

## Section 9: Mental Health Conditions

*Mental health* is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity. Mental health is indispensable to personal well-being, family and interpersonal relationships, and contribution to community or society. *Mental disorders* are health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof), which are associated with distress and/or impaired functioning and spawn a host of human problems that may include disability, pain, or death. *Mental illness* is the term that refers collectively to all diagnosable mental disorders.

In established market economies such as the United States, mental illness is on a par with heart disease and cancer as a cause of disability. Suicide—a major public health problem in the United States—occurs most frequently as a consequence of a mental disorder.

### Prevalence of Mental Illness in DuPage County

Prevalence refers to the total number of cases of a disorder present in a defined population at a given time. The episodes of mental disorders enumerated for the following rates are projected to be evident for any given six month period for adults 18 years and older. The rates therefore refer to period prevalence, i.e., estimated numbers of cases for any given 6-month period of time. Summing the unique diagnostic groups across age categories will show the number of times each diagnosis may be expected to occur in the population.

Table 9.1 shows the estimated and treated prevalence of all mental illness by age in DuPage County for the year 2000.

Table 9.1

Disorder	Estimated Prevalence	Treated Prevalence	
		Seek Care for Mental Health Reasons	Likely to See Mental Health Provider
Any Disorder	118,913	20,929	11,773
18-24 Yrs.	16,949	2,085	1,373
25-44 Yrs.	62,295	12,334	7,475
45-64 Yrs.	28,340	5,923	2,976
65+ Years	11,331	1,496	499

Source: Robert J. Rydman & Associates, 2001.

Table 9.2 lists the estimated and treated prevalence of specific disorders for all DuPage County adults, including alcohol and drug use.

Table 9.2

Disorder	Estimated Prevalence	Treated Prevalence	
		Seek Care for Mental Health	Likely to See Mental Health Provider
Affective Disorders	39,049	12,261	6,873
Schizophrenia	6,868	3,207	2,589
Anxiety/Phobic	53,815	10,924	6,134
Antisocial Personality	5,818	4,491	861
Obsessive Compulsive Disorder	10,195	2,070	1,163
Severe Cognitive Impairment	7,465	3,822	246
Alcohol Abuse	34,766	4,278	3,475
Drug Abuse	12,052	1,639	1,205

Source: Robert J. Rydman & Associates, 2001.

## Affective Disorders

Affective Disorders include major depression with and without bereavement, dysthymia, and bipolar illness. Affective disorders are outside the bounds of normal fluctuations from sadness to elation, and have potential severe consequences for morbidity and mortality.

Table 9.3 shows the 2000 distribution of DuPage County population by age group, estimated prevalence and the number of persons in DuPage with affective disorders.

Table 9.3

<b>Estimates for Prevalence of Affective Disorders</b>			
<b>DuPage County, 2000</b>			
<b>Age Distribution</b>	<b>Total Population</b>	<b>Estimated Prevalence</b>	<b>Number of Persons with Affective Disorders</b>
<b>DuPage County</b>	904,161	5.5	49,931
Total Adults 18+ Yrs.	662,327	5.9	39,049
<b>Males</b>			
Total Population	445,731	4.0	17,718
18-24 Years	39,013	4.3	1,678
25-44 Years	145,562	4.7	6,841
45-64 Years	101,243	3.1	3,139
65+ Years	35,399	1.3	460
<b>Females</b>			
Total Population	341,050	7.9	26,931
18-24 Years	35,356	7.1	2,510
25-44 Years	147,542	10.1	14,902
45-64 Years	104,757	7.2	7,543
65+ Years	53,395	3.7	1,976
<b>Major Depression (Estimate)</b>	49,931	85.5	42,699
<b>Bipolar Depression (Estimate)</b>	49,931	14.5	7,232

Source: Robert J. Rydman & Associates, 2001.

## Prevalence of Mental Illness in DuPage County Children (Under 18 Years of Age)

Dr. Rydman's *Assessment of Mental Needs in DuPage County* demonstrates the prevalence of mental illness, irrespective of age or geographic location. From this study we find

1. 11.8 percent of all children ages 0-17 have diagnosable mental health disorders.
2. 4.5 percent of all children ages 0-17 with a diagnosis have depression.
3. Associated diagnoses with depression for children ages 10-17 is substance abuse, especially alcohol abuse.

