

THE 2016 COLORADO

# Health Report Card

*Celebrating a Decade of Data*



DATA SPOTLIGHT:

# Mental Health



The Colorado Health Foundation™

[www.ColoradoHealth.org/ReportCard](http://www.ColoradoHealth.org/ReportCard)



#COHRC

The Colorado Health Report Card tracks Colorado's performance on 38 key health indicators. The Health Report Card supports efforts to make Colorado the healthiest state, providing evidence that shows where we are making progress as well as where we are falling behind.

This Data Spotlight delves more deeply into a key indicator in the Health Report Card – mental health. Data are highlighted from several sources to provide a closer look at how Coloradans fare on this vital issue, along with important policy and program efforts underway across the state.

For more information about the Health Report Card, visit  
**[www.ColoradoHealth.org/ReportCard](http://www.ColoradoHealth.org/ReportCard)**

Join the Conversation



**#COHRC**

— THE 2016 COLORADO —  
**Health Report Card**  
— Celebrating a Decade of Data —

# Mental Health in Colorado: Working to Close the Disparity Gaps

Thousands of Coloradans — ourselves, our family members, our friends and our neighbors — struggle with mental health challenges, whether it's pressures at work or home, family and financial concerns, or just having a down day.

But mental health data reveal that some of us struggle more than others, experiencing complex and severe symptoms. The data also find stark disparities, with members of some groups more likely to be affected by mental health issues.

- Lesbian, gay and bisexual (LGB) Coloradans are two to three times more likely to experience poor mental health than their heterosexual peers.
- While there's little difference in the rates of poor mental health by race or ethnicity, blacks and Hispanics fall behind when it comes to receiving treatment.
- Colorado's suicide rate is climbing, with men and residents of rural areas disproportionately impacted.

Meanwhile, a growing number of Coloradans — about 442,000 in 2015 — don't get the mental health care they need. And the number of people who find it difficult to get a mental health appointment increased by 35,000 between 2013 and 2015, indicating a need for more mental health providers.

A concerning trend is the rising number of Coloradans who are skipping needed mental health care because they feel ashamed or embarrassed.

Colorado is taking action to address these issues. Public health agencies across the state have prioritized mental health and are engaging community members and partners in prevention and wellness efforts.

Programs such as Colorado's State Innovation Model are integrating mental health into primary care settings. Insurance plans are now required to cover more mental health services, including no-cost depression screening.

Colorado Crisis Services now offers phone, text and in-person support around the clock. The program's crisis line, launched in 2014, fielded nearly 75,000 calls in just the past year. And Colorado's Suicide Prevention Commission, created by the state legislature, aims to lower the state's stubbornly high suicide rate.

This Data Spotlight reveals how Coloradans are faring when it comes to mental health by different demographics and across the life stages, from school days to senior years, illustrating who is — and who is not — accessing care and why. It takes a closer look at suicide in Colorado and assesses policies aimed at addressing mental health in the state.

Mental health challenges can have deep and lasting impacts. This paper can help Colorado's communities and leaders as they work to better identify gaps in resources, address disparities, reduce stigma and understand the resistance that undermines our best efforts.

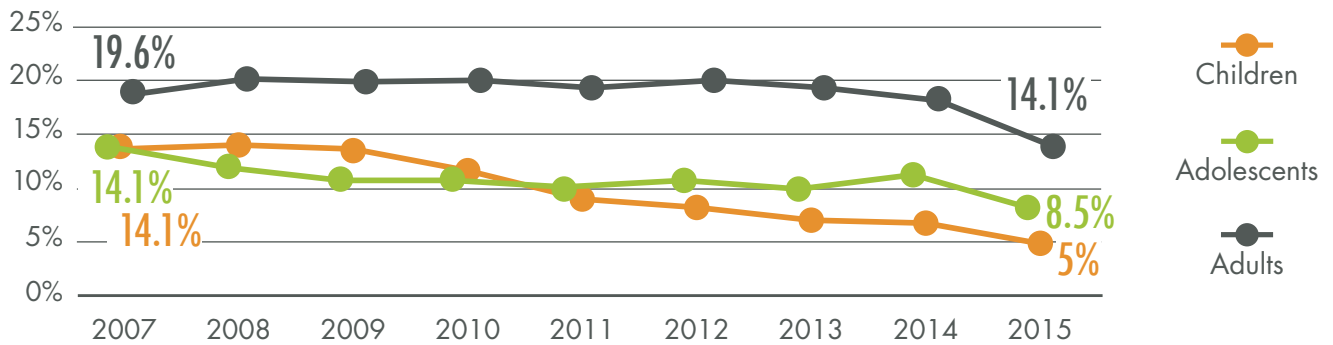
# Moving the Needle on Mental Health

Insurance coverage in Colorado is at an all-time high, meaning many more residents are enrolled in plans that cover mental health services. While the rate of poor mental health among the state's adolescents has held steady since 2007, more of our seniors and adults are struggling.

