

Children's Mental Health



Children's Caucus – November 16, 2021

Agenda

- OCMH – About Us
- How Are Wisconsin Kids Doing?
- Impact of Pandemic
- Barriers to Treatment
- Listening to Youth
- School Mental Health
- American Rescue Plan Act
- What the Legislature Can Do

OCMH – About Us

Our Vision

Wisconsin's children are safe, nurtured and supported to achieve their optimal mental health and well-being. Systems are family-friendly, easy to navigate, equitable, and inclusive of all people.

Our Values

- Collaborative across systems
- Data driven
- Family and youth guided
- Promote inclusivity and equity among all stakeholders



Children's Mental Health Collective Impact

- Advisory Council
- Collective Impact Council
- Collective Impact Teams
 - Access
 - Infant/ Toddler
 - Resiliency
 - Trauma-Informed Care



Annual Report

2020 Annual Report



Legislative virtual
briefing on
2021 Annual Report
scheduled for
January 11, 2022



Resources - Fact Sheets

SUPPORTING CHILD WELL-BEING THROUGH
PRIORITIZING CHILDREN'S MENTAL HEALTH

WISCONSIN OFFICE OF CHILDREN'S MENTAL HEALTH
MAY 2022

WHY THIS MATTERS

Children who are collectively nurtured and supported by systems, communities, and families are best able to reach their highest potential mentally, socially, and emotionally as they grow into adulthood. Too often, Wisconsin's youth struggle with issues such as anxiety, depression, trauma, suicide, and difficulties obtaining timely and appropriate care.

Protecting a child's mental well-being across their lifespan requires a coordinated effort. Together with systems, providers, and families we can work to address root causes of poor mental health outcomes, and advocate for policy change.

WHAT THE RESEARCH SAYS

For the majority of children, mental and emotional functioning is predominantly shaped by the social, economic, and environmental factors in which they are born into, live, and grow.¹² Policies that have a universal approach and address social determinants of health can provide all children with equitable opportunities to flourish.¹⁴

SOCIAL DETERMINANTS DRIVE SOME OF THE BEST, AND WORST, HEALTH OUTCOMES

WHAT'S HAPPENING IN WISCONSIN?

Almost half of high school students in Wisconsin are feeling anxious.

Anxiety disorders are the most common mental health disorder, with some types starting as young as age 7.¹⁵ Unfortunately, most children experiencing anxiety never get the help they need and may go untreated for many years. This lack of timely care can lead to or worsen the symptoms of depression, conduct disorders, and substance use.¹⁶

11 Median number of years a child experiences symptoms of emotional distress before receiving treatment.

A parent's perceptions about mental health care and availability of parent and school administered screening tools highly predict whether a child receives initial treatment.¹⁷

PERCENTAGE OF STUDENTS REPORTING ANXIETY, DEPRESSION

Condition	Percentage
Anxiety	40%
Depression	27%
Depression	23%

Wisconsin Office of Children's Mental Health
continued

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SUPPORTING CHILD WELL-BEING THROUGH
PRIORITIZING CHILDREN'S MENTAL HEALTH

WISCONSIN OFFICE OF CHILDREN'S MENTAL HEALTH
MAY 2022

DISPARITIES IN MENTAL HEALTH CARE

Minorities are more likely to delay or stop treatment as a result of geographic or insurance barriers and less likely to receive culturally appropriate treatment.¹⁸

SYMPTOMS OF ANXIETY

There are many types of anxiety disorders, and sometimes the symptoms are easy to miss. Some signs that a child may be struggling with may include:¹⁹

- Avoiding situations and people that are perceived as triggering
- Being a perfectionist, having to have things in a certain order
- Worrying about things that are unlikely to happen
- Being overly shy and nervous in situations
- Low self-esteem and loss of confidence
- Having nightmares or trouble falling asleep at school

WHAT WE CAN DO

PARENTS:

- Reach out for help as soon as you recognize that your child may be struggling.
- Challenge stigma by considering how you view mental health and by talking to friends and family about mental wellness.
- Access community resources available through:
 - 211 Wisconsin | www.211.org
 - Well Badger Resource Center | www.wellbadger.org
 - Wisconsin Community Program, Social Service, and Human Service Agencies

EDUCATIONAL & MENTAL HEALTH PROFESSIONALS:

- Reduce service disparities by recognizing implicit biases and practicing cultural humility.
- Employ avoidance based treatment modalities to help children become more resilient.

