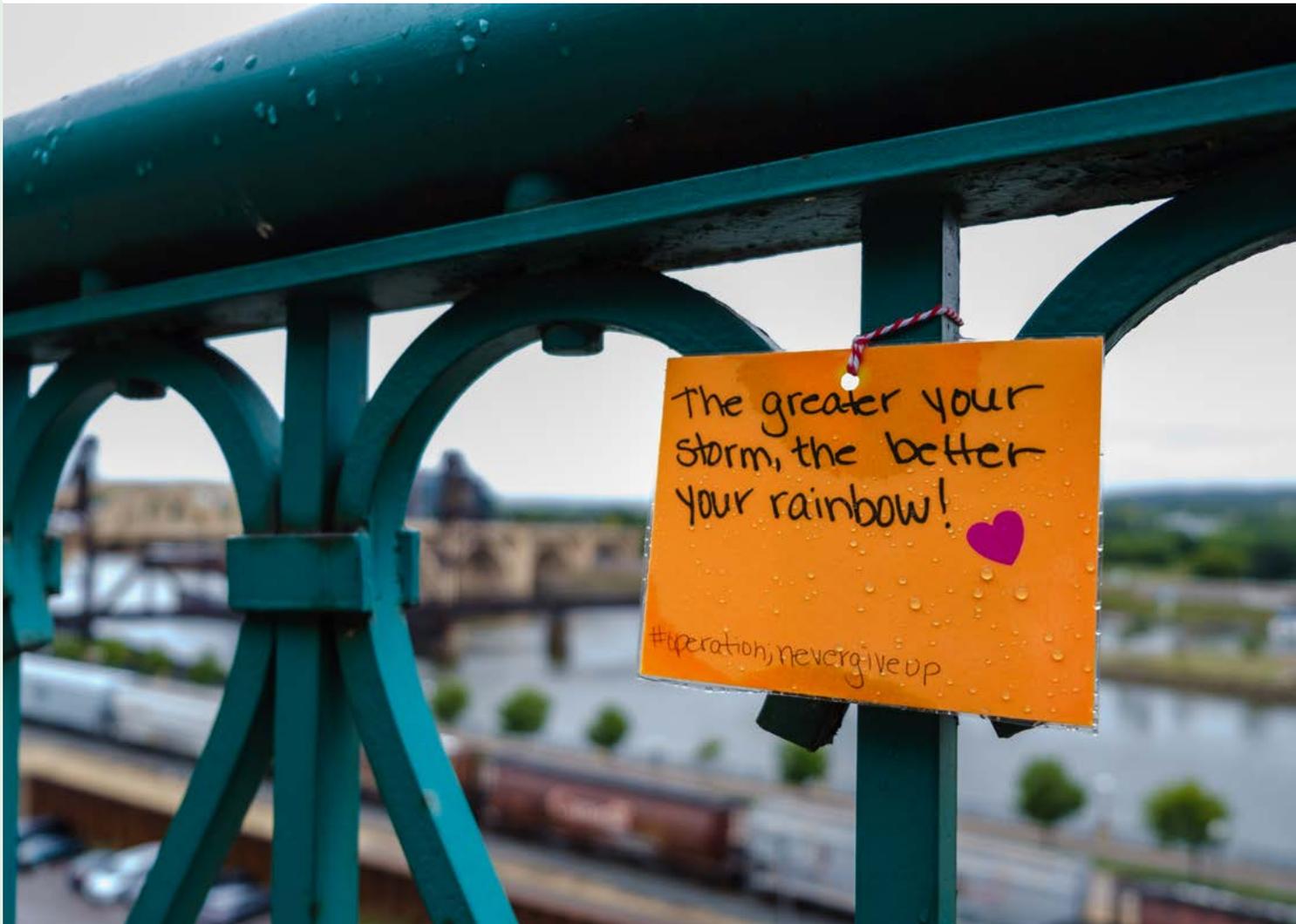


DATA AND TREND ANALYSIS

Mental Health



Mental health is essential to a person's well-being, healthy family and interpersonal relationships, and the ability to live a full and productive life. People, including children and adolescents, with untreated mental health disorders are at high risk for many unhealthy and unsafe behaviors, including alcohol or drug abuse, violent or self-destructive behavior, and suicide.

Emotional Distress - Youth

DESCRIPTION

While most youth are healthy, physically and mentally, one in every four to five in the general population meet criteria for a mental disorder. With 50 percent of cases of mental illness beginning by age 14, and three-quarters by age 24, it is very important to make sure that youth dealing with the onset or continuation of mental or emotional distress receive the help they need.¹ Some stress can be positive in that it provides the energy to tackle a big test, presentation or sports event. Too much stress, however, can create unnecessary hardship and challenge.

The Minnesota Student Survey asks many questions that could indicate emotional distress. A sample of those is highlighted for this indicator.

HOW WE ARE DOING

The 2016 Minnesota Student Survey found that 17 percent of Ramsey County 8th, 9th and 11th graders said they have a long-term mental health, behavioral or emotional problem. When asked to react when given the statement “I feel good about myself,” 37.5 percent of Ramsey County 11th-graders and one-third of 9th graders responded with “somewhat/sometimes” or “not at all/rarely.” As we look a little deeper at this question, an average of 6.9 percent from each grade reported “not at all or rarely.” Of those who responded “extremely/almost always,” almost half of all 5th graders reported feeling this way, compared to only one third of 8th and 9th graders, and a quarter of 11th graders.

Other questions asked students perceptions of how others cared or valued them. When asked “how much do you feel your parents care about you,” about 6 percent of 5th graders, 10 percent of 9th graders, and 14 percent of 11th graders responded “not at all,” “a little”, or “some.” When asked if they “feel valued or appreciated by others,” almost one-third of 5th graders and about 35 percent of 9th and 11th graders answered “not at all or rarely” or “somewhat or sometimes.”²

DISPARITIES

It is estimated that 10 to 20 percent of the children in the U.S. at any time have significant emotional and behavioral disturbances. High rates of unmet need exist across racial/ethnic groups, with only approximately one in five children with mental health concerns receiving care.³ In Minnesota, youth from minority racial/ethnic groups are approximately one-third to one-half as likely to receive mental health care as white youth.⁴

RISK FACTORS

Stress can come from a variety of sources for youth including doing well in school, making and sustaining friendships, or managing perceived expectations from their parents, teachers or coaches. Ignoring emotional distress can have severe consequences for a child. Dealing with a mental health issue while trying to grow and learn can be extremely difficult.¹ A growing body of research has established that children as young as infancy may be affected by events that threaten their safety or the safety of their parents or caregivers.⁵

Information to note

- Youth from minority racial/ethnic groups in Minnesota are about 1/3 to 1/2 less likely to receive mental health services as white youth.
- Almost 1/3 of Ramsey County 5th graders and 37% of both 9th and 11th graders do not feel valued or appreciated by others.



Community voice

“Stress problems, trauma.”
- Karen Female, age 35-44

Generally, stress was mentioned through the responses, however 412 explicitly stated stress as a barrier to health overall.

¹ Warning Signs of Mental Illness. American Psychiatric Association. <https://www.psychiatry.org/patients-families/warning-signs-of-mental-illness>. Accessed July 2018.

² Minnesota Student Survey. Saint Paul – Ramsey County Public Health data set.

³ Being, Belonging, Becoming: Minnesota’s Adolescent Health Action Plan. Minnesota Department of Health. <http://www.health.state.mn.us/youth/bbb/status.html>. Accessed July 2018.

