

Achieving Mental Health and Well-being

Our Vision

We envision a community where all people enjoy optimal emotional health; where mental health, substance abuse, dependency, and addiction are recognized as health issues; and where stigma and other barriers to recovery are eliminated. We envision a community where resources and services are sufficient to support the ability of its citizens to sustain healthy families and healthy work environments.



How Are We Doing?

The percentage of adults who experienced serious psychological distress continued to rise and is significantly higher in our area compared to the National Health Interview Survey. The good news is that persons living in the City sought treatment more frequently than reported in 2006 and at a greater rate than the national average. There was also a slight increase in seniors receiving treatment compared to 2006.

More adults reported drinking alcohol, especially seniors, with the percentage more than doubling for our area. The 2011 survey also indicated that the desire for help with drinking and drug use is greater for adults than it was five years ago.

Research indicates that the number of persons over 65 is expected to increase in the years ahead, but the number of family caregivers will increase at a slower rate. In 2006, 22 percent of respondents from our area identified themselves as caregivers. In 2011, 10.9 percent of the respondents from Harrisonburg identified themselves as caregivers while 6.7 percent in Rockingham County identified themselves as such.

Psychological Distress

Depressive symptoms are important indicators of general well-being and mental health. People who report many depressive symptoms often experience higher rates of physical illness, greater functional disability, and use more health care resources. Depression can adversely affect the course and outcome of common chronic conditions, such as arthritis, asthma, cardiovascular disease, cancer, diabetes, and obesity. Depression also can result in increased work absenteeism, short-term disability, and decreased productivity.

What does this measure?

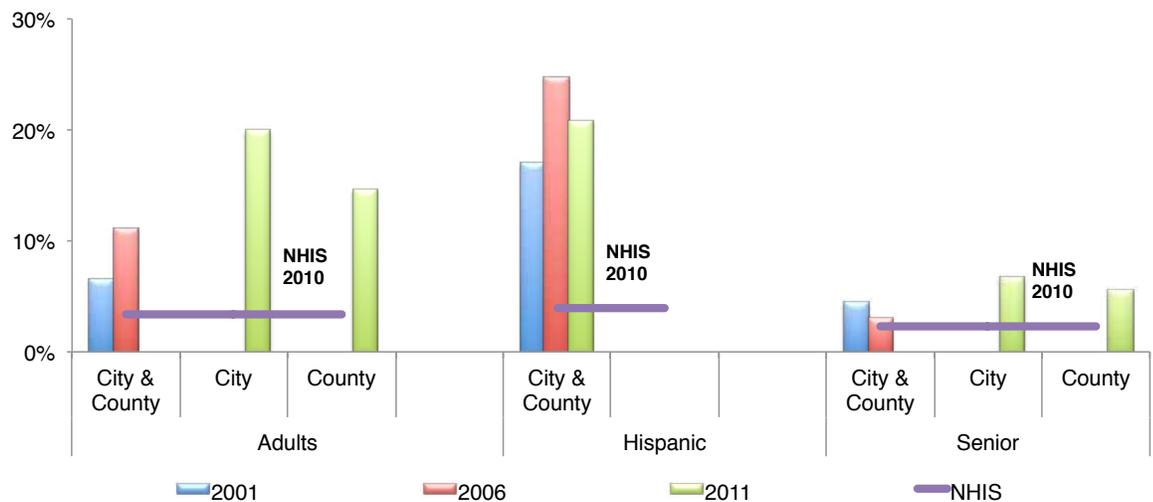
Respondents in Harrisonburg and Rockingham County reported symptoms of serious psychological distress and indicated sources they typically seek for social support. They also responded to questions about treatment, medication, and access to health care to deal with symptoms of psychological distress.

How are we doing?

Both adults and seniors reported higher instances of serious psychological distress during the past 30 days than in previous years and significantly higher than the national average. There was a corresponding increase in the number of City residents accessing mental health treatment. While there is a decline in reported instances of serious psychological distress among our Hispanic population, the rate is still well above national levels.

The overall percentage of adults who experienced serious psychological distress during the past 30 days was 20 percent for the City and 14.6% for the County when compared to National Health Interview Survey target of 3.4 percent.

