



Background

Mental Health in the U.S. and Arizona

The umbrella term “mental health condition” encompasses a broad range of disorders and denotes an affliction that has an effect on a person’s thought processes, sentiments, or humor¹. Mental health conditions affect one in five American adults², making mental health conditions a source of major disease burden both nationally and globally³.

In a countrywide assessment of state-level mental health, Mental Health America assigned each state a ranking based on thirteen important factors⁴. Arizona’s overall ranking was 50th due to factors such as a high percentage of the population living below the federal poverty line and low rates of high school graduation. In 2013, 4.2% of adults 18 and over in the state of Arizona had experienced a serious mental illness in the past year⁵. A significant portion of this cohort are untreated for their respective conditions. Between 2009 and 2013, 59.9% of adults over 18 presenting with any mental illness did not receive treatment⁵.

Factors associated with high rates of mental illness include medical illnesses, family history, lack of social support, substance abuse, low socioeconomic status, financial problems, social isolation, daily stress, being older, experiencing physical or mental abuse, and being female.^{6 7}

Santa Cruz County, Arizona

Santa Cruz County is located in southern Arizona and shares its border with Mexico. This county has a population of approximately 47,420⁸ and is comprised of 82.8% Hispanic or Latino⁸ individuals. Santa Cruz County performs poorly compared to other U.S. and Arizona counties on socioeconomic factors, many of which have been linked to depression. It is rated in the highest level of social vulnerability.⁹ 23.6%¹⁰ of Santa Cruz County

inhabitants live below the federal poverty line as compared to 18.2%¹⁰ in the state of Arizona. 35% of children in the county also grow up in poverty.¹¹ Additionally, the median household income in Santa Cruz County is \$37,500¹⁰, significantly lower than the median household income in the state of Arizona which is \$50,000¹⁰. Compounding these two factors is the high rate of unemployment in Santa Cruz County (13.2%¹⁰), close to two times higher than the Arizona state unemployment rate (6.9%¹⁰). At 21.5%, the uninsured rate for the Santa Cruz county was also higher than the state uninsured rate at 17.2% and the national uninsured rate at 14.8% in 2013¹². Finally, 38% of Santa Cruz households are headed by a single parent.¹³



Santa Cruz has a significant shortage of certified mental health professionals at a population to mental health provider ratio of 2,220:1 compared to 800:1 for the state of Arizona and 370:1 for the top performing states in mental health in the U.S.¹⁰. Recent evidence demonstrates that the mental health provider ratio may be even worse for the Santa Cruz county. This statistic includes only 18

registered providers. Half of providers included here (9) are counselors and not psychiatrists or psychologists. Per conversations with individuals in the county, the others do not practice in the county with any regularity. This leaves many individuals with mental health conditions two options, 1) travel to Pima County for treatment or 2) avoid treatment because of the cost, time, and effort involved. There is an additional tool available from [Cenpatico Integrated Care](#). This search tool lists behavioral health providers within a specified distance of an individual's home. It shows 10 results within 10 miles of Nogales, AZ. This includes nurse practitioners, social workers, and clinics. The providers' hours, location, language and other information are available on the website.

Hispanic/Latino Mental Health

In the United States, 3.5% of Hispanic adults have at one point experienced a mental health condition¹⁴. Additionally, only 10% of Latinos with a mental health condition see a mental health specialist.¹⁵ The rate of suicide attempts in Hispanic/Latino women in grades 9-12 is nearly twice that of Caucasian women of the same age¹⁶. This statistic is significant when coupled with the fact that the Hispanic/Latino community is drastically underserved when it comes to mental healthcare¹⁷. To illustrate this point, only 20% of Hispanic/Latino individuals presenting with psychological symptoms speak to their doctor about them, which is much lower than the rest of the U.S. population¹⁷.

Mental illnesses are often stigmatized or not recognized because of lack of knowledge on mental health conditions or mental health stigmatization in Hispanic/Latino communities¹⁷. This is at no fault of the members of these communities as there are significant disparities in insurance coverage¹⁷ and language barriers that may be present between patient and provider¹⁷.

Women's Mental Health

Women are more likely than men to experience certain mental health issues. Anxiety disorders,

eating disorders, personality disorders, and depression (and subsequently suicide) are all more common in women than men¹⁸. It is estimated that approximately 24% of U.S. women experienced a diagnosable mental health disorder during the last year¹⁹. Approximately 12% of women experience depression compared with 6% of men²⁰. Additionally, women are also twice as likely as men to develop an anxiety disorder²⁰. And for other mental health illnesses, although incidence rates are similar across genders, it is important to acknowledge that the illness may manifest itself differently across different genders. For example, women who are bipolar are more likely to experience rapid cycling and more depressive episodes compared with men who are bipolar²¹.

