
MENTAL HEALTH INDICATORS

Connecticut Statewide Epidemiological Outcomes Workgroup (SEOW)

MENTAL HEALTH INDICATORS WORKGROUP:

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ACKNOWLEDGEMENTS

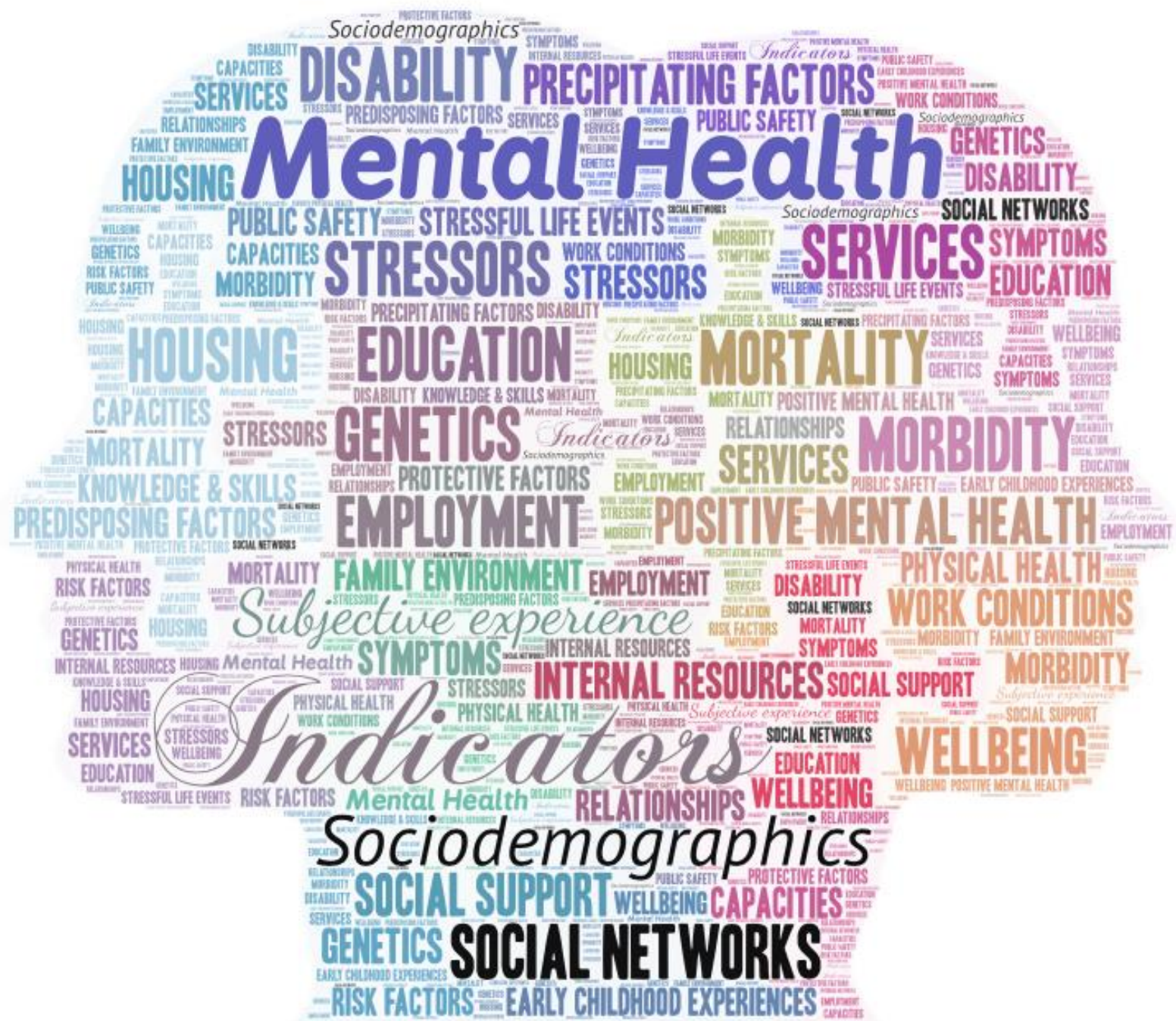
- **This presentation was made possible by the Department of Mental Health and Addiction Services (DMHAS), UConn Health, and the Substance Abuse and Mental Health Services Administration (SAMHSA)**
- **The DMHAS Center for Prevention and Evaluation and Statistics (CPES) at UConn Health is a DMHAS Resource Link, supported by funds from SAMHSA's Substance Abuse Prevention and Treatment Block Grant.**

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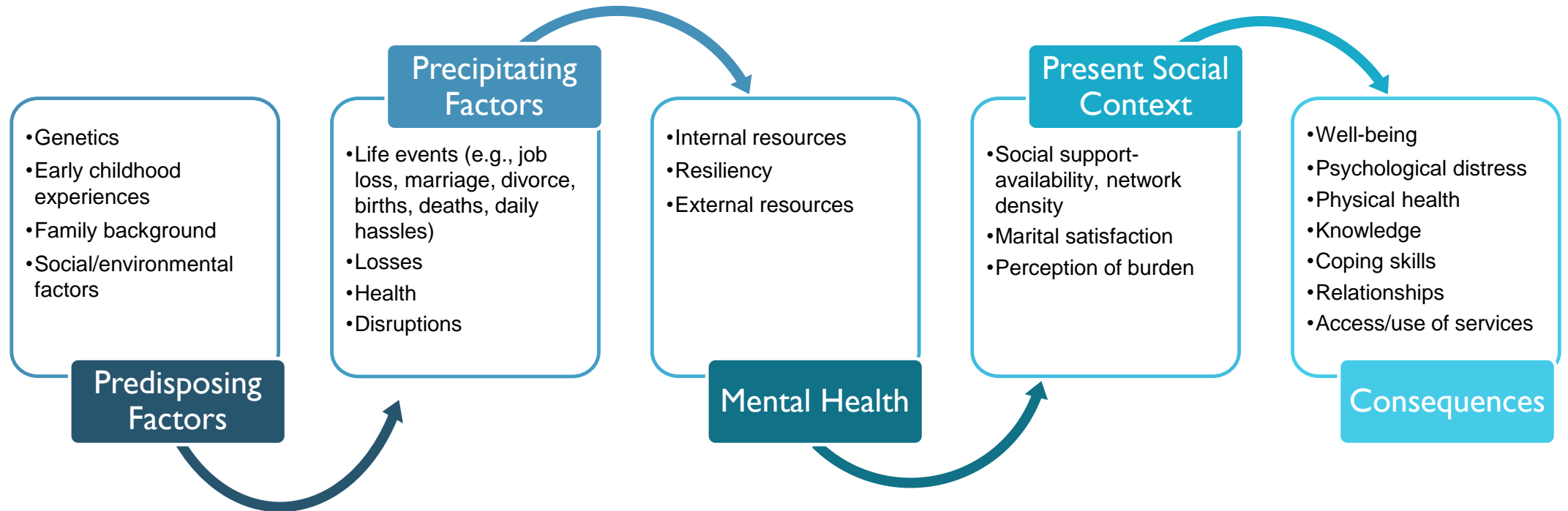
No financial relationships to disclose.

ABOUT THE MENTAL HEALTH INDICATOR WORKGROUP

- Born out of the CPES needs assessment and strategic planning process, in which a gap was identified in expert knowledge of mental health issues and indicators;
- Expert resources identified within Uconn Health and DMHAS
- Workgroup tasked with supporting identification and acquisition of prevention indicators in the realm of mental health through:
 - Reviewing relevant work in the field;
 - Identification of a framework for organizing mental health indicators;
 - Utilization of the framework and assessment of resources to prioritize indicators
 - Development of mental health epidemiological profiles



FRAMEWORK FOR UNDERSTANDING & ORGANIZING MENTAL HEALTH INDICATORS



ADVERSE CHILDHOOD EXPERIENCES



WHAT ARE ADVERSE CHILDHOOD EXPERIENCES (ACEs)?

ACEs include:

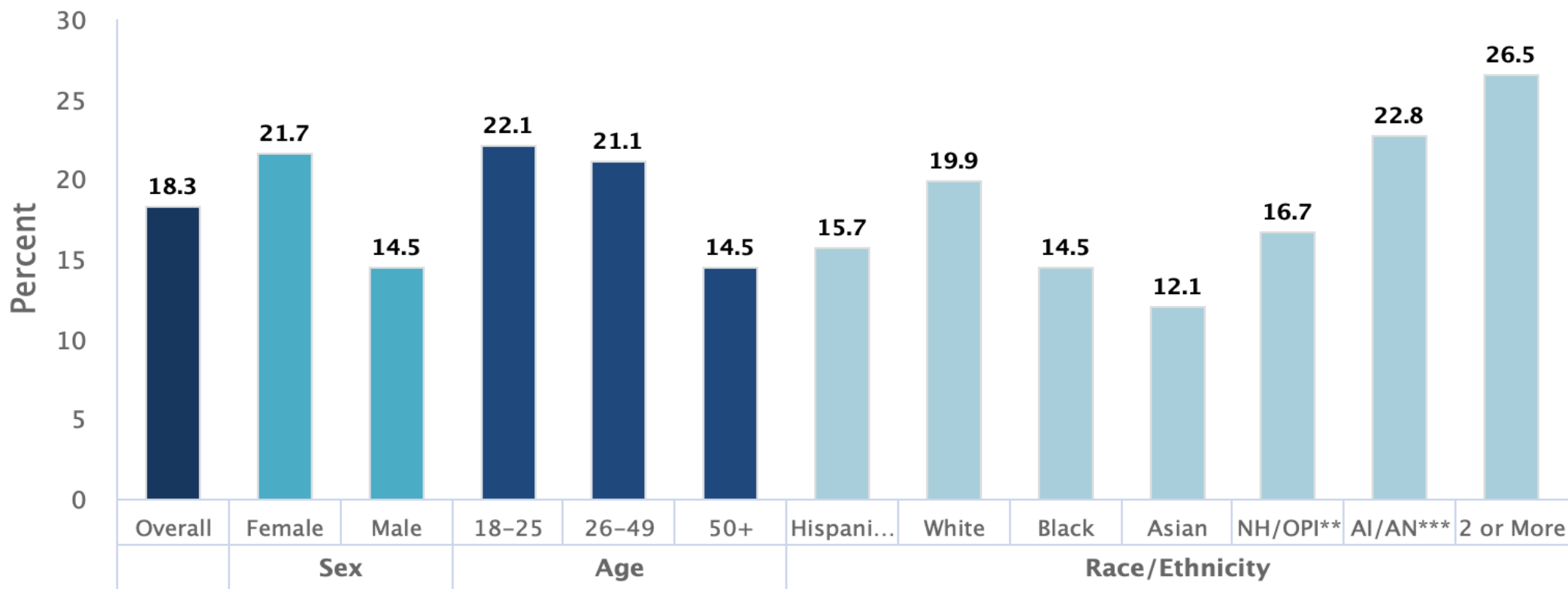
- Physical abuse
- Sexual abuse
- Emotional abuse
- Physical neglect
- Emotional neglect
- Intimate partner violence
- Mother treated violently
- Substance misuse within household
- Household mental illness
- Parental separation or divorce
- Incarcerated household member

