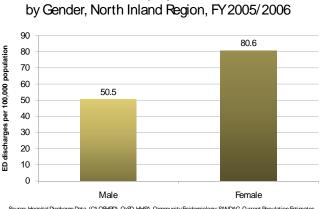
### Zero Days in Poor Mental Health By Age, North Inland Region, 2005



# Who is most impacted — Self-Inflicted Injury and Suicide

Self-inflicted injury and suicide are major consequences of undiagnosed, untreated or undertreated mental illness. The following charts present several measures of those most impacted by self-inflicted injury related to emergency department utilization and hospitalization.

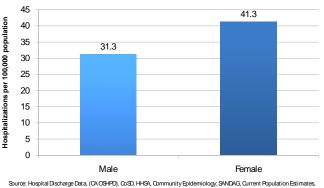
Moreover, those North Inland residents most impacted by suicide during 2004 include males and those ages 65 and over.



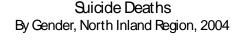
Self-inflicted Injury ED Utilization

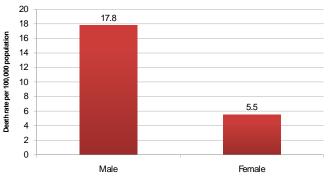
Surce: Hospital Discharge Data, (CA OSHFD), CoSD, HHSA, Community Epidemiology, SWNDAG, Current Population Estimates 9/27/2006. Data prepared by County of San Diego (CoSD), Health & Human Services Agency (HHSA), Community Health Satisfics, 12/12/2006.

### Self-inflicted Injury Hospitalizations by Gender, North Inland Region, 2005



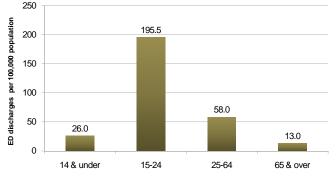
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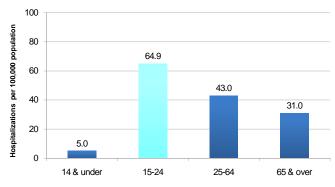
Source: Death Statistical Master Files (CA DPH), CoSD, HHSA, Community Epidemiology; SANDAG, Current Population Estimates, 9/27/2006. Data prepared by County of San Diego (CoSD), Health & Human Services Agency (HHSA), Community Health Statistics, 12/12/2006.

## Self-inflicted Injury ED Utilization By Age Category, North Inland Region, FY 2005/2006



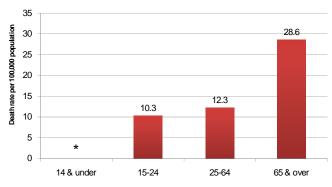
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### Self-inflicted Injury Hospitalizations By Age Category, North Inland Region, 2005



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#### Suicide Deaths By Age Category, North Inland Region, 2004



Source: CoSD, HHSA, Community Epidemiology; SANDAG, Current Population Estimates, 9/27/2006. Data prepar County of San Diego (CoSD), Health & Human Services Agency (HHSA), Community Health Statistics, 12/12/2006.

\* Rates not calculated for fewer than 5 cases.