



Issue Brief: Understanding Behavioral Health in Douglas County, Kansas

This document is a product of the Lawrence-Douglas County Health Department in collaboration with the Health Leadership Coalition.
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Key Take-away Points:

- **Behavioral Health:** “refers to mental health and mental illness, as well as preventing or intervening in substance use disorders or other addictions.” Community partners note that the use of the term “behavioral” is not intended to convey that resolution of these issues may simply change their behavior. Rather, behavioral health is a complex issue requiring complex solutions.
- Nearly 1 in 4 Douglas County residents has been diagnosed with a depressive disorder.
- The 2nd leading cause of death for Douglas County residents ages 18-44 is suicide.
- About 7.7% of Douglas County residents meet criteria for being heavy drinkers.
- Despite a wide network of agencies addressing behavioral health, about half of Douglas County residents present at the local emergency department for behavioral health issues do not receive services or support elsewhere.

Understanding behavioral health in Douglas County

Over the last few years, behavioral health has developed as a critical issue for Douglas County. While much of the conversation regarding behavioral health has focused on specific solutions, understanding the scope of behavioral health issues is of critical importance. This issue brief provides a deeper look at behavioral health concerns in Douglas County and communicates why understanding behavioral health is important.

Douglas County is a community rich in assets; despite this, a number of factors set the occasion for increased problems with behavioral health.



Douglas County, comprised of 119,440 residents, is predominately young and educated compared to the rest of the country. About 95% of the total population 25 and older has graduated high school, and a substantive portion have college degrees or higher. The median age of residents is 30. On the surface, it appears to be a county without major mental health needs. When looking deeper, however, a number of critical factors create conditions in which risk for behavioral health issues is higher. With a rise in inequity both nationally and locally, individuals with mental health illness are more likely to be in poverty and lack quality health care. Additionally, Douglas County residents tend to have relocate more compared to Kansas residents overall. In the last year 27% of residents have moved, compared to 16.6% in Kansas. Median housing costs in Douglas County are higher, and about 50% of the housing in Douglas County is renter occupied. The confluence of these factors creates more challenges for addressing behavioral health.

What is behavioral health?

Behavioral health encompasses issues related to mental health and mental illness, as well as substance abuse. When considering behavioral health, a number of conditions and issues may arise in understanding the depth and scope of issues experienced by Douglas

County residents. This brief focuses on the presence of serious mental illness, substance abuse, and suicide.

Key Definitions:

Mental health: “how well we cope with daily life and the challenges it brings, and includes our emotional, psychological, and social well-being.”

Behavioral Health: “refers to mental health and mental illness, as well as preventing or intervening in substance use disorders or other addictions.” This also includes suicide and suicide prevention.

Serious Mental Illness

The percentage of people who report diagnosis of depressive disorder in Douglas County is 23.2%.

The percentage of adults (age 18 and older) in Kansas who have been diagnosed with a serious mental illness (SMI) is 4.1%. For young adults (ages 18-25), it is 5.0%. A younger population in Douglas County highlights the importance of addressing behavioral health, as younger adults

face a higher incidence of mental health issues in Kansas. Using these data, estimates suggest 3,868 adults in Douglas County may have a SMI. Considering 5% of 18 to 25-year-olds have serious mental illness, this may affect about 1,425 Douglas County residents ages 18-25. In addition, according to a report prepared for Douglas County in 2015, 18% of Douglas County jail bookings included individuals with serious mental illness. There are



Almost 1 in 4 (23.2%) Douglas County adults reports they have been diagnosed with a depressive disorder (the state percentage is 19.4%).

Serious Mental Illness (SMI) is a condition that affects "persons 18 years or older who currently or at any time in the past year have had diagnosable mental, behavioral or emotional disorder of sufficient duration to meet diagnostic criteria within DSM-IV (APA, 1994) that has resulted in serious functional impairment, which substantially interferes with or limits one or more major life activities". Examples of serious mental illness include: schizophrenia, bi-polar, and severe anxiety.

significant racial and ethnic disparities, as well as longer lengths of stay for those with serious mental illness.

Substance Abuse

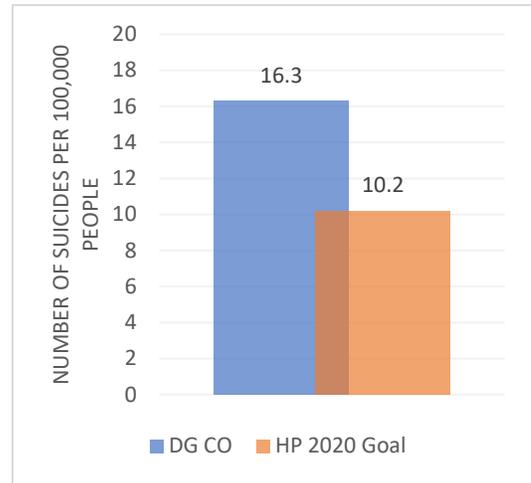
Millions of people around the United States struggle with substance abuse. A state report summary from the Kansas Department of Health and Environment reports that between 2005-2009, total drug poisoning deaths increased by 16% in the state. The Behavioral Risk Factor Surveillance System data for Douglas County suggest about 7.7% of residents meet definitions for being “heavy drinkers.” Of people age 18-25 years-old in the state, 20.7% meet the criteria for alcohol dependence or abuse. A 2016 study of Kansas’ youth reveals that drug overdose and death rates have quadrupled in the state over the past 12 years.