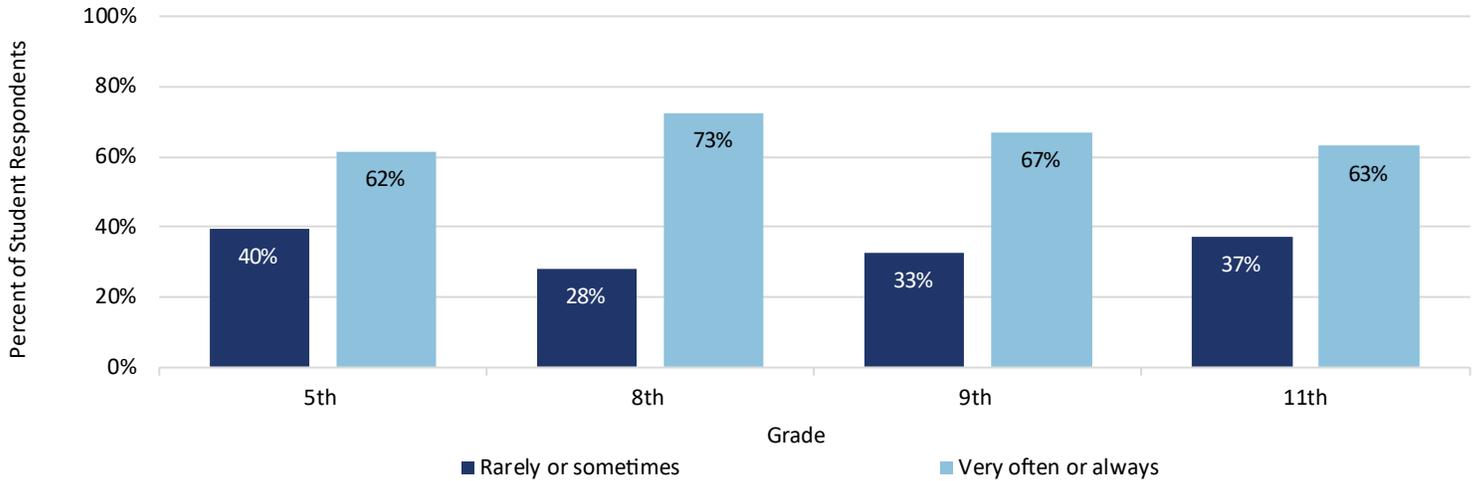
⁴ Holm-Hansen C. Racial and Ethnic Disparities in Children’s Mental Health. Amherst H. Wilder Foundation. <https://www.wilder.org/wilder-research/research-library/racial-and-ethnic-disparities-childrens-mental-health-0>. Published October 2006. Accessed July 2018.

⁵ Warning Signs and Risk Factors for Emotional Distress. SAMSHA. <https://www.samhsa.gov/find-help/disaster-distress-helpline/warning-signs-risk-factors>. Accessed July 13, 2018

WHAT RAMSEY COUNTY GOVERNMENT IS DOING

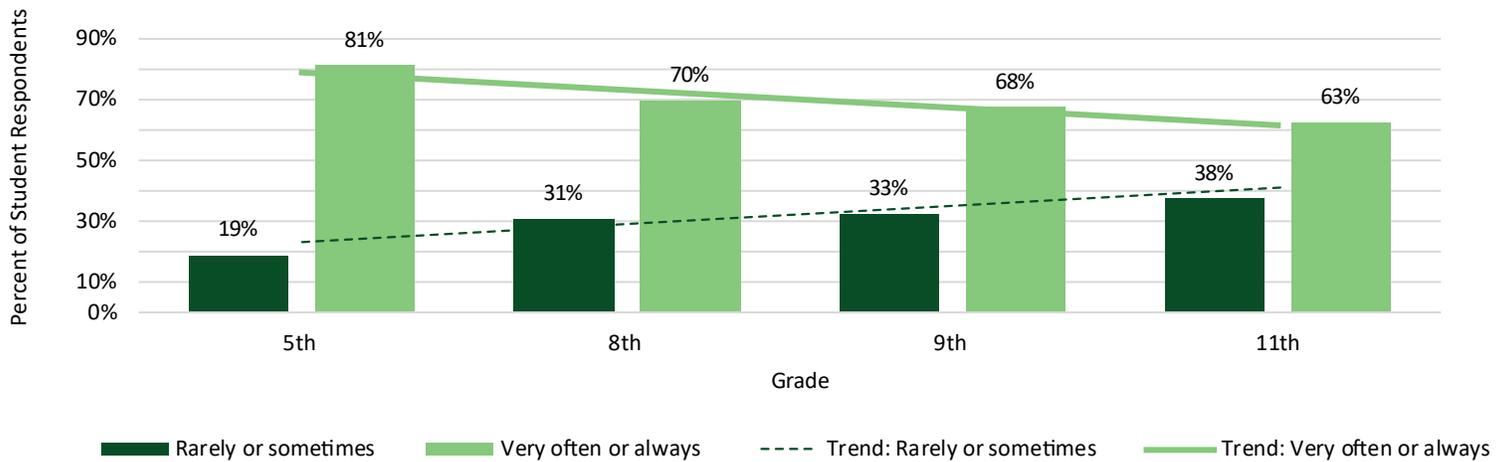
Ramsey County offers an array of mental health services to youth and children. Children’s Crisis services include emergency visits to families with children in crisis and a 24/7 phone line offering support and referral. Ramsey County’s Children’s Mental Health programs offer assessment and referral, and targeted case management. All services are offered on a sliding-fee scale for those without insurance coverage.

Feel Good About Life and Future, Ramsey County Students, 2016



Source: Minnesota Student Survey. Saint Paul - Ramsey County Public Health data set.

Feel Good About Self, Ramsey County Students, 2016



Source: Minnesota Student Survey. Saint Paul - Ramsey County Public Health data set.

DESCRIPTION

Mental disorders are conditions characterized by alterations in thinking, mood and/or behavior associated with distress and/or impaired functioning. Mental disorders contribute to a host of problems including disability, pain and early death. Mental disorders are among the most common cause of disability. It accounts for 18.7 percent of all years of life lost to disability and early death. The disease burden of mental illness is among the highest of all diseases. Mental health and physical health are interconnected. Mental illnesses, such as anxiety and depression can affect people's ability to participate in healthy behaviors such as physical activity and nutritious eating habits. This can lead to chronic disease or health problems which in turn can negatively impact mental health, leading to a downward spiral in an individual's health condition and quality of life.¹ The effects of mental illness range from minor disruptions in daily functioning to incapacitating personal, social, and occupational impairments and early death. Mental illness intensifies morbidity due to the multiple diseases it is associated with, including cardiovascular disease, diabetes, obesity, asthma, epilepsy and cancer. Serious mental illnesses are defined as disorders that cause substantial functional impairment that interferes with or limits one or more major life activities.²

HOW WE ARE DOING

In 2014 nationally, 18.4 percent of adults 18 years or older experienced any mental illness in the past year. Minnesota had a similar prevalence at 18.5 percent.² According to a 2014 survey, about 22.9 percent of Ramsey County residents have been diagnosed with anxiety. Among that group 44.6 percent take medication for the condition. Similarly, 27.2 percent of Ramsey County residents have been diagnosed with depression. Among that group, 47.2 percent take medication for the condition. About 4.2 percent of Ramsey County residents have experienced serious psychological distress during the past 30 days, which is slightly higher than the national rate. Among Ramsey County adults that needed mental health care, 54.4 percent delayed care or did not receive care. Among those that delayed care or did not receive care, about 40 percent reported that it was due to cost or lack of insurance.³

BENCHMARK INDICATOR

Healthy People 2020¹:

- 1) Reduce the proportion of adults aged 18 years and older who experience major depressive episodes. U.S. Target: 5.8 percent
- 2) Increase the proportion of adults aged 18 years and older with serious mental illness (SMI) who receive treatment. U.S. Target: 72.3 percent
- 3) Increase the proportion of adults aged 18 years and older with major depressive episodes (MDEs) who receive treatment. U.S. Target: 75.9 percent

DISPARITIES

The percentage of adults reporting psychological distress during the past 30 days decreased as education level and income increased showing how socio-economic status (SES) affects rates of mental distress.³ Several studies have shown that people of color and American Indians face decreased detection of mental disorders in primary care and have lower rates of entry into, adherence with, and retention in specialty mental health services. Racial and ethnic disparities continue to occur, even after controlling for socioeconomic factors.⁴

¹ Mental Health and Mental Disorders. Healthy People 2020. <https://www.healthypeople.gov/2020/topics-objectives/topic/mental-health-and-mental-disorders>. Accessed August 2018.

² Lipari RN, Van Horn SL, Hughes A, Williams M. State and Substate Estimates of Any Mental Illness from the 2012–2014 national surveys on drug use and health. The CBHSQ report. 2017. https://www.samhsa.gov/data/sites/default/files/report_3189/ShortReport-3189.html. Published July 20, 2017. Accessed August 2018.

³ Saint Paul – Ramsey County Public Health. Metro SHAPE Ramsey County Data Book 2014. <https://www.ramseycounty.us/your-government/open-government/research-data/public-health-data>. Accessed August 2018.

