DEPARTMENT OF HEALTH

Mental Well-Being

ENSURE ALL PEOPLE LIVING IN MINNESOTA HAVE THE OPPORTUNITY AND SKILLS TO MANAGE DAY-TO-DAY STRESS, HAVE MEANINGFUL RELATIONSHIPS AND CONTRIBUTE TO THEIR FAMILY AND COMMUNITY, INCLUDING BUILDING RESILIENCE IN THOSE WHO EXPERIENCE CHILDHOOD TRAUMA

Minnesota acknowledges that systemic racism and generational structural (social, economic, political and environmental) inequities result in poor health outcomes. These inequities have a greater influence on health outcomes than individual choices or one's ability to access health care, and not all communities are impacted the same way. All people living in Minnesota benefit when we reduce health disparities and advance racial equity.

Current Landscape of Mental Well-Being in Minnesota

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 due 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]

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.

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.[3]

Social isolation is a greater risk factor for mortality than smoking, obesity, exercise, and air pollution.[4]

A large body of research displays the long-term benefits of developing social and emotional skills and a positive mental health during childhood and adolescence.[5] Adolescence is a crucial developmental period where positive relationships shape youths' social-emotional skills, identity, hopes, and other components of well-being. Research demonstrates that mental well-being during childhood and adolescence can be important predictors of emotional well-being later in life.[5] There are many components that make up mental well-being – positive relationships, engagement, empowerment, etc.

Figure 1 displays 10 components of adolescent mental well-being that are captured on the Minnesota Student Survey (for more information on definitions of each mental well-being components see Minnesota Adolescent Mental Well-Being).

Figure 1. Percentage of Minnesota Youth (8th, 9th, and 11th grades) reporting Mental Well-Being Components, 2016 vs. 2019
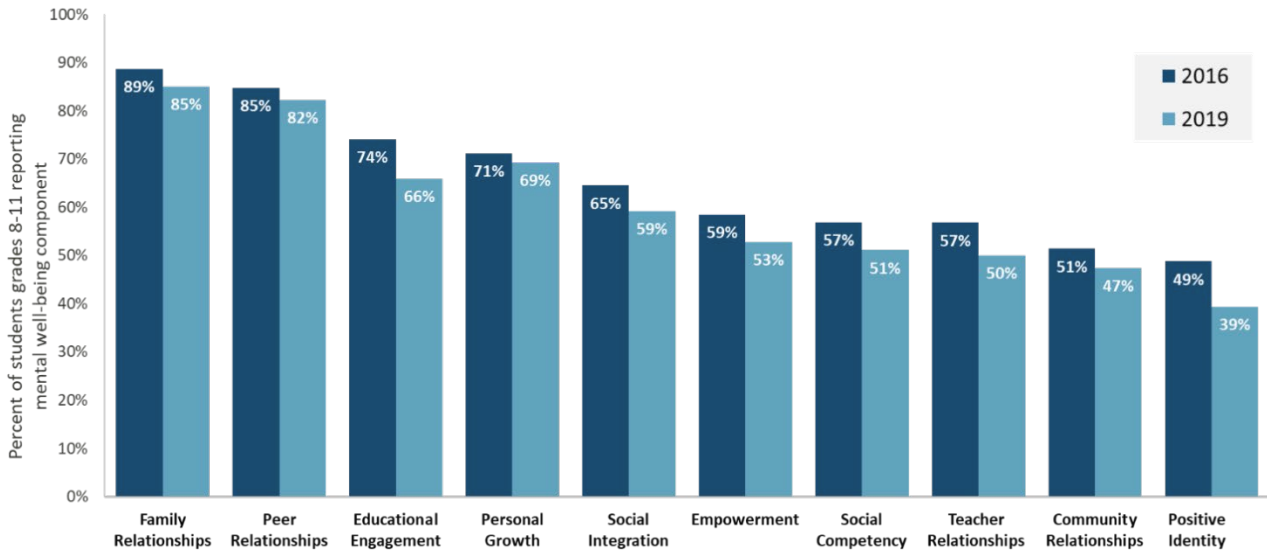
Data Source: Minnesota Student Survey

Data from the Minnesota Student Survey shows how central positive relationships are to mental well-being. In 2019, 86 percent of youth reported having at least one caring adult in their life. Youth with a caring family member are the least likely to have 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 had at least one caring family member when compared to youth who reporting not having a caring family member.** Youth experiencing a stressful family life may especially benefit the most from a caring adult in the community. However, youth who do not reporting having a caring family member are 12 times less likely to report having a caring adult in the community and 4 times less likely report having positive teacher relationships compared to those with a caring family member.

