

Stearns County Human Services

Top 10 Most Important Community Health Issues - Focus Group Discussion

Mental Health – Background Data

4/29/2014

2013 Data

1. **Almost 15%** of Stearns County adults have felt sad, blue, or depressed for 15 or more of the last 30 days.
2. **42.6%** of 18-30 year old Stearns County adult males (compared to 4.8%-16.9% in other age groups) rate their overall level of stress as “High”. This is unfavorably high compared to the females, where the highest rate was 16.6% of 18-30 year olds.
3. In the Central MN Community Health Survey, when asked the reasons they did not get the mental health care they needed, **42.1%** did so because they did not think the problem was serious enough, which was the highest response. The next highest responses were: I was too nervous or afraid (36.5%), The care I needed cost too much (26.5%), and I did not have insurance (15.8%)
4. **Almost 5%** of all Stearns County students surveyed in the Minnesota Student Survey (8th, 9th, and 11th graders) across grade levels and gender indicated that they have attempted suicide at some point in their life, with **10%** of the males and **15%** of the females thinking about ending their life in the last 12 months.
5. **One third** of all Stearns County 8th, 9th, and 11th grade females have felt sad, blue, or depressed in the last 12 months. (17% for males)
6. The concern for Mental Health issues among Stearns County adults seems low. Listed below are the rankings, out of 68, for all mental health community concern questions identified as a moderate or serious problem.

16. Depression among adults (57.6%)	39. Suicide among youth (38.7%)
19. Mental Illness (55.6%)	41. Difficulty obtaining MH services for adults (38.1%)
21. Depression among youth (55.5%)	42. Difficulty obtaining MH services for youth (37.1%)
33. People not taking MH meds (45.3)	47. Eating disorders (32%)
37. Suicide among adults (40.1)	BUT, Heart Disease or Stroke ranked at 13 (59.6%)

1995-1997 Adverse Childhood Experiences Study (ACE Study)

7. Conducted by CDC and Prevention and Kaiser Permanentes Health Appraised Clinic in San Diego. Study findings suggest that certain experiences (including mental health) are major risk factors for the leading cause of illness and death as well as poor quality of life in the US.
8. A high ACE score **doubles** your chance of heart disease.
9. Childhood experiences underlie chronic depression. The higher the number of ACEs, the higher the likelihood a person will experience chronic depression.

2011 ACE data in Minnesota using Behavioral Risk Factor Surveillance System (BRFSS) data

10. **55%** of all Minnesotans report 1 or more ACEs.
11. **17%** of all Minnesotans report Mental Illness in the household.
12. Among Minnesota adults, there is a strong association between mental health and ACEs. Minnesota adults with an ACE score of 5 or more were **6 times** more likely to have an anxiety disorder diagnosis compared to persons with no ACEs. (31% vs. 5%)

Sources:

1. Central Minnesota Community Health Survey - February 2013. Question: During the past 30 days, for about how many days have you felt sad, blue, or depressed? Open ended answer with numerical range of 0-30.
2. Central Minnesota Community Health Survey – February 2013. Question: How would you rate your overall level of stress compared to if the respondent claimed to be male or female. Responses: High, Medium, Low. Age categories broken down by 18-30, 31-50, 51-70, 71+.
3. Central Minnesota Community Health Survey - February 2013. After response of “YES” to question: “During the past 12 months, was there a time when you wanted to talk with or seek help from a health professional about emotional problems such as stress, depression, excess worrying, troubling thoughts, or emotional problems, but did not or delayed talking with someone?” Question: Why did you not get or delay getting the care you thought you needed? Please check all that apply. Responses: The care I needed cost too much, My co-pay was too expensive, My deductible was too expensive, My insurance did not cover it, I did not have insurance, I was too nervous or afraid, I could not get an appointment, I did not think it was serious enough, I had transportation problems, I did not know where to go, Other reason.
4. 2013 Minnesota Student Survey, Table 27, Question: Have you ever actually attempted suicide (Mark all that apply)? Responses: No; Yes, during the last year; Yes, more than a year ago. Table 26A, Question: During the last 12 months have you had SIGNIFICANT problems with...thinking about ending your life or committing suicide? Responses: Yes or No.
5. 2013 Minnesota Student Survey, Table 26A, Question: During the last 12 months have you had SIGNIFICANT problems with...feeling very trapped, lonely, sad, blue, depressed, or hopeless about the future? Responses: Yes or No.
6. Central Minnesota Community Health Survey - February 2013. Question: In your opinion, how much of a problem is each of these issues in your county? Responses: No Problem, Minor Problem, Moderate Problem, Serious Problem, No Opinion.
7. Center for Disease Control and Prevention – Adverse Childhood Experiences (ACE) Study Retrieved on April 28th, 2014 – Last updated January 18, 2013. The 10 adverse childhood experiences included in the study were: emotional abuse, physical abuse, sexual abuse, emotional neglect, physical neglect, parental separation/divorce, battered mother, parental substance abuse, parental mental illness, and parental criminal background.
8. Presentation by Jane Ellison (Central MN THRIVE) to the St. Cloud Area Human Service Council, 2/14/13. Research from 2004, Sep 28. Insights into causal pathways for ischemic heart disease: adverse childhood experiences study. Authors: Dong M, Giles WH, Felitti VJ, Dube SR, Williams JE, Chapman DP, Anda RF. National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, Atlanta, GA.
9. Minnesota Department of Health – Adverse Childhood Experiences in Minnesota: Findings and Recommendations Based on the 2011 Minnesota Behavioral Risk Factor Surveillance System (BRFSS). Presentation authored by Vincent Felitti, MD and Robert Anda, MD. (Jan 28, 2013)
10. See #9
11. See #9
12. See #9