POLICYMAKERS:

- Ensure that policies consider the significant impact social determinants of health have on mental well-being.
- Increase access to treatment by supporting school-based mental health.

WHAT WORKS TO REDUCE DISPARITIES AND IMPROVE MENTAL HEALTH OUTCOMES?

- Increasing the cultural and linguistic competence of the mental health workforce.
- Integrating behavioral health care with pediatricians.
- Adhering to treatment by decreasing stigma and fear of medication.^{20,21}
- Involving people who have lived experience with children's mental health in the program and policy decision-making process.

REFERENCES

¹²World Health Organization and Institute of Medicine. *Social determinants of mental health: Summary Report*. Washington, DC: 2014.

¹³World Health Organization. *World Mental Health Report: Global Burden of Mental Disorders*. Geneva: 2018.

¹⁴World Health Organization. *World Mental Health Report: Global Burden of Mental Disorders*. Geneva: 2018.

¹⁵World Health Organization. *World Mental Health Report: Global Burden of Mental Disorders*. Geneva: 2018.

¹⁶World Health Organization. *World Mental Health Report: Global Burden of Mental Disorders*. Geneva: 2018.

¹⁷World Health Organization. *World Mental Health Report: Global Burden of Mental Disorders*. Geneva: 2018.

¹⁸World Health Organization. *World Mental Health Report: Global Burden of Mental Disorders*. Geneva: 2018.

¹⁹World Health Organization. *World Mental Health Report: Global Burden of Mental Disorders*. Geneva: 2018.

²⁰World Health Organization. *World Mental Health Report: Global Burden of Mental Disorders*. Geneva: 2018.

²¹World Health Organization. *World Mental Health Report: Global Burden of Mental Disorders*. Geneva: 2018.

Wisconsin Office of Children's Mental Health

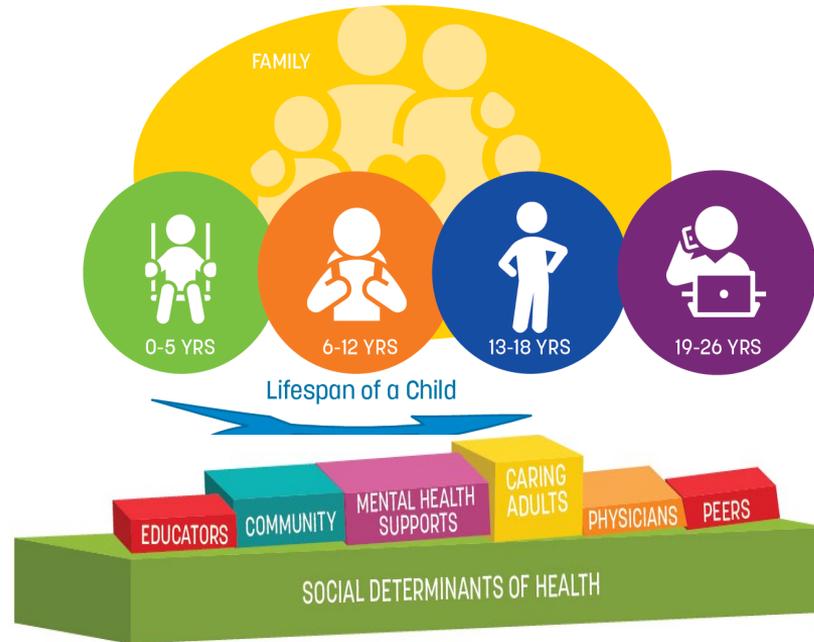
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- Supporting Parents under Stress
- Rebuilding Peer Connections
- Bullying Prevention



How Are Wisconsin Kids Doing?

Building Emotional Well-Being Through Strong Foundations



Wisconsin Children's Mental Health Initiatives

How Are Wisconsin Kids Doing?

