

2019 PROFILE: MENTAL HEALTH IN SOUTHWEST CONNECTICUT

Mental health refers to psychological, social and emotional well-being. A person’s mental health status is critical as it has an impact on thinking and decision making, work or school performance, physical health, and relationships. Mental health disorders are very common, affecting almost one in five people each year, as a result of biological factors such as genetics and family history, situational factors such as stress and trauma, and/or physical health problems. Serious Mental Illness (SMI)—including major depression, bipolar disorder, and schizophrenia—can lead to financial burdens on individuals and families, loss of livelihood and home, and incarceration.

Types of mental health disorders include:

- anxiety disorders
- psychotic disorders (e.g., schizophrenia)
- eating disorders
- obsessive-compulsive disorder
- mood disorders (e.g., depression or bipolar)
- personality disorders
- post-traumatic stress disorder
- hoarding disorder
- and others, including a combination of these.

Co-occurrence of a mental health and a substance use disorder (SUD) is very common; SAMHSA reports that 1 in 4 people with a Severe Mental Illness also have an SUD. While some disorders are chronic and may recur, recovery is possible. Treatment can involve wellness practices (exercise, nutrition, stress management, mindfulness), therapy, medication, peer support, or a combination.

Half of mental illness begins by age 14 and three-quarters by age 24, per the World Health Organization.

Magnitude:

Prevalence in adults: According to SAMHSA, 16.22% of adults in Southwest CT (SW CT) experienced some form of mental illness in the past year—somewhat lower than the state and national averages. As shown in the figure below, the percentage of adults in the region who experience past year depression (5.7%), serious mental illness (3.1%), or suicidal ideation (3.5%) has remained fairly consistent, with suicidal ideation rates correlating closely to rates of serious mental illness:

Prevalence among Adults Aged 18 or Older in Connecticut Southwest, by Outcome

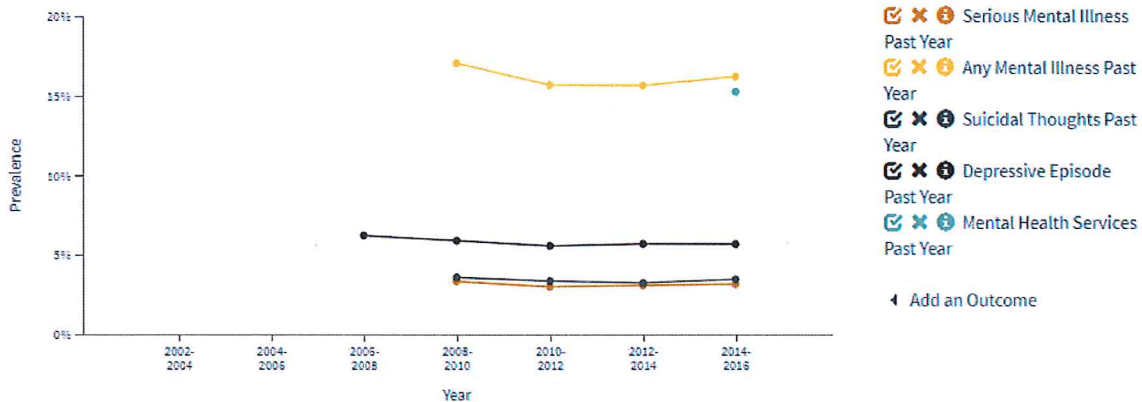


Figure 17: Prevalence of Mental Illness among Adults in Southwest CT



In 2018, DataHaven conducted surveys of adults in 4 metro areas within the region: greater Bridgeport, greater Greenwich, greater Norwalk, and greater Stamford. These found:

- The percentage of adults reporting *feeling satisfied with life* has dropped by 5 points statewide and by 2 to 13 points in SW CT since 2015.
- The percentage of people reporting anxiety or depression has increased by 1 to 2 points since 2015. In 2018, at least one in ten respondents felt “*completely*” or “*mostly*” *anxious yesterday* (10% in Greenwich and Stamford, 13% in Norwalk, 17% in Bridgeport) compared with 12% statewide. Between 5% and 14% of respondents reported feeling “*down, depressed or hopeless*” *more than half the days in the past two weeks* (5% in Greenwich, 7% in Norwalk and Stamford, 14% in Bridgeport), compared with 9% in CT.
- A majority of respondents (69% in Norwalk, 71% in Stamford, and 75% in Greenwich) report that they “*always*” or “*usually*” *get the social and emotional support* they need, compared with 70% statewide. In Bridgeport, 82% responded that they have “*relatives & friends they can count on.*”

Prevalence in youth: Mental illness in teens and young adults has increased nationwide since the mid-2000s. Depression rates rose by 52% among teens and by 63% among young adults, and serious psychological distress (including suicidal ideation, attempts, and deaths) rose by 71% among young adults. Increased use of digital communication and social media and decrease in sleep are contributors.³⁰ Students who compare themselves poorly on social media are prone to depression and anxiety.³¹

Statewide, the 2017 Youth Risk Behavior Survey (YRBS) found that 26.9% of CT high school students reported symptoms of depression. Within SW CT, 14% of high schoolers in a suburban community and 23% of high schoolers in an urban community reported signs of depression on Search Institute youth surveys conducted in 2018, up from 10% and 17% in prior surveys.