RISK FACTORS & CONNECTION TO MENTAL HEALTH

- In one long-term study, as many as 80% of young adults who had been abused met the diagnostic criteria for at least one disorders, psychiatric disorder at age 21. These young adults exhibited many problems, including depression, anxiety, eating and suicide attempts. (CDC)
- The stress of chronic abuse may result in anxiety and may make victims more vulnerable to problems, such as post-traumatic stress disorder, conduct disorder, and learning, attention, and memory difficulties. (CDC)
- **Suicide attempts.** ACEs in any category increased the risk of attempted suicide by 2- to 5-fold throughout a person's lifespan, according to a [2001 study](#). According to a recent [2017 article \(link is external\)](#), individuals who reported *6 or more ACEs* had 24.36 times increased odds of attempting suicide.
- **Lifetime depressive episodes.** Exposure to ACEs may increase the risk of experiencing depressive disorders well into adulthood—sometimes decades after ACEs occur. Learn more from a [2015 study on ACEs and the risk of geriatric depressive disorders](#).

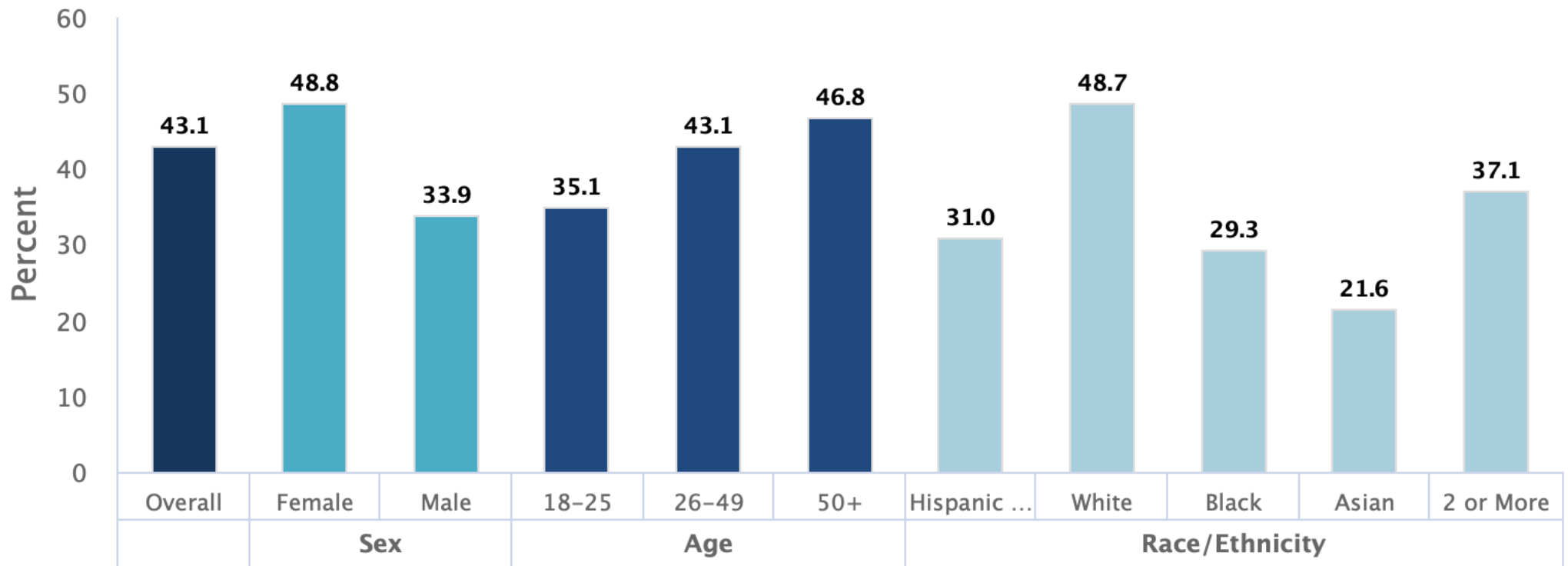
Past Year Prevalence of Any Mental Illness Among U.S. Adults (2016)

Data Courtesy of SAMHSA



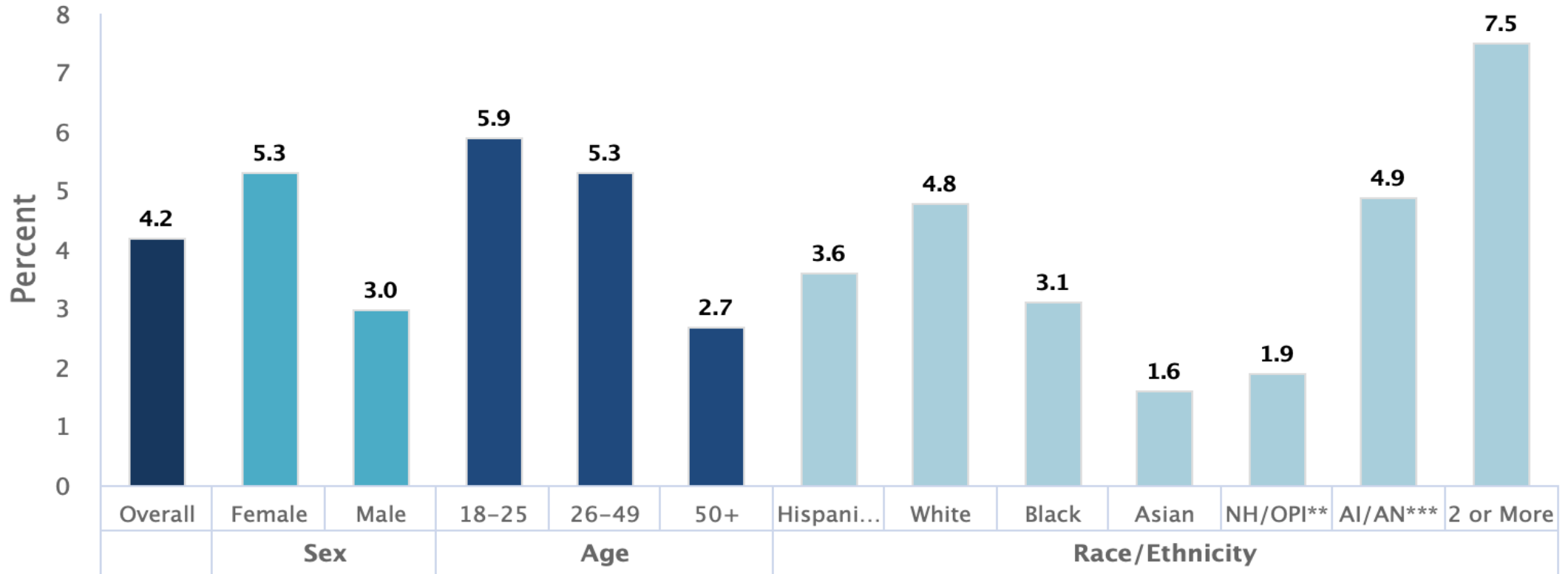
Mental Health Treatment Received in Past Year Among U.S. Adults with any Mental Illness (2016)

Data Courtesy of SAMHSA



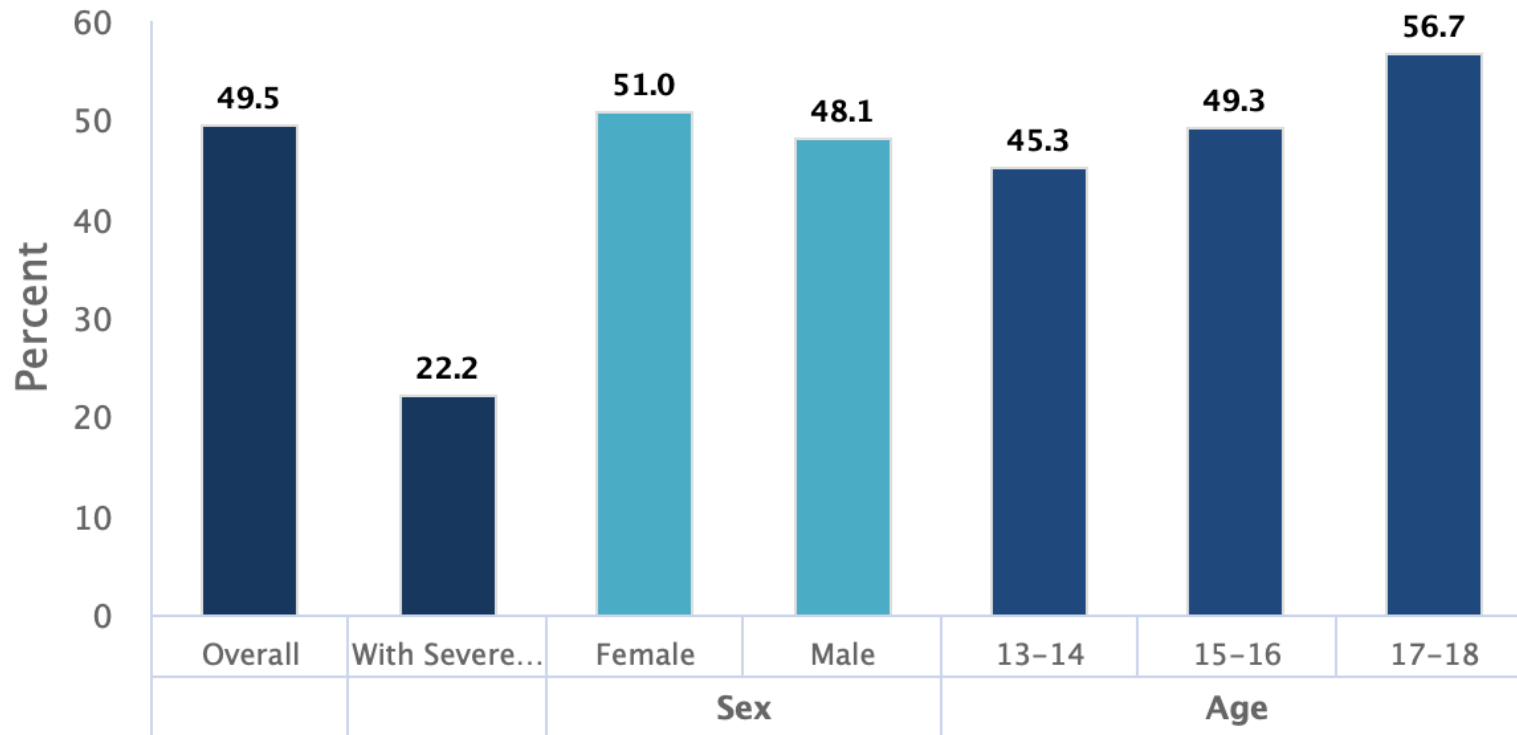
Past Year Prevalence of Serious Mental Illness Among U.S. Adults (2016)