Ages 0-5

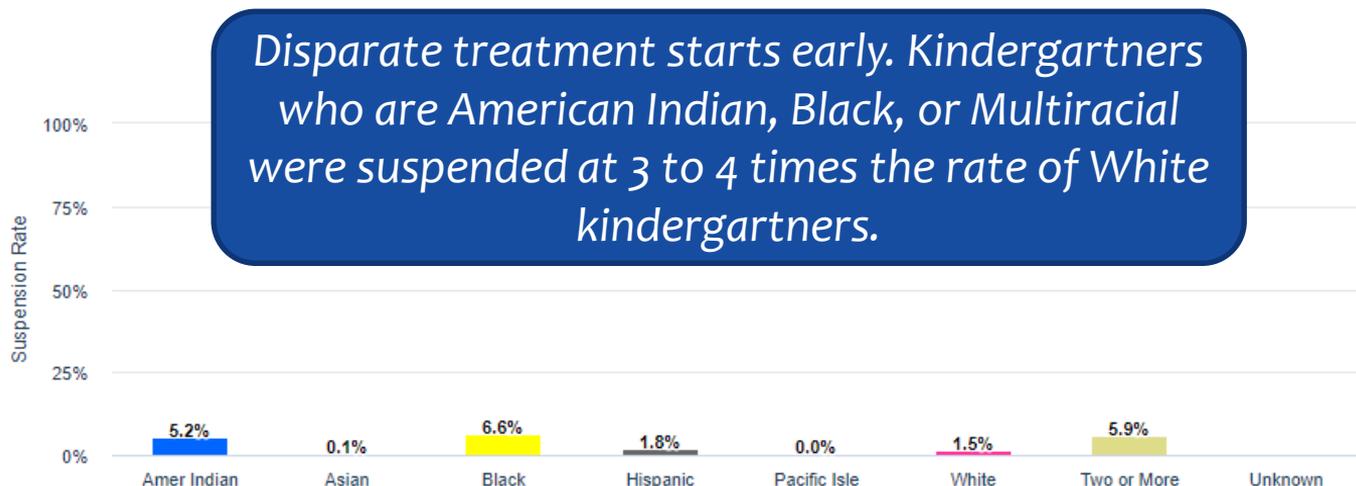
Wisconsin does a wonderful job of providing 4K education (#3 in the U.S.), but COVID has reduced enrollment over the last two years.



Out-of-School Suspension Rate by Race/Ethnicity (2019-20)

Count of out-of-school student-suspensions / TFS enrollment count

This graph shows the rate of out-of-school suspensions divided across the selected group of students. The rate is calculated by dividing the count of all out-of-school student/suspension removals throughout the school year by the enrollment on the third Friday of September (TFS).



How Are Wisconsin Kids Doing?

Ages 6 - 12

SOCIAL AND ECONOMIC FACTORS

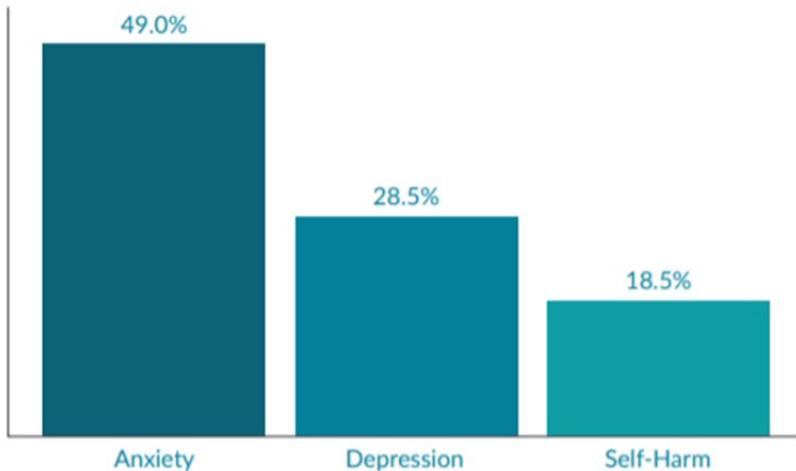
INDICATOR	US CURRENT	WI BASELINE	WI CURRENT
Difficulty with social skills	22%	23%	26%

More kids ages 6-17 are having difficulty making and keeping friends

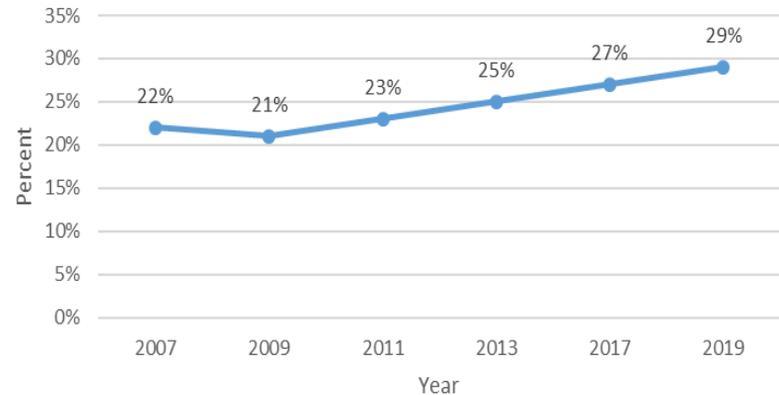
How Are Wisconsin Kids Doing?

