

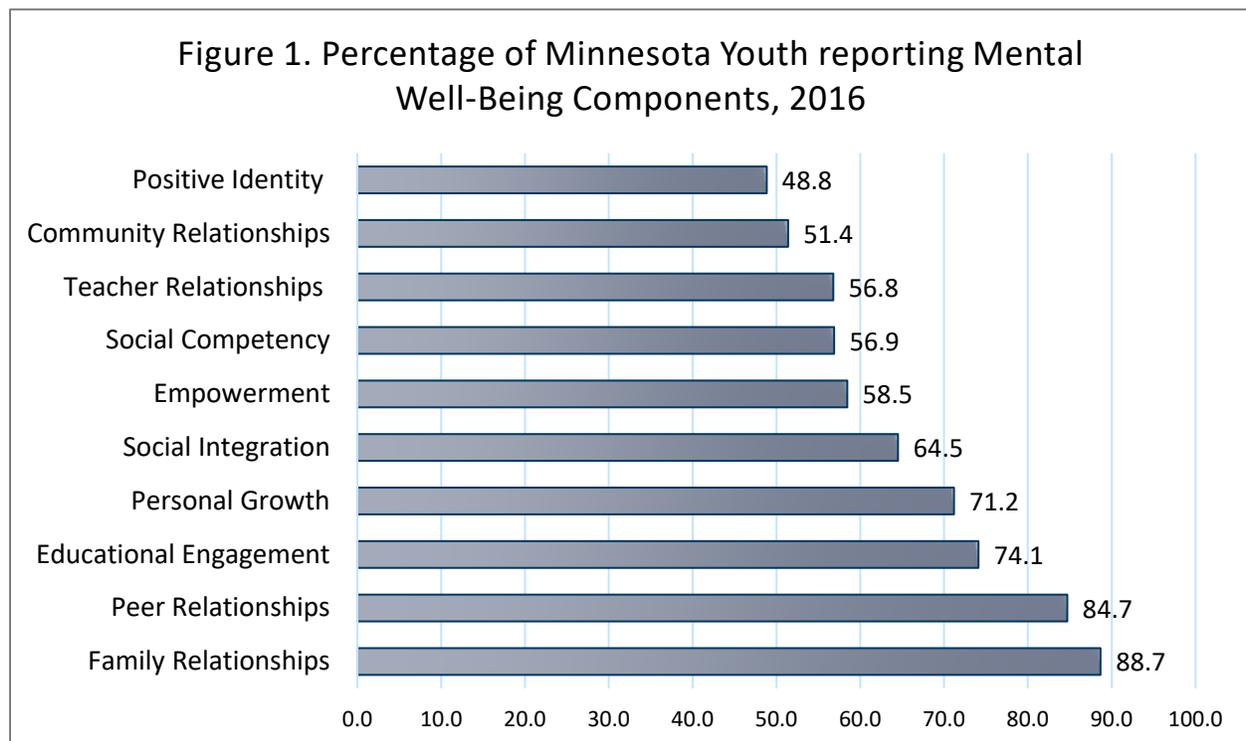
# Minnesota Adolescent Mental Well-Being

ARE MINNESOTA YOUTH THRIVING?

## Mental Well-Being

Mental well-being is more than the absence of illness. Mental well-being is about having fulfilling relationships, contributing to community, and being resilient, which is the ability to bounce back after setbacks<sup>i</sup>. Mental well-being is essential for success in school, work, health, and community life. Mental health and equity are interconnected. Generations-long social, economic and environmental inequities impact mental well-being and result in poor health outcomes. They affect communities differently and have a greater influence on mental well-being than individual choices. Our work towards reducing disparities will improve mental well-being. Measuring mental well-being is also important for understanding and learning how best to address improvement.

There are many commonly agreed upon components of mental well-being, including ten that are captured in the Minnesota Student Survey: positive identity, social competency, personal growth, empowerment, social integration, educational engagement, and positive family, community, teacher and peer relationships<sup>ii</sup>. (See [Technical Notes](#) for definitions of each mental well-being component.) Figure 1 shows the percentage of Minnesota 8<sup>th</sup>, 9<sup>th</sup>, and 11<sup>th</sup> grade students who report experiencing each mental well-being component. These data capture Minnesota youth experiences, which are shaped by the opportunities and resources in their community. This offers some tangible ways to think about mental well-being and can point to opportunities to improve mental well-being by ensuring the environment supports these skills and experiences for all youth.