Self Reported Symptoms of Serious Psychological Distress

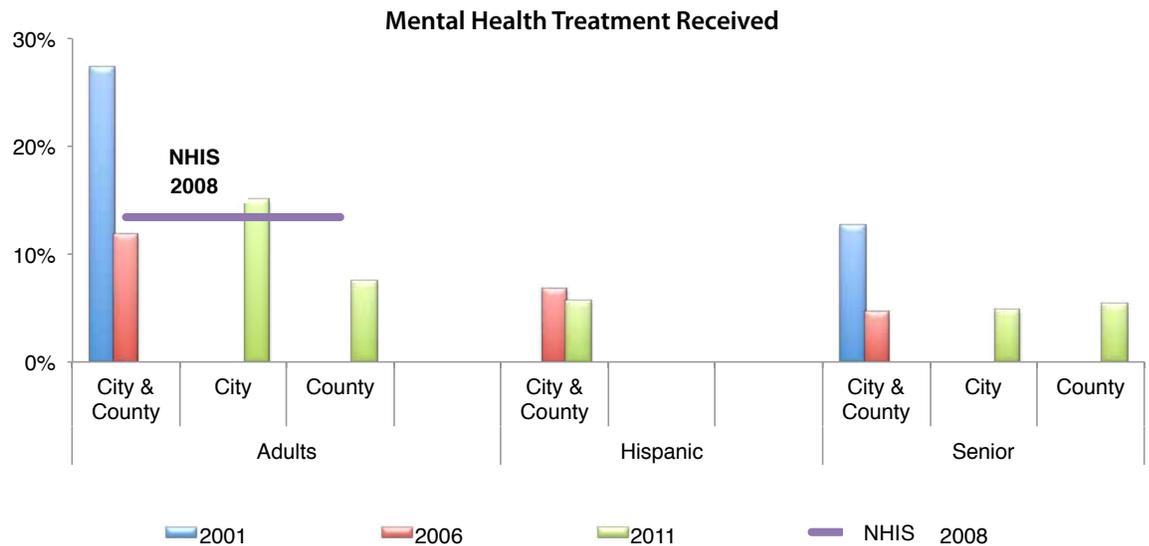


Both City and County exceed the Healthy People 2020 target of 6.1% for persons experiencing a depressive episode; both are well below the 64.6% target for persons with mental health disorders seeking treatment.

In Harrisonburg and Rockingham County, 15% of women reported experiencing intense stress, depression, and/or difficulty managing emotions for at least two weeks or more in the past forty days compared to 18% of men. Among female respondents, 12% saw a mental health professional for an emotional or mental health concern compared to 10% of men. Among the Hispanic population, 23% of males reported symptoms of serious psychological distress while only 9% received help. Of the 77% of women reporting symptoms, 91% received treatment.

More Harrisonburg City adults, and slightly more seniors, reported accessing treatment than in 2006. More City adults reported accessing treatment than the 2008 national average (13.4%). There was no current national comparison data for seniors or Hispanics.

For those accessing treatment for their symptoms, 7.2% of adults and 6% of seniors reported difficulty accessing mental health services. 10% of persons in our Hispanic community reported difficulty accessing mental health services. 13.5% of all respondents reported the use of medication to manage their symptoms.

