

## **Science Communication - Mental Health and Illness Disparities**

Today's society can be described as one of turmoil. Many nations of today are rife with crime, corruption and vast wealth inequality. At times it may seem that war between the greater powers could break out at any time, with cataclysmic results. This threat appears more imminent now than in decades, with the invasion of Ukraine by Russia. Other recent events have proved equally disastrous, such as the coronavirus pandemic which took countless lives, and threatened economies globally. Life as we know itself could also be in danger as the Earth enters a sixth extinction brought on by climate change, pollution and other human activities. Beyond existential threats, many Americans struggle with poverty, loss, drug abuse and a growing feeling of loneliness. Stigmas surrounding mental illness and socio-economic conditions may also prevent the most vulnerable from accessing desperately needed resources. Thus, it is no surprise that mental health is one of the greatest issues confronted by the United States today, particularly in Washington.

While mental health may not be an obvious issue or seem as imminent as other problems faced by the world and Americans, such as those listed above, it is a growing problem within the U.S. Currently, about 21% of the total U.S. population are living with mental illness (NIMH). Rates of events associated with poor mental health have increased universally for those 64 and under. Adults between 18 and 64 years old have experienced an increased rate of serious psychological distress within the past 30 days, up 0.6% between 1998 and 2015. Suicide rates for Americans aged 18 to 44 have increased by roughly 8% since 1950 (CDC). It is important to note that poor mental health, stress, mental illness and suicide, are different phenomena but are also greatly correlated.

Youth statistics appear significantly worse, in both rate of increase and overall percentage. In 2021, 42% of high school students experienced persistent feelings of sadness or hopelessness. This is up by 14% since 2011, and cannot be completely attributed to the pandemic as the most drastic increase occurred between 2017 and 2019, at 6% (CDC). Of youth 12 to 17 years of age, 11.5% are suffering from severe depression and 16.39% have had a serious depressive episode within the last year (MHA). Unsurprisingly, but terrifying, the rate of youth that have seriously considered suicide are up 6% since 2011 to 22% in 2021.

Compared to national statistics, Washington stands out, with consistent mediocrity and poor rankings. In their 2022, State of Mental Health in America report, Mental Health America ranked each state on factors associated with poor mental health, by youth and adults. In ranking youth and adults overall, Washington placed 38th and 32nd respectively. In their rankings, 1st represented the best conditions, while 50th represented the worst. By specifically ranking the total prevalence of mental illness in Washington, youth ranked 49th, while adults ranked 47th. Access to Care was the only rank where Washington approached the top ten, standing at an impressive 11th. In ranking youth and adults for major depressive episodes or serious thoughts of suicide, Washington ranked 41st for youth and 32nd for adults. The final placement for Washington in 2022, including all surveyed ages and all categories was 32nd, one rank lower than on the 2021 report. In other data, the average percentage of people in Washington that experienced 14+ days of poor mental health in the last 30 from a 2019 survey was roughly 13.5%, and about 2% higher than the national average (Washington Department of Health). Post-pandemic statistics appear worse. When the same survey was taken in 2021, the

national average had restored to 11.7% (down from 24.9% in 2020), while Washington's average remained partially inflated, at a total of 18% (from 27.3%). These surveys also exclude youth which, as demonstrated, typically have worse mental health than adults.

Beyond age, further discrepancies can be found within the state of Washington. Black, indigenous and multi-ethnic racial groups, maintain consistently higher rates of poor mental health. Blacks have the smallest difference, but are typically about 1% above the state average. Native Americans and multi-ethnic groups experience poorer rates at an average of 4% above the state, with highs of up to a shocking 12% difference. Rates of mental illness in Washington revealed similar disparities, with multi-racial individuals 5.5% above the state average and indigenous groups 2.2% above the state average (Washington Department of Health). Marginalized groups also tend to have poorer access to health care for a variety of reasons. Native Americans are particularly vulnerable due to the isolated nature of reservations, which often lack transportation and the needed density of health professionals within the community (Washington Department of Health). Language and cultural barriers may also limit indigenous peoples and other minorities from accessing adequate treatment for mental health problems.