⁴ Unmet Needs Assessment Report: Statewide Assessment of Treatment Gaps for Racial/Ethnic Groups in Need of Mental Health Services. New York State Office of Mental Health. 2011. https://www.omh.ny.gov/omhweb/cultural_competence/reports/unmet_needs.pdf. Accessed June 20, 2018.

Information to note

- In any given year, an estimated 18.4% of U.S. adults ages 18 years or older suffered from any mental illness, which is similar to the Minnesota rate of 18.5%.
- Among Ramsey County residents, 27.2% report experiencing depression, 22.9% report experiencing anxiety, and 4.2% report experiencing serious psychological distress.
- Over half of Ramsey County residents who need mental health services are not receiving them or are receiving delayed treatment.

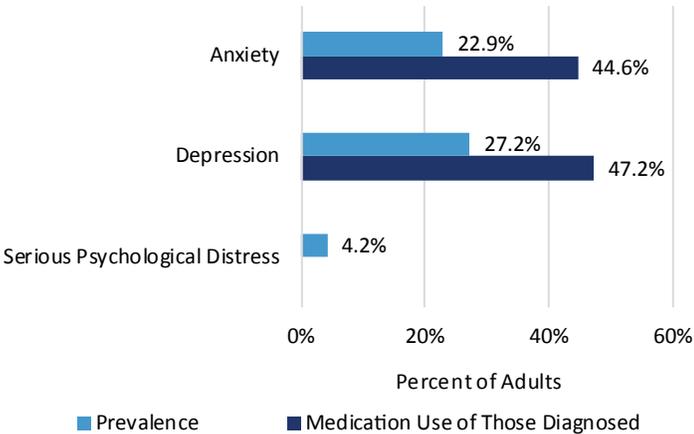
RISK FACTORS

Risk factors for delaying or not getting treatment may include lack of access to a mental health provider, or geographic availability. Contributing factors may also include lack of insurance, minimal appointment availability, lack of culturally sensitive providers, and language barriers. Risk factors for experiencing mental illness may include, though not limited to, genetics, violence in the community, economic deprivation, drugs, food insecurity, housing instability, trauma, marginalization, stressful life situations, lack of social support, and other physiological factors.⁵

WHAT RAMSEY COUNTY GOVERNMENT IS DOING

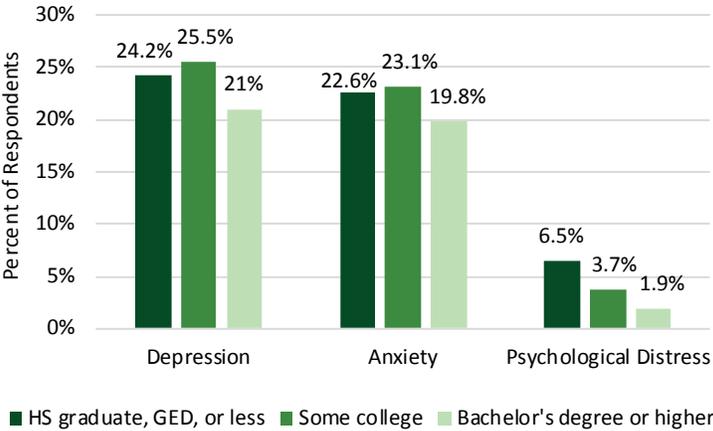
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Anxiety, Depression, Distress and Medication Use in Adults, Ramsey County, 2014



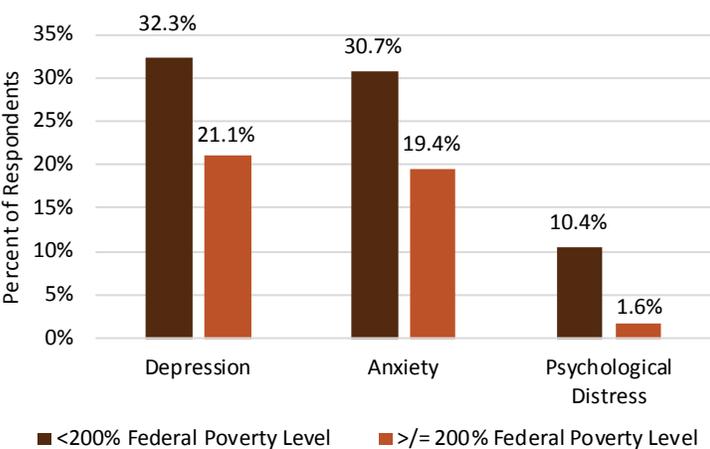
Source: Metro SHAPE Ramsey County Data Book.

Adult Depression, Anxiety, Distress by Education, Ramsey County, 2014



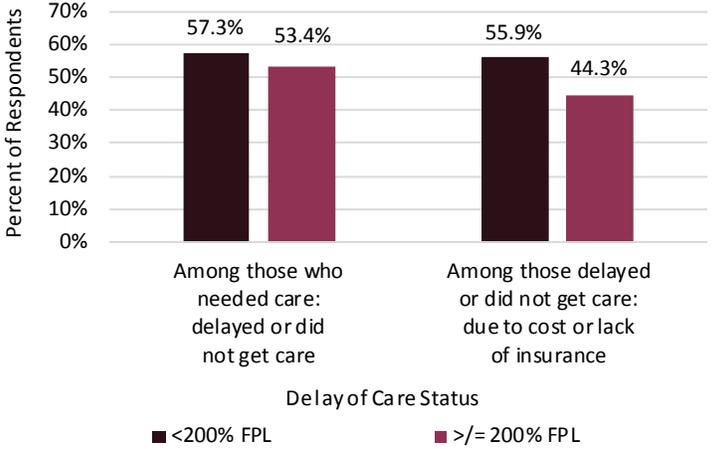
Source: Metro SHAPE Ramsey County Data Book.

Adult Depression, Anxiety, Distress by Income of Household, Ramsey County, 2014



Source: Metro SHAPE Ramsey County Data Book.

Delay in Mental Health Care by Income, Six-County Metro, 2014



Source: Metro Public Health Analyst Network.⁶

⁵ Social Determinants of Health. Healthy People 2020. <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>. Accessed August 2018.

⁶ Metro Public Health Analyst Network. Metro SHAPE 2014 Six County Data Book. <https://www.ramseycounty.us/your-government/open-government/research-data/public-health-data>. Accessed August 2018.

Mental Well-Being - Adults

DESCRIPTION

Overall health depends on both physical and mental well-being. Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society.¹ Well-being assesses the positive aspects of a person's life, such as positive emotions and life satisfaction. Well-being is a relative state where one maximizes his or her physical, mental, and social functioning in the context of supportive environments to live a full, satisfying and productive life.² Measuring the number of days when people report that their mental health was not good, i.e., poor mental health days, represents an important facet of health-related quality of life.³

HOW WE ARE DOING

Responses from a 2014 SHAPE survey conducted in the region found that 27.2 percent of Ramsey County adults have been diagnosed with depression, and 22.9 percent with anxiety at some point in their life. When asked how often they experienced mentally unhealthy days in the past month 8.4 percent experienced more than 14 poor mental health days.⁴ Responses to the Minnesota Health Access Survey found similar results: 8.3 percent in 2015 and 9 percent in 2017 reported frequent mental distress defined as at least 14 days in the past month of unhealthy days.⁵

BENCHMARK INDICATOR

Healthy People 2020⁶: Increase the number of adults who report good or better mental health.

U.S. Target: 80.1 percent.

DISPARITIES

Residents living in St. Paul reported more mentally unhealthy days than residents living in suburban Ramsey County. Residents without any health insurance coverage also reported more mentally unhealthy days.⁵

RISK FACTORS

A study examining the validity of healthy days as a summary measure for county health status found that counties with more unhealthy days were likely to have higher unemployment, poverty, percentage of adults who did not complete high school, mortality rates and prevalence of disability.⁷

(Continued on back)

Information to note

- 9% of Ramsey County adults reported frequent mental distress (14 or more days in the past month) in 2017.
- Uninsured residents report higher rates of frequent mental distress than insured residents.

Community voice

"Good social services, access to mental healthcare services, community programs for all."
- White Female, age 25-34

38 respondents stated that access to mental health services and regular therapy helps them maintain overall wellbeing.

¹ Healthy People 2020. Mental Health and Mental Disorders. <https://www.healthypeople.gov/2020/topics-objectives/topic/mental-health-and-mental-disorders>. Accessed July 2018.