Table 9.4

<b>Estimated Prevalence of Mental Illness in Children Under 18 Years DuPage County, 2000</b>		
<b>Disorder</b>	<b>Estimated Percent</b>	<b>Number Affected</b>
<b>All Children 0-17 Yrs. With Mental Illness</b>	11.8	28,536
Psychosis	0.2	483
Affective Disorder	4.5	10,882
Conduct Disorder	3.5	8,464
Multi-Handicapped (Including Physical)	1.6	3,869
Adjustment Reactions	2.0	4,837

Source: Robert J. Rydman & Associates, 2001.

## Chronic Mental Illness

In 2000 in DuPage County, long-term mental illness affected almost 4,900 adults. A chronically mentally ill (CMI) individual is defined as having a major mental disorder (diagnosis) for an extended period of time (duration greater than one year); and is work impaired (receiving or eligible for disability).

Table 9.5

<b>Estimates for Adult Prevalence of Chronic Mental Illness</b>			
<b>DuPage County, 2000</b>			
<b>Age Distribution</b>	<b>Total Population</b>	<b>Estimated Prevalence (Percent)</b>	<b>Number of Persons with Chronic Mental Illness</b>
<b>DuPage County</b>	904,161		
Total Adults 18 - 64	573,534	.853	4,895
<b>Males</b>			
18-64 Years	285,877	.650	1,858
18-24 Years	39,014	.278	108
25-34 Years	66,414	.290	193
35-44 Years	79,206	.690	547
45-54 Years	64,528	.739	477
55-64 Years	36,715	1.453	533
<b>Females</b>			
18-64 Years	287,657	1.06	3,037
18-24 Years	35,357	.203	72
25-34 Years	65,571	.577	378
35-44 Years	81,972	1.144	938
45-54 Years	66,890	1.423	952
55-64 Years	37,867	1.841	697

Source: Robert J. Rydman & Associates, 2001.

## Hospitalizations

Table 9.6 shows the number of psychoses hospitalizations for DuPage County residents aged 15 to 64 for the ten-year period 1992 through 2001. This data comes from the IPLAN Data System. In this context, 'hospitalization' means the treatment of a person in an acute care hospital as an inpatient. A "person subject to involuntary admission" or "subject to involuntary admission" means 1. a person with mental illness and who because of his or her illness is reasonably expected to inflict serious physical harm upon himself or herself or another in the near future; or 2. a person with mental illness and who, because of his or her illness, is unable to provide for his or her basic physical needs so as to guard himself or herself from serious harm.

Table 9.6

<b>DuPage County</b>		
<b>Number of Psychoses Hospitalizations</b>		
<b>Year</b>	<b>Age</b>	
	<b>15 – 44</b>	<b>45 - 64</b>
1992	1,885	500
1993	2,061	590
1994	2,271	580
1995	2,306	624
1996	2,338	744
1997	2,107	766
1998	2,279	779
1999	2,458	781
2000	2,548	904
2001	2,598	974

Table 9.7

2001 Hospitalizations for Mental Disorders by Age Group				
	DuPage County		Illinois	
Age	Number of Hospitalizations	Percent	Number of Hospitalizations	Percent
10 to 14	318	4.8%	7,007	5.5%
15 to 19	814	12.4%	10,669	8.3%
20 to 24	490	7.4%	7,286	5.7%
25 to 34	999	15.2%	20,539	16.0%
35 to 44	1,632	24.8%	35,878	28.0%
45 to 54	977	14.8%	23,459	18.3%
55 to 64	414	6.3%	8,515	6.6%
65 to 74	323	4.9%	5,654	4.4%
75+	547	8.3%	7,089	5.5%

**Increase the proportion of adults with mental disorders who receive treatment.**

**HP 2010 Objective:** 18-9.

**Target and baseline:**

Objective	Increase in Adults With Mental Disorders Receiving Treatment	1997 Baseline (unless noted)	2010 Target
<i>Percent</i>			
<b>18-9a.</b>	Adults aged 18 to 54 years with serious mental illness	47 (1991)	55
<b>18-9b.</b>	Adults aged 18 years and older with recognized depression	23	50
<b>18-9c.</b>	Adults aged 18 years and older with schizophrenia	60 (1984)	75
<b>18-9d.</b>	Adults aged 18 years and older with generalized anxiety disorder	38	50

**Data sources:** Behavioral Risk Factor Survey, 2000, Robert J. Rydman & Associates, 2002.

In DuPage County in 2000, 9.3 percent of adults indicated they felt downhearted or blue. 10.9 percent of adults accomplished less than they would like as a result of emotional problems. 14.8 of adults indicated they were somewhat or not satisfied with life. **In 2000, 3.4 percent, or about 22,519 DuPage County adults were being seen for mental health problems. While this percentage is not directly comparable to the HP 2010 Target, it is clear that mental health services need improvement.**

