



INTERACT
FOR HEALTH

**TCN Roundtable on Mental Health:
Tackling Behavioral Health Equity and
Access to Care**

October 19, 2023



We believe every person deserves the opportunity for a full and healthy life

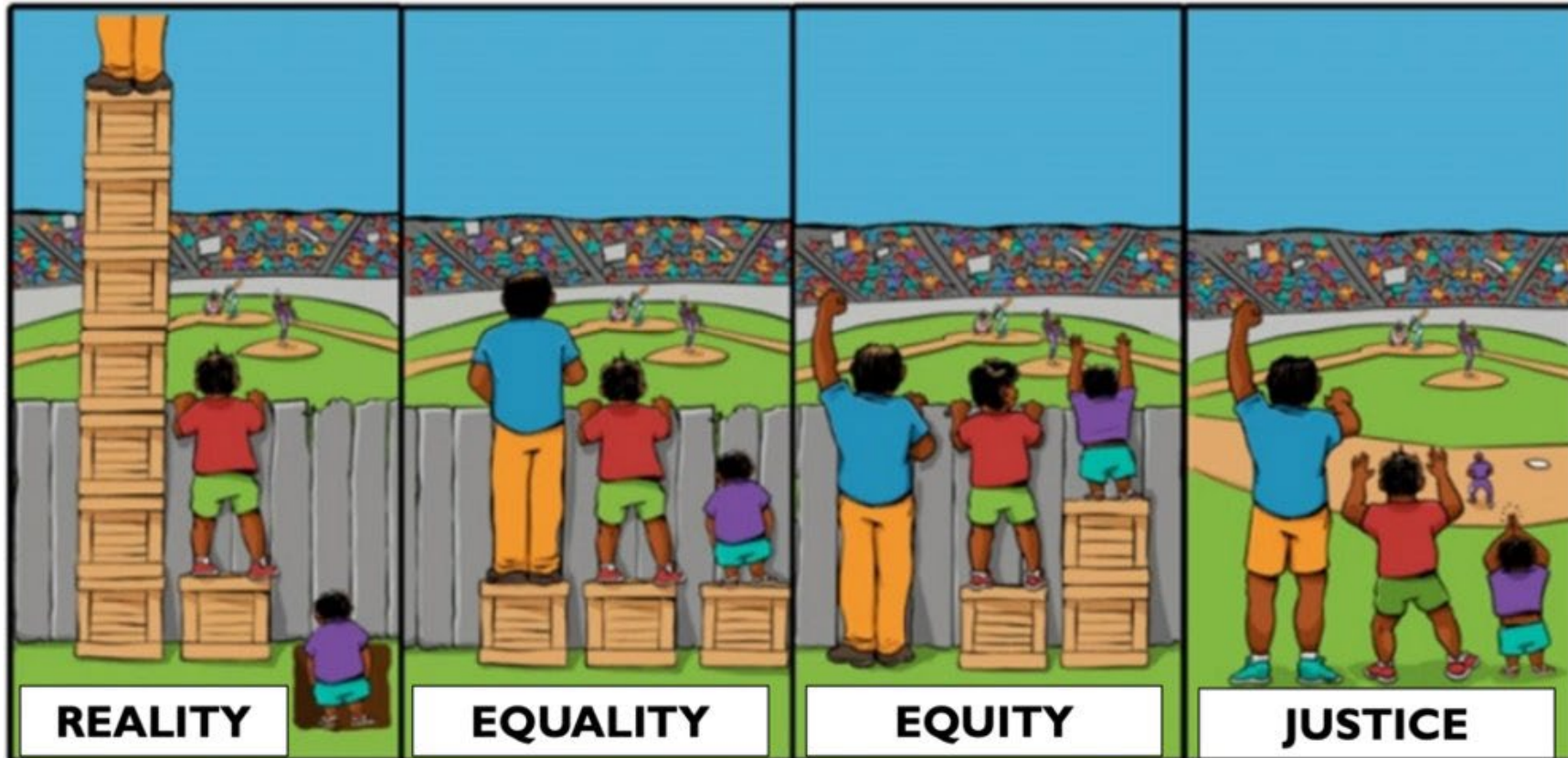
Interact for Health works with communities to advance health justice to ensure that people in our region are healthy and thriving, regardless of who they are or where they live.





Our region





One gets **more than** is needed, while the other gets **less than** is needed. Thus, a huge disparity is created.

