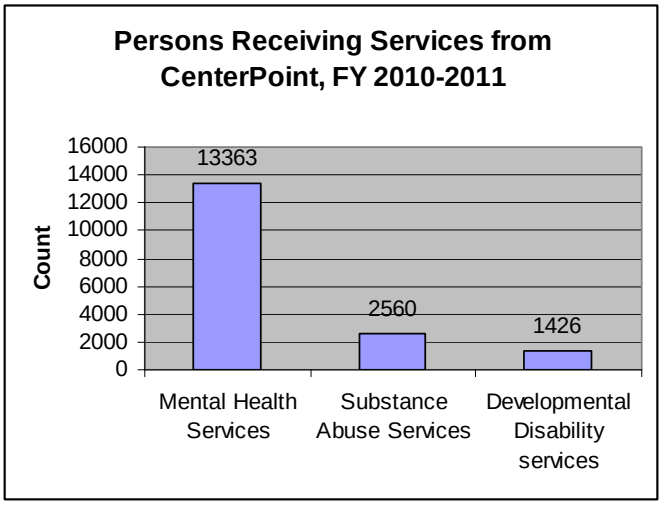
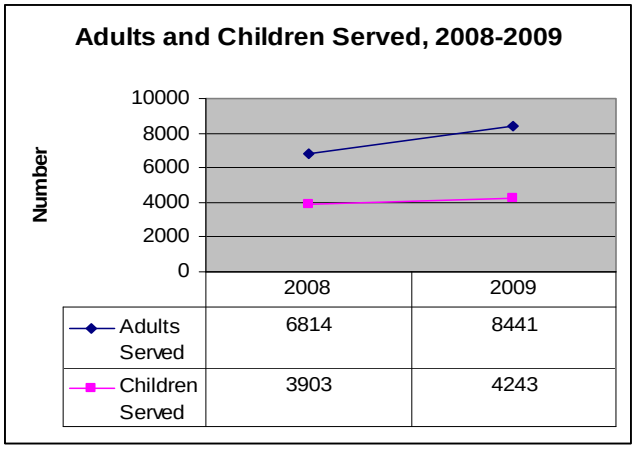
Mental Health

Mental Health, Developmental Disabilities, and Substance Abuse

Mental health services are managed by the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (MH/DD/SA) which is part of the NC Department of Health and Human Services. The Local Management Entity responsible for delivery of publicly-funded MH/DD/SA services is CenterPoint Human Services. CenterPoint Human Services provided Mental Health Services to 13,363 persons, Substance Abuse Services to 2,560 persons and Developmental Disability to 1,436 persons during the Fiscal Year 2010-2011. Mental Health Services are received by the highest number in individuals. The majority of those served by CenterPoint Human Services in Fiscal Year 2010-2011 had a dual diagnosis and received multiple services (1).

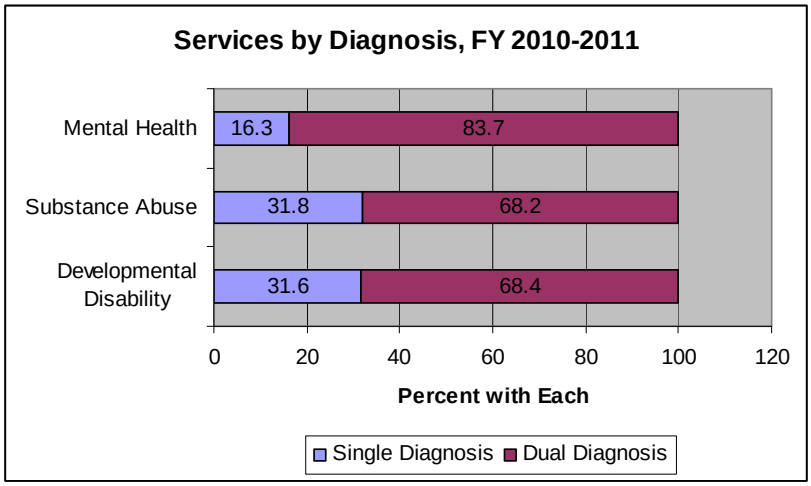


From 2008-2009, CenterPoint Human Services saw an increase in both the number of adults and children served in Forsyth County. By the Fiscal Year 2010-2011, CenterPoint Human Services served nearly 11,000 adults and 4,200 children who received Medicaid and/or state funds for MH/DD/SA needs (1).



