

Adult Mental Health in Anoka County



In 2018, Anoka County Public Health and Environmental Services contracted with Wilder Research to administer a survey to learn more about the overall health of Anoka County residents. This survey is conducted every five years and informs public health programs and services provided by the County. This year, the County partnered with Allina Health – Mercy Hospital and, together, they will use the survey findings to help improve the health of Anoka County residents. This fact sheet summarizes survey results related to mental health. For more detail, visit Community Health Reports on [Anoka County's webpage](#) for a data book that includes all the survey questions and responses.

The survey was conducted in September-October 2018 and was funded by the Minnesota Department of Health's Statewide Health Improvement Partnership (SHIP). The survey was conducted by mail with a web option. A total of 4,000 people were invited to participate and 857 completed the survey for a response rate of 22 percent. Survey data were adjusted using statistical weighting procedures to ensure that the data are representative of all residents of Anoka County. In this report, Ns are unweighted and percentages are weighted.

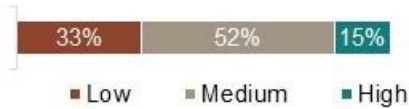
In the following report, when a difference in responses across demographic subgroups is described, it is because there is a difference of 10 percentage points or more. These differences have not been tested for statistical significance, but may have practical significance for informing public health efforts.

It is important to be aware of the limitations of the data. When looking at differences between white respondents and respondents of color, keep in mind that survey respondents of color were younger, on average. The same is true for respondents living in households with children compared with households without children. Differences between these demographic groups could be attributed to differences in the age of respondents and the health issues associated with aging, rather than being attributed to differences caused by race or household type. We acknowledge that systematic racism and structural factors contribute to the differences we observe across demographic subgroups throughout this report.

Stress level and coping

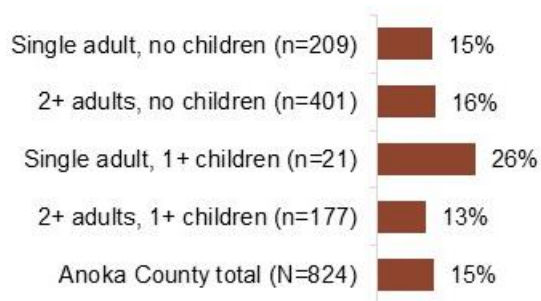
Survey respondents were asked to rate their overall stress levels. *Over half of Anoka County residents rated their overall stress level as “medium” and 15 percent reported having a “high” stress level.*

SELF-REPORTED OVERALL STRESS LEVEL (N=824)



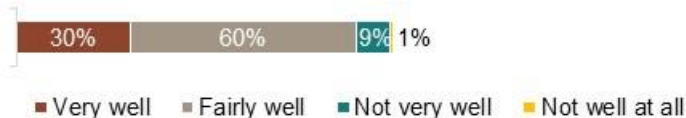
A higher percentage of young adults rated their overall stress level as high compared with older Anoka County residents. Nearly one-quarter (22%) of Anoka County residents age 18-34 reported high overall levels of stress while 9 percent of residents age 65-74 and 3 percent of residents age 75 and older reported high stress levels. Single parents were more likely to report high stress levels compared with dual parent households.

SELF-REPORTED “HIGH” STRESS LEVELS BY HOUSEHOLD TYPE



Ninety percent of Anoka County residents reported that they are able to cope with stress either “very well” or “fairly well.”

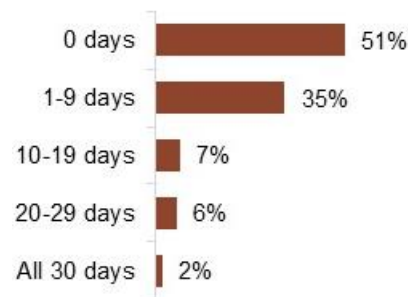
SELF-REPORTED ABILITY TO COPE WITH STRESS (N=819)



Mental health conditions

When asked to report how many days during the past 30 days they felt sad or depressed, just over half of Anoka County residents said zero days. Over one-third reported 1-9 days where they felt sad or depressed. Fifteen percent of respondents said they felt sad or depressed for 10 or more days during the past 30 days. Overall, Anoka residents said they felt sad or depressed an average of four days in the past 30 days.