Data Courtesy of SAMHSA



Lifetime Prevalence of any Mental Disorder Among Adolescents (2001-2004)

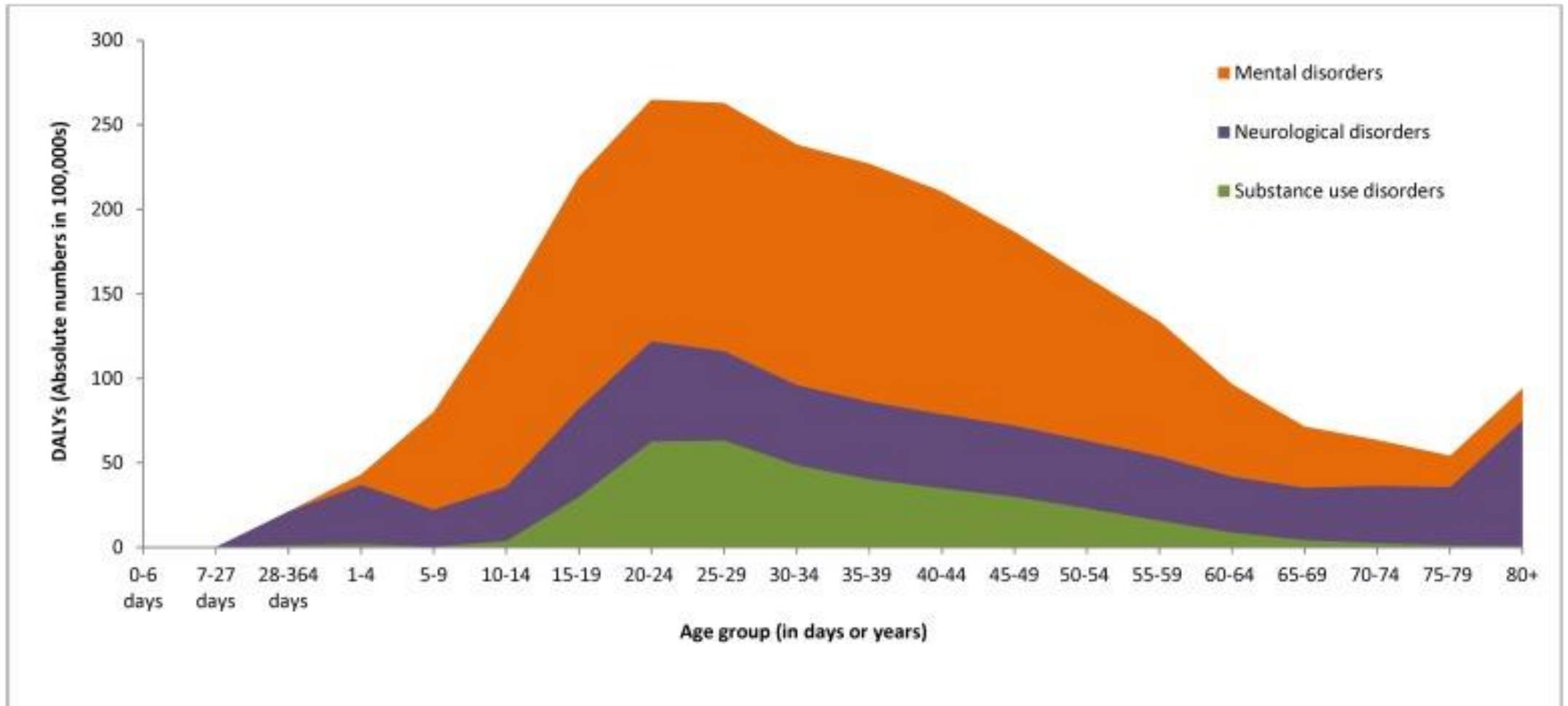
Data from the National Comorbidity Survey Adolescent Supplement (NCS-A)



IMPACT INDICATORS

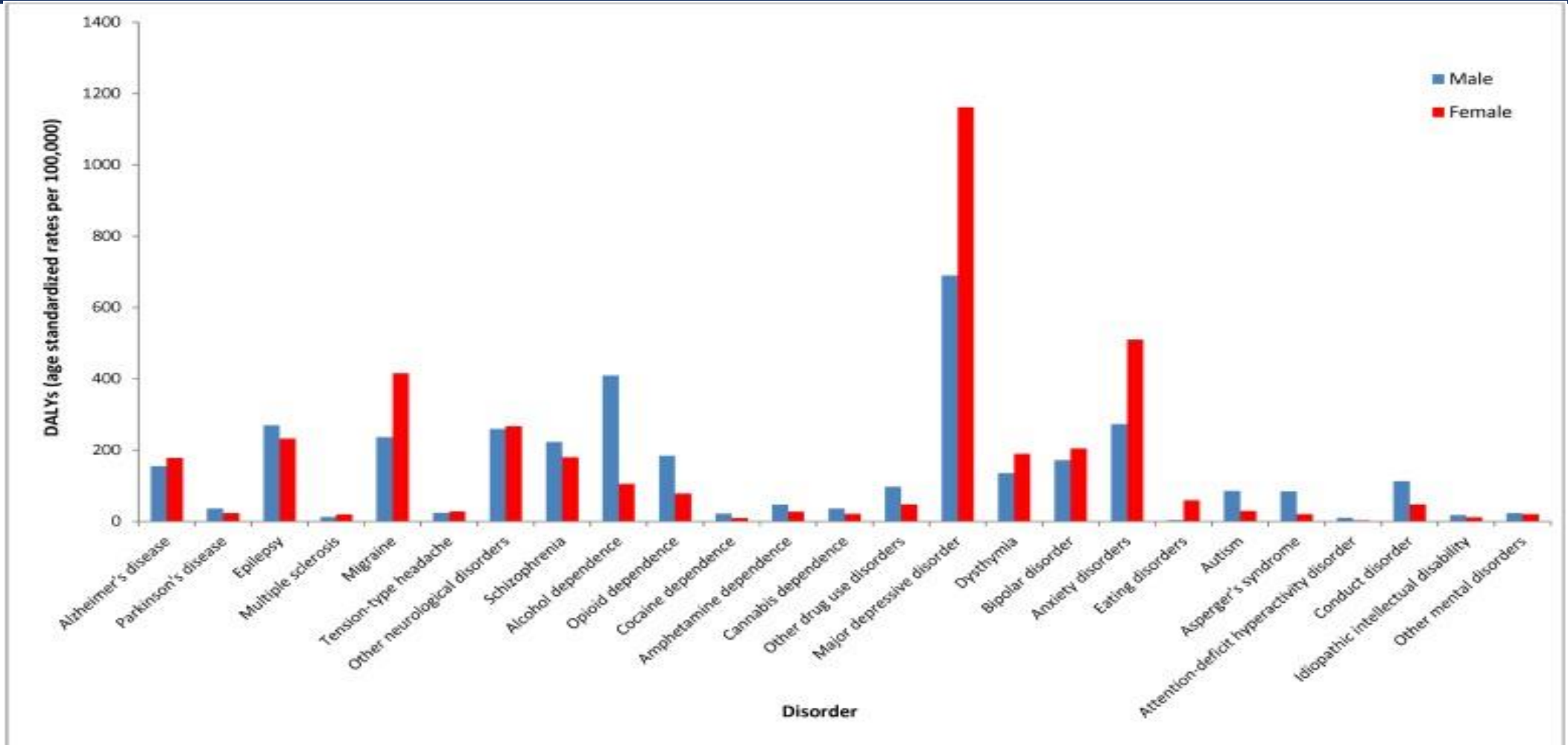
- Mortality –
- Morbidity –
- Employment –
- Absenteeism –
- Stigma –
- Medical Expenses –
- Social Isolation –

Absolute DALYs Attributable to Mental, Neurological, and Substance Use Disorders, by Age, 2010 (Whiteford, et al, 2015)



Note: DALYs = disability-adjusted life years.

Age-Standardized DALY Rates Attributable to Individual Mental, Neurological, and Substance use Disorders, by Gender, 2010 (Whiteford, et al, 2015)



Note: DALYs = disability-adjusted life years.