Data Source: Minnesota Student Survey, 2016

There are marked strengths and differences in the mental well-being of Minnesota youth. The majority of Minnesota youth experience caring family relationships, educational engagement, social integration, and personal growth. Fewer youth however, experience positive identity, positive community or teacher relationships, social competency and empowerment.

## Disparities in Mental Well-Being

Mental well-being varies across key demographics.

**Economic Hardship:** Youth experiencing economic hardship report dramatically lower rates of mental well-being than youth not experiencing economic hardship (e.g. 20 percent difference in positive identity, 24 percent difference in social competency, and 24 percent difference in empowerment).

**Race and Ethnicity:** The greatest disparities in mental well-being across racial groups include social competency, social integration, personal growth and empowerment. Overall non-Hispanic whites report experiencing higher rates of most of the mental well-being components, with the exception of educational engagement and teacher relationships, which is higher among Asian/Pacific Islanders. Table 1. below displays prevalence of each mental well-being component by race/ethnicity. The proportion of American Indian youth who experience each mental well-being components is more than 10 percentage points less than non-Hispanic white youth.

**Table 1. Percent of Youth Reporting Mental Well-Being by Race/Ethnicity**

	African American/ Black	American Indian	Asian/ Pacific Islander	Hispanic	Non-Hispanic White	Multiple Races
Positive Identity	48	39*	42	42	52	41*
Community Relationships	46	42*	46	44*	55	42*
Teacher Relationships	47*	47*	61	52	59	47*
Social Competency	48*	37*	53*	46*	61	49*
Empowerment	51*	43*	54*	50*	62	50*
Social Integration	55*	50*	54*	52*	69	60
Personal Growth	62*	58*	67	63*	75	66
Educational Engagement	73	60*	81	70	75	68
Peer Relationships	75*	75*	79	78	87	80
Family Relationships	79*	83*	84	89	94	89

\*Indicates a disparity of more than 10 percentage points when compared to non-Hispanic white youth.

**Sexuality and Gender Identity:** Youth who identify as LBGTQ report dramatically lower rates of mental well-being than straight peers, including a 16 percent difference in reporting positive community relationships, 26 percent difference in positive identity, 18 percent difference in social competency, and 26 percent difference in empowerment.

**Gender:** Females are less likely to experience most components of mental well-being, including being significantly less likely to report having positive identity when compared to males (43 percent compared to 54 percent). Notable exceptions are social competency and educational engagement where females are 6 and 7 percent, respectively, more likely to report these.

**Grade:** As youth age, there is gradual decline in self-reported mental well-being, an exception is personal growth which is highest in 11<sup>th</sup> graders.

**Region:** Overall, there are very few differences between the 7-County Metro and greater Minnesota across all mental well-being components. Most mental well-being components are less than 2 percent different between the Metro and Greater Minnesota, the exceptions (social competency, teacher relationships, and educational engagement) are less than 5 percent different.

## Well-Being Matters

Mental well-being is associated with reduced risk of injury, chronic disease, substance abuse, delinquency and truancy<sup>iii iv</sup>. Minnesota data indicates that each mental well-being component independently is also an important factor for health indicators such as: suicidal thoughts, self-injury, early sexual intercourse, alcohol consumption, and overall health status. For example, Minnesota youth are less likely to have suicidal thoughts or attempts in the past year when they experience any of the mental well-being components, including:

- 8 times less likely when they have at least one caring family member
- 7.5 times less likely when youth have positive personal identity
- 6 times less likely when youth experience empowerment

Mental well-being reduces risk of suicidal thoughts and attempts even among students with four or more adverse childhood experiences, including:

- 2.6 times less likely when youth have at least one caring family member
- 4.1 times less likely when youth have positive personal identity
- 3.1 times less likely when youth experience empowerment

## Safe Stable Nurturing Relationships

Safe, stable, and nurturing relationships are the foundation of healthy development, upon which all aspects of well-being grow<sup>v</sup>. Relationships shape youths' skills, identity, hopes and other components of well-being.