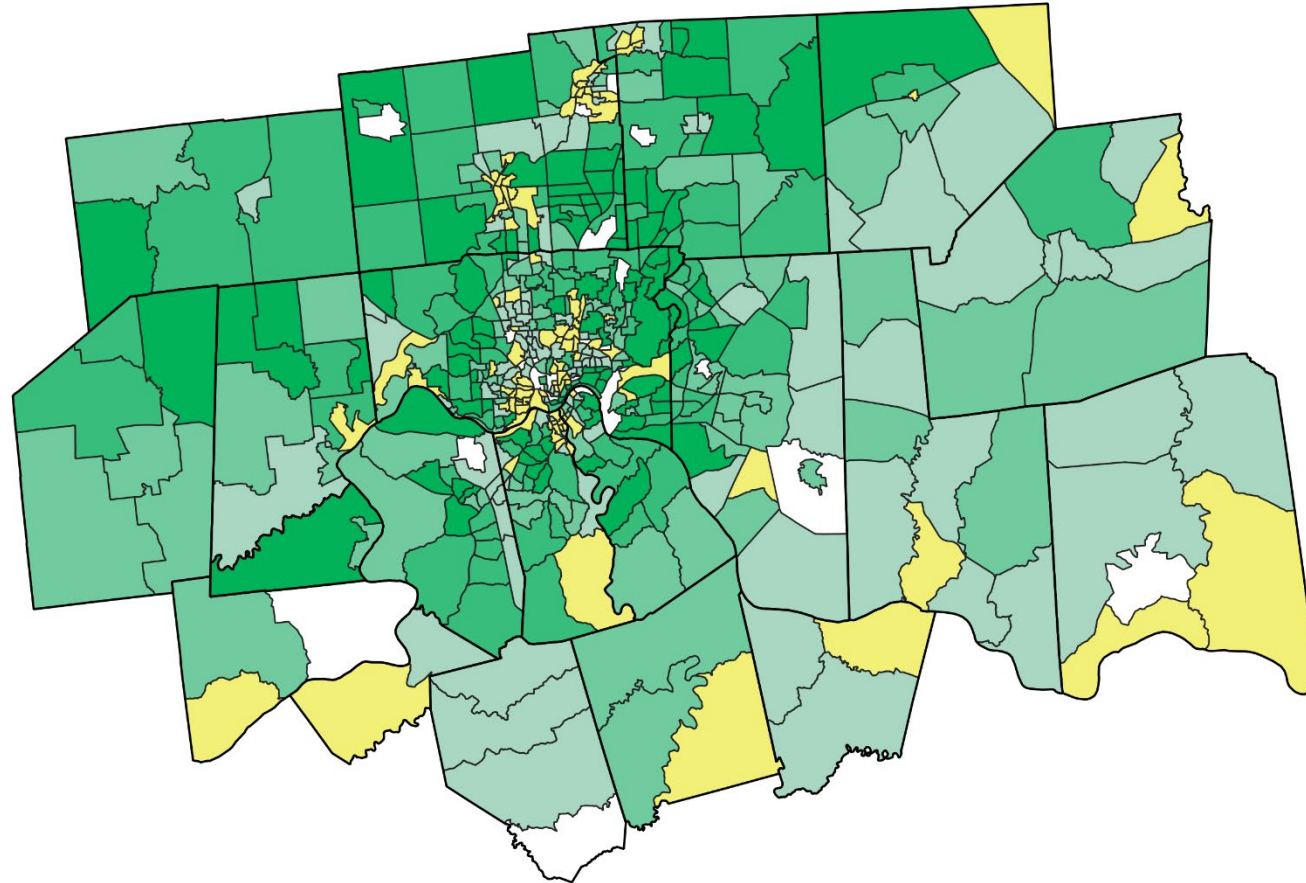
The assumption is that **everyone benefits from the same supports**. This is considered to be equal treatment.

Everyone gets the support they need and want, which produces equity.

All 3 can see the game without supports or accommodations because **the cause(s) of the inequity was addressed**. The systemic barrier has been removed.

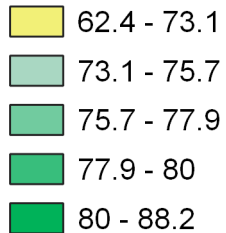


Life expectancy can vary by ~26 years between census tracts in the region



Life Expectancy by Census Tract

Life Expectancy



Areas with **shortest life expectancy:**

- West Newport (62.4)
- Walnut Hills (63.3)
- Covington (63.8)
- Corryville (63.8)
- West Price Hill (64.9)

Areas with **longest life expectancy:**

- West Chester (85.5)
- St. Leon (85.7)
- Blue Ash (86.5)
- Mt. Adams (86.7)
- Indian Hill (88.2)



What is the meaning of behavioral health?

