Florida Life Course Indicator Report
Mental Health

Life Course Theory looks at health as an integrated continuum where biological, behavioral, psychological, social and environmental factors interact to shape health outcomes across the course of a person's life. The adoption of the Life Course Theory into public health practice requires movement away from isolated efforts and encourages broader thinking about the factors impacting health. Instead of concentrating on one health disease or condition at a time, the Life Course Theory looks to social, economic and environmental factors as underlying causes of persistent inequalities in health.

The indicators in the report were calculated according to guidelines published by the Association of Maternal and Child Health Programs. For each indicator, a brief description of the topic and definition, connection to the Life Course Theory, and data source are provided in the report. When possible, a state-level estimate for each indicator was calculated with 95% confidence intervals (CI) and Florida's status was compared to the nation. The indicators were then stratified by race/ethnicity when available and appropriate.

This section details the following life course indicators related to **mental health:**

- **LC-42.** Depression among Youth
- **LC-43.** Mental Health among Adults
- **LC-44.** Postpartum Depression
- **LC-45.** Suicide

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LC-42: Depression among Youth

Youth suffering from depression are at increased risk for school drop-outs, pregnancy, substance abuse, adult depression and suicide.[1] When compared to their healthy counterparts, depressed youth are more likely to experience mental illness during adulthood and suffer from medical co-morbidities.[1] Depression among youth has various causes including genetics, biology, environmental and psychosocial factors. Studies show that youth raised in a household with a parent suffering from mental illness are at a particularly high risk of developing a mental illness[2], in part because mental illness in a parent can put stress on a marriage and affect parenting abilities.[2]

Common symptoms of depression in children and adolescents include feeling or appearing sad, tearful or irritable, decreased interest in or pleasure from activities, change in appetite and weight and major changes in sleeping patterns.[3] In order to decrease the risk of co-morbidities that are associated with youth depression, recognizing and treating youth depression is of utmost importance.

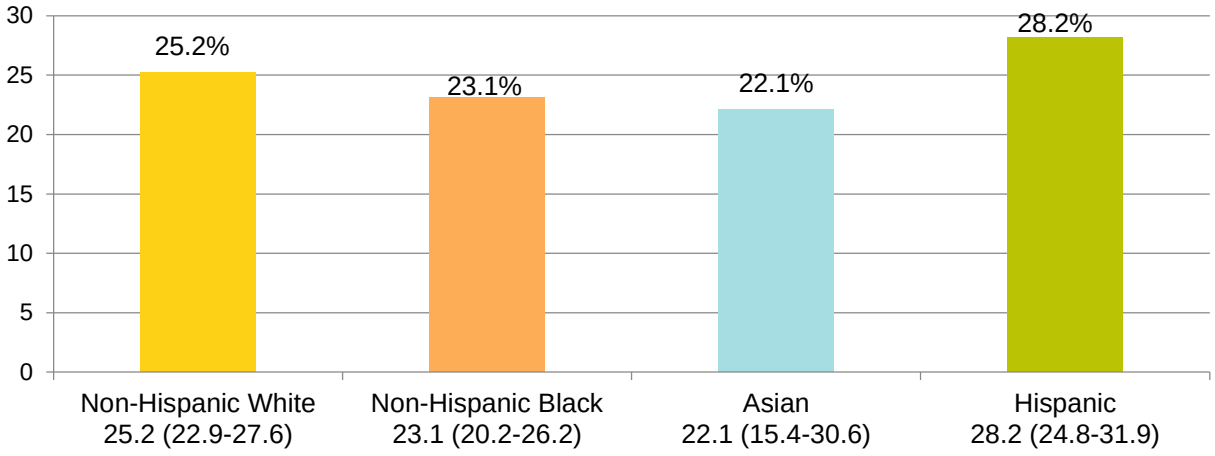
Data source: Youth Risk Behavior Surveillance Survey (YRBS), 2013
Numerator: Number of 9th through 12th graders who felt sad or hopeless almost every day for more than two weeks during the previous 12 months
Denominator: Number of 9th through 12th graders

Table 1: Percent (95% CI) of 9TH-12th Graders who Felt Sad or Hopeless Almost Every Day for More Than Two Weeks During the Previous 12 Months, 2013

Nation[4]	Florida[5]
29.9% (28.3, 31.6)	25.8% (24.3, 27.4)

Florida had a significantly lower percent of high school students feeling sad or hopeless when compared to the nation in 2013 (Table 1). Overall, one in four 9th through 12th graders in Florida met the definition of sad or hopeless as defined by YRBS. Florida female students have a higher percent of reporting feeling sad or hopeless when compared to males, 34.1% (CI: 31.8-36.3) vs. 17.9% (CI: 16.3-19.5) respectively. The percent of feeling sad or hopeless did not differ by grade level.[5]

