

2022 Region 1 Epidemiological Profile: Mental Health

Problem Statement

Mental health refers to emotional, psychological, and social well-being. Mental health has a critical impact on thoughts, feelings, and actions. Mental health is important throughout the lifespan. Many factors contribute to mental health problems, including: biological factors, such as genes or brain chemistry; life experiences, such as trauma or abuse; & family history of mental health problems. Types of mental health disorders include but are not limited to: depression; anxiety; post-traumatic stress disorder (PTSD); obsessive compulsive disorder; mood and personality disorders; eating disorders; and serious mental illness (SMI). Anxiety and depression are the most reported mental health challenges, while SMI has serious consequences for the lives, livelihood, and wellbeing of individuals and families experiencing it.

Anxiety

Anxiety can be a normal part of life for many people, but anxiety disorders involve more than temporary worry or fear.¹ These symptoms can interfere with the individual's daily life and can impact work, school, and relationships. Anxiety disorders can include panic disorder, phobia-related disorders, social anxiety and generalized anxiety disorder.¹

Depression

Depression is a relatively common but serious mood disorder. It interferes with everyday functioning, and includes symptoms like feeling sad all the time, loss of interest in activities previously enjoyed, sleeping too much or too little, having trouble concentrating, and thinking about suicide or hurting oneself.² Depression is also associated with suicide.

Serious Mental Illness

SMI refers to mental, behavioral, or emotional disorders resulting in serious functional impairment, interfering with major life activities. Examples of SMI include schizophrenia, bipolar disorder, borderline, and major depression.¹ In 2021, 14.2 million adults (5.6%), nationwide had a SMI in the past year.³

A recent national report showed that 41% of adults report anxiety or depression; this is more than double the percentage reported pre-pandemic at 11%.⁴

Magnitude

According to The State of Mental Health in America (2022), Connecticut (CT) was ranked #4, indicating lower prevalence of mental illness and higher rates of access to care, compared to all other states.⁵ The prevalence of adult mental illness is 18.85% and the prevalence of untreated adults with mental illness is 54%. 42,000 youth experienced at least one major depressive episode in the past year (a prevalence of 15.46%), among whom 42.9% reported not receiving mental health treatment.⁵

In terms of calls to 211 (mobile crisis), following a statewide decrease in call for mental health services in 2020, calls began to increase again in 2021 (13,762 calls) and in 2022, (83,611 calls). 17,591 of the 2022 calls were requests for crisis intervention. The most common presenting problems are Harm/Risk of Harm to Self (32.1%), Disruptive Behavior (23.7%), Depression (15%) and Anxiety (8%).⁶ Within SW CT, mental health and addiction services were the second or third most common 211 call.⁷ Calls peaked in January-March of 2022 with over 600 calls in this quarter alone.

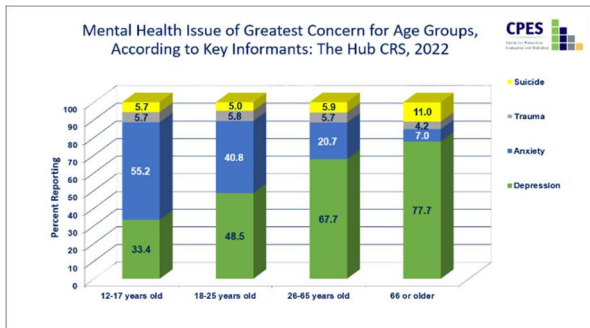
There has been a similar increase in crisis calls to the Kids in Crisis Helpline. Calls increased 19% in 2021 and more youth contacted the helpline on their own. Self-referrals have increased 71% in 2021 compared to the previous year. The most common calls pertain to family conflict followed by mental health. More problems in schools are being reported.⁸ For 211 calls, most children were referred by schools (44.2%), followed by self or family member (39.1%) then emergency departments (8.4%). School referral calls were on a decline in 2020 but have since increased.⁹

In the public section in 2022, 43% of DMHAS treatment admissions were for mental health care in SW CT. This has increased from 2021, when it was 36%. Most individuals receiving treatment were between the ages 35 - 44 (23.4%) followed by those between the ages of 25 - 34 (22.6%). Less than half of individuals admitted for treatment actually completed treatment in 2021-2022.¹⁰

The 2022 Connecticut School Health Survey reported that 29% of high school students said their past 30-day mental health was "not good". This was higher among girls (40.5%) and LGBTQ+ students (54.1%). 36% of high school students reporting feeling sad or hopeless almost every day for 2 weeks or more in the past year.¹¹