Ages 13 - 18

Self-Reported Rates of Anxiety, Depression, and Self-Harm



Students Feeling Sad or Hopeless Almost Every Day



How Are Wisconsin Kids Doing?

INDICATOR	US CURRENT	WI BASELINE	WI CURRENT	
Parents who attend child's activities	85%	88%	90%	✓
Positive adult mentor	89%	94%	95%	✓
Mothers with higher education degrees	41%	45%	47%	✓
School suspensions & expulsions	6%	4%	7%	✗
School connectedness	Data Not Available	71%	61%	✗
Young adults age 25-34 with post-secondary education	49%	52%	46%	✗

Students with disabilities are 38% more likely to be suspended in Wisconsin.

There is a recent decrease in students who feel like they belong at their school. This is concerning because school connectedness is a protective factor against risky behaviors.

How Are Wisconsin Kids Doing?

Ages 18 - 24

INDICATOR	US CURRENT	WI BASELINE	WI CURRENT	
Adverse Childhood Experience (ACE): two or more	19%	22%	21%	
Adolescents experiencing a major depressive episode	14%	10%	15%	
Children who have emotional, behavioral or developmental conditions	22%	20%	21%	
High school students feeling sad or hopeless	37%	25%	29%	
Experienced any mental illness (young adult)	26%	20%	26%	

How Are Wisconsin Kids Doing?

Screen Time

Using electronics at night interferes with restorative sleep. Children ages 6-12 should sleep 9-12 hours, and teens should sleep 8-10 hours for optimal health³.

Impaired emotional regulation, increased tension, anger, and anxiety are apparent in youth after only a few nights of 6.5 hours of rest.⁴

WISCONSIN TEENS

**8 hours of sleep
on most nights?**

68%

of parents think
their teen does.⁵

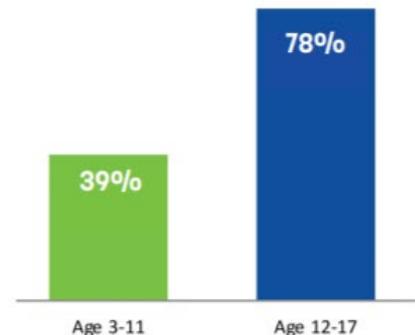
26%

teens reporting
they actually do.⁶

The percentage of parents who set rules for electronic use is very low, according to a national sample of 8-18 year olds.

- TV-watching28%
- Video gaming30%
- Computer use.....36%

PERCENTAGE OF CHILDREN IN WISCONSIN WHO USE A SMARTPHONE OR TABLET IN THEIR BEDROOM



Source: Survey of the Health of Wisconsin, University of Wisconsin School of Medicine and Public Health

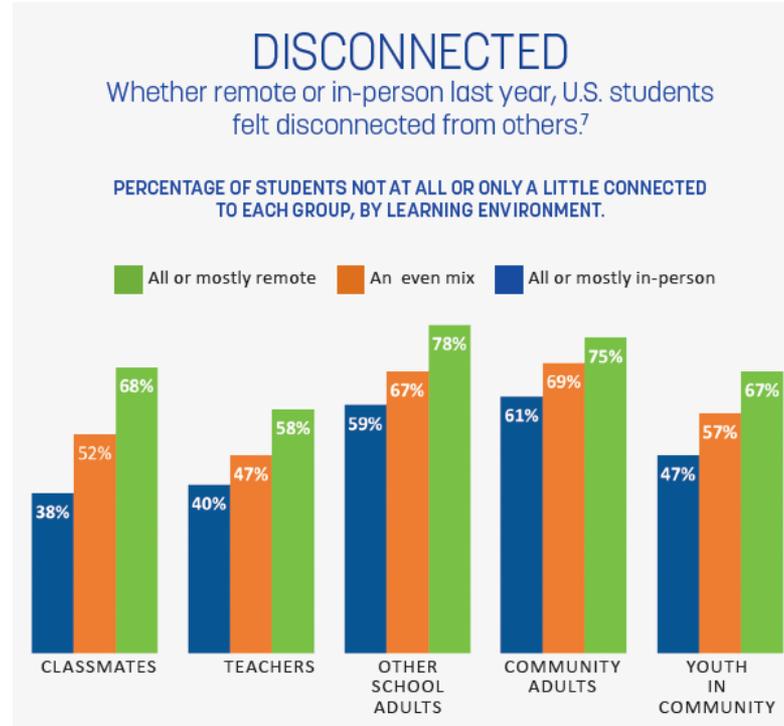
Daily electronic use dropped by **3 HOURS** when parents set **ANY** media rules.⁷