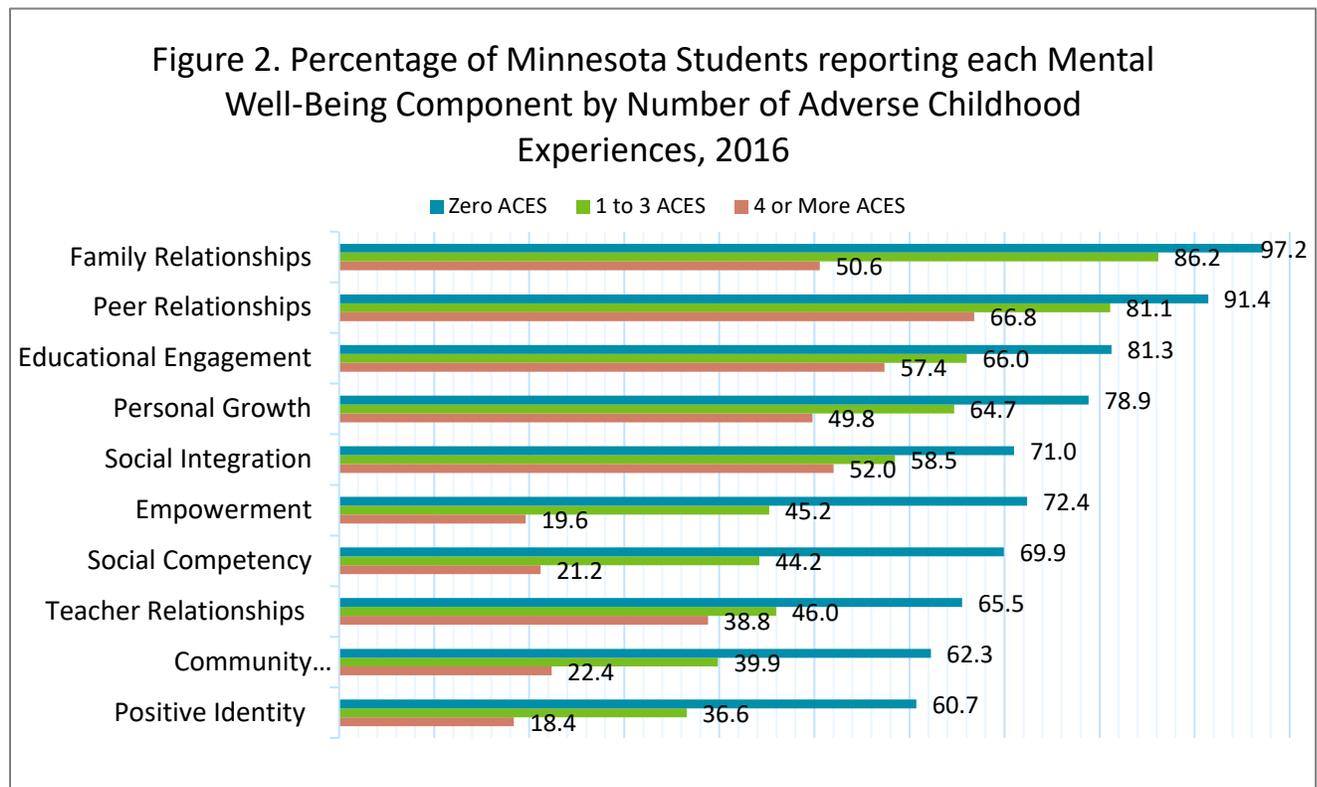
Statewide, 92 percent of youth report having at least one caring adult in their life (i.e. family member, teacher, or adults in the community) and 39 percent report at least one caring adult in each category. Having a caring family member is the most common mental well-being component (89 percent). Youth with a caring family member are the least likely have to poor health outcomes and engage in risky behaviors. When compared to youth that report they don't feel like a parent or other adult relative cares about them, youth who report having at least one caring family member are:

- 4 times more likely to report very good or excellent health
- 8 times less likely to have suicidal thoughts/attempts in past year
- 7.1 times less likely to cut, burn, bruise themselves on purpose without wanting to die
- 3.1 times less likely to use alcohol in last 30 days, and
- 2.5 times more likely to have never engaged in sexual intercourse

Youth experiencing a stressful family life may especially benefit from a caring adult in the community. However, youth who do not reporting having a caring family member are 15.5x less likely to report a caring adult in the community and 4.2 times less likely report positive teacher relationships compared to those with a caring family member.

## How Trauma Affects Well-Being

Mental well-being and resilience can ease the potentially lifelong effects of trauma<sup>vi</sup>. These skills and experiences are often nurtured through relationships or resources available in most communities. However, most Minnesota youth who have high number of traumatic experiences, commonly known as Adverse Childhood Experiences (ACEs), are not finding sufficient opportunities to nurture their mental well-being and resilience that will equip them to thrive (see Figure 2).



Source: Minnesota Student Survey, 2016

## Are Minnesota Youth Thriving?

Understanding and describing the components of mental well-being is important. Yet, with so many factors that make-up mental well-being it is difficult to succinctly answer questions about population mental well-being with existing data. There are multiple composite measures of mental well-being proposed in the research<sup>vii</sup>. Minnesota Student Survey questions do not mirror any single validated mental well-being assessment tool, but the data includes many components of mental well-being captured in these measures. One method to assess overall mental well-being, or whether Minnesota youth are thriving, is a simple cumulative score of the ten mental well-being components captured in the Minnesota Student Survey.

