Youth Mental Health: Current Trends and Ideas to Address the Need

AMIE LOFTON, PSYD LICENSED CLINICAL PSYCHOLOGIST

NOVEMBER 2021

Mental Health America Overall Wellness

Prevention Services

Identification of At-Risk

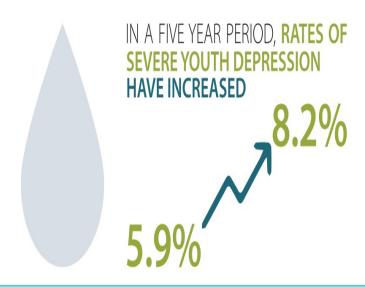
Treatment

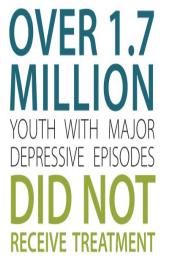
Survey Across America

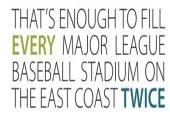
• Prevalence
• Access

State of CO – Mental Health Access 2018

YOUTH MENTAL HEALTH IS WORSENING AND ACCESS TO CARE IS LIMITED









Mental Health Across US

63.1% of youth with major depression do not receive any mental health treatment.

That means that **6 out of 10** young people who have depression and who are most at risk of suicidal thoughts, difficulty in school, and difficulty in relationships with others do not get the treatment needed to support them.

State-level budget cuts and coverage contraction has presented a challenge for federal programs, such as Medicaid, which is reported to have the greatest influence over mental health trends among children. ¹

48.77%

of screeners age 11-17
report
significant thoughts of
suicide or self-harm

	State	Rank
	Massachusetts	1
	South Dakota	2
	Minnesota	3
	Vermont	4
	Connecticut	5
1	lowa	6
Ī	North Dakota	7
Ī	Maine	8
	Hawaii	9
	New Jersey	10
	Illinois	11
	Maryland	12
	New York	13
	Delaware	14
	District of Columbia	15
	Pennsylvania	16
	Michigan	17
	Ne braska	18
	Kansas	19
	Ohio	20
	New Mexico	21
	Kentucky	22
	Rhode Island	23
	California	24
	Wisconsin	25

	Georgia	26
	Montana	27
	Alaska	28
	New Hampshire	29
	Missouri	30
	Wyoming	31
	North Carolina	32
	Florida	33
	Washington	34
	Arkansas	35
	Oklahoma	36
	Utah	37
	Louisiana	38
	Texas	39
	Virginia	40
	Alabama	41
	West Virginia	42
	Colorado	43 (
	Oregon	44
	South Carolina	45
	Tennessee	46
	Idaho	47
	Indiana	48
	Arizona	49
	Mississippi	50
	Nevada	51

Youth Rankings

States with high rankings have lower prevalence of mental illness and higher rates of access to care for youth. Lower rankings indicate that youth have higher prevalence of mental illness and lower rates of access to care.

The 7 measures that make up the Youth Ranking include:

- 1. Youth with At Least One Major Depressive Episode (MDE) in the Past Year.
- 2. Youth with Alcohol Dependence and Illicit Drugs Use (Marijuana, Heroin, and Cocaine).
- 3. Youth with Severe MDE.
- 4. Youth with MDE who Did Not Receive Mental Health Services.
- 5. Youth with Severe MDE who Received Some Consistent Treatment.
- 6. Children with Private Insurance that Did Not Cover Mental or Emotional Problems.
- 7. Students Identified with Emotional Disturbance for an Individualized Education Program.

45	Oklahoma
46	Arkansas
47	Virginia
48	Colorado
49	Mississippi
50	Arizona
51	Nevada

State of CO – Mental Health Access 2022

OF CHILDREN HAD PRIVATE INSURANCE THAT DID NOT COVER MENTAL HEALTH SERVICES, TOTALING 950,000 YOUTH.

SGOO OF YOUTH WITH MAJOR DEPRESSION DO NOT RECEIVE ANY MENTAL HEALTH TREATMENT.

EVEN IN STATES WITH THE GREATEST ACCESS, WITHOUT TREATMENT.

OR OVER 2.5 MILLION YOUTH
IN THE U.S. HAVE SEVERE
MAJOR DEPRESSION.
THIS RATE WAS HIGHEST
AMONG YOUTH WHO IDENTIFY
AS MORE THAN ONE RACE, AT

1450/0

EVEN AMONG YOUTH
WITH SEVERE
DEPRESSION WHO
RECEIVE SOME TREATMENT,

270
RECEIVE CONSISTENT CARE.
IN STATES WITH THE LEAST
ACCESS, ONLY

120
RECEIVE CONSISTENT CARE.

The 15 measures that make up the overall ranking include:

- 1. Adults With Any Mental Illness (AMI)
- 2. Adults With Substance Use Disorder in the Past Year
- 3. Adults With Serious Thoughts of Suicide
- 4. Youth with At Least One Major Depressive Episode (MDE) in the Past Year
- 5. Youth With Substance Use Disorder in the Past Year
- 6. Youth With Severe MDE
- 7. Adults With AMI Who Did Not Receive Treatment
- 8. Adults With AMI Reporting Unmet Need
- 9. Adults With AMI Who Are Uninsured
- 10. Adults With Cognitive Disability Who Could Not See a Doctor Due to Costs
- 11. Youth With MDE Who Did Not Receive Mental Health Services
- 12. Youth With Severe MDE Who Received Some Consistent Treatment
- 13. Children With Private Insurance That Did Not Cover Mental or Emotional Problems
- 14. Students Identified With Emotional Disturbance for an Individualized Education Program
- 15. Mental Health Workforce Availability