² Kobau R, Sniezek J, Zack MM, Lucas RE, Burns A. Well-being assessment: An evaluation of well-being scales for public health and population estimates of well-being among U.S. adults. *Health and Well Being*. 2010;2(3):272-297. <https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1758-0854.2010.01035.x>. Accessed July 2018.

³ Jia H, Muennig P, Lubetkin EI, Gold MR. Predicting geographical variations in behavioural risk factors: An analysis of physical and mental healthy days. *J Epidemiol Community Health*. 2004;58:150-155. https://www.researchgate.net/publication/8914010_Predicting_geographical_variations_in_behavioural_risk_factors_An_analysis_of_physical_and_mental_healthy_days. Accessed July 2018.

⁴ Metro Public Health Analyst Network. Metro SHAPE Six County Data Book. 2014; <https://www.ramseycounty.us/your-government/open-government/research-data/public-health-data>. Accessed July 2018.

⁵ Minnesota Department of Health. Minnesota Health Access Survey. Personal communication from MDH Health Economics Division. July 2018.

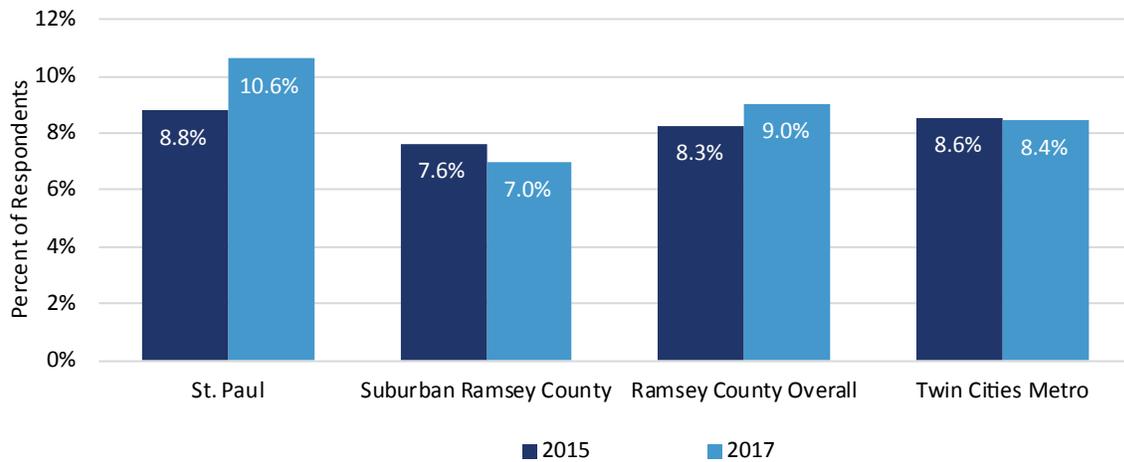
⁶ Healthy People 2020. Health-Related Quality of Life & Well-Being. <https://www.healthypeople.gov/2020/topics-objectives/topic/health-related-quality-of-life-well-being/objectives>. Accessed July 2018.

⁷ Andresen EM, Catlin TK, Wyrwich KW, Jackson-Thompson J. Retest reliability of surveillance questions on health related quality of life. *J Epidemiol Community Health*. 2003;57:339-343. <https://www.medscape.com/medline/abstract/12700216>. Accessed July 2018.

WHAT RAMSEY COUNTY GOVERNMENT IS DOING

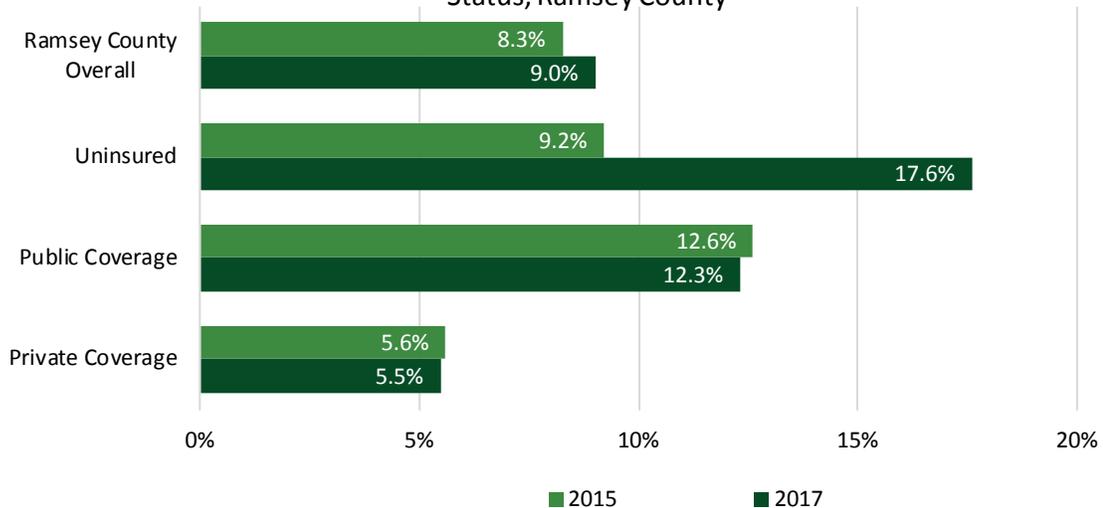
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Frequent Mental Distress (14 or more days in past month)



Source: Minnesota Department of Health.⁸

Frequent Mental Distress (14 or more days in past month) by Insurance Status, Ramsey County



Source: Minnesota Department of Health.⁸

⁸ Minnesota Department of Health. Minnesota Health Access Survey. Personal communication from MDH Health Economics Division. July 2018.

DESCRIPTION

There is no single path that leads to suicide. Mental illness, substance abuse, social isolation, unemployment, health problems, personal loss, a sense of being a burden and other factors can all contribute to suicidal thoughts.¹ Firearms are the most common method used by Minnesotans who take their own lives, and suicide deaths via gunshot have become even more common the last couple of decades. The next most common methods are suffocation and poisoning.²

HOW WE ARE DOING

According to statistics from the Minnesota Department of Health, 1,453 Ramsey County residents died by suicide in the past 26 years with yearly numbers fluctuating between 39 to 79 deaths. In 2016, Ramsey County lost 65 residents to suicide- about 1 every six days. During that year, 25 of the 65 suicides in Ramsey County occurred among those 20-34 years of age. Suicides have been highest among this age group in recent years and have been on an upward trend. For all adults age 20 and above, the 2016 rate of suicide deaths was 15.3 for every 100,000 people.³ In 2016, the Ramsey County suicide rate was 11.1 deaths per 100,000 compared to the Minnesota rate of 13.5, neither of which meet the Healthy People goal of 10.2. With small numbers, rates can fluctuate quite a bit over time. In 1990, the Ramsey County suicide rate was 16.1 per 100,000, which then sunk to 7.5 in 2002, rose to 13.2 in 2015, and came back down to 11.1 in 2016.²

BENCHMARK INDICATOR

Healthy People 2020: Reduce the rate of suicides.

U.S. Target: 10.2 suicides for every 100,000 people.

DISPARITIES

Those dying by suicide in Ramsey County continue to be overwhelmingly white, middle-aged and male. Nearly 76 percent suicide deaths in 2016 were men, and the rate among whites was over 1.5 times the rate of other races. In the last ten years, the average number of female suicides was 14 per year, compared to an average of 43 per year among men.²

RISK FACTORS

Suicide is complex and the risk of suicide increases with multiple factors. Some risk factors include mental illness, substance abuse, extreme mood swings, sleep disorders, feelings of hopelessness, anxiety, isolation, rage or unbearable pain.⁴

WHAT RAMSEY COUNTY GOVERNMENT IS DOING

Ramsey County offers an array of mental health services to adults. Crisis services include walk-in access to psychiatrists, nurses, and social workers as an alternative to the emergency room and a 24/7 phone line offering support and referral. Ramsey County's Mental Health Center offers ongoing mental health care including assessment and referral, therapy, partial hospitalization day programming, and targeted case management. All services are offered on a sliding-fee scale for those without insurance coverage.

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Information to note

- In 2016, the Ramsey County suicide rate of 11.1 per 100,000 was lower than the Minnesota rate of 13.5 but does not meet the Healthy People 2020 target of 10.2.
- Those dying by suicide in Ramsey County continue to be overwhelmingly white, middle-aged and male.
- In 2016, Ramsey County lost one resident to suicide about every 6 days.

