



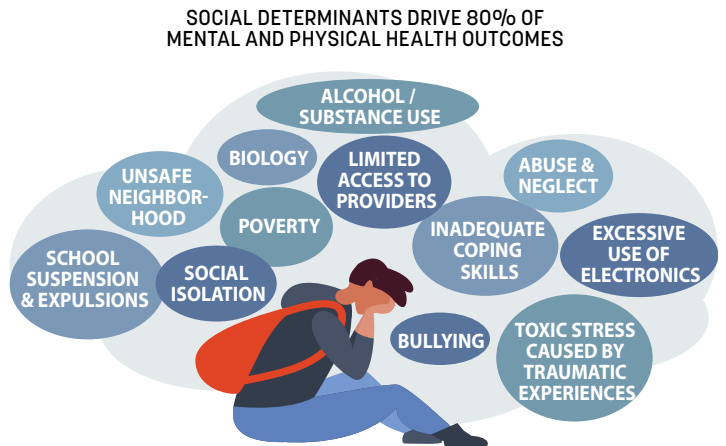
## WHY THIS MATTERS

Children who are collectively nurtured and supported by systems, communities, and families are best able to reach their highest potential mentally, socially, and emotionally as they grow into adulthood. Too often, Wisconsin's youth struggle with issues such as anxiety, depression, trauma, suicide, and difficulties obtaining timely and appropriate care.

Protecting a child's mental well-being across their lifespan requires a coordinated effort. Together with systems, providers, and families we can work to address root causes of poor mental health outcomes, and advocate for policy change.

## WHAT THE RESEARCH SAYS

For the majority of children, mental and emotional functioning is predominantly shaped by the social, economic, and environmental factors in which they are born into, live, and grow.<sup>1,2</sup> Policies that have a universal approach and address social determinants of health can provide all children with equitable opportunities to flourish.<sup>3,4</sup>

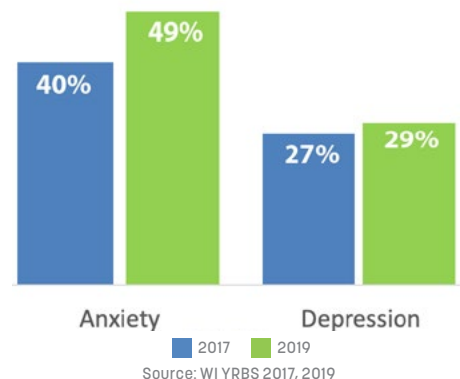


## WHAT'S HAPPENING IN WISCONSIN?

### Almost half of high school students in Wisconsin are feeling anxious.

Anxiety disorders are the most common mental health disorder, with some types starting as young as age 7.<sup>5</sup> Unfortunately, most children experiencing anxiety never get the help they need and may go untreated for many years. This lack of timely care can lead to or worsen the symptoms of depression, conduct disorders, and substance use.<sup>6</sup>

PERCENTAGE OF STUDENTS REPORTING ANXIETY, DEPRESSION<sup>7</sup>



# 11

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.<sup>8</sup>



Wisconsin Office of  
**Children's**  
Mental Health

- continued -

## DISPARITIES IN MENTAL HEALTH CARE

Minorities are more likely to delay or stop treatment as a result of geographic or insurance barriers and less likely to receive culturally appropriate treatment.<sup>11,12</sup>

### What works to reduce disparities and improve mental health outcomes?

- ➔ Increasing the cultural and linguistic competence of the mental health workforce.
- ➔ Integrating behavioral health care with pediatricians.
- ➔ Adhering to treatment by decreasing stigma and fear of medication.<sup>13,14</sup>
- ➔ Involving people who have lived experience with children's mental health in the program and policy decision-making process.