Total Mental Well-Being:

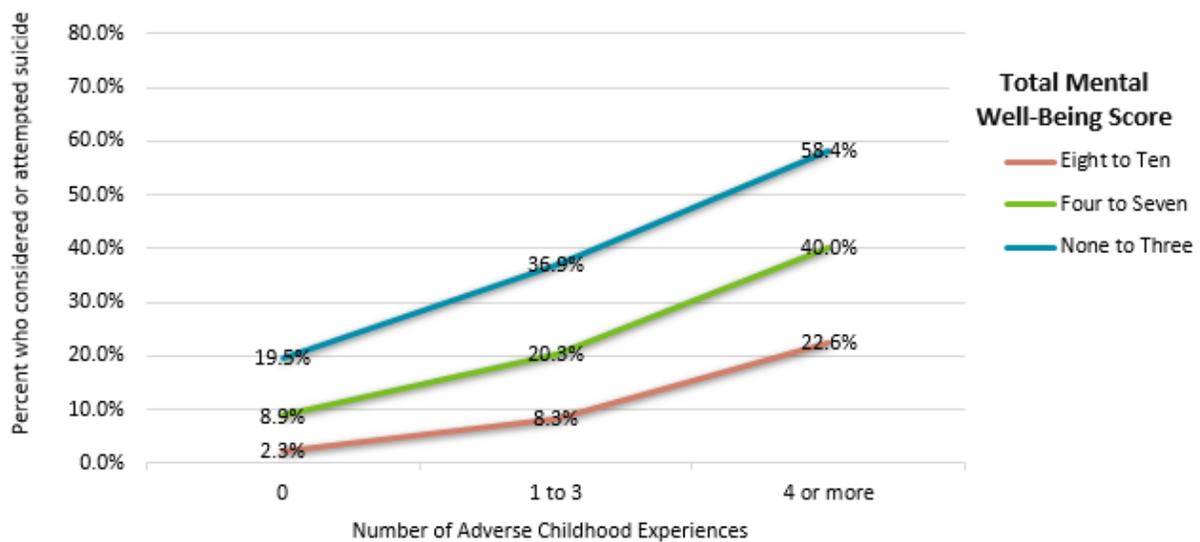
- Almost half (45 percent) of Minnesota youth have a score of eight to ten,
- 36 percent have four to seven, and
- 13 percent have three or less components of mental well-being.

It is well established that trauma impacts mental well-being. Youth with more ACEs report fewer mental well-being components. Almost half (46 percent) of Minnesota youth that have four or more ACEs report having low mental well-being (zero to three components) compared to only 7 percent of youth with no ACEs.

## More Mental Well-Being Components; Better Health Outcomes

The more mental well-being components youth report, the better their health outcomes. This is true for all youth, regardless of the number of ACEs reported. Both trauma and mental well-being impact health outcomes. Mental well-being skills can mitigate the impact of trauma.

Figure 3. Percent of Minnesota 8, 9, and 11th grade Students who considered or attempted suicide in past year by Mental Well-Being Score and ACE score, 2016



Source: Minnesota Student Survey, 2016

While ACEs increase risk of suicide, students with more mental well-being components had lower risk of suicide ideation or attempts, regardless of the number of ACEs reported. Conversely, even in the absence of trauma, students with few mental well-being components had increased risk of suicide. Students with a low total mental well-being score (none to three mental well-being components) and zero ACEs were at a similar risk of considering or attempting suicide in the past year as youth with a high total mental well-being score (eight to ten mental well-being components) and high ACEs score (4 or more ACEs).

Mental well-being is important for the whole population to improve health outcomes but it is especially important among youth who experienced childhood trauma, given the increased risk of poor health outcomes.

## Summary

- Ten components of mental well-being are included in the Minnesota Student Survey.
- Positive identity, community or teacher relationships, social competency and empowerment are the least prevalent mental well-being components.
- Marginalized youth (sexual identity, poverty, race/ethnicity and gender) report lower rates of mental well-being.
- Youth who report high ACEs, are not finding sufficient opportunities to build mental well-being.
- When at risk youth have more mental well-being, their health and health behaviors improve, despite the trauma they have experienced.
- Mental well-being components are linked to reduced risk for suicide, self-injury, early sexual intercourse, alcohol consumption and overall health status.
- Higher total mental well-being scores are associated with lower rates of suicide ideation or attempts and other poor health outcomes.
- Mental well-being is important for the whole population, especially those who experienced childhood trauma.

