

Health Indicator Profile: **Poor Mental Health Days**



Poor mental health days measures the number of self-reported “not good” mental health days in the past 30 days. The measure is designed to assess health-related quality of life and is used by the CDC’s Behavioral Risk Factor Surveillance System (BRFSS) and County Health Rankings to describe the burden of disease in a population.

Findings from the 2022 Santa Barbara County CHNA

Measure: Poor Mental Health Days

The prevalence of poor mental health quality of life is measured by asking respondents about the number of days in the past 30 days that their mental health was not good. Those that report 15 or more days were classified as having poor mental health quality of life.

POOR MENTAL HEALTH DAYS

Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?



Table 1. Percentage of Adults with 15+ Poor Mental Health Days in the Last 30 Days by Demographics

	2016 Santa Barbara CHNA	2019 Santa Barbara CHNA	2022 Santa Barbara CHNA	2021 California BRFSS
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Overall	9.3 (7.4, 11.2)	12.3 (9.2, 15.5)	20.6 (16.8, 24.4)	13.5 (12.3, 14.6)
Male	6.5 (4.1, 9.0)	9.9 (5.8, 14.1)	17.0 (11.6, 22.5)	11.2 (9.8, 12.6)
Female	11.9 (9.0, 14.8)	14.6 (9.9, 19.4)	23.5 (18.3, 28.6)	15.6 (13.9, 17.4)
Hispanic	NA*	9.8 (5.1, 14.5)	24.2 (16.8, 31.7)	11.7 (10, 13.4)
Non-Hispanic White	NA*	14.1 (9.4, 18.7)	14.4 (10.7, 18.1)	14.1 (12.4, 15.8)
Other	NA*	15.3 (4.2, 26.4)	30.8 (19.3, 42.3)	14.8 (12.1, 17.6)
Age 18-44	9.6 (6.4, 12.8)	15.0 (9.7, 20.4)	26.8 (21.0, 33.5)	16.0 (14.2, 17.8)
Age 45-64	11.5 (8.3, 14.8)	11.1 (6.5, 15.6)	19.9 (13.4, 26.5)	12.2 (10.4, 14)
Age 65+	5.1 (3.2, 7.0)	6.8 (3.0, 10.5)	11.2 (6.0, 16.3)	9.3 (7.1, 11.5)
< High School	11.9 (6.4, 17.5)	13.0 (3.9, 22.0)	19.4 (6.6, 32.3)	9.6 (7.4, 11.7)
High School Grad	8.7 (5.1, 12.3)	12.6 (4.5, 20.6)	20.2 (9.8, 30.7)	15.6 (13.1, 18.2)
Some College	11.3 (7.7, 15.0)	15.4 (9.6, 21.1)	29.8 (22.1, 37.4)	16.5 (14.1, 19)
College Grad	5.4 (2.9, 7.9)	8.3 (4.4, 12.3)	13.7 (9.8, 17.7)	10.9 (9.3, 12.5)
<\$35,000	12.6 (9.0, 16.1)	18.4 (12.0, 24.7)	31.3 (21.5, 41.3)	16.4 (14.3, 18.4)
\$35,000-\$74,999	10.0 (5.7, 14.5)	11.6 (4.9, 18.3)	17.4 (10.2, 24.6)	12.3 (9.8, 14.9)
\$75,000 or greater	5.5 (2.4, 8.7)	6.1 (2.4, 9.8)	17.9 (13.2, 22.6)	11.4 (9.5, 13.3)

*Do not have percent or confidence interval.