Heavy parent use of mobile devices is associated with reduced interactions between parents and children, and may increase parent-child conflict.⁸ An online survey of 6,000 children and parents revealed that 54% of children felt their parents spent too much time on their smart phones and 32% felt unimportant when parents were using their phones.⁹

Impact of Pandemic

Disconnected

Whether remote or in-person last year, US students felt disconnected from others



Impact of Pandemic

The Impact of COVID-19 on Pediatric Mental Health – A study of Private Healthcare Claims



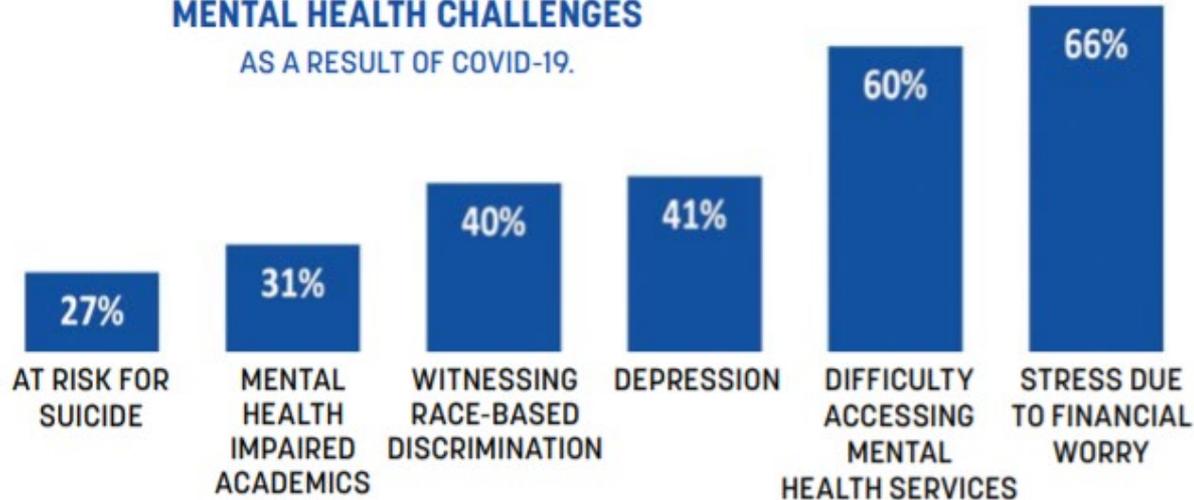
Insurance companies report a
100% increase
in the percentage of
self-harm, substance use,
and mental health claims
for teens in 2020 as compared to 2019.

