

Mental Well-Being

HAVING THE OPPORTUNITY TO REALIZE YOUR ABILITIES, DEAL WITH DAY-TO-DAY STRESS, HAVE MEANINGFUL RELATIONSHIPS AND CONTRIBUTE TO YOUR FAMILY AND COMMUNITY

Why It's Important

Mental well-being is more than the absence of illness. Mental well-being is about having fulfilling relationships, utilizing strengths, contributing to community and being resilient, which is the ability to bounce back after setbacks.¹ Mental well-being is a core ingredient for success in school, work, health, and community life. Poor mental well-being, with or without the presence of mental illness, is a risk factor for: chronic disease (cardiovascular, arthritis), increased health care utilization, missed days of work, suicide ideation and attempts, death, smoking, drug and alcohol abuse, physical inactivity, injury, delinquency, and crime.²

Physical health and mental well-being are intertwined. When we experience physical illness, injury or pain it has a negative impact on our mental well-being and improving our physical health can improve our mental well-being. Poor mental well-being is also a risk factor for mental illness. Mental disorders are the most common cause of disability in the U.S. contributing 19 percent of all years lost to illness, disability, or premature death.² Poor mental well-being may precede or exacerbate mental illness. People with poor mental well-being but no current mental illness are three to six times more likely to develop mental illness in the next ten years.²

“Each individual needs meaningful relationships that are respectful, validating, inspiring, encouraging and supporting for the development of their greatest personal potentials for self-fulfillment and enjoyment in life.” – Needs Assessment Discovery Survey Respondent

Positive relationships are central to mental well-being. Relationships provide meaning, facilitate social/emotional skill development and contribute to feelings of belonging. Lack of positive relationships and isolation are detrimental to mental well-being. Positive relationships are not automatic; families and communities need information, resources, and other supports to help cultivate and sustain them. Relationships shape youths' skills, identity, hopes and other components of well-being. Statewide, data from the Minnesota Student Survey shows that 92 percent of youth report at least one caring adult in their life. Youth with a caring family member are the least likely have to poor health outcomes and engage in risky behaviors. For example, youth were 8 times less likely to have suicidal attempts or thoughts in the past year when they have at least one caring family member.

Social isolation is a greater risk factor for mortality than smoking, obesity, exercise, and air pollution.³

Everyone needs opportunity to learn and practice skills to manage life and engage in the world. Skills to manage stress, find balance and focus, and engage socially are critical components that should be cultivated throughout the lifespan in both formal and informal settings. Skills and experiences that help people feel valuable and engaged in their family, community and economy are also critical.