### **Reduce the suicide rate.**

**HP 2010 Objective:** 18-1.

**National Target:** 5.0 suicides per 100,000 population.

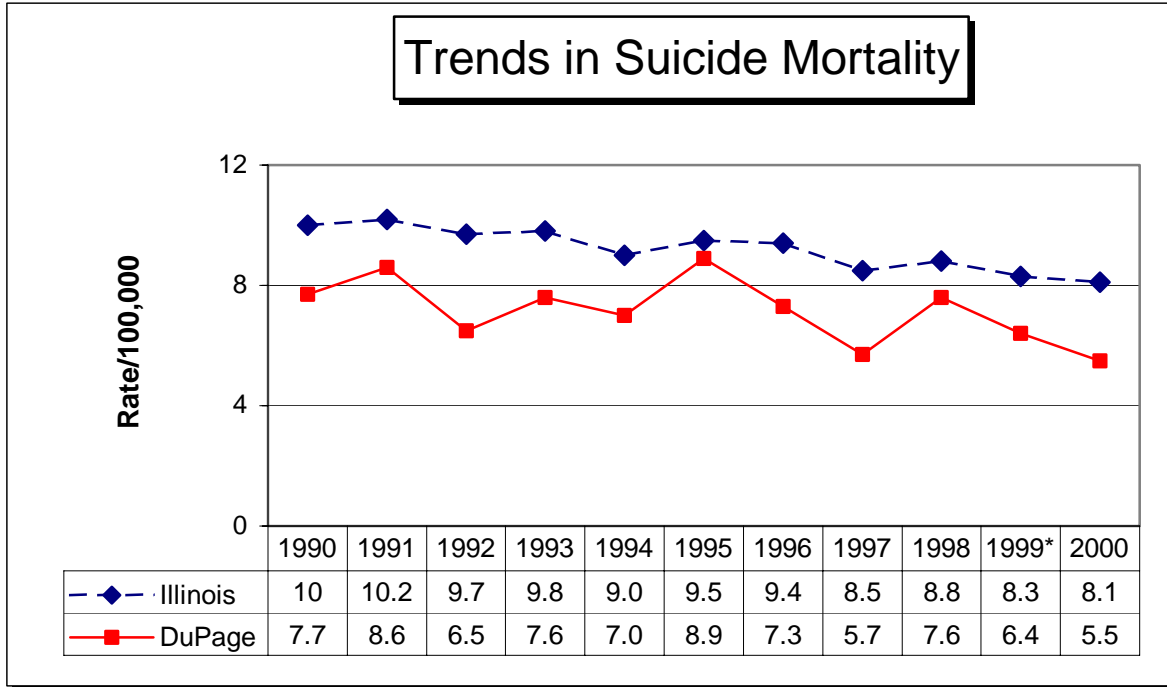
**National Baseline:** 11.3 suicides per 100,000 population occurred in 1998 (age adjusted to the year 2000 standard population).

**Data source:** Illinois Department of Public Health Death Files.

Risk for engaging in suicidal behaviors differs by gender. A history of physical or sexual abuse appears to be a serious risk factor for suicide attempts in both women and men. Women attempt suicide more often than men, but men's risk of completed suicide is on average four and one half times higher than women's. This suicide gender gap begins in adolescence and grows through middle and later life.

Suicide is a complex behavior that can be prevented in many cases by early recognition and treatment of mental disorders. At least 90 percent of all people who kill themselves have a mental or substance abuse disorder, or a combination of disorders. However, most persons with a mental or substance abuse disorder do not kill themselves; thus other factors contribute to suicide risk. In addition to mental and substance abuse disorders, risk factors include prior suicide attempt, stressful life events, and access to lethal suicide methods. Suicide is difficult to predict; therefore, preventive interventions focus on risk factors. Thus, reduction in access to lethal methods and recognition and treatment of mental and substance abuse disorders are among the most promising approaches to suicide prevention. More targeted approaches should consider risk factors most salient and appropriate for select populations.

Graph 9.1



\*ICD-10 codes were implemented beginning 1999.

The HP 2010 target rate for suicide is 5.0 deaths per 100,000 population. **In 2000, the DuPage County suicide rate was 5.5, very close to meeting the target.** The Illinois suicide mortality rate was 8.1.

