



Risk and Protective Factors Impacting Mental Health in Placer County

Overview:

This handout is meant to assist the Campaign for Community Wellness Steering Committee in planning and decision making around MHSA Prevention and Early Intervention. This is not a comprehensive set of risk and protective factors impacting our residents but more of a set of highlights for Steering Committee members and SOC staff to consider as they plan.

Priority Populations

Priority populations have been identified in the MHSA state guidelines and fall into 2 categories.

The first is related to a community health need:

- Disparities in access to mental health services
- Psycho-social impact of trauma
- At-risk children, youth and young adult populations
- Stigma and discrimination
- Suicide Risk

The second category is related to a priority population:

- Trauma exposed individuals
- Individuals experiencing onset of serious psychiatric illness
- Children and youth in stressed families
- Children and youth at risk for school failure
- Children and youth at risk of juvenile justice involvement

In looking at several indicators for Placer County, the following risk factors stand out:

Disparities in Access:

A disparity in access was raised as an issue for Placer County during the first planning phases of MHSA funding allocation for CSS dollars. The Campaign for Community Wellness has responded to this need through its system transformation efforts of cultural competency trainings and building leadership and voice through the formation of the Latino Leadership Council and Native Network. However, there remains room to consider addressing disparities in access from a prevention perspective.



The biggest disparity in seeking prevention and/or mental health related services is lack of access to some kind of insurance. That accounts for about 75% of difficulty in getting services.

- Research shows that Latino populations are traditionally underinsured and they are not seeking services relative to their representation in the population.
- This is evidenced in Placer County where Latinos of all ages receive county mental health services at a far lower rate than other populations groups. Information is also oftentimes not provided in Spanish adding additional obstacles.
- It appears Latinos are accessing Family Resource Centers and the Lincoln Lighthouse for basic services and could be using these outlets for assistance in the mental health area.
- Native Americans are typically insured through federal programs however, it is believed that they access mental health services at a lower rate due to the lack of culturally competent programs.
- Only 3.5% of children in Placer County have no insurance. Some counties have more than 10% of their children who are uninsured.

Stigma and Discrimination:

Discrimination is perhaps the single best predictor of developing a mental health disorder and is a huge factor of suicide for underserved populations. If services are delivered in nontraditional, culturally competent settings with culturally competent staff this can be of great benefit.

In Placer County there does not appear to be a higher rate of mental illness due to ethnicity. The rates for Latino and Anglos are quite similar. In fact, the mental illness rate for impoverished whites is above that of impoverished Latinos.¹

Trauma exposed:

Trauma often triggers the onset of mental illness. It is a significant risk factor. While trauma cuts across class and race, low-income children, youth and their families and children, youth and families of color disproportionately experience trauma. Those disproportionately affected are children and youth as outlined below:

- Youth with suicidal behaviors and risk factors who are more likely to experience trauma are:
 - American Indian and Alaska Native youth – 2.5 times greater risk
 - Adolescent Latinas – more than 1.5 times greater risk
 - Gay, Lesbian, Transgender, Bisexual and questioning youth – 2 times greater risk

¹ Placer County, HHS, Statistics on Prevalence of SED and SMI, based on 2000 census.



- Youth with substance abuse disorders have a higher probability of trauma exposure – 4 times greater risk

Also significantly impacted are children and youth who experience:

- Natural disasters or wars – they make up 20% of those who receive treatment
 - We are seeing the highest rates of suicide from our troops since the Civil War. We are also seeing historically high incidences of posttraumatic stress disorder.
- Homelessness – 50% to 66% of homeless youth witness or experience violence

In Placer County it is estimated that 70-80% of children in the Child Welfare System have been either directly or indirectly exposed to trauma in their families.

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Suicide Risk

In Placer County, the suicide rate is higher than the state average. Seniors represent over 25% of suicides in Placer County. ³ Elderly have highest rates of depression in our society and the highest rate of suicide completions.

Depression is highly correlated to suicide. Nationally, depression is the single biggest mental health problem in our society. ⁴

If a person has 1 bout of depression they are at 50% risk of a 2nd bout. If a person has a 2nd incident of depression, they have an 80% chance of another bout and with the third episode, even higher.

Traditionally, the first place people go for assistance with depression is their primary care doctor. In fact, they continue to go to their doctor even when the doctor isn't always the most knowledgeable about the care they need. They do this because there is less stigma associated with going to a primary care doctor.

Depression is a gender disease. Girls have 5 times the rate of depression of boys, and stays true to age 25.

The highest suicide attempters among young people are the gay and lesbian and Native American youth (triple the average). The highest completers are Native American youth.

² Placer County, Children's System of Care.

³ Source: Placer County Department of Health and Human Services.

⁴ Quote from Lynne Marsenich, Director at California Institute for Mental Health, September 2007.



Boys succeed more frequently as they use lethal means. In Native Americans, both genders have access to lethal means so the completion rate is even higher.