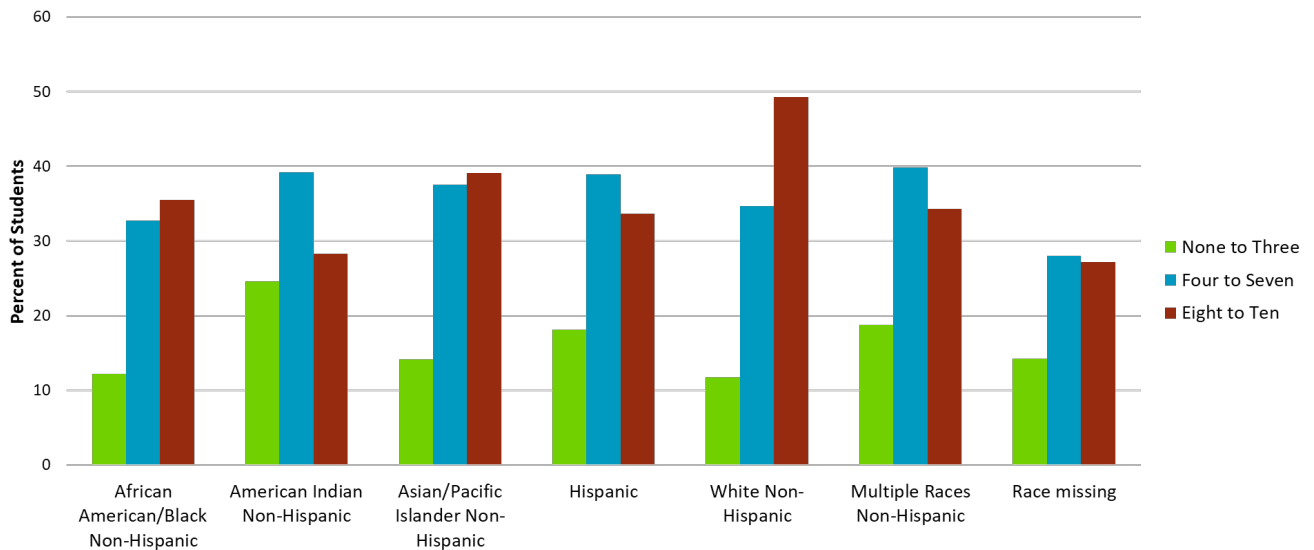
Focus on Health Equity

Mental well-being is not experienced equitably throughout the state’s population. Data from the Minnesota Student Survey shows Minnesota youth experiencing economic hardship report dramatically lower rates of well-being than youth not experiencing economic hardship. Youth who identify as LGBTQ also report dramatically lower rates of well-being than their straight peers. Mental well-being is measured in Minnesota Student Survey by combining multiple components of well-being to create an overall well-being score (i.e. positive identity, social competency, personal growth, empowerment, social integration, educational engagement, and positive family, community, teacher and peer relationships).⁴

Race and Ethnicity

There are large disparities in the number of mental well-being components reported by race/ethnicity by Minnesota adolescents. Almost half of non-Hispanic white students reported have eight to ten of the mental well-being components, less than 30 percent of American Indian students reported the same. Overall non-Hispanic whites report experiencing higher rates of all well-being components, with the exception of educational engagement, which is higher among Hmong and Asian/Pacific Islanders.

Figure 1. Mental Well-Being Score – Percentage of Students reporting Mental Well-Being Components by Race/Ethnicity, 2016



Source: Minnesota Student Survey

Disparities are also seen by race/ethnicity when looking at average number of mentally unhealthy days. Data from Minnesota Health Access Survey shows African American/black people had 1.1 more mentally unhealthy days and American Indians had 2 more mentally unhealthy days on average in the last 30 days when compared to whites.

Mental well-being requires a sense of purpose and power. To truly experience mental well-being we need to feel and have the power to shape our world and change our lives and conditions for the better. For many, historical trauma is a reality that takes away our sense of purpose and power and continues to be part of our lived experience and reality.

Children and Youth with Special Health Needs

'Flourishing' is another measure of mental well-being. When examining flourishing data from the 2016-2017 National Survey of Children's Health there are large disparities between children and youth with special health needs and all other children – only 17 percent of children and youth with special health needs meet all 3 flourishing measure components compared to 48 percent of children and youth without special health care needs.

Additional Considerations

Community Connectedness

Mental well-being happens in and through community. We can spread and protect mental well-being by building positive relationships, social connections and drawing on community and cultural assets.

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 15.5 times 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.

Culture shapes our definitions and understanding of mental well-being. It is okay and healthy for individuals and communities to have different perspectives on what it means to be well and how to achieve well-being. Culture is a source of healing, connection and strength.

Mental Well-Being across the Lifespan

Mental Well-Being can change across the lifespan. Poor mental well-being, and factors that shape our mental well-being, impacts health and life outcomes at any age. Data indicates that mental well-being may be declining across the adult population. Minnesota Health Access Survey data show the average number of mentally unhealthy days increased from 2.1 in 2013 to 2.9 in 2017, with 37 percent reporting a chronic condition.

Over 460,000 Minnesotans (8.8 percent) ages five and older experienced fourteen or more mentally unhealthy days or more in the last month, including significantly higher rates among the uninsured, those on public assistance, blacks, those at 100% FPG and those with a high school education.