## Alzheimer’s Disease

Nationally Alzheimer’s disease strikes 8 to 15 percent of people over age 65 years, with the number of cases in the population doubling every 5 years of age after age 60 years. Alzheimer’s disease is thought to be responsible for 60 to 70 percent of all cases of dementia. This mental illness is one of the leading causes of nursing home placements. Alzheimer’s disease affects equal numbers of women and men, although women’s longer average life spans mean that more women than men have Alzheimer’s disease at any point in time.

In recent years, Alzheimer's Disease has commanded greater attention as a major health concern. Growing awareness, coupled with improved diagnosis, has meant that Alzheimer's is becoming recognized more often as the underlying cause of death than has been true even just a few years ago. Moreover, changes in the ICD coding implementation in 1999 (ICD-9 to ICD-10) produced a 55 percent increase in the number of reported Alzheimer's deaths, with many deaths previously attributed to pre-senile dementia now being considered Alzheimer's.

Table 9.8

Alzheimer's Disease Deaths		
Year	DuPage County	Illinois
1999	120	1,905
2000	100	2,150
2001	112	2,161

In DuPage County, Alzheimer's Disease ranked as the eighth leading cause of death for 1999 and ninth for 2000. Alzheimer's Disease, as a leading cause of death, departs from most other major causes in that Alzheimer's is a function of mental capacity as compared to the other leading causes, which result from major organ failure, as with heart disease or external causes, such as accidents.

Alzheimer's Disease is primarily a disease found among the elderly as is shown in Table 9.9.

Table 9.9

2001 Alzheimer's Disease Deaths						
By Number and Percent: Male and Female						
	Male		Female		All	
Age Group	Number	Percent	Number	Percent	Number	Percent
45-64 Years	1	0.9%	1	0.9%	2	1.8%
65-84 Years	12	10.7%	30	26.8%	42	37.5%
85+ Years	13	11.6%	55	49.1%	68	60.7%
Total	26	23.2%	86	76.8%	112	100.0%

## **Adverse Consequences of Substance Use and Abuse**

A substantial proportion of the population drinks alcohol. Nationally, forty-four percent of adults aged 18 years and older (more than 82 million persons) report having consumed 12 or more alcoholic drinks in the past year. Among these current drinkers, 46 percent report having been intoxicated at least once in the past year—nearly 4 percent report having been intoxicated weekly. More than 55 percent of current drinkers report having consumed five or more drinks on a single day at least once in the past year—more than 12 percent did so at least once a week. Nearly 20 percent of current drinkers report having consumed an average of more than two drinks per day. Nearly 10 percent of current drinkers (about 8 million persons) meet diagnostic criteria for alcohol dependence. An additional 7 percent (more than 5.6 million persons) meet diagnostic criteria for alcohol abuse.

Alcohol use and alcohol-related problems also are common among adolescents. Age at onset of drinking strongly predicts development of alcohol dependence over the course of the lifespan. About 40 percent of those who start drinking at age 14 years or under develop alcohol dependence at some point in their lives; for those who start drinking at age 21 years or older, about 10 percent develop alcohol dependence at some point in their lives. Persons with a family history of alcoholism have a higher prevalence of lifetime dependence than those without such a history.

Excessive drinking has consequences for virtually every part of the body. The wide range of alcohol-induced disorders is due (among other factors) to differences in the amount, duration, and patterns of alcohol consumption, as well as differences in genetic vulnerability to particular alcohol-related consequences.

### **Reduce the proportion of persons engaging in binge drinking of alcoholic beverages during the past month.**

**HP 2010 Objective:** 26-11c Adults aged 18 years and older.

**Target and baseline:** 6.0 percent.

**Data source:** Behavioral Risk Factor Survey, 2000.

Alcohol use and its effect on heart disease and stroke risks are complex and probably dosage dependent. Evidence has accumulated which suggests that heavy alcohol use (> 5 drinks per day) may be a significant risk factor.

