

Mental Health

“Mental health is a state of well-being in which the individual realizes his or her own abilities and can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.”¹

Mental health and physical health – and health problems – are closely connected; persons with mental health disorders have higher rates of smoking, physical inactivity, obesity, and substance abuse and dependence.

Healthiest Wisconsin 2020 Mental Health Objectives

- Reduce smoking and obesity among people with mental disorders
- Reduce disparities in suicide and mental disorders
- Reduce depression, anxiety and emotional problems

In 2014, 17% of Wisconsin adults reported being told they had a form of depression.² The rate was highest among adults 35-64, approximately 20%, and lowest, approximately 12%, among those ages 18-24 and 65 and over.

Frequent mental distress is defined as 14 or more days of poor mental health in the past 30 days. In Wisconsin, females, blacks, Hispanics, low-income people, Milwaukee County residents, people who are obese, and smokers report higher rates of frequent mental distress.³ Milwaukee County residents, people with low household incomes, and people with a disability had higher rates of insufficient sleep and lack of emotional support.⁴

Youth Mental Health in Wisconsin

From 2007 to 2012, the percentage of children receiving medications for ADHD, emotions, concentration, or behavior significantly increased both in Wisconsin and nationally.⁵ A higher percentage of Wisconsin children receive medications for ADHD, emotions, concentration, or behavior, compared to children nationwide.⁶

In Wisconsin, approximately 55,000 adolescents aged 12-17 (12.3% of all adolescents) had at least one major depressive episode within the year prior to being surveyed.⁷ This rate increased from 2010 through 2014; it was similar to the national average, although it grew at a faster rate. Only a little more than one-third of adolescents – both within Wisconsin and nationally – with a major depressive episode received treatment for depression.

According to national estimates, as many as one in nine Wisconsin kids has a severe emotional disturbance, and as many as one in five has any mental health challenge.⁸

Adverse Childhood Experiences (ACEs)

Since the first study of ACEs in the 1990s, there is mounting evidence of the correlation between Adverse Childhood Experiences (ACEs) and trauma experienced as a child and an individual’s health and well-being throughout their life.

ACEs include exposure to any of the following before the age of 18:

1. Recurrent physical abuse
2. Recurrent emotional abuse
3. Sexual abuse
4. An alcohol or other drug abuser in the household
5. An incarcerated family member
6. A household member who was chronically depressed, mentally ill, institutionalized or suicidal
7. Violence between adults in the home
8. Parental separation or divorce

Mental Health

The ACE module has been included in the Wisconsin Behavioral Risk Factor Survey (BRFS) since 2010. In 2011, 58% of Wisconsin adults reported growing up experiencing at least one ACE. Of those, 25% reported having 4 or more ACEs. Additional findings from the survey include:

- The deeper the level of poverty, the greater the percentage of children who had experienced two or more AEs.
- Black children experienced two or more ACEs at a higher rate compared to White and Hispanic children.
- Children with special health care needs experienced two or more ACEs at a higher rate compared to children with no special health care needs.

Suicide in Wisconsin

According to the Wisconsin Suicide Prevention Strategy, suicide is a significant health problem in Wisconsin. It is the 11th leading cause of death in the state, and the 2nd leading cause of death due to injury.⁹ The number of suicide deaths annually has increased over the last several years. In 2013, the age-adjusted suicide rate was 14.4 per 100,000 population, which is above the national average of 12.6. According to the Burden of Suicide in Wisconsin report, the total costs associated with inpatient hospitalizations due to self-inflicted injury between 2007-2011 was approximately \$369 million.

Suicide behavior imposes a financial burden on the families of decedents and results in lost productivity in the workforce.

- Adults aged 45-54 have the highest suicide rate by age.
- Nearly four out of five people who die by suicide are male.
- Whites have the highest suicide rates by race, followed by American Indians/Alaska Natives, Asians/Pacific Islanders, and Blacks/African Americans.
- Approximately 50 percent of suicide decedents have at least one known mental health problem, and more than 40 percent are receiving mental health treatment at the time of death.
- Personal crises, intimate partner problems, substance abuse problems, physical health issues, and job problems are prominent circumstances of suicide.
- From 2001 to 2011, the total number of Wisconsin high school students reporting suicidal ideation declined.

What's Being Done

- ✓ Prevent Suicide Wisconsin
- ✓ Zero Suicide Movement – creating systemic changes to impact suicide among populations served by health care organizations
- ✓ Wisconsin Suicide Prevention Strategy
- ✓ The Wisconsin Council on Mental Health was created to advise the Governor, the Legislature, and the Wisconsin Department of Health Services on the allocation of federal funding for mental health services.

What Can Be Done

- Build protective factors – including more around trauma informed care, social emotional development, and increased social connections
- Increase access to care
- Improve use of data and evaluation
- Improve awareness of issues, treatment and programs

¹ World Health Organization, 2001

² Behavioral Risk Factor Surveillance Survey System (BRFSS) 2014

³ Healthiest Wisconsin 2020 Baseline and Health Disparities Report – Mental Health. 2014

⁴ Healthiest Wisconsin 2020 Baseline and Health Disparities Report – Mental Health. 2014

⁵ Healthiest Wisconsin 2020 Baseline and Health Disparities Report – Mental Health. 2014

⁶ Healthiest Wisconsin 2020 Baseline and Health Disparities Report – Mental Health. 2014

⁷ US Department of Health and Human Services. Substance Abuse and Mental Health Services Administration. Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health, 2010-2014. Wisconsin.

⁸ SAMHSA URS Table 1: Number of Children with SED, age 9 to 17, by state, 2013.

⁹ Wisconsin Department of Health Services, Division of Mental Health and Substance Abuse Services. *Wisconsin Suicide Prevention Strategy* (P00968) 2015.