

## 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 life<sup>i</sup>.
- ❖ Nationwide estimates indicate that less than half of students with mental health needs are accessing services.<sup>ii</sup> 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 need<sup>iii</sup>.

### Results from MDHHS-CAHS SBHS Evaluation<sup>iv</sup>

#### 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

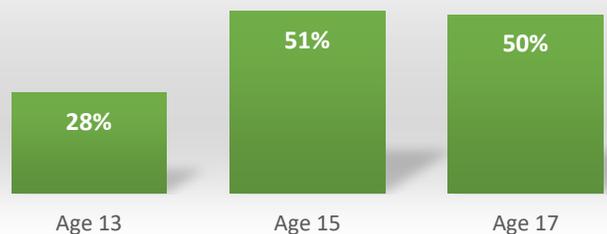
- 42% reporting issues with anger
- 38% reporting depression and/or hopelessness
- 30% reporting anxiety or fearfulness

#### 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

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<sup>i</sup> 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.

<sup>ii</sup> 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.

<sup>iii</sup> 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.

<sup>iv</sup> 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).