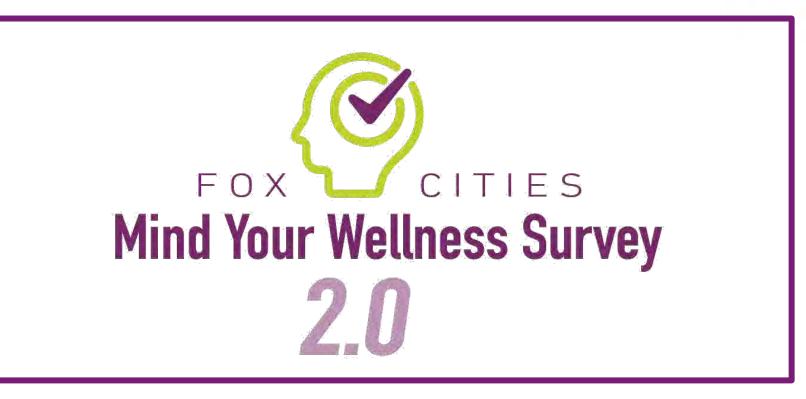
Data Supplement

Mind Your Wellness Survey 2.0









July 2024-August 2025 655 Respondents









A note about this slide deck...

This information is exactly the same as the data that is in the larger slide deck.

This deck is organized with the odds ratio statements about the data separated from the proportions shown on the graphs.

Both ways of expressing the data are accurate and valid.

Please reach out if you have questions about the data. If I am unable to answer those questions, I will put you in contact with our academic partner, Dr. Sara Kohlbeck who analyzed and created the data that follows.

- Sarah Bassing Sutton



Data expressed in Odds Ratios



A note from our academic partner from the Medical College of Wisconsin, Dr. Sara Kohlbeck:

- An odds ratio is a way to compare the likelihood of something happening in one group versus another.
- It's often used in health research to see if an exposure (like smoking) is linked to an outcome (like lung cancer).
- In our survey, we used odds ratios to determine if certain groups (for example, BIPOC survey respondents) have higher odds (or are more likely) to have certain outcomes (like symptoms anxiety or depression) than other groups.
- Odds are kind of like chances if two people out of ten get sick, the odds are 2 to 8 (or 1 to 4).

For our survey, we calculated odds ratios using STATA statistical software. We report odds ratios only if they are statistically significant – significance is achieved with a p-value < 0.05.









Data expressed in Odds Ratios



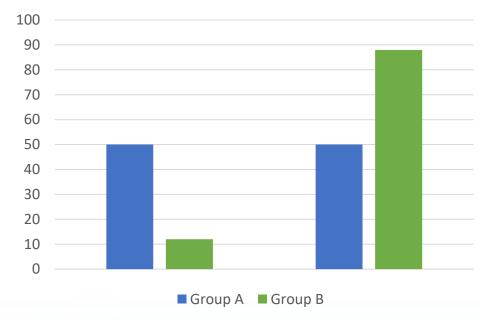
The proportions (shown on the graphs) and the odds ratios are different:

- Proportions measure "how many out of the total?"
- Odds ratios measure "how much more likely compared to another group?"

Proportions and odds ratios are two different ways to look at the same data.

Odds ratio example: Group B individuals are more than 5 times more likely to experience symptoms of influenza than Group A individuals.

Symptoms of Influenza











Demographic Overview by Percent



		MYWS 1.0 2021-2022	Tri-C	ounty 2.0	MYWS 2.0 2024-2025
Gender	Female identifying	67.7%	49.9%	49%	73.4%
	Male identifying	27.2%	51.1%	50%	19.9%
	Non binary	2.1%			2.0%
Sexual Orientation	LGBTQ+	33%	5%	5%	27%
	Straight	61.1%	95%	95%	73%
Race	Black	4.3%	2.5%	2%	3%
	Native American	1.5%	1.4%	1%	1%
	AAPI	1.9%	3.7%	3%	3%
	Multi-racial	3.1%		2.1%	2.7%
	White	87%	92.4%	92.5%	88%
Ethnicity	Hispanic	5.8%	4.6%	4%	3%









Additional Demographic and New Data



- Less than 1% respondents members of deaf community
- 18% of respondents identified having a disability
- 4% of respondents identified as first generation immigrants
- 1.3% identified as refugee
- 35% have experienced a suicide loss
 - 10% less than a year ago
 - 35% 1-5 years ago
 - 55% more than 5years ago

"Do you identify as a person with a disability, whether or not that disability is diagnosed?"