Figure 1: Percent (95% CI) of 9th-12th Graders who Felt Sad or Hopeless Almost Every Day for More Than Two Weeks During the Previous 12 Months in Florida, by Race/Ethnicity 2013[5]



Students identifying as Hispanic had the highest percent of feeling sad or hopeless when compared to other racial and ethnic groups (Figure 1). Nationally, disparities exist in depression and mental health by gender, racial/ethnic groups, socioeconomic status and sexual orientation.[4]

LC-43: Mental Health among Adults

The World Health Organization (WHO) defines mental health, "as a state of well-being in which every individual realizes his or her potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community."[6] Mental health disorders are one of the most common forms of disability in the United States and affect people across the life span. The most common mental health disorders among adults are depression and anxiety.[7] In adults, mental health disorders (particularly depression) are associated with an increased percent of chronic disease such as cardiovascular disease, cancer and diabetes.[8] This is in part because chronic diseases can exacerbate the symptoms of pre-existing mental health disorders and vice-versa[3]. This relationship is important to consider when treating and managing both chronic diseases and mental health disorders. It is estimated that 68% of adults with a mental disorder had at least one medical condition and that 29% of those with a medical condition had a comorbid mental health disorder.[9]

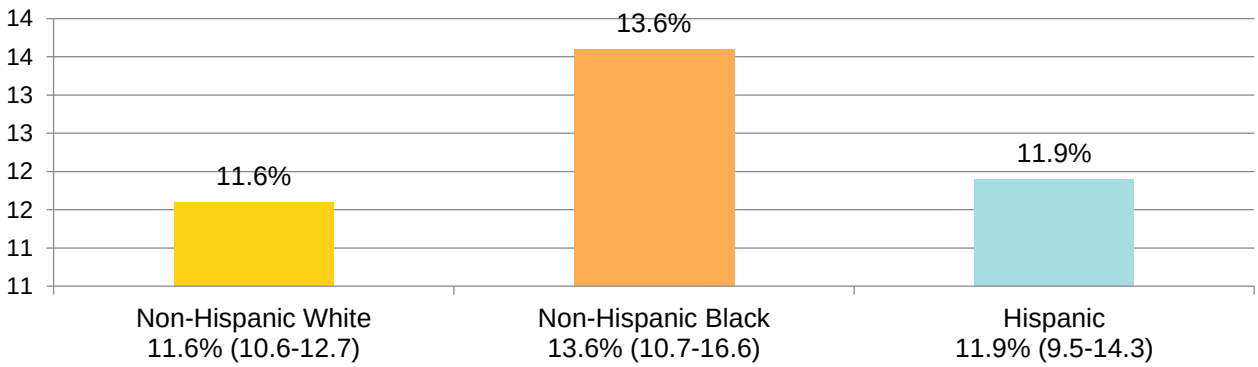
There are several influences on mental health including the built environment (i.e., the area where people live, work and play). For example, poor housing quality can increase psychological distress and in turn affect mental health.[10] Populations found to be at greater risk of experiencing poor mental health include: unmarried, female, lower educational attainment, younger in age, and low socioeconomic status.[11]

Data source: Behavioral Risk Factor Surveillance System (BRFSS), 2012
Numerator: Number of adults aged 18 years and over responding to the BRFSS survey reporting that their mental health, which includes stress, depression, and problems with emotions, was "not good" for ≥ 14 days out of the past 30 days
Denominator: Number of adults aged 18 years and over responding to the BRFSS survey

Table 2: Percent (95% CI.) of Adults who Had Poor Mental Health for ≥ 14 days Out of the Past 30 Days, 2012	
Nation[12]	**Florida[13]**
11.2% (11.0, 11.4)	13.9% (12.6-15.2)

The percent of adults who had reported poor mental health days for ≥ 14 days out of the past 30 days in Florida was slightly higher than the national average in 2012 (Table 2). During 2014, the most recent state-level data year, this percentage has decreased slightly to 12.3% (95% CI: 11.3-13.2).[14] Women were more likely to report poor mental health than men during 2014. Those with less than a high school education and those with an annual income of less than $25,000 had a higher percent of reporting poor mental health.[14]

Figure 2: Percent (95% CI) of Adults with Poor Mental Health for ≥ 14 of the Past 30 Days in Florida, by Race/Ethnicity, 2014[14]



Non-Hispanic Black adults had the highest percent of poor mental health days in Florida during 2014 (Figure 2).

Program Spotlight

Beginning in 2014, the Bureau of Chronic Disease Prevention at the Department partnered with the University of Florida Area Health Education Center and the University of Washington to bring TEAMcare training to primary care providers statewide. TEAMcare is an evidence-based, patient-centered approach that enhances the quality of mental and physical health care for adult patients with comorbid depression and poorly controlled diabetes and/or coronary heart disease. The patient works closely with a nurse care manager to develop self-care skills. The nurse care manager, a primary care physician, and a psychiatrist review the patient's progress weekly and make recommendations to the patient's primary care provider to treat, target and overcome clinical inertia.