DATA SOURCES

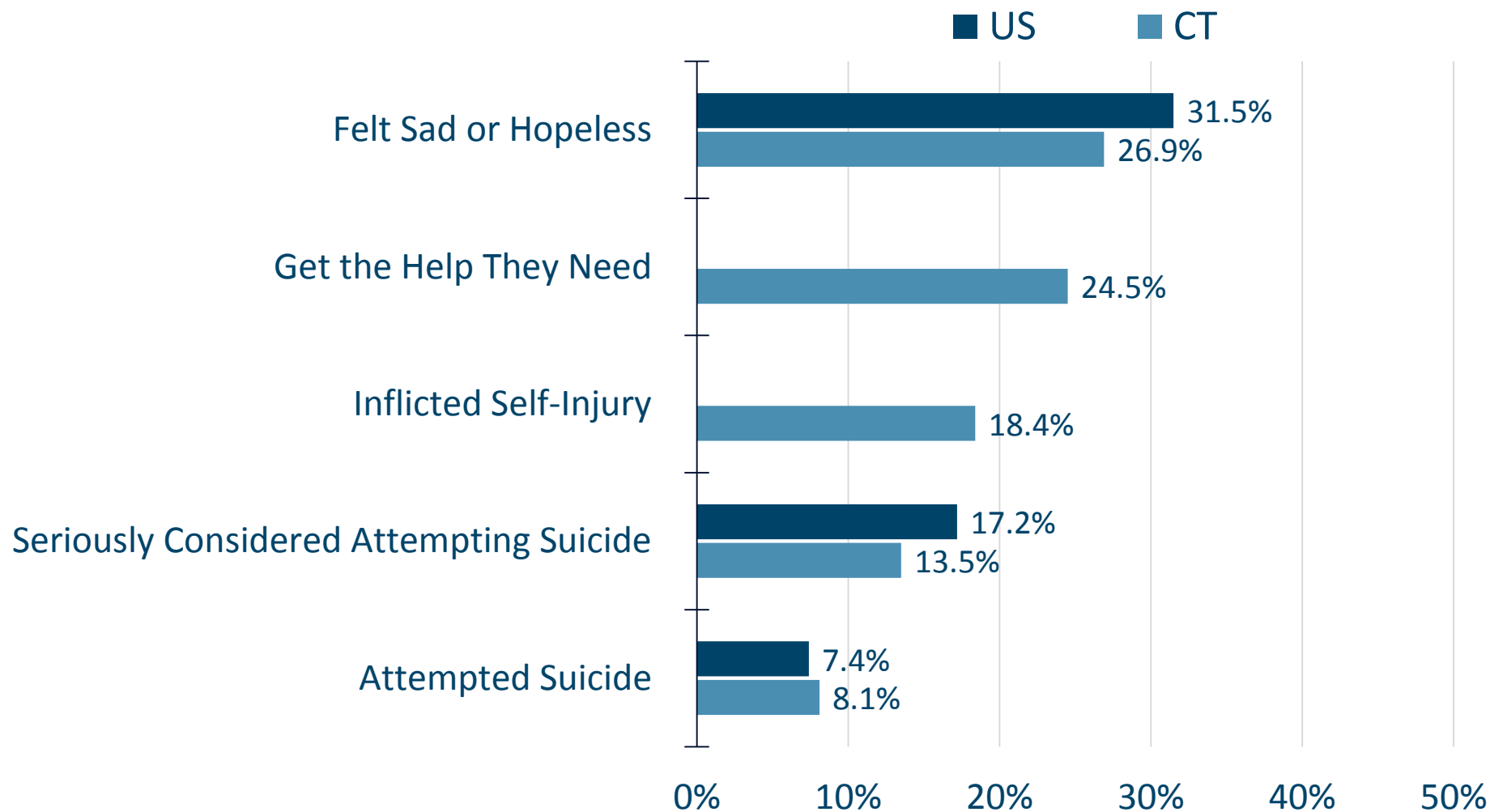
- **Youth Risk Behavioral Survey (YRBS)**
- **Behavioral Risk Factor Surveillance Survey (BRFSS)**
- **National Survey of Drug Use and Health (NSDUH)**
- **Community Readiness Survey (CRS)**
- **DataHaven Community Wellbeing Survey (DCWS)**
- Office of Chief Medical Examiner (OCME)
- Connecticut Violent Death Reporting System (CTVDRS)
- All Payer Claims Database (APCD)
- Hospital Discharge Data (HIDD)
- Emergency Room Database (CHIME)
- Connecticut Department of Corrections (CDOC)



YOUTH RISK BEHAVIOR SURVEY (YRBS)

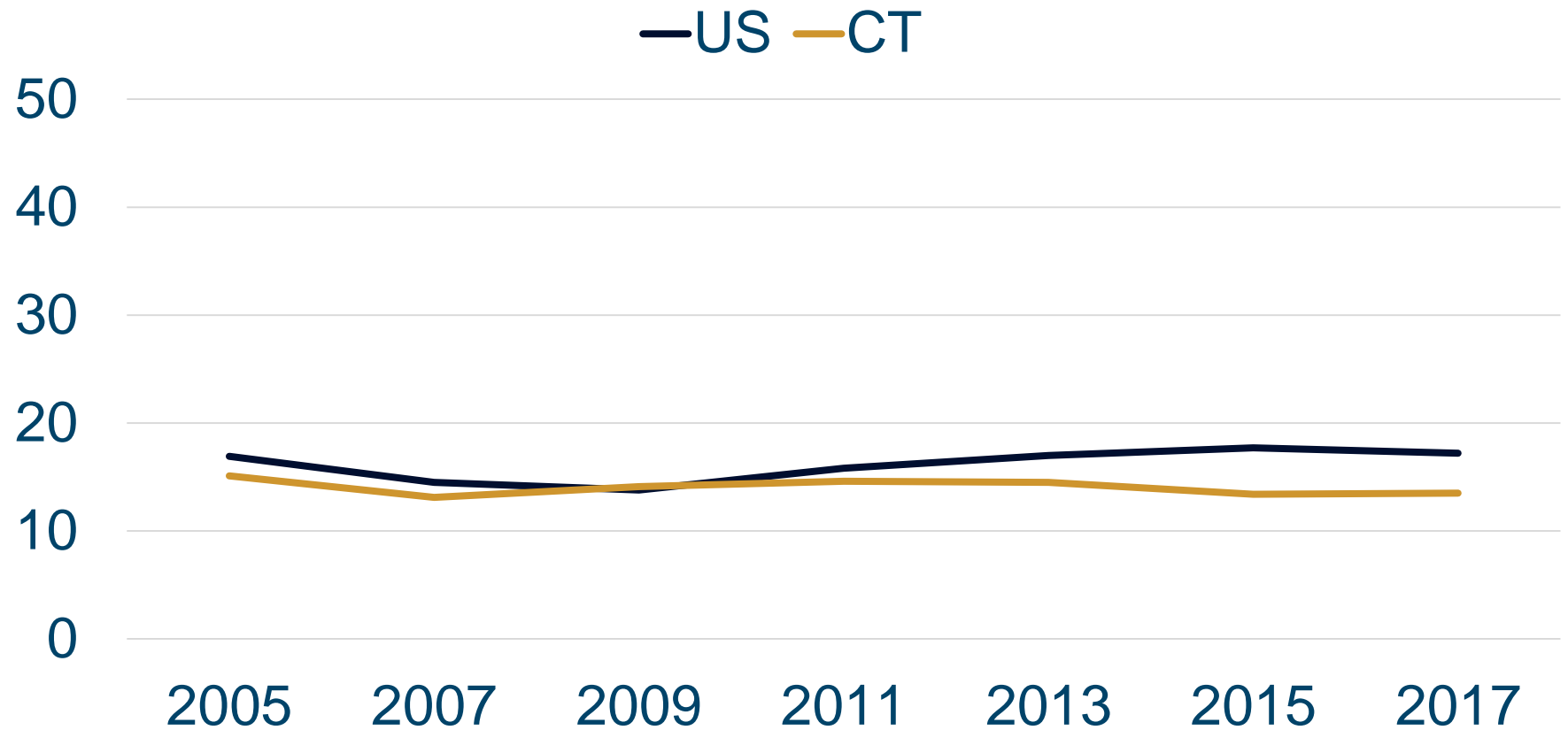


Youth Risk Behavior Survey CT and US 2017



Youth Risk Behavior Survey: CT & US

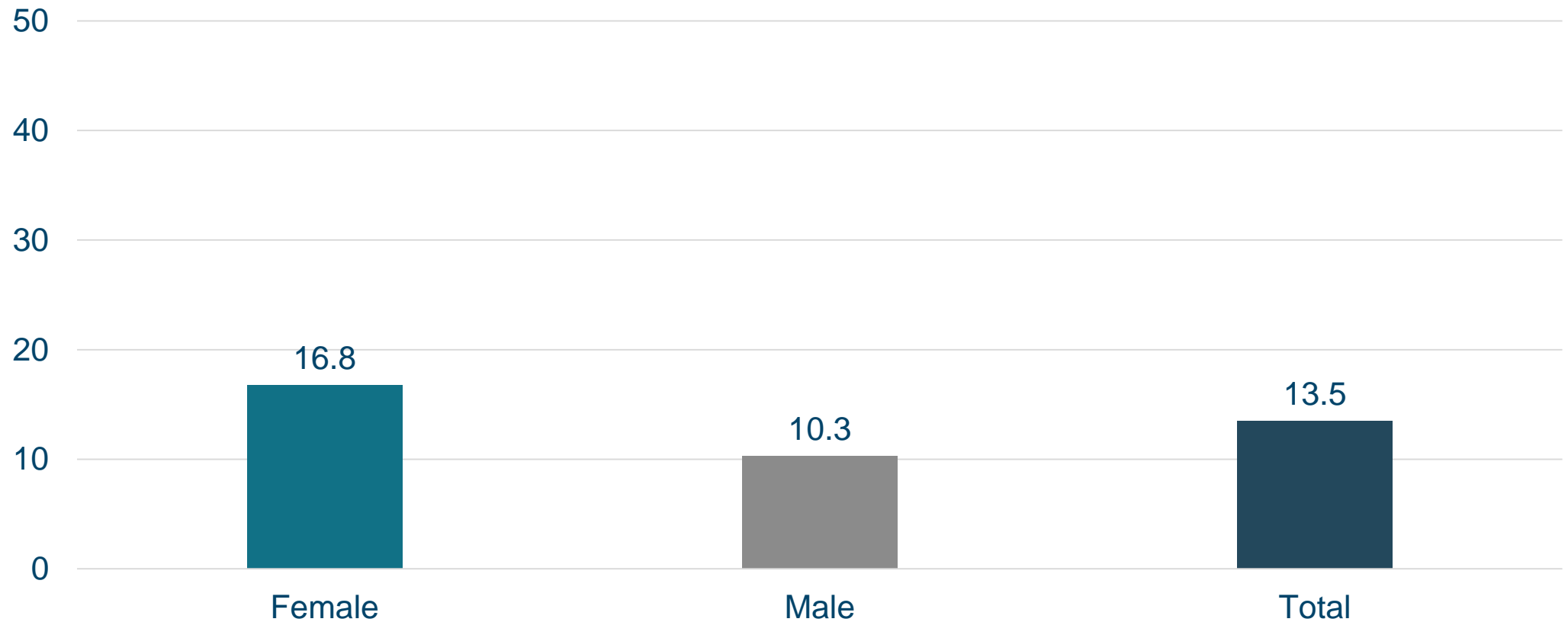
Percent of students who seriously considered attempting suicide during the past 12 months (2005 – 2017)