These indicators help to tell the story of Colorado's progress — or lack of progress — when it comes to good mental health.

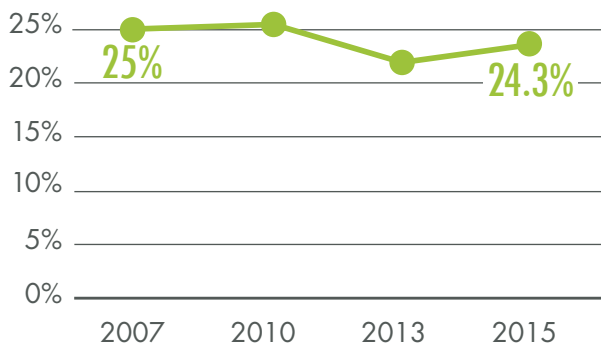
## GAINING GROUND: Health Insurance

### Not Covered by Public or Private Health Insurance



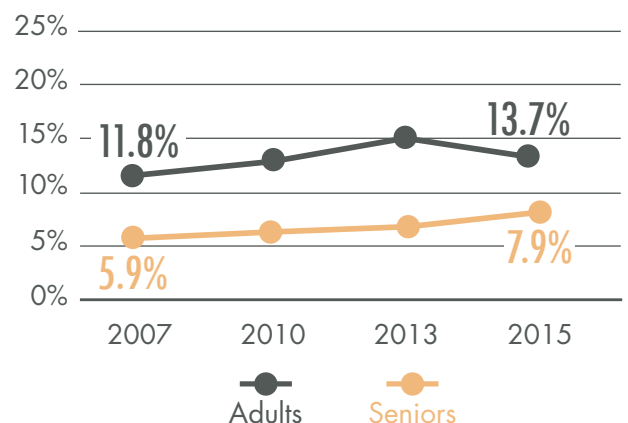
## HOLDING STEADY: Adolescent Mental Health

### Percentage Who Report Poor Mental Health



## FALLING BEHIND: Adult and Senior Mental Health

### Percentage of Adults and Seniors 65+ Who Report Poor Mental Health



# Why Mental Health Matters

## Good mental health is key to good health overall.

When Coloradans report good mental health, 89.7 percent also report good physical health. By contrast, of those reporting poor mental health, only 57.5 percent also say their physical health is good. Research has found associations between mental illness and chronic conditions such as cardiovascular disease, obesity, diabetes, asthma and arthritis.

## Everyone experiences mental health differently.

Good mental health is not just an absence of mental health challenges. Children with good mental health are more likely to flourish. They bounce back quickly when things don't go their

way, are interested in learning and laugh a lot. Psychological well-being plays a critical role in helping youth succeed academically and socially. Adults with good mental health may have stronger relationships, be more productive at work and can better cope with life's curve balls.

Poor mental health can be considered as a day or two of "the blues" or more severe or chronic concerns. Indicators in this Data Spotlight use these definitions of poor mental health:

- **Youth:** They stopped doing some of their usual activities because they felt sad or hopeless almost every day for at least two weeks in the past year.
- **Adults and Seniors:** They reported that their mental health was not good at least eight days in the past month.

## Mental Health Across the Life Stages

### Youth

**When it comes to mental health,** most of Colorado's children under the age of five are doing pretty well. But the data change as they age.

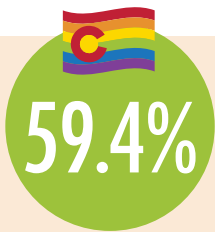
About 25 percent of middle school and high school students experience poor mental health — a rate that has held steady for the past decade. Youth who identify as LGB are nearly three times as likely to report poor mental health as their heterosexual peers.

### About 95 percent

of Colorado's children between the ages of six months and five years demonstrate three or more of the five behaviors that indicate they are flourishing, such as interest in learning new things.

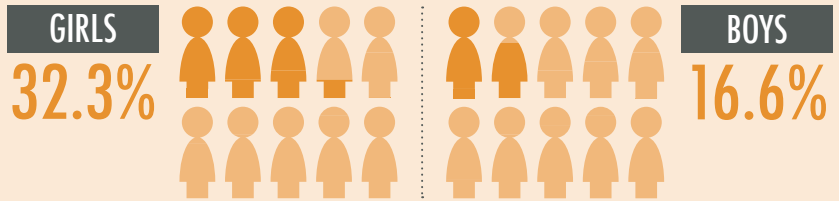


**Nearly one of four** high schoolers (24.3 percent) and middle schoolers (26 percent) reports poor mental health.



of LGB high school students report poor mental health compared with **20.8 percent** of heterosexual students.