“Behavioral health” generally refers to mental health and substance use disorders, life stressors and crises, and stress-related physical symptoms.

Behavioral health care refers to the prevention, diagnosis and treatment of those conditions.



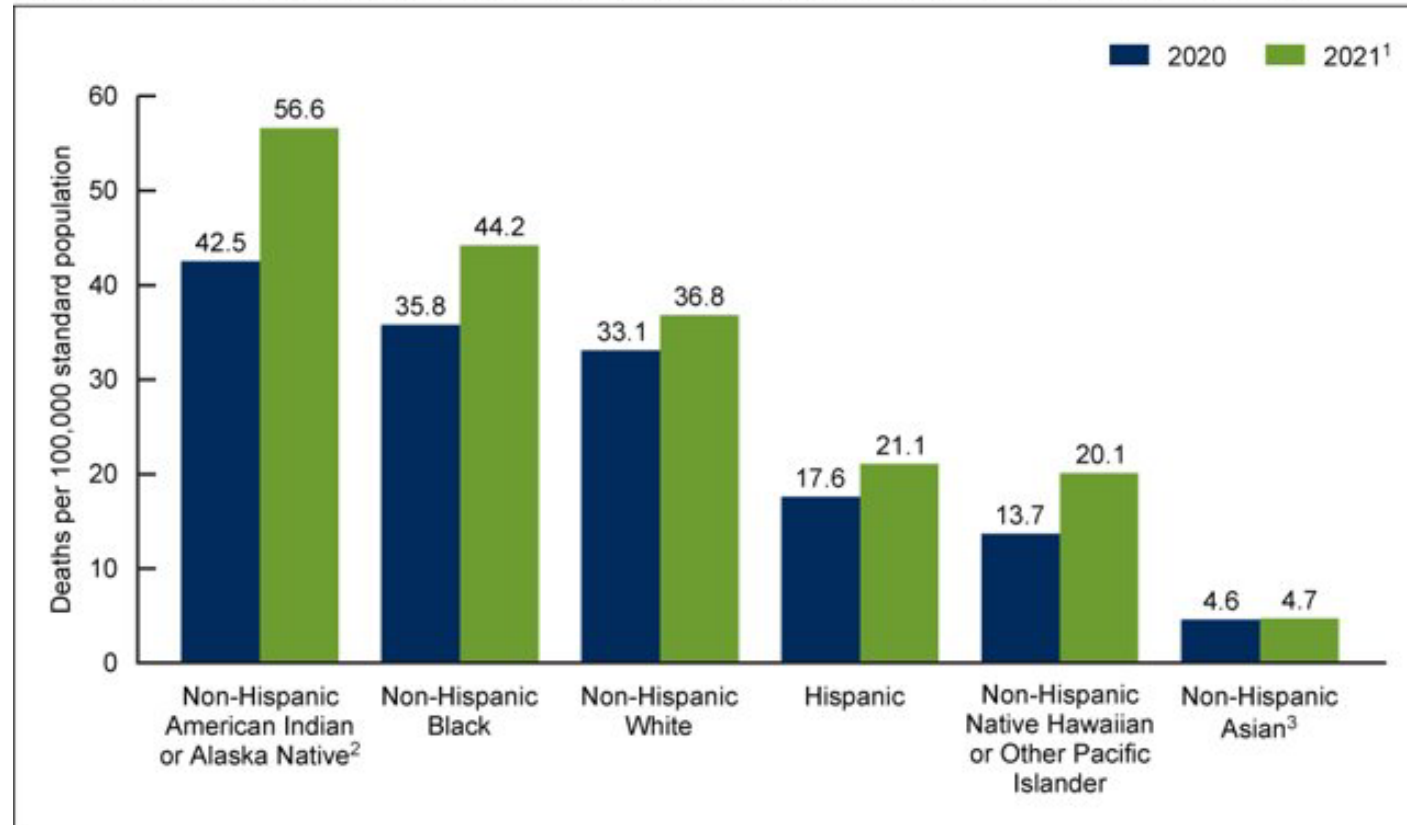
Nationally, mental health challenges are prevalent and rising

- **1 in 5 U.S. adults** experience mental illness each year
- **1 in 20 U.S. adults** experience serious mental illness each year
- **12% increase** in suicide rates from 2010 to 2020.



