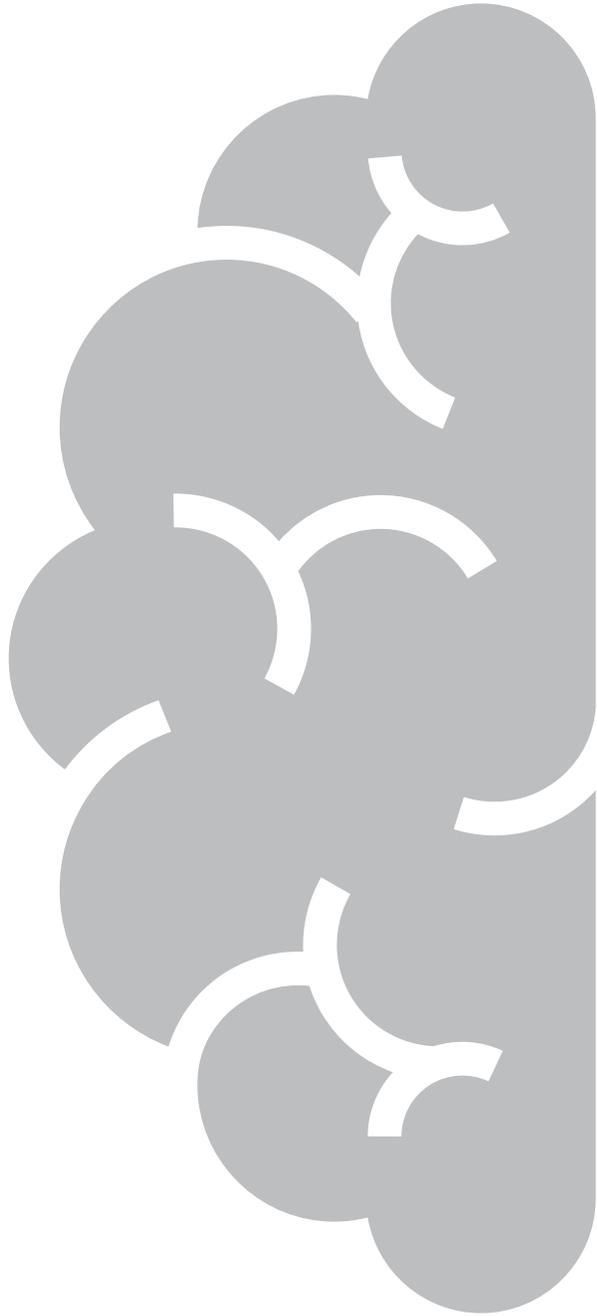


Our Brains Are Wired for **SOCIAL CONNECTIONS**



2022 Annual Report





TABLE of CONTENTS

Executive Summary.....3

Well-Being Trends & Demographics.....4 – 6

Wisconsin Child Well-Being Indicators Dashboard.....7 – 9

Social Connectedness is Key10 – 13

Mental Health Lived Experience is Everywhere.....14 – 15

Responding to the Need / OCMH Accomplishments16 – 17

Partnerships & Collective Impact18

References / Expanding Connections via Social Media19

➔ Please see the Annual Report State Department Partnerships Supplement on our [website](#) for a recap of 2022 highlights related to children’s mental health from the Wisconsin Departments of Health Services, Children and Families, Corrections, and Public Instruction.

ABOUT THE OFFICE OF CHILDREN'S MENTAL HEALTH (OCMH)

Values

- Collaborative across systems
- Data driven
- Family and youth guided
- Promote inclusivity and equity among all stakeholders

