Supporting Collaboration between Mental Health and Public Health

Introduction
Public health is characterized by concern for the health of a population in its entirety and by awareness of the linkage between health and the physical and psycho-social environments. Nearly 44 million Americans, 26 percent of the population, experience mental health problems in any given year. This means that mental health problems affect a larger proportion of the public than diabetes or cancer (6.6 and 7 percent of adults in 2002, respectively) and roughly the same amount as obesity (30 percent of adults over 20 years of age in 2000). This is why mental health has become an increasingly pressing public health concern.

The Historical Separation between Public Health and Mental Health
Since the early 19th century, mental health services have evolved from the provision of care in a state-run institutional setting to the provision of a range of services that are integrated into a larger health care and community-based system. The 19th century social reform which brought forth new ideas about disease and social responsibility occurred during the development of the mental health system. Together with the introduction of improvements in bacteriology and sanitary health measures, the movement provided the basis for public health in America. The mental health system is rooted in the creation of the public health system; however, it has since evolved into a professional specialty independent, in many respects, from public health. This divergence has created challenges in the effort to offer a truly comprehensive and holistic public health care system.

Although most mental health programs are not implemented within the public health system, they remain rooted in a population-based public health model. Public health strategies focus on the health of a population in its entirety and are designed to promote the prevention and treatment of mental illness throughout the United States. Faced with challenges such as combating stigma and discrimination, a population-based approach to mental health can aim to affect policies and access to care, while assuring quality treatment and incorporating stronger assessment techniques for monitoring the mental health of communities. Because mental illnesses affect and are affected by chronic conditions such as cancer, heart disease, diabetes and HIV/AIDS, public health programs must incorporate support for mental health services. Untreated, mental illnesses often trigger unhealthy behavior, diminished immune functioning, and poor prognoses.

Through the collaboration of mental and public health, we can ensure comprehensive care and prevent the possibility of poor health behaviors, and negative disease outcomes associated with untreated mental illness.

Mental Health Disorders
Mental illness, one of the leading health indicators identified in Healthy People 2010 as a priority public health concern for the beginning of the 21st century, should be addressed in a broad-based, comprehensive manner. Mental disorders are represented across genders, over a wide range of ages, racial and ethnic backgrounds. Within the United States, mental illnesses, such as major depression, are the leading cause of disability. Major depression is the cause of more than two-thirds of U.S. suicides, resulting in 30,000 deaths each year. In 1997, only 23 percent of adults who were diagnosed with depression received treatment. Financial costs associated with mental health disorders are estimated at more than $79 billion, with approximately $63 billion attributable to lost productivity as a result of untreated mental illness.
result of illness. Undiagnosed, untreated, or under-treated mental illnesses are a significant, preventable contributor to the nation's poor mental health outcomes. Methods such as early detection, assessment and treatment of mental illnesses can have a significant impact on peoples' lives. Without intervention, child and adolescent disorders frequently continue into adulthood; when children with co-existing depression and conduct disorders become adults, they utilize more health services and incur higher healthcare costs.

Health insurance systems further exacerbate the prevalence and cost of mental health problems in America. People who have mental illnesses are disproportionately uninsured, and many health insurance plans only offer limited coverage for mental health services. The insured who use mental health services are limited by more deductibles, coinsurance, and spending caps.

Children’s Mental Health
The growing number of children and adolescents in the United States who have mental health disorders is a growing concern among local public health agencies (LPHAs). It is currently estimated that one in five (more than 14 million) people are affected. Furthermore, studies have shown that 75 percent to 85 percent of children with mental illnesses do not receive specialty mental health services, with most receiving no services at all. A recent study also showed that only a fourth of the nine percent of children and adolescents in this country who need treatment for emotional problems receive it. These young people require appropriate mental health care that is designed to address their special needs to prevent and reduce future health problems.

Comprehensive community-based mental health services for children and adolescents can cut public hospital admissions and lengths of stay, and reduce average days of juvenile detention by about 40 percent. There is an acute need to develop systems of care for these vulnerable populations, through complementary efforts. Systems that incorporate public health

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According to 2001 data from the Centers for Disease Control and Prevention, 34 percent of people who were surveyed reported that they had been in poor mental health during the 30 day interval before they responded to the survey. Of these, 28 percent were men; 39 percent were women.

