SEOW Special Report:
Mental Health in Maine

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State Epidemiological Outcomes Workgroup
Introduction

The following report is a product of the Maine State Epidemiological Outcomes Workgroup (SEOW). The Maine SEOW, under the Office of Substance Abuse and Mental Health Services (SAMHS), is charged with collecting, analyzing, and disseminating data regarding substance use and related behavioral health in efforts to help prevention professionals and stakeholders make data driven decisions.

This report examines the prevalence of mental illness and mental health disorders in Maine as well as data regarding suicides, suicide attempts, and suicide ideation. In addition, this report tracks rates of co-occurring disorders within treatment with a special focus on the relationship between mental health and substance use. In order to provide for a more comprehensive report, SEOW relies on a multitude of data sources (List of sources available in Appendix A). When possible, mental health indicators have been analyzed by demographics (e.g., age, gender) and defined geographical regions (e.g. public health district, county).
Executive Summary

- About 1 in 5 adults in Maine reported having any mental illness.
- Suicides increased by 17% from 2008 to 2014.
- About 1 in 7 (15%) Maine high school students had serious thoughts of suicide within the past year compared to 8% of 18 to 25 year olds.
- In 2014, there were 1,613 calls to the poison center suspected to suicide attempts.
- Androscoggin, Kennebec, and Cumberland had the highest rates of poison center calls suspected to be suicide attempts.
- Suicides in Maine are most common among Mainers 35 to 54 years old.
- In 2014, there were 9 times as many suicides as homicides. Maine ranked 11th within the nation in 2013.
Executive Summary

- Adults with any mental illness are three times as likely to abuse and/or qualify as dependent on substances.
- Adolescents experiencing a major depressive episode in the past year were twice as likely to use illicit drugs within the past year.
- Almost 6 out of 10 admissions for substance abuse treatment also had a previously diagnosed mental health disorder; this rate has steadily increased since 2010.
- Nearly half of adults served in Maine SMHA’s also had a substance use disorder.
- In 2014, Maine 2-1-1 referral calls related to mental health services surpassed the number of calls related to housing/shelter.
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Mental Illness Rates
(depression, anxiety, serious mental illness)
High schoolers who felt sad or hopeless for two weeks or more in a row during the past year, by public health district: 2009-2013

All public health districts observed increases from 2009-2013.

Source: Maine Integrated Youth Health Survey
Mainers who had at least one major depressive episode in the past year, by age group and region: 2012-13

NOTE: Major depressive episode (MDE) is defined as in the 4th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), which specifies a period of at least 2 weeks when a person experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of specified depression symptoms.

In general, Maine youth 12-17 have higher rates of major depressive episodes within the past year than adults.

Source: National Survey on Drug Use and Health

The percentages of past-year MDE among Maine adolescents aged 12 to 17 observed a statistically significant increase from 2009-10 to 2012-13.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health. Slide 5 – Executive Summary, Region 1, 2014 Behavioral Health Barometer
Percent of adults who have been told they have depression or an anxiety disorder by age group: 2012–13

Adults ages 26 to 35 reported the highest rates of both depression and anxiety.

Source: Maine Behavioral Risk Factor Surveillance System
Any mental illness in the past year, by age group and region: 2012-13

In 2012-13, **Maine** adults had higher rates of any mental illness* in the past year compared to the Northeast and the total U.S.

*Any mental illness is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder, as assessed by the Mental Health Surveillance Study (MHSS) Structured Clinical Interview for the Diagnostic and Statistical Manual of Mental Disorders

Source: National Survey on Drug Use and Health
Serious mental illness in the past year, by age group and region: 2012-13

In 2012-13, about **5%** of adults in **Maine** had a **serious mental illness** within the past year.

*Serious mental illness (SMI) is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder, as assessed by the Mental Health Surveillance Study (MHSS) Structured Clinical Interview for the Diagnostic and Statistical Manual of Mental Disorders. SMI includes persons with **diagnoses resulting in serious functional impairment**. These mental illness estimates are based on a predictive model and are not direct measures of diagnostic status.

Source: National Survey on Drug Use and Health
Suicides and Suicide Ideation
In 2013, **Maine** had the **11th highest rate** in the nation with **17.4 suicides** per 100,000 residents.