Youth Risk Behavior Survey, CT 2017

Gender

Percent of high school students who seriously considered attempting suicide¹

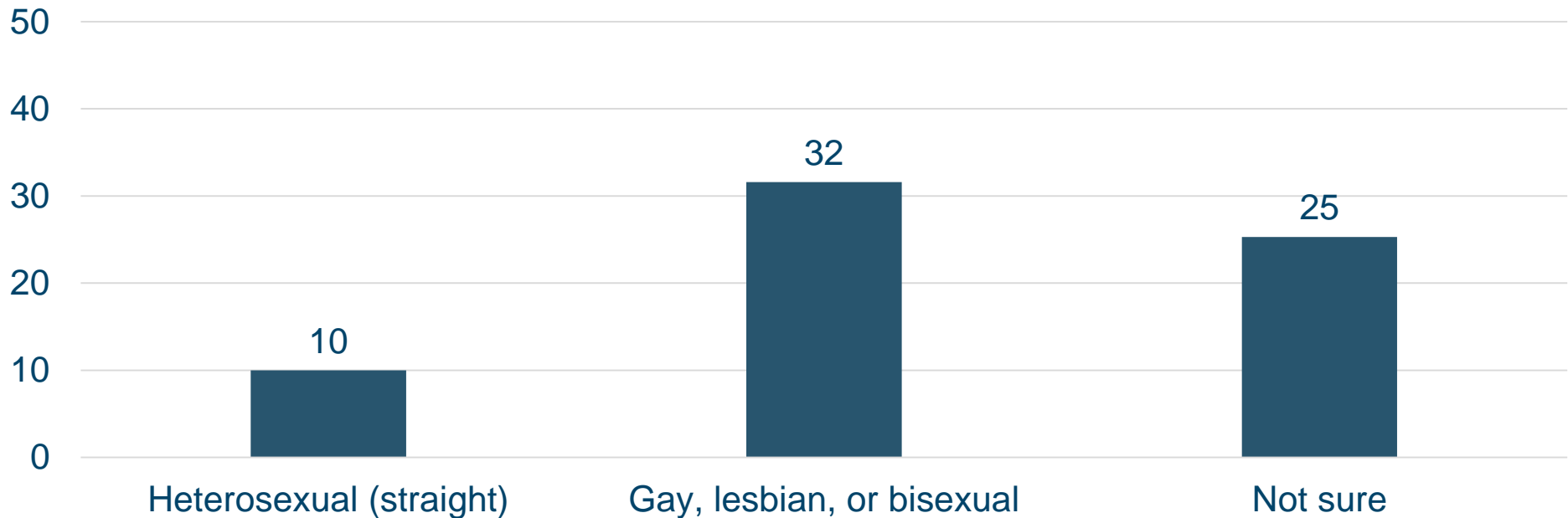


¹ During the 12 months before the survey.

Youth Risk Behavior Survey, CT 2017

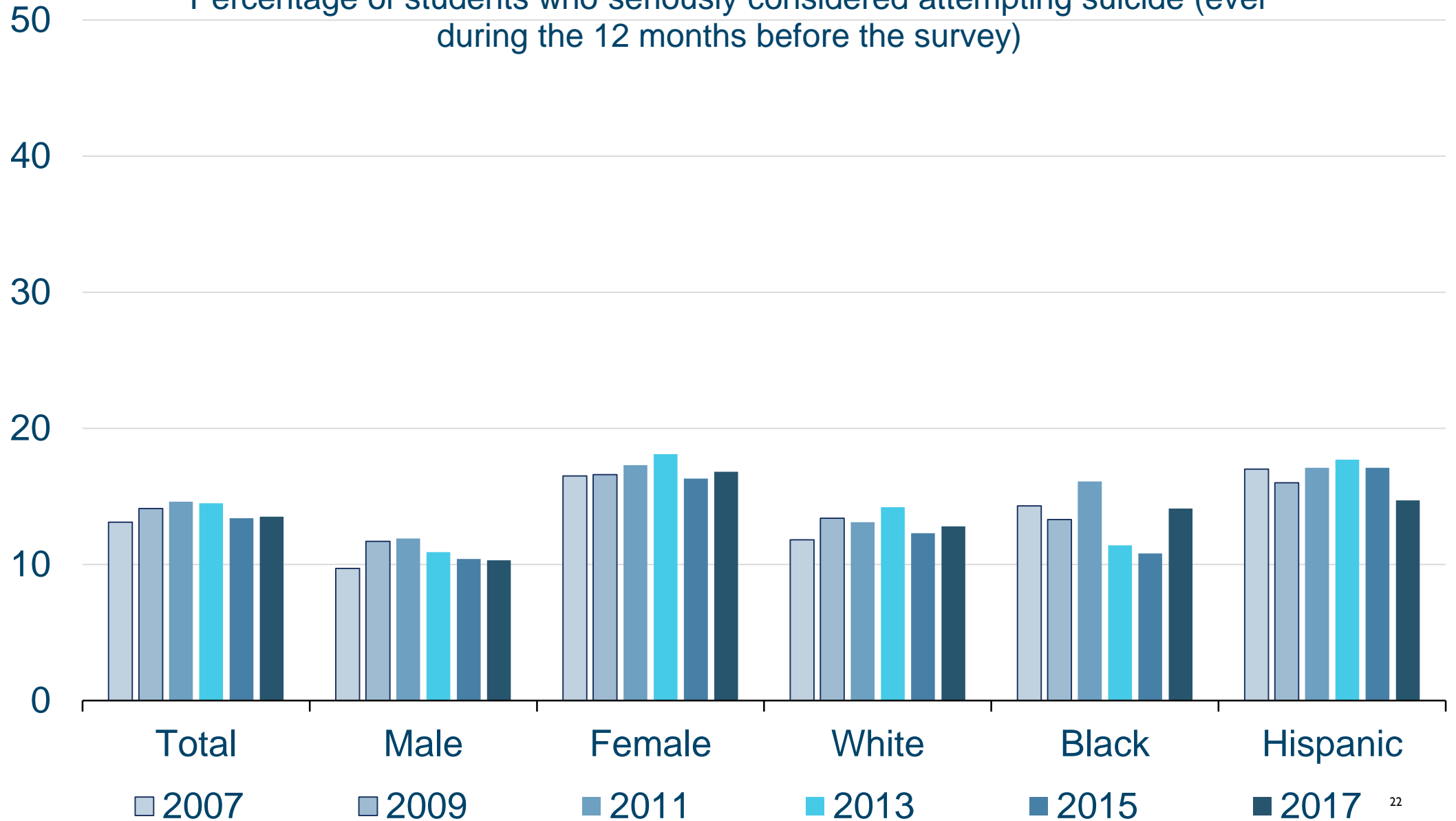
Sexual Identity

Q 26: Percent of high school students who seriously considered attempting suicide



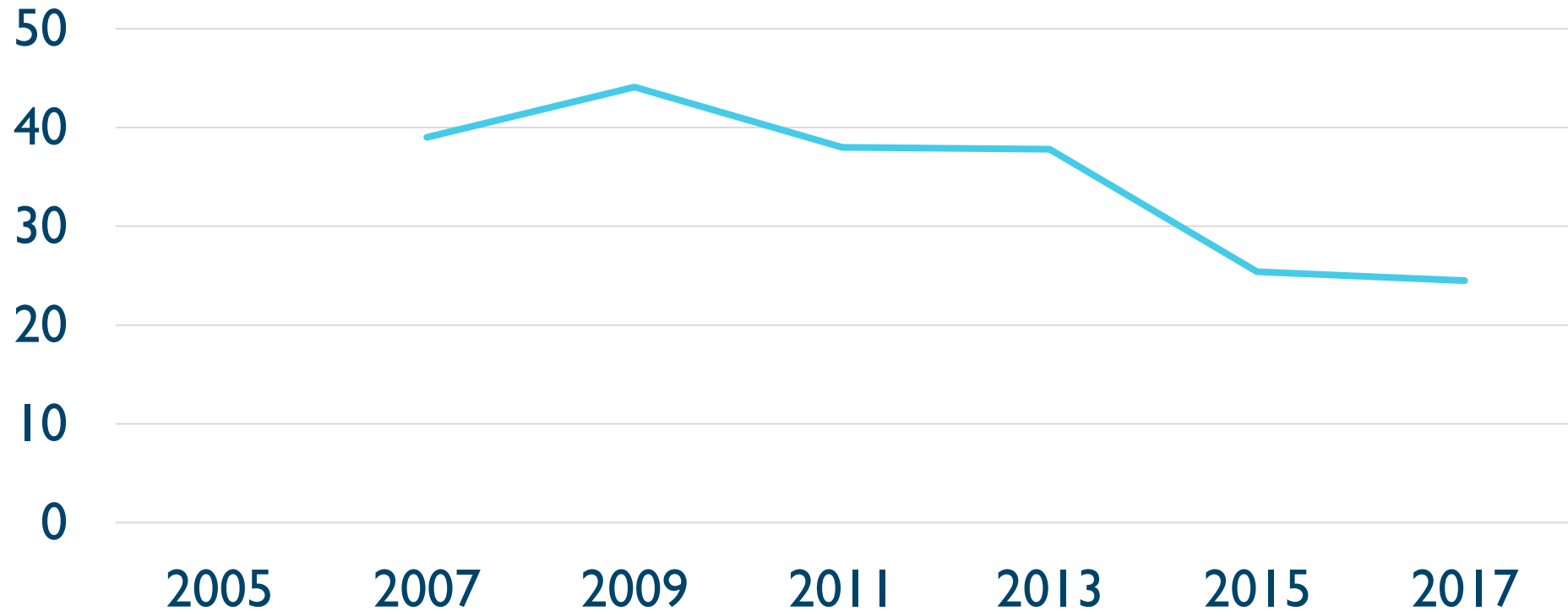
Youth Risk Behavior Survey, CT

Percentage of students who seriously considered attempting suicide (ever during the 12 months before the survey)



Youth Risk Behavior Survey Results: CT

Percent of students who most of the time or always get the kind of help they need (among students who report having felt sad, empty, hopeless, angry, or anxious)