Teen girls are twice as likely as boys to report feeling depressed.

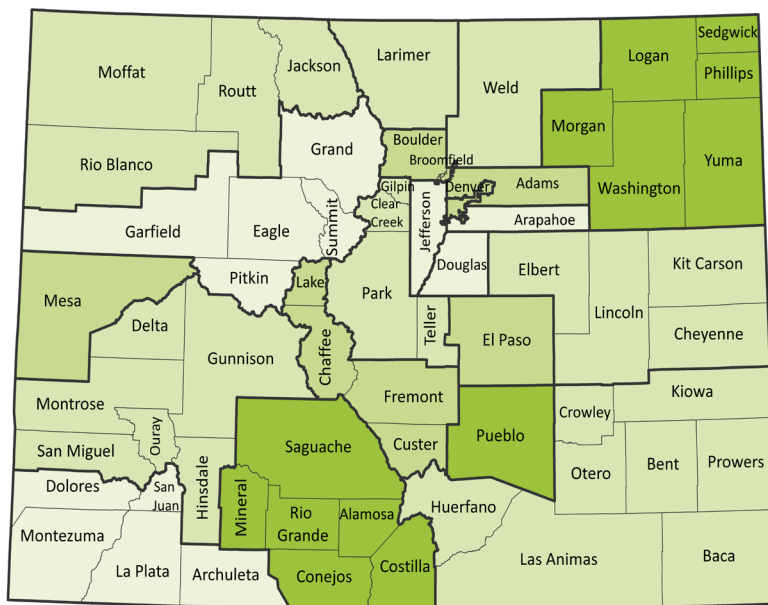


## Adults

**Nearly 14 percent of Colorado adults report poor mental health.**

This important marker has changed little over the past decade. However, disparities persist among LGB adults and among those living in some rural communities.

### Adult Poor Mental Health Varies by Region



Percentage of Adults With Poor Mental Health

Source: Colorado Health Access Survey, 2015

5% - 10%   >10% - 13%   >13% - 15%   >15%

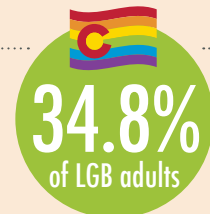
Note: The survey defines poor mental health as eight or more days of stress, depression or problems with emotions.

## One of Ten



(10.5 percent) Colorado moms shows symptoms of postpartum depression.

Nearly three of four (74.7 percent) new moms received prenatal care that included discussion of pregnancy-related depression.



reported at least eight days of poor mental health in the last month compared with 11.1 percent of heterosexual Coloradans.

## Seniors

**Seniors are the least likely to report poor mental health.** Yet there are stark variations by income. Seniors with annual incomes of less than \$10,000 reported poor mental health at about four times the rate of seniors with annual incomes of more than \$75,000.



**19.1%**  
Reported poor mental health.



**5%**  
Reported poor mental health.

**7.9%**

of seniors reported poor mental health.

## Seeking Care and Support

Everyone needs support for social and emotional well-being, which can come from our family, friends or faith communities. Peer support groups at community organizations or in schools are also important resources.

About 12 percent of Coloradans receive support — defined as medicine or treatment — for a mental health concern. But greater numbers of Coloradans — about 442,000 in 2015 — are not receiving care that they said they need. The rate among LGB adults is three times that of heterosexual adults. And while overall mental health does not vary between races and ethnicities, black and Hispanic Coloradans are less likely to receive support for a mental health concern than whites.

### Defining Mental Health Services

Good mental health and well-being requires a range of services and supports that can be provided in a variety of settings.

Creating a supportive system for infants, young children and families can encourage good mental health and help ward off future challenges. Home visits for new parents provide important guidance and reassurance. Protecting children from stress and violence and promoting their emotional well-being can set the stage for a lifetime of good physical and mental health.

A patient's medical home, led by a trusted primary care provider, can provide needed help through brief periods of concern or stress. Integrated care brings mental health screening into regular visits, increasing the opportunity for individuals to access this valuable service.

Others may need to visit with mental health professionals on a more regular basis for talk therapy or medication management. And those with more severe symptoms might require a period of inpatient hospitalization and/or routine follow-up care.

# 12.1%

of Colorado adults receive support for a mental health concern.