Source: National Vital Statistics Report
http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_02.pdf
The number of deaths from **suicides** in Maine increased by **17%** from 2008-2014.

**Homicides** in Maine have remained relatively **stable** since 2008.
From 2008 to 2014, the greatest proportion of suicides was observed among Mainers **35 to 54** years old.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>2008</th>
<th>2009</th>
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<th>2011</th>
<th>2012</th>
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<tbody>
<tr>
<td>12 to 20</td>
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<td>21 to 29</td>
<td>19</td>
<td>17</td>
<td>23</td>
<td>24</td>
<td>19</td>
<td>32</td>
<td>27</td>
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<td>30 to 34</td>
<td>12</td>
<td>11</td>
<td>9</td>
<td>11</td>
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<td>17</td>
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<td>35 to 54</td>
<td>82</td>
<td>94</td>
<td>83</td>
<td>92</td>
<td>95</td>
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<td>74</td>
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<td>55 to 64</td>
<td>23</td>
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<td>38</td>
<td>49</td>
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<td>65+</td>
<td>37</td>
<td>36</td>
<td>29</td>
<td>45</td>
<td>36</td>
<td>42</td>
<td>40</td>
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*2014 results are preliminary  
Source: Office of Data, Research and Vital Statistics
High school students who considered suicide during the past year, by public health district: 2009-2013

In 2013, about **one in seven** students in Maine reported **suicide ideation**.

<table>
<thead>
<tr>
<th>Year</th>
<th>Aroostook</th>
<th>Central</th>
<th>Cumber.</th>
<th>Downeast</th>
<th>Midcoast</th>
<th>Penquis</th>
<th>Western</th>
<th>York</th>
<th>Maine</th>
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<tr>
<td>2009</td>
<td>13%</td>
<td>12%</td>
<td>11%</td>
<td>13%</td>
<td>14%</td>
<td>12%</td>
<td>13%</td>
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</tr>
<tr>
<td>2011</td>
<td>12%</td>
<td>13%</td>
<td>11%</td>
<td>11%</td>
<td>15%</td>
<td>12%</td>
<td>14%</td>
<td>14%</td>
<td>13%</td>
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<tr>
<td>2013</td>
<td>14%</td>
<td>15%</td>
<td>14%</td>
<td>17%</td>
<td>13%</td>
<td>15%</td>
<td>16%</td>
<td>15%</td>
<td>15%</td>
</tr>
</tbody>
</table>

*Source: Maine Integrated Youth Health Survey*
Suicidal thoughts in the past year among adults 18+, by age group: 2014

+ Difference between this estimate and the estimate for adults aged 18 to 25 is statistically significant at the .05 level.

# Difference between this estimate and the estimate for adults aged 65 or older is statistically significant at the .05 level.

Source: National Survey on Drug Use and Health
Adults who had serious thoughts of suicide in the past year, by age group and region: 2012-13

In 2012-13, about **8%** of young adults **18 to 25** reported suicide ideation within the past year.

Source: National Survey on Drug Use and Health
Suicidal thoughts in the past year among U.S. citizens 18+, by age group and gender: 2014

+ Difference between this estimate for females and the estimate for males is statistically significant at the .05 level.

Source: National Survey on Drug Use and Health
Suicidal thoughts, plans, and attempts in the past year among U.S. adults 18+, by substance dependence or abuse: 2014

Source: National Survey on Drug Use and Health
Deaths from suicide or homicide per 100,000 of the population (age adjusted), by age groups: 2011–2013

During 2011-13, **suicides** were most common among Mainers **35 to 54**.

*Source: Department of Health and Human Services, Maine Center for Disease Control and Prevention, Data, Research, and Vital*
Average rate of suicides per 100,000 residents, by county: 2013-14

During 2013-14, **Washington** county observed the highest rate of suicides with a yearly average of **23.4** suicides per 100,000 residents.

Source: Department of Health and Human Services, Maine Center for Disease Control and Prevention, Data, Research, and Vital Statistics
In 2014, 13% (1,613) of calls to the poison center were suspected to be suicide attempts.