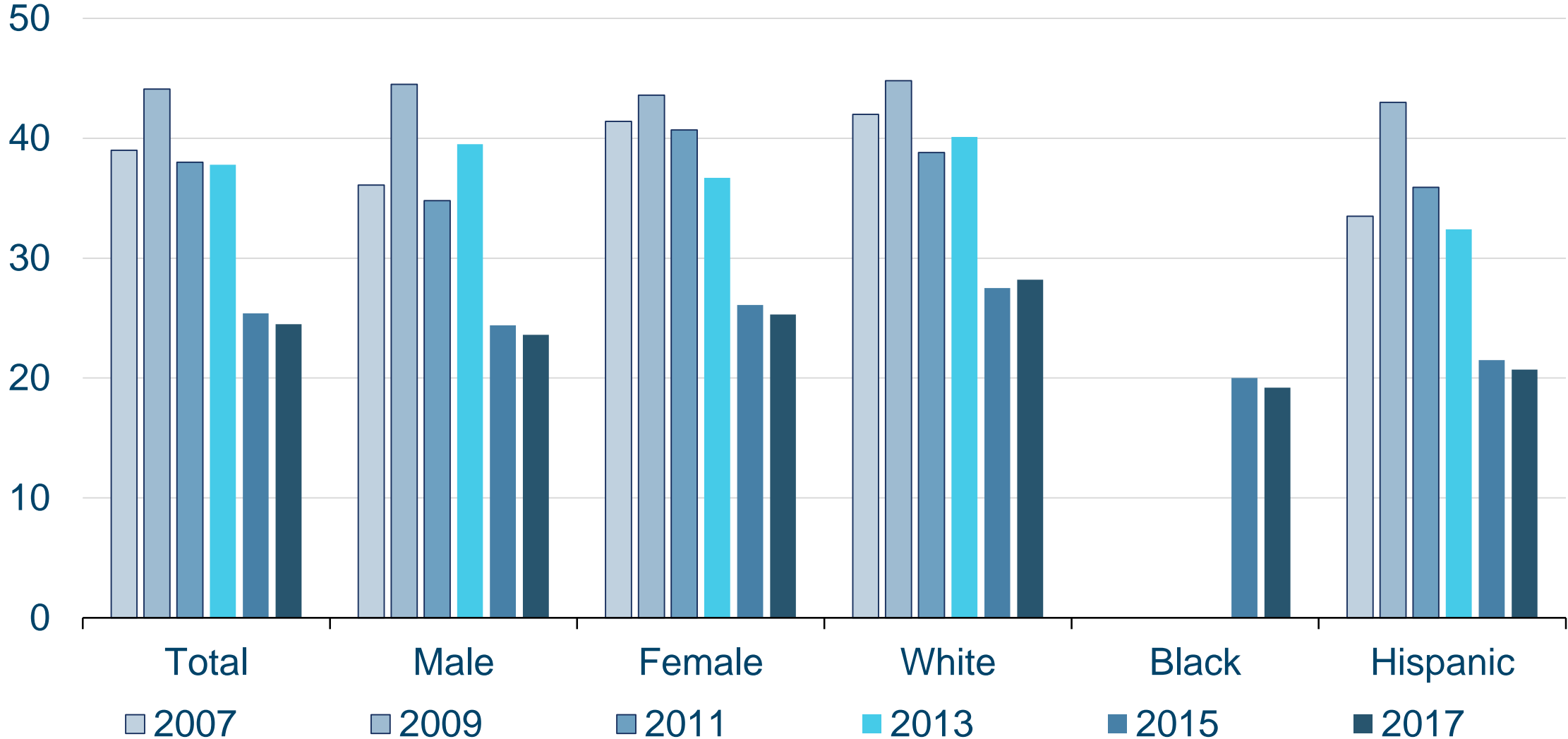


Source: CT DPH Connecticut High School Survey

<https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/CSHS/YRBS2017CT10YearTrendReport.pdf?la=en>

Youth Risk Behavior Survey Results

Q 96: Percent of students who most of the time or always get the kind of help they need (among students who report having felt sad, empty, hopeless, angry, or anxious)





BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS)

Depression, CT - 2016

Source: 2016 Connecticut BRFSS
Report, CT DPH

Demographic Characteristic	Percent (95 % CI)	
Total	15.9 (14.9 – 16.8)	
Gender		
Male	12.4 (11.1 - 13.7)	
Female	19.2 (17.8 - 20.6)	←
Race/Ethnicity		
Non-Hispanic White	16.1 (15.0 - 17.2)	
Non-Hispanic Black	12.0 (9.0 - 14.9)	
Hispanic	19.8 (16.6 - 23.1)	←
Income		
Less than \$35,000	23.0 (20.7 - 25.4)	←
\$35,000 - \$74,999	15.1 (13.1 - 17.1)	
\$75,000 +	12.4 (11.0 - 13.8)	
Disability		
Yes	35.1 (32.3 - 37.8)	←
No	10.5 (9.6 - 11.4)	
Education		
High School or less	17.8 (16.0 - 19.6)	←
More than High School	14.7 (13.6 - 15.8)	

Health-related Quality of Life, CT 2016

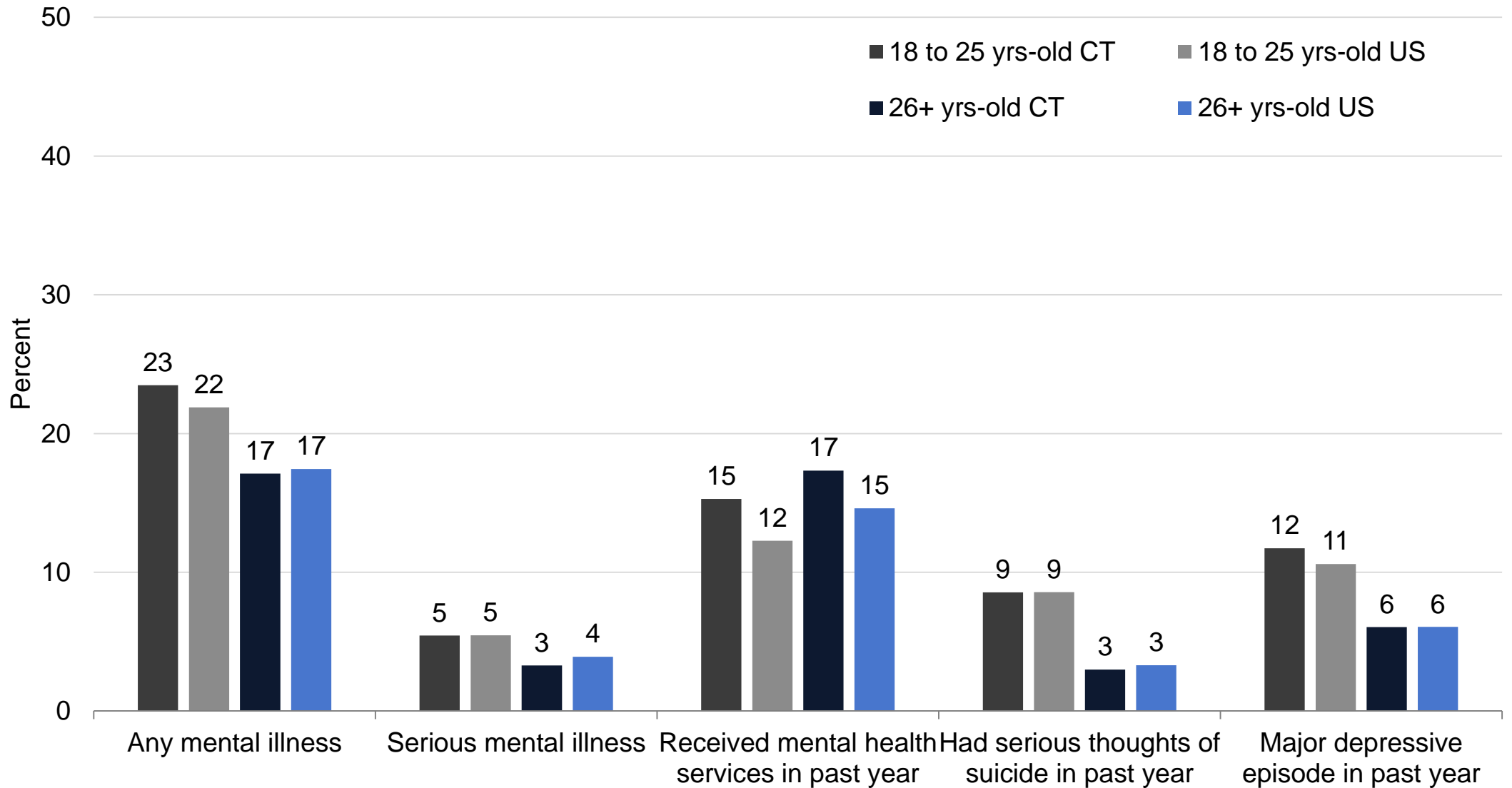
Source:
2016 Connecticut
BRFSS Report

Demographic Characteristic	Poor Physical Health	Poor Mental Health
	Percent (95 % CI)	Percent (95 % CI)
Total	10.8 (10.0 – 11.6)	10.7 (9.9 – 11.6)
Gender		
Male	9.9 (8.7 – 11.1)	9.5 (8.2 – 10.7)
Female	11.6 (10.5 – 12.7)	11.9 (10.7 – 13.1) ←
Age		
18-34 years old	6.4 (4.8 - 8.0)	14.7 (12.4 - 17.0) ←
35-54 years old	10.8 (9.3 - 12.2)	11.8 (10.3 - 13.2)
55 years old and over	14.2 (13.1 - 15.3)	7.1(6.4 - 7.9)
Race/Ethnicity		
Non-Hispanic White	10.2 (9.3 - 11.0)	9.9 (8.9 – 10.8)
Non-Hispanic Black	12.3 (9.4 - 15.3)	11.5 (8.3 – 14.6)
Hispanic	14.2 (11.4 – 16.9)	14.6 (11.7 – 17.6) ←
Income		
Less than \$35,000	19.5 (17.3 – 21.6)	16.2 (14.1 – 18.3) ←
\$35,000 - \$74,999	10.4 (8.7 – 12.2)	10.1 (8.4 – 11.8)
\$75,000 +	5.6 (4.7 – 6.5)	7.2 (5.9 – 8.4)
Disability		
Yes	32.7 (30.0 - 35.3)	26.1(23.5 - 28.8) ←
No	4.7 (4.1 - 5.3)	6.5 (5.7 - 7.3)
Education		
High School or less	14.7 (13.1 - 16.4)	12.8 (11.2 -14.4) ←
More than High School	8.3 (7.5 - 9.1)	9.5 (8.5 -10.4)



NATIONAL SURVEY OF DRUG USE AND HEALTH (NSDUH)

