NEWSLETTER

August 2023

Welcome to the Office of Children's Mental Health (OCMH) August Newsletter!

Supporting Child Well-being through Improving Girls' Mental Health – OCMH's Newest Fact Sheet

The mental health of girls has been declining with teen girls reporting record high levels of violence, depression, self-harm, and suicide risk. Youth mental health data reveal girls are faring worse than boys on nearly every measure.

School is the top stressor for both males and females, but girls have additional, unique stressors. These include: early sexualization, poor body image, low self-esteem, eating disorders, and cyberbullying. Nearly half of Wisconsin's female high school students report feeling sad and hopeless nearly every day. Additionally, 25% of Wisconsin girls have considered suicide, 20% have made a plan, and 11% have attempted suicide. These are all twice the rate of boys.

What we can do

Youth
- Build positive relationships. Healthy friendships protect your mental health and help build resilience to overcome life's challenges.
- Curate your social media feeds to be uplifting. Do a digital detox when you feel overwhelmed.
- Ask for help if you are being bullied, facing violence of any kind, or struggling with your mental health.

Parents/Caregivers
- Consistently check-in with your child about how they're feeling and managing stress.
- Find out what social media your daughter enjoys and engage with her on that content as a way of connecting and monitoring social media use.

Schools
- Educate staff on trends and how to support youth mental health, particularly among girls and girls of color.
- Make clear the school policies and repercussions for bullying, cyberbullying, and relationship violence.

Policymakers
- Increase funding for peer support services.

- Require schools to teach mental health literacy and suicide prevention education. Require school staff to take suicide prevention and mental health training.

Read the Fact Sheet and citations [here](#).

Lived Experience Insights

Ava Pellegrino is an OCMH Young Adult Lived Experience Partner and shares her insights on girls' mental health.

The data in the OCMH August 2023 Fact Sheet on Girls' Mental Health is very accurate, in my school especially. School is one of the top stressors. And the fact that 95% of people with eating disorders are young people ages 12-25 is interesting and feels accurate. Bullying online and in school is also a big factor in girls' mental health.

Phones are also such a big factor contributing to girls' mental health. When we look on the internet, we see what we should be. When we go onto Instagram and see the models, we wonder, why don't we look like that? We also use the constant stream of content to cope with more difficult feelings. Sometimes when I get anxious or worried, I scroll on my phone to avoid having to deal with those emotions.

Phone detox is so important – limiting screen time is important for youth in general. You can't completely cut off all social media, but you can limit it and create a better social media environment for yourself - a space where you're comfortable.

Social media can also be used to bond with family members. My dad sends me all kinds of drills and techniques on tennis on Instagram. It's comforting that my dad sees social media as a place where you can learn and not just a negative thing. But parents also discussing coping skills to deal with stress and talking about healthy eating habits is a good recommendation.

Strengthening Youth Mental Health: A Governor's Playbook

The National Governor's Association made strengthening youth mental health a focus over the past year. The result was the development of the "[Strengthening Youth Mental Health – A Governor's Playbook](#)." This is a roadmap that states, policymakers, and stakeholders can use to address youth mental health challenges.

The initiative brought together nearly 500 people, including youth, Governors, and other experts, in four convenings held across the country to discuss the current state of youth mental health systems and share best practices and solutions. The goal of the playbook is to help Governors understand the best practices and to provide examples of how to adapt and implement those in their own states.

The Strengthening Youth Mental Health Initiative consists of four pillars that form the core of youth mental health:

1. **Addressing prevention and building resilience** – Supporting youth with the necessary tools to respond to stressors and challenges, reducing the risk of mental health conditions, and proactively identifying and managing existing conditions to prevent crises.
2. **Increasing awareness and reducing stigma** – Promoting awareness of mental health knowledge and resources and decreasing the social, self, and structural stigma around youth mental health challenges.
3. **Ensuring access and affordability of quality treatment and care** – Removing the barriers to care, including unaffordable costs, lack of insurance coverage, and a depleted workforce to ensure that high-quality, trauma-informed, and culturally relevant care is accessible to youth in appropriate places, spaces, and timeframes to meet their needs.
4. **Training and supporting caregivers and educators** – Expanding training and supports so that those caring for and interacting with youth daily have the understanding and tools to identify mental health needs to access relevant supports.