Areas of Concern

Depression

Depression is a common but severe mental health disorder that affects one's emotions, actions, and ability to think²². Depression can vary significantly in symptom severity from mild to debilitating²². Depression affects a significant portion of the adult population; at least 16.6% of adults will experience depression in their lifetime²². In Arizona, 8.44% of adults reported a diagnoses of clinical depression²³. However, only 42% of adults in Arizona who have been diagnosed with depression are treated for their symptoms²³.

Postpartum Depression

Postpartum depression is a mood disorder²⁴ with onset in most cases after childbirth due to chemical/hormonal changes after delivery²⁴. Symptoms of postpartum depression may include, but are not limited to: mood swings, difficulty concentrating, physical aches and pains, and irritability²⁴.

15% of new mothers experience postpartum depression²⁴. The prevalence of postpartum depression in women of low socioeconomic status is higher at 25%²⁴. Recent studies have demonstrated

that the risk of postpartum depression is also higher in immigrant women²⁵. Santa Cruz County is comprised of 32.6% foreign born persons, which increases the risk of women in this community developing postpartum depression⁸. Predictive factors for the development of postpartum depression have pinpointed early separation from child and complicated delivery²⁶.

Schizophrenia

Schizophrenia is characterized as a severe mental condition that has a profound effect on the thought processes, perceptual experience, and expression of the afflicted individual²⁷. Symptoms of schizophrenia can be classified into three categories: positive (hallucinations), negative (decreased speech), and cognitive (difficulty maintaining focus)²⁸.

1.1% of United States adults have schizophrenia²⁹, the state of Arizona has a 1.8% prevalence rate of schizophrenia³⁰. Individuals with schizophrenia are at a much higher risk of attempting suicide and 1 in 10 people with schizophrenia will die as a result of suicide³¹. Several identified risk factors for later development of schizophrenia are family history of schizophrenia, complications during pregnancy or delivery, and intrapartum infections³².

Bipolar Disorder

Bipolar disorder is a condition resulting in drastic and often abrupt changes in mood and consequently drive and liveliness³³. The term “bipolar disorder” refers to four basic types of the disorder³³. Each variation of the disorder include periods of extreme elation (manic episodes) and periods of extreme despair (depressive episodes)³³.

2.6% of Americans over the age of 18 have bipolar disorder²¹. In comparison, the prevalence of bipolar disorder in Arizona adults over the age of 18 is 3.74%²³. In a survey of the most prevalent mental health disorders in Arizona, it was demonstrated that Hispanic/Latinos and American Indians reported higher rates of bipolar disorder than

individuals of other races²³. 40% of Hispanic/Latinos who had been diagnosed with bipolar disorder were not being treated at the time of the study. Although there is no single conclusive factor that leads to the emergence of bipolar disorder, family history, substance abuse, and history of traumatic experiences are possible risk factors³⁴.

Domestic Violence

Domestic violence is any expression or pattern of abusive behavior utilized by one member of an intimate relationship to create or preserve a power dynamic³⁵. Domestic violence can present itself in many forms and is not limited to physical and sexual abuse, a commonly held misconception. Nationally, domestic violence impacts 1 in 4 women and 1 in 7 men³⁶.

Domestic violence comprises 15% of all violent crimes³⁷; however, many cases of domestic violence go unreported. In the state of Arizona there were 107 deaths due to domestic violence in 2015³⁸. In 2012, Arizona was among the top 10 states for most femicides in the nation³⁹. Santa Cruz County has the lowest percentage of domestic violence-related arrests resulting in a conviction in Arizona⁴⁰. This is highly indicative of a lack of reporting, perhaps because of intimidation tactics or fear of reporting crimes. Domestic violence affects people of all races/ethnicities, socioeconomic statuses, and genders. The wide range and large volume of affected individuals makes it a particularly difficult problem to target and eradicate.

Substance Abuse

Substance abuse is the hazardous use of alcohol or illegal drugs⁴¹ (or legal drugs for purposes other than intended). In 2013, it was estimated that 9.4% of the American population over the age of 12 had used an illicit substance in the past month⁴². Rates of substance abuse are even higher in Arizona. In a study conducted in 2010, 10% of Arizona respondents had abused prescription drugs within the last month with the national average being 3%⁴³.

While Santa Cruz county is the smallest geographic county in Arizona, it is one of the most heavily trafficked areas in Arizona⁴⁴. In 2014, the ER visit rate due to substance use disorder was 40.2 per 100,000 and the rate due to opioid use disorder was 14.8 per 100,000 for Santa Cruz county⁴⁵. The largest proportion of drug-related ER visits in Santa Cruz are comprised of individuals between the ages of 12-17⁴⁴. Santa Cruz is the only county for which this age range comprises the majority of drug-related emergency room visits⁴⁴.