Demographics

- Veteran Status
- Income level
- Employment Status
- County of Residence
- Age of Respondents











Data expressed in Proportions

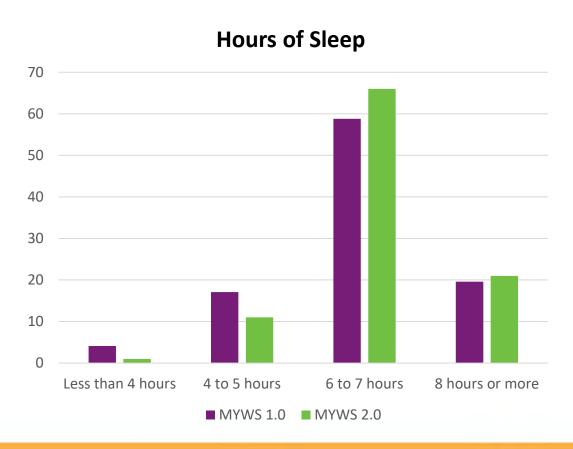
"How many out of the total?"

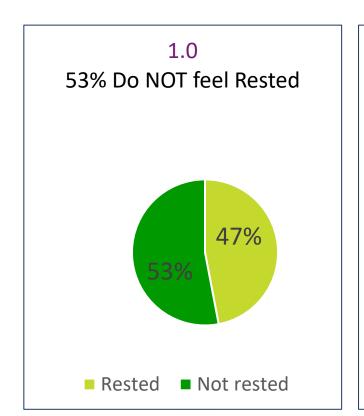
Lifestyle Factors

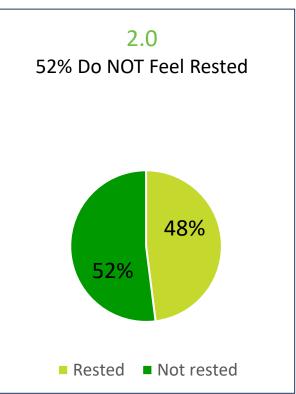


Overall people are getting more sleep but still not feeling rested

Not feeling rested/inadequate sleep is correlated with poor physical and mental health outcomes and lower productivity











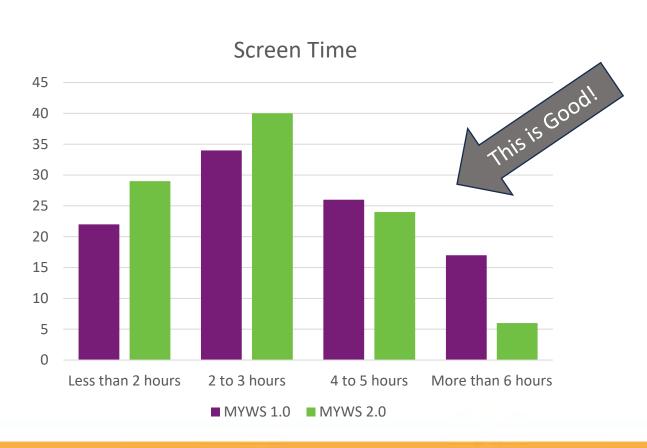




Screen Time



Recommendations Report Goal: Less than 4hours of screen time per day outside of school and work



Majority of folks are reporting 3 hours or less of screen time/day.

Those age 18-24 are reporting more than 4+ hours of screen time.

