Mental Health

Mental health is more than the absence of disease. Everyone has a state of mental health, and this can change across the lifespan. Not having a mental illness does not guarantee good mental health. Similarly, having a mental illness does not guarantee poor mental health. It includes life satisfaction, self-acceptance, sense of purpose, identity, feeling connected and belonging, empowerment, and resilience, which is the ability to bounce back after set-backs. Below are public health core values and beliefs regarding mental health and well-being established by the Minnesota Public Health Mental Well-Being Advisory Group.

- Brains are built through experience, particularly during early childhood and adolescence.
- Fear, trauma, and chronic stress negatively impact mental health and well-being.
- Where we live, learn, work, and play impacts our mental health and well-being.
- Resilience is not enough in the face of oppression.
- Physical health and mental health and well-being are intertwined.
- Mental health and well-being happens in and through community.
- Positive relationships are central to mental health and well-being.
- Culture shapes our definitions and understanding of mental health and well-being.

Anxiety and Stress

Children who experience toxic stress are at greater risk of experiencing alienation and depression in adolescence and adulthood. Adults who experienced adverse childhood experiences are three times more likely to have asthma, four times more likely to have depression, six times more likely to have anxiety, and twice as likely to engage in chronic drinking.

- Carver County females are more likely to have anxiety (27.3%) than men (16.8%).
- Adults aged 18 to 34 are more likely to suffer from anxiety or panic attacks (31.4%) than other groups. Only 14.3% of adults 65 to 74 years report having anxiety.
- Anxiety prevalence spans income levels, with no major differences between poverty levels.

Depression

People physically or socially isolated are at greater risk of abuse, loneliness, depression, and injury. People worried about meeting their basic needs are more likely to report having chronic diseases such as cancer, arthritis, depression, diabetes, or asthma.

- Over 20% of Carver County adults report having been told they have depression by a medical professional.
- Women are slightly more likely to report having depression (24.4%) than men (19.2%).

Have a Warm and Trusting Relationship by Depression Status

Source: Carver County Adult Health Survey, 2018
• Residents aged 35–44 years are more likely to report having depression (25.9%), while those aged 65–74 years are least likely to report having depression (18.3%).

• Residents who report worrying about not being able to pay for housing costs or food are much more likely to also report having depression.

• Residents who report having warm and trusting relationships are much less likely to also report having depression.

Suicide
Suicide can reflect a deep sense of hopelessness and lack of belonging. Historical trauma, experiences of racial and other prejudice, physical, sexual, or emotional abuse, the experience of being addicted to drugs or alcohol, chronic pain, mental illness, or an immediate crisis can all lead to suicidal thoughts or actions.

• Adults aged 45–54 are more likely to report having seriously considered attempting suicide in the last year than other age groups.

• 48% of adults reporting never having warm and trusting relationships also report having considered attempting suicide in the last year.

• There were 17 suicide-related deaths in Carver County in 2017.

Seriously Considered Attempting Suicide in Last Year by Age Group

Source: Carver County Adult Health Survey, 2018

References