



Behavioral Health (Mental Health and Substance Use)

Community Health Assessment Priority Three: Mason County residents enjoy health that is not affected by substance use and abuse and/or mental health challenges.

Rationale: Health outcomes are affected by physical health conditions, as well as behavioral health concerns such as mental health and substance use and/or abuse.

Moving Mason Forward Goals

Mason County adults experience good mental health

Measuring the number of days that people report their mental health was “not good”, is known as poor mental health days. This is an important measure of health-related quality of life. ‘Poor mental health days’ is based on adults responding to the question: “Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?” (1)

Self-Reported Adults with ‘Poor Mental Health’ (1)

Measure	Mason 2012	Mason 2013	Mason 2014	Mason 2015	Mason 2016*	Mason 2017	WA 2017
Average number of days with poor mental health	4.4	4.7	4.4	4.4	3.8	3.8	3.7
Percent of people experiencing frequent (14+ days/mon.) poor mental health days	-	-	-	-	11%	12%	11%

NOTE: * The 2016 Health Rankings changed their measurement time frame from five year average to a single year measure.

Mason County's youth experience good mental health

Selected Youth Mental Health Indicators (2)

Area	Mason 2010	Mason 2012	Mason 2014	Mason 2016	WA 2016
Depressed feelings – 8 th graders	29%	31%	36%	33%	28%
Depressed feelings – 10 th graders	31%	39%*	45%	42%	34%
Depressed feelings – 12 th graders	31%	29%	40%*	41%	37%
Considered suicide – 8 th graders	17%	20%	21%	21%	17%
Considered suicide – 10 th graders	15%	23%*	28%	28%	21%
Considered suicide – 12 th graders	17%	12%	24%*	24%	20%

NOTE: * Indicates a significant change from the previous year.

Mason County residents make healthy choices around substance use

In 2016, Mason County experienced 89 deaths in the adult population attributable to alcohol or substance use. Mason County's rates are slightly higher compared to the state rate. (3)

Alcohol or Drug-related Deaths in Adult Population (3)

Area	2011	2012	2013	2014	2015
Mason County	12.0	16.3	11.9	13.5	13.1
Washington State	12.7	12.8	10.8	13.1	13.3

NOTE: Cause-specific death rates are measured in deaths per 100 deaths.

Selected Youth Behaviors around Substance Use (2)

Behaviors	Mason 2010	Mason 2012	Mason 2014	Mason 2016	WA 2016
Tobacco use – 6 th graders	4%	1%*	1%	1%	1%
Tobacco use – 8 th graders	12%	8%	7%	4%	3%
Tobacco use – 10 th graders	17%*	12%*	12%	8%*	6%
Tobacco use – 12 th graders	26%	21%	16%	11%*	11%
Alcohol use – 6 th graders	5%	3%	2%	3%	2%
Alcohol use – 8 th graders	23%	15%	15%	8%	8%
Alcohol use – 10 th graders	28%	25%	20%	22%	20%
Alcohol use – 12 th graders	31%	28%	32%	32%	32%
Marijuana use – 6 th graders	3%	1%	2%	1%	1%
Marijuana use – 8 th graders	14%	12%	13%	6%	6%
Marijuana use – 10 th graders	33%	36%	24%	21%	17%
Marijuana use – 12 th graders	44%	39%	37%	24%	26%

NOTE: All the above measures are self-report usages of specific substances within past 30 days.

* Indicates a significant change from the previous year.

Behavioral Health

Smoking during pregnancy can cause a number of harmful effects on the unborn baby including tissues damage especially in the lung and brain. Smoking is also associated with higher risk for miscarriages. (4)

Tobacco Use during Pregnancy (5)

Area	2012	2013	2014	2015	2016
Mason County	22%	22.0%	19%	19%	20%
Washington State	11%	10%	10%	9%	9%

Factors That Inform Outcomes

Availability of Drugs

Elements in the community influence the availability of legal drugs. (3)

Number and Rate of Legal Drug outlets (3)

Area	Mason 2011	Mason 2016	Mason 2016 Rate	WA 2016 Rate*
Alcohol Retail Licenses	126	120	1.9	2.2
Tobacco Retail and Vending Licenses	65	58	0.9	0.9
Retailer/Medical Marijuana License	-	7	0.1	7.5
Marijuana Retailer Licenses	-	1	0.02	0.9

NOTE: *Rates are measured as number of outlets per 1,000 person population (all ages).

Community Impact of Substance use

One indicator of the community impact of substance use is the number of arrests. Over 17,000 Americans are killed each year due to alcohol-related motor vehicle crashes. Binge drinking accounts for most alcohol-impaired incidents. (1)

Number and Rates of Adult Substance-related Arrests (3)

Area	Mason 2010	Mason 2015	Mason 2015 Rate	WA 2015 Rate*
Alcohol	260	76	1.5	5.3
Drug law Violations	140	116	2.4	2.2
Alcohol-related traffic Fatalities	1	1	12.5	31.0

NOTE: Rates is based upon persons over the age of 18 years and is per 1,000 traffic fatalities.

Number and Rates of Youth Substance-related Arrests (3)

Area	Mason 2010	Mason 2015	Mason 2015 Rate	WA 2015 Rate*
Alcohol or drug-related arrests, 10-14 yrs	9	7	2.1	1.6
Alcohol violation arrests, 10-17 yrs.	26	8	1.5	1.8
Drug law violation arrests, 10-17 yrs.	22	9	1.7	2.3

NOTE: Rate is per 1,000 adolescents 10-14 years or 10-17 years.