In SW CT (Region 1), concern about depression has increased among all age groups. The 2022 Community Readiness Survey (CRS) found that last year depression was highest in ages 66+ (77.7%), followed by ages 26-65 (67.7%) in SW CT.¹²

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Data Source: 2022 Community Readiness Survey (CRS)

According to the 2021 Connecticut BRFSS, 1 in 6 adults in CT reported they a diagnosis of depression. Additionally, depression among young adults 18-34 (19.5%) was higher compared to those 35-54 (12.6%) and 55+ (8.8%).¹³

A 2021 community survey in one lower Fairfield county town, using the PHQ4 screener, found that 34% of adults scored positive for anxiety and 30% scored positive for depression.¹⁴

In 2022, 34% of Greater Bridgeport, 31% of Fairfield, and 28% of Greenwich residents self-reported depression. In Greenwich, 88% of residents reported that they do not receive the emotional and social support that they need.⁷

In 2022 in lower Fairfield County, mental health was consistently the primary or secondary diagnosis in hospital admissions for individuals ages 75+. These numbers were significantly higher than other age groups.⁷

In the Community Wisdom Survey, 50% of Greater Bridgeport respondents reported that the community is struggling with mental health challenges.¹⁵ According to local youth surveys, there are more middle and high-school aged students reporting increased feelings of depression, anxiety and isolation. Most youth are feeling high levels of stress, mainly due to school pressure and high expectations of caregivers. Most youth reported that COVID-19 had a significant impact in their emotional wellbeing. In some towns, girls were reporting feeling more stressed than boys. In some towns, students who were Black, Mixed Race or Hispanic reported higher rates of depression. In all towns that incorporated LGBTQ+ questions, LGBTQ+ students reported significantly more depression and other risk factors compared to non-LGBTQ+ students.¹⁴ In one local

survey, 70% o LGBTQ youth reported depression in 2021.¹⁴

According to local youth surveys, 7-12 graders are bouncing back from the pandemic. Depression rates in these students dropped from 39% in 2021 to 23% in 2022, although local clinicians report that students who are still struggling with depression are experiencing more acute symptoms.¹⁴ In the 2022, the same local youth survey reported that 27% of 7th-12th graders experienced very high levels of anxiety and 35% reported irregular eating behaviors.¹⁴

Risk Factors and Subpopulations at Risk

Risk factors for depression and anxiety include¹:

- Family history of anxiety, or depression, or other mental illness;
- Experiencing traumatic or stressful events;
- Some physical conditions can produce or aggravate anxiety symptoms, and having medical problems such as cancer or chronic pain can lead to depression;
- Substance use such as alcohol or drugs;
- Life stressors such as financial hardship or personal loss;
- Mental illness (including depression, anxiety, and bipolar disorder, among others) is a risk for suicide;
- Co-occurring substance use disorder and/or problem gambling;

Populations at higher risk include:

- Young adults, who report higher rates of depression and serious mental illness.¹¹
- The prevalence of major depressive episodes is higher among adult females than males, and among adults reporting two or more races¹⁰
- The prevalence of any anxiety disorder is higher among females than males.
- LGBTQ+ individuals are more likely than heterosexual individuals to experience a mental health condition. Individuals who are transgender are four times more likely to experience a mental health condition.¹¹
- Most individuals receiving treatment for a mental health condition are Non-Hispanic White Males and a significant amount do not finish treatment.¹⁰
- Rates of depression are higher in marginalized communities; and in Black, Mixed-Race, and

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Hispanic youth.¹⁴

Burden (Consequences)

- Depression is the leading cause of disability in the world;¹
- NAMI estimates that untreated mental illness costs about \$300 billion annually due to loss of productivity, costs due to absenteeism, employee turnover, and increases in mental and disability expenses;¹⁶
- Across the state, 86% of DMHAS funded and operated mental health beds went to acute psychiatric cases.¹⁷
- 1 in 8 emergency department visits involves a mental health or substance use condition.¹⁶
- Emotional neglect was the second most common DCF call in September - October, 2021. Most reports came from schools, police and mental health professionals.¹⁸
- There has been an increase in children emergency department visits for active suicidal ideation and eating disorders. It has been reported that there is limited psychiatric bed capacity and long waitlists for referrals to inpatient or community-based care.¹⁹
- In Greenwich, most mental health visits are due to anxiety (11.9%) and depressive disorders (9.2%). In Greater Norwalk, mental disorders were the most prevalent behavioral health condition for all age groups.⁷
- Most mobile crisis episodes of care were female (53%). Most children served were between the ages of 13 - 15 (36.7%) and 9 - 12(29.8%).⁹