Washington's only object of pride through all of this data is the access of care within the state. Yet, the ease of availability of care has clearly improved little, failing to bring Washington above the national average in rates of mental illness and poor mental health, or even reach an equivalent level. This is the core problem that the data reveals, while care within Washington State may be accessible to many, it is not distributed equitably, leaving significant disparities between racial groups and youth. Furthermore, care for mental health is either not utilized or not effective, as Washington lags behind the

majority of states in all other areas. It is self-explanatory that the mental health failures and disparities within Washington need to be remedied as soon as possible. Recently, Proposition 1 has been introduced as a levy for King County residents that would provide increased funding for mental health services in the county, involving the creation of walk-in crisis centers. The date for ballot submissions was on Tuesday, April 25th (Seattle Times). If Proposition 1 succeeds, it will be a step in the right direction, and continued funding for mental health services can only help resolve the crisis. Experts have suggested that employing greater numbers of mental health professionals is the key to improving Washington's mental health problems. With more individuals in the field, patients can receive a team of professionals dedicated to their care. Balancing the patient to health worker ratio can reduce the stress of both parties, improving the quality of treatment (University of Washington Magazine). Localizing care and improving access to telehealth is a route to reducing inequity in the field. Activists and lawmakers represent the potential catalyst for change and they need to understand the problem at hand. Therefore, they are the target for this information and are the first and foremost goal for creating a better future for mental health in Washington.

## References

- Center for Disease Control and Prevention. (2017). *Table 46. Serious psychological distress in the past 30 days among adults aged 18 and over, by selected characteristics: United States, average annual, selected years 1997–1998 through 2015–2016.*  
<https://www.cdc.gov/nchs/data/hus/2017/046.pdf>
- Centers for Disease Control and Prevention. (2018). *Table 9. Death rates for suicide, by sex, race, Hispanic origin, and age: United States, selected years 1950–2017.*  
<https://www.cdc.gov/nchs/data/hus/2018/009.pdf>
- Centers for Disease Control and Prevention. (2021). *Youth Risk Behavior Survey.*  
[https://www.cdc.gov/healthyyouth/data/yrbs/pdf/YRBS\\_Data-Summary-Trends\\_Report2023\\_508.pdf](https://www.cdc.gov/healthyyouth/data/yrbs/pdf/YRBS_Data-Summary-Trends_Report2023_508.pdf)
- Mental Health America. (2022). *2022 State of Mental Health in America.*  
<https://mhanational.org/sites/default/files/2022%20State%20of%20Mental%20Health%20in%20America.pdf>
- Mental Health America. (2023). *The State of Mental Health in America (Summary).*  
<https://www.mhanational.org/issues/state-mental-health-america>
- National Institute of Mental Health. (2023, March). *Mental Illness Statistics.* Retrieved April 16, 2023, from <https://www.nimh.nih.gov/health/statistics/mental-illness>
- Seattle Times. (2023, April 25). *King County crisis center tax leading in Tuesday's special election.*

<https://www.seattletimes.com/seattle-news/mental-health/king-county-crisis-center-tax-leading-in-tuesdays-special-election/>

University of Washington Magazine. (2021, September). *Crisis State*.

<https://magazine.washington.edu/feature/mental-health-needs-have-washington-in-a-state-of-crisis/>

Washington State Department of Health. (2020, December). *BRFSS Dashboard by Local Health Jurisdiction*. Retrieved April 12, 2023, from

<https://doh.wa.gov/data-statistical-reports/washington-tracking-network-wtn/brfss/lhj-dashboard>

Washington State Department of Health. (2020, December). *BRFSS ACH Dashboard*.

Retrieved April 12, 2023, from

<https://doh.wa.gov/data-statistical-reports/washington-tracking-network-wtn/brfss/ach-dashboard>