Over a 24-month period, the TEAMcare intervention was associated with approximately four months more depression-free days compared to usual care.

LC-44: Postpartum Depression

Postpartum depression describes a group of depressive symptoms and syndromes that occur during the first year following a birth.[15] Postpartum depression is distinct from two other postpartum mood disorders which differ in severity: "maternal or baby blues" and postpartum psychosis.[15] Maternal or baby blues is considered a normal postpartum experience, affecting 50% to 80% of new mothers, and usually resolving on its own.[15] Symptoms are generally mild and include depressed mood alternating with elated moods, irritability, increased crying spells and a sense of "unreality" immediately after the birth.[15] Postpartum psychosis is a serious (albeit rare) postpartum mood disorder signifying a psychiatric emergency. Postpartum depression falls in the middle of these two mood disorders, affecting 10% to 20% of new mothers.[15] Symptoms of postpartum depression are similar to those of major depressive disorder and typically occur 10 to 14 weeks post-delivery.

Research indicates the following factors increase a woman's risk of developing postpartum depression: younger maternal age, lower education, single marital status, low socioeconomic status, personal or family history of a mood disorder, psychosocial stress and lack of social support.[15] Postpartum depression can result in poor health outcomes for both mother and infant. Infants of mothers with postpartum depression are more likely to be abused, neglected, and be diagnosed as failure to thrive.[16] Additionally, infants are more likely to exhibit insecure attachment patterns and have social and/or behavioral delays in development.[15] Mothers with postpartum depression have a higher risk of future depressive episodes and substance abuse.[15] It is important that clinicians repeatedly screen their clients for postpartum depression in the first year following a birth and recognize an at-risk woman during subsequent pregnancies.

Data source: Pregnancy Risk Assessment Monitoring System (PRAMS), 2009-2011
Numerator: Number of women who experienced self-reported postpartum depression following a live birth
Denominator: Number of total live births to recent mothers

Women sampled for Florida PRAMS were asked the following questions to assess postpartum depressive symptoms. The answer choices were: always, often, sometimes and rarely.

1. Since your new baby was born, how often have you felt down, depressed or sad?
2. Since your new baby was born, how often have you felt hopeless?
3. Since your new baby was born, how often have you felt slowed down?

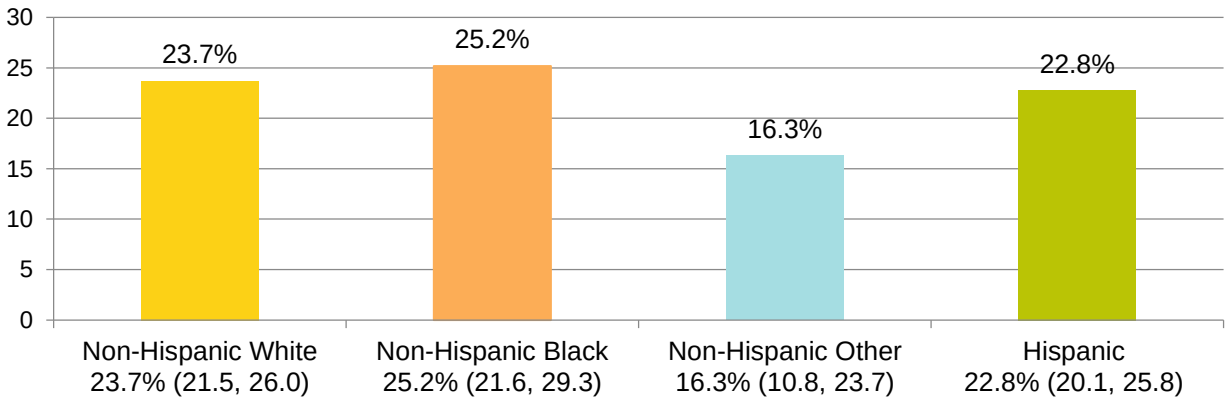
Women responding “always” or “often” to any of the above questions were considered to be experiencing postpartum depression.

Table 3: Percent (95% CI) of Women with a Recent Live Birth Experiencing Postpartum Depression, 2009-2011	
Nation[12*]	**Florida[17]**
23.0% (22.9, 23.0)	23.4% (21.8, 25.0)

*The national average is derived from states participating in the CDC’s CPONDER data system between 2009 and 2011. To be included in the system, states must have greater than 65% response rate on their PRAMS survey. Florida was not included in the national estimate. The numbers reported here may not be directly comparable.

The percent of women with a recent live birth experiencing postpartum depression in Florida was similar to the national average at approximately 23.4% (Table 3). Among these women in Florida, the most common symptom reported was feeling slowed down.