Risk and Protective Factors for Youth Substance Use

According to the public health model for the prevention of youth substance abuse, families, school and communities must work together. Each sector plays a unique role in creating risk and protective factors.

Community characteristics such as the perceived availability of drugs and handguns, as well as perceived community laws and norms related to drug use tend to have negative impacts. On the other hand, opportunities such as prosocial community involvement, such as with service clubs and afterschool activities, provide protective influences.

Percent of Mason County Students Who Perceive Select Community Risk and Protective Factors, 2016 (2)

Factors	6 th Grade	8 th Grade	10 th Grade	12 th Grade
<u>Risk Factors</u>				
Perceptive availability of drugs	15%	21%	20%	25%
Laws & norms favorable to regular drug use	45%	28%	40%	30%
Perceptive availability of handguns ¹²	N/A	43%	29%	31%
<u>Protective Factors</u>				
Opportunities for pro-social community involvement	N/A	69%	65%	73%
Participation in afterschool activities	N/A	55%	61%	59%

NOTE: ¹²This factor was last measured in 2012.

School environments have a role and responsibility of creative supportive learning environments. Real and perceived academic failures represent risk factors. However, activities such as able to talk to teachers, inclusion in class discussions, and opportunities for out-of-classroom school activities represent protective factors that can be nurtured in the school environment.

Percent of Mason County Students Who Perceive Select School Risk and Protective Factors, 2016 (2)

Factor	6 th Grade	8 th Grade	10 th Grade	12 th Grade
<u>Risk Factors</u>				
High risk for academic failure	48%	52%	48%	57%
Low commitment to school	47%	35%	42%	45%
<u>Protective Factors</u>				
Opportunities for pro-social school involvement	N/A	59%	60%	58%
Rewards for pro-social school involvement	41%	45%	56%	37%

Not surprisingly, peers can have a very strong influence, either positive or negative on an individual's health decisions and/or actions around substance use. Factors such as favorable peer attitude toward drug use, friends who use drugs, and early initiation of drug use are examples of risk factors.

Percent of Mason County Students Who Perceive Select Peer-Individual Risk and Protective Factors, 2016 (2)

Factor	6 th Grade	8 th Grade	10 th Grade	12 th Grade
Risk Factors				
Perceived Risk of drug use	51%	45%	46%	64%
Attitude favoring drug use	19%	33%	40%	32%
Friends use of drugs	N/A	27%	21%	18%
Intentions to use drugs ¹²	N/A	38%	52%	45%
Protective Factors				
Interaction with pro-social peers	N/A	51%	49%	46%
Belief in a moral order	N/A	73%	71%	52%
Social skills	N/A	66%	64%	52%

NOTE: ¹² Factor was last measured in 2012.

Finally, the family can create strong protective influences around youth substance use.

Percent of Mason County Students Who Perceive Select Family Protective Influences, 2016 (2)

Factor	6 th Grade	8 th Grade	10 th Grade	12 th Grade
Opportunities for prosocial family involvement	46%	60%	59%	51%
Can discuss problems with parents	87%	77%	83%	73%
Chances for fun with parents	80%	71%	75%	59%
Involvement in family decisions	67%	63%	53%	52%

Utilization of State-funded Services

Utilization of state-funded alcohol and/or drug services provides another view on behavioral health. It is important to remember that this measure is not informed by any gap between supply and demand. There may be more individuals who could benefit from services but are limited by a lack of service capacity.

Rates for Clients of State-funded Alcohol or Drug Services (3)

Area	2011	2012	2013	2014	2015
Mason County	12.0	11.3	11.6	12.7	15.0
Washington	11.2	10.4	10.4	10.7	11.1

NOTE: Rate is 1,000 adults (18+ years)

Behavioral Health

The States' Department of Social and Human Services provides various substance treatment programs to various populations.

Percent of Mason County Residents Enrolled in DSHS' Alcohol and Substance Abuse Services, 2015 (6)

Service	0-17 yrs	18-64 yrs	65+ yrs
General Assessment	0.74% (n=89)	1.0% (n=385)	N/A
Outpatient Treatment	0.67% (n=81)	1.4% (n=535)	n=<10
Residential Treatment	0.11% (n=13)	0.38% (n=141)	N/A
Detox	N/A	0.19% (n=70)	n=<10
Opiate Treatment	N/A	0.42% (n=156)	N/A

Data Sources for Behavioral Health

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- (1) County Health Rankings, University of Wisconsin. www.countyhealthrankings.org
- (2) Healthy Youth Survey. Department of Health, State of Washington. <https://www.askhys.net/>
- (3) County Risk Profiles. Risk and Protection Profiles for Substance Abuse, July 2017. <https://www.dshs.wa.gov/sesa/research-and-data-analysis/community-risk-profiles>
- (4) Effects of Maternal Tobacco Use During Pregnancy. http://www.cdc.gov/tobacco/basic_information/health_effects/pregnancy/
- (5) Community Health Assessment Tool, Birth Risk Factors. Washington State Department of Health, 2016
- (6) Client Count and Services Costs. RDA, Dept of Social and Human Services, WA State. <https://www.dshs.wa.gov/sesa/research-and-data-analysis/client-data>

Questions about the data can be directed to
Alison Smallwood
Community Health Specialist
Mason County Community Services
asmallwood@co.mason.wa.us
360-427-9670 ext. 406