Additionally, people with particular illnesses or disabilities are also at a higher risk of suicide, such as those with multiple sclerosis, cancer, or brittle diabetics.

Alcohol & Drugs⁵

There is a high correlation between alcohol and drug use and suicide and depression. In a study of suicides conducted in Riverside County, 100% of the suicides involved drugs and/or alcohol. Additionally, the suicides of youth generally were first time occurrences that were triggered by traumatic loss (death in family, divorce, break up).

In a study conducted over the 1996 to 2000 timeframe, Placer County ranked 56th out of 58th counties in the State for hospital discharges related to alcohol and drugs. During a similar time frame, Placer County ranked above the State average in alcohol related arrests and alcohol related accidents.

Additionally, the juvenile arrest rate for alcohol and drugs is higher than the state average. Most of the juvenile arrests are male (80% – 85%), though female incidence was increasing slightly in 2004-2005.

- According to research provided by SAMSHA, adolescents who had experienced a past year major depressive episode were more than twice as likely to have used illicit drugs in the past month than their peers who had not.

Child Abuse

In looking at data for child abuse from 1998-2002, Placer County's rate is significantly higher than the state. We believe that some of this is due to higher enforcement and a different method of accounting for child abuse in Placer County than that of the State. Regardless, child abuse figures are high in Placer. Additionally, in looking at the figures it appears that 20% of the substantiated cases in 2005 were from the Latino population. Latino's represent 10% of Placer's population, so a 20% figure signifies that this population has a higher rate of child abuse than the Anglo population.

Education

Reading at grade level and being competent in mathematics is one of the best predictors of good life outcomes that we have⁶. Research also indicates that if young children do not succeed in kindergarten, first, and second grades, they are less likely to do well in subsequent grades.

⁵ Source: Placer County Community Indicators of Alcohol and Drug Abuse Risk, 2004.

⁶ Lynne Marsenich, Director, California Institute for Mental Health, Sept. 2007.



Placer County has a 91% graduation rate and in general performs well on standardized tests. There are, however, pockets where scores are low. Schools identified in 2004 with low-test scores included:

- Tahoe Truckee Unified School District: Kings Beach Elementary, North Tahoe Middle School and North Tahoe High School;
- Western Placer Unified: Horizon Instructional, Edwards (Glenn) Middle School, Lincoln High School and Lincoln North High Schools;
- Auburn Union Elementary: Rock Creek Elementary School

Free or Reduced Lunch⁷

Poverty is a trigger for mental illness. Using data from school lunch measures, one can see relative poverty levels in each community. Additionally, in looking at the free/reduced lunch figures, we can also assess pockets of poverty in our schools. Below are the schools where over 65% of the children receive free or reduced meals (figures noted in parenthesis).

- Tahoe Truckee Unified School District: Kings Beach Elementary, Sierra High (continuation) (77%);
- Western Placer Unified: First Street (68%);
- Emigrant Gap Elementary (100%);
- Iowa Hill Elementary (100%);
- Rock Creek Elementary (71%)
- Chana High (continuation) (66%).

Poverty⁸

Placer County has a relatively high median household income (\$64,642 in 2004) compared to that of the state (\$49,894 in 2004). Kings Beach, however, has a median household income of \$30,000. Using the 2000 Census figures, the State poverty rate was 14.2%. Placer County had the lowest poverty rate of all counties at 5.8%. The following populations have a greater prevalence for poverty based on California statistics:

- Children- 20% (1 in 5). Specific ethnicities are at risk:
 - Native American children 28%
 - Latino children 27%
 - White children – 8.9%
- Latinos – 22%
- Foreign born- not a citizen – 15%
- Latina female headed household -35%
- Native American female headed household -38%

⁷ Placer County Department of Education.

⁸ US Census 2000, Summary File 3, Technical Documentation.



In Placer, we know that there are pockets of poverty. These have been identified through an earlier MHSA Planning process as: North Auburn, Lincoln, Colfax, central Roseville, Foresthill and Kings Beach.

We also know that there were 587 homeless in January 2007 in Placer County as defined by the Placer Consortium on Homelessness; of those, 26% were children.

Current Prevalent Indicators of Mental Illness in Placer County

Roughly 6% of Placer residents are diagnosed annually with a mental illness by Placer County Health and Human Services. This number would be higher if private provider data was included. The incidence rate, however, varies widely depending on age, income and education level. Below are some key segments that are at risk and have a higher incidence rate of incurring a diagnosed mental illness:

- Poverty
 - If you are in poverty you are more than twice as likely to have a mental health disorder diagnosis (12% of those in poverty are diagnosed). Of those in poverty, the at-risk populations specifically are:
 - 18-24 yr. olds
 - Divorced, widowed, separated women
 - Women
 - High school degree
 - 18-20 year olds have a 10% incidence of mental illness. This rate declines with age with seniors showing the lowest incidence of 3.6%.
 - This senior rate does increase when poverty is a factor (6%)
 - Those with the lowest incidence of mental illness are college educated (2.89%)