

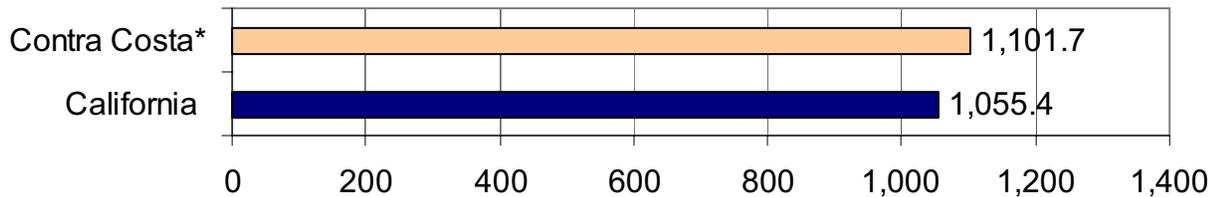
Mental Disorders – Hospitalizations

More than 10,000 in-patient hospital treatments for mental disorders are provided to Contra Costa residents each year.



People living in Contra Costa are more likely than people living in California to receive hospital treatment for **mental disorders such as depression, anxiety, attention deficit disorder, autism, mental retardation, schizophrenia and dementia.**

Figure 16.



[*] Indicates that the crude rate per 100,000 of hospital treatment for mental disorders is significantly higher in Contra Costa than in California.

Over a three-year period 2000-2002, there were 32,186 hospital treatments for mental disorders among Contra Costa residents. This means that **approximately 10,730 in-patient hospital treatments for mental disorders are provided to Contra Costa residents each year.** (Please see note on interpreting this data later in this section.)

Whites, African Americans, and people living in Walnut Creek, Martinez, Concord and Richmond and San Pablo are more likely to receive hospital treatment for mental disorders compared to the county overall.

White residents most often receive treatment for mental disorders

Whites (1492.2 per 100,000) and **African Americans** (1216.1 per 100,000) are **more likely to receive hospital treatment** for mental disorders compared to Contra Costa as a whole.

Table 61. Hospital treatments for mental disorders by race/ethnicity. Contra Costa, 2000-2002

	Rate	Number
White	*1,492.2	24,724
African American	*1,216.1	3,509
Hispanic/Latino	362.7	1,992
Asian/Other Pacific Islander	291.5	1,143
American Indian/Alaska Native	115.8	40
Contra Costa	1,101.7	32,186 ¹

* Indicates that the crude rate per 100,000 of hospital treatments for mental disorders is significantly higher for Whites and African Americans compared to the county as a whole.

¹The Contra Costa total also includes the 778 hospital treatments for mental disorders that occurred among people from other race/ethnic groups or whose race/ ethnicity was unknown.

The majority of the hospital treatments for mental disorders occurred among Whites (24,724), followed by African Americans (3,509), Hispanic/ Latinos (1,992) and Asian/Other Pacific Islanders (1,143).

Some communities have higher rates of treatment

People living in Walnut Creek, Martinez, Concord, and Richmond and San Pablo are more likely to receive hospital treatment for mental disorders compared to the county overall.

Table 62. Hospital treatments for mental disorders in selected communities. Contra Costa, 2000-2002

	Rate	Number
Walnut Creek	*1,980.7	3,901
Martinez	*1,737.0	1,902
Concord	*1,330.3	4,943
Richmond and San Pablo	*1,244.3	4,897
Pittsburg and Bay Point	1,069.7	2,605
Antioch	994.6	2,830
Pinole	966.4	561
Oakley	850.1	665
Brentwood	798.3	655
Contra Costa	1,101.7	32,186

* Indicates that the crude rate per 100,000 of hospital treatments for mental disorders is significantly higher for people living in Walnut Creek, Martinez, Concord, and Richmond and San Pablo compared to people living in Contra Costa as a whole.

¹Due to shared zip codes, the communities of Pittsburg and Bay Point, and Richmond and San Pablo have been combined for this analysis.

People living in Concord have the highest number of hospital treatments for mental disorders (4,943), followed by people living in Richmond and San Pablo (4,897), Walnut Creek (3,901), Antioch (2,830), Pittsburg and Bay Point (2,605) and Martinez (1,902).

Nationally, mental health remains an important issue. According to the National Center on Health Statistics, in 2001 there were 44.8 million visits to office-based physicians for mental disorders and in 2002 there were two million hospital emergency department visits.

Using this data to improve community health

For the purposes of improving community health, hospitalization data is particularly hard to interpret because it reflects only the hospitalized (and often extreme) cases of mental disorder, does not take into account an individual's ability to access care and does not provide a count of unique individuals. For these reasons, **hospitalization for mental health treatment is not a good indicator of prevalence (rate of cases in a population) of mental disorders.** Hospitalization data can however provide information about how hospital services are distributed in a population by place and race/ethnicity and do allow us to track that distribution over time.

