



LEGEND

Each stoplight indicates whether the current Wisconsin data is an improvement or not when compared to the baseline data. The most recent available data at the time of print are used for "current" statistics. Data from approximately five years prior are used for "baseline" statistics. For details on any indicator, please see the [indicator description](#) document on the OCMH website.

- Wisconsin is **going in the wrong direction** (known to be statistically significant).
- Wisconsin **seems to be headed in the wrong direction**, but is within the margin of error (not statistically significant) or unknown (significance unknown).
- This indicator **did not change** (difference of 0.5% or less before rounding).
- Wisconsin **seems to be headed in the right direction** but is within the margin of error (not statistically significant) or unknown (significance unknown).
- Wisconsin is **going in the right direction** (known to be statistically significant).

HEALTH BEHAVIORS

INDICATOR	US CURRENT	WI BASELINE	WI CURRENT	
Extracurricular participation	N/A	68%	64%	
Electronically bullied (cyberbullying)	16%	18%	16%	
Bullied on school property	20%	24%	18%	
Students who use electronics 3+ hours on average school days (not for schoolwork)	N/A	40%	75%	
Students who sleep 8 hours on average school night	22%	26%	28%	
Students who experienced sexual dating violence	8%	10%	10%	
Students who drink alcohol (at least one drink, at least one day in prior month)	29%	30%	26%	
Teen birth rate per 1,000	15.4%	16.2%	11.5%	
Students who vape frequently (20 or more days in the month prior)	11%	3%	7%	

Participation in extracurricular activities – sports, music, art, drama, or afterschool clubs – has a range of positive outcomes: improved self-esteem, resilience, social skills, connection to school, and academic performance.

Screen time increase is attributed to heavy reliance on technology and virtual connections during the pandemic.

Research consistently shows that kids who sleep the recommended amount have better mental health.

Wisconsin's teen birth rate continues to fall and is below the national rate.



SOCIAL & ECONOMIC FACTORS

INDICATOR	US CURRENT	WI BASELINE	WI CURRENT	
Low income youth	35%	38%	32%	
School connectedness	N/A	71%	61%	
Difficulty with friendships/social skills (ages 6-17)	23%	26%	23%	
Percent of students suspended	3%	3%	3%	
Eighth grade math proficiency	26%	39%	33%	
Homeless youth	2%	2%	2%	
High school graduation	86%	89%	90%	
Employment (ages 16-24)	54%	66%	67%	
Positive adult mentor	86%	95%	92%	
Ages 25 and older with bachelor's degree	35%	30%	33%	
Parents who attend child's activities	84%	90%	89%	
Foster care placements per 1,000 children	2.8%	4.3%	3.1%	
Four-year-old kindergarten enrollment	29%	72%	56%	
Mothers with higher education degrees	42%	46%	48%	

Poverty has declined over time due to state and federal policies such as the Earned Income Tax Credit (EITC), and was further helped during the pandemic due to federal relief programs like the Child Tax Credit.

Research shows that kids who are connected to their school, and feel they belong, have much better mental health.

Positive adolescent friendships play a key role in promoting and protecting youth mental health.

Performance declined for both the state and the nation during the pandemic. At the same time, Wisconsin students outperformed the national average for 8th grade math proficiency.

While Wisconsin is one of the top-ranked states in overall graduation rates, it also has one of the nation's worst gaps between Black and white graduates, deepening disparities and reducing opportunities for Black youth.

The pandemic disproportionately affected preschool enrollment for low-income children. Current DPI data indicate a large, pandemic driven drop in 2020-21 followed by a partial rebound in 2021-22. Prior to the pandemic Pre-K enrollment was increasing.



CLINICAL CARE

INDICATOR	US CURRENT	WI BASELINE	WI CURRENT	
Psychiatrists	N/A	390	360	
School Social Workers	N/A	586	741	
School Counselors	N/A	2049	2195	
School Psychologists	N/A	890	1017	
Children with mental health conditions who did not receive treatment (ages 3-17)	48%	47%	49%	
Difficulty obtaining mental health services	47%	45%	50%	
Doctors who did not ask about parental concerns with learning, development, or behavioral problems (ages 0-5)	70%	62%	66%	
Early developmental screen	35%	43%	44%	
Early prenatal care (first trimester)	76%	80%	81%	

The count of school-based mental health professionals has increased. There are a number of initiatives funded by pandemic relief dollars that will continue to invest in these positions. However, like all states, Wisconsin is far below recommended levels.

Half of Wisconsin youth with a diagnosed mental health condition such as depression, anxiety, or behavioral problems receive no treatment.

QUALITY OF LIFE

INDICATOR	US CURRENT	WI BASELINE	WI CURRENT	
Two or more ACEs (Adverse Childhood Experiences)	17%	21%	18%	
Youth experiencing a major depressive episode (ages 12-17)	16%	14%	14%	
Children who have emotional, behavioral, or developmental conditions	23%	21%	23%	
High school students feeling sad or hopeless	37%	27%	34%	
Teens seriously considering suicide	19%	16%	18%	
Suicide attempts	9%	8%	9%	
LGBT youth seriously considering suicide	45%	43%	48%	
Young adults experiencing any mental illness (ages 18-25)	30%	24%	33%	

The number of children with adverse childhood experiences (ACEs) may rise in the coming years given pandemic effects.

There has been a stark increase in the number of youth with feelings of sadness or hopelessness, stopping them from doing some usual activities.

Some data sources report on LGB rather than LGBT students, but transgender students are known to be at high risk for suicidality.