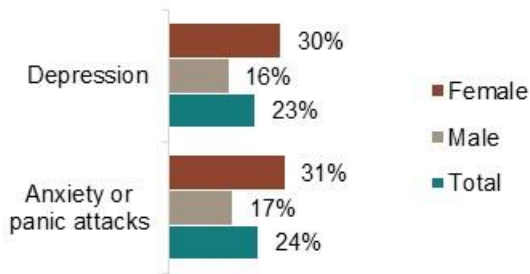
NUMBER OF DAYS DURING THE PAST 30 DAYS RESPONDENT FELT SAD OR DEPRESSED (N=797)



A higher proportion of low-income respondents (with household incomes of 200% of the federal poverty level or less, 24%) reported being sad or depressed for 10 or more days during the past 30 days compared with higher income respondents (with household incomes greater than 200% of the federal poverty level, 10%). Similarly, 27 percent of respondents with a high school diploma/GED or less reported feeling sad or depressed for at least 10 of the past 30 days, compared with 12 percent of respondents who had some college or an associate degree or higher.

One-quarter of Anoka County residents have been told by a health care professional that they have anxiety (24%) or depression (23%). Female respondents were twice as likely to report having depression than male respondents.

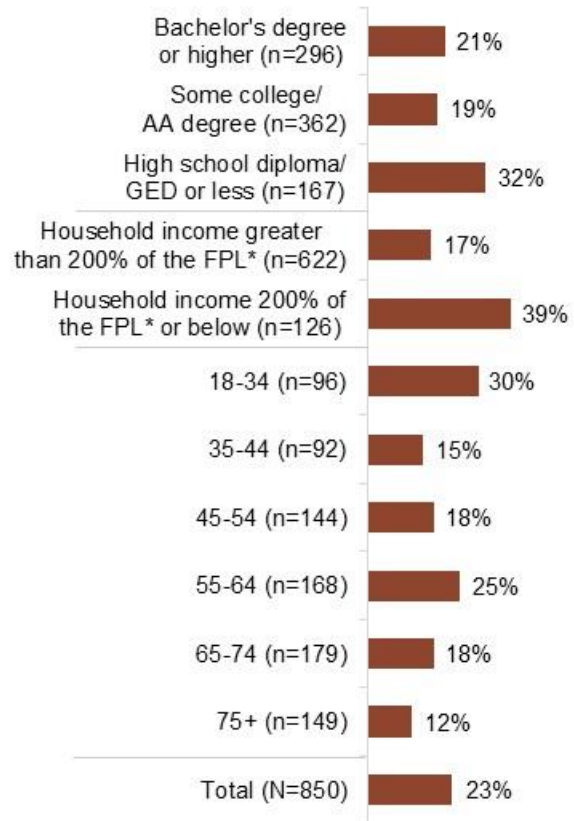
**EVER BEEN TOLD BY A HEALTH PROFESSIONAL
RESPONDENT HAS DEPRESSION/ANXIETY, BY GENDER
(N=850-852)**



One-third (33%) of young adults (age 18-34) said they have been told by health professional that they have anxiety or panic attacks which is a higher proportion compared with most older respondents (age 35-44, 22%; age 45-54, 18%; age 55-64, 25%; age 65-74, 16%; age 75 or older, 14%). Similarly, 37 percent of lower-income respondents compared with 22 percent of moderate/high income respondents said they suffer from anxiety or panic attacks.

Additionally, young adults age (18-34) and middle-aged respondents (age 55-64), respondents with less educational attainment, and low-income respondents were more likely to report having depression compared with respondents who are older, more highly educated, and those who have higher incomes.