In recent years, national drug overdose rates have continued to rise as well

Figure 3. Age-adjusted rate of drug overdose deaths, by race and Hispanic origin: United States, 2020 and 2021



¹Except for non-Hispanic Asian people, rates in 2021 were significantly higher than in 2020 for all race and Hispanic-origin groups, $p < 0.05$.

²Race and Hispanic-origin group with highest rate in 2020 and 2021, $p < 0.05$.

³Race and Hispanic-origin group with lowest rate in 2020 and 2021, $p < 0.05$.

NOTES: Misclassification of race and Hispanic origin on death certificates results in the underestimation of death rates by as much as 34% for American Indian or Alaska Native people and 3% for non-Hispanic Asian and Hispanic people. Drug overdose deaths were identified using *International Classification of Diseases, 10th Revision* underlying cause-of-death codes X40–X44, X60–X64, X85, and Y10–Y14. Age-adjusted death rates were calculated using the direct method and the 2000 U.S. standard population. Access data table for Figure 3 at: <https://www.cdc.gov/nchs/data/databriefs/db457-tables.pdf#3>.

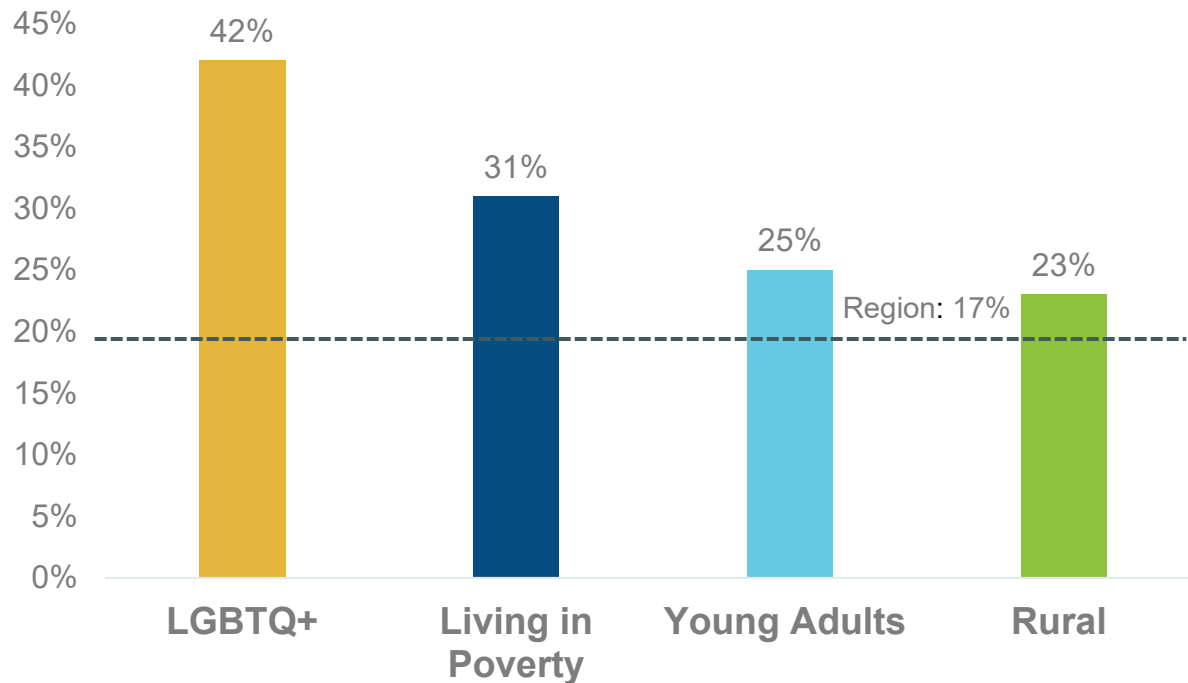
SOURCE: National Center for Health Statistics, National Vital Statistics System, Mortality File.



Some people and places in the region report higher levels of frequent mental distress

Access to mental health services lacking, particularly in rural areas

Adults Reporting Frequent Mental Distress (2022)
Greater Cincinnati Region



Frequent mental distress is defined as 14 or more mentally unhealthy days in the past month.