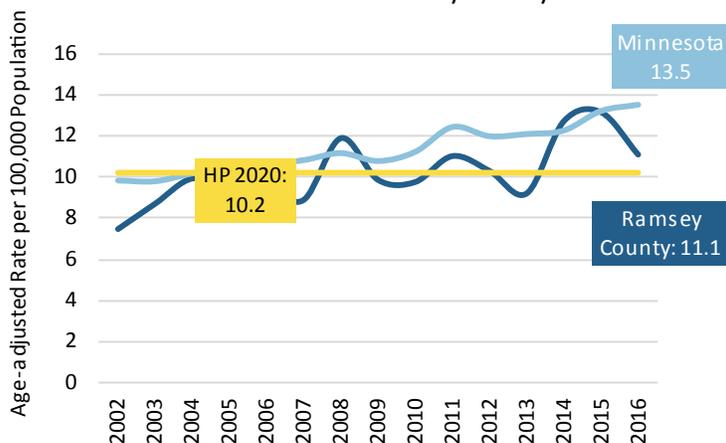
¹ 2012 National Strategy for Suicide Prevention: Goals and Objectives for Action: A Report of the U.S. Surgeon General and of the National Action Alliance for Suicide Prevention. <https://www.ncbi.nlm.nih.gov/books/NBK109906/#introduction.s5>. 2012. National Center for Biotechnology Information. Accessed July 31, 2017.

² Minnesota Department of Health. Health Statistics Portal. <https://pqc.health.state.mn.us/mhsq/frontPage.jsp>. Accessed April 30, 2018.

³ Minnesota Vital Statistics Interactive Queries. Minnesota Department of Health Website. <https://mhsq.web.health.state.mn.us/frontPage.jsp>. Accessed May 15, 2018.

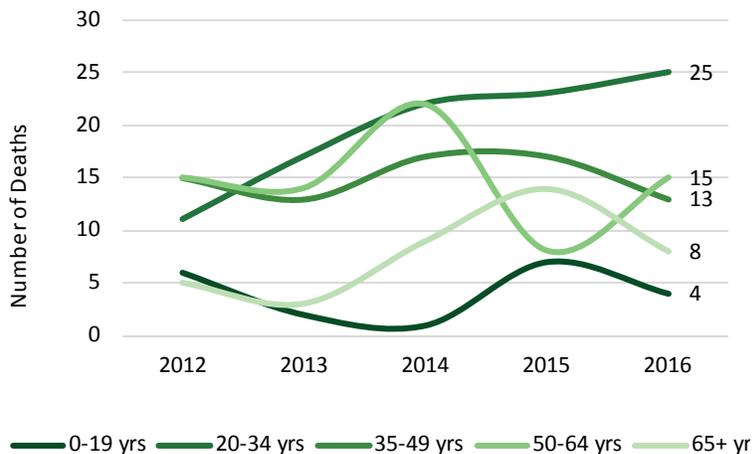
⁴ Increase in adult suicides shows need to connect Minnesotans to hope and help. Minnesota Department of Health. 2016. <http://www.health.state.mn.us/news/pressrel/2016/suicide090716.html>. Published September 7, 2016. Accessed July 31, 2017.

Suicide Rate Over Fifteen Years, Minnesota and Ramsey County



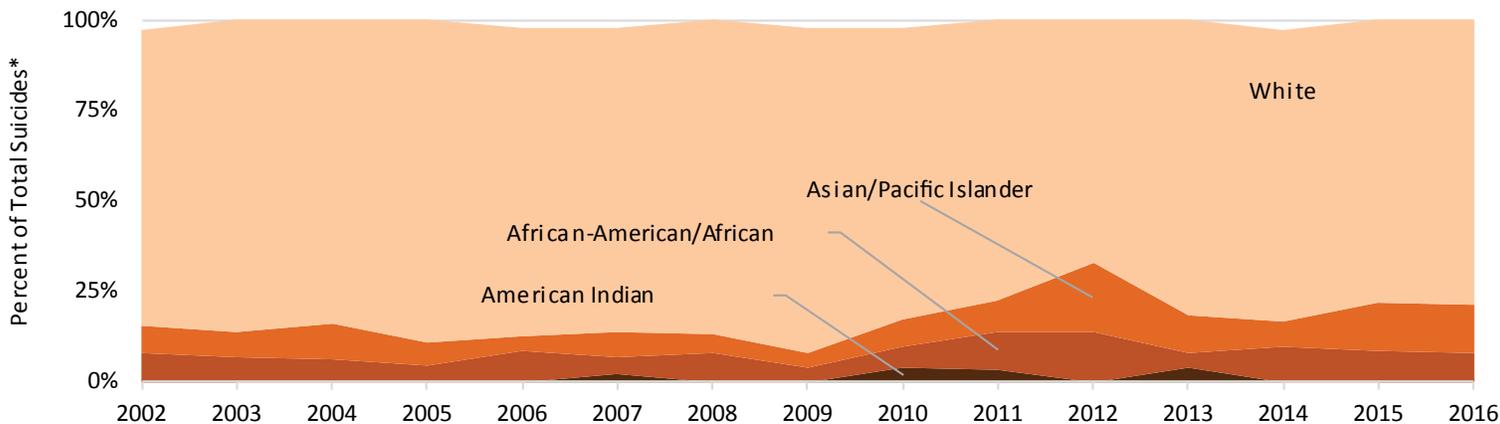
Source: Minnesota Department of Health.⁵

Suicide by Age Group, Ramsey County



Source: Minnesota Department of Health.⁵

Suicides by Race, Ramsey County



* may not equal 100% because of missing race
Source: Minnesota Department of Health.⁵

⁵ Minnesota Department of Health, Health Statistics Portal. <https://pqc.health.state.mn.us/mhsq/frontPage.jsp>. April 30, 2018.

Suicide Thoughts and Behaviors

DESCRIPTION

Suicidal thoughts or behaviors are both damaging and dangerous and are therefore considered a psychiatric emergency.¹ A suicide attempt is a nonfatal, self-directed, potentially injurious behavior with intent to die as a result of the behavior. Suicidal thoughts, also called suicidal ideation, refers to thinking about, considering, or planning suicide.² According to the Centers for Disease Control and Prevention, self-directed violence (SDV) encompasses a range of violent behaviors, including acts of fatal and nonfatal suicidal behavior, and non-suicidal intentional self-harm (i.e., behaviors where the intention is not to kill oneself, as in self-mutilation). It also includes suicidal ideation (i.e., thinking about, considering, or planning for suicide).³ Four percent of adults age 18 and older in the U.S. had thoughts about suicide in 2016. Nationally, the percentage of adults having serious thoughts of suicide and adults that attempted suicide was highest among adults aged 18-25 and among adults reporting two or more races.⁴ Other research indicates that >50 percent of persons who engage in suicidal behavior never seek health services.³ Consequently, prevalence figures based on health records substantially underestimate the societal burden of suicidal thoughts and behavior.

HOW WE ARE DOING

Ramsey County in 2016 had the highest rate (785.3 per 100,000 population) of nonfatal SDV visits to a hospital or emergency department in the 7-county metro area.⁵ In 2016, Ramsey County 8th, 9th and 11th graders were asked if they had ever seriously considered attempting suicide, 23.4 percent said they had at some point in their lives and 12.2 percent in the past year (12.8 percent of 8th graders, 11.5 percent of 9th graders, 13.2 percent of 11th graders). When asked if they had ever actually attempted suicide, 8.8 percent of students responded yes. Among all 9th graders in the metro area, Ramsey County had the highest percentage of students reporting actually attempting suicide.⁶

BENCHMARK INDICATOR

Healthy People 2020: Reduce suicide attempts by adolescents that require medical attention.

U.S. Target: 1700 suicide attempts per 100,000 population.⁷

DISPARITIES

Rates of suicide are higher among males than among females, while the reverse is found in studies of suicidal thoughts and nonfatal suicidal behavior. Nationally, young adults and adults reporting more than one race have higher rates of suicide thoughts and behaviors.⁸

RISK FACTORS

Many factors can increase the risk of suicidal thoughts and behaviors, such as childhood trauma, serious mental illness, physical illness, alcohol or other abuse, a painful loss, (continued on back)

Information to note

- Ramsey County in 2016 had the highest rate of visits to a hospital or emergency room for nonfatal self-directed violence among counties in the Metro area.
- Among all 9th graders in the metro area, Ramsey County had the highest percentage of students attempting suicide in 2016.

¹ Risk of Suicide. NAMI. <https://www.nami.org/Learn-More/Mental-Health-Conditions/Related-Conditions/Suicide>. Accessed July 11, 2018.