Those age 18-24 have significantly higher symptoms of anxiety and depression than other age groups except those 25-34







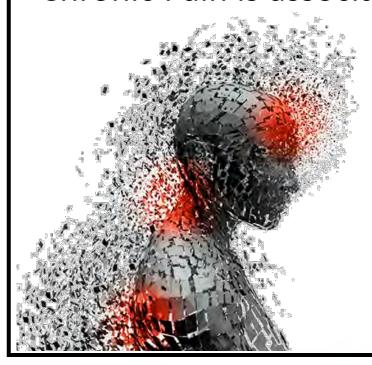


Chronic Pain



1 in 3 respondents report living with Chronic Pain.

Chronic Pain is associated with:



- Isolation
- Disproportionately effects
 LGBTQ+ community members
- Depression
- Risk for suicide





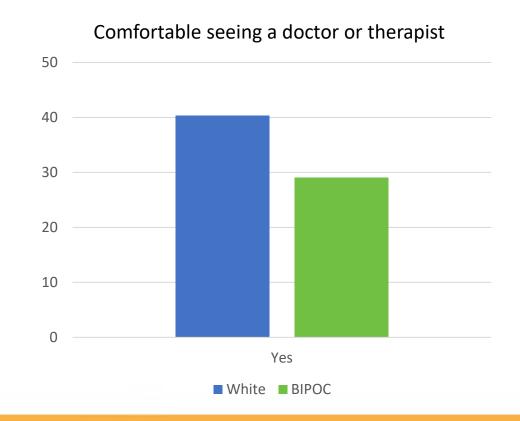


Help Seeking Behavior



40% of community members or fewer are comfortable seeking help from a doctor or therapist for mental health/stress.

- Supports the need for alternative sources to seek help like peer support and community health workers and continued effort to diversify the mental health workforce.
- 59% of BIPOC respondents would definitely feel more comfortable if they felt like the doctor/therapist respected their culture or beliefs



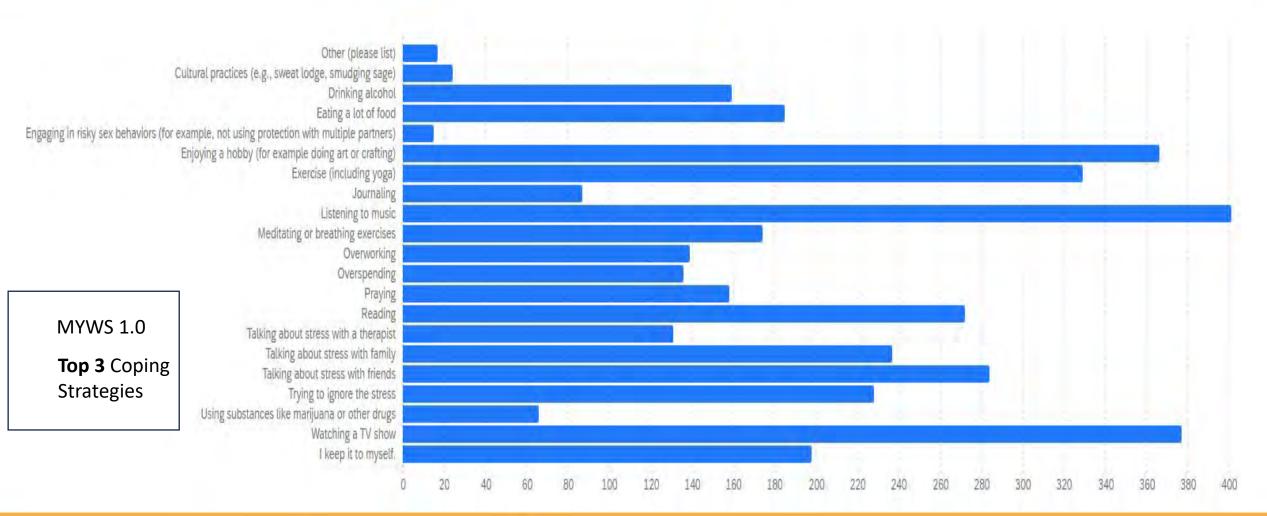






MYWS 2.0 Coping Strategies









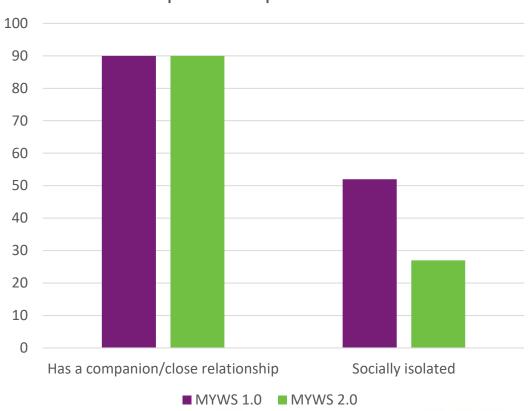




Companionship and Isolation







NOTE:

- Question changed from 1.0 to 2.0
 - 1.0 we used always, sometimes, seldom, and never.
 - 2.0 we used yes/no
- The switch was a suggestion from the community.





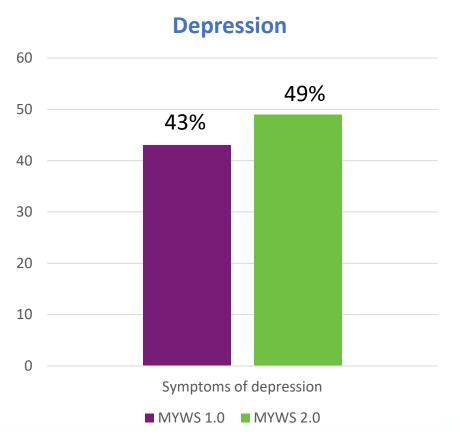


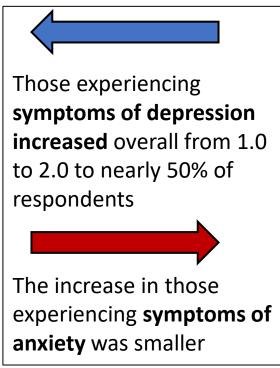


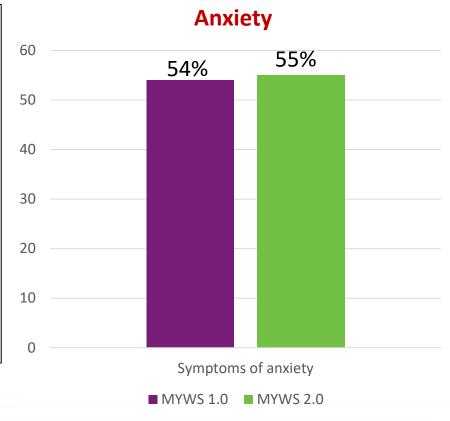
Mental health challenges



More respondents are experiencing symptoms of **ANXIETY** than symptoms of **DEPRESSION**.