**In DuPage County in 2000, more than 16.4 percent of adults consumed five or more drinks on one occasion.** Binge drinking in DuPage County had declined from 19.4 percent in 1996. However, the County rate was slightly higher than the state rate of 18.2 percent in 1996 and 16.3 percent in 2000. **The DuPage percentage of 16.4 percent is much higher than the HP 2010 Target of 6 percent.**

**Reduce the proportion of persons engaging in binge drinking of alcoholic beverages during the past month.**

**HP 2010 Objective:** 26-11a High school seniors.

**Target and baseline:** 11.0 percent.

**Data source:** Youth Risk Behavior Survey, 2003.

29 percent of high school students used alcohol during the past 30 days. Of this percent, males were more likely to binge drink than females (54 versus 46 percent.) Seniors were the most frequent binge drinkers, with 35 percent consuming five or more drinks in a row in the previous month and 4 percent doing so on 20 or more consecutive days. **DuPage County does not meet this HP 2010 Target for this high school subset population.**

**Reduce the proportion of adolescents who report that they rode, during the previous 30 days, with a driver who had been drinking alcohol.**

**HP 2010 Objective:** 26-6.

**Target:** 30 percent.

**Baseline:** 33 percent of students in grades 9 through 12 reported riding during the previous 30 days with a driver who had been drinking alcohol in 1999.

**Data source:** Youth Risk Behavioral Survey, 2003.

In 2003, 20 percent of high school students reported riding in a vehicle during the previous 30 days with a driver who had been drinking alcohol. **DuPage County is better than the Target for this HP 2010 Objective.**

**Reduce deaths and injuries caused by alcohol- and drug-related motor vehicle crashes.**

**HP 2010 Objective:** 26-1.

**Target and baseline:**

Objective	Reduction in Consequences of Motor Vehicle Crashes	1998 Baseline	2010 Target
		<i>Per 100,000 Population</i>	
<b>26-1a.</b>	Alcohol-related deaths	5.9	4
<b>26-1b.</b>	Alcohol-related injuries	113	65
<b>26-1c.</b>	Drug-related deaths	Developmental	
<b>26-1d.</b>	Drug-related injuries	Developmental	

**Data sources:** HP 2010

Alcohol use has been linked with a substantial proportion of injuries and deaths from motor vehicle crashes, falls, fires, and drownings. It also is a factor in homicide, suicide, marital violence, and child abuse and has been associated with high-risk sexual behavior. Persons who drink even relatively small amounts of alcoholic beverages may contribute to alcohol-related death and injury in occupational incidents or if they drink before operating a vehicle.

## **Substance Abuse Emergency Room Visits.**

**HP 2010 Objective:** No Objective

**Data source:** Emergency Department Trends, Drug Abuse Warning Network (DAWN)

The DAWN relies on a sample of hospitals operating 24-hour emergency departments (EDs) to capture data on ED visits induced by, or related to substance abuse. DAWN data do not measure prevalence of drug use in the population, but the probability sample of hospitals is designed to produce representative estimates of ED drug episodes and drug mentions for the coterminous United States (Alaska and Hawaii are excluded.) The following bullet points highlight nationwide statistics.

- In 2002, the rate of ED episodes was 261 per 100,000 population.
- In 2002, patients age 26 to 34 and age 18 to 25 had the highest rates of ED episodes.
- From 2001 to 2002, increases for ED episodes were evident for patients age 18 to 25 (11%), patients age 45 to 54 (15%) and patients age 55 and older (19%).
- In 2002, 54% of drug-related ED episodes involved more than one drug (average 1.8 drugs per episode.)
- In 2002, almost half of drug-related ED episodes resulted in hospital admission.
- In 2002, 81% of drug mentions came from 7 categories: Alcohol-in-combination, cocaine, heroin, marijuana, benzodiazepines, antidepressants and analgesics.
- Over one-fifth of the cocaine mentions in 2002 (21%) were attributed to “crack.”
- Trends in mentions of club drugs Ecstasy and GHB appear to have leveled off.
- Among the less frequently mentioned major substances of abuse, only 2 drugs increased significantly from 2001 to 2002: mentions of inhalants (187%) and mentions of PCP (25%).

**Reduce drug-induced deaths.**

**HP 2010 Objective:** 26-3.

**National Target:** 1.0 death per 100,000 population.

**National Baseline:** 6.3 drug-induced deaths per 100,000 population occurred in 1998 (age adjusted to the year 2000 standard population).

**Data source:** Illinois Department of Public Health Death Files, 1999 - 2001.

Table 9.10

<b>DuPage County Drug-Induced Death Rate per 100,000 Population</b>	
<b>Year</b>	<b>Rate</b>
2001	6.12
2000	5.31
1999	4.48

**DuPage County falls quite short of meeting the HP 2010 Target Objective for drug-induced deaths.**

**Reduce cirrhosis deaths.**

**HP 2010 Objective:** 26-2.

**National Target:** 3.0 deaths per 100,000 population.

**National Baseline:** 9.5 cirrhosis deaths per 100,000 population occurred in 1998 (age adjusted to the year 2000 standard population).

