

FROM HEALTHY MINDS POLICY INITIATIVE

MENTAL HEALTH IN OKLAHOMA: A SNAPSHOT

Oklahomans have more mental health needs per capita than most other states, and COVID-19 has sparked a spike in mental health challenges for many people.

PREVALENCE



Oklahoma has the **10th highest prevalence of mental health** and addiction issues in the US.; it is the worst in the nation for **adverse child experiences (ACES)**.



Of Oklahoma adults, 39.6 percent reported experiencing symptoms of **anxiety or depressive disorder** in July during the COVID-19 pandemic.



Of estimated 52,000 Oklahoma youth who had a major depressive episode (MDE) in the last year, **61% did not receive treatment.**

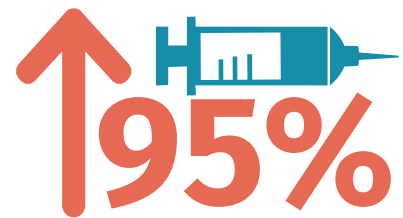
COST



In 2018, **790 people died by suicide.** Suicide is the 2nd leading cause of death for Oklahomans ages 10-34.



Addiction **costs Oklahomans** an estimated \$7.2 billion a year.



Since 2012, Oklahoma has seen a 95 percent increase in the number of **meth treatment admissions.**

SEPARATE SYSTEMS LEAVE GAPS



RESULT: COSTLY AND POOR OUTCOMES



Of people who died by suicide, 45 percent had contact with primary care in the last month of their lives



Oklahomans with private insurance seek out-of-network mental health care 7-9 times more often than other kinds of care.



Of Oklahomans who enter prison with non-violent offenses, 82 percent need mental health care or substance abuse treatment.

Lack of timely treatment impacts all Oklahomans.



11-YEAR DELAY

The average delay between onset of mental illness symptoms and treatment is 11 years.

Early mental health treatment can help limit poor economic outcomes.

Nationally, employers lose \$193.2 billion in annual earnings due to untreated mental illness.

Poor education outcomes can be prevented. Quality treatment and supports in schools are linked to better academic outcomes, proven to increase test scores by an average of 11 percent in a national study of 270,000 K-12 students.

Unnecessary health care system costs burden our neighbors and systems.

Health care costs are 2-3 times higher for individuals with a mental health condition, even if that condition is not a serious mental illness.

The criminal justice system carries the burden. In Oklahoma, 82 percent of new prison inmates with nonviolent offenses have mental health and substance abuse needs.

Barriers prevent early treatment.



UNMET NEEDS

Last year, 59 percent of Oklahomans that reported a need for mental health treatment did not get help.

INVESTMENT: Oklahoma's public investment in the mental health system is less than other states, ranking 44th for mental health spending per capita.

COST: Of those who reported an unmet need for mental health in Oklahoma, 46.7 percent did not receive care due to the cost.

SYSTEM GAPS: Only half of the diagnosable mental health and substance abuse conditions are detected in primary care, and only half of those whose condition is detected receive any form of treatment.

WORKFORCE: One benchmark is 30.3 psychiatric prescribers per 100,000 residents; Oklahoma averages 10.3 with most rural counties having none.

STIGMA: In the U.S., 41.6 percent of people with an unmet need for substance use treatment said stigma-related concerns kept them from seeking care.

THERE IS A BETTER WAY.



The health care system is directly connected to a resourced mental health system and patients can access mental health care from their PCP.



Insurers are held accountable for the equal treatment of mental health and physical health.



Mental health services are integrated into schools to create a continuum of care that promotes health, mental health, and educational attainment.

For a list of sources and additional information, please visit www.healthymindspolicy.org/mh101



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Building community capacity in Tulsa to address treatable mental illness through local systems change and statewide policy work. [LEARN MORE: HEALTHYMINDSPOLICY.ORG](http://www.healthymindspolicy.org).