Impact of Pandemic

IMPACT ON COLLEGE STUDENTS

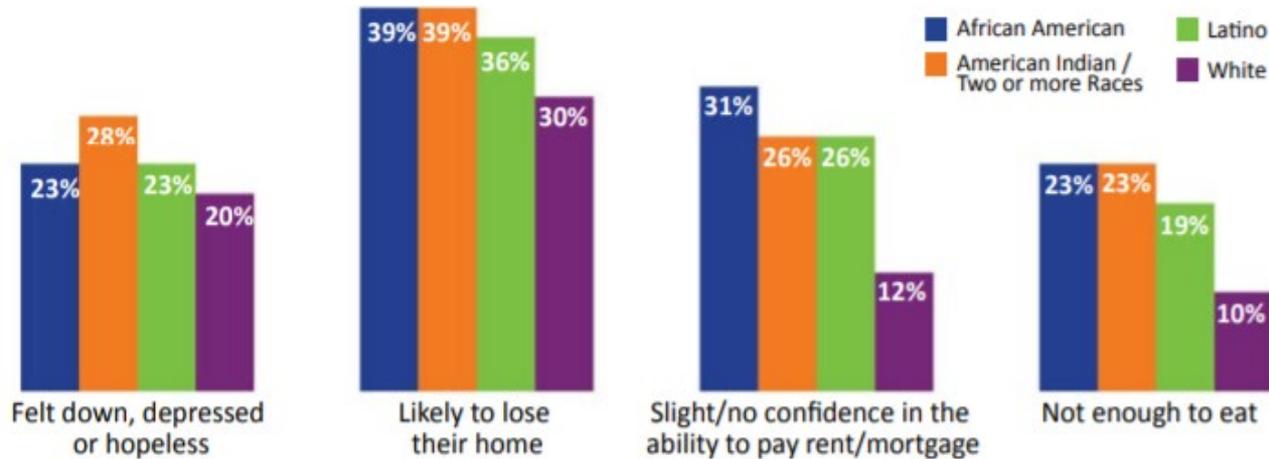
PERCENTAGE OF **COLLEGE STUDENTS REPORTING MENTAL HEALTH CHALLENGES**

AS A RESULT OF COVID-19.



Impact of Pandemic

Disparities by Racial/Ethnic Groups in Experiences of Household Challenges due to COVID-19



Barriers to Treatment

A 2019 review of Wisconsin's behavioral health system identified the **biggest gaps in services** for:

1. People with both mental health and substance use
2. **Young people ages 18-25**
3. **Teens ages 12-17**
4. **Children under 12**

Since this report was released, the pandemic has pushed an already strained system well beyond its capacity.

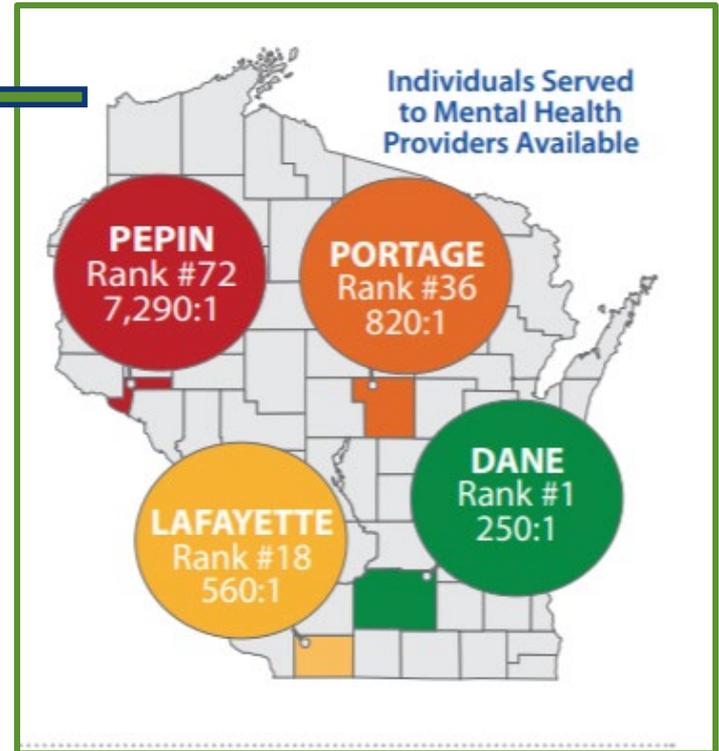
Barriers to Treatment

Mental Health Professional Shortages

As of 2019, Wisconsin had an average of 490 individuals served by one mental health provider in a county, if the population were equally distributed across providers. Across the nation, the top state has a ratio of 290:1.