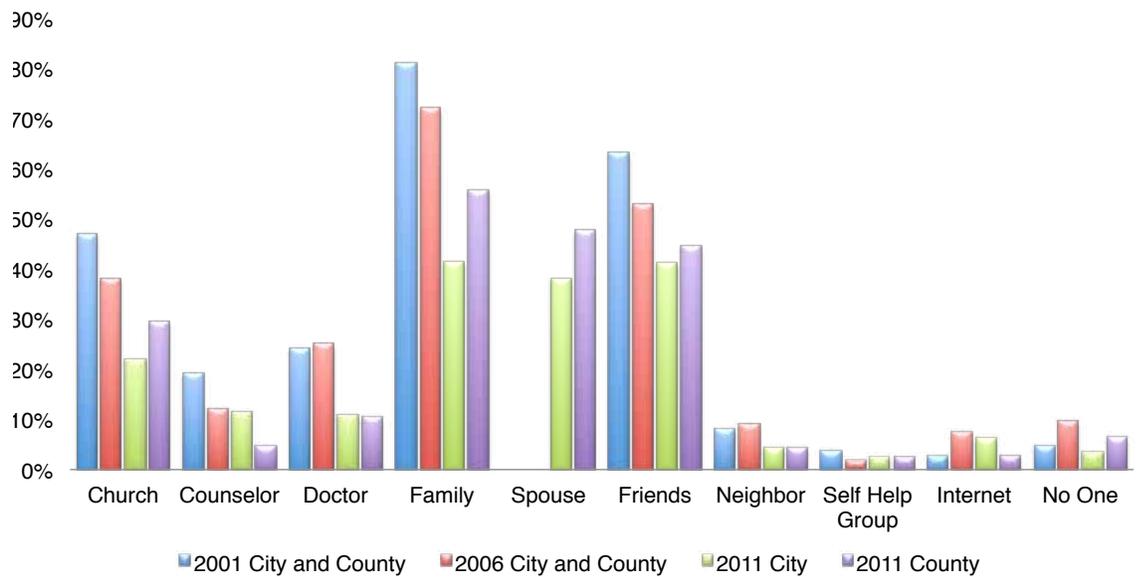


Source: CDC/NCHS, National Health Interview Survey, January – June, 2010; CDC. Current Depression Among Adults – United States, 2006 and 2008.

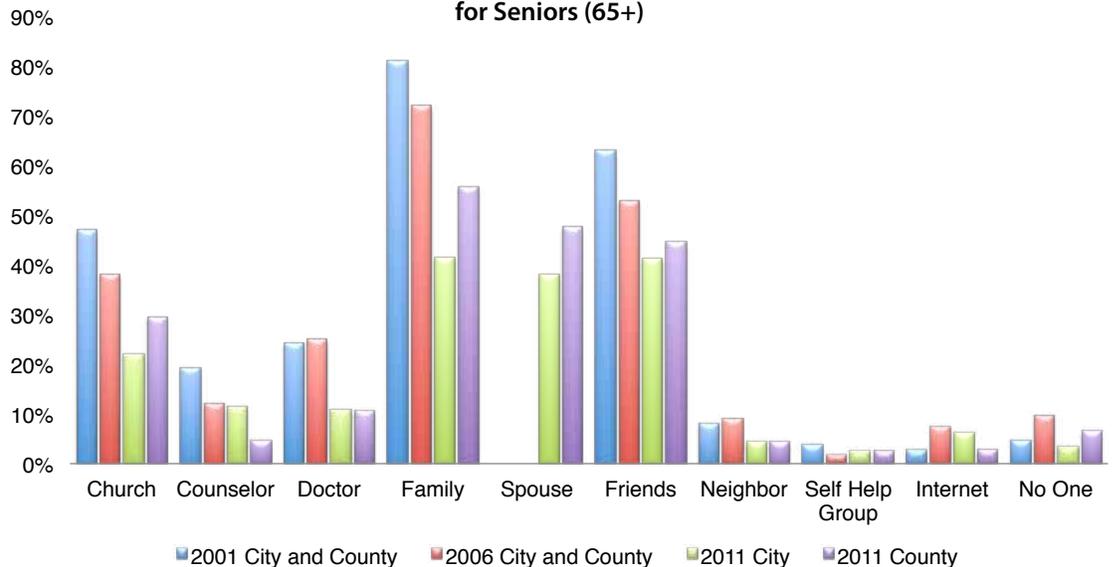
Fewer adults accessed sources of support in 2011 with the exception of a slight increase in adults and seniors who reported accessing self-help groups. Seniors residing in the City accessed mental health counselors at the same rate as in 2006 with fewer accessing this support in the County. Spouse was added to the list of potential sources of support for 2011.

Of those persons who self-reported having been a victim of physical, emotional, or financial abuse, adults under the age of 65 speak with a counselor about issues of abuse while seniors report this information to their family physician. Adults will turn to family while seniors do so with less frequency. Adults will turn to friends while seniors more often turn to their neighbors.

Sources of Social Support for Adults (under 65)



Sources of Social Support for Seniors (65+)



Among the male respondents, 14% reported that if they experience problems that are too big to handle, they turn to no one for help compared to 7% of women. Among the Hispanic respondents, 48% of women said "no one" compared to 37% of men.

Sources: 2001 Survey

Substance Abuse

People who abuse substances incur significantly higher health care costs than those who do not abuse substances. Their families also experience these costs. In fact, excessive alcohol use is the third leading lifestyle-related cause of death for people in the United States, according to the Centers for Disease Control and Prevention. Stigma surrounding substance abuse often interferes with proper identification and referral for treatment that could reduce these health care costs. Other costs related to substance abuse include lost earnings linked to premature death, lost productivity, motor vehicle accidents, crime, and other social consequences.