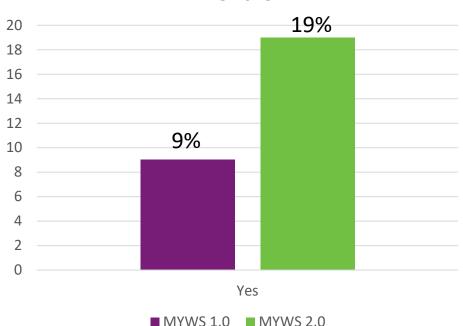


Suicidal thoughts and plans



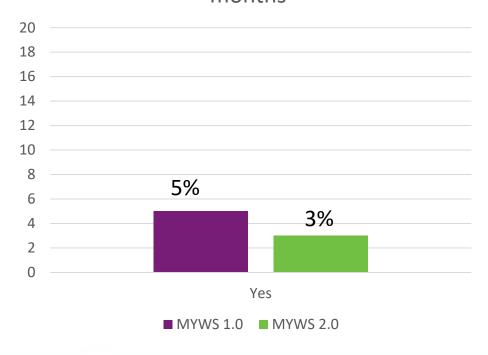
Thoughts of suicide more than doubled

Thoughts of suicide in past 12 months



Fewer people make a plan for suicide

Made a plan for suicide in past 12 months











Self Injury and suicide attempt













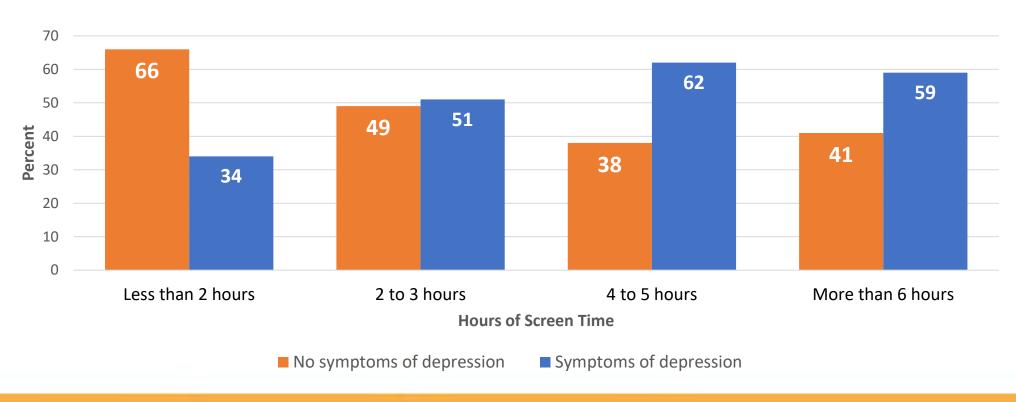




Depression and Screen time



Percent symptoms of Depression by screen time







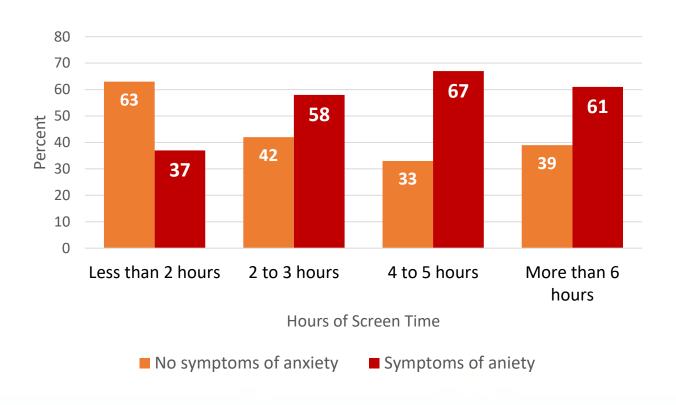




Anxiety and Screen time



Percent symptoms of Anxiety by Screen Time



Overall, the impact of screen time on mental health is clear.

NOTE:

More than <u>2 hours of screen time</u> significantly increases <u>symptoms of anxiety</u>

More than <u>4 hours of screen time</u> significantly increases <u>symptoms of depression</u>