² Suicide. National Institute of Mental Health. https://www.nimh.nih.gov/health/statistics/suicide.shtml#part_154973. Accessed July 11, 2018.

³ Crosby AE, Ortega L, Melanson C. Self-directed Violence Surveillance: Uniform Definitions and Recommended Data Elements, Version 1.0. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2011. <https://www.cdc.gov/violenceprevention/pdf/self-directed-violence-a.pdf>. Accessed July 2, 2018.

⁴ Centers for Disease Control and Prevention (CDC) WISQARS Leading Causes of Death Reports. <https://webappa.cdc.gov/sasweb/ncipc/leadcause.html>. Accessed July 11, 2018.

⁵ MIDAS Injury Data System. Minnesota Department of Health. <http://www.health.state.mn.us/injury/midas/injury>. Accessed July 2, 2018.

⁶ Minnesota Student Survey. Saint Paul – Ramsey County Public Health data set.

⁷ Mental Health and Mental Disorders. Healthy People 2020. <https://www.healthypeople.gov/2020/topics-objectives/topic/mental-health-and-mental-disorders/objectives>. Accessed July 2, 2018.

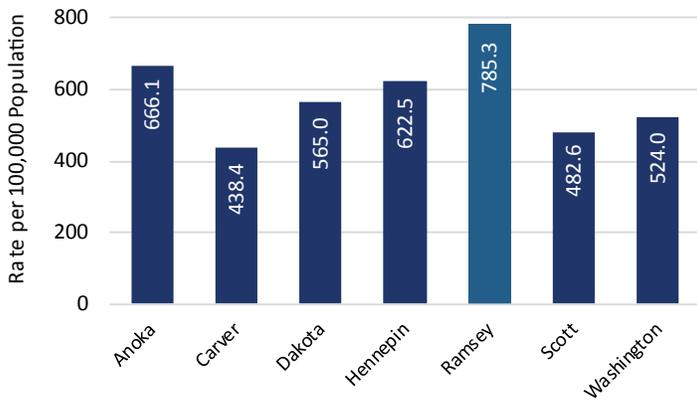
⁸ Minnesota State Suicide Prevention Plan. Goals and Objectives for Action: 2015-2020. Suicide Prevention Resource Center. <http://www.sprc.org/sites/default/files/Minnesota%20SuicidePreventionStatePlan2015.pdf>. Accessed July 11, 2018.

exposure to violence, social isolation, and easy access to lethal means. Factors such as meaningful relationships, coping skills and safe and supportive communities can decrease the risk of suicidal thoughts and behaviors.⁹

WHAT RAMSEY COUNTY GOVERNMENT IS DOING

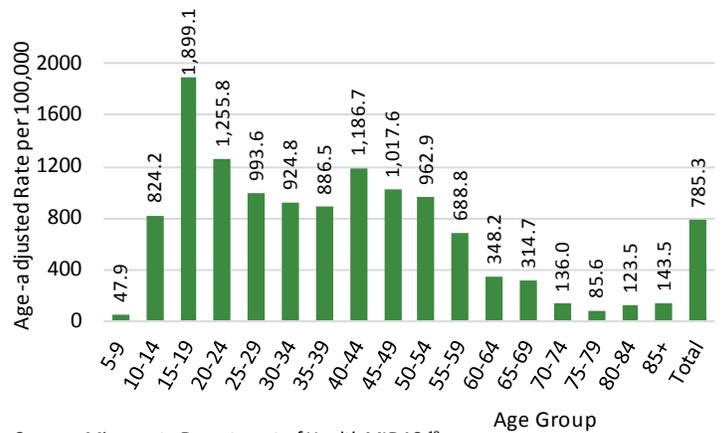
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Rate of Nonfatal Self-Directed Violence Visits Treated at an Emergency Department/Hospital by Metro County, 2016



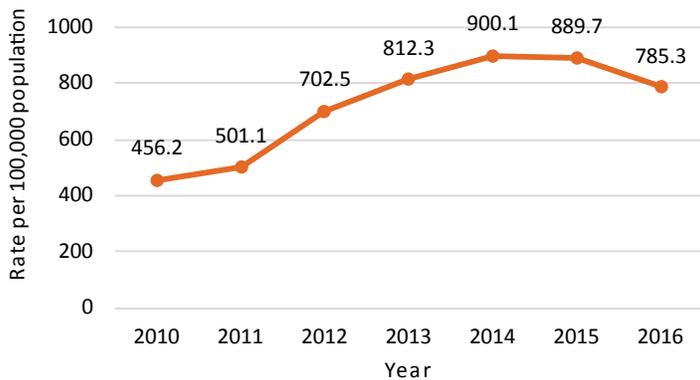
Source: Minnesota Department of Health MIDAS.¹⁰

Rate of Nonfatal Self-Directed Violence Visits Treated at an Emergency Department/Hospital by Age Group, Ramsey County, 2016



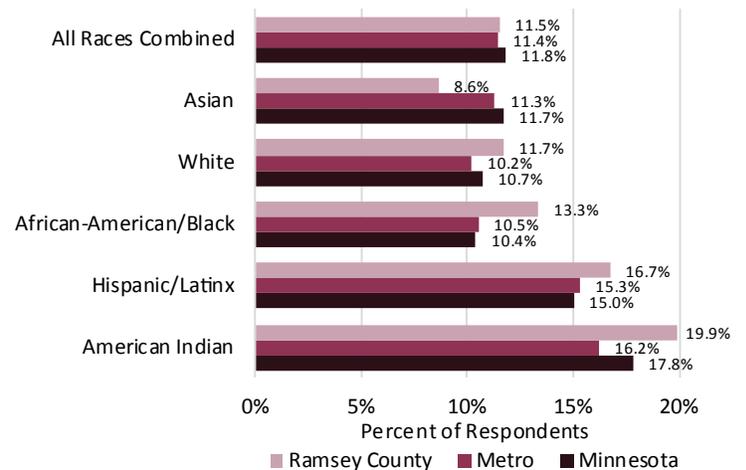
Source: Minnesota Department of Health MIDAS.¹⁰

Rate of Nonfatal Self-Directed Violence Visits Treated at an Emergency Department/Hospital, Ramsey County, 2010 - 2016



Source: Minnesota Department of Health MIDAS.¹⁰

9th Graders Who Seriously Considered Attempting Suicide in the Last Year, 2016



Source: Saint Paul - Ramsey County Public Health data set.

⁹ Suicide. National Institute of Mental Health. https://www.nimh.nih.gov/health/statistics/suicide.shtml#part_154973. Accessed July 11, 2018.

¹⁰ Minnesota Department of Health MIDAS. <http://www.health.state.mn.us/injury/midas/index.cfm>. Accessed July 2018.

DESCRIPTION

Veterans begin as a self-selected healthier than average population given the physical and mental fitness required to join the military. Veteran benefits upon exiting the military may include access to health care, disability and pension benefits and education, which ideally supports good health throughout life. Military occupations are the most common cause of veterans being at higher risk for certain health conditions such as head and brain injuries, hearing loss or tinnitus, and hazardous environmental exposures. Veterans are also at greater risk for substance abuse and addiction, mental health conditions such as depression and post-traumatic stress disorder (PTSD) and suicide.¹

HOW WE ARE DOING

In 2016, Ramsey County was home to 25,000 veterans.² Minnesota has an average sized veteran population, ranking 24th in the nation for population size.³ Veterans in Ramsey County have served in times of peace and war eras including some who served in combat during World War II, the Korean War, Vietnam and in the Gulf War both before and after 9/11. Nearly half of all Ramsey County veterans served in the Vietnam war era, it is therefore not surprising that about 75 percent of veterans are over age 55 with a little over 50 percent over age 65.⁴

DISPARITIES

Mental health is a significant concern for veterans in the U.S. In 2014, 113 veterans died of suicide in Minnesota, contributing to the national figure of 20 veterans dying each day.⁵ Veterans in Minnesota are more likely to commit suicide using a firearm than civilian residents.⁶ Homelessness is another issue that is closely related to the mental health of veterans. Both female and male veterans have a greater likelihood of being homeless. Homeless veterans are three times more likely than their peers to be HIV positive.⁷ Between 2015-2016, Minnesota reported a 46 percent decline in homeless veterans contributing to a national declining trend.³ However, the January 2017 homeless survey in Ramsey County found an increase in homeless veterans including unsheltered individuals.⁸

RISK FACTORS

Veterans have different war time experiences which leads to different risks and conditions. The rates of PTSD are reported to be higher among Vietnam era veterans than for individuals serving in the gulf wars. Veterans who served in-country Vietnam also faced unique environmental exposures like agent orange which has been linked to higher rates of Type II Diabetes and Prostate Cancer.⁹ Gulf War veterans are more likely to have experienced multiple injuries from explosions resulting in disabling injuries or long-term impacts from traumatic brain injuries.¹⁰ National screening on military sexual trauma found that 1 in 4 female veterans and 1 in 100 male veterans were victims of sexual assault while serving in the military. Veterans who are victims of sexual assault in the military may be

Information to note

- Over half of Ramsey County veterans are over age 65 and three quarters are over age 55.
- Ramsey County veterans are more likely to have graduated high school and pursued an associate's degree but less likely to have graduated college or pursued a graduate degree.
- White Bear Lake, Mounds View and Little Canada have the greatest concentration of veterans in Ramsey County. Saint Paul has the largest total number of veterans (11,876).
- The number of sheltered and unsheltered veterans living in Ramsey County increased significantly between 2016 and 2017.