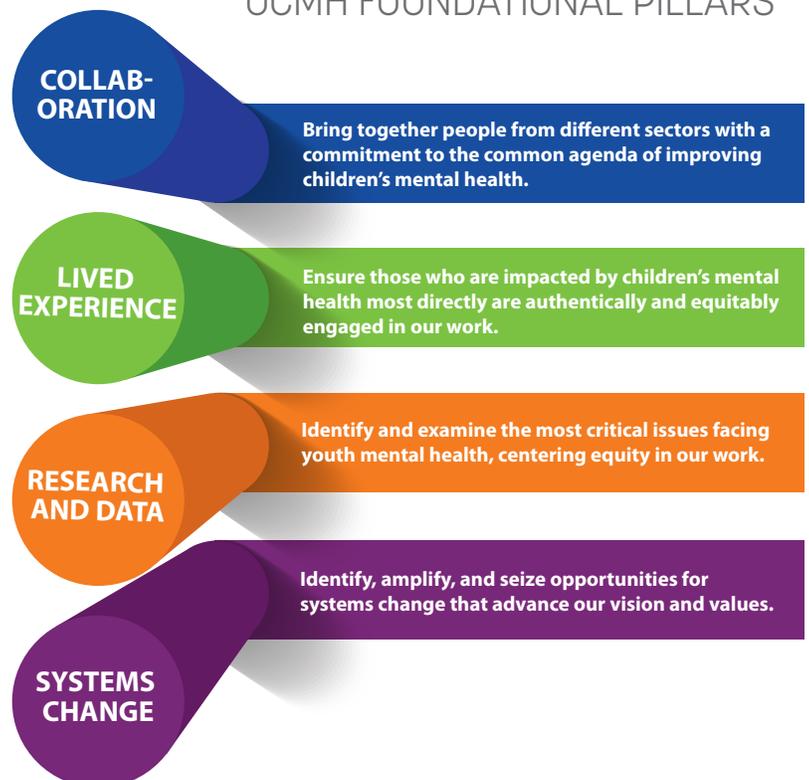
Vision

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.

Staff

- Linda Hall, Director
- Karen Katz, Operations Lead
- Amy Marsman, Senior Research Analyst
- Andrea Turtenwald, Family Relations Coordinator

OCMH FOUNDATIONAL PILLARS





Youth, parents, educators, and health professionals
all tell us 2022 has been a challenging year.

The effects of the pandemic continued to weigh heavily on everyone. Children returning to in-person school faced the challenges of how to act in the classroom, how to be with peers, fill learning gaps, and manage the big feelings they were having because of these challenges and everything they and their families have been through.

Throughout the year, OCMH focused on responding to these messages, to what the data is saying about children's well-being, and our commitment to increasing the Social Connectedness of Youth, which addresses many of the current and pre-pandemic challenges to children's mental health.

While pursuing this agenda, we learned even more about the long-lasting impact of social connections and their power to reduce emotional distress, suicidal thoughts, and physical violence victimization (pg. 10). In addition, a social network beyond family and healthy relationships with peers lead to better well-being, because Our Brains Are Wired for Social Connections (pg. 20).

As in previous years, this report presents available data on youth mental health. We, like the U.S. Surgeon General in his [declaration](#) of a national youth mental health crisis issued December 2021, note that the crisis started well before the pandemic and a critical response to it is addressing the economic security and social barriers that contribute to poor mental health for young people and families.

A few of the most concerning data to report this year are:

- Anxiety, depression, and suicide reports are up again, with the percent of students feeling sad and hopeless almost every day jumping to nearly 34%, a 10 percentage point increase over the last ten years.
- Youths' sense of belonging at school continues to drop, especially among Hispanic students, half (49%) of whom do not feel they belong at their school.
- Nearly half of LGBT youth (48%) in Wisconsin seriously considered suicide.

On the brighter side, the number of school-based mental health professionals is up and investments of federal pandemic funds are offering opportunities for school mental health expansions, which is where 75% of youth in treatment receive their mental health care. Educators welcomed these funds to address the mental health concerns of their students, but caution that mental health funding must be ongoing to be effective, and to address all the students' needs.

The OCMH Team and its network of partners are always looking for What We Can Do to improve youth mental health. Our OCMH Accomplishments (pgs. 16-17) identify many of the resources we offered for parents and others. Our expanded social media presence (pg. 19) was augmented by youth artwork (pg. 14). Increasing social media messaging, elevating youth leadership, leaning into two-generation approaches, and disseminating best practices on social connectedness are among the strategies we plan to focus on in 2023. Like this year, connecting with and improving the mental health and well-being of Wisconsin's children will be at the heart of our work.



Linda A. Hall

Linda A. Hall
Director, Wisconsin Office of Children's
Mental Health



Kids who are connected and feel they belong have better mental health, better academic outcomes, and engage in fewer risky behaviors (pg. 10).