Comorbidity
- Thirty-six percent of people who are diagnosed with major depressive disorders have other types of medical conditions.
- Thirty percent to 54 percent of patients with chronic pain have recurrent episodes of major depression. Studies suggest that more than 50 percent of patients with rheumatoid arthritis develop depressive and anxiety symptoms as well.
- Depression is a strong independent risk factor for ischemic heart disease. Depression (75 percent of the time) remains undiagnosed and untreated in patients with cardiovascular disease, and only half of the 25 percent of people who are correctly diagnosed are ultimately treated for co-morbid depression. The risk of fatal and non-fatal cardiac events is directly related to the severity of depression.
- Patients with diabetes are two to three times as likely to experience depression as those who do not have diabetes. According to the National Institutes of Mental Health, people who have diabetes and depression are more likely to develop depression relapse, more diabetes-related medical complications, and higher healthcare costs than people with depression who do not have diabetes.
- HIV and mental illness co-morbidity is estimated at approximately 50 percent. Mental illness may arise independently of HIV infection, can predispose an individual to HIV (through risk-related behaviors) or can be a psychological consequence of HIV (e.g. depression). Relief of HIV symptoms is essential to ensuring patients’ mental health.

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President’s New Freedom Commission on Mental Health: Recommendations for Promoting the Mental Health of Young Children
- Improve and expand school mental health programs
- Screen for co-occurring mental and substance use disorders
- Link with integrated treatment strategies
- Screening for mental disorders should take place in primary health care, across the life span, and connect to treatment and supports.
practice and address children’s mental health needs should focus on improving access, developing a broad array of services, ensuring coordination, and providing the service delivery vehicle for clinical treatment and support services.²⁰

The President’s New Freedom Commission report Achieving the Promise: Transforming Mental Health Care in America (2002) provided several recommendations for ways that children’s mental health care could be integrated into other public health activities to provide a more comprehensive system of care. To transform the mental health system, the Commission concluded that early mental health screening, assessment, and referral to services should become common practice.¹¹

In addition to children, there is a growing recognition of how crucial the first three years of life are for the healthy emotional development of children. Infant mental health, as defined by the National Center for Infants, Toddlers, and Families: Zero to Three, Infant Mental Health Task Force, is the development of a child’s capacity to experience, regulate, and express emotions; form close and secure interpersonal relationships; and explore the environment and learn.²¹ Infant mental health is synonymous with healthy social and emotional development, and healthy infant development can help prevent behavioral problems that may affect children as they mature.²¹ Local public health agencies (LPHAs) and other organizations that are involved in the health and development of infants can strive to incorporate strategies to promote infant mental health into the existing array of early childhood programs and services including early intervention, health care, child welfare, and early care and education.²²

**Infrastructure Building**

There is growing recognition that the historical separation between mental health and public health is an artificial one that threatens the health and well-being of individuals, families, and communities. Both the 1999 U.S. Surgeon General’s Report, Mental Health: A Report of the Surgeon General, and the President’s New Freedom Commission on Mental Health state that mental health is fundamental to overall health, and call on the nation to recognize this fact.

The final report of the President’s New Freedom Commission on Mental Health, Achieving the Promise: Transforming Mental Health Care in America, also calls for the current fragmented and disjointed mental healthcare delivery system to be fundamentally altered toward facilitating recovery and resiliency of persons living with mental illnesses.²¹ The Commission’s vision calls for integrated, comprehensive, and collaborative planning, service delivery, and financing of mental health services at the federal, state, and local levels. NACCHO is committed to fostering this collaboration among its members and encourages other mental health and public health entities to do so as well.

**Mental Health Surveillance and Epidemiology**

The nation’s mental health system lacks standardized data, uniform measures, and an accessible and effective information system.²⁷ Mental health services need to be well organized within a balanced system of community care with a broad spectrum of services and clear focus on responsibility and accountability.²⁶ Mental health services will improve with enhanced epidemiological and surveillance information and a data collection system that can be linked to other service data collection systems.²⁶

The public health system encompasses epidemiologic surveillance, health promotion, disease prevention, and access to services. Public health practices can identify risk factors for mental health problems and implement preventive interventions that may block the emergence of severe illnesses, ultimately enhancing the public’s health.²⁶ Public health agencies serve as a valuable resource for epidemiological data on health indicators within localized communities. As presented by the Institute of Medicine (IOM) in The Future of

“A constellation of barriers deters minorities from reaching treatment. Many of these barriers operate for all Americans: cost, fragmentation of services, lack of availability of services, and societal stigma toward mental illness. But additional barriers deter racial and ethnic minorities; mistrust and fear of treatment, racism and discrimination, and differences in language and communication.”²²

In 2003, the Oklahoma State Board of Health developed a report, The State of the State’s Health, which reports disturbing trends in the burden of disability from mental health and substance abuse disorders. The burden of disability from these disorders is greater than that from cardiovascular disease or cancer.²⁰
Public Health, one of the core functions of a public health agency is community assessment to systematically collect, assemble, analyze and disseminate information on health statistics and health status, community health needs, and studies of health concerns. State departments of mental health can benefit from the data collected by local public health agencies to capture accurate measurements of risk factors related to mental health, as well as the local needs, conditions, and mental health status of populations within their jurisdiction. Some local public health agencies, like Island County (WA), routinely include mental health information and data in local health status reports.

