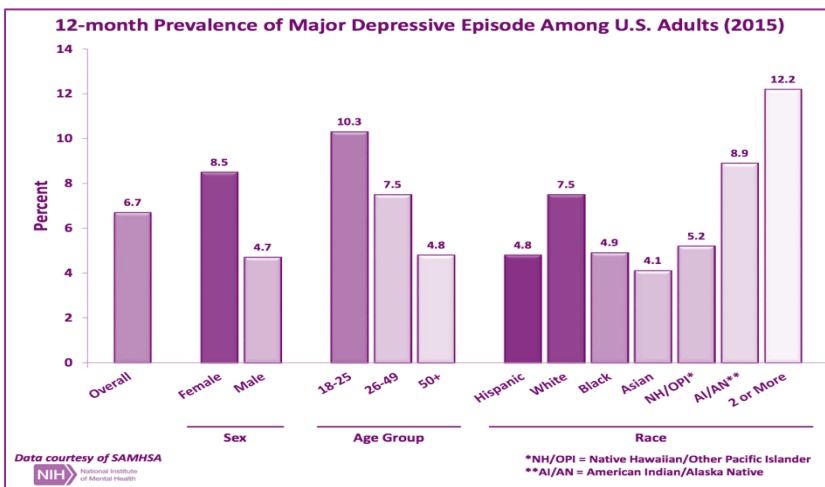


# HEALTHY FAMILY & SOCIAL RELATIONSHIPS

## MENTAL HEALTH

GOAL: People in Calhoun County will be healthy, living functional and independent lives

**RATIONALE FOR CHOOSING INDICATOR:** As concerning as health indicators are for the general community, the issues become much worse when one adds in serious mental health or co-occurring mental health/substance use disorders. Mentally ill persons die an average of 25 years earlier than their mentally healthy peers. Persons with serious mental illness show higher rates of risk factors such as smoking, alcohol consumption, poor nutrition/obesity, lack of exercise, high-risk sexual behavior, IV drug use and homelessness. Premature death in this population can also be attributed to poor compliance with medical treatment and lack of preventive, diagnostic and treatment interventions.<sup>i</sup> In any given year, approximately one in five children have a diagnosable mental health condition and 10% suffer from a mental health disorder serious enough to impair functioning at home, school, or in the community.<sup>ii</sup>



**Depression** is one of the most common mental disorders, with an estimated 6.7% of all U.S. adults experiencing at least one major depressive episode in the previous 12 months. According to the 2015 National Survey on Drug Use and Health, females are more likely to report experiencing major depression than males; as are those of two or more races when compared to other races. Young adults ages 18 to 25 are also more likely to report experiencing a major depressive episode in the previous 12-month period than are adults of other ages.<sup>iii</sup>

According to the Calhoun County Behavioral Risk Factor Survey, adults with a household income of less than \$20,000 were the most likely to report being told they have a depressive disorder, while those with a household income of \$75,000+ were the least likely to report the same. Additionally, 20.7% of Calhoun County adults reported that poor physical or mental health kept them from doing usual activities on one or more days during the past month. Among unemployed adults or those unable to work, 42.9% reported that poor physical or mental health kept them from doing usual activities on one or more days in the past month, compared to 14.9% among employed adults.<sup>iv</sup> According to the 2016 Michigan Profile for Healthy Youth, 36.2% of Calhoun County's high school students and 27.8% of middle school students felt sad or hopeless almost every day for two or more weeks in a row, to the extent that they stopped doing some usual activities during the prior 12 months. Among both high school and middle school students, females were more likely than males to report these feelings. Additionally, an alarming 21.7% of high schoolers reported seriously considering suicide, while more than one in ten (11.5%) reported having attempted suicide; and just over 20% of middle schoolers reported ever seriously considering suicide, with nearly 1 in 10 (9.7%) reporting ever attempting suicide.<sup>v</sup>

<sup>i</sup> Summit Pointe, Community Mental Health, 2015.

<sup>ii</sup> Centers for Disease Control and Prevention. Mental Health Surveillance among Children: United States, 2005-2011. MMWR 62(2). 2013.

<sup>iii</sup> National Institute of Mental Health. Major depression among adults. <https://www.nimh.nih.gov/health/statistics/prevalence/major-depression-among-adults.shtml>, accessed December 27, 2016.

<sup>iv</sup> 2014 Calhoun County Behavioral Risk Factor Survey. Calhoun County Public Health Department.