WELL-BEING TRENDS & DEMOGRAPHICS

HOW WISCONSIN'S YOUTH ARE FEELING AND CONNECTING

In December 2021, the U.S. Surgeon General issued a rare public health advisory on youth mental health. The advisory, *Protecting Youth Mental Health*, was an urgent call to action on youth mental health and reflected the dire needs of the nation's children. The national data in the advisory mirrors what is happening in Wisconsin: alarming rates of anxiety, depression, self-harm, and suicidal ideation with limited means to access mental health care.

How are Wisconsin Kids Doing?

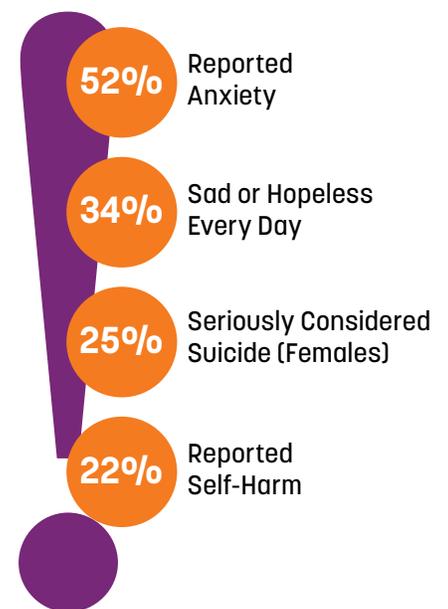
In the most recent data on Wisconsin high schoolers, 22% reported self-harm; 25% of females seriously considered attempting suicide; 34% felt sad or hopeless nearly every day; and 52% reported anxiety.¹

The Surgeon General's first recommendation to states was to **address the economic and social barriers** that contribute to poor mental health. Children who live in low-income families and those experiencing poverty encounter far more stress than children who live in higher-income households. Poverty, which often includes unstable housing, food insecurity, and unsafe neighborhoods, has consistently been linked with poor health outcomes and increased risk of adverse mental health outcomes.

Among Wisconsin's 1.2 million children, at least one in 10 lives in poverty, and one in three is on Medicaid.² In all the data on youth mental health, we see large disparities based on race, income, and sexual orientation.

➔ **While lifting kids out of poverty is primary to improving overall health, youth mental health also relies on children being socially connected.**

WISCONSIN YOUTH'S DECLINING MENTAL HEALTH



How are Wisconsin Kids Connecting to Care?

- County level data reveal a number of shortages in mental health professionals throughout the state. The recommended professional to patient ratio is 250:1. In Wisconsin, the ratio is 440:1.³
- Of kids who receive mental health treatment, it is estimated that 75% of the time they receive care at school. Wisconsin schools also have a shortage of school-based mental health professionals.⁴
- Accessing care – whether in the community, virtually through telehealth, or at school – depends on the financial ability to pay for treatment, transportation and/or reliable internet access, and the ability of both parent and child to leave their job or school for appointments. These are often insurmountable barriers for low-income, rural, or single-parent families.

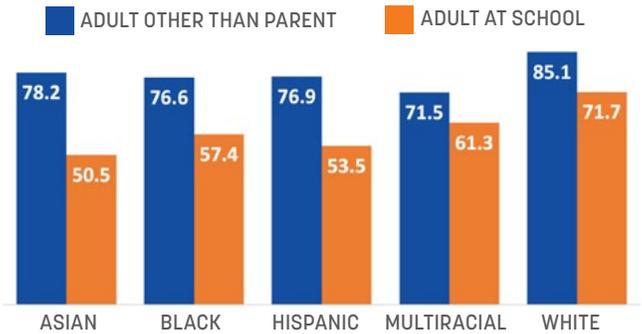
YOUTH TO PROFESSIONALS RATIOS	RECOMMENDED RATIO	WI RATIO
Community-based mental health professional	250:1	440:1
School-based professional: school social worker	400:1	1,136:1
School-based professional: school psychologist	500:1	826:1



Are Wisconsin Kids Connecting with Healthy Relationships?

- Kids connected with their parents during the pandemic, with 45% saying they are closer to their parents than before the pandemic.⁵
- 82% of Wisconsin high schoolers have an adult, besides their parents, whom they feel comfortable seeking help from. 67% of high schoolers have an adult at school they can talk to. In both cases, there are noticeable differences by race. Kids of color do not feel as connected to adults as white students do.
- Just one accepting adult in the life of an LGBTQ youth can reduce their risk of suicide attempt by 40%.⁶
- Research shows that adolescents with healthy teen friendships have better physical and mental health long into adulthood.⁷ Given the isolation and stress of the pandemic, youth need to be supported as they rebuild healthy relationships with their peers.
- Teens are not very likely to turn to their adult family members to discuss their feelings. Less than a quarter (23.6%) of those who report feeling sad, empty, hopeless, angry, or anxious would talk with an adult family member about their feelings.