Access to Mental Health Services

Population to Mental Health Ratio	Nation	Region	Lowest Rated County
Number of individuals served by one mental health provider	355:1	538:1	4,143:1 Bracken



A growing national crisis in youth mental health

- One in five young people experience a mental health disorder—making mental health challenges the **leading** cause of disability and poor life outcomes in young people.
- Half of all mental health disorders begin by age 14, and three-quarters begin by age 24.
- Suicide is now second only to unintentional injury among causes of death for 10- to 34- year-olds. Yet 62% of youth with depression do not receive any mental health care.





Disparities in youth mental health by gender and race

- **Girls are 51% more likely to visit an emergency department than in 2019 and Boys are 4% more likely to visit an emergency department than 2019.**
- **Black youth are twice as likely as White youth to die by suicide. And the rate of suicide among Black youth is increasing faster than any other group.**

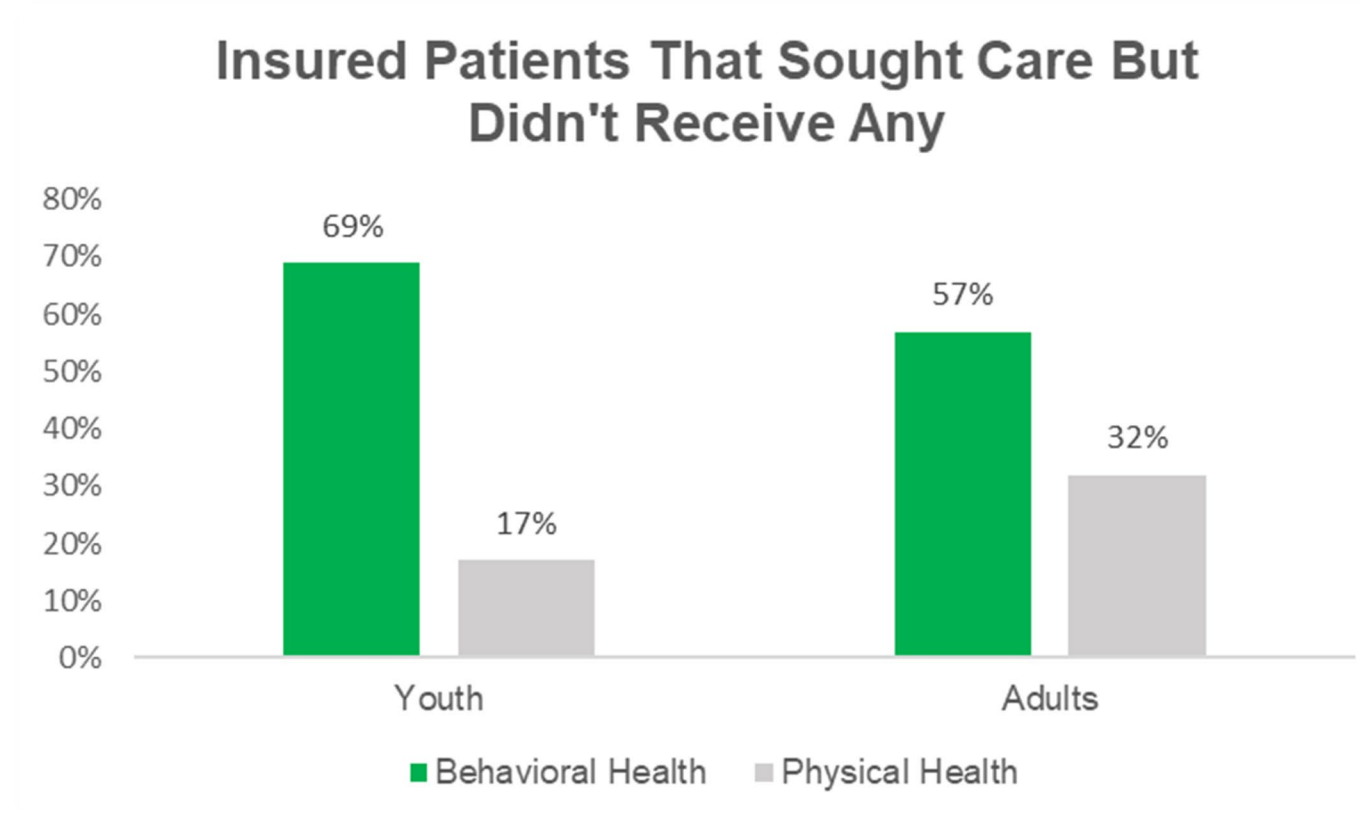


Barriers to progress

- **Severe workforce shortages**, contributing to growing wait lists.
- **Not enough providers of color**, resulting in insufficiently culturally competent care.
- **Lack of payment parity between behavioral and physical health**, leading to unaffordable care and too few providers.
- **Fragmentation between behavioral health and physical health**, leading to inaccessible and insufficient care for behavioral health.
- **Continued stigma**, reducing help-seeking behavior, especially in priority populations.
- **Language barriers**, making it difficult for non-English speakers to navigate services.