What does this measure?

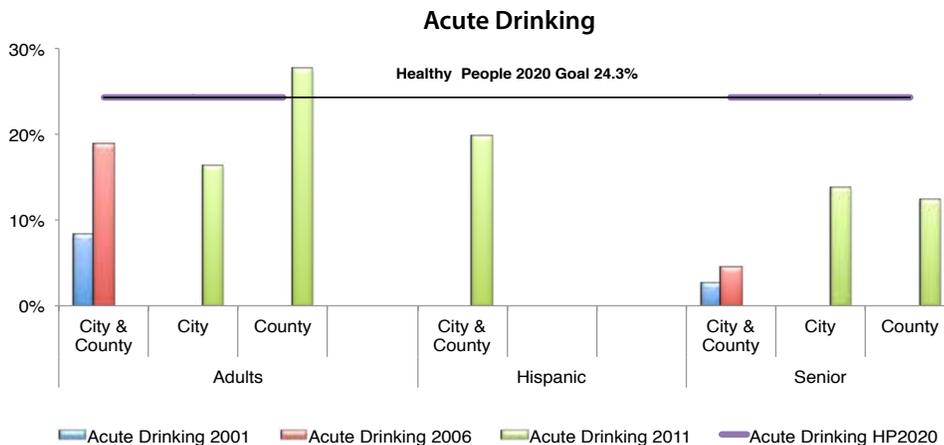
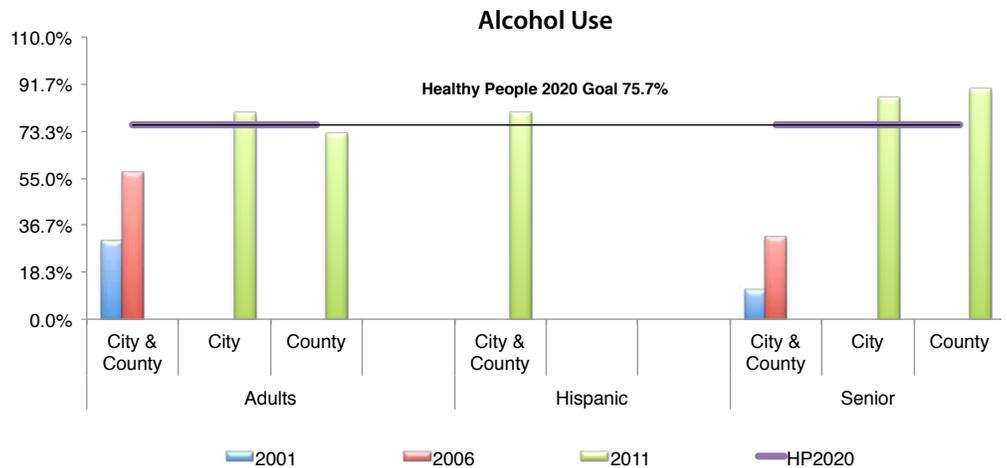
Respondents self-reported alcohol use and frequency, used to indicate acute drinking (drinking more than five drinks on one occasion). They also reported whether substance abuse had an impact on their families and whether they desired help with a substance use issue.

How are we doing?

While the percentage of adults who drink has continued to increase, alcohol use and abuse among seniors has more than doubled since the 2006 survey. Although low-risk alcohol use was reported to be significantly higher in the 2011 survey, it was determined that those who do not drink at all were not screened out of this measure. Acute drinking was reported below the Healthy People 2020 Goal for all adult groups except for Rockingham County.

The National rate of binge drinking for adults aged 18-25 is 41% while for those 35 and older it is 18.8%.

(Source: 2008 National Survey on Drug Use and Health, HHS Publication No. SMA 09-4434)



