

Mental Health Findings from MDHHS-CAHC SBHC Evaluation

- ❖ Adolescent Mental Health is a growing public health concern that has been accelerating over the last decade. Recent estimates have indicated that rates of formal diagnoses among children aged 6-17 with anxiety and/or depression have increased from 5.4% in 2003 to 8.4% in 2012.
- ❖ For children affected by poverty the rate nearly triples to 22%.
- ❖ The occurrence of mental health disorders during this period significantly increase the risk of developing life-long mental health problems, have a negative impact on educational, social, and economic outcomes that have a cascading negative effect increasing rates of premature death an impaired quality of lifeⁱ.
- ❖ Nationwide estimates indicate that less than half of students with mental health needs are accessing services.ⁱⁱ This rate is even higher for youth in underserved rural and urban areas, and minority adolescents with under-utilization rates as high as 63% of youth in needⁱⁱⁱ.

Results from MDHHS-CAHS SBHS Evaluation^{iv}

Mental Health Need was higher than National rates

- 38% reported issues with anger
- 31% reported depression and/or hopelessness
- 25% reported anxiety or fearfulness

Girls are at highest risk

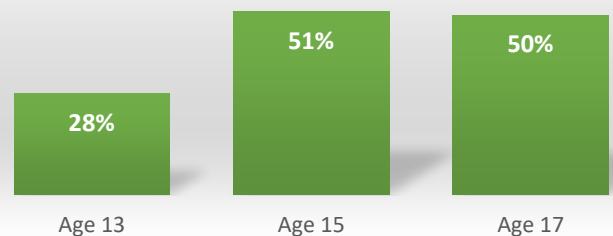
- 42% reporting issues with anger
- 38% reporting depression and/or hopelessness
- 30% reporting anxiety or fearfulness

Mental Health Utilization:

Students with a mental health concern:

- 55% utilization rate (double the national rate)
- 59% utilization rate for girls
- Use up to 23 visits per year for mental health needs
- Have a 100% referral rate to community-based services
- Cluster multiple visits per week when needed

Percent of girls reporting frequent feelings of depression and/or anxiety by age



What is the impact?

Improved Mental Health

- ✓ Significant reduction in levels of depression, anger, and anxiety

Improved Stress & Coping

- ✓ Significant improvement in positive stress coping skills
- ✓ Significant reduction in feelings of stress

Improved School Problems

- ✓ Significant reduction in school disciplinary actions

Improved Academic Achievement

- ✓ Significant improvement in school engagement
- ✓ Significant improvement in self-reported grades

Improved Health Literacy

- ✓ Significant improvement ability to access services

ⁱ Vos, T., Barber, R. M., Bell, B., Bertozzi-Villa, A., Biryukov, S., Bolliger, I., ... & Duan, L. (2015). Global, regional, and national incidence, prevalence, and years lived with disability for 301 acute and chronic diseases and injuries in 188 countries, 1990–2013: a systematic analysis for the Global Burden of Disease Study 2013. *The Lancet*, 386(9995), 743-800.

ⁱⁱ Costello, E. J., He, J. P., Sampson, N. A., Kessler, R. C., & Merikangas, K. R. (2014). Services for adolescents with psychiatric disorders: 12-month data from the National Comorbidity Survey–Adolescent. *Psychiatric Services*, 65(3), 359-366.

ⁱⁱⁱ Hodgkinson, S., Godoy, L., Beers, L. S., & Lewin, A. (2017). Improving mental health access for low-income children and families in the primary care setting. *Pediatrics*, 139(1), e20151175.

^{iv} Our evaluation collected comprehensive school-wide global health information and clinic utilization data in four representative schools across the State from 2015 - 2017. Our sample was comprised of over 2,000 students that were balanced for gender, ethnicity, and geographic location (urban, rural, semi-rural).