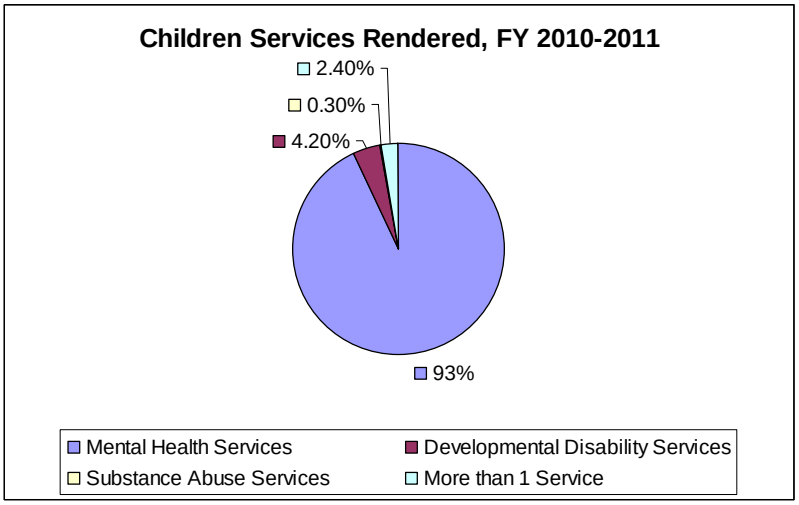
	2008	2009
Adults Served	6814	8441
Children Served	3903	4243

Source: CenterPoint Human Services. Annual Reports.



Source: Forsyth Futures. Making Progress Report: Physical and Mental Health, 2012.

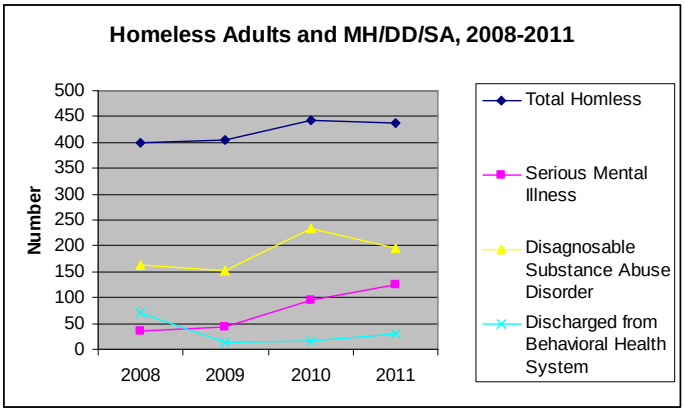
Ninety-three percent of children served received mental health services while 4.2% received developmental disability services, 2.4% received more than 1 service, and 0.30% received substance abuse



Source: Forsyth Futures. Making Progress Report: Physical and Mental Health, 2012.

Homelessness and Mental Health and Substance Abuse

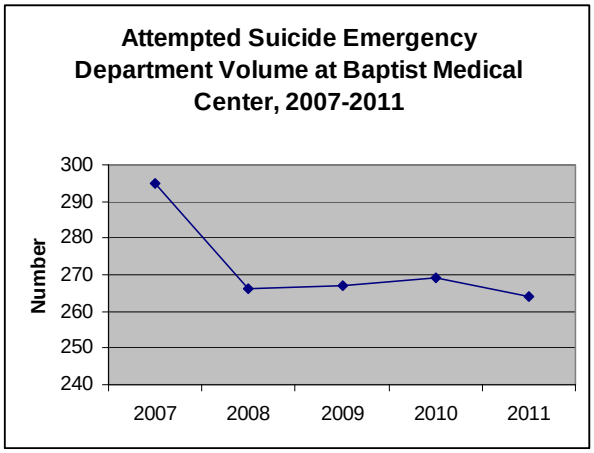
The NC Coalition to End Homelessness completes annual Point-In-Time Counts to assess the number of homeless living in NC in January. From 2008 to 2011 the number of homeless adults increased slightly from 400 to 438. Homeless is defined as those individuals in an emergency shelter (including domestic violence shelters); those in transitional housing for homeless persons who originally came from the streets or emergency shelters; and those living in places not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings, or on the streets. Of those homeless adults, an increasing number were seriously mentally ill. In 2011 there were 3.6 times more homeless with a serious mental illness than in 2008, increasing from 35 to 126 in 2011. Those who had diagnosable substance abuse disorders fluctuated, with the highest count of 233 in 2010. The count of homeless adults with diagnosable substance abuse disorders decreased slightly to 195 in 2011. The number of homeless who were discharged from a behavioral health system in the preceding 30 days before becoming homeless decreased from 70 in 2008 to 29 in 2011 (2).



Source: NC Coalition to End Homelessness. Point -n-Time Count Data.