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.

Everyone needs the 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.

Disparities in Mental Well-Being

Mental well-being is not experienced equitably throughout the state's population. Data from the 2019 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 cisgender and straight peers.

'Flourishing', a measure and descriptor of positive of mental health and well-being, is when people experience positive emotions, psychological and social functioning, most of the time.[6] When examining flourishing data from the 2017-2018 National Survey of Children's Health there are large disparities between children and youth with special health needs and all other children – about 40 percent of children and youth with special health needs meet all 3 flourishing measure components compared to 82 percent of children and youth without special health care needs.[7]

Mental Well-Being and Racial Justice

> **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.**

Both structural racism and interpersonal racism significantly affect mental health. Recent civil unrest and collective trauma from police shootings reinforces historical trauma that Black, Indigenous and Communities of Color have experienced over generations. The impacts are clear in the data; there are large disparities in the number of mental well-being components reported by race/ethnicity by Minnesota adolescents. Mental well-being is measured in the 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).[8] In 2019, while almost half of non-Hispanic White students reported having eight to ten of the mental well-being components, less than 30 percent of American Indian students reported the same. Overall, non-Hispanic White students reported experiencing higher rates of all well-being components, with the exception of educational engagement, which is higher among Hmong and Asian/Pacific Islanders (see Figure 2).

Figure 2. Mental Well-Being Score – Percentage of 8th, 9th, and 11th Grade Students reporting Mental Well-Being Components by Race/Ethnicity, 2019

Data Source: Minnesota Student Survey, 2019
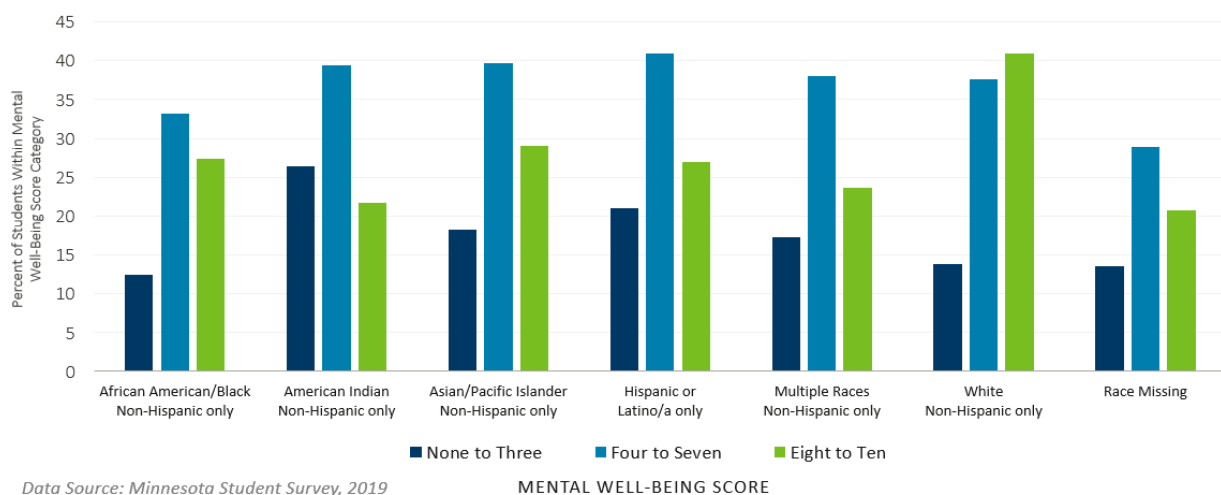
Data Source: Minnesota Student Survey

Disparities are also seen by race/ethnicity when looking at average number of mentally unhealthy days. Data from the 2017 Minnesota Health Access Survey shows African American/Black individuals 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 those who identify as White.

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.

COVID-19 Pandemic: Impact on Mental Well-being in Minnesota

About 8 in 10 adults in the US reported the coronavirus pandemic as a significant source of stress. Nearly 1 in 5 adults indicated their mental health was worse than a year ago.[9] While all generational age groups have indicated an increase in anxiety since the beginning of the pandemic, Gen Z adults and teenagers have reported the greatest increase.