NSDUH 2015-2016 Mental Health Indicators - US and CT by age group





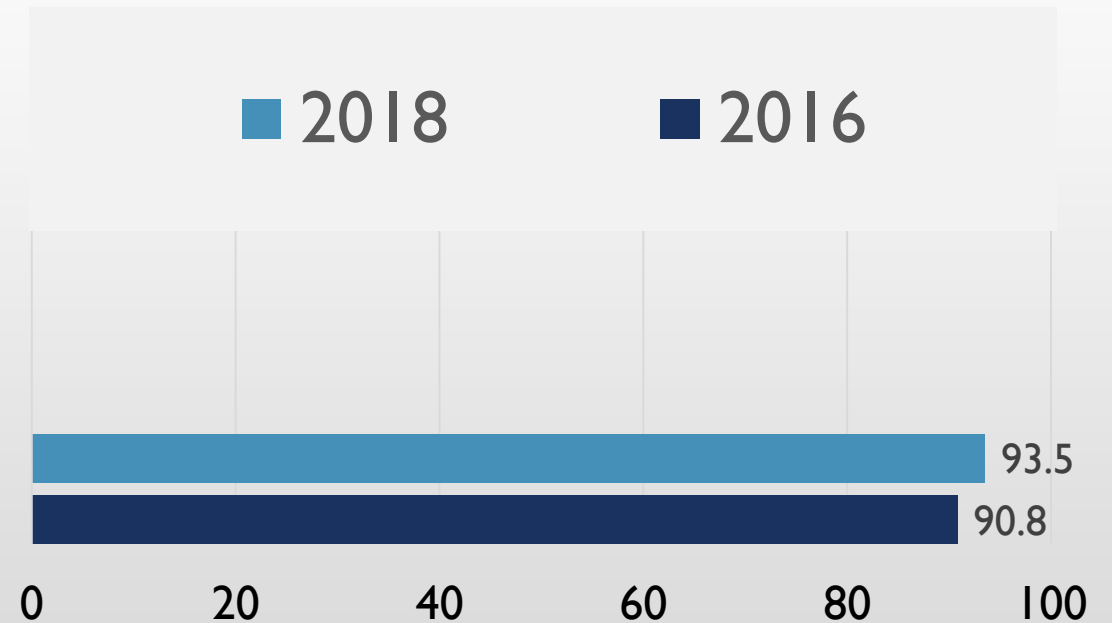
CONNECTICUT COMMUNITY READINESS SURVEY 2016 AND 2018

Suicide Prevention Efforts Needed In Community

CT CRS 2016 and 2018



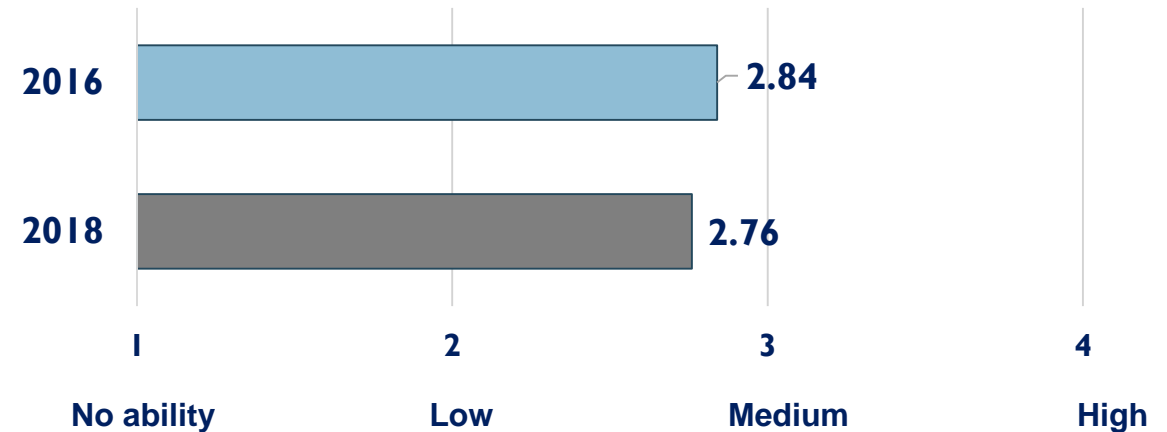
Percent of respondents who agree that "suicide prevention efforts (such as educational programs, trianing, polices, and identification and referral of individuals at risk of suicide) are needed in the community."



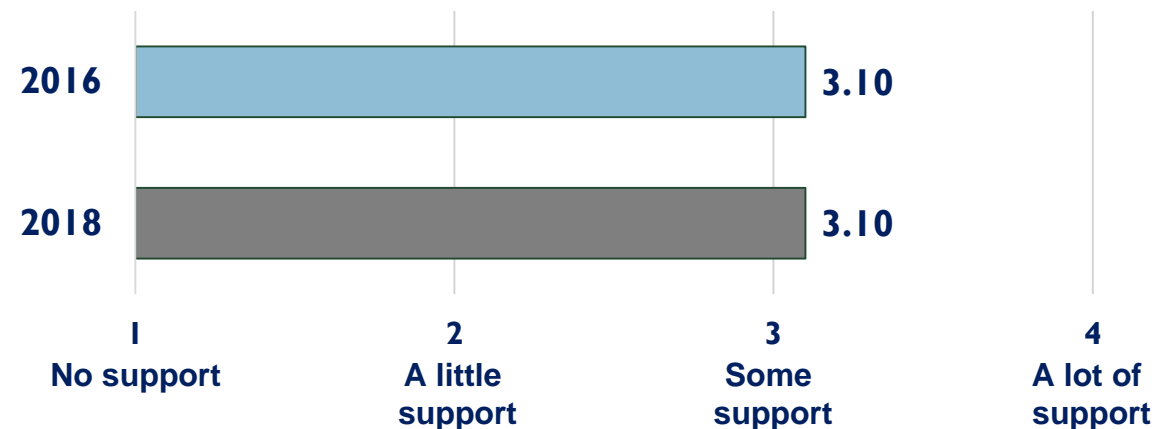
Community Ability and Support for Suicide Prevention CT CRS 2016 and 2018



Key informant rating of community ability to implement suicide prevention efforts



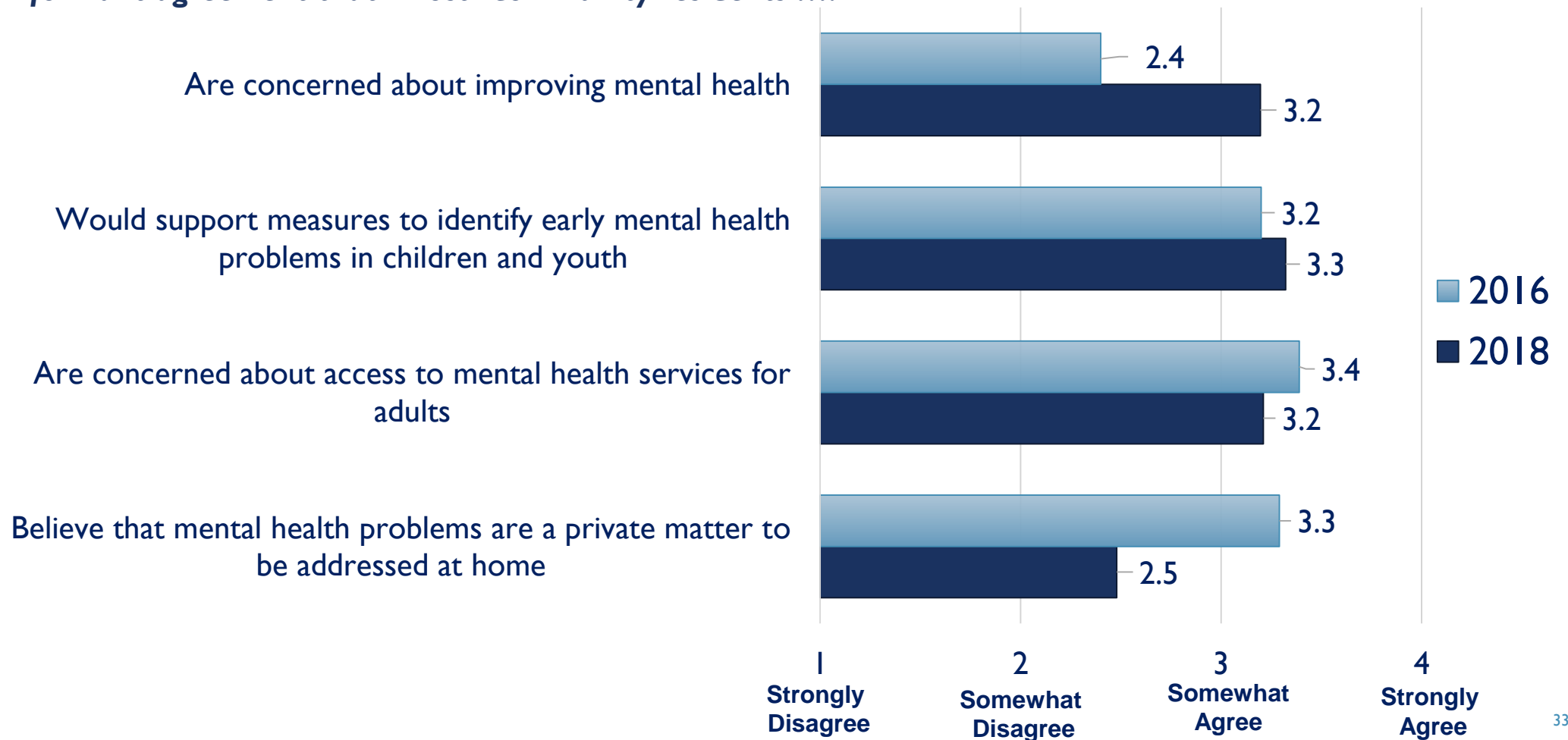
Key informant rating of community support for suicide prevention