Health Disparities

Santa Barbara County (SBC) saw an overall statistically significant increase of 8.3% since 2019 and 11.3% since 2016 in those reporting 15 or more poor mental health days in the past 30 days. Steady increases were seen across all demographic groups, with the exception of non-Hispanic Whites showing little change from 2019 (14.1% to 14.4%). Overall, Santa Barbara County was also significantly higher than California (20.6 vs 13.5%). Comparing 2022 Santa Barbara subgroup estimates to both 2019 SBC and 2021 California BRFSS estimates, several statistically significant differences were observed. Within the county, significant increases were observed for Hispanics, those age 18-44, those with some college, and those with household incomes \$75K or above (Figure 2). Santa Barbara County subgroups that were significantly higher than the California 2021 BRFSS subgroup estimates include females, those racially and ethnically categorized as “other,” those age 18-44 years old, those with some college education, and those with household incomes less than \$35K.

Most impacted demographic subgroups include those with yearly household incomes less than \$35,000, those with some college, those age 18 to 44, those other than non-Hispanic white, and females.

Figure 1. 2022 Percent Reporting 15+ Poor Mental Health Days in the Past 30 Days by Demographic Group

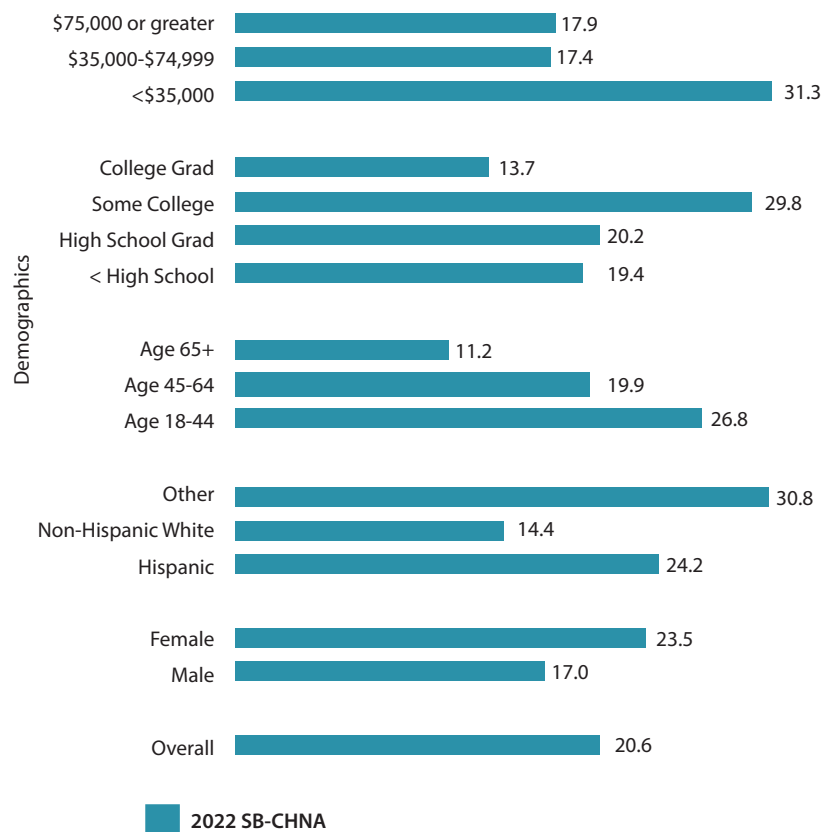
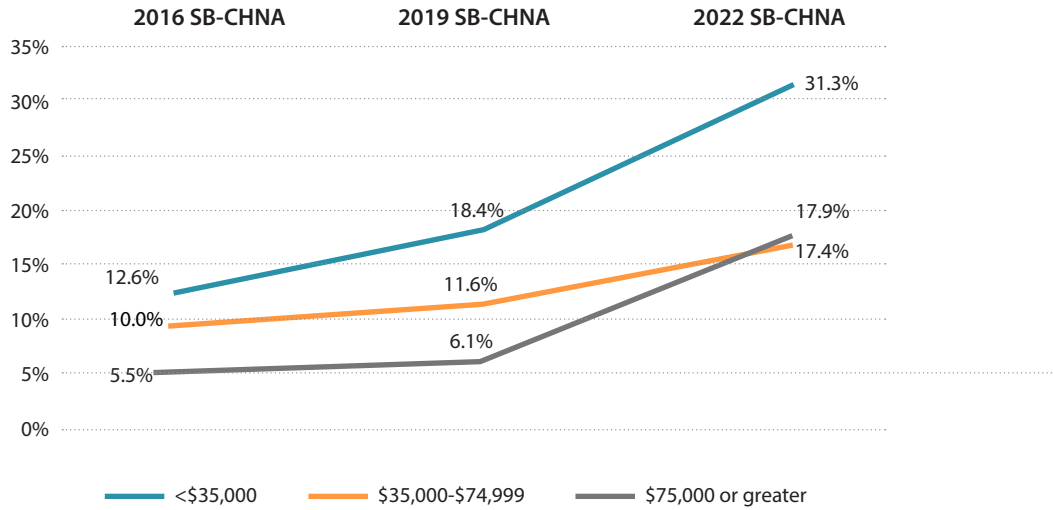