PERCENT OF HIGH SCHOOL STUDENTS WHO HAVE ADULTS THEY CAN TALK TO



PERCENT WHO WOULD TALK WITH ADULT FAMILY MEMBER ABOUT FEELINGS
Among those who felt sad, empty, hopeless, angry, or anxious

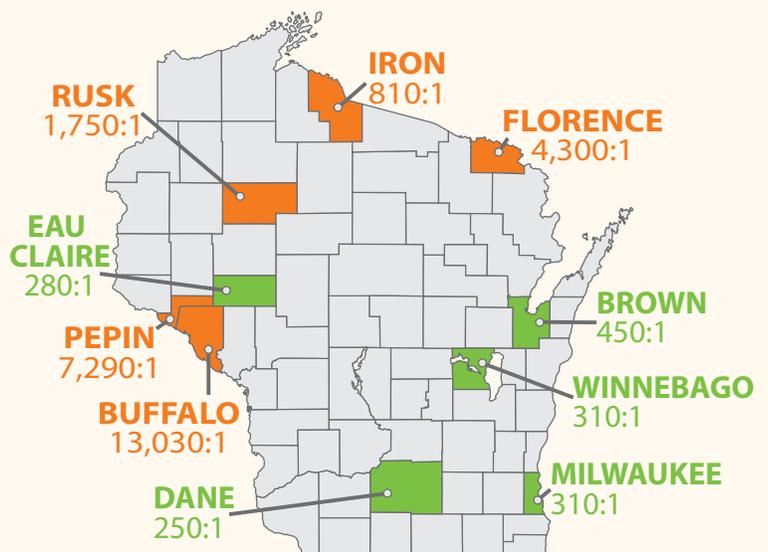


➔ **Fostering healthy relationships requires social-emotional skills and knowledge; these positive practices lead to improved mental wellness.**

Wisconsin's Mental Health Provider to Person Ratios⁸

(Recommended ratio is 250:1)

- Five counties with less than 10 providers for the entire county.
- Five metro areas' mental health provider ratios.





Are Wisconsin Kids Connecting to School?

SCHOOL BELONGING⁹

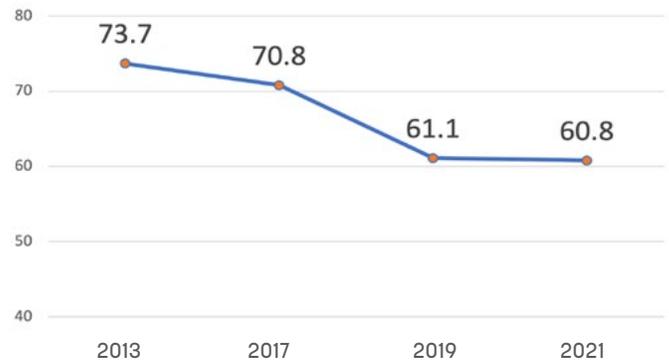
- School belonging is on the decline in Wisconsin. High school students are feeling less connected now than a decade ago. 40% of high school students in Wisconsin feel they do not belong at school.
- There are noticeable disparities by race, with kids of color feeling less like they belong at school than their white peers.

SCHOOL ATTENDANCE AND ABSENTEEISM¹⁰

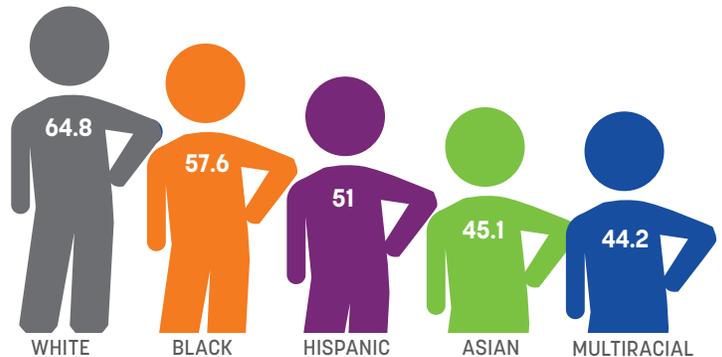
- Feeling connected to school impacts attendance. In the most recent data on chronic absenteeism, rates of absenteeism rose for all student groups.
- Recent data reveal the disproportionate impact of absenteeism on students of color, especially Black, Native American, and Hispanic students who tend to live in under-resourced communities.
- Trend data also show that racial disparities in chronic absenteeism existed prior to the pandemic.