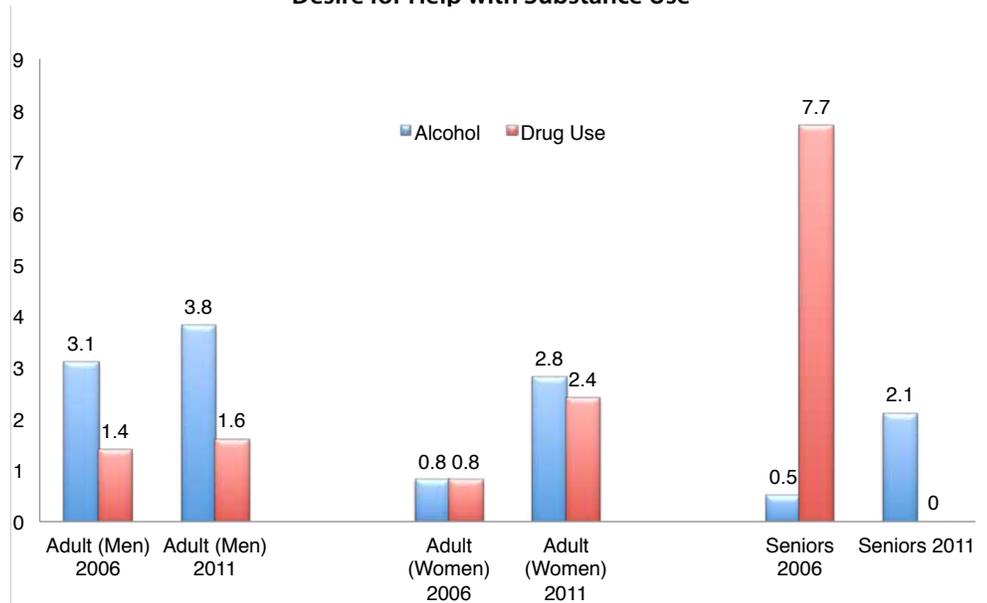
Acute drinking indicates percentage of persons who reported having five or more drinks on the same occasion.

As compared to 2006, the 2011 survey indicated an increase in adult women and seniors expressing a desire for help with alcohol use. Adult women showed an increase in desire for help with both alcohol and drug issues, while for seniors the desire for help with a drug issue significantly declined. It is encouraging to note that while alcohol use and acute drinking have increased for all groups, the desire for help has increased as well.

Indicates the percentage of persons who reported having asked for help with an alcohol use or prescription or non-prescription drug abuse problem.

Illicit drug use is most prevalent among 18-20-year-olds at 21.5% according to the 2008 National Survey on Drug Use and Health. It is least prevalent among seniors at only 1% (Source: 2008 National Survey on Drug Use and Health, HHS Publication No. SMA 09-4434).

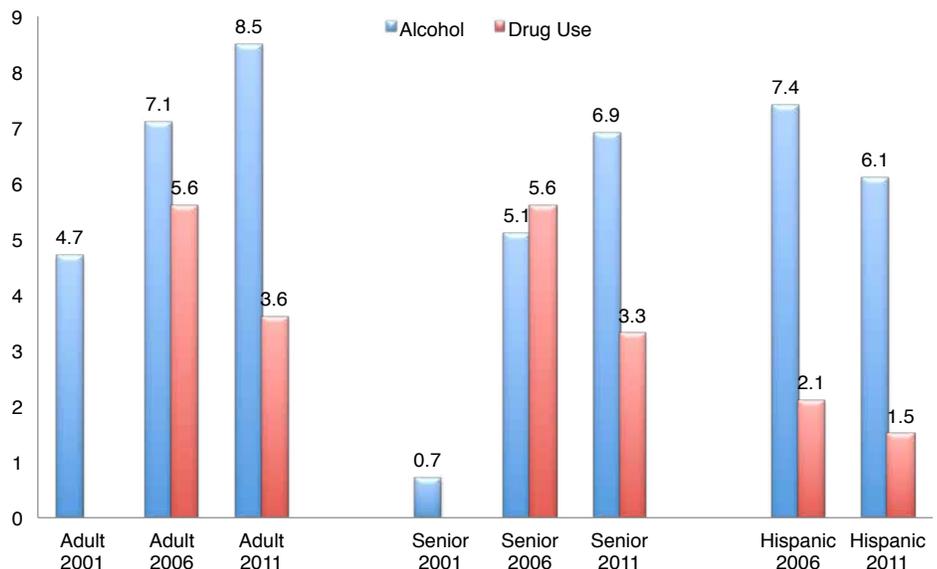
Desire for Help with Substance Use



Impact on Family - Substance Abuse

Indicates the percentage of persons who reported a harmful effect of alcohol or drug use on themselves or their families in the past two years.

Among male respondents, 6% reported that alcohol had a harmful effect on them or a family member in the past two years, compared to 10% of women; Among the Hispanic respondents, 4% women and 10% men.



