

# What Do Local Health Departments do to Address Population Mental Health?

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## Background

- The promotion of mental health (MH) and management of mental illness (MI) is integral to population health.
- MH conditions are highly prevalent, risk factors for physical health conditions and injuries, costly, and among the leading causes of disability in the U.S.
- MH is, and long has been, identified as a public health priority in the U.S.
- The call to adopt a public health approach to MH is codified in documents produced by federal, state, and local governments and professional societies
- Local health departments (LHDs) have the structure and resources to address issues using a public health approach
- Very little is known, however, about the extent to which LHDs address MH in their jurisdictions

## Research Questions

- What proportion of LHDs in the U.S. perform activities to address population MH?
- What proportion of the U.S. population is covered by a LHD that performs activities to address MH?
- What LHD characteristics are associated with the performance of mental health activities?

## Method

### Data Source:

- 2013 National Profile of Local Health Departments Study
- All LHDs that complete Module 2
- N = 505, response rate 82%

### Dependent Variables:

- Eight LHD activities explicitly focused on mental health

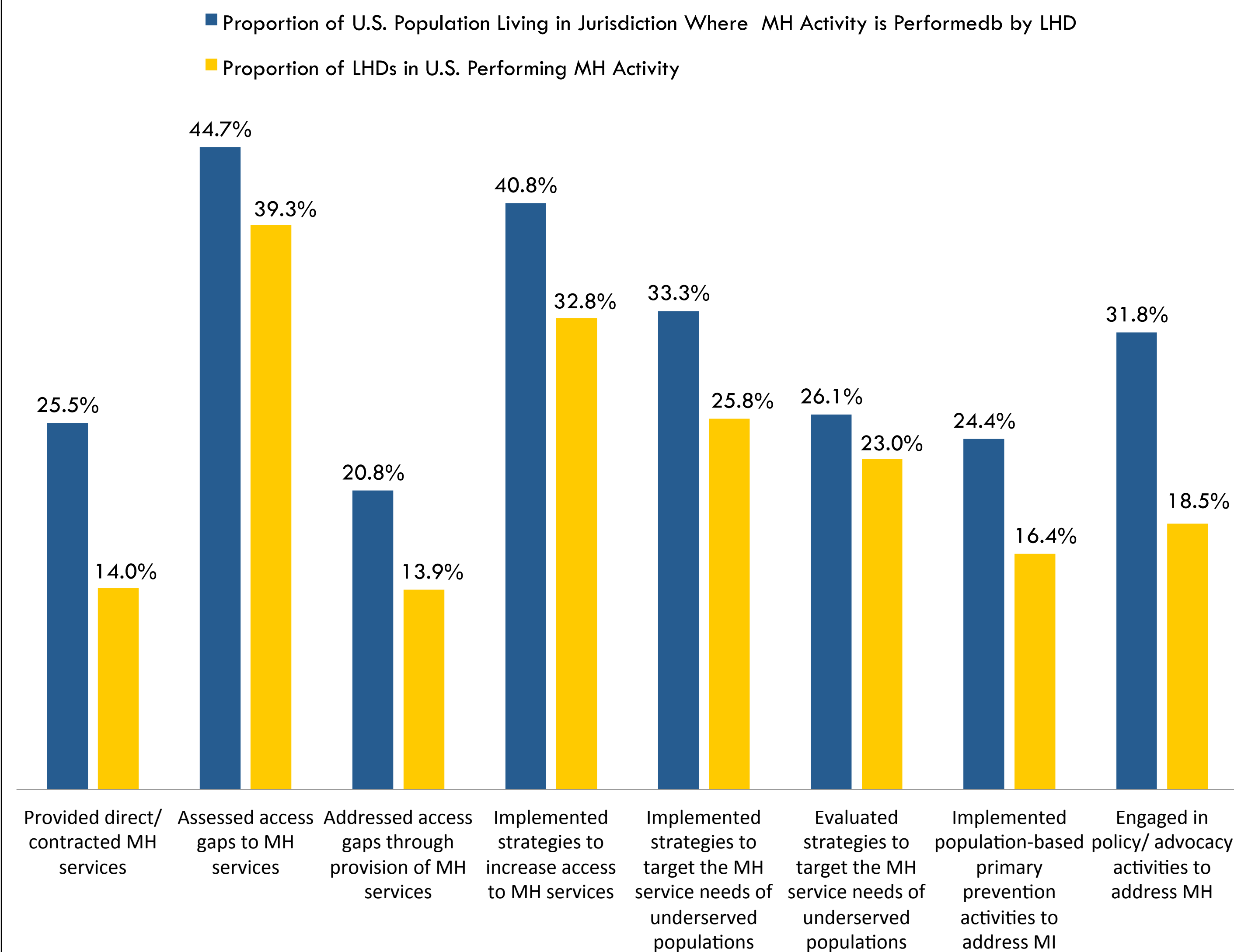
### Covariates:

- LHD geographic region
- LHD population size of jurisdiction
- LHD full-time staff per 10,000 population
- LHD direct provision/contracting of primary care or substance abuse services

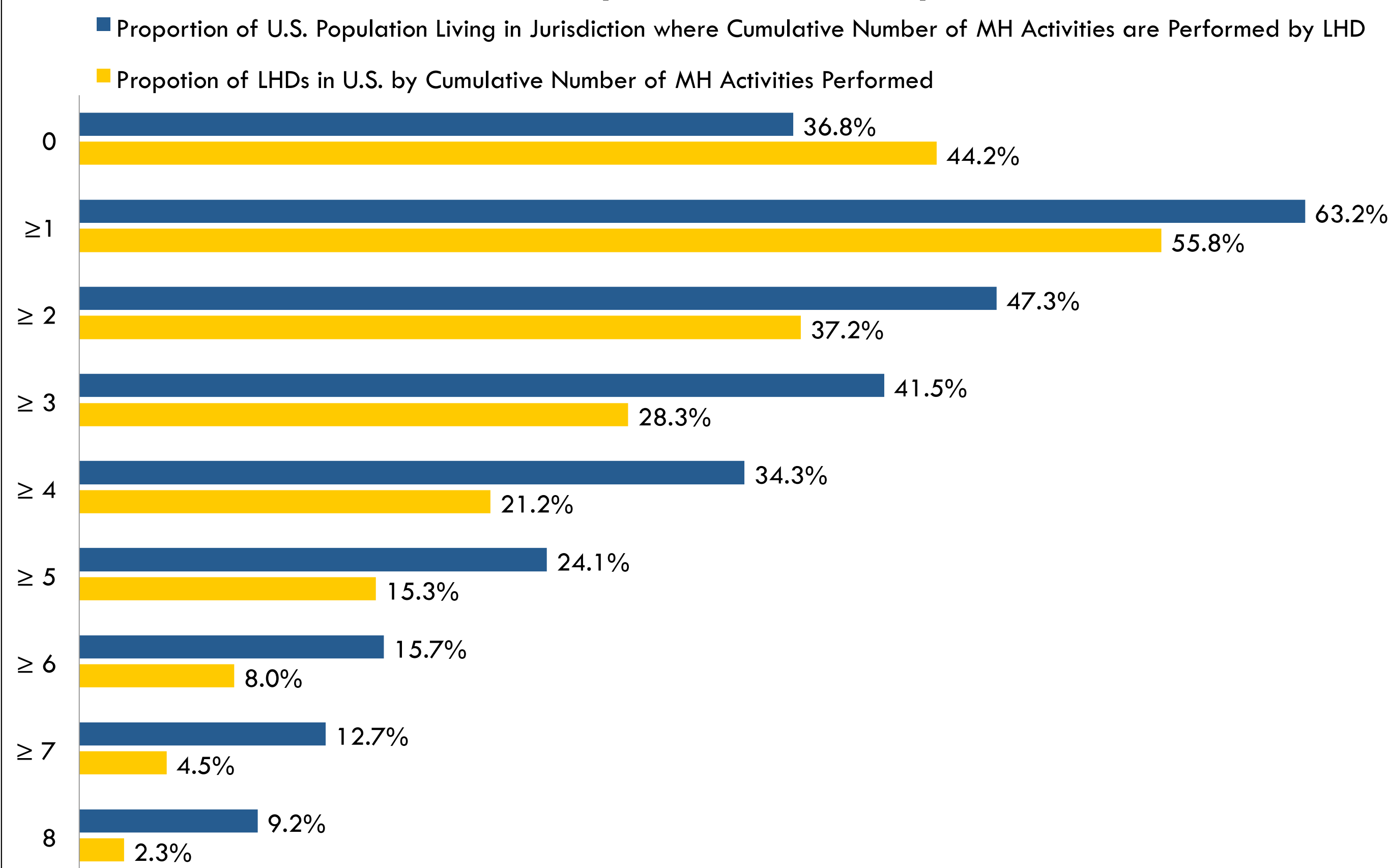
### Analysis:

