The State of Mental Health in Davidson County

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Introduction

As Nashville continues to grow, understanding the mental health landscape is imperative to creating positive and functioning resources for the entire population of Davidson County.

In 2019, Vanderbilt University Medical Center (VUMC) and its collaborators completed a community health needs assessment. A cohort of community leaders asked for analysis to better understand the current context of mental health in Davidson County.

Methods

Primary and secondary data methods were used to evaluate the state of mental health in Davidson County. Primary data were collected using a three-pronged method (Figure 1).

• Community Survey
  - Adapted from Kansas Health Institute and Mobilizing for Action through Planning and Partnership
  - Community organizations and health system networks disseminated

• Community Listening Sessions
  - Hadley Park, Hartman Park, Elizabeth Park Senior Center
  - Building Lives Foundation, Outreach Base, Salahadeen Center

• Questions explored: community assets, barriers, resources, health concerns, priorities, and social determinants of health

• Qualitative data was analyzed by a panel from VUMC, Saint Thomas Health, and Metro Public Health Department

Results

• Davidson County is growing in both numbers and diversity (Figure 2)
  - 12.8% foreign-born and 17.3% do not speak English at home
  - 27.8% African-Americans, Latinos 10.4%, and Asians 3.6%

• Growth has also been coupled with increased poverty reaching up to 17.2% of the population¹

• Over 20,100 residents were living with a diagnosis of serious mental illness in 2014²

• The suicide rate of 13.8 / 100,000 people from 2015–2017³

• Larger cost burdens on individuals and insurers: depression required on average 19 outpatient visits, a 15% hospitalization rate, and 14 prescription medications⁴

• Residents report 4.4 poor mental health days/month, on par with the state of TN, but slightly higher than the national average⁵ (Figure 3.)

• Ranked 3rd in TN with a mental health provider/resident ratio of 1:359⁶ (Figure 4.)

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Conclusions

There is: 1.) a disconnect between resources (providers) and positive mental health; 2.) need for more accessible trauma informed care; and 3.) need for guidance and navigation assistance on available resources.

To address these concerns, there should be increased local research and prioritization of collaboration between health groups to address identified areas of improvement and these should be tailored for vulnerable populations such as immigrants, veterans, and persons experiencing homelessness.