DIRECTORS OF HEALTH PROMOTION AND EDUCATION
MENTAL HEALTH PROMOTION AND PUBLIC HEALTH
POLICY BRIEF

Issue: Mental Health Promotion and Public Health need to be adequately addressed as state public health improvement priorities at all levels of the health and human service systems.[i, ii]

Mental Health is closely tied to incidence and prevalence of disease, injury, disability, and risk factors in the U.S. population. These data present a compelling story for bringing public health and mental health together:

- Mental illness, especially depression, influences the treatment and outcomes of many chronic diseases.[iii]
- One in five adults − approximately 43.7 million American adults − experience a diagnosable mental disorder in a given year.[iv]
- One in 25 – about 9.6 million adults –live with a serious mental illness such as schizophrenia, major depression, or bipolar disorder.[v]
- Many people have more than one mental disorder at a given time. Nearly half (45 percent) of those with any mental disorder meet the criteria for two or more disorders, with severity strongly related to comorbidity.[vi]
- One in five children has diagnosable mental disorders.[vii]
- More than 90% of children who commit suicide have a mental disorder.[12]
- Mental disorders, including neuropsychiatric and behavior disorders, are the leading cause of disability in the U.S., ahead of cardiovascular disease.[viii]
- Major depressive disorder is the leading cause of disability in the U.S. for ages 15 to 44. Major depressive disorder affects approximately 16 million American adults, or about 6.9 percent of the U.S. population age 18 and older in a given year.[ix]
- The cost of lost earnings alone due to major mental disorders in the United States is around $193 billion each year.[x, xi]
- Approximately 41 percent of adults, and almost one-half of youth ages 8 to 15 years with a mental illness received no mental health services in the previous year.[xii]
- The importance of the first few years of a child's life for future positive personality and social development is not stressed enough in health promotion. Mental health promotion in early life leads to a wide range of positive outcomes, including improved mental health, less risk of mental and behavioral problems, and better quality of life.[xiii]
- Adults with depression, compared to those without, are much more likely to smoke, eat poorly, be physically sedentary and obese, engage in binge drinking, have high blood pressure or

cholesterol, and have one or more chronic diseases (diabetes, arthritis, asthma, heart disease, cancer).[xiv]

- Depression increases the risk of developing heart disease or diabetes by 1.5 to 2 times. Chronic disease patients who experience depression are at much greater risk for developing complications.[xv]
- Those with a mental illness are twice as likely to have an unintentional injury that requires admission and 4.5 times more likely to have more than one hospital visit for injury and a longer hospital stay.[xvi]

Health Equity and Mental Health

- Mental health, like physical health, is closely associated with indicators of poverty, including low levels of education, poor housing, and low income. It is believed that to prevent suicide the public health community must fight inequity.[xvii]
- Greater vulnerability to mental health disorders of disadvantaged persons can be attributed to one's experience of insecurity and hopelessness, rapid social change, risks of violence, and physical ill-health.[xviii]
- Marriage, education, income, and social support all relate to fewer psychiatric complications with diabetes, blood-sugar control, body weight maintenance, and insulin treatment.[18]
- Whites with diabetes are less likely to experience major or minor depression than people of color.[xix]

Background: Public policy at all levels should recognize and address the broad socio-economic and environmental factors that make a population more vulnerable to mental health disorders and subsequent physical disease and injury and not be limited to mental health disorders. Mental health is poorly recognized as a public health and health promotion issue and, as such, has not been adequately addressed as a public issue.

A 2009 survey of State Health Promotion and Education Directors to which 30 states responded found that:

- Only 38% included both mental health and public health within the same state agency.
- Only 1 in 5 state policies existed linking health promotion/health education to mental health program areas within state public health agencies where staff currently address mental health promotion. Issues ranged from 4% for asthma and infectious disease and 8.3% for community

health to 37% for school health and cancer, 42% for tobacco, 50% for violence/sexual assault and maternal & child health, and 54% for diabetes.

- Programs believed to provide the best fit for mental health within the public health agenda were: community health (77%), alcohol and other drugs including tobacco (73%), violence and sexual assault (69%), school health (69%), health disparities (65%), obesity/nutrition (61%), HIV (61%), worksite health (61%), and maternal & child health (61%).
- One hundred percent of respondents believed that public health professionals/health educators should address mental health promotion within the context of public health issues but only 34% were already working to incorporate these issues. The remainder either had considered it but didn't know where to start (45%) or wanted more information to begin considering (14%).
- Ninety-three percent of state health promotion and education directors believed it was either extremely important (55%) or important (38%) to provide mental health promotion expertise as part of their agency's health promotion and education activities/technical assistance.

A strong and growing evidence-base confirms violence is preventable and that a number of effective strategies not only prevent violence but also foster good mental health. These strategies include: fostering social connections in neighborhoods; promoting adequate employment opportunities; ensuring positive emotional and social development; providing quality family support services; and making sure young people have connections with non-judgmental, caring adults/mentoring. See more at: https://www.wvdhhr.org/bcf/children_adult/cabuseprev/documents/violenceandmentalhealthfactsheet.pdf.

Potentially effective programs and policy approaches already exist that state and local health promotion programs, working from their population-based, public health perspective in partnership with the mental health community, could effectively integrate into a mental health promotion agenda that supports environmental and systems-level change conducive to the sustained mental and physical health of vulnerable communities and populations.

Recommendations for DHPE:

1) Initiate discussions with appropriate mental health directors organizations (MH version of ASTHO/DHPE, such as the NASMHPD, as well as WHO and Canada, e.g., Community Mental Health Promotion Tool Kit) to determine the extent of work that has already been established on the mental health side relating to health promotion/chronic disease prevention.

2) Continue to develop collaborative partnerships with the Substance and Mental Health Service Administration (SAMSHA) to address priority issues that impact both organizations – such as obesity, health status indicators, tobacco use, health equity issues, and community health. This partnership should be a collaboration with each side bringing skills, talent, and resources together. Implementation of specific opportunities could use existing fiscal resources while seeking outside funding from other sources. DHPE held initial discussions with SAMSHA in 2009. DHPE should allocate adequate resources for staff/travel/operating to develop these national partnerships utilizing both staff and membership as appropriate.

3) Raise awareness of the importance of mental health and of developing mental health promotion policies, particularly those aimed at the mental well-being of children. DHPE can assist states by providing information, training, and resources on how to integrate mental health promotion and public health, and create policy. An ideal place to raise awareness of these issues is at the annual member meeting.

4) Work with new and old partners to integrate activities and policies within the burgeoning healthy communities movement that effectively promotes the positive mental health of individuals, communities, and populations by reducing barriers and promoting assets within communities, and often excluded populations, for positive mental health in order to address the overwhelming contribution of mental illness to the burden of disease, disability, and injury.

5) Provide small convening or planning grants to states that show a readiness to bring the public health and mental health communities together, as appropriate.

Recommendations for State Health Promotion and Education Directors:

1) Seek opportunities to build relationships with state mental health directors.
2) Convene and facilitate dialogue about the public health and mental health interface.
3) Adopt the organizing categories identified in the resource, *2011-2015 Public Health Action Plan* (page 2), to build a state health improvement plan which has a focused strategy on mental health promotion and early identification.
4) Share best practices for implementation among the state Medicaid program, mental health, and public health promotion communities.
5) Focus on environmental issues (how kids are growing up).
6) Shift the paradigm from “what’s wrong with you?” to “what happened to you?”

7) Speak to correlations between public health and mental health such as tobacco use and mental health.

8) Address violence, suicide, and injury across the life span.

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