**EVER BEEN TOLD BY A HEALTH PROFESSIONAL
RESPONDENT HAS DEPRESSION**



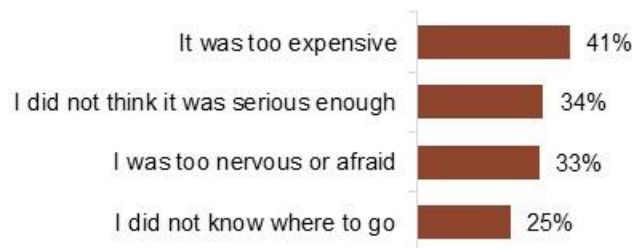
* FPL=federal poverty level



Access to mental health care

During the past year, 20 percent of respondents did not get or delayed getting mental health care they thought they needed. The largest proportion of respondents who delayed or did not get mental health care they felt they needed did so because the care was too expensive, they did not think their condition was serious enough, they were too nervous or afraid, or they did not know where to go. Respondents had the option to choose more than one reason.

TOP REASONS FOR DELAYING OR NOT GETTING MENTAL HEALTH CARE (N=137)



Young respondents were more likely than older respondents to have not gotten or delayed mental health care they thought they needed (age 18-34, 30%; age 35-44, 18%; age 45-54, 21%; age 55-64, 16%; age 65-74, 8%; age 75 or older, 6%).

Reasons for not seeking mental health care varied greatly by demographic groups.

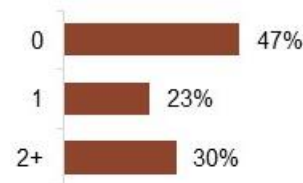
Exposure to adverse childhood experiences (ACEs)

An adverse childhood experience (ACE) is a traumatic experience in a person's life occurring before the age of 18. Exposure to ACEs can cause toxic stress which can have an effect on the developing brain. ACEs are associated with a wide range of health and social problems throughout a person's lifespan.¹

In 2011, 55 percent of Minnesotans reported having experienced at least one ACE. The most common ACEs were emotional abuse, living with a problem drinker, separation or divorce of a parent, mental illness in the household, and physical abuse.² Anoka County survey respondents were asked about seven different ACEs and whether they had experienced them as a child.

Just under half (47%) of Anoka County residents reported that they experienced zero adverse childhood experiences. However, 30 percent of respondents reported that they experienced two or more ACEs.

NUMBER OF ACEs EXPOSED TO AS A CHILD (N=851)



¹ Minnesota Department of Health. (2011). *Adverse Childhood Experiences in Minnesota*. Retrieved from <http://www.health.state.mn.us/divs/cfh/program/ace/content/document/pdf/acereport.pdf>

² Minnesota Department of Health. (2011). *Adverse Childhood Experiences in Minnesota*. Retrieved from <http://www.health.state.mn.us/divs/cfh/program/ace/content/document/pdf/acereport.pdf>



The most common ACE that respondents reported was living as a child with someone who was a problem drinker or alcoholic – over one-quarter (27%) of respondents said they experienced this. Low-income respondents were more likely to report they lived with a problem drinker during childhood compared to residents who had moderate/high incomes (39% versus 25%, respectively). Additionally, respondents who had their high school diploma/GED or less (31%) or some college or associate degree (32%) were more likely to report living with a problem drinker or alcoholic as a child compared with respondents with a bachelor's degree or higher (21%).

One-quarter of respondents (26%) experienced living with someone who was depressed, mentally ill, or suicidal during their childhood. Female respondents (32%) were more likely than male respondents (19%) to report this ACE. The proportion of respondents that have experiences two or more ACEs as a child decreased with age. One-third (34%) of respondents age 18-34 reported experiencing two or more ACEs; a higher proportion compared with respondents age 45 and older.

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Abusive relationships

Respondents were asked to report if they have ever been physically hurt, verbally abused, threatened, or made to feel afraid in their current or former relationships. *Very few (6%) survey respondents reported that they have been in an abusive relationship.*

There were no notable differences by demographic subgroup in response to this question.



Anoka County
HUMAN SERVICES DIVISION
Public Health & Environmental Services

For more information

This fact sheet presents findings related to mental health from the 2018 Anoka County Adult Health Survey. For more information about this report, contact Anna Granias at Wilder Research, 651-280-2701.

For access to other reports, visit <https://www.anokacounty.us/522/Public-Health-and-Environmental-Services>

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