¹ U.S. National Library of Medicine. Veterans and Military Health. <https://medlineplus.gov/veteransandmilitaryhealth.html>. Accessed October 10, 2017

² Ramsey County Veterans Assistance data

³ Minnesota Department of Veterans Affairs. 2016 Annual Report. https://mn.gov/mdva/assets/2016-mdva-annual-report_tcm1066-285140.pdf. Accessed October 9, 2017.

⁴ U.S. Census American Community Survey 2012-2016. <https://factfinder.census.gov/>. Accessed December 29, 2017.

⁵ Suicide Among Veterans and other Americans (2001-2014). U.S. Department of Veterans Affairs. <https://www.mentalhealth.va.gov/docs/2016suicidedatareport.pdf>. Published August 3, 2016. Updated August 2017. Accessed October 9, 2017.

⁶ U.S. Department of Veterans Affairs. Minnesota Veteran Suicide Data Sheet. <https://www.mentalhealth.va.gov/docs/data-sheets/Suicide-Data-Sheet-Minnesota.pdf>. Accessed October 9, 2017.

⁷ U.S. Department of Veterans Affairs. VA Research on Homelessness Fact Sheet. https://www.research.va.gov/pubs/docs/va_factsheets/Homelessness.pdf. Accessed October 9, 2017

⁸ Heading Home Ramsey. Ramsey County Point-in-Time (PIT) Homeless Count, January 2017. <https://drive.google.com/file/d/0B1uxubiRbMOyNHhGNkFTYk5XSTg/view>.

⁹ U.S. Department of Veterans Affairs. VA Research on Vietnam Veterans Fact Sheet. https://www.research.va.gov/pubs/docs/va_factsheets/VietnamVeterans.pdf. Accessed October 9, 2017.

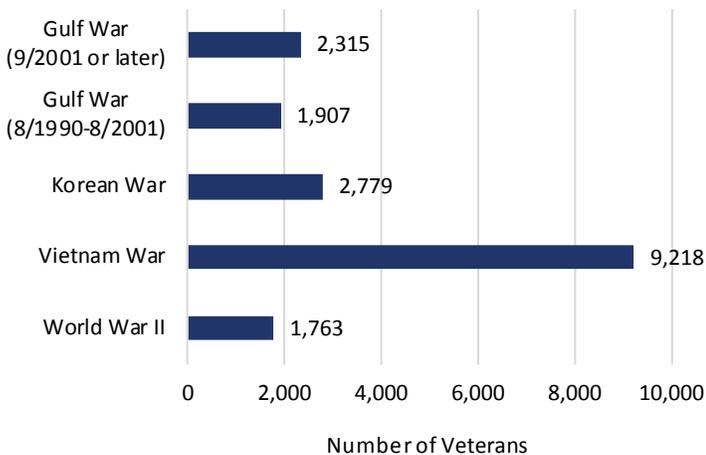
¹⁰ U.S. Department of Veterans Affairs. VA Research on Afghanistan and Iraq Veterans Fact Sheet. https://www.research.va.gov/pubs/docs/va_factsheets/AfghanistanIraqVets.pdf. Accessed October 9, 2017.

eligible for services from the Veterans Administration (VA) Medical Care System even when they are not eligible for other VA services and benefits.¹¹

WHAT RAMSEY COUNTY GOVERNMENT IS DOING

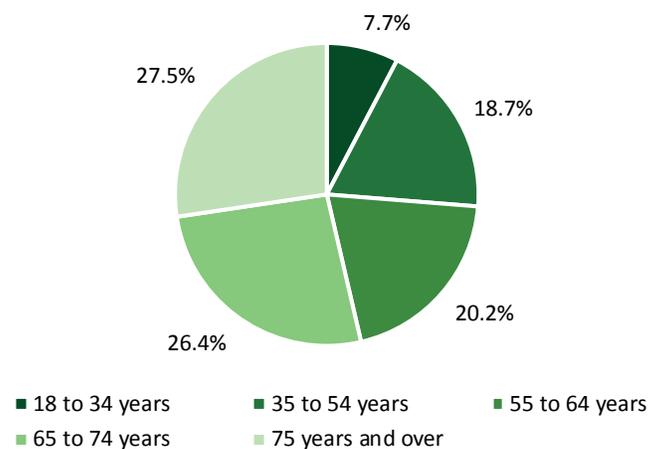
The Ramsey County Veterans Services department is focused on outreach and education with the goal of ensuring veterans are provided with information and assistance to access their earned benefits. These benefits include war era pension and disability benefits, health care, home care, emergency assistance, educational benefits and more. Now as part of the Health and Wellness Service Team (HWST), Veterans Services partners and collaborates with Public Health, Social Services, Financial Assistance Services and all HWST departments to ensure that veterans and their surviving spouses have access to a knowledgeable advocate to assist them with accessing help and support when they need it most. Ramsey County works directly with community partners to build a continuum of facilities, benefit programs and support services for veterans who are homeless or at risk of homelessness.

Period of Service, Ramsey County Veterans



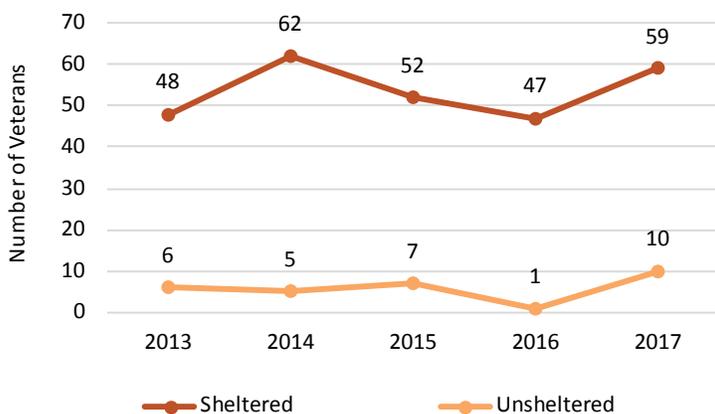
Source: U.S. Census Bureau.¹²

Age of Veterans, Ramsey County, 2016



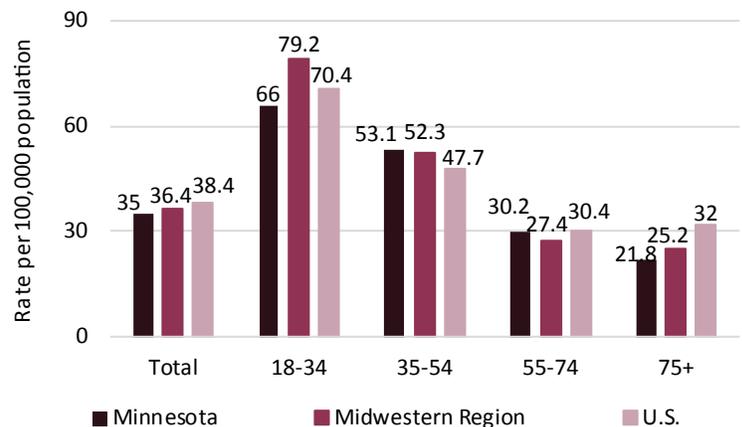
Source: U.S. Census Bureau.¹²

Homeless Veterans, Ramsey County



Source: Ramsey County Point-in-Time (PIT) Homeless Count, January 2017. Heading Home Web Site.