The [playbook](#) breaks down each of the pillars into priority areas and then specific policy opportunities.

The NGA Playbook offers plenty of recommendations and smart steps that can be taken to improve youth mental health. Additionally, OCMH provides recommendations for action on key points made in the Playbook in the following Fact Sheets:

- [Building Resiliency](#)
- [Eliminating Stigma](#)
- [Universal Screening](#)

OCMH Updates

NEW! Supplementary Teaching Materials for DPI's Mental Health Literacy Units of Instruction
Educators can now access free slides and other supplementary materials to make implementing the Mental Health Literacy Units of Instruction even simpler! Visit DPI's [Mental Health Literacy Page](#) to find these skills-based units of instruction for elementary, middle, and high school, caregiver materials, and supplemental teaching materials for educators. Also available for free download are the full curricula for 3rd – 5th grade, 6th – 8th grade, and 9th – 12th grade, featuring repaired hyperlinks.

Resource for Parents Involved in the Child Welfare System
Parent Leaders in Child Welfare pointed to the need for an understandable resource for families who become involved in Child Protective Services. When they conceived the idea there was no resource that existed at a state level that could be shared with county workers and families. Now there is such a resource. This new informational piece focuses on the topics lived experts determined are most critical for parents to know at the start of engagements with child welfare professionals. Share this "[Parent Information Project – Resources for Parents](#)" document widely.

Social Connectedness of Youth Teams Action Plans
OCMH Social Connectedness of Youth Teams have released their strategic action plans, and they are now available for the public to review and help us collectively implement.

As we shared in the July newsletter, over the last year each of our four teams set a strategic goal and developed specific action plans to address their goal. Direct links to those action plans are below.

Team	Goal	Link to Action Plan
Cultural Identity/ Community	Build community collaborations that provide opportunities for youth to connect to others and their culture, elevating youth voice in this work.	Cultural Identity/ Community Action Plan
Family Team A	Family voice is at the center and authentically leads in service planning/delivery.	Family Team A Action Plan
Family Team B	Support the early childhood/childcare workforce and professionals serving this population with children's mental health/well-being education and resources.	Family Team B Action Plan
Supportive Adult	Equip adults to form supportive relationships with youth, including youth voice in this work.	Supportive Adult Action Plan

If you'd like to see one document with all the action items from the four teams, that is available here. This document consolidates some of the action items and includes just the team goal and action items. It is ideal for organizations and people that focus more broadly than one of the team areas.

We are encouraging organizations across our state to review these action plans and consider the items that align with your work and you can implement. You are free to be inspired by the goals and strategies and adapt these to better align with your work. The heavy work in developing these action plans has been done by our teams. Now we look to true collective impact work – take what our teams have started and put it to good use in making things better for youth mental health in our state. We'd love to know what you are working on – please let us know at ocmh@wisconsin.gov .

Legislative and Policy Update

Social Work Licensure Compact / LRB 2490 (*In Bill Referral Process**) – This bill would allow social workers to practice under their license across state lines in other participating states without requiring a separate license in multiple states to assist families. This will ease the complications that can arise along borders and join other professions with multi-state licensure compacts including physicians, nurses, therapists, and counselors. The creation of the social work licensure compact is considered by many a critical mental health workforce issue.
Bill draft circulated by Reps. Tittl and Shelton and Sens. Stafsholt and Pfaff. Link.