Depression is linked to suicidal ideation (see also *Profile: Suicide in SW CT*): in the 2017 YRBS, 13.5% of CT high schoolers reported seriously considering attempting suicide in the past year and 8.1% had attempted suicide at least once. Within SW CT, findings are quite varied (possibly based on the impact of municipal funding for prevention): one suburb reported a decrease in teen suicide attempts from 9% in 2016 to 5% in 2019, while a 2018 survey in an urban community found that 16% of 7th graders, 14% of 9th graders and 11% of 11th graders had made a past-year attempt.

Risk Factors and Subpopulations at Risk:

- *Risk factors for mental illness* include family history, stressful situations such as financial hardship or personal loss, and chronic physical conditions (e.g., depression often occurs following a heart attack or stroke). Substance misuse often indicates an underlying mental health concern.
- *Subpopulations at risk* include youth and young adults; individuals with lower income and educational levels; individuals reporting two or more races, followed by Whites; and women compared with men.

Burden:

Mental illness takes a toll on an individual’s personal and professional life and on family members who may have to leave the workforce to take care of a loved one. The burden includes:

³⁰ 2019 Twenge & Cooper

³¹ March 5, 2018 presentation to Wilton Youth Council by Dr. Suniya Luthar



- Co-occurring substance use disorder.
- Increased risk of suicide.
- Economic burden of \$400 million per year to the state for SMI in adults, with over half due to lost productivity: unemployment, lost compensation for caregivers, or early death.³²
- Increased risk of school suspensions and expulsions.³³

Capacity and Service System Strengths:

Southwest CT is served by: 6 hospitals offering mental health services (including Silver Hill Hospital, a psychiatric hospital); the Department of Mental Health and Addiction Services (DMHAS), which operates facilities in Bridgeport and Stamford to serve low-income individuals with SMI and also contracts with local nonprofit agencies; some 30 nonprofit offices serving adults with mental illness and another 30 serving youth; several private for-profit agencies specializing in eating disorders, anxiety or addiction; and many individual therapists and private practices. In addition, in most towns the municipal social or human services department can provide limited counseling and referral to care. There is a need for respite care and for a first-episode psychosis program.

The state's Infoline is a resource for the region and handled 7664 calls for mental health and addiction referrals from SW CT residents in 2018-19. Half of these calls were to the 2-1-1 crisis intervention & suicide program, which connects youth under age 18 to mobile crisis services. Many calls are from schools, which are the front line for adolescent mental health. Some school districts (Stamford, Norwalk) are redesigning their school counselor program. Several contract with Kids in Crisis to embed Teen Talk counselors (3 local middle schools and 5 high schools). 3 local districts have contracted with Effective School Solutions for in-school support. The Fitch Academy, Spire School, and Newport Academy provide therapeutic alternative school programs for those with mental health disorders. Most school systems are building social-emotional programming into their curriculum, including teaching mindfulness and DBT skills and using GoZen, GoHackify, Wingman, 2nd Steps and others.

Dozens of free peer support groups are available throughout the region, including Depression Bipolar Support Alliance (DBSA), National Alliance for Mental Illness (NAMI), SMART Recovery, The C.A.R.E.S. Group, and more, providing support to individuals and families for mental health, substance use, hoarding, gambling, suicide loss, bereavement, and other issues. There are also many trained Recovery Support Specialists in the region, and there is a need for more program and funding mechanisms to connect these peer specialists to those in need.

The Community Health Improvement Projects (CHIPs) of the local hospitals all include behavioral health goals, and there are ~90 committees, task forces and coalitions in the 14-town region that work on behavioral health issues, including a recently formed regional hoarding task force.

Each year community partners including Local Prevention Councils and Catchment Area Councils work together with coordination from The Hub to support community awareness through:

- Mental Health Awareness Month, with 30+ events every May
- Wellness Month, offering ~20 free behavioral health screening events in communities every October
- National Prevention Week each May
- Mental Health First Aid, suicide prevention trainings, and other programs throughout each year

Regional stakeholders also collaborate on legislative advocacy efforts, with recent wins such as the task force on the psychiatric workforce, behavioral health parity, and Tobacco 21.

³² April 2018, USC Schaeffer

³³ May 20, 2019 CT Mirror: Almost one-third of students with emotional disturbances are suspended or expelled, far more than students with any other disability.

