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Mental illnesses are "...health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress and/or impaired functioning" U.S. Surgeon General's Report on Mental Illness

American with Disabilities Act (ADA) defines psychiatric disability as, "a mental impairment that substantially limits one or more of the major life activities of an individual."

According to the national data, income is one of the strongest predictors of a mental health disorder. Those in the lowest socioeconomic group are about two-and-a-half times more likely to have a mental health disorder compared to those in the highest socioeconomic group (Holzer et al. 1986; Regier et al. 1993). High rates of mental health disorders have been found among poor women, particularly those who have been exposed to traumatic experiences in their lives such as adult and childhood abuse, crime victimization, and rape (Bassuk, Browne, & Buckner, 1996; Bassuk et al., 1996; Brooks & Buckner, 1996; Miranda & Green (1999). These experiences, combined with parenting responsibilities (especially single parenthood), financial stress, malnutrition, improper medical care, and inadequate housing arrangements associated with living in poverty, chip away at mental well-being.

While substance abuse is considered as a mental health disorder, it is often diagnosed and treated independently of other mental health disorders. However, there are high rates of co-occurrence between substance abuse and other mental health conditions.

It is estimated that more than half of those with a mental disorder also have problems with substance abuse (Ries 1995).

The rates of depression among women are twice that of men in a given year. Conditions such as abuse, crime victimization, poverty, stress from the demands of the dual roles in the workplace and at home, gender discrimination, and biological and hormonal changes associated with reproduction may contribute to higher rates of depression among women (NMHA 2000).

Between one-fourth and one-third of current welfare recipients have symptoms associated with a mental health condition. In a National Survey of America's Families, 35 percent of low-income families reported having poor mental health in at least one of four areas, including anxiety, depression, loss of emotional control, and psychological well-being (Zedlewski 1999). Research at the University of Michigan School of Social Work found similar rates of mental health conditions (36 percent) among welfare recipients (Danziger et al. 1999). In general, it is estimated that between one-fourth and one-third of current welfare recipients have a serious mental health problem (Sweeney 2000).

Major depression is the most common mental health disorder among welfare recipients, followed by post-traumatic stress disorder (PTSD) and generalized anxiety. The prevalence of depression among the welfare population is startlingly high. In the Michigan study of barriers to employment among female welfare recipients, 27 percent of the study sample screened positive for clinical depression (Danziger et al. 1999). Using the same measure for depression, 42 percent of long-term welfare recipients in Utah had clinical depression in the year before the interview. This rate is nearly seven

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times that of the general adult population (6.5 percent) (Barusch et al. 1998). In addition, the same study found that 57 percent of these long-term welfare recipients were at risk for current depression. Other studies have found sizable differences in rates of depression when comparing welfare recipients and nonrecipients (Olson & Pavetti 1997; Leon & Weissman 1993). Although depression is the most widespread mental health condition among the welfare population, it is not clear to what extent the depression precedes unemployment and cash assistance or if the depression is a product of the stress and frustration associated with those experiences. Regardless of which comes first, once a person experiences depression, symptoms such as sleeplessness, loss of self-esteem, social withdrawal, apathy and fatigue often interfere with his or her ability to obtain and maintain employment and raise a family.

Mental health conditions, in general, are a considerable barrier to work, and are associated with high rates of unemployment. Nationally, between 70 and 90 percent of working-age adults with a serious mental illness are unemployed (Baron, et al. 1996; National Institute on Disability and Rehabilitation Research 1993).

Michigan researchers were among the first to examine the direct link between mental health conditions and employment among welfare recipients (Danziger et al. 1999). They found that having major depression significantly decreased the likelihood that a woman on welfare will work

Research suggests that the cost of treatment and the lack of insurance coverage are, by far the biggest barrier to treatment.

Suggestions:

- Training mental health caseworkers. Welfare caseworkers could be trained to handle a specialized caseload of clients with mental health conditions.
- Developing programs that encourage informal support networks. A welfare office might develop a program that matches clients who have mental health conditions with peers who can act as mentors role models, and friends.
- Encouraging intensive case management. A social worker is assigned a few number of welfare cases made up mostly of those hard-to-employ and require additional attention.
- Hiring mental health counselors. Full-time mental health counselors on staff at welfare offices could screen and assess or be available for consultation.
- Developing a supported work program.
- Developing an Employee Assistance Program (EAP) located in the welfare office to provide problem solving and temporary assistance to recipients with mental health conditions to manage work and life stress.

From Mathematica Policy Research, Inc, "Addressing Mental Health Problems Among TANF Recipients: A Guide for Program Administrators" by Derr, Hill, and Pavetti