**Data source:** Illinois Department of Public Health Death Files, 1999 - 2001.

Heavy alcohol use increases risk for cirrhosis and other liver disorders. In DuPage County in 1999, there were 53 cirrhosis deaths, in 2000 there were 56 and in 2001 there were 54.

Table 9.11

<b>DuPage County Cirrhosis Death Rate per 100,000 Population</b>	
<b>Year</b>	<b>Rate</b>
2001	5.90
2000	6.19
1999	5.94

**DuPage County does not meet the HP 2010 Target Objective for cirrhosis deaths.**

### **Tobacco Use in Population Groups**

Scientific knowledge about the health effects of tobacco use has increased greatly since the first Surgeon General’s report on tobacco was released in 1964. Cigarette smoking causes heart disease, several kinds of cancer (lung, larynx, esophagus, pharynx, mouth, and bladder), and chronic lung disease. Cigarette smoking also contributes to cancer of the pancreas, kidney, and cervix. Smoking during pregnancy causes spontaneous abortions, low birth weight, and sudden infant death syndrome.

Exposure to secondhand smoke also has serious health effects. Researchers have identified more than 4,000 chemicals in tobacco smoke; of these, at least 43 cause cancer in humans and animals. In the United States each year, because of exposure to secondhand smoke, an estimated 3,000 nonsmokers die of lung cancer, and 150,000 to 300,000 infants and children under age 18 months experience lower respiratory tract infections. Asthma and other respiratory conditions often are triggered or worsened by tobacco smoke.

Studies also have found that secondhand smoke exposure causes heart disease among adults. Data reported from a study of the U.S. population aged 4 years and older indicated that among nontobacco users, 88 percent had detectable levels of serum cotinine, a biological marker for exposure to secondhand smoke. Both home and workplace environments have contributed to the widespread exposure to secondhand smoke. Data from a 1996 study indicated that 22 percent of U.S. children and adolescents under age 18 years (approximately 15 million children and adolescents) were exposed to secondhand smoke in their homes.

**Reduce tobacco use by adults.**

**HP 2010 Objective:** 27-1.

**Target and baseline:**

Objective	Reduction in Tobacco Use by Adults Aged 18 Years and Older	1998 Baseline*	2010 Target
		<i>Percent</i>	
<b>27-1a.</b>	Cigarette smoking	24	12
<b>27-1b.</b>	Spit tobacco	2.6	0.4
<b>27-1c.</b>	Cigars	2.5	1.2
<b>27-1d.</b>	Other products	Developmental	

\*Age adjusted to the year 2000 standard population.

**Data source:** Behavioral Risk Factor Survey, 2000.

**In DuPage County in 2000, 19.2 percent of adults were current cigarette smokers.**

Of adults that smoke some days or everyday, 6.6 percent consider themselves to be heavy smokers. 61.2 percent of heavy smokers were advised to quit smoking. Smoking cessation has major and immediate health benefits for men and women of all ages. For example, people who quit smoking before age 50 years have half the risk of dying in the next 15 years, compared with people who continue to smoke.

In 2000, 2.8 percent of DuPage County adults were current smokeless tobacco users.

**DuPage County does not meet this HP 2010 Target.**

**Reduce tobacco use by adolescents.**

**HP 2010 Objective:** 27-2.

**Target and baseline:**

Objective	Reduction in Tobacco Use by Students in Grades 9 Through 12	1999 Baseline	2010 Target
		<i>Percent</i>	
<b>27-2a.</b>	Tobacco products (past month)	40	21
<b>27-2b.</b>	Cigarettes (past month)	35	16
<b>27-2c.</b>	Spit tobacco (past month)	8	1
<b>27-2d.</b>	Cigars (past month)	18	8

**Data source:** Youth Risk Behavior Survey, 2003

**In 2003, 16 percent of high school students smoked cigarettes at least once in the past 30 days.** 11 percent smoked cigarettes everyday. Males (36 percent) are slightly more likely than females (33 percent) to report having tried tobacco. 36 percent of high school students first smoked at age 13 to 14 and 25 percent first smoked at age 15 to 16. Daily smoking and tobacco use increases with grade level, with seniors smoking greater numbers of cigarettes. 33 percent of high school students who smoked bought cigarettes at a store and 34 percent borrowed or 'bummed' cigarettes. **DuPage County meets this HP 2010 Target.**