In addition:

- School Social Worker and Counselor ratios to students are well-below recommended
- Comprehensive Community Services demand far exceeds mental health professionals available to provide services



Barriers to Treatment

- Mental Health Professional Shortage
- **High deductible health plans that make it hard for families to afford treatment**
- Restricted insurance networks that exclude school-selected therapy providers
- **Insurance networks that limit service locations and/or tele-therapy**
- Insurers that exclude Qualified Treatment Trainees (experienced clinicians still completing certification hour requirements)
- **Complicated screening and paperwork**

Listening to Youth

Listening to Youth

The Voices Of Wisconsin Students: Learning, Coping, And Building Resilience During COVID-19



Sharon E. Belton, Ph.D.
WIPPS Research Partners



Summary Of Key Findings For High School Student Focus Groups

- High levels of **stress, anxiety, and depression**
- Significant challenges with virtual learning environments
 - Feeling “forgotten”; increased workloads, yet limited help
- **Lack of connectedness to school, teachers, and friends**
- Students have heightened expectations of their teachers
 - Loss of spontaneous interactions; need reassurance, and support
- **Limited awareness of mental health resources**
- **Stigma, skepticism, and concerns about confidentiality** are barriers to accessing mental health and wellness resources
- Perceived increases in substance use among peers
- **Despite challenges, students have developed new coping skills and ways to be resilient**



Additional Nuances Related to Students' Levels of Stress, Anxiety, and Depression

- Family approaches may create social pressures
- Some anxiety about returning in-person
 - Want reassurance about safety protocols
 - Loss of “people skills” and “study skills”
 - Hard for students who need to stay virtual
- Some reported less stress and anxiety due to more sleep, less social pressure, and more down time
- Lack of stress may also reflect apathy (“numbness”)
 - Consistent with decreases in motivation towards school



Students Developed New Coping Skills and Ways to Feel More Resilient

- Connecting with friends and others
- Spending time with family
- Engaging in self-reflection
- Writing and journaling
- Development of new hobbies
- Staying organized
- Listening to music
- Exercising; spending time outdoors
- Taking a drive
- Using technology



Listening to Youth



OFFICE OF CHILDREN'S
MENTAL HEALTH PRESENTS:

**TEEN
MENTAL
HEALTH
PANEL** PATCH the Y

THURSDAY
MAY 6
6 - 7:15 PM
FACEBOOK
LIVE



Participants will be
entered into a raffle
for prizes



**MENTAL HEALTH LOOKS
DIFFERENT FOR
EVERYONE**

Listen as four Wisconsin teens share
what mental health looks like to them



Youth Listening Session: The Impact of Social Media

**TRAUMA LOOKS DIFFERENT
FOR EVERYONE.**



**THIS IS WHAT
TRAUMA LOOKS LIKE
FOR ME.**



Listening to Youth

Insights from Youth Listening Sessions

Youth value:

- **safe and diverse school cultures** that acknowledge mental health stigma and marginalization and supports trusting relationships
- **inclusive cultures and systems** that normalize mental health
- **youth leadership** in guiding training, services, and system structure
- trustworthy, reliable, mental health-informed and diverse **adults who create safe spaces for talking about mental health**
- **mental health education** across all grades and in all parts of the curriculum
- **knowledge and skill building to self-advocate and to support peers** experiencing mental health challenges while maintaining boundaries



Listening to Youth

Recommendations from Youth Listening Sessions

1. **School Culture** – normalize mental health, trusted adults who understand students' mental health
2. **Youth Voice** – school and community youth leadership opportunities
3. **Mental Health Education** – mental health literacy for school staff and students