Figure 2. Percentage of Adults Reporting 15+ Poor Mental Health Days by Income in 2016, 2019, and 2022



Factors and Health Outcomes Associated with Frequent Poor Mental Health Days

While controlling for demographics, the odds of reporting 15 or more poor mental health days was increased 85-fold for those reporting Serious Mental Illness and 4 to 6-fold for those reporting poor or fair health, no healthcare provider, or being a current smoker. Those reporting no dental health care in the past year, physical inactivity, or being uninsured had a decreased odds of reporting 15 or greater poor mental health in the past 30 days.

Figure 3. Percentage of Adults Reporting 15+ Poor Mental Health Days by Significant Related Factors

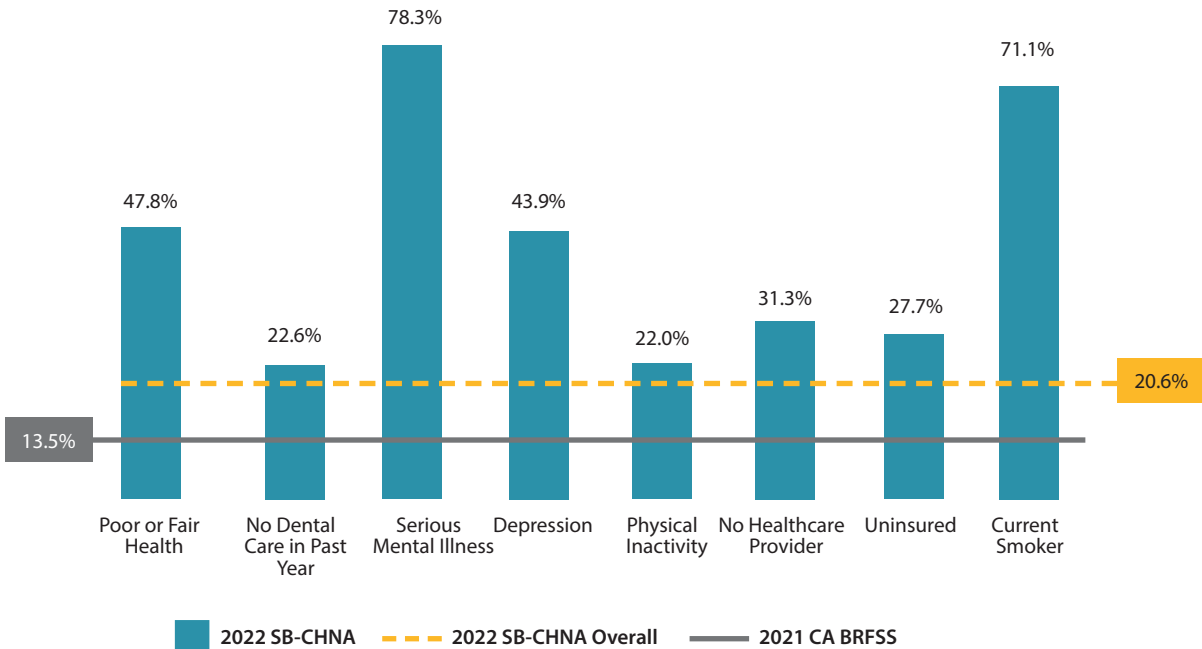


Table 2. Odds Ratio Estimates for Poor Mental Health Days by Significant Related Factors