Addressing Health Disparities
Mental health and public health systems, providers, and policy makers seek to improve the public's health status. But, the 1999 U.S. Surgeon General's report, Mental Health: A Report of the Surgeon General reported that racial and ethnic minorities have less access than their white counterparts do to mental health services. They are less likely to receive needed care and when they do receive care, it is more likely to be substandard. In addition, minorities are often underrepresented in research, perpetuating the cycle of poor quality of care. As mental health and public health systems begin to collaborate in planning and service delivery, every effort must be made to address and eliminate racial, ethnic, cultural, geographic and economic disparities in access and health outcomes.

NACCHO’s Role
As the evolution of the healthcare system occurs and opportunities emerge to transform how mental health and public health work together, NACCHO has sought to determine its role by hosting a consensus meeting involving local public health officials, mental health association executive directors, a state mental health commissioner and participants from the Association of State and Territorial Health Officials (ASTHO) and the National Mental Health Association (NMHA). Through this open forum, the participants addressed existing connections between public health and mental health and explored challenges and opportunities key players face in incorporating mental health into public health practice. The discussion resulted in the following recommended action steps.

In addition, the consensus meeting participants agreed on other action steps that require an increased time and effort, as well as advancement on the legislative front. Advocates at the local level should be aware of the priority issues on the legislative agenda and their potential repercussions in the mental health arena, such as legislative issues that could affect Medicaid, Medicare and screening, which promotes detection and access to appropriate services, especially for children.
On a local level, youth and other vulnerable populations can be impacted through bringing mental health and public health professionals together in maternal and child health Title V block grant planning, and public health can become involved in examining and addressing the mental health aspect of emergency/disaster situations.

Public health activities can complement mental health by enhancing the capacity of mental health systems. Mental health systems can be improved through an assessment of current surveillance and epidemiological infrastructure, which could lead to the development of a system that increases data and information collection. Public health's epidemiological methods can be developed to profile mental health systems, the results of which could promote program development and funding.

In addition, creating workforce and training development opportunities can strengthen the quality of the workforce, thus enhancing the capacity of health systems to serve the public's mental health needs.

Conclusion
A strong partnership between mental health and public health systems will enhance the individual goals of each profession while accomplishing the overarching mission of improving the public's health. The President's New Freedom Commission on Mental Health pointed out, “as future opportunities emerge to transform health care in America, mental health care must be considered part of the reform necessary to achieve the optimal health benefits for the American public.”

By incorporating the goals of public health into mental health practice through the particular action steps stated above, NACCHO and other national organizations can assist LPHAs and communities in providing accessible and quality mental health prevention and treatment services for all. Increasing access and enhancing quality of mental health services can improve the overall health of the community. Consumer knowledge regarding mental health has risen due to awareness and availability of new and effective treatments, and the demand for mental health services is subsequently increasing.

LPHAs and other safety net providers must be able to respond to these challenges unhindered by an inadequately trained work force and financial constraints. In addition, the need to facilitate dialogue and strategic planning at the community, state and federal level cannot be overstated. NACCHO seeks to enhance LPHAs' ability to respond to these growing needs in their communities through the aforementioned action steps and further partnerships throughout the mental health and public health communities.

"We don't have knowledge about each other. At a meeting I attended about transitioning from a city to county health department, there wasn't familiarity with the mental health problems in the community. The two communities had worked together to discuss other types of issues but not directly on mental health collaboration."

Kristen Keech, Executive Director
Mental Health Association of York County (PA)

NACCHO is the national organization representing local public health agencies (including city, county, metro, district, and tribal agencies). NACCHO works to support efforts that protect and improve the health of all people and all communities by promoting national policy, developing resources and programs, and supporting effective local public health practice and systems.

NMHA is the country's oldest and largest nonprofit organization addressing all aspects of mental health and mental illness. With more than 340 affiliates nationwide, NMHA works to improve the mental health of all Americans, especially the 54 million people with mental disorders, through advocacy, education, research and service.
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References