## Technical Notes

### Data Sources and Methods

The Minnesota Student Survey is an anonymous survey conducted every three years in grades 5, 8, 9, and 11. The survey is coordinated by the Minnesota Departments of Education, Health, Human Services, and Public Safety. Different versions of the survey are used depending on grade level. Results reported here are for regular public schools, including charter schools. For this report only 8th, 9th, and 11th graders were included in the analysis and in some cases only 9th and 11th graders were included in analysis (i.e. LBGTO/sexuality and experiencing sexual intercourse). In 2016, 85 percent of school districts participated in the survey for at least one grade level. Of all students enrolled in regular public schools in Minnesota in 2016, 66 percent of 5th graders, 73 percent of 8th graders, 71 percent of 9th graders, and 61 percent of 11th graders provided surveys. The total number of surveys was nearly 169,000.

### Definitions

**Positive Identity** is about understanding or defining who you are, what you care about, your interests, goals, and values, and how you fit in the world. There are many aspects to positive identity, but it consistently involves self-esteem, future orientation, and self-determination or ability to make decisions about your life. This component of mental well-being is based on student responses to 6 questions about positive identity.

**Social Competency** captures environmental mastery, emotional stability, and autonomy or the ability to manage: daily life responsibilities, emotions, and relationships independently. This component of mental well-being is based on student responses to 8 questions on environmental mastery and emotional stability.

**Empowerment** captures the opportunities the youth feel they have to develop self-determination, test their skills, make decisions and develop self-esteem. This component of mental well-being is based on student responses to 3 questions about feeling valued, included in decisions, and given useful responsibilities.

**Social Integration** is about youth's participation in activities that may generate a sense of belonging to a community - that you share similar interests or values with a set of people and have a shared set of experiences. This component of mental well-being is based on student responses to 6 questions about participation in out of school activities.

## MINNESOTA ADOLESCENT MENTAL WELL-BEING

**Personal Growth** captures feelings that youth have something important to contribute to society, and the opportunity to grow from those experiences, through family, school, or extracurricular opportunities. This component of mental well-being is based on student responses to 4 questions about personal growth experiences outside of regular school day.

**Educational Engagement** is about the youth's identity as a student. It also includes, to greater or lesser degrees, concepts including curiosity and interest in things, the youth's sense of direction and meaning in life. This component of mental well-being is based on student responses to 6 questions about engagement at school.

**Community Relationships** captures the student's perspective on support and responsiveness of adults in their community. This component of mental well-being is based on student feeling that one or more adults in the community cares about them quite a bit or very much.

**Teacher Relationships** captures the student's perspective on teacher support and responsiveness (listening, fairness, caring). This component of mental well-being is based on student responses to 5 questions about how students feel about adults and teachers in the school from the MSS.

**Peer Relationships** captures the student's perspective on forming trusting, caring relationships with peers. This component of mental well-being is based on 2 questions that gather student's feelings on peer relationships including that friends care about them quite a bit or very much or they develop trusting relationships with peers often or very often.

**Family Relationships** captures the student's perspective on support and love of parents or other adult relatives. This component of mental well-being is based on students feeling that one or more parents or other adult relatives cares about them quite a bit or very much.

**Economic Hardship** means students who have experienced homelessness in the past 12 months or have had to skip meals in the past 30 days because the family did not have enough money to buy food.

**Adverse Childhood Experiences (ACEs)** are Total score of adverse childhood experiences each worth 1 point – having all ACEs would equal 7. ACEs include:

- Parents or guardians have ever been in jail or prison.
- Sexual abuse – any adult, other person outside of the family, or older or stronger member of your family have ever touched you or had you touch them sexually.
- Alcohol Abuse in house - living with anyone who drinks too much alcohol.
- Drug Abuse in house - living with anyone who uses illegal drugs or abuses prescription drugs.
- Emotional Abuse - parent or other adult in home regularly swears, insults or put them down.
- Physical Abuse - parent or other adult in household has hit, beat, kicked or physically hurt them.
- Domestic Violence - parents or other adults in home has slapped, hit, kicked, punched or beat each other up.

\*If you are interested in accessing your mental well-being data at your local county level check out [SUMN.ORG](https://sumn.org) and look under Shared Risk and Protective Factors Resilience Factors or contact Anna Lynn ([anna.lynn@state.mn.us](mailto:anna.lynn@state.mn.us)) at the Minnesota Department of Health.

## References

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