Significant Related Factor	Point Estimate	95% Confidence Limits	
Poor or Fair Health	5.5	2.3	13.3
No Dental Care in Past Year	0.4	0.2	0.9
Serious Mental Illness	85.0	27.0	267.8
Depression	4.1	1.9	9.0
Physical Inactivity	0.2	0.0	0.8
No Healthcare Provider	5.7	2.2	14.6
Uninsured	0.1	0.0	0.6
Current smoker	6.2	1.2	30.2

NOTE: The degrees of freedom in computing the confidence limits is 1277.

Findings from the 2022 Santa Barbara County Listening Tour

Through the 2022 Listening Tour, service providers, students, and experts shared various examples of how mental health can affect one's day to day life. Struggling to find support, suffering from individual mental health issues, and the heightened effects of the pandemic all contribute to people experiencing poor mental health.

Mental Health Issues Magnified By The Pandemic

Even for individuals who suffered from mental health needs, such as depression, prior to the pandemic, many felt that their mental health worsened due to the pandemic. Furthermore, individuals would experience multiple days in which their mental health affected their wellbeing.

I know families where at first the young people had depression, suffering from depression. But it was a depression where they could go to school, they could bear going to school, they could live their day to day lives despite that sadness, that anguish. But after the pandemic came, this got worse. – Parent

I'm not aware of sufficient resources around assisting our youth in processing the trauma from losing family members because of COVID or even the trauma of economic instability due to COVID. Those whose parents lost their jobs, or you know, who's parents passed away, or who's grandparents passed away. All those I think that, I'm hearing like, "oh I wish blah blah blah," you know, "I'm really down today and this is why." And I just wondered if we're not gonna be, if we're going to see the consequences of us not investing more into the mental illness of our youth during this time for the trauma experienced by them due to covid. – Community Leader

Support For Mental Health Needs

Whether or not an individual feels heard and supported greatly impacts their wellbeing when experiencing poor mental health days. Students emphasize the importance of school faculty being sympathetic and attentive to their struggles.

If I had a problem, I would never think to like, at school, I would never trust anyone at school. Because I personally, one time I was crying at school, and then someone that worked there told me to sit in the bathroom alone, like the whole class period. And I just like, could not believe that happened. Because I knew I was okay. And I was just having a bad day or whatever, like I was fine. But if someone wasn't fine, and that could have been like, it for them. And I just like, couldn't believe that was happening. And it's just like, why are you in teaching at a high school, if you have an opportunity to help someone you don't? It just feels like there's a big disconnect between the point of being a teacher and like working with kids, that you're supposed to actually like change their lives and help them. – South-County Student

And actually it happened a few times, I was just having a pretty... just a bad day. And I'm pretty talkative in class and I participate a lot. And he [the teacher] just like could tell I was just not having a good day. Just kind of in the back of class. And then he like came up to me after and told me to wait after class, and he just checked in on me. And so I was just able to talk to him about what was going on. Luckily, there wasn't anything too serious, but just was there to vent, and he was just there to listen. So I really appreciated that. And I think teachers being that attentive, and being able to outreach to those students is just what was really important, and what I really appreciated. – Students

And with my co-workers sometimes we have bad days too. And we talk and I like that. – Hospital Services Worker

Conclusion

Poor mental health days must be addressed by acknowledging how COVID-19 heightened pre-existing mental health issues and created new traumas and by enacting policies and programs that actively connect individuals with support systems. The most successful programs should address youth by increasing the availability of mental health resources, training faculty to properly respond to issues during school, and investing in new programs that address the various traumas youth have experienced due to the pandemic.