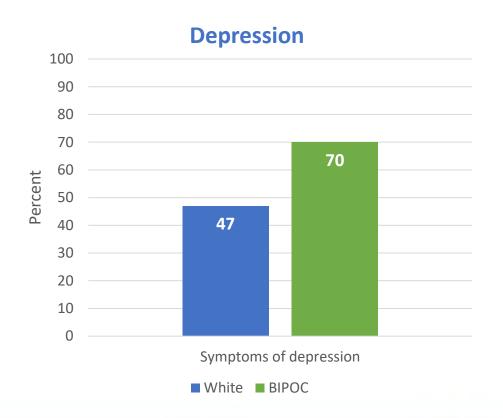




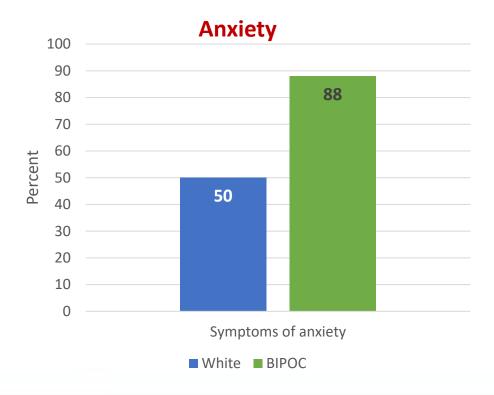
Depression, Anxiety and Race



Percent symptoms of Depression by Race



Percent symptoms of Anxiety by Race







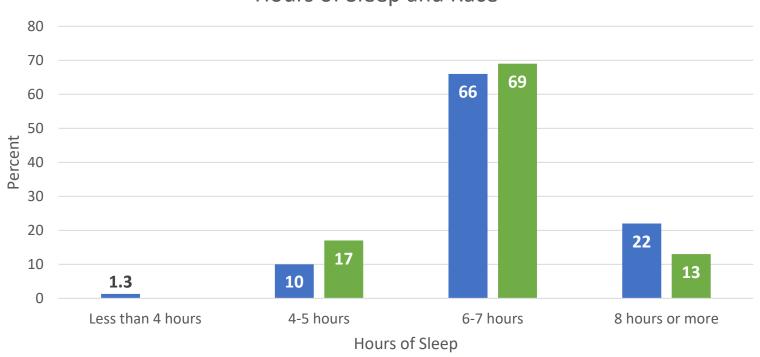




Sleep and Race



Hours of Sleep and Race



■ White ■ BIPOC

MYWS 2.0 data was too small of a sample for RACE for self-harm or suicide attempt to Compare 1.0 and 2.0