Mental Health Clubhouse Grants / AB 351 / SB 350 – Under the bill, the Department of Health Services (DHS) would award grants to non-residential rehabilitation programs or "clubhouses," which would allow members who have, or are awaiting a mental health diagnosis, to receive support and services. An eligible "clubhouse" must include members with, or awaiting, a diagnosis and be under treatment for a mental illness, must raise an amount to match any grant received, must provide voluntary activities and services to members, must have a distinct physical space, and must allow members to participate in the administration of clubhouse functions.
Bill circulated by Reps. Tittl and Snyder and Sens. Cabral-Guevara and James. Link.

Recovery High School Grant Program / AB 271 / SB 267 – The bill creates a grant program for "recovery high schools," specially designed for students with a substance use or mental health disorder that awards credits toward a diploma. Recovery high schools must meet specialized criteria related to their structure and governance. The bill requires the Department of Public Instruction (DPI) to annually

award $500,000 to each eligible school that applies or pro-rate funds among eligible applicants. Recipients must provide required information to DPI annually and perform an annual independent financial audit.
Bill circulated by Rep. Dittrich and Sen. James. Link.

DPI announces Change in Using State and Federal Funds for Mental Health Treatment
The Department of Public Instruction (DPI) is aware of the financial barriers some students and families face when accessing mental health treatment services. Concerns regarding this barrier and changes in statute and subsequent interpretation by courts resulted in DPI reviewing the previous interpretation, which prohibited the use of state or federal grant funds to pay for student treatment costs. This recent interpretation resulted in a change in position on this matter. Under certain conditions, state and federal grant funds may now be used to pay for treatment costs for student mental health and alcohol and other drug abuse treatment services.

State and federal funds may be used for treatment costs when:
- the treatment or service occurs at a school or district building,
- the provider of the services is appropriately licensed to provide the treatment service in Wisconsin,
- student treatment costs are allocable to the state or federal funding source, and
- treatment costs allocated to the state or federal funding do not exceed 20% of the total amount awarded.

For more details, please see the Guidelines for Using State and Federal Grant Funds to Cover Mental Health and AODA Treatment Costs for Youth document. For additional questions, see the FAQ.

Mental Health-Related DHS Administrative Code Updates
Starting August 1, 2023, a number of modifications were made to several mental health-related portions of the Department of Health Services (DHS) administrative code. The impacted rules were Outpatient Mental Health Clinic (DHS 35), Comprehensive Community Services (CCS)(DHS 36), as well as the codes for three additional mental health services.

In brief, the updates provide:
- Certificates will be issued with no expiration date. Continued certification will be based on compliance with the administrative code.
- New certificates will only be reissued when the provider makes changes to the services provided or branch offices.
- Providers will no longer be required to submit a full renewal application annually. Instead, biennially providers will pay a fee and attest to the accuracy of their program information and compliance with the regulations.
- Biennial on-site surveys will continue to be conducted, but no longer linked to the submission of the summary report and the certificate end date.

For further details contact the DHS Behavioral Health Certification Section.

'Right to Read Act' Becomes Law
In a tremendous step for youth literacy, Governor Evers signed the 'Right to Read Act' into law in July. Thanks to the impassioned direct advocacy of the mothers of dyslexic children and their personal stories, this new law will create a Department of Public Instruction (DPI) Office of Literacy called the 'Wisconsin Reading Center' to support and assist impacted families.
Article highlighting the Act.
Wisconsin Legislative Council summary memo.

Federal Action to Boost In-Network Mental Health Care Access
In July, the White House announced important improvements to strengthen federal mental and physical health parity requirements and provide mental health care access for more than 150 million Americans. Despite the successes of the 2008 Mental Health Parity and Addiction Equity Act (MHPAEA), too many families still struggle to find and afford the care they need; necessitating further action. The proposed rule should close loopholes and ensure *outcomes* are considered when health plans are compared for adequate, equivalent accesses to mental health coverage. This could mean providers must add mental health professionals to their networks or reduce red tape for care. The rule strives to make it clear what health plans can do and what they cannot.
White House fact sheet.