Suicide

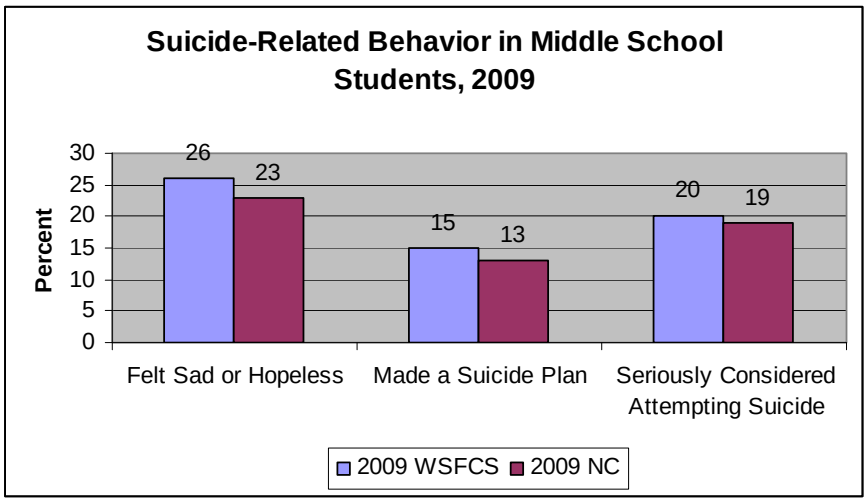
Emergency department volume from attempted suicide has decreased from 2007 to 2011. It decreased 10.5% from a high of 295 in 2007 to a low of 264 in 2011. From 2008 to 2011, the number of suicide attempts remained steady.



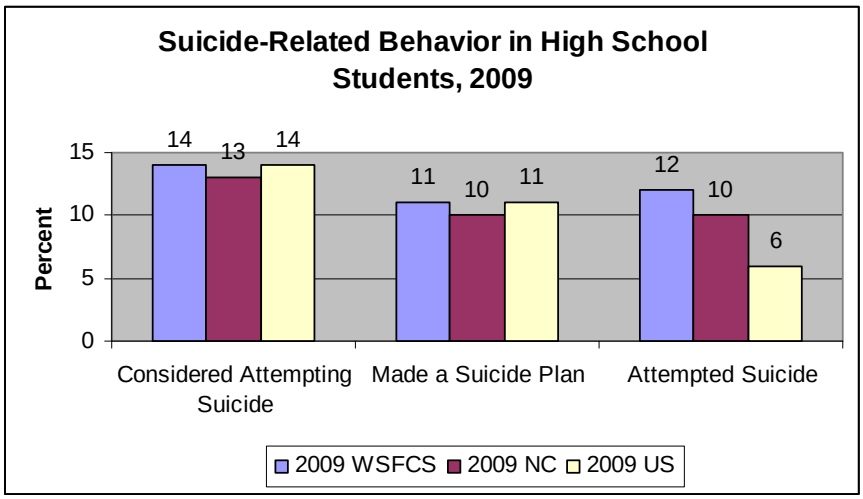
Source**:** Wake Forest University Baptist Medical Center Data Repository

Teens and Suicide

Between 2006 and 2010, 8 teens committed suicide in Forsyth County. The 2009 Youth Risk Behavior Survey, given to middle and high school students in Forsyth County measures behaviors related to health. In suicide-related behaviors, Winston-Salem/Forsyth County middle school students reported higher percentages engaging in Suicide-Related Behaviors. These higher percentages were accounted for in feelings of sad or hopelessness, making a suicide plan, and seriously considered attempting suicide. For Winston-Salem/Forsyth County high school students, the percent of students who had attempted suicide was double that of the nation, and higher than the state. Questions that address consideration of suicide and development of a suicide plan, Forsyth County was one percentage point higher than the state, but the same as the United States.



Source: 2009 WSFCS Youth Risk Behavior Survey.



Source: 2009 WSFCS Youth Risk Behavior Survey.

Community Views on Mental Health

The 2011 Community Stakeholders Interview (CSI), conducted between March to June 2011; revealed stakeholders in multiple organizations in the county that identify mental health issues as a major challenge for residents. Stakeholders stated there were gaps in service for mental health issues. When asked what was perceived to be the major health related problem in Forsyth County, the category of "Mental Health Issues; Lack of Mental Illnesses Services" ranked second highest along with "Chronic Illnesses." Mental health was ranked second, as survey participants noted that restructuring at the state level created problems for those needed services.

Stakeholders also identified access to mental health services as the top health service needed for children and adolescents. Stakeholders felt that: mental health long-term services are few, especially for preschool or early childhood services; and outpatient mental health services are needed for adolescents as alternatives to institutions and prisons. Counseling/Mental Health/Support Groups were the third identified services that stakeholders felt need improvement in the county from a list of 20 options. Stakeholders identified mental health as a health problem that has affected their personal life via family and friends. Overall stakeholders believed mental health should be fully embraced as a public health issue, with a request to see more integrated services for mental and physical health, as they now practice as separate entities.

Sources:

1. 2011 County Health Data Book, NC SCHS: http://www.schs.state.nc.us/schs/data/databook/.
2. Behavioral Risk Factor Surveillance System, NC SCHS: http://www.schs.state.nc.us/schs/brfss/results.html
3. 2010/2011 Center Point Human Services Annual Report
4. 2012 Forsyth Futures Making Progress report: Physical & Mental Health
5. NC Coalition to End Homelessness. Point -n-Time Count Data
6. Wake Forest University Baptist Medical Center Data Repository
7. 2009 WSFCS Youth Risk Behavior Survey
8. 2011 Community Stakeholders Report