Loneliness and social isolation are also factors in mental well-being. The U.S. Surgeon General Murthy declared that the U.S. has a social isolation and loneliness epidemic. Over one third of U.S. adults over age 45 (42 million Americans), experience chronic loneliness, double what it was a decade ago.⁵

Climate and Well-being

While the physical impacts of climate change, such as damage to city infrastructure or disruption in food production, are relatively easy to grasp, the impacts of climate change go well beyond the physical structures and systems around us. Climate change also significantly impacts mental well-being. These impacts can be seen in relationship strain, overall increases in distress, increases in high-risk coping behaviors (e.g. substance abuse), and more serious mental health consequences (e.g. Post-Traumatic Stress Disorder). For example, drought conditions disrupt livelihoods and has been linked to an increase of suicide among male farmers.

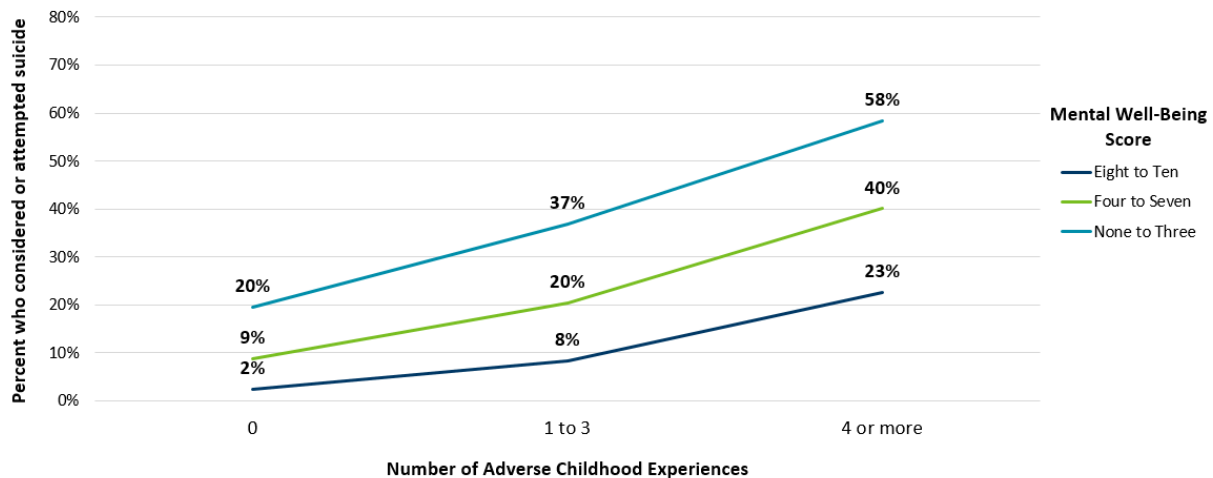
Intersection of Well-Being and Trauma

Mental well-being and resilience can ease the potentially lifelong effects of trauma. 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.

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.

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 (see Figure 2).

Figure 2. Percentage of Students reporting select Mental well-Being Components by Race/Ethnicity, 2016



Source: Minnesota Student Survey

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.

Discovery Survey Results

In the summer of 2018, Minnesota’s Title V Maternal and Child Health Needs Assessment distributed a Discovery Survey asking people living in Minnesota, “What are the biggest unmet needs of women, children, and families in your community?” More than 2,700 people responded. Well-being was mentioned 371 times and was the 5th most common theme. The specific components of mental well-being mentioned included the achievement of optimal mental health, having strong healthy relationships, community support, having a positive self-identity and feeling empowered.

Important Note on Equity and Intersectionality

The Minnesota Department of Health's Title V Needs Assessment team acknowledges that structural (social, economic, political and environmental) inequities can result in poor health outcomes across generations. They have a greater influence on health outcomes than individual choices or a person's ability to access health care, and not all communities are impacted in the same way.

All people living in Minnesota benefit when we reduce health disparities.

We also acknowledge that the topic addressed in this data story does not exist in isolation— which is important to remember as we do needs assessments and as we start thinking about how we approach solutions. In addition to the needs themselves being intersectional, there are also intersecting processes and systems through which power and inequity are produced, reproduced, and actively resisted.

Citations

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4. Reitzner, Michelle M., (2014). Signature Well-being: Toward a More Precise Operationalization of Well-being at the Individual Level. *Master of Applied Positive Psychology (MAPP) Capstone Projects*. Paper 64. Retrieved from http://repository.upenn.edu/mapp_capstone/64.
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