White	13%	Hispanic	8.4%
Black	7.3%	Other	13.2%

## Coloradans not getting needed mental health care.

2013: **377,360** | 2015: **442,280**

 **33.6%**

of LGB adults said they did not get needed mental health care, compared with 9.5 percent of heterosexual adults.

Many factors influence decisions by Coloradans about whether to get support from a health care professional. Cost is a frequent concern, though recent policy changes now require insurance plans to cover mental health services similar to how they cover medical care. In 2015, fewer Coloradans reported cost or insurance coverage as reasons for not getting care they felt they needed compared with 2013. Still, the percentages remain high.

Finding a health professional can also be challenging. Colorado has seen an uptick in the number of residents who didn't get the care they felt they needed due to challenges with getting an appointment.

In addition to this, it can be uncomfortable talking about personal problems with a professional. Coloradans who did not receive needed mental health care were more likely in 2015 than 2013 to cite these concerns.

This issue impacts everyone. Research also finds that some health care providers may be uncomfortable talking with their patients about mental health due to a lack of skill and training to diagnose and treat mental illness.<sup>1</sup>

This highlights the importance of Colorado's State Innovation Model, the statewide effort to make mental health a consistent part of care overall, helping patients get the type of support they need, when they need it.

### If you did not get needed mental health care, why? (Ages 5 and older)

	2013	2015		2013	2015
You were concerned about the cost of treatment.	75.6%	57.3%	↓	You did not feel comfortable talking about personal problems with a health professional.	31%   40.2%
You did not think your health insurance would cover it.	55.3%	43.3%	↓		
You had a hard time getting an appointment.	30.5%	34%	↑	You were concerned about what would happen if someone found out you had a problem.	19.8%   27.6%



# Suicide

Suicide touches a greater number of Colorado families every year. The state's suicide rate has increased over the past decade, reaching 19.4 suicide deaths for each 100,000 residents in 2014, or 1,058 Coloradans.

There are differences among those who are more likely to consider or commit suicide. Coloradans in rural and frontier communities, men, LGB youth and transgender residents are all at higher-than-average risk. The suicide death rate is higher in Colorado's rural and frontier regions than urban areas. In 2013, the highest number of suicide deaths was among 45- to 54-year-olds for both males and females.

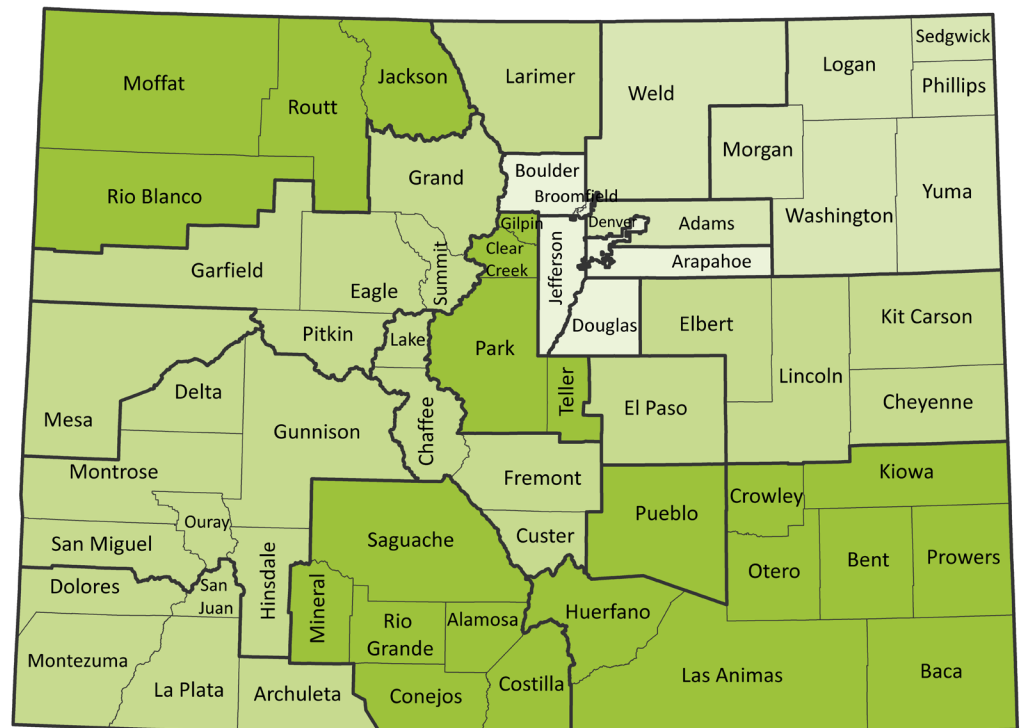
- Coloradans ages 45-54 have the highest rates of death by suicide.
- Colorado males are more than three times as likely to die by suicide as females.
- Nearly half (48.5 percent) of LGB students have seriously considered suicide compared with 11.7 percent of heterosexual students.
- 6.6 percent of adolescents attempted suicide one or more times during the past 12 months.
- Transgender Coloradans contemplated suicide at nine times the rate (36 percent) as all Coloradans (4 percent) in 2014.<sup>2</sup>

