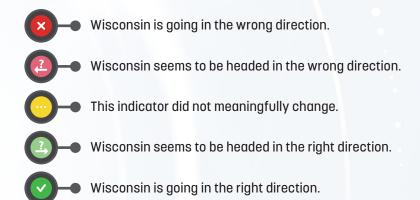
CHILD WELL-BEING INDICATORS DASHBOARD

THE FOLLOWING INDICATORS PROVIDE INSIGHT INTO THE WELL-BEING OF WISCONSIN'S YOUTH FROM MULTIPLE DOMAINS.

- Each stoplight indicates whether the current Wisconsin data is an improvement or not, when compared to the baseline data, and color is based on statistical significance, when available in source 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 data details, please see the indicator description document at https://children.wi.gov/Pages/ResearchData/Indicators.aspx.



QUALITY OF LIFE

INDICATOR	US CURRENT	WI BASELINE	WI CURRENT	
Children who have emotional, behavioral, or developmental conditions	25%	25%	25%	0
High school students with anxiety	NA	49%	52%o	Rates of anxiety and depres- sion continue to rise, especially
High school students feeling sad or hopeless	40%	29%	35%o	among teen girls.
Teens seriously considering suicide	20%	16%	19º/o	Teens seriously considering suicide has increased again,
Suicide attempts	10%	7%	9%o	particularly among girls and white students.
LGBT youth seriously considering suicide	41%	42%	40%	
Youth experiencing a major depressive episode (ages 12-17)	20%	15%	19%	(2) There has been a substantial
Young adults experiencing any mental illness (ages 18-25)	35%	28%	40%	 increase in the rate of young adults who have a mental illness.
Two or more ACEs (Adverse Childhood Experiences)	18%o	18%o	17%o	•

SOCIAL & ECONOMIC FACTORS

INDICATOR	US CURRENT	WI BASELINE	WI CURRENT	Child poverty declined due to policies such as the Earned
Low income youth	36%	34%o	32%	Income Tax Credit, and further reduced during pandemic-ex-
Severe Housing Problems	17%	15%	13%	Kids who feel they belong at
School connectedness	N/A	61º/o	54%	their school have better atten- dance, academic success, and
School suspensions	3%	4%	1 º/ o	 Mental health. Having at least one supportive adult to talk to about a problem is
Trusted adult at high school	N/A	72%	70%	Crucial to youth wellness. Rates of trusted adults at school are
Difficulty with friendships (social skills)	24%	29%	24%	Kids' interactions with their peers have long-lasting effects
High school graduation	87%	90%	91%	(3) well into adulthood. Healthy rela- tionship skills, emotional literacy
Employment (ages 16-24)	55%	62%	68%	and positive social skills can be taught. Investments in teach- ing life skills pay off by helping protect youth mental health and by improving educational and
Ages 25+ with bachelor's degree	36%	31º/o	34%	economic outcomes.
Parents who often attend child's activities	79%	91%	85%	Foster care placements continue to decline in WI and across the US thanks to family preser-
Family communicates very well	62%	59%	64%	vation efforts, including home visiting and kinship care, among
Foster care placements per 1,000 children	2.6	4.2	2.9	 States and tribal nations. Preschool has a particularly positive impact on children's well-being. Emotional regula-
Four-year-old kindergarten enrollment	35%	72%	63%	Weil-being. Emotional regula- tion and coping skills are most helpful when established early in life during the vast majority
Mothers with higher education degrees	45%	47%)o	50%	In the doring the vast hajonty of brain development.

2024 WISCONSIN CHILD WELL-BEING INDICATORS DASHBOARD CONTINUED

CLINICAL CARE

INDICATOR	US CURRENT	WI BASELINE	WI CURRENT	
Early prenatal care (first trimester)	75%	80%	82%	0/
Children with mental conditions who did not receive treatment (ages 3-17)	48%	35%	49%	2
Doctors who did not ask about parental concerns with learning, development, or behavioral problems (ages 0-5)	69%	66%	68%	0-
Early developmental screen conducted	34%	38%	39%	
School Nurses	66%	74%	75%	0-
Psychiatrists (statewide count)	NA	360	450	
School Social Workers (statewide count)	NA	673	802	
School Counselors (statewide count)	NA	2122	2248	\bullet
School Psychologists (statewide count)	NA	957	1055	

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

90% of brain development occurs between ages 0-5, and the majority of this growth is during the infant and toddler years. Experts advise that mental and behavioral health care be embedded early into routine pediatric care.

Wisconsin requires every school to have a school nurse. Most are part-time. Though the counts are slowly increasing, 25% of districts have no school nurse at all.

Though the number of schoolbased mental health professionals is increasing, totals are far below recommended levels, and their services are not reimbursed at sustainable rates. Fixing school mental health reimbursement rates is key to addressing Wisconsin's youth mental health crisis.

HEALTH BEHAVIORS

INDICATOR	US CURRENT	WI BASELINE	WI CURRENT	Kids who participate in extra-
Participation in activities (ages 6-17)	70%	81%	77%	2
Electronically bullied (cyberbullying)	16%o	17 % o	18%	anxiety and more likely to feel they belong.
Bullied on school property	19%o	22%	22%	
Students who use electronics 3+ hours on average school days (not for schoolwork)	N/A	75%	79%	Excessive screen time, associat- ed with mental health concerns, continues to increase.
Students who sleep 8 hours on average school night	23%	27%	26%	Kids who sleep at least 8 hours a night have better mental
Teen birth rate per 1,000	13.6	13	9.8	health. Experts advise that phones be kept out of kids' bed-
Students who vape frequently (20 or more days in the month prior)	5%	9º/o	7%	3 rooms and that teen classes begin 8:30 am or later.
Students who drink alcohol (at least one drink, at least one day in prior month)	22%	30%	26%	2
Students who experienced sexual dating violen	ce 10%	13%	13%	\bigcirc

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