## SYMPTOMS OF ANXIETY

There are many types of anxiety disorders, and sometimes the symptoms are easy to miss. Some signs that a child may be struggling with may include:<sup>9,10</sup>

Avoiding situations and social gatherings by pretending to be sick.	Being a perfectionist, bossy, or having a need to control situations.	Worrying about things that are unlikely to happen.	Being overly shy and sensitive to criticism.	Low self-esteem and lack of confidence.	Having meltdowns at home but possibly not at school.
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## WHAT WE CAN DO

### PARENTS:

- ➔ Reach out for help as soon as you recognize that your child may be struggling.
- ➔ Challenge stigma by considering how you view mental health and by talking to friends and family about mental wellness.
- ➔ Access community resources available through:
  - 211 Wisconsin | [www.211.org](http://www.211.org)
  - Well Badger Resource Center | [www.wellbadger.org](http://www.wellbadger.org)
  - Wisconsin Community Program, Social Service, and Human Service Agencies

### EDUCATIONAL & MENTAL HEALTH PROFESSIONALS:

- ➔ Reduce service disparities by recognizing implicit biases and practicing cultural humility.
- ➔ Employ evidenced based treatment modalities to help children become more resilient.

### POLICYMAKERS:

- ➔ Ensure that policies consider the significant impact social determinants of health have on mental well-being.
- ➔ Increase access to treatment by supporting school-based mental health.

### REFERENCES:

<sup>1</sup> World Health Organization and Calouste Gulbenkian Foundation. Social determinants of mental health. Geneva, World Health Organization, 2014.

<sup>2</sup> "Healthy People 2020: Social Determinants of Health," Office of Disease Prevention and Health Promotion. Retrieved on April 13, 2020 from: <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>

<sup>3</sup> "Social Determinants of Health: Know What Affects Health." Retrieved from: <https://www.cdc.gov/socialdeterminants/index.htm>

<sup>4</sup> "Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity." Retrieved on April 13, 2020 from: <https://www.kff.org/disparities-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/>

<sup>5</sup> Kessler, R. C. et al. (2007). Lifetime prevalence and age-of-onset distributions of mental disorders in the World Health Organization's World Mental Health Survey Initiative. *World Psychiatry*, 6(3), 168–176.

<sup>6</sup> Understanding Anxiety in Children and Teens: 2018 Children's Mental Health Report. Child Mind Institute. Retrieved on April 13, 2020 from: [https://childmind.org/downloads/CMI\\_2018CMHR.pdf](https://childmind.org/downloads/CMI_2018CMHR.pdf)

<sup>7</sup> WI Youth Risk Behavior Survey. (2019) 10 year Trend Analysis Report. Retrieved on April 15, 2020 from: <https://dpi.wi.gov/sspw/yrb>

<sup>8</sup> Wang, P. S., Berglund, P. A., Olfson, M., & Kessler, R. C. (2004). Delays in initial treatment contact after first onset of a mental disorder. *Health services research*, 39(2), 393–415. <https://doi.org/10.1111/j.1475-6773.2004.00234.x>

<sup>9</sup> American Academy of Child and Adolescent Psychiatry. 'Anxiety and Children.' Retrieved on April 13, 2020 from: [https://www.aacap.org/AACAP/Families\\_and\\_Youth/Facts\\_for\\_Families/FFF-Guide/The-Anxious-Child-047.aspx](https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/The-Anxious-Child-047.aspx)

<sup>10</sup> UW Health. 'Recognizing Anxiety in Kids.' Retrieved on April 14, 2020 from: <https://www.uwhealthkids.org/news-and-events/recognizing-anxiety-in-kids/40448>

<sup>11</sup> McGuire, T. G., & Miranda, J. (2008). New evidence regarding racial and ethnic disparities in mental health: policy implications. *Health affairs (Project Hope)*, 27(2), 393–403. <https://doi.org/10.1377/hlthaff.27.2.393>

<sup>12</sup> Smedley B, Stith AY, Nelson AR. Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care. Institute of Medicine of the National Academie; 2002.

<sup>13</sup> Interian A, Ang A, Gara MA, et al: The long-term trajectory of depression among Latinos in primary care and its relationship to depression care disparities. *General Hospital Psychiatry* 33:94–101, 2011

<sup>14</sup> Sanchez K, Ybarra R, Chapa T, Martinez ON. Eliminating behavioral health disparities and improving outcomes for racial and ethnic minority populations. *Psychiatr Serv*. 2016;67:13–5.

<sup>15</sup> Citation: Child and Adolescent Health Measurement Initiative. 2017-2018 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved [04/26/2020] from [www.childhealthdata.org](http://www.childhealthdata.org).

