

Increased Education and Awareness on Mental Illness

Call for advocacy, health education and promotion activities directed to increased education and awareness for mental illness.

Adopted by the Minnesota Chapter's Board of Directors February 14, 2020

Where as, the Society for Public Health Education (SOPHE) national board of directors adopted a resolution on May 14, 2018 for Increased Education and Awareness on Mental Illness (1).

Where as, resolutions adopted by the national SOPHE board are accepted by the Minnesota Society for Public Health Education (MN SOPHE) board of directors as guidance and direction for chapter member action on a health education issue at a national level, the supporting references of those resolutions adopted by national SOPHE also serve as supporting references for MN SOPHE adopted resolutions on the same issue at a state level.


Whereas, mental illness is a common public health concern in Minnesota, as reported by the Substance Abuse and Mental Health Services Administration, and 19% of all adults have a mental illness (2). In terms of serious mental illness about 4.3% of adults will experience a serious mental illness in a year.

Whereas, both children and adults suffer from mental illness in Minnesota. The prevalence of mental illness among children aged 3-18 is 22.7% (3). Among children 12-17, 13% are estimated to have a major depressive episode within the last year, nearly double the prevalence among adults—7% (2).


Whereas, researchers have identified suicide as a public health issue needing population-based approaches to reduce the burden on society (4,5). From 1999-2017, the Minnesota age-adjusted suicide rate increased 53%, from 9.0 per 100,000 to 13.8 per 100,000. Meanwhile, the national rate increased 33% from 10.5 per 100,000 to 14.0 per 100,000 (6).

Whereas, despite how common mental illness is in the United States, data shows underutilization of services. Currently, it is estimated that only 54% of adults with a mental illness utilized mental health services (7). There is limited data regarding utilization of mental health services among adolescents in Minnesota, but nationally 50.6% of children ages 8 to 15 received mental health services (8).

Whereas, the reason(s) for underutilization of mental health services among children is unclear, in adults some reasons have been proposed. In 2017 national survey, about 44.6% of individuals with mental illness did not receive services because they could not afford the cost of care (9). Moreover, 34.1% of adults believed that they could handle the mental health issue without treatment, and 29.2% reported not knowing where to go for services.

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Whereas, several studies indicate that stigma has been a strong predictor of the underutilization of mental health services (10-13). This is due to the negative attitudes of many Americans towards people with serious mental illness.

Whereas, among racial, sexual and religious minorities, some of the reasons contributing to underutilization of mental health services are racism, bias, discrimination in treatment settings, a mental health system with non-minority values, and the belief that mental health treatment doesn't work (8). Research findings also suggest that mental health providers are more concentrated in places that are wealthier, whiter, older, and more educated indicating a need for equitable distribution of mental health services (14). Moreover, in Minnesota, nine out of eleven regions are designated Health Professional Shortage Areas (HPSA) for mental health providers (15).


Whereas, the Minnesota Department of Health and Minnesota Department of Human Services have demonstrated a commitment to preventing and decreasing hardship and mortality associated with mental illness and improving the mental health of all Minnesotans, as shown in guiding documents (16,17).

Therefore, be it resolved that the Society for Public Health Education Minnesota Chapter shall:


- I.** Support and encourage MN SOPHE members to engage in public health education that informs fellow members, other health professionals, employers, and the public about the importance of accessible preventative and treatment services for mental illness. Through public health education efforts, increase awareness of mental health disparities in Minnesota and actions to address them.
- II.** Advocate and support legislation that supports increasing resources for mental health care and increased equity and inclusion for healthcare providers. Encourage increased funding for wraparound services like employment, housing, caregiver support, and peer recovery supports, to reduce and eliminate barriers for vulnerable populations.
- III.** Continue to build and strengthen its partnership with other organizations and agencies that promote mental health. MN SOPHE will partner with and endorse the National Alliance on Mental Illness Minnesota's programs, including educational classes, presentations, support groups, and outreach and advocacy.

References


1. Society for Public Health Education. (2018). Resolution on increased education and awareness on mental illness. Washington, DC. Retrieved from <https://www.sophe.org/resources/resolution-increased-education-awareness-mental-illness/>
2. Substance Abuse and Mental Health Services Administration. (2018). 2014-2016 National Survey on Drug Use and Health: Substate Age Group Tables. Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>
3. Child and Adolescent Health Measurement Initiative. (2019). 2017-2018 National Survey of Children's Health. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved from www.childhealthdata.org.
4. Knox, K. (2014). Approaching suicide as a public health issue. *Annals of Internal Medicine*, 161(2), 151- 152. doi:10.7326/M14-0914.

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5. United States Department of Health and Human Services (HHS) Office of the Surgeon General & National Action Alliance for Suicide Prevention. (2012). 2012 National Strategy for Suicide Prevention: Goals and Objectives for Action. Washington, DC: HHS.
6. Heinen M, Roesler J. (2018). Suicide in Minnesota, 1999-2017 - Data Brief. Saint Paul, MN: Minnesota Department of Health.
7. Substance Abuse and Mental Health Services Administration. (2019). Behavioral Health Barometer: Minnesota, Volume 5: Indicators as measured through the 2017 National Survey on Drug Use and Health and the National Survey of Substance Abuse Treatment Services. HHS Publication No. SMA-19-Baro-17-MN. Rockville, MD: Substance Abuse and Mental Health Services Administration.
8. National Institute of Mental Health. (2017). Mental Illness. Retrieved from <https://www.nimh.nih.gov/health/statistics/mental-illness.shtml>.
9. Substance Abuse and Mental Health Services Administration. (2018). Key substance use and mental health indicators in the United States: Results from the 2017 National Survey on Drug Use and Health (HHS Publication No. SMA 18-5068, NSDUH Series H-53). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>.
10. Corrigan, P. W., Druss, B. G., & Perlick, D. A. (2014). The impact of mental illness stigma on seeking and participating in mental health care. *Psychological Science in the Public Interest*, 15(2), 37-70.
11. Stewart, H., Jameson, J. P., & Curtin, L. (2015). The relationship between stigma and self-reported willingness to use mental health services among rural and urban older adults. *Psychological Services*, 12(2), 141.
12. Swanson, J. W., McGinty, E. E., Fazel, S., & Mays, V. M. (2015). Mental illness and reduction of gun violence and suicide: bringing epidemiologic research to policy. *Annals of Epidemiology*, 25(5), 366-376.
13. Thornicroft, G., et al. (2016). Evidence for effective interventions to reduce mental-health-related stigma and discrimination. *The Lancet*, 387(10023), 1123-1132.
14. Sharma, R. N., Casas, R. N., Crawford, N. M., & Mills, L. N. (2017). Geographic distribution of California mental health professionals in relation to sociodemographic characteristics. *Cultural Diversity & Ethnic Minority Psychology*, 23(4), 595-600. doi:10.1037/cdp0000147.
15. Minnesota Department of Health. (2016) Minnesota Rational Service Areas - Mental Health: Geographic HPSA Designations. Retrieved from <https://www.health.state.mn.us/facilities/underserved/designation.html>.
16. Minnesota Department of Human Services. (2017). Mental Health. Retrieved from https://mn.gov/dhs/assets/continuum-one-pager_tcm1053-291224.pdf.
17. Minnesota Department of Health. (2018). Healthy Minnesota 2022 Statewide Health Improvement Framework. Retrieved from <https://www.health.state.mn.us/communities/practice/healthymnpartnership/docs/2022HealthyMNFramework.pdf>

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