According to The Hub’s key informant focus groups, the COVID-19 pandemic has had a significant impact in exacerbating mental health symptoms. There are more reports of depression, anxiety, attention-deficit hyperactive disorder, eating disorders and hoarding disorders in SW CT.²⁰

Capacity and System Strengths

2022 Community Readiness Survey (CRS): Mean Stage of Readiness for Mental Health Promotion¹²

	CT	Region 1	Region 2	Region 3	Region 4	Region 5
2020	4.88	4.86	5.00	4.71	4.89	4.88
2022	4.98	5.36	5.11	4.54	4.91	4.79

The 2022 CRS found that SW CT (Region 1) had the highest mean average of community readiness in mental health promotion (5.36) compared to other regions as well as the state average.¹²

For emergency and inpatient services, SW CT is served by six hospitals offering mental health services (including Silver Hill Hospital, a psychiatric hospital); DMHAS, which operates facilities in Bridgeport and Stamford to serve low-income individuals with SMI and contracts with local nonprofit agencies.

In terms of outpatient services, SW CT has an abundance of nonprofit offices serving adults and youth with mental illness; 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. To expand services to teens, three providers opened new adolescent IOPs during 2022 and into 2023.

Several school districts have contracted with Kids in Crisis to embed Teen Talk counselors (6 high schools and 4 middle schools in SW CT, as well as an office at the Stamford Boys & Girls Club). Kids in Crisis’ SafeHaven is a co-ed shelter for ages 18 and under in Fairfield County. The amount of individuals served has significantly increased in 2022 compared to previous years.¹⁹ Numerous schools districts within SW CT have implemented strategies such as Social Emotional Learning curriculum, in-school support and alternative programming to support students with behavioral health needs. In SW CT Newport Academy and Turnbridge provide therapeutic alternative school programs for those with behavioral health disorders.

The Lighthouse Program serves the LGBTQ+ community and provides peer-to-peer social support groups for LGBTQ+ identifying youth and allies. In 2021-22, Kids in Crisis assisted 1,160 students in receiving individual counseling across all schools and clubs via Teen and Kid Talk. 291 students received group counseling and 132 Risk Assessments were provided.⁸

Recovery Network of Programs continues to expand the community response initiative by embedding social workers in police departments in Stamford, Norwalk and Stratford. As a result, there has been an overall reduction of mental health calls coming into 911 dispatch by approximately 30% in the first two years.

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There are many free behavioral health support groups available throughout the region. Two new Alternatives to Suicide support groups opened in the region in 2022, one online and one in-person. A comprehensive list of free peer support groups within SW CT can be found on The Hub's website.

According to The Hub's key informant focus groups, Peer-support specialists are a strength in the region for prevention, treatment, and recovery services, and are an integral part in assisting individuals to navigating the mental health system. According to many local youth surveys, most youth feel they can speak to an adult, especially their parents and parents report caring deeply about the wellbeing of their children.²⁰

Other efforts such as collaborations with Community Health Improvement Plans, Local Prevention Councils, and Catchment Area Councils assist with increased regional community awareness of mental health. Ongoing trainings such as Mental Health First Aid and Question, Persuade, Refer as well as participation in events for awareness months and National Prevention Week have assisted in the visibility and promotion of resources available.

Footnote Key:

¹ National Institute on Mental Health, 2022

² Center for Disease Control and Prevention, Depression and Anxiety, 2022

³ National Survey on Drug Use and Health (NSDUH), 2021

⁴ American Psychological Association (APA), 2022

⁵ The State of Mental Health in America, 2022

⁶ 211 Count Tracker, 2022

⁷ Community Health Needs Assessment, 2022

⁸ [Kids in Crisis](#), 2022

⁹ Child Health in Development Institute (CHDI) Mobile Crisis Reports, 2021

¹⁰ DMHAS Treatment Admissions, 2022

¹¹ Connecticut School Health Survey, 2022

¹² Community Readiness Survey, 2022

¹³ CDC, Behavioral Risk Factor Surveillance System, 2022

¹⁴ Local Youth Survey Data, 2020-2021

¹⁵ Community Wisdom Survey, 2021

¹⁶ NAMI, 2022

¹⁷ DMHAS Statistical Report, 2021

¹⁸ Department of Children and Families Bridgeport LIST, 2021

¹⁹ CT Mirror, 2021

²⁰ The Hub's Stakeholder Focus Group, 2022