Interventions to address mental disorders could include creating more opportunities for mental health counseling, improving access for non-English speaking clients and providing more low-cost community mental health treatment and support services. Access to services remains a challenge in improving mental health.

Why are crude rates important?

A crude rate controls for differences in population size and is a good summary statistic for comparing hospital treatments for mental disorders across groups of different sizes.

For example, we expect to see many more hospital treatments for mental disorders in California than in Contra Costa, and this is because the population of California is so much larger than the population of Contra Costa County. Rates allow us to see if Contra Costa County has proportionally

more (or less) of its "fair share" of hospital treatments. (For more information, see the Methods section at the back of the report.)

In Contra Costa, there are many more Whites than African Americans, Latinos or Asians, and more people living in Richmond and San Pablo or Concord than in smaller communities such as Brentwood or Oakley.

The differences highlighted above are statistically significant. This means that we are 95% certain that these are true differences and not due to chance.

Interpreting this data

The above statistics present the number and rate of in-patient hospital treatments for mental disorders per 100,000 residents.

The statistics apply only to in-patient hospital diagnosis of treatment for a mental disorder and do not include treatment that takes place in a doctor's office, health clinic or emergency room. The statistics include any in-patient hospital diagnosis of treatment for a mental disorder, regardless of whether a mental disorder was that person's primary reason for being hospitalized. A single person can be counted multiple times for multiple in-patient diagnoses of treatment for a mental disorder.

The statistics indicate that some groups and communities are more likely to receive hospital treatment for mental disorders compared to the county as a whole. **They do not tell us whether the increased rate of hospitalization is due to a large rate of people successfully obtaining treatment for mental disorders, or to a disproportional need for mental health treatment among certain people in that group or community.**

It is difficult to know whether a person may be more or less likely to seek hospital treatment if they have health insurance. A person without health insurance may avoid seeking hospital treatment if they do not have insurance or money to cover their care. On the other hand, a person without health insurance may be more likely to be hospitalized if they delay or forgo preventive care.

Confidence intervals are available

You may download and view all detailed tables with 95% confidence intervals, at...
http://cchealth.org/health_data/hospital_council/

Zip code boundaries

We selected the zip codes that "best fit" each of the communities listed above. For this analysis, the zip codes are as follows: Antioch (94509 and 94531), Brentwood (94513), Concord (94518, 94519, 94520 and 94521), Martinez (94553), Oakley (94561), Pinole (94564), Pittsburg and Bay Point (94565), Richmond and San Pablo (94801, 94803, 94804, 94805 and 94806) and Walnut Creek (94595, 94596, 94598). Due to shared zip codes, the communities of Pittsburg and Bay Point, and Richmond and San Pablo, were combined.

Data sources

Hospitalization data from the California Office of Statewide Health Planning and Development, <http://www.oshpd.ca.gov/>, Healthcare Quality and Analysis Division, Healthcare Information Resource Center.
 Note: For this section, race/ethnic population estimates were reallocated to account for the fact that the hospitalization dataset does not include the race/ethnic category of two or more race groups. For more information, see the Methods section at the back of the report.

Population data from the California Department of Finance, Race/ Ethnic Population with Age and Sex Detail, 2000-2050, and E-4 Population Estimates for Cities, Counties, and the State, 2001-2004, with DRU Benchmark, available online at: <http://www.dof.ca.gov/HTML/DEMOGRAP/Druhpar.htm>. Sacramento, California, May 2004.
 Note: City-level denominators were extrapolated from the E-4 file to approximate the mid-year city-level population estimates that are needed to calculate city-level rates. For more information, please see our section on statistical methods.

ICD9 coding for mental disorders (053.13, 290.0, 290.20, 290.21, 290.40, 291.0, 293.0, 295.02, 295.12, 295.32, 295.72, 295.90, 296.22, 296.42, 296.52, 298.0, 298.1, 298.3, 298.9, 299.00, 300.00, 300.01, 300.02, 300.10, 300.11, 300.21, 300.23, 300.3, 300.4, 300.81, 300.9, 301.3, 301.6, 301.7, 301.83, 301.9, 302.70, 302.71, 302.72, 302.75, 302.76, 306.8, 307.0, 307.1, 307.41, 307.42, 307.45, 307.46, 307.51, 307.52, 307.6, 307.7, 308.3, 309.0, 309.24, 309.81, 311, 312.34, 312.9, 314.00, 314.01, 315.02, 315.9, 317, 319, 331.0, V61.10, V61.20, V65.42, V62.82) from the American Academy of Family Physicians Website, ICD-9 Codes for Family Practice 2000-2001: The FPM Long List, available online @ http://www.aafp.org/fpm/20000900/icd9_long.html.