- Module 2 weights were applied to adjust for sampling and non-response and produce nationally representative estimates
- Descriptive statistics produced to estimate the proportion of LHDs in the U.S. that perform different mental health activities
- X<sup>2</sup> tests to explore differences in mental health activities performed by LHDs with different characteristics
- Binary logistic regression to estimate the likelihood of a LHD performing one MH activity given the performance of another MH activity, adjusting for covariates

## Mental Health Activities Performed by LHDs in the U.S., Proportion of U.S. Population Covered



## Cumulative Number of Mental Health Activities Performed by LHDs in the U.S., Proportion of U.S. Population Covered



## Key Findings

- Most (55.8%) LHDs performed at least one activity to address MH and the majority of the U.S. population (63.2%) lived these jurisdictions
- Only half (50.6%) of LHDs that implemented population-based primary prevention activities for MI also provided/contracted direct MH services
- Slightly less than half (43.8%) of LHDs that engaged in policy advocacy activities to address MH also provided/contracted direct MH services
- LHDs with a jurisdiction population size of 100,000-499,999 were significantly more likely provide/contract direct MH services (20.1%), implement population-based primary prevention activities for MI (27.2%), and engage in policy advocacy activities to address MH (26.1%)
- LHDs that provided/contracted direct MH services were 7.26 times more likely to implement population-based primary prevention activities for MI and 3.08 times more likely to engage in policy advocacy activities to address MH

## Proportion of LHDs Performing Mental Health Activities by Region, Population Size, FTE Staff per 10,000 Population, and Direct Provision/Contracting of Substance Abuse or Primary Care Services: NACCHO Profile Study, United States, 2013

LHD Characteristic	LHDs No. (%)	Provided direct/contracted MH services (%)	Assessed access gaps to MH services (%)	Addressed access gaps through provision of MH services (%)	Implemented strategies to increase access to MH services (%)	Implemented strategies to target the MH service needs of underserved populations (%)	Evaluated strategies to target the MH service needs of underserved populations (%)	Implemented population-based primary prevention activities to address MI (%)	Engaged in policy/advocacy activities to address MH (%)
All LHDs	2532	341 (14.0)	942 (39.3)	322 (13.9)	772 (32.8)	600 (25.8)	529 (23.0)	415 (16.4)	445 (18.5)
<b>Region</b>									
Northeast	426 (16.8)	17.6 *	40.9	14.5	29.3	29.0	23.0 *	15.5	15.9
South	829 (32.8)	14.5	32.8 ***	10.0 ***	27.9 ***	22.4 **	19.0 ***	17.9	22.7 ***
Midwest	927 (36.6)	13.7	43.9 ***	15.9 *	39.4 ***	28.6 *	27.1 ***	17.9	16.6
West	350 (13.8)	9.2 **	40.9	17.3	31.5	22.8	15.8**	10.0 ***	16.1
<b>Population Size</b>									
< 25,000	1040 (41.1)	10.8 ***	36.3 *	10.8 ***	31.8	23.3*	22.4	13.8 **	11.1 ***
25,000-49,999	505 (19.9)	12.3	37.1	17.7 **	29.2	26.3	19.6 *	13.7	21.2
50,000-99,999	401 (15.8)	13.4	47.5 ***	15.6	39.8 **	29.1	31.7 ***	14.5	23.1 **
100,000-499,999	449 (17.7)	20.1 ***	42.4	16.0	34.0	26.9	21.5	27.2 ***	26.1 ***
≥ 500,000	137 (5.4)	25.2 ***	33.9	9.3	29.4	29.7	18.6	16.1	24.8
<b>FTE on LHD Staff per 10,000 Population, by Quartile</b>									
1 <sup>st</sup> (<2.55)	565 (22.3)	17.9 **	49.6 ***	21.4 ***	44.0 ***	39.0 ***	30.2 ***	19.8 *	26.0 ***
2 <sup>nd</sup> (2.56-4.08)	555 (22.7)	14.9	40.0	15.1	28.4 **	23.5	19.0 *	16.0	17.7
3 <sup>rd</sup> (4.09-6.88)	635 (26.0)	15.1	34.0 **	10.0 **	30.5	29.0 *	30.4 ***	20.3 **	21.6 *
4 <sup>th</sup> (>6.89)	687 (28.1)	10.2 ***	33.1 ***	9.9 ***	28.0 **	13.1 ***	14.0 ***	12.4 ***	11.2 ***
<b>LHD Provided Direct/Contracted Services</b>									
Substance Abuse	297 (12.2)	19.2 **	34.8	15.9	24.8 ***	25.9	22.0	19.8	17.8
Primary Care	306 (12.5)	29.1 ***	52.1 ***	22.0 ***	36.0	25.5	27.7 *	30.4 ***	32.3 ***