Note on LRB Drafts: The Wisconsin Legislative Reference Bureau (LRB) prepares all legislation for the WI Legislature. Before a bill has been assigned to a committee and given a bill number, it can be identified by the LRB draft number.

Children's Mental Health in the News
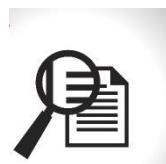
OCMH Senior Research Analyst Amy Marsman spotlights recent articles, resources and research findings impacting youth mental health.

Showcasing Solutions in Youth Mental Health

Putting Forward a New Narrative for Adolescent Media: The American Academy of Pediatrics (AAP) Center of Excellence on Social Media and Youth Mental Health. Parents have a new resource when it comes to screen time and social media use. The AAP launched a new portal to provide answers, part of the Center of Excellence on Social Media and Youth Mental Health. The AAP also has a short video discussing the upsides and downsides of social media, as well as a short video with tips for parents. The co-directors of the Center describe the new narrative in this Journal of Adolescent Health commentary.

Listening to music and other smartphone uses improve adolescent mood. Past research suggests that certain smartphone activities can reduce adolescents' negative moods or induce more positive moods. In this study, adolescents reported mood improvements during almost all smartphone activities and did not report that moods became more negative during any smartphone activity. Mood improvements were the largest when adolescents said they were listening to music, podcasts, or audiobooks. This may suggest some adolescent smartphone use is driven by a desire to alleviate negative mood, and some smartphone use may have positive effects.

Despite pandemic disruptions to education, the nation's high school graduation rate has maintained its historic high. Latest data show the nation maintained historic high of 86% of high school students graduating on time, even amidst the pandemic. Nationally, 14% didn't graduate on time. In Wisconsin, that rate is 10%. Evidence is clear that when students fail to graduate from high school, they are at risk of poor mental health.

Schools prioritizing Social-Emotional Learning (SEL) see strong academic benefits. Study finds that investing in SEL is more effective than test score growth, positively impacting graduation rates, college enrollment, and lowering school-based arrests. When schools foster social emotional development, students are more likely to thrive in high school and beyond. Study authors also found that school

climate is strongly and positively tied to school effectiveness (student success), and effective schools are relationship-oriented.

Structural Factors that Impact Youth Mental Health

Mental health care lagging for LGBTQ youth. Little progress has been made in recent years in expanding the share of facilities offering mental health treatment accessible to LGBTQ young people, a new [study](#) indicates, even as they face a high risk of problems like depression and suicide. The U.S. saw only a small gain over six years in the share of mental health facilities that both serve young people and offer LGBTQ-specific care. The author, in a related [article](#), says while there has been greater recognition by society of the existence of health disparities based on sexual and gender identity, the new findings show the nation's mental health care system needs to be much more responsive to begin addressing those gaps.

Survey reveals stark difficulty in obtaining appointments with child psychiatrists. Calls to hundreds of child psychiatrists listed as in-network with Blue Cross–Blue Shield (BCBS) in three major U.S. cities led to appointments for children just 11% of the time, according to the results of a "secret shopper" survey [published](#) in *Psychiatric Services* and [reported](#) in Psychiatric News. Phone numbers were frequently wrong, many psychiatrists were no longer accepting new patients, and other calls went unanswered. Moreover, the average wait time for a visit was more than a month, and few of the psychiatrists contacted were willing to accept patients covered by Medicaid. Authors conclude that results confirm what many already know: In the midst of a mental health crisis, having insurance is not enough to guarantee access to mental health care when it is needed.

44% of youth believe they have access to a firearm, and those with depression or suicidality have even higher perceived access. Limiting access to firearms is one of the only evidence-based suicide prevention-based strategies we have. Teen (ages 14-18) and parent dyads were surveyed. Researchers found that 44% of teens said they would be able to access a firearm, and 20% thought they could access it in less than five minutes. Teens with depression and suicidality – high risk youth in the study – reported even higher rates of perceived access to firearms and similar rates of firearm ownership. The study with a video abstract is available [here](#).

