

## Behavioral Health

**GOAL:** The Women's Health Council of RI continues to track metrics and report card data as well as advocate for research, analysis, and policy improvements for women's health. Check back often for more information at [www.womenshealthcouncil.org](http://www.womenshealthcouncil.org)

### SUBSTANCE DEPENDENCE/ABUSE

Adolescent abuse of prescription drugs has risen over the past 5 years. Prescription drugs may now be more accessible to young people, and they may perceive that prescription drugs are safer than street drugs.

2010, age 12+, Percentages	RI	US
<b>Alcohol</b>		
Use	8.24	7.37
Needing But Not Receiving Treatment For Alcohol Use In Past Year	7.77	6.98
<b>Illicit Drugs</b>		
Use	<b>4.15</b>	2.81
Needing But Not Receiving Treatment For Alcohol Use In Past Year	<b>3.49</b>	2.53

#### Opportunity

Research and implement strategies to prevent alcohol and substance abuse before they start or become serious.

Screen and provide behavioral counseling interventions to reduce alcohol misuse by adults, including pregnant women.

Monitor the frequency of requested prescription refills, assess medical need, and refer to mental health services when indicated.

### MENTAL ILLNESS

Mental health disorders are the leading cause of disability in the US. Comorbidity with medical conditions is the rule rather than the exception. Women are twice as vulnerable as men to stress related disorders. Only 25% of adults with mental health symptoms believe that people are caring and sympathetic to persons with mental illness. RI's incidences of mental illness are 25% - 33% higher than the national average

In Past Year, age 12+, Percentages	RI	US
Any Mental Illness	24.19	19.67
At Least One Major Depressive Episode	<b>9.46</b>	6.49
Serious Mental Illness	<b>7.20</b>	4.60

#### Opportunity

Educate the public about how to support persons with mental illness.

Reduce barriers for those seeking or receiving treatment for mental illness.

Promote physical health, which considerably influences mental health and well-being.

### SELF-HARM AND SUICIDE

Intentional self-harm (suicide) was the 10th leading cause of death in the U.S. Self-harm is the second leading cause of injury-related hospitalization in RI. Rhode Island suicide rates peak among individuals between the ages of 35 and 54, compared to national rates, which peak among the elderly. Statewide, there are more than twice as many suicides as homicides. Serious thoughts of suicide in RI are nearly double the national average.

Percentages	RI	US
Age 12+: Serious thoughts of suicide	<b>5.09</b>	3.71
Age 18+: Serious thoughts of suicide	<b>6.2</b>	3.7

#### Opportunity

Research factors that could contribute to RI's high rates of behavioral health risks.

Understand the many contextual factors that may coexist with substance abuse and mental illness.

Continue to research the connection between behavior and illness.



Women's Health  
Council of RI

**NOTE:** Red indicates that RI's rate is significantly higher than the US average (when comparing the 95% confidence intervals) and an opportunity for the WHC to intervene.

**SOURCES:** Healthy People 2020, WHO estimates, 2002, RWJ Policy Brief No. 21, February 2011, CDC preliminary data, 2009, SAMSHA estimates, 2008/2009, RI DOH, 2006, [www.adaa.org](http://www.adaa.org)