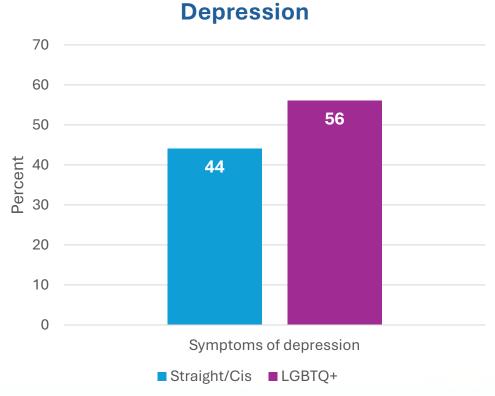




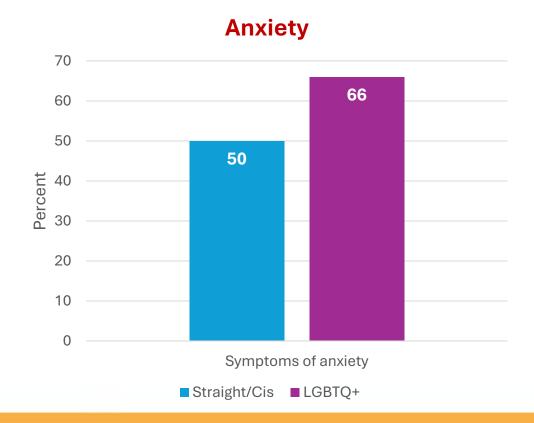
Depression, Anxiety and LGBTQ+



Percent symptoms of depression by gender/sexual orientation



Percent symptoms of anxiety by gender/sexual orientation











Suicide Loss and LGBTQ+



Experienced at least one suicide loss







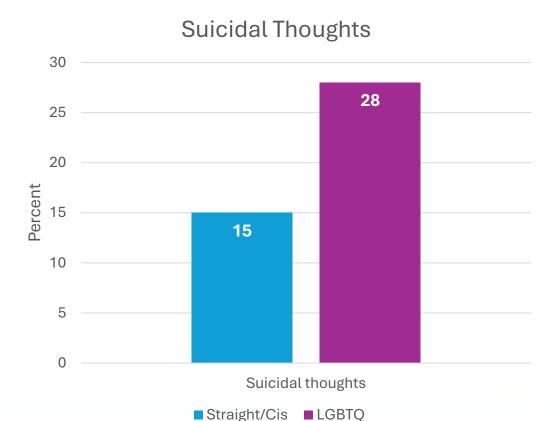




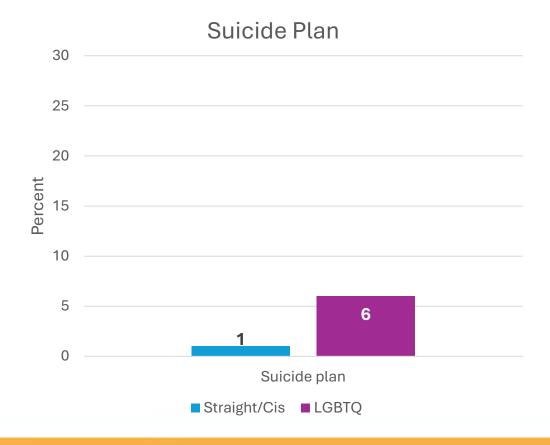
LGBTQ+ and Suicide



Thoughts of Suicide by Gender/Sexual Orientation



Suicide Plan by Gender/Sexual Orientation







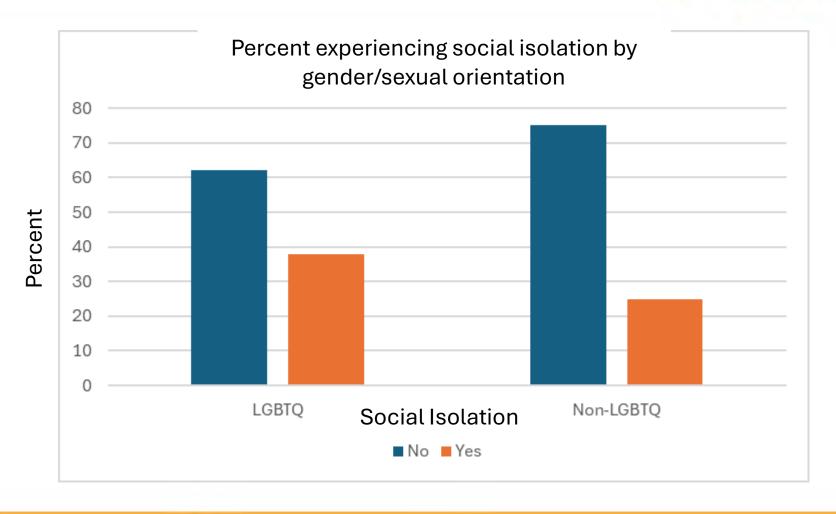


Project ZERO



Social isolation and LGBTQ+

















Data expressed in Odds Ratio

"How much more likely compared to another group?"

Isolation



When compared with those who are not socially isolated, **people who are isolated** are:

- Significantly more likely to earn less income (less than \$50,000 per year)
- 4 times more likely to report symptoms of anxiety
- 4.5 times more likely to report symptoms of depression
- Almost twice as likely to report experiencing chronic pain
- About 60% less likely to feel rested when waking up









Screen Time



- People who have 4 to 5 hours of screen time are 60% more likely to experience symptoms of depression than people who have 2 to 3 hours of screen time
- People with less than 2 hours of screen time every day are 60% less likely to experience anxiety than people who have 2 to 3 hours of screen time daily.









Disparities by Race



 BIPOC individuals are more than twice as likely to experience symptoms of depression than White individuals

 BIPOC individuals are more than 5 times more likely to experience symptoms of anxiety than White individuals

 BIPOC individuals are more than twice as likely to get inadequate sleep as White individuals.











Disparities by Gender and Sexual Orientation



- LGBTQ+ individuals have 1.48 higher odd of experience symptoms of depression than straight/cis individuals
- LGBTQ+ individuals have 1.93 higher odds of experiencing symptoms of anxiety than straight/cis individuals
- LGBTQ+ folks are **almost 90% more likely** to have experienced a suicide loss than non-LGBTQ+ folks
- LGBTQ+ folks are **twice as likely to report thoughts of suicide** in the past 12 months as non-LGBTQ+ folks
- LGBTQ+ are more than four times as likely to report having a plan for suicide in the past 12 months than non-LGBTQ+ folks
- LGBTQ+ community members are **72% more likely** than Straight/cis community members to report social isolation











Income and Health Disparity



When compared with middle income earners, **people in the low-income category** (annual household income of \$52,200 or less) are:

- o 56% more likely to report symptoms of anxiety
- o 60% more likely to report symptoms of depression
- Twice as likely to report experiencing chronic pain
- o 45% less likely to feel rested when waking up
- 45% less likely to get sufficient sleep (6 hours or more)
- o 61% more likely to be in treatment for a mental health issue









Please call or email with questions:

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