The State of Mental Health in Davidson County VANDERBILT WUNIVERSITY

Carleigh Frazier¹, Rocio Posada-Castaneda², Chelsei Granderson²

¹Vanderbilt School of Medicine, Masters of Public Health, ²Vanderbilt University Medical Center Office of Health Equity

MEDICAL CENTER

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
- 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



Figure 1. Three methods used to collect primary data for analysis

Results

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

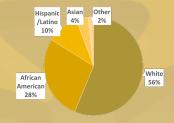


Figure 2. Population of Davidson County by race in 2019

- 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.)

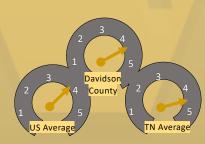


Figure 3. Comparison of average mental health days nationally, state-wide, and in Davidson

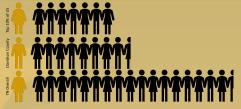


Figure 4. Comparison of ratios of mental health providers to county population in Davidson county, top 10% of US counties and Tennessee, overall,

- Major thematic motifs included: education and awareness, accessibility and coordination of services, toxic stress, and
- Residents able to connect community struggles with mental health to social determinants of health, especially housing and community violence.
- · Residents rallied behind the need to increase awareness about mental health stigma and resources accessibility through collaborative education and programs (Figure 5.)

"this leads to a depression because [they] live in an area where there are no services, dilapidated housing, and lack of concern. This is a health concern because you internalize the action'

> "there is nothing that really educates people, I don't know why I can't find information.

Figure 5. Quotes from community listening sessions transcripts

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.

Acknowledgments

This report was created using data collected in collaboration with Ascension Saint Thomas Health and Metro Public Health Department. Additional acknowledgement to the Vanderbilt Community Health Improvement Team who facilitated the methodology for the Community Health Needs Assessment. This project was one of many outcomes of my practicum that was completed through the Meharry-Vanderbilt Alliance in partnership with Vanderbilt University Medical Center. I would like to thank Jacquelyn Favours and Chelsei Granderson who directly mentored me during my practicum

- 1 US Census Bureau, Population Division, 2019
- 2 Substance Abuse and Mental Health Services Administration, 2014
- 3 Age-Adjusted Death Rate due to Suicide, 2019

- 4 Center for Healthcare Economics and Policy, 2017 5 – Center for Healthcare Economics and Policy, 2017
- 6 County Health Rankings & Roadmaps, 2019