## Likelihood of a LHD Performing One Mental Health Activity

### Given the Performance of Another Mental Health Activity, Adjusted for Covariates

	Provided direct/contracted MH services		Assessed gaps in access to MH services		Addressed access gaps through provision of MH services		Implemented strategies to increase access to MH services		Implemented strategies to target the MH service needs of underserved populations		Evaluated strategies to target the MH service needs of underserved populations		Implemented population-based primary prevention activities to address "mental illness"		Engaged in policy/advocacy activities to address MH	
	%	AOR	%	AOR	%	AOR	%	AOR	%	AOR	%	AOR	%	AOR	%	AOR
Provided direct/contracted MH services	-	-	60.1	0.54 (0.35, 0.85)	46.7	7.20 (4.60, 11.27)	48.3	0.49 (0.30, 0.80)	50.2	0.77 (0.42, 1.42)	45.7	2.69 (1.56, 4.65)	61.6	7.26 (5.13, 10.27)	56.8	3.08 (2.10, 4.52)
Assessed gaps in access to MH services	21.7	0.43 (0.27, 0.68)	-	-	32.6	4.04 (2.47, 6.60)	61.8	2.22 (1.63, 3.03)	53.4	1.96 (1.34, 2.86)	51.4	5.46 (3.76, 7.93)	30.1	1.93 (1.36, 2.72)	36.1	3.20 (2.24, 4.57)
Addressed access gaps through provision of MH services	48.7	7.14 (4.52, 11.28)	89.4	4.83 (2.90, 8.05)	-	-	76.2	1.27 (0.76, 2.12)	80.6	5.53 (3.27, 9.34)	68.5	1.01 (0.65, 1.58)	46.3	1.39 (0.91, 2.12)	62.3	3.77 (2.53, 5.62)
Implemented strategies to increase access to MH services	21.1	0.46 (0.26, 0.80)	72.7	2.00 (1.47, 2.73)	32.6	1.13 (0.66, 1.97)	-	-	68.9	21.54 (14.33, 32.36)	58.7	5.42 (3.62, 8.11)	28.8	0.84 (0.54, 1.31)	34.9	1.37 (0.90, 2.09)
Implemented strategies to target the MH service needs of underserved populations	27.2	1.05 (0.59, 1.85)	80.7	1.92 (1.29, 2.85)	43.8	5.19 (2.98, 9.04)	88.3	20.09 (13.51, 29.88)	-	-	72.1	7.32 (4.91, 10.91)	35.8	2.32 (1.44, 3.74)	44.2	1.39 (0.88, 2.20)
Evaluated strategies to target the MH service needs of underserved populations	29.2	1.74 (1.03, 2.94)	86.0	7.33 (4.92, 10.94)	41.1	1.25 (0.78, 2.00)	85.2	7.32 (4.79, 11.19)	80.7	6.97 (4.63, 10.51)	-	-	37.1	1.63 (1.05, 2.53)	43.2	1.09 (0.71, 1.66)
Implemented population-based primary prevention activities to address "mental illness"	50.6	6.84 (4.87, 9.60)	69.1	1.87 (1.32, 2.64)	37.3	1.25 (0.84, 1.88)	54.5	0.83 (0.55, 1.26)	54.3	2.29 (1.44, 3.64)	49.4	1.42 (0.94, 2.13)	-	-	51.8	2.02 (1.44, 2.83)
Engaged in policy/advocacy activities to address MH	43.8	3.87 (2.67, 5.61)	74.9	2.96 (2.10, 4.18)	45.5	3.48 (2.38, 5.10)	60.5	1.29 (0.86, 1.92)	59.9	1.46 (0.93, 2.28)	52.5	1.18 (0.78, 1.77)	47.9	2.01 (1.42, 2.83)	-	-