Source: Northern New England Poison Center

*Includes intentional misuse, adverse reactions, contamination, malicious, withdrawal, and unknown reasons.
Number of poison center calls (per 10,000 residents) suspected to be suicide attempts, by county: 2012-14

Androscoggin, Kennebec, Cumberland, and Piscataquis counties observed the highest rates of poison center calls suspected to be suicide attempts.

Source: Northern New England Poison Center
Suspected suicide attempts have steadily increased in Androscoggin over the past several periods.
Co-occurring Disorders
(Mental Health and Substance Use)
Substance Dependence or Abuse in past year among U.S. adults (18+), by level of mental illness: 2014

18% of adults with any mental illness qualified as being dependent on substances and/or abusing substances.

Adults with serious mental illness were nearly 4x as likely to be dependent on and/or abuse substances when compared to those with NO mental illness.

Source: National Survey on Drug Use and Health
Past year illicit drug use among U.S. citizens 12 to 17, by past year major depressive episode: 2014

12 to 17 year olds who had a major depressive episode within the past year were 2x as likely to use illicit drugs within the past year.

Source: National Survey on Drug Use and Health
Almost **six out of ten** admissions for substance abuse treatment also had a previously diagnosed **mental health disorder**. This rate has steadily increased since 2010.

*Source: Maine Treatment Data System*
In 2014, **Central** district observed the highest rate of **co-occurring** mental health disorders*.

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**Source:** Maine Treatment Data System

*Had ever been diagnosed with a mental illness/disorder*
Mental health disorders among substance abuse treatment admissions, by primary drug type: 2014

Co-occurring mental health disorders were most common among primary admissions related to benzodiazepines and stimulants.

Source: Maine Treatment Data System
After observing a 46% increase from 2007-2013, the number of clients served by state mental health agencies decreased by 4% from 2013 to 2014.

*All clients served by Maine state mental health agencies are insured through Medicaid.
Number of clients* served by Maine state mental health agencies (SMHA), by age group: FY 2014

*All clients served by Maine state mental health agencies are insured through Medicaid.

About 1 in 3 of clients served by Maine State Mental Health Agencies were between 25 and 44 years old.

Source: Center for Mental Health Services, Uniform Reporting System
From 2009 to 2013, the percentage of adults served through SMHA who had a **co-occurring** mental health and substance use disorder increased by 24 points.

In 2014, almost **half** (42%) of adults served through SMHA had a **co-occurring** mental health and substance use disorder.

*Source: Center for Mental Health Services, Uniform Reporting System*
Percent of adults served through Maine state mental health agencies (SMHA) who had a co-occurring mental health and substance use disorder, by diagnosis: FY 2007 to FY 2014

From 2009 to 2013, the percentage of adults with a SMI* served through SMHA who had a co-occurring mental health and substance use disorder increased by 24 points.

In 2013, more than half (53%) of adults with a SMI* served through SMHA had a co-occurring mental health as well as a substance use disorder.

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<tbody>
<tr>
<td>All adults served</td>
<td>39%</td>
<td>23%</td>
<td>22%</td>
<td>22%</td>
<td>28%</td>
<td>33%</td>
<td>46%</td>
</tr>
<tr>
<td>Adults with serious mental illness</td>
<td>39%</td>
<td>34%</td>
<td>26%</td>
<td>27%</td>
<td>36%</td>
<td>40%</td>
<td>53%</td>
</tr>
</tbody>
</table>

Source: Center for Mental Health Services, Uniform Reporting System
In 2014, Maine 2-1-1 referral calls seeking mental health services surpassed the number of calls related to housing/shelter.
During 2012-14, **Cumberland** observed the highest rate of 2-1-1 referral calls seeking **mental health services** with a yearly average of 52.4 calls per 10,000 residents.

**Source:** Maine 2-1-1
Appendix A (Data Sources)

- Behavioral Risk Factor Surveillance System (BRFSS)
- Center for Mental Health Services, Uniform Reporting System (CMHA/URS)
- Maine Integrated Youth Health Survey (MIYHS)
- National Survey on Drug Use and Health (NSDUH)
- Northern New England Poison Center (NNEPC)
- Office of Data, Research and Vital Statistics (ODRVS)
- Treatment Data System (TDS)/WITS Substance Abuse Treatment Data System (WITS)
- 2-1-1 Maine

*For more information including a source description and source contact information please visit [www.maineseow.com](http://www.maineseow.com)
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