➔ Attendance is critical to more than academic success in school. Students who feel connected to their school also have better mental health.

PERCENT OF WISCONSIN HIGH SCHOOL STUDENTS WHO FEEL THEY BELONG AT SCHOOL, 2013-2021

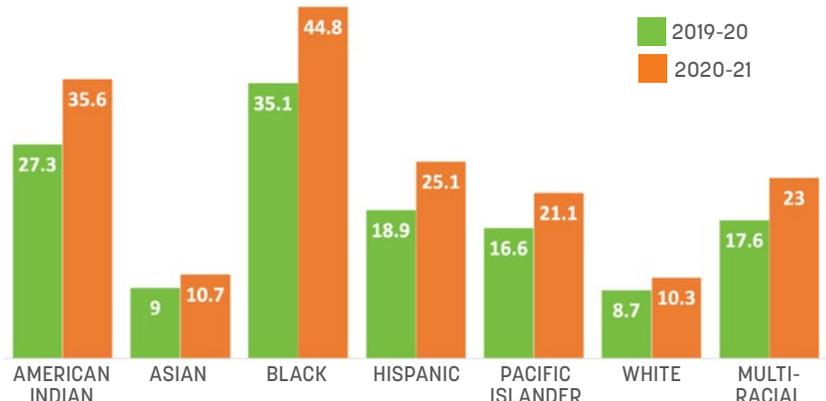


PERCENT OF WISCONSIN HIGH SCHOOL STUDENTS WHO FEEL THEY BELONG AT SCHOOL BY RACE, 2021



PERCENT OF WISCONSIN K-12 STUDENTS CHRONICALLY ABSENT BY RACE / ETHNICITY

Students who are absent 10% or more of the school year are considered chronically absent.



%

Nearly 45% of Black students in Wisconsin were chronically absent in the 2020-21 school year; over a third (35.6%) of Native American students, and a quarter (25.1%) of Hispanic students were chronically absent.

%



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.



SOCIAL CONNECTEDNESS IS KEY

Social Connectedness of Youth is the Office of Children’s Mental Health’s (OCMH) strategic focus. Across all ages of young people, it is the one thing that can make a difference in children's mental health.



SOCIAL CONNECTEDNESS

Youth are socially connected when they are actively engaged in positive relationships where they feel they belong, are safe, cared for, valued, and supported.



What’s the one thing that could make a difference in the mental health and well-being of Wisconsin’s young people today? Our answer is social connectedness.

Linda Hall, Director,
Wisconsin Office of Children’s
Mental Health



The Power of Social Connections

Social connectedness impacts more than just our mental health – it also improves our physical health. Additionally, social connectedness can prevent loneliness, that can damage both our physical health and mental health.¹¹

School connectedness in adolescence has long-lasting impacts, reducing the following in adulthood¹²:

- Emotional distress and odds of suicidal ideation
- Physical violence, victimization, and perpetration
- Multiple sex partners
- Sexually transmitted infection diagnosis
- Prescription drug misuse and other illicit drug use

Being part of a social network beyond family is important for all kids. Youth who are part of a social network beyond family¹³:

- Are less likely to internalize stress
- Have reduced loneliness, depression, and anxiety
- Have overall better well-being



What can we do when kids don’t have a network?

A less than 40-second compassionate interaction can substantially reduce anxiety.¹⁴



Adults can ask: What is your favorite movie/book? What do you enjoy doing that you are good at? What do you like learning?



Social Connectedness of Youth – OCMH Strategic Focus

We believe that all individuals and organizations that touch children’s mental health can identify work they already do, or could do, in at least one of the following categories of social connectedness:

1. Family
2. Supportive Adult
3. Cultural Identity / Community
4. School / Early Education
5. Peer

That is why OCMH brings together various sectors and organizations, including state departments, to collectively focus on social connectedness of youth.

