

# Mental Health Committee Hearing March 24, 2021

# Agenda

- Children's Mental Health Data
- What Kids Need
- What the Legislature Can Do

### **OCMH 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.

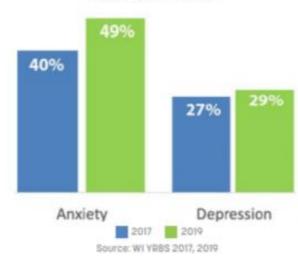
#### Social Determinants & Mental Health





## **Anxiety and Treatment Delays**





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.

# Depression

Almost 60% of students in 9-12<sup>th</sup> grades experienced depression, anxiety, self-harm, or suicidal ideation in

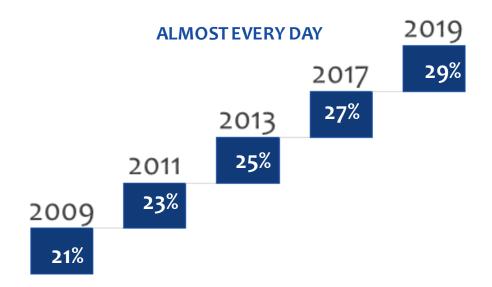
15% of 12-17 yr. olds had an episode of

2019.

**Major Depression** 

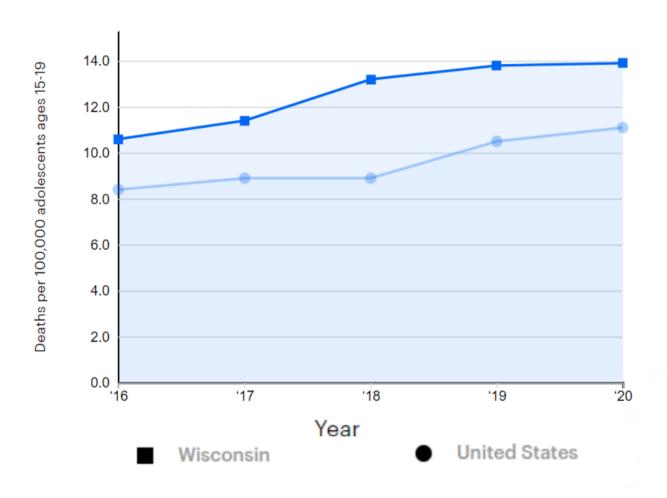
in the last year.

# HIGH SCHOOL STUDENTS WHO FEEL SAD OR HOPELESS



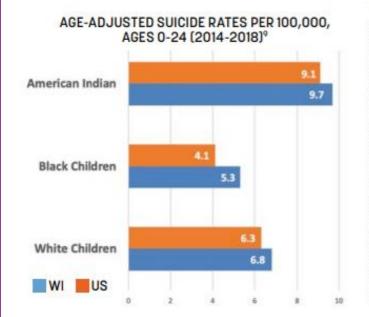


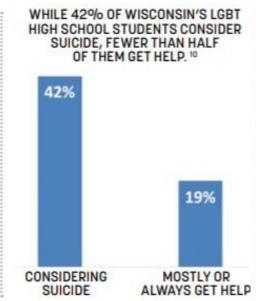
### Suicide



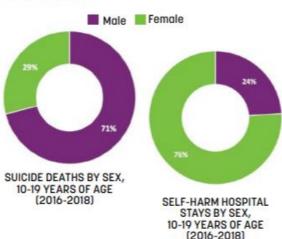
Source: CDC WONDER Online Database, Underlying Cause of Death, Multiple Cause of Death files

### Suicide









### **Disparities in Mental Health Care**

#### MENTAL HEALTH OUTCOMES

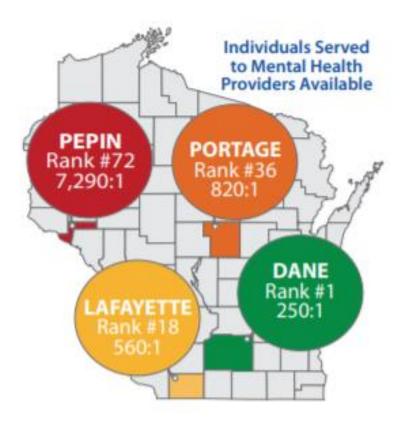


#### Quality of Life

Access to Care, Alcohol & Drug Use
Education, Employment, Quality of Care
Family & Social Support
Community Safety

# Mental Health Workforce Shortage

#### **Mental Health Providers**



#### **Psychiatrists**

66 counties have a shortage of psychiatrists. Some counties have no psychiatrist treating children.

#### **School Social Workers**

in Wisconsin
1:1,936 students\*

recommended ratio 1:250 students

\*DPI. WiseDash 2018-19.

### WHITE PAPER

# The Impact of COVID-19 on Pediatric Mental Health

A Study of Private Healthcare Claims

A FAIR Health White Paper, March 2, 2021

- Intentional self-harm claims for the 13-18 age group increased 100% from March 2019 - 2020
- Wisconsin ranked among the top 5 states in the nation for the most intentional self-harm claims age 6-22.

### What Kids Need

- 1. Strong foundations
- 2. B4Stage4 services
- 3. Increased access to quality, culturally-sensitive mental health professionals



# What the Legislature Can Do

- 1. Increase investment in school mental health both student services staff and mental health collaboration grants
- 2. Increase DSPS Position Authority so the Department can process mental health professional licenses faster with staff financially supported by licensing fees
- **3. Increase Medicaid payment** for mental health treatment to improve recruitment and retention of mental health professionals
- **4.** Increase the Earned Income Tax Credit to reduce children's behavioral health problems, including anxiety and depression, as recommended by the Centers for Disease Control & Prevention
- 5. Invest in mental health consultation to support early child care educators and teachers in responding skillfully to children's problem behaviors
- 6. Increase investment in peer support to increase access to services leading to faster and longer lasting recovery as shown by Mental Health America
- **7. Support a strong state suicide prevention infrastructure** to reduce suicide in Wisconsin and the costs to our health care system and economy
- **8. Prohibit conversion therapy** with minors, as recommended by the American Academy of Child and Adolescent Psychiatry, and save Wisconsin teen lives
- **9.** Address high insurance deductibles and inconsistent telehealth service coverage by private insurers to increase children's access to mental health treatment
- **10. Expand Medicaid** which would extend coverage to 53,000 parents and result in millions of dollars of savings that could be reinvesting in children's mental health

### Resources & Images You Can Use



www.children.wi.gov



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