School closures and virtual learning negatively impacted 81 percent of Gen Z teenagers and about half reported disrupted future plans. Similarly, about half of Gen Z teenager survey respondents and two-thirds of Gen Z college students indicated planning for the future felt impossible. Parents also felt the negative impacts of school closures. Nationally, 63 percent of parent respondents agreed that the pandemic made the 2019-2020 school year stressful.

Worries about job stability also increased significantly during the pandemic, from 50 percent in 2019 to 56 percent in 2020. Stress levels about the economy during COVID-19 are similar to those observed during the 2008 recession. Balancing work responsibilities, virtual schooling, and child care has been a challenge for all families and has particularly affected front line and essential workers. Families making less than $50,000 a year have faced more economic challenges than those making more than $50,000.[9]

Strategic Planning

The Division of Child and Family Health (CFH) in partnership with stakeholders conducted a comprehensive assessment of the health and well-being of Minnesota's maternal and child health populations – including women, mothers, fathers, caregivers, children and youth (including those with special health needs), families, and communities. Following the prioritization of unmet needs, Mental Well-Being was selected as a top priority for Minnesota.

In order to advance maternal and child health outcomes and health equity, CFH acknowledges that we need to work together in authentic, collaborative, and innovative ways. CFH continued to engage stakeholders by implementing a community-focused process to set and implement strategies to address the priority needs using Strategy Teams. We have only begun this work and know there is still much work to do. The outcome of this process helped form a statewide strategic plan that guides work on improving maternal and child health systems going forward.

Vision for the Future

We envision a Minnesota where mental well-being is addressed holistically and as a public health issue - where all people living in Minnesota have fulfilling relationships, a sense of belonging, and resilience skills. We will work towards a future in which all Minnesotans have adequate economic, education, and social resources to support their well-being, and are free from family and collective trauma. We strive for a future where all Minnesotans have insurance and equal access to care, including a range of behavioral and mental health supports and services to receive timely, effective support when they need it.

Strategies to Address Mental Well-being

The Mental Well-being Strategy Team identified three strategies and a number of supporting activities to build capacity in promoting mental well-being across the population at the state and local levels. Selected strategies are based on these recommendations. These activities also align with other state plans, such as the Children's Cabinet and MDH strategic plan.

Below is a brief summary of Minnesota's strategies for Mental Well-Being in Minnesota. To learn more see the entire Minnesota Title V Maternal and Child Block Grant Application and Annual Report.

Strategy A. Help Communities Build Capacity and Resilience

This first strategy builds on an understanding that local communities have the power to shape mental well-being across socio-ecological domains and the lifespan but need the capacity to address these needs. This includes information, resources, and support from the state where needed. As communities in Minnesota continue to learn about trauma and resilience, this strategy is about developing shared knowledge across communities and resources for communities to improve mental well-being. In addition, this will help establish effective support roles for state institutions in community resilience work. Activities that will help communities build capacity and resilience include:

- Partnering with key stakeholders to develop shared objectives and establish the Minnesota Community Resilience Learning Cohort.
- Developing an outreach plan for the existing MN Thrives tool.
- Training key stakeholders on several community-based programs to build support for expanding these models statewide.

Strategy B. Implement a Public Health Communications Campaign on Mental Well-Being across the Life Span

This strategy is aimed at increasing awareness of key factors and strategies to promote mental well-being in order to influence individual and family behavior, as well as build public support for mental health promotion activities. Expanded awareness about mental well-being, and a public health approach to mental well-being, is important for local leaders as well as the general public. Activities for this strategy will include:

- Expanding understanding of key research and current strategies to support social connectedness and other factors that influence mental well-being.
- Partnering with the Preschool Development Grant staff on shaping the trauma-informed toolkit and training modules.
- Identifying opportunities to develop and implement more formal marketing campaign(s) on mental well-being, trauma, and resilience.

Strategy C. Advocate for Legislative Policies that Promote Mental Well-Being for Everyone

This strategy builds on the understanding that policies at every level share the conditions for mental well-being and are essential for population change. The aim is to build state and community capacity to identify, prioritize, and implement policies that promote mental well-being by:

- Partnering with the MDH State Health Improvement Partnership, Minnesota Public Health Law Network, and MDH Healthy Minnesota Partnership to identify legislative priorities to support well-being.
- Including public health-focused recommendations in the 2021 State Mental Health Advisory Council Report.

▪ Partnering with local, state, and national stakeholders to identify and promote policies and practices that support mental well-being across the population.

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