In Douglas County, evidence suggests substance abuse may be an increasing issue. Despite low mortality attributable to illicit use, some data suggest that 9.1% of Kansas youth aged 12-17 reported having used illicit drugs during the prior month (SAMHSA, Center for Behavioral Health Statistics, 2015). Over a three-month period in 2017 (July to September 2017), 17,736 prescriptions for opioids were provided to Douglas County residents (Kansas Department of Health and Environment, 2017). Additionally, findings from the Community Health Assessment (2017) reveal growing evidence of opioid use and overdose. In order to effectively improve behavioral health, understanding substance abuse and suicide in our state is important.

Suicide

Mental health issues are a key component of factors contributing to suicide. Suicide is a tragic event that affects survivors, their families and the community. According to the Centers for Disease Control and Prevention, more than 45,000 people in the U.S. killed themselves in 2016. Suicide is an example of a consequence of substance abuse. As the U.S. faces a rising opioid epidemic, prevention of substance abuse and suicide is more important than ever. The age-adjusted death rate from suicide in Kansas is higher than the national estimate. In Douglas County, the age-adjusted



mortality rate is 16.3 per 100,000 population, higher than the Healthy People 2020 goal of 10.2 suicide deaths per 100,000 population (Oakley and Crawford, 2017). The highest percentage of suicide deaths are found in individuals ages 25-64. Also, suicide is the second leading cause of death for 18-44-year old's in Douglas County. African Americans have the lowest suicide rate, while Hispanics have the second lowest rate in the state. The exception to that is children; there is a higher suicide rate among African American children under the age of 12 compared to white children. As the Kansas community understands the challenges faced in behavioral health, there is work being done to address this issue.

In addition to rates of completed suicides, data suggest 3.9% of adults age 18 or older have had serious thoughts of suicide in the previous year (Substance Abuse and Mental Health Services Administration, 2015). Data regarding calls to the local suicide prevention hotline suggest there were an average of 224.25 calls monthly from Douglas County residents (Headquarters Counseling Center, 2018).

A deeper look at need: high utilizers and disconnected

To better understand the scope and scale of the challenges experienced in Douglas County related to behavioral health, partners examined data regarding the people who present at the three primary service providers with behavioral health issues. In total, 4,736 unique individuals received care at these organizations for behavioral health-related issues. A

deeper look at those individuals suggests that there are two populations to consider: high-utilizers of services and people may not be receiving the support they need.

High utilizers

A number of Douglas County residents use resources and services more comprehensively than others. A total of 889 residents use services of at least two of the three primary service providers in the county. While it may be tempting to conflate high utilization with “over utilization,” experts caution that these individuals may be using services sufficiently to manage the chronic nature of behavioral health issues. Better understanding how these individuals connected to and maintained connection with services, may provide strategies for increasing the number of individuals connected with needed services.

Insufficiently supported

On the opposite end of the utilization continuum, people may present at the local emergency department repeatedly while not receiving support or services from two of the primary mental health and substance abuse service providers in the county. In other words, these individuals may be *insufficiently receiving* resources or supports.

From January to December 2017, there were over 2,700 people who presented at the Emergency Department with behavioral issues not receiving support or resources from other service providers in the county. The majority of the 2,700 people were white, middle-aged men. Although this number may include people who are presenting for one-time incidences (e.g., a one-time binge drinking session requiring medical intervention), not suggestive of an ongoing problem, a random sample of this data was reviewed, and the prevalence of one-time events was exceedingly low.



There were 122 people who visited the emergency room more than four times a year. These 122 individuals accounted for 747 visits to the emergency department in 2017. This suggests that daily, the emergency department sees at least two people who are repeated users of the emergency department for behavioral health issues. Further, it raises the question of whether people are getting the help they need.



Conclusions

The information provided in this report suggest substantial challenges regarding behavioral health. The issues of serious mental illness, suicide, and substance abuse have an impact – directly and indirectly – on a significant portion of Douglas County residents. The aim of this paper has been to provide more information about the extent to which Douglas County residents are experiencing behavioral health issues. Over the next several months, additional papers will describe current efforts to address these issues and recommendations based on what has been learned in other communities about what works to effectively address behavioral health.

Data Sources:

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4. Douglas County Jail (2015). Percent of Total Jail Bookings that are Seriously Mentally Ill. Reported in Huskey and Assc. Report. Available at: <https://www.douglascountyks.org/sites/default/files/media/depts/sheriff/pdf/douglas-county-jail-mental-health-court-study.pdf>
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