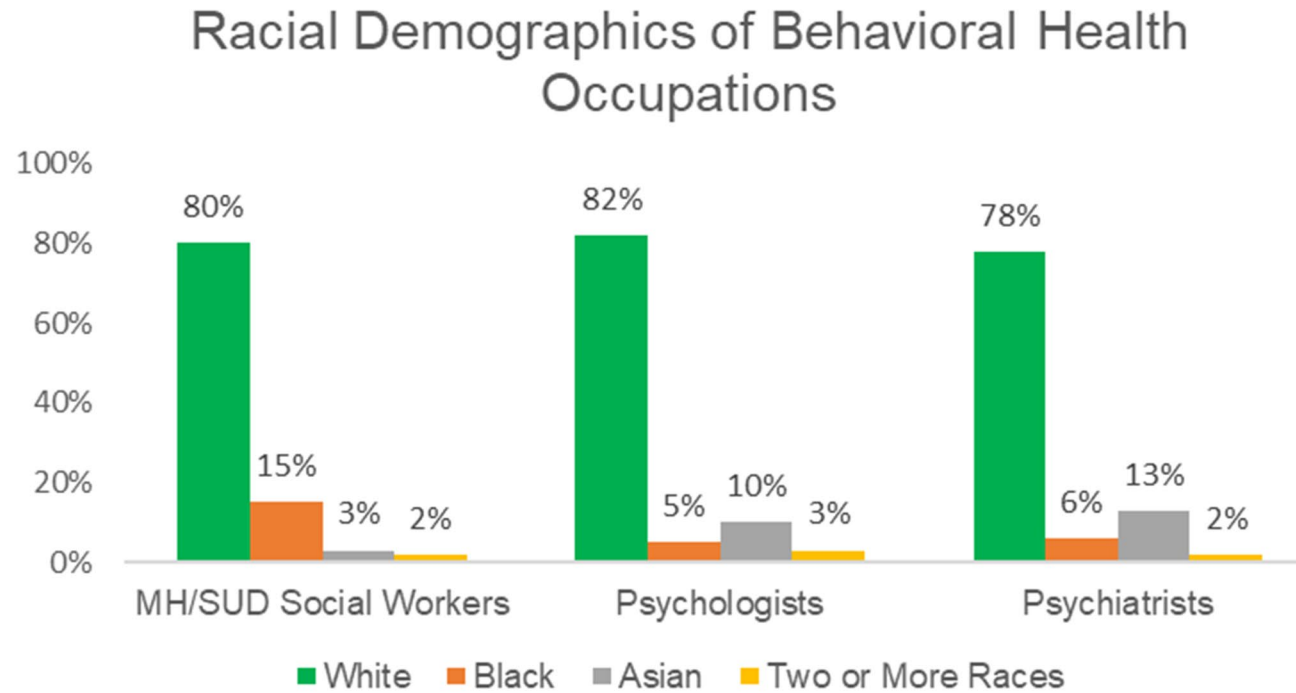


Access to behavioral health care lags behind physical health, especially for youth





Representation in behavioral health workforce in Cincinnati MSA





Insights on root causes, barriers to care and solutions from nearly 100 everyday experts