Sources: 2001 Survey, 2006 Survey, Healthy People 2020 Goals, 2008 National Survey on Drug Use & Health (SAMHSA-Substance Abuse Mental Health Services Administration)

Care Giving

The need for family caregivers will continue to increase in the years ahead. By the year 2020, the number of people over the age of 65 is expected to increase by 3.8 percent nationwide. The number of Virginians over age 60 is expected to increase by 25 percent by 2025 and those 85 and older will increase five times faster than the state's total population growth. This increases the number of potential family caregivers required as well as community and professional resources needed to meet the needs of this population.

What does this measure?

Survey results provided demographics of caregivers in our area. The survey also asked caregivers to report on time missed from work and other activities to care for a family member. Caregiver identification was also requested.

How are we doing?

In Harrisonburg, of those who identified as caregivers, 16.2 percent reported being the caregiver of a disabled child, 22.6 percent for a disabled adult and 61.2 percent for an older adult. In Rockingham County, of those who identified as caregivers, 34.7 percent reported being the caregiver of a disabled child, 30.6 percent for a disabled adult, and 34.7 percent for an older adult. In 2006, a total of 35 percent of caregivers reported a disruption in employment activities compared to 63 percent of caregivers in Harrisonburg and 83 percent of those in Rockingham County in 2011. Nationally, 62 percent of caregivers had to make some adjustments to their work life, from reporting to work later to giving up work entirely.

Caregiver Demographics

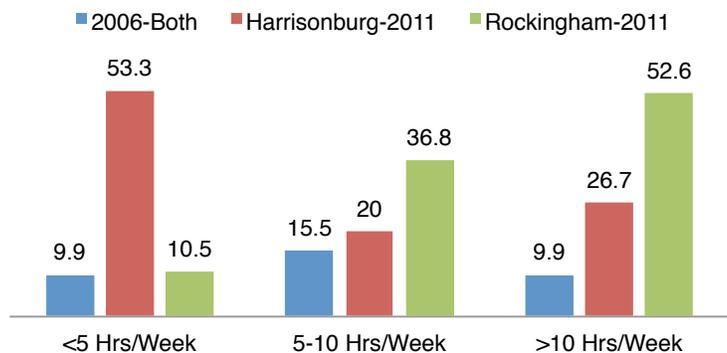
(Harrisonburg: Female = 75%; Male = 25%)
(Rockingham: Female = 65.2%; Male = 34.8%)

*The 2006 statistics reported only caregivers of disabled adults and older adults while the 2011 statistics incorporated a third group, caregivers of disabled children.

In the City and County a significant percentage of caregivers who missed time from work each week were women, 63%+ while 36%+ of men missed time from work. Family caregivers spent an average of 20 hours per week providing care.

Time Missed from Work

On Average, how much time does care giving take away from working hours and other major activities?

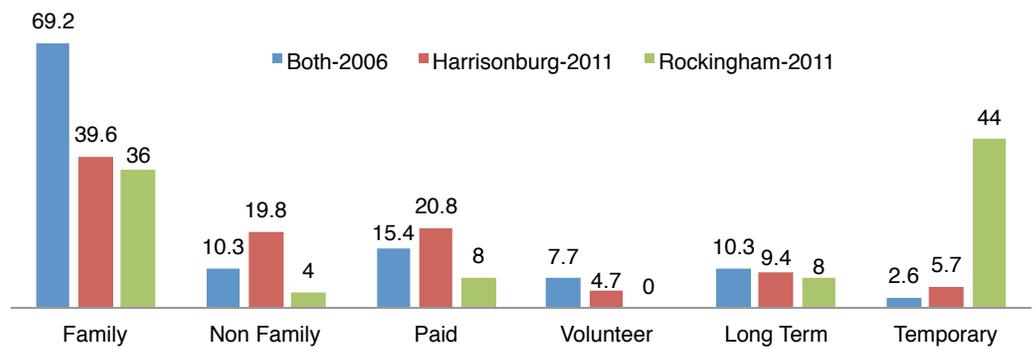


Sources: National Alliance for Caregiving, 2009; AARP; U.S. Bureau of the Census, 2008

The majority, 75.6% in both areas, of those needing care depended on family for caregiving support. Nationally, 66% of family caregivers are women.

Caregiver Identification

If you receive help from a caregiver, is the caregiver ...
(Fill in all that apply)



Sources: National Alliance for Caregiving, 2009; AARP;
U.S. Bureau of the Census, 2008