Prevalence Estimates

Based on the geographic, ethnic, age, and sociodemographic profile of Santa Cruz County Arizona, we estimate that annually there are 2,600 adults and 500 children (under 18 years) suffering from depression, 160 new mothers suffering from postpartum depression, 3,960 individuals suffering from anxiety, 3,500 women suffering from domestic violence, 2,700 individuals over age 16 experiencing some form of substance abuse, 1,050 individuals experiencing bipolar symptoms, and 350 adults with schizophrenia.

Diagnosis and treatment rates are unavailable for Santa Cruz, but due to the lack of mental health providers we estimate that upwards of 80% of these individuals have not received a diagnosis and/or treatment. Thus, there is an enormous burden of unmet mental health care in Santa Cruz.

Possible Interventions

Santa Cruz County is severely lacking in mental health professionals. Integrating behavioral health into primary care has been proven to lead to significant improvements in mental health⁴⁶. Incorporating mental health providers into primary

care visits can increase the chances of diagnosis and may provide an opportunity for individuals who are not comfortable seeking out a mental health provider to voice and address concerns⁴⁶⁵. Adding screenings for depression to primary care visits has been shown to reduce depressive symptoms⁴⁷. Behavioral health integration has also been shown to reduce substance abuse⁴⁶. Additionally, adding mental health providers who are Latino/Hispanic could lead to more feelings of ease and thus more reporting of mental health diseases.

Programs targeted at the adolescent demographic with the focus of preventing domestic violence can target the spike of intimate partner violence observed in the teenage years⁴⁸. Prevention programs provide information on domestic violence, skill-building opportunities, and other useful information on healthy relationships⁴⁷. These workshops may also engrain in young adults the tendencies that deter from domestic violence which could lead to decreased chances of engaging in intimate partner violence later in life.

There are many opportunities for improvement related to mental health conditions in Santa Cruz county. The next steps are to determine the population and interventions of interest. Some possible scientifically supported mental health improvement interventions include⁴⁹: treatment for postpartum depression, tele-health programs to provide counseling services, increasing funding to federally qualified health centers, kinship care programs for children removed from homes, further integration of behavioral health with primary care, cultural competence training for health care professionals, rapid rehousing programs, peer support workers, community health care workers and patient navigators, Mental Health First Aid and other trainings, support groups, community education and outreach.

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	Santa Cruz County	Arizona
County Demographics*		
Population	46,695	6,731,484
% Below 18 years of age	28.3%	24.1%
% 65 and older	15.8%	15.9%
% Non-hispanic African American	0.4%	4.1%
% American Indian and Alaskan Native	1.3%	5.3%
% Asian	0.7%	3.3%
% Native Hawaiian/Other Pacific Islander	0.1%	0.3%
% Hispanic	82.8%	30.5%
% Non-Hispanic white	15.6%	56.2%
% Not proficient in English	16%	5%
% Females	52.0%	50.3%
% Rural	26.9%	10.2%
% Born in US	67.4%	86.3%
% US Citizens	52.2%	91.7%
% With a disability	9.6%	12.8%
Quality of Life		
In poor or fair health	25%	19%
Poor physical health days (average per 30 days)	4.1	3.9
Poor mental health days (average per 30 days)	3.8	3.7
Frequent physical distress	14%	12%
Frequent mental distress	13%	12%
Health Behaviors		
Adult smoking	15%	17%
Adult obesity	21%	24%
Excessive drinking	15%	17%
Alcohol impaired driving deaths	28%	27%
Teen births per 1,000 females ages 15-19	53	45
Limited access to healthy foods	11%	7%
Drug overdose deaths - modeled	10.1-12.0	18.2
Clinical Care		
Uninsured	21.5%	17.2%
Primary care physicians	2,600:1	1,510:1
Mental health providers	2,220:1	800:1
Uninsured adults	29%	23%
Social & Economic Factors		
High school graduation	82%	75%
Unemployment	13.2%	6.9%
Children in poverty	35%	26%
Income inequality	5.3	4.6
Children in single-parent households	38%	36%
Violent crime	128	416
Median household income	\$37,500	\$50,000
Severe housing problems	23%	20%
Estimated Prevalence ~		
Depression	3,100	
Postpartum depression	160	
Anxiety	3,960	
Domestic violence	3,500	
Substance abuse	2,700	
Schizophrenia	350	
Bipolar Disorder	1,050	

*Measures from Countyhealthrankings.org and/or U.S. Census.

~ Estimates from population demographics