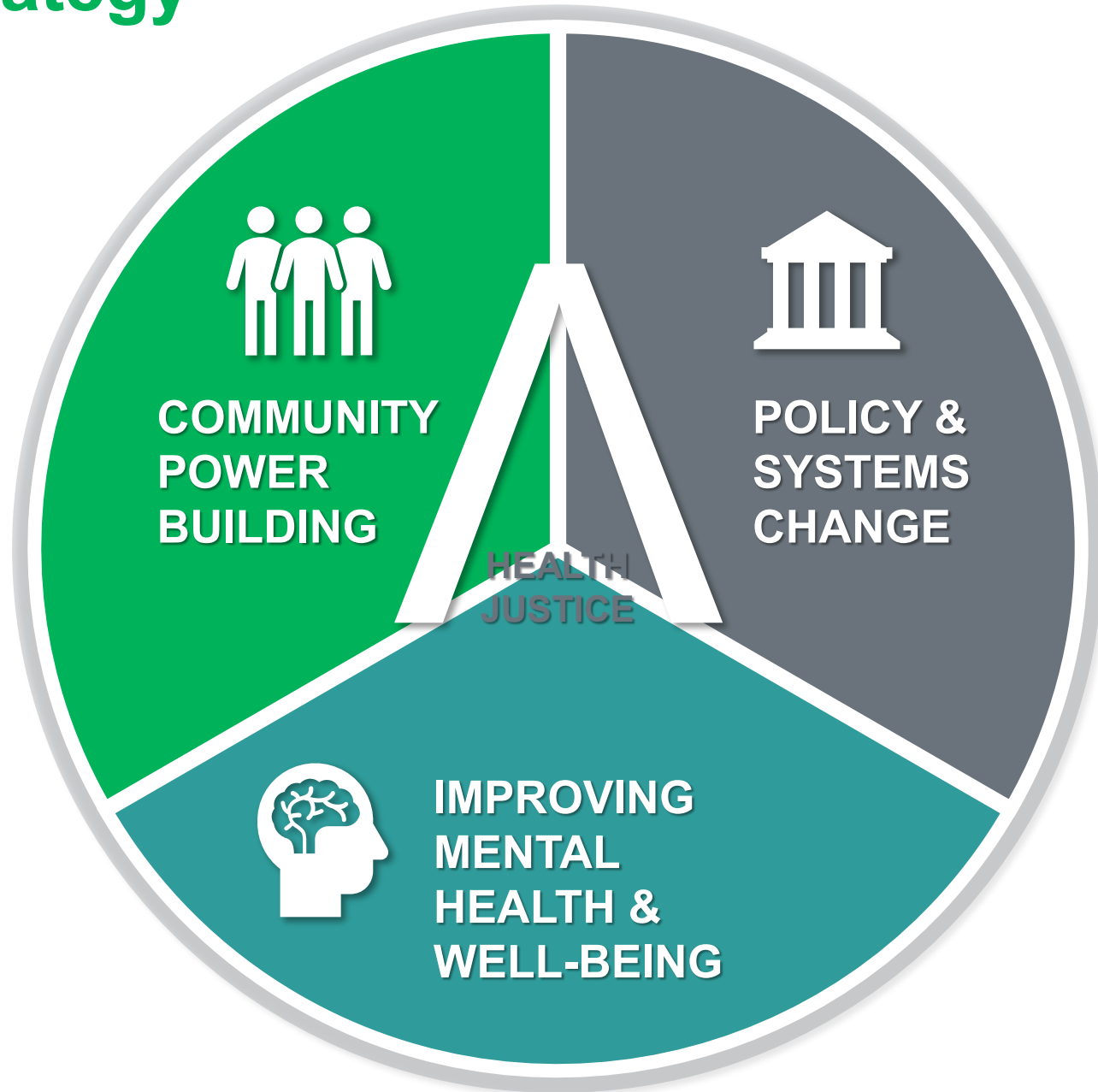
“I live in small town, conservative America...Being so separated away from the queer community in general, it’s very isolating...Here, I’m so guarded...Putting up a front is exhausting, it really wears you down because you don’t feel like you can authentically be yourself out in public.”

“A lot of [people my age] somehow have some sort of trauma affecting us, depression, bipolar disorder...We’ve normalized it a lot instead of being able to encounter our feelings and actually heal from it...When people talk about certain things, we kind of take it as a joke, even death.”





Our strategy





Mental health priorities at Interact for Health

Strengthen systems and supports for young people

- Amplify youth-led solutions
- Strengthen school-based mental health systems
- Support the development of a regional, cross-sector strategy

Remove systemic barriers in mental health overall

- Advance behavioral health policy changes (e.g., parity, reimbursement, workforce, access to care, etc.)
- Advance system changes by addressing the workforce shortage, expanding culturally relevant care and reducing stigma



Regional stakeholders coming together to address youth mental health

A 10-year vision and strategy to change the trajectory for the region's youth by:



Driving focus



Amplifying advocacy



Centering youth and families



Building community will



Enabling engagement



Aligning resources



Achieving early wins



Creating accountability

To get involved, reach out to Ross Meyer at rmeyer@interactforhealth.org.