Collectivism and Community Connections that Foster Youth Mental Health

A surprising remedy for teens in mental health crises. The provider shortage is real, but teens can be empowered to step up for each other, [Hechinger Report](#) says. Teens are being certified to help their peers, since it's very common for young people to turn to a friend before an adult in challenging times. The benefits of training programs like Teen Mental Health First Aid and Youth Mental Health First Aid are supported by peer-reviewed scientific studies. In teens, the training has been [shown](#) to increase mental health literacy and reduce reported psychological distress. In one randomized controlled trial, teens reported a significantly higher level of confidence in helping a friend who was anxious or suicidal, lower stigma around mental illness, and were more likely to choose the correct, helpful course of action. Additionally, in preliminary findings from the Johns Hopkins School of Public Health, two-thirds of teens surveyed reported they used the self-care strategies from the training course to deal with their own stress. According to the National Council for Mental Wellbeing, since 2020, the number of people trained in mental health first aid in the U.S. has more than doubled, to over 1.1 million.

Supportive peers are a highly protective factor for youth mental health. This [study](#) found children with low peer support at school were over six times more likely to experience poor mental well-being, and that high peer support has an impact equivalent to two other protective factors: family support and school adult support, on mental wellbeing. This finding is in line with other studies, which have found that positive peer relationships can serve as protective factors for children at risk due to family

adversity. Authors suggest that school-based peer support interventions would be effective in developing positive relationships, strengthening resilience, and protecting against mental health problems. Such interventions can include peer mentoring, peer mediation, peer counselling, befriending, and buddying – and focus on a range of issues such as bullying, violence, mental health, and school transitions.

SAMHSA releases National Model Standards for Peer Support Certification. A primary goal outlined within the Biden Administration's national mental health strategy is accelerating the universal adoption, recognition, and integration of the peer mental health workforce across all elements of the healthcare system. This included the development and implementation of a national certification program for mental health peer specialists. To meet this goal, SAMHSA collaborated with federal, state, tribal, territorial, and local partners including peer specialists to develop the [National Model Standards for Peer Support Certification](#), inclusive of substance use, mental health, and family peer certifications.

Half of youth medicated for depression and anxiety were managed by their pediatrician. Given high rates of poor mental health among U.S. children, many different professionals are needed to manage the population of children with mental health concerns, [announced](#) the American Academy of Pediatrics (AAP). Pediatricians are often the first point of care for youth with mental health issues like anxiety and depression. The AAP highlights the role of pediatricians in treating youth mental health with this [study](#), which found that half of kids medicated for depression and anxiety were managed by their primary care pediatricians.

Caring for the Caregivers. A new report from Harvard's Making Caring Common project [highlights](#) the interplay between parents' and teens' emotional health, with data indicating that parents are suffering anxiety and depression at about the same rates as teens. The [report](#) shares research-based strategies for supporting parents in preventing and curbing both teens' and their own anxiety and depression. Authors argue one crucial way to prevent a wide range of teen mental health troubles is to strengthen parents' mental health, so they're prepared to support their teens. Developing empathic listening skills and helping teens to cultivate meaning and purpose are also suggested.

Youth who volunteer have less anxiety. [Survey](#) data shows that volunteering was associated with higher odds of excellent or very good health and flourishing in children and adolescents, and with lower odds of anxiety in adolescents and behavioral problems in children and adolescents. Further, volunteering in adolescence is associated with decreases in risky health behaviors and depressive symptoms in adulthood, conveying both short-term and long-term positive effects.

40% of Wisconsin's early care professionals felt depressed in 2021. The **[report](#)**, Mental Health of Early Childhood Professionals and Children Early in the Pandemic, using Yale-CARES survey data provides national and state level data on depression, stress levels of the early care and education workforce.