Veteran Suicide Rate by Age Group, 2014



Source: Minnesota Veteran Suicide Data Sheet. Mental Health.Gov¹³

¹¹ U.S. Department of Veterans Affairs. Military Sexual Trauma. <https://www.ptsd.va.gov/public/types/violence/military-sexual-trauma-general.asp>. Accessed October 31, 2017.

¹² Source: 2012-2016 American Community Survey 5-Year Estimates. U.S. Census Bureau Web site. <https://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t>. Accessed December 29, 2017.

¹³ Source: Minnesota Veteran Suicide Data Sheet. Mental Health.Gov Web site. <https://www.mentalhealth.va.gov/docs/data-sheets/Suicide-Data-Sheet-Minnesota.pdf>. Accessed December 29, 2017.

Vulnerable Adults and Adult Protection

DESCRIPTION

A vulnerable adult is any person 18 years of age or older who receives services from a licensed health care facility, or home care or personal care assistance provider in Minnesota, or who requires assistance with his or her own care. Mistreatment of a vulnerable adult can include physical, emotional or sexual, abuse; failure to provide necessary food, shelter, clothing, health care or supervision; and financial exploitation.¹ When a vulnerable adult is first mistreated, they are often unable or unlikely to report it because of a physical or mental limitation.² Repeated abuse or neglect of a vulnerable adult can be indicative of an unsafe living situation, poor caregiver oversight, and/or physical or mental decline of the vulnerable adult and can result in the vulnerable adult being unable to continue to live independently or even death. Minnesota counties receive reports of suspected maltreatment of vulnerable adults from the Minnesota Adult Abuse Reporting Center (MAARC), a statewide common entry point for reports from mandated reporters and the public.

HOW WE ARE DOING

Ramsey County's Social Services Department is the lead investigative agency for all reports alleging a vulnerable adult resident has been maltreated. If the alleged perpetrator is a licensed provider or employee of a facility or service/program the Minnesota Department of Health or Minnesota Department of Human Services will get involved. Reports are investigated, resulting in a determination of substantiated, inconclusive or false report. In 2016, Ramsey County received 3,015 reports of alleged vulnerable adult abuse. Of these, 718 resulted in a county investigation, with nine of those being referred for emergency protective services and may also receive follow-up services e.g., transitional care, assisted living, case management or referrals to community resources. In 2016, 94 percent of vulnerable adults with a substantiated or inconclusive maltreatment allegation did not experience a subsequent allegation within six months; in 2017 this number rose slightly to 94.4 percent.³ In part due to Minnesota mandatory reporting laws of licensed professionals, law enforcement, educators, doctors, nurses and social workers make a report any time they have reason to believe abuse or neglect has occurred,⁴ more reports are received every year than are ultimately determined to warrant an investigation.

BENCHMARK INDICATOR

Minnesota Department of Human Services: Increase the percent of vulnerable adults with a substantiated or inconclusive maltreatment allegation who do not experience a subsequent substantiated or inconclusive maltreatment allegation within six months.⁵

Target: 80 percent (the minimum level of acceptable performance)

95 percent (high performance standard)

RISK FACTORS

People who are socially isolated and those with disabilities are more vulnerable to abuse; nearly half of people with dementia have experienced abuse or neglect. When compared to those adults who have not been mistreated, the elderly who have been abused have a 300 percent higher risk of death. It is estimated that only about 4 percent of all adult

Information to note

- In 2017, 94.4% of vulnerable adults with a substantiated or inconclusive maltreatment allegation in Ramsey County did not experience a subsequent substantiated or inconclusive maltreatment allegation within six months.
- People who are socially isolated or have disabilities are more vulnerable to abuse. It is estimated that only about 4% of all adult abuse cases nationally are ever reported.

¹ Vulnerable adult protection and elder abuse. Minnesota Department of Human Services. <https://mn.gov/dhs/people-we-serve/seniors/services/adult-protection/>. Accessed August 17, 2018.

² Adult Protection. Ramsey County. <https://www.ramseycounty.us/residents/assistance-support/protection-crisis-resources/adult-protection>. Accessed August 8, 2018.

³ Personal communication, Research and Evaluation Unit, Health and Wellness Administrative Division, Ramsey County. August 2018.

⁴ 2017 Minnesota Statutes 626.577 Reporting of Maltreatment of Vulnerable Adults. <https://www.revisor.mn.gov/statutes/cite/626.577>. Accessed August 17, 2018.

⁵ Performance Reports. Minnesota Department of Human Services. https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=DHS-290219. Accessed August 17, 2018.

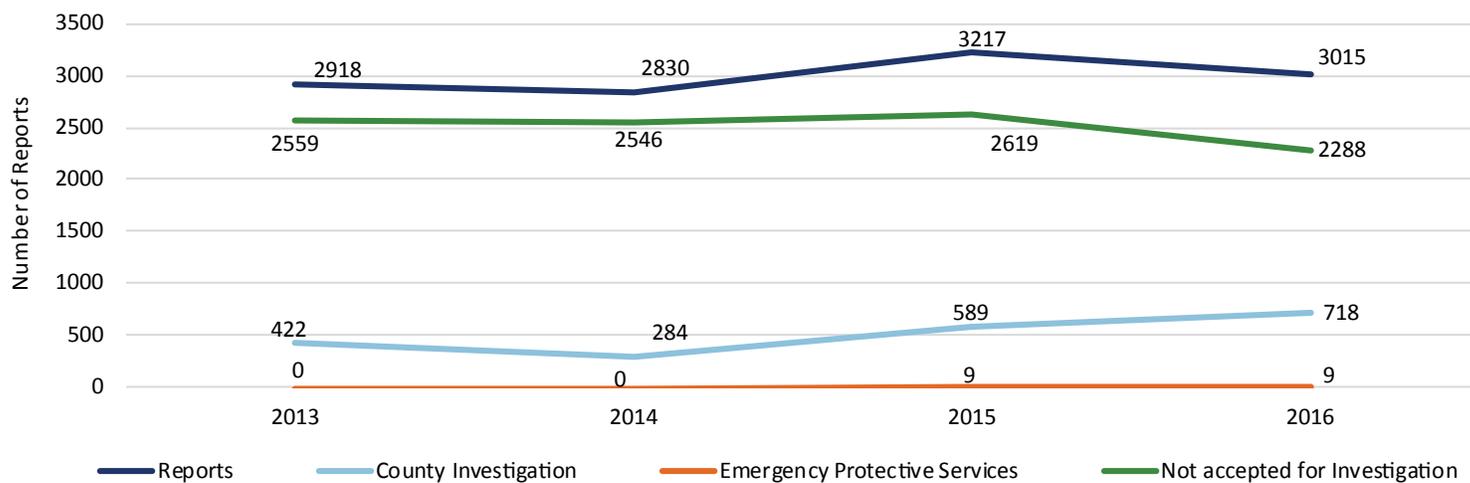
Vulnerable Adults and Adult Protection

abuse cases nationally are ever reported; as most abuse is perpetrated by a family member or caregiver, the victim often feels shame, embarrassment or fear that an investigation will lead to further abuse.⁶ In addition to the caregiver’s inability to manage stress, other risk factors for elder abuse include: depression or other socio-emotional stressors, substance abuse, the intensity and complexity of the elderly person’s illness, a history of domestic violence in the home, and the elder’s own tendency toward verbal or physical aggression.⁷

WHAT RAMSEY COUNTY GOVERNMENT IS DOING

Ramsey County Social Services Department assesses needs and provides emergency and continuing services to safeguard the welfare of vulnerable adults. Examples of adult protection activities include assisting the vulnerable adult with moving, applying for social or financial services or initiating proceedings related to guardianship or conservatorship. Specifically, to address financial abuse and self-neglect, the county provides increased oversight and quality assurance for staff working with vulnerable adults, as well as training about self-neglect.

Adult Protection Reports by Disposition, Ramsey County



Source: Ramsey County Social Services Department.

⁶ Raise Awareness. National Center on Elder Abuse. <https://ncea.acl.gov/makeadifference/raiseawareness-weaad.html>. Accessed August 16, 2018.

⁷ Robinson L, Saisan J, Segal J. Elder abuse and neglect: spotting the warning signs and getting help. HelpGuide.org. 2018. <https://www.helpguide.org/articles/abuse/elder-abuse-and-neglect.htm>. Updated April 2018. Accessed August 8, 2018.