## Rate of Suicide Deaths in Colorado is Increasing.

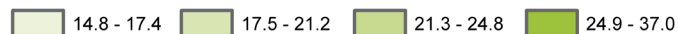
Age-adjusted rate per 100,000

2014	19.4
2013	18.5
2012	19.7
2011	17.4
2010	16.8
2009	18.7
2008	16.1
2007	16.5

## Suicide's Disproportionate Impact on Rural Communities



Suicide Death Rate per 100,000 Population



Source: Vital Statistics Program, Colorado Department of Public Health and Environment (2014)

# Policy Options

Every Coloradan with health insurance, either private or through a public program such as Medicaid, has mental health benefits. Services for mental health and substance use are one of the 10 essential health benefits that the Affordable Care Act requires in all plans. And the federal Mental Health Parity and Addiction Equity Act requires insurers to provide substance use and mental health treatment benefits that are no more restrictive than their medical and surgical care benefits.

Colorado passed legislation in 2013 to align state law with federal requirements to require mental health coverage that is “no less extensive than the coverage provided for physical illness.”

While mental health services must be covered, data show that mental health services are not yet covered equally. Nearly one-third of respondents (29 percent) in a national survey said their health plan denied a mental health service because the service was deemed medically unnecessary, as compared with 14 percent who received denials for medical care services.<sup>3</sup>

Results from the 2015 Colorado Health Access Survey find that the rate of insured Coloradans who are concerned whether their insurance plans will cover mental health services has decreased. Even so, 43 percent of those who skipped needed care cited this as a reason.

However, activities in Colorado hold promise for advancing mental health and wellness for all Coloradans.

Public health partners are working to improve mental health in their communities; 21 of the state’s 53 local public health agencies have identified mental health as a priority. Colorado has identified mental health as a flagship priority in its 2015-19 Plan for Improving Public Health and the

Environment. Targeted efforts include community strategies to improve social and emotional health of children and families; reduce stigma associated with seeking help; and improve preventive screenings and referrals.

Integrated care combines physical health care with behavioral health (mental health and substance use), often in one setting and with one team of providers. Integrated care can expand access to the spectrum of mental health services — from a questionnaire completed during an annual check-up to regular visits with mental health professionals.

The State Innovation Model aims to integrate primary and behavioral health care services and treatment with a \$65 million federal award. Its goal is to provide access to integrated services for 80 percent of Colorado residents by 2019.

Providers and patients will soon have access to an important preventive tool. Beginning in 2017, insurance carriers across the country must cover depression screenings for adolescents and adults at no direct cost to patients.

Colorado Crisis Services, established in 2014, includes 11 walk-in crisis support locations and a phone number for users to either call or text to talk to a trained professional. It provides 24/7 support for Coloradans experiencing mental health or substance use crises.

The Office of Suicide Prevention in the Colorado Department of Public Health and Environment is coordinating evidence-based efforts to address suicide, including the Man Therapy initiative that targets mental health among working-age men. Colorado’s Suicide Prevention Commission is engaging public and private partners to establish statewide suicide prevention priorities. It released its first series of recommendations in the 2014-15 annual report.





# The Colorado Health Foundation™

[www.ColoradoHealth.org/ReportCard](http://www.ColoradoHealth.org/ReportCard)

501 South Cherry Street, Suite 1100 • Denver, Colorado 80246

**Phone:** 303.953.3600 • **Twitter:** @COHealthFDN

## Contributing Members

Jaclyn Lensen

Keri Jones

Dustin Moyer

Kyle Legleiter

Kaye Boeke

Kindle Fahlenkamp-Morell

Taryn Fort



[www.ColoradoHealthInstitute.org](http://www.ColoradoHealthInstitute.org)

303 E. 17th Avenue, Suite 930 • Denver, Colorado 80203

**Phone:** 303.831.4200 • **Twitter:** @COHealthInst

## Contributing Members

Tamara Keeney

Brian Clark

Deborah Goeken

Cliff Foster

Emily Johnson

Sara Schmitt

Rebecca Silvernale

Special thanks to the **Colorado Department of Public Health and Environment** for its leadership in statewide data collection.