

MENTAL ILLNESS

FACT SHEET - APRIL 2019



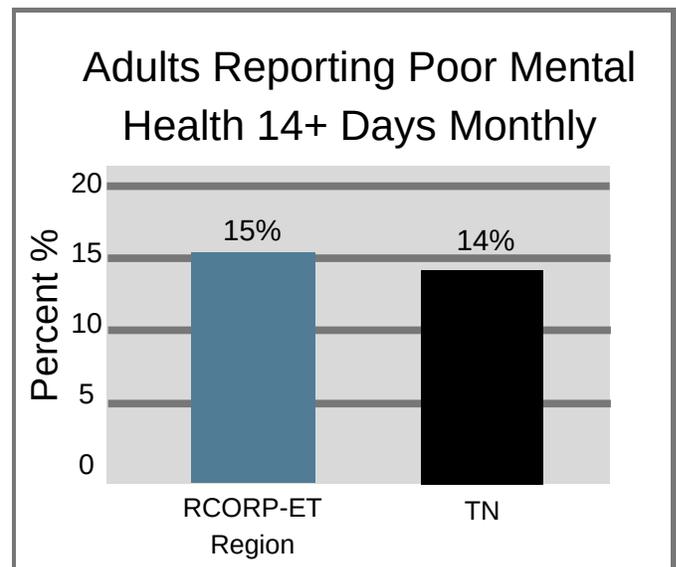
SEVERITY

People who live in the RCORP-ETC region are more likely to have poorer mental health compared to Tennessee residents overall. Of adults living in the RCORP-ETC region, 15% reported 14 or more days of poor mental health in a given month compared to 14% across the state.

Compared to Tennessee and the United States, the RCORP-ETC region is underserved in relation to mental health services. A total of 186 mental health providers work across RCORP-ET. Here, the ratio of residents to mental health providers varies from 710:1 in Hamblen County to 21550:1 in Morgan County—the highest demand ratio of all Tennessee counties.

The workforce related to OUD treatment in the RCORP region is also very challenged when compared to the state of TN. This deficit is also reflected in the mental health workforce.

Mental illness in the United States is more common than cancer, diabetes, or heart disease. Nearly 1 in 5 adults lives with a mental illness. This is approximately 44.7 million adults aged 18 and older across the U.S. Among those 44.7 million people, less than half received mental health treatment, inpatient or outpatient, within a given year.¹ Mental illness is the leading cause of disability in people ages 15 to 44 in the U.S.¹



By the Numbers

	RCORP-ET Region	TN
Health Professional Shortage Areas	52	351
Mental Health Providers	12.5	8,963
Buprenorphine Treatment Providers	2.5	657
Ryan White HIV/AIDS Providers	0	45

These numbers are startling as Tennessee ranks **43rd in the nation** with only 138.2 mental health providers per 100,000 people; this is 30% less than the U.S. rate of 218 per 100,000 people.

In some cases, poor mental health can lead to suicide, the 10th-leading cause of death in the United States.² For young Tennessee adults 15 to 24 years of age, suicide is the 3rd leading cause of death and the 2nd leading cause of death for adults 25-34.³ Although occasional short periods of mental distress may be unavoidable, more prolonged and serious episodes are treatable and preventable through early intervention.

It is necessary to address the gaps in mental health outcomes within the RCORP-ET region as mental health is directly related to physical health. In order to decrease OUD, it is important to address mental health because individuals with substance use disorders are at higher risk for mental illness.

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RIPPLE EFFECT

Mental health concerns are a risk factor for a number of the other health concerns related to OUD. These include:

- Employment
- Insurance status
- Access to treatment and recovery services
- Greater risk of HIV and hepatitis B and C
- Opioid overdose.

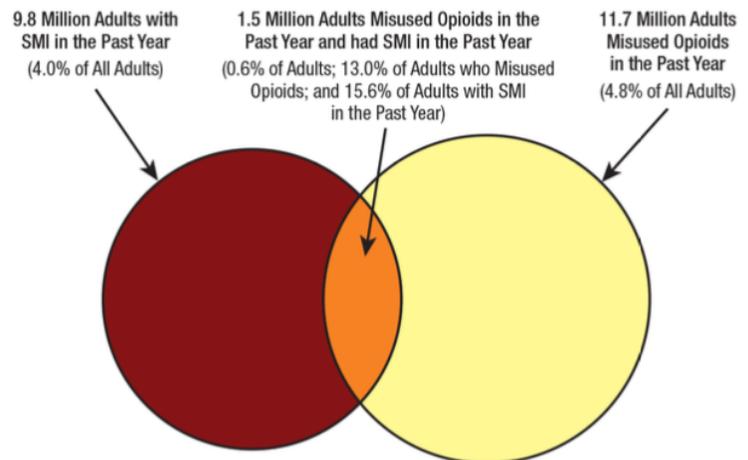
COMMUNITY VIEW

The RCORP-ETC gathered survey data from across the 10 county region. Community members selected their top three community strengths and challenges related to OUD. Of the 710 respondents, 20.6% selected mental illness as one of the top three OUD challenges.

The previously mentioned lack of mental health professionals only worsens the challenge. Per the CSTA data, 34.8% of participants chose 'not enough treatment and recovery services' as a top three community health challenge. 14.2% of individuals also indicated that the lack of knowledge about treatment and recovery services as a top three challenge.

Given the large number of individuals who indicated both mental illness and lack of services as challenges, there is a need in the RCORP-ET region for an increase in services to address mental health which may in turn decrease an individual's risk of opioid use disorder.

Opioid Misuse and Serious Mental Illness in the Past Year Among Adults Aged 18 and Older: 2015 NSDUH



***Serious mental illness (SMI)** is defined as a **mental, behavioral, or emotional disorder** resulting in **serious** functional impairment, which substantially interferes with or limits one or more major life activities.

POTENTIAL SOLUTIONS

Noted in one of the town hall meetings was the need for an increase in providers whether it be mental health providers or health professionals in general. However, individuals at one of the three town hall meetings noted that it was difficult to draw healthcare professionals to rural areas for a number of reasons. Quick burnout, lack of room for growth, and lack of diversity of minority providers were a few reasons that were mentioned.

FEASIBILITY

Given the 5-year period, it is possible that the lack of providers in this area could be addressed by a small margin. However, as discussed in the RCORP-ETC town hall meetings, the lack of incentives for providers to serve in these rural areas is a current barrier. Loan forgiveness does not remedy the need.

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References

1. National Survey on Drug Use and Health (NSDUH), SAMHSA
2. State Summaries Tennessee | 2018 Annual Report. America's Health Rankings. <https://www.americashealthrankings.org/learn/reports/2018-annual-report/state-summaries-tennessee>. Published 2019. Accessed April 9, 2019.
3. Suicide Prevention. Tn.gov. <https://www.tn.gov/health/health-program-areas/fhw/vipp/suicide-prevention.html>. Published 2019. Accessed April 9, 2019.