Data Releases Related to Youth Mental Health

CDC [analysis](#) of mental health emergency visits among adolescents shows declines, even as some rates remain elevated compared with before COVID-19. Average visits last fall were down for multiple specific mental health conditions compared with the same period in 2021. Visits for anxiety disorders decreased by 12%; visits tied to suspected suicide attempts fell by 17%; those for depression fell by 18%. However, a related [article](#) points out, these decreases are tempered by the bigger picture: suicide attempts by girls in the fall of 2022 was 19% higher than the figure for the fall of 2019. Average visits for eating disorders among girls were up 57% from fall of 2019 to fall of 2022.

NIH Research Highlight: Data on Youth Emergency Department (ED) Visits for Mental Health. Hospital visits for mental health care increased among children and teens in the second year of the COVID-19 pandemic (March 2021-February 2022), according to a study supported by the National Institute of Mental Health. Analyses of insurance claims data for more than 4.1 million children showed an especially notable increase in acute mental health care visits—including emergency department visits—among teen girls.

Latest federal education data on students with disabilities in the U.S. Pew Research Center's analysis of the most current NCES (National Center for Education Data) data show that 4.6% of students with disabilities were classified as having an Emotional Disturbance. The Pew article reviews overall trends regarding students with disabilities, nationally and at the state-level.

Of Interest

Funding Opportunities from the Wisconsin Department of Health Services (DHS)
- **Social Connection Statewide Support** – funded by the Wisconsin Title V program, the selected agency will be responsible for providing consultation to DHS and other partners on how to foster positive social connections for maternal and child health populations within the existing public health infrastructure and programs. The application is open July 24, 2023-August 21, 2023. For information.
- **Wisconsin LGBTQIA2S+ Youth Acceptance Project** – funded by the Wisconsin Title V Maternal and Child Health grant, this funding opportunity will support projects that advance program priorities and improve mental health, well-being, and resilience in Lesbian, Gay, Bisexual, Transgender, Queer and Questioning, Intersex, Asexual, and Two-Spirit (LGBTQIA2S+) Wisconsin youth. Completed applications are due 11 am on August 17, 2023 and should be emailed to Maggie Smith (margaretj.smith@dhs.wisconsin.gov). For information.
- **Wisconsin Advancing Equity in Adolescent Health through Evidence-Based Teen Pregnancy Prevention Programs and Services (TPP)** – this opportunity is seeking a Youth Leadership and Statewide Alignment Leader who will support the overarching grant goals of improving adolescent sexual health outcomes and promoting positive youth development. An application is here. The anticipated start date is October 1, 2023. Submit completed applications by email to Kara Benjamin at kara.benjamin@dhs.wisconsin.gov by 6 pm September 8, 2023.

Initiative Helps Schools and Families Access Grants
Actor and activist Matthew McConaughey announced his Greenlights Grant Initiative that helps schools and families across the country access funding through the bipartisan Safer Communities Act. The act sets aside billions of dollars to make American schools safer. Learn more. Greenlights Grant Initiative website.

988 Suicide & Crisis Lifeline Marked One Year of Service
Since July 16, 2022 the 988 Suicide & Crisis Lifeline has been a safe place for anyone experiencing thoughts of suicide, a mental health or substance use crisis, or any other kind of emotional distress. From July 2022 through June 2023, the 988 Wisconsin Lifeline received 91,834 contacts which far exceed initial projections. Over 98% of the contacts were resolved through the conversation, reducing pressures on the state's system of emergency services for mental health and substance use concerns. Get more information on this free service and tools to promote the 988 Wisconsin Lifeline here.

Helping Your Child After a Family Homicide Loss

The National Child Traumatic Stress Network offers a [resource](#) to support youth and families affected by homicide losses.

The Office of Children's Mental Health
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