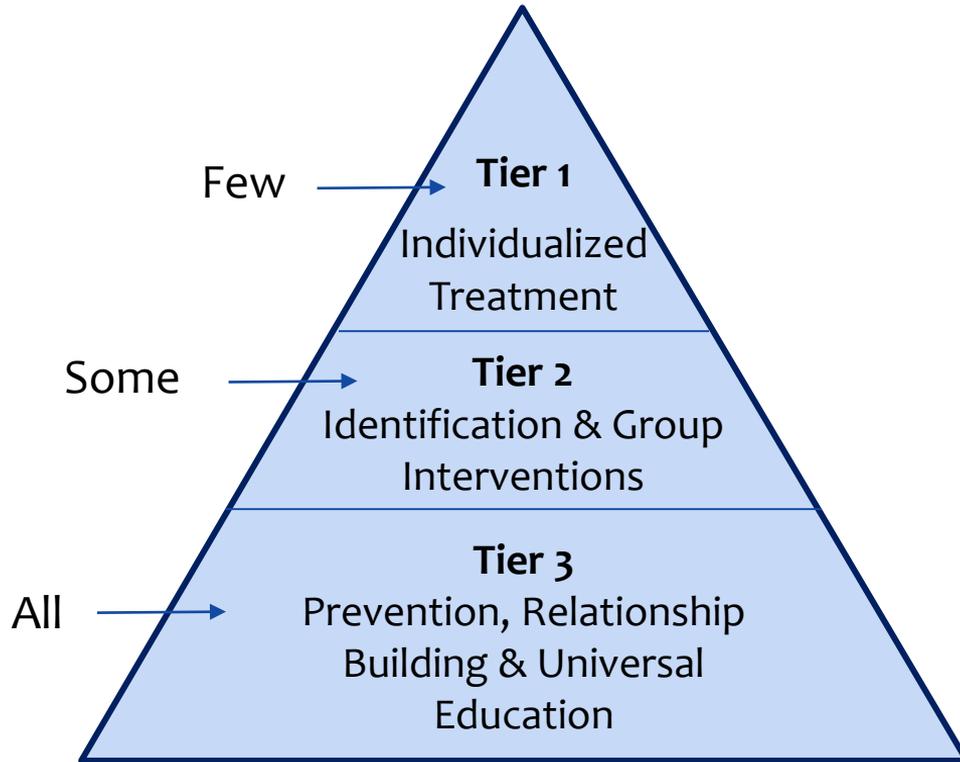
Listening to Youth

Mental Health Literacy & Wellness – Units & Resources

- Grades 3-5 – Managing My Mental Health
- Grades 6-8 – Advocating for My Mental Health
- Grades 9-12 – Let's Talk about Mental Health
- Caregiver Engagement Materials (Elementary, Middle & High School)
- Mental Health Resources – for Elementary, Middle, and High School Students



School Mental Health



School Mental Health programs address students' well-being through prevention, intervention, and treatment.

School Mental Health

Funding Patchwork to Support School Mental Health

- Student Services – counselors & social workers
- District Funding / local levy
- Community Services Funds (Fund 80)
- United Way and other philanthropy
- Mental Health provider losses / write-offs
- Grants: School Mental Health Services, United Way, Wisconsin Partnership Program, Advancing a Healthier Wisconsin, federal Project AWARE

Maintaining this patchwork of funding is difficult and leads to inconsistent programming from year to year.

Why Support School Mental Health

- **Students are more likely to access treatment**
- Analyses of Wisconsin school mental health programs show improved academics, standardized test scores and attendance and reduced behavioral referrals
- **Treatment at school reduces missed class time**
- Mental health treatment is easier on parents
- **Teachers and school staff are more likely to identify and refer students for treatment**
- School-based therapists understand school culture and can better recommend strategies for students to practice at school

American Rescue Plan Act

- **Mental Health & Substance Abuse Funding - \$47 million**
 - Expand community-based care and support networks to promote recovery including peer specialists and recovery coaches
 - Strengthen the crisis services system
 - Enhancements to substance use prevention activities for all ages
 - Respond to early serious mental illness and first episode psychosis



(plan approval pending)



American Rescue Plan Act

- **Elementary and Secondary School Emergency Relief Fund (ESSER III) - \$2.3 billion**
 - additional money for local educational agencies to prevent, prepare for, and respond to COVID-19
 - 20% of local allocations must address learning loss, academic, social, and emotional needs and address the disproportionate impact of COVID-19 on students from low-income families, students of color, English learners, students with disabilities, students experiencing homelessness, children and youth in foster care, and migratory students

(plan approval pending)



What the Legislature Can Do

- **Parent Support**
 - Basic needs (income, housing quality child care etc.)
 - Increase access to mental health and substance abuse treatment
- **Consistent, sustainable school-based mental health funding**
 - School counselors, social workers, psychologists and nurses
 - Grant programs that support treatment and mental health referrals
 - Close the gap between costs to provide treatment at school and what Medicaid pays
 - Costs to support prevention and staff time to teach mental health literacy
 - Support Youth-led mental health literacy / stigma reduction programs, including lived experience stipends

What the Legislature Can Do

- **More ideas**
 - Increase Medicaid funding again to further close the gap between payment and costs to provide treatment (1 in 3 Wisconsin children are insured by Medicaid)
 - Support the increase of community health workers available in clinics to help families access
 - Increase support for people with lived experience of the children's mental health system to provide supportive services and to advise on system improvements (e.g., stipends for non-paid experts, facilitate hiring of peer specialists)

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