State	Rank
Massachusetts	1
New Jersey	2
Pennsylvania	3
Connecticut	4
Vermont	5
New York	6
Wisconsin	7
Maine	8
Maryland	9
Minnesota	10
Rhode Island	11
Illinois	12
New Hampshire	13
Hawaii	14
Kentucky	15
District of Columbia	16
South Dakota	17
Michigan	18
Louisiana	19
Virginia	20
Montana	21
Delaware	22
lowa	23
California	24
Ohio	25

Nebraska	26
Georgia	27
Florida	28
North Dakota	29
South Carolina	30
North Carolina	31
Washington	32
Oklahoma	33
Tennessee	34
New Mexico	35
Mississippi	36
Colorado	37
West Virginia	38
Arkansas	39
Missouri	40
Kansas	41
Indiana	42
Utah	43
Texas	44
Alabama	45
Oregon	46
Alaska	47
Wyoming	48
Arizona	49
Idaho	50
Nevada	51

al



States with rankings 1-13 have a lower prevalence of mental illness and higher rates of access to care for youth. States with rankings 39-51 indicate that youth have a higher prevalence of mental illness and lower rates of access to care.

The seven measures that make up the Youth Ranking include:

- 1. Youth With At Least One Major Depressive Episode (MDE) in the Past Year
- 2. Youth With Substance Use Disorder in the Past Year
- 3. Youth With Severe MDE
- 4. Youth With MDE Who Did Not Receive Mental Health Services
- 5. Youth With Severe MDE Who Received Some Consistent Treatment
- 6. Children With Private Insurance That Did Not Cover Mental or Emotional Problems
- 7. Students Identified With Emotional Disturbance for an Individualized Education Program

Rank	State
1	Pennsylvania
2	Maine
3	District of Columbia
4	Vermont
5	Massachusetts
6	New Hampshire
7	New Jersey
8	Connecticut
9	New York
10	Maryland
11	Wisconsin
12	Illinois
13	Colorado
14	Minnesota
15	Rhode Island
16	Mississippi
17	Georgia
18	Delaware
19	Ohio
20	Alabama
21	Virginia
22	Missouri
23	South Dakota
24	Kentucky
25	Louisiana

Disparities in Mental Health Treatment for Youth of Color

Of Youth With MDE: Did you see a Health Professional or Receive Medication for Depression in the Past Year?		Asian	Black or African American (non- Hispanic)	Hispanic	More than one race	White (non- Hispanic)	Native American or Alaska Native	Native Hawaiian or Other Pacific Islander
Yes	Percentage	8.30%	9.40%	9.50%	15.60%	22.00%	15.20%	*
	Count	16,000	33,000	89,000	25,000	424,000	4,000	*
No	Percentage	91.70%	90.60%	90.50%	84.40%	78.00%	84.80%	*
	Count	175,000	316,000	849,000	133,000	1,503,000	21,000	*

Disparities in Mental Health Treatment for Youth of Color – School Services

Among Youth With MDE Who Received Non-Specialty Mental Health Services:

Did You Receive Mental Health Services From Education Sources?		Asian	Black or African American (non- Hispanic)	Hispanic	More than one race	White (non- Hispanic)	Native American or Alaska Native	Native Hawaiian or Other Pacific Islander
Yes	Percentage	20.30%	37.30%	26.80%	34.30%	29.00%	34.70%	*
	Count	39,000	130,000	250,000	54,000	558,000	9,000	*
No	Percentage	79.70%	62.70%	73.20%	65.70%	71.00%	65.30%	*
	Count	152,000	219,000	682,000	103,000	1,367,000	16,000	*

Youth Presentations with COVID



CLINICAL - MH



SCHOOL



HOME

Youth Mental Health -School

Lack of Refusal Motivation/Disengage Lack of Anger Consequences Teachers not "Next year will be better" equipped

Youth Mental Health + COVID



BASELINE MH INCREASED



ED VISITS INCREASED



UNIVERSAL BURN-OUT

Completed Suicide

Mental Health Provider

- 1 month 19%
- 1 year 32%
- Life time 53%

Primary Care Provider

- 1 month 45%
- 1 year 77%
- Lifetime 100%

(Luoma, Martin, & Pearson, 2016)





What is resiliency?



How do we build resiliency?



Resiliency and MH

Prevention

School

- Teachers
- Coaches
- Staff
- MH Providers

Primary Care

• MH Billing

Mental Health

- Consistent care
- Evidence Based Practices

Home

- Resiliency
- Family MH

Resources

Brown, M., Moore, C.A., MacGregor, J. & Lucey, J.R. (2021) Primary care and mental health: Overview of integrated care models. The Journal for Nurse Practictioners (17), 10-14.

Luoma, J.B., Martin, C.E., & Pearson, J.L. (2016). Contact with mental health and primary care providers before suicide: A review of the evidence. *Am J Psychiatry*.

Reinert, M., Fritz, D. & Nguyen, T. (2021). The state of mental health in America 2022.

Mental Health America.

Thank You