# HEALTHY FAMILY & SOCIAL RELATIONSHIPS

## MENTAL HEALTH

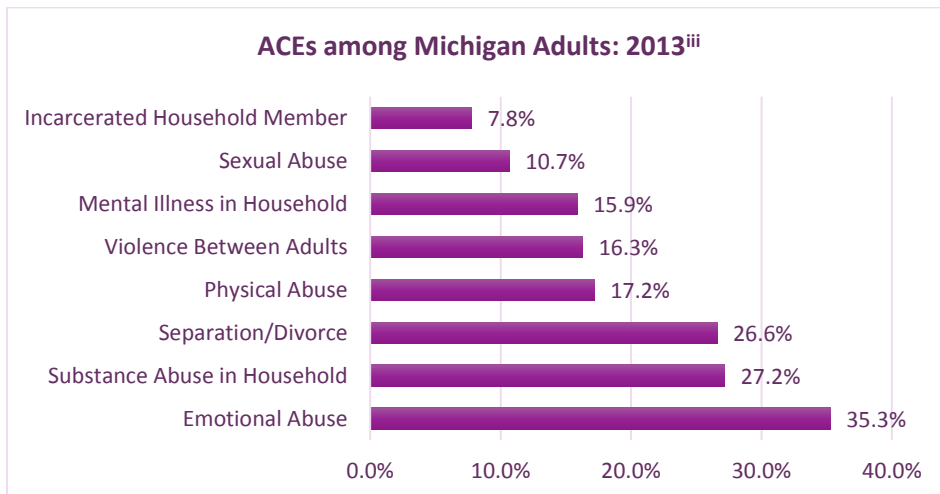
GOAL: People in Calhoun County will be healthy, living functional and independent lives

**Trauma** is not a new concept, but only recently have we begun to understand its lasting impact on behavioral health. Research has shown that trauma is a very individual experience that impacts every area of human functioning - physical, mental, behavioral, social and spiritual health. It is clear that trauma is a near universal experience of individuals with behavioral health issues.<sup>i</sup> Childhood trauma can lead to poor health outcomes in adulthood such as mental illness; substance abuse; chronic disease including cardiovascular disease, diabetes and cancer; employment issues and incarceration.<sup>i, ii</sup>

Adverse Childhood Experiences (ACEs) is used to describe the stressful or traumatic events that negatively impact a child's future and include verbal, psychological, physical or sexual abuse (victim or witness); living with household members who are substance abusers, mentally ill, suicidal or ever incarcerated; living in a household with poor economic resources or with parents who were divorced or separated after the birth of a child. ACEs are common, and children are likely to experience multiple adverse experiences.<sup>iii</sup>

According to the 2013 Michigan Behavioral Risk Factor Surveillance Survey, emotional abuse was the most frequently reported ACE (35.3%). Roughly one in four adults reported experiencing substance abuse in the household (27.2%) and separation/divorce (26.6%). While 38.1% reported no ACEs, 15.2% reported four or more ACEs. The overall prevalence of ACEs among Black adults was higher than that for White adults. Disabled adults also reported a significantly higher prevalence of four or more ACEs compared to non-disabled adults (23.1% and 12.5%, respectively). Michigan adults who reported four or more ACEs were four times more likely to report poor mental health, including depression, than adults with no ACEs; as well as report significantly higher rates of current smoking and asthma.<sup>iii, iv</sup>

| ACE CATEGORIES AMONG MICHIGAN ADULTS: 2013 <sup>iii</sup> |         |         |
|---|---------|---------|
|   | NO ACEs | 4+ ACEs |
| 18-24 Years   | 31.7%   | 20.7%   |
| 25-44 Years   | 32.5%   | 19.2%   |
| 45-64 Years   | 36.8%   | 16.0%   |
| 65+ Years   | 53.1%   | 5.5%    |
| Male  | 40.1%   | 13.2%   |
| Female  | 36.2%   | 17.0%   |
| White   | 40.0%   | 14.5%   |
| Black   | 26.0%   | 15.6%   |
| Other Races   | 35.9%   | 21.2%   |
| Less than High School                                     | 30.9%   | 24.6%   |
| High School Graduate                                      | 36.9%   | 15.7%   |
| Some College  | 34.8%   | 16.1%   |
| College Graduate  | 47.5%   | 9.0%    |
| Disabled  | 28.3%   | 23.1%   |
| Not Disabled  | 41.4%   | 12.5%   |



<sup>i</sup> Summit Pointe, Community Mental Health, 2016.

<sup>ii</sup> Oyewumi, F., McKane, P., Lyon-Callo S., Michigan Department of Community Health. Adverse Childhood Experiences, Michigan: 2011-2012.

<sup>iii</sup> Adverse Childhood Experiences among Michigan Adults. Michigan BRFSS Surveillance Brief, Vol. 9:2. Michigan Department of Health & Human Services. June 2015.