Figure 3: Percent (95% CI) of Women with a Recent Live Birth Experiencing Postpartum Depression in Florida, by Race/Ethnicity 2009-2011[17]



The percent of these women experiencing postpartum depression was highest among non-Hispanic Black people in Florida (Figure 3). This difference was not tested for significance. These data were not reported from the most recent Florida PRAMS survey due to changes in question formatting.

Program Spotlight

The Florida Association of Healthy Start Coalitions (FAHSC) is composed of 33 coalitions across Florida that provide Healthy Start services to every county in Florida. Healthy Start's goals are to reduce infant mortality, reduce the number of low birth weight babies and improve health and developmental outcomes by providing prenatal and postnatal education along with coordination to resources through home visiting.

Healthy Start Care Coordinators and Counselors can code for depression screening once and for any follow-up screenings when using the Edinburgh Postnatal Depression Scale (EPDS). Recently the FDOH, in collaboration with the Florida Association of Healthy Start Coalitions (FAHSC), is working to standardize the EPDS as the Depression Screening used for all Healthy Start participants statewide. Standardization of when the EPDS is to be utilized, training and evidence based interventions for women found to be at risk for depression based on the EPDS are also in the process of being finalized.

LC-45: Suicide

Nationally, suicide is the 10th leading cause of death. On an annual basis, it claims more than double the amount of lives than homicide.[18] The reasons why a person commits suicide are complex and unique to each situation. Risk factors for suicide include prior suicide attempts, psychiatric and depressive disorders, substance abuse, and access to lethal means such as having a gun in the house.[19] Effective mental health care, a sense of connectedness, and problem-solving skills can be protective against suicide.[19]

For every person that dies by suicide, more than 30 others attempt suicide.[18] It is important to consider the dynamic impact that suicide and attempted suicide have on family, friends, and the community. Suicides can affect the emotional, mental and financial well-being of family members and friends. The emotional stress of knowing someone who has committed or attempted suicide puts those individuals at a higher risk of suicidal thoughts themselves as well as substance use disorders.[20] In particular, children and adolescents may be especially vulnerable to the repercussions of suicide. Household mental illness is considered an adverse childhood experience (ACE) and can have lifelong influences on a child's ability to cope and thrive later in live.

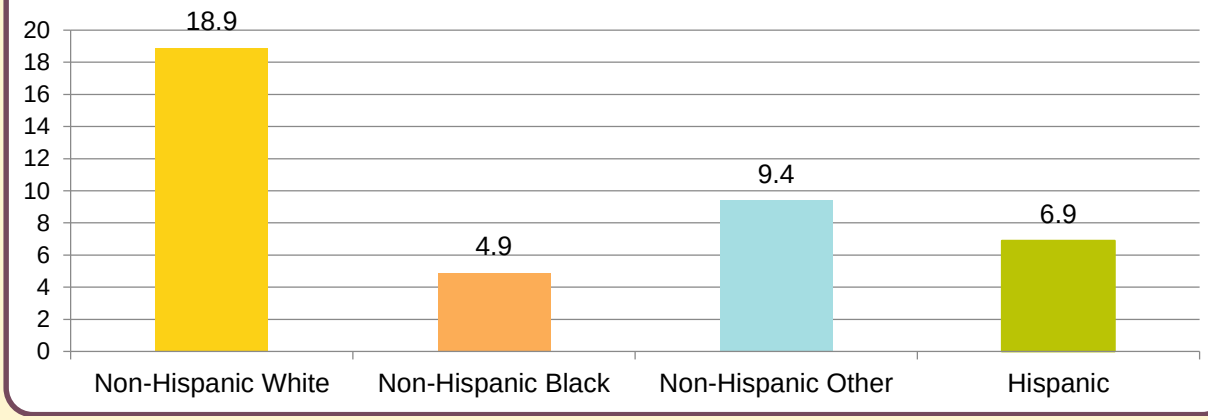
Data source: National Vital Statistics System (NVSS) Records
Numerator: Number of suicides to persons aged 10 years and older, age-adjusted
Denominator: Total population aged 10 years and older

Table 4: Suicide Rate per 100,000 Persons Aged 10 Years and Older, 2013	
Nation, 2010[12]	**Florida, 2013[21]**
12.6	13.8

Florida has a slightly higher suicide rate than the national average, although this difference was not tested for significance (Table 4). In 2013, suicide was the 9th leading

cause of death overall and the 2nd leading external cause of death (death caused by something outside of the body) in Florida.[21]

Figure 4: Age-Adjusted Suicide Rate per 100,000 in Florida, by Race/Ethnicity 2013[21]



The age-adjusted suicide rate was higher among non-Hispanic White people compared to other racial and ethnic groups (Figure 4). This difference was not tested for significance. Suicide rates reported here are for both suicide by firearms discharge and other and unspecified means.

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