How you can take action

- Learn about the 988 suicide and crisis lifeline and share with your community.
- Attend QPR (Question. Persuade. Refer.) training.
- Attend Mental Health First Aid training.



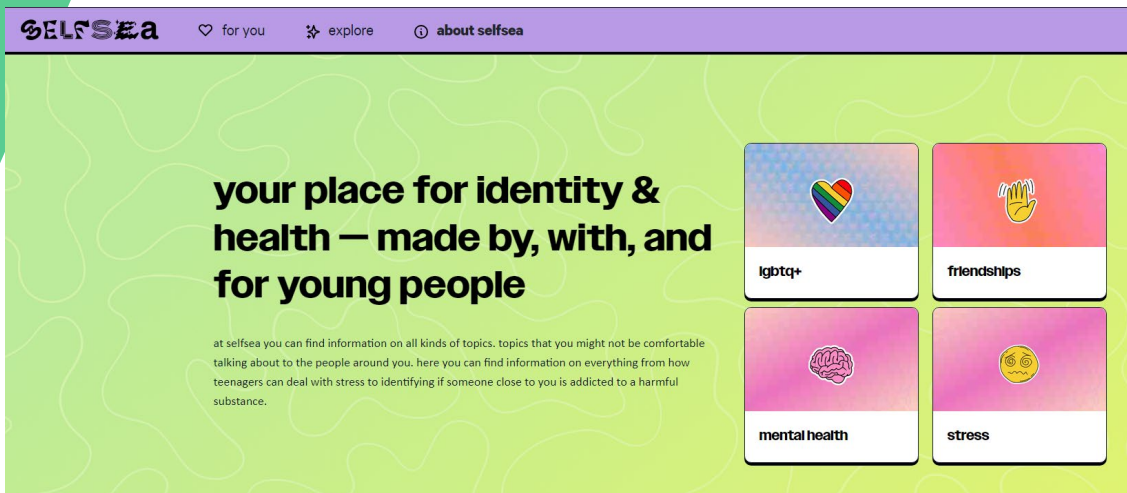
QPRinstitute.com



mentalhealthfirstaid.org



Local resources to increase access to culturally relevant care



selfsea.org



rsilience.org

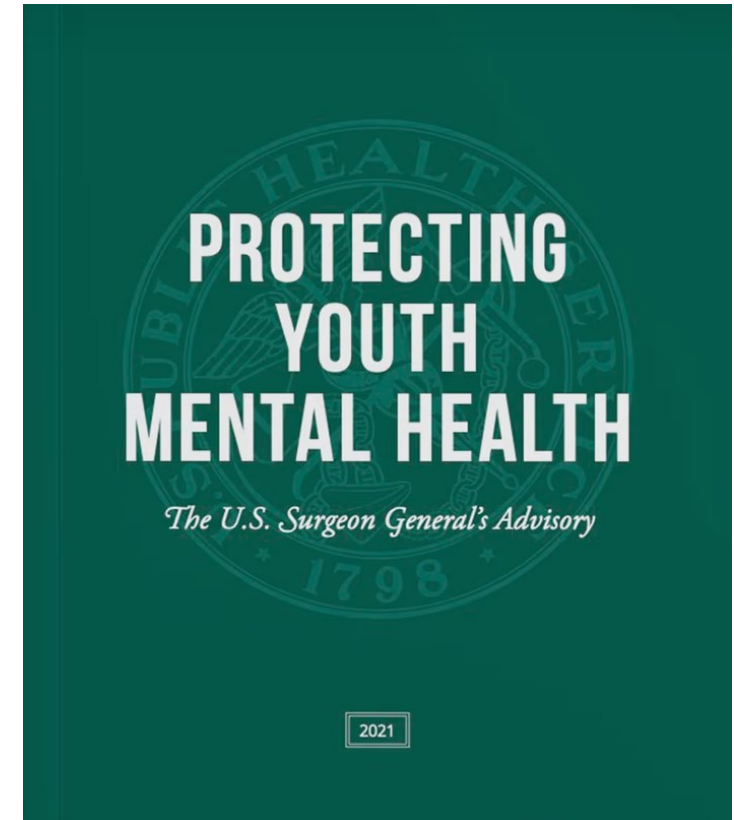


cec-cincy.org/bipoc-mh-provider-directory



We all have a role to play in supporting youth mental health and creating a world where young people thrive.

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Thank You!