Community Attitudes Toward Mental Health Promotion CT CRS, 2016 and 2018



Key Informant agreement that “most” community residents





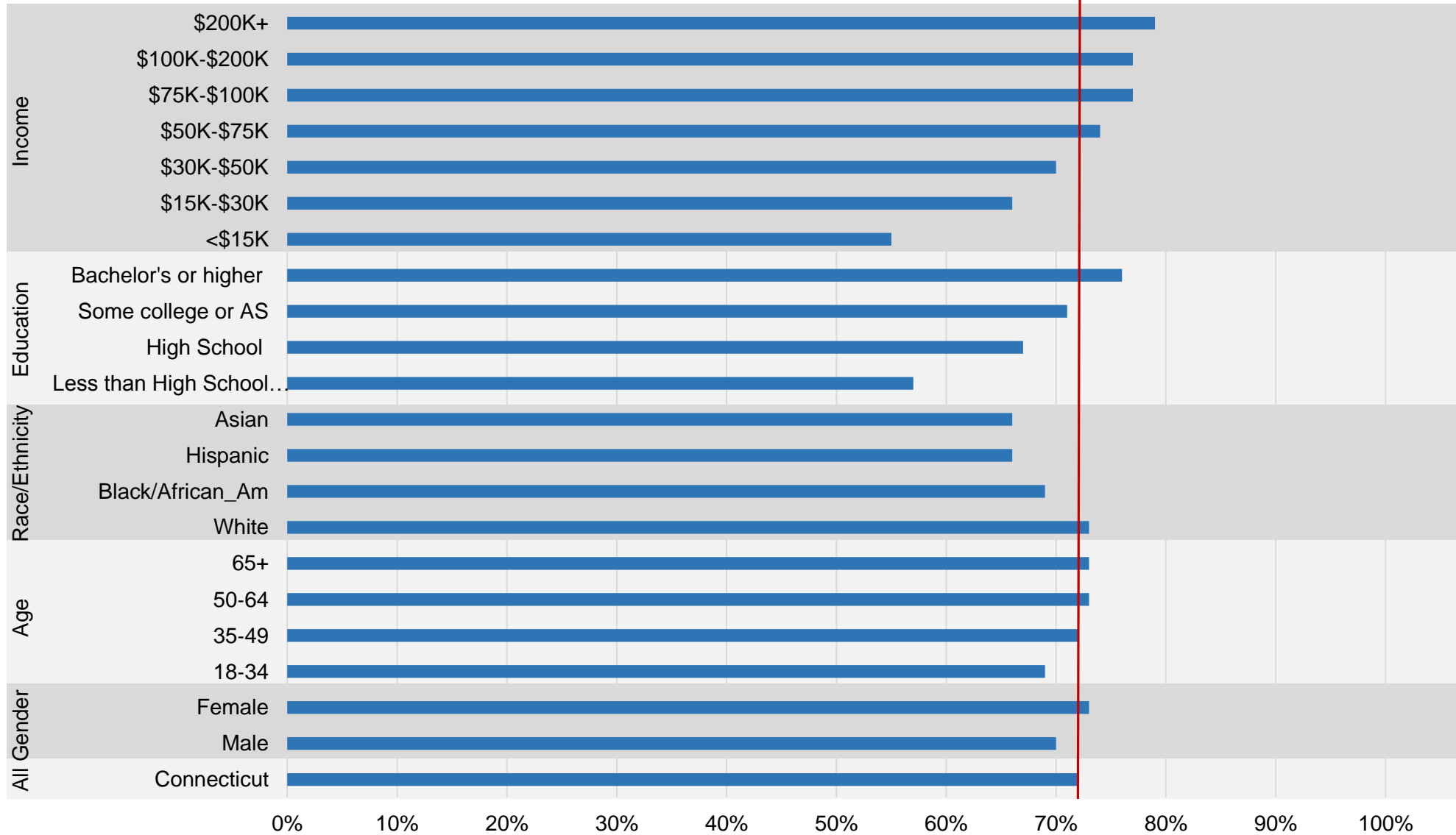
DATAHAVEN COMMUNITY WELLBEING SURVEY 2015



DataHaven Community Wellbeing Survey 2015

Q21. Overall, how anxious did you feel yesterday?

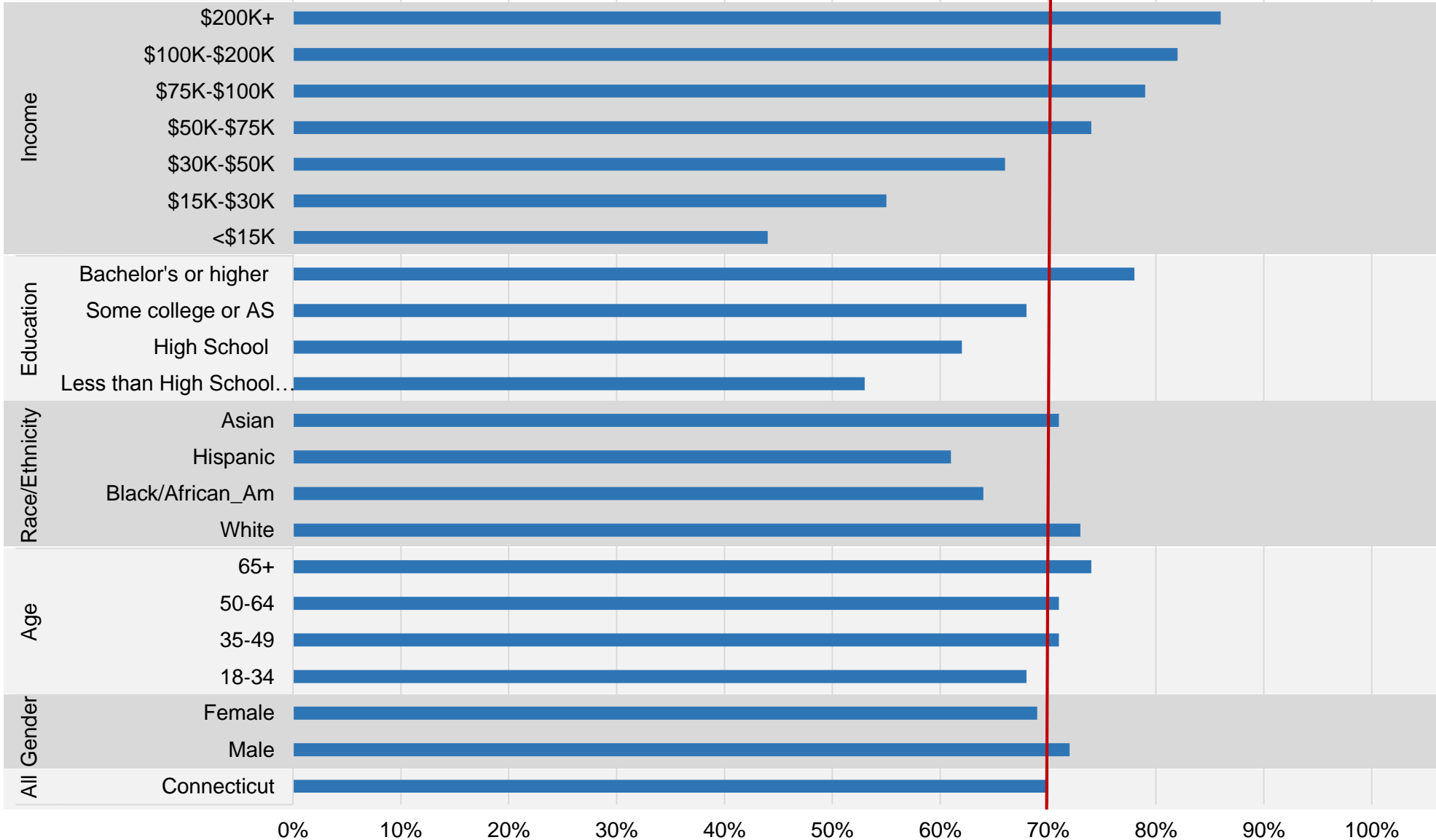
■ Not at all or a little bit



DataHaven Community Wellbeing Survey

Q36. During the last month, how often have you been bothered by feeling down, depressed, or hopeless?

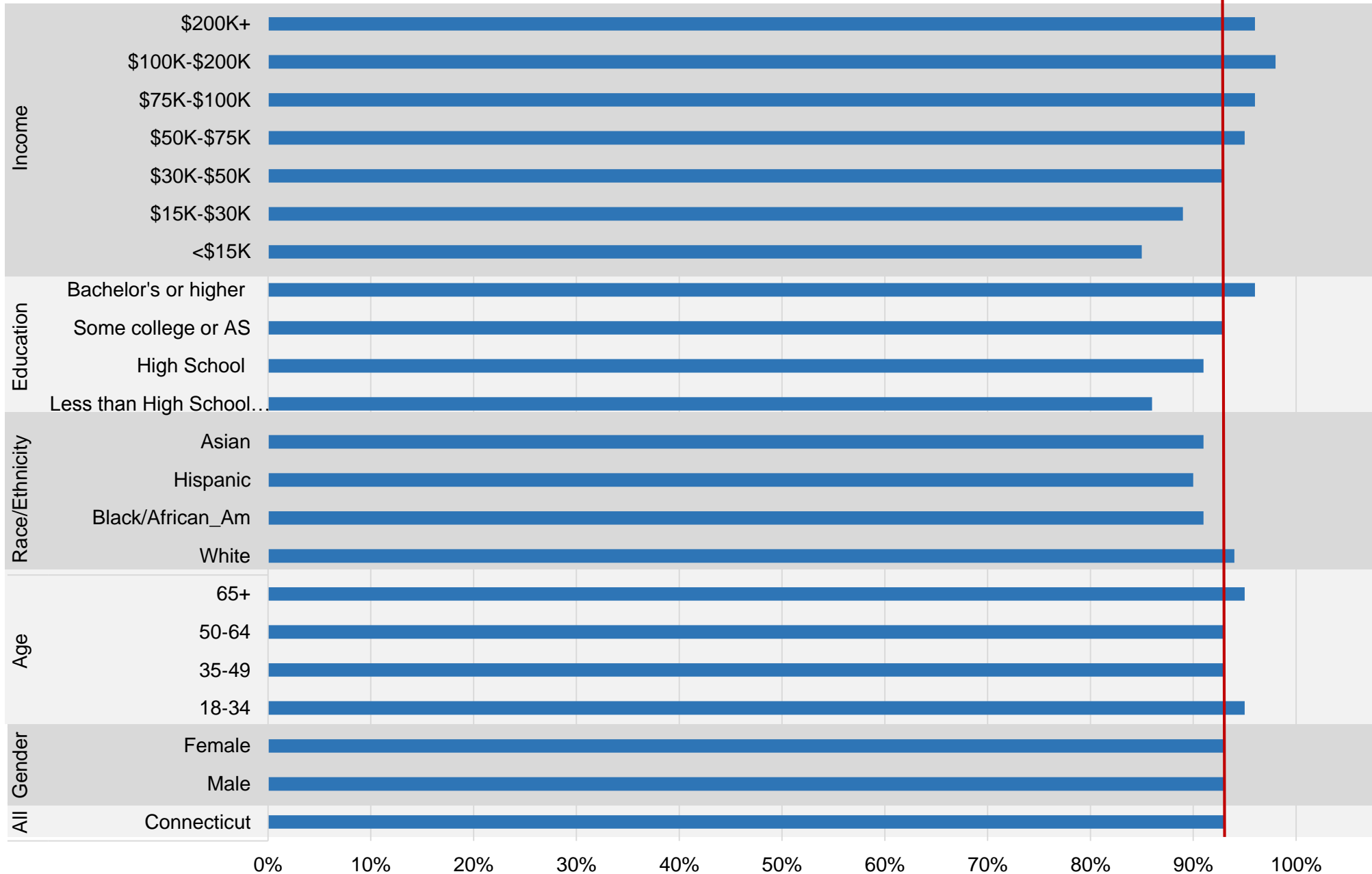
■ Almost never or never



DataHaven Community Wellbeing Survey

Q37. Do you have relatives or friends who you can count on to help you when you need them or not?

■ Yes





Questions?

CONTACT INFORMATION

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