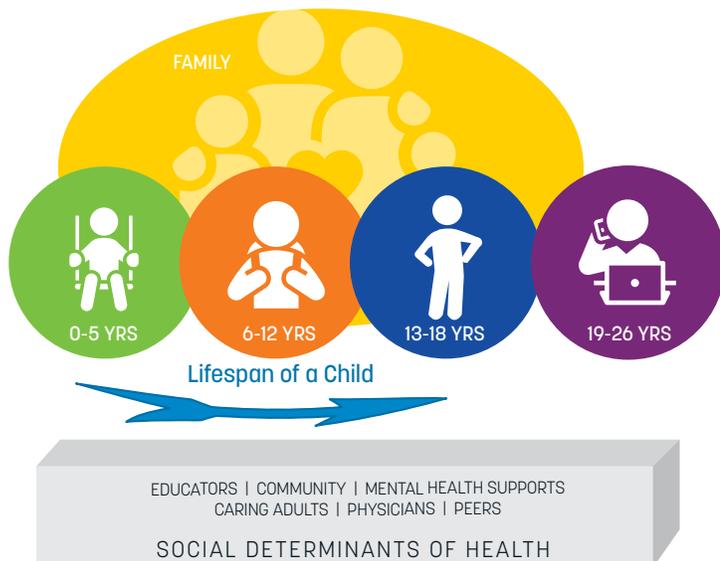


Strong Foundations are Critical in Building Emotional Well-Being

If relationships with parents/primary caregivers have been positive and consistent, a young person’s foundation will be strong, and they will be better prepared to build relationships as they move through life.

As children grow, they also need connections with peers and other supportive adults to feel that they belong at school and in their community.

Positive and consistent relationships and social connections make for resilient youth who are able to better navigate mental health challenges.



Connectedness to family, peers, and trusted adults in schools and community organizations is key to protecting adolescent health. Students are more likely to thrive if they know they matter and that they have adults, teachers, and friends who care about their safety and success. These protections can last long into adulthood, leading to better mental health, and less substance use.

Centers for Disease Control and Prevention



SOCIAL CONNECTEDNESS IS KEY

[CONTINUED]

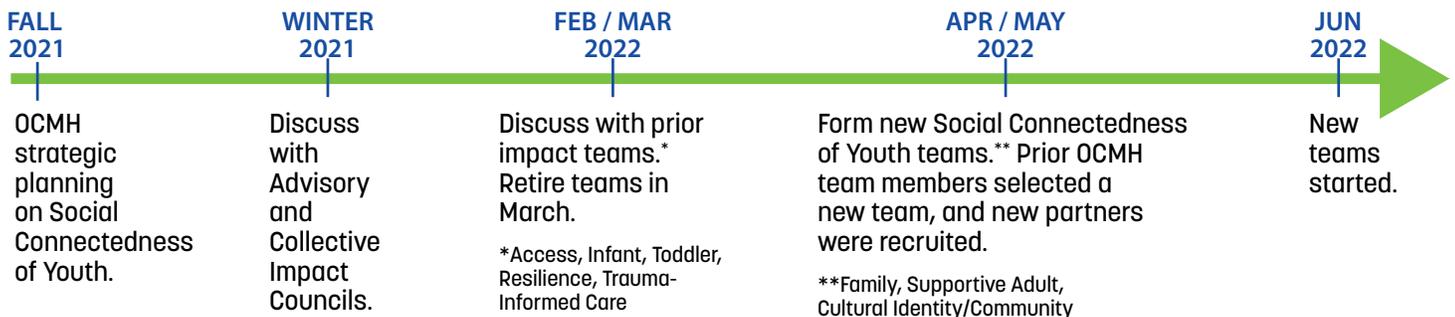
OCMH COLLECTIVE IMPACT TEAMS FORMED TO FOCUS ON SOCIAL CONNECTEDNESS OF YOUTH	
TEAM	TEAM VISION
FAMILY 	Children have warm, positive relationships with their family that make them feel like they belong, are safe, cared for, valued, and supported.
SUPPORTIVE ADULT 	Adults, especially older adults, connect with and establish affirming relationships with youth.
CULTURAL IDENTITY / COMMUNITY 	Young people are regularly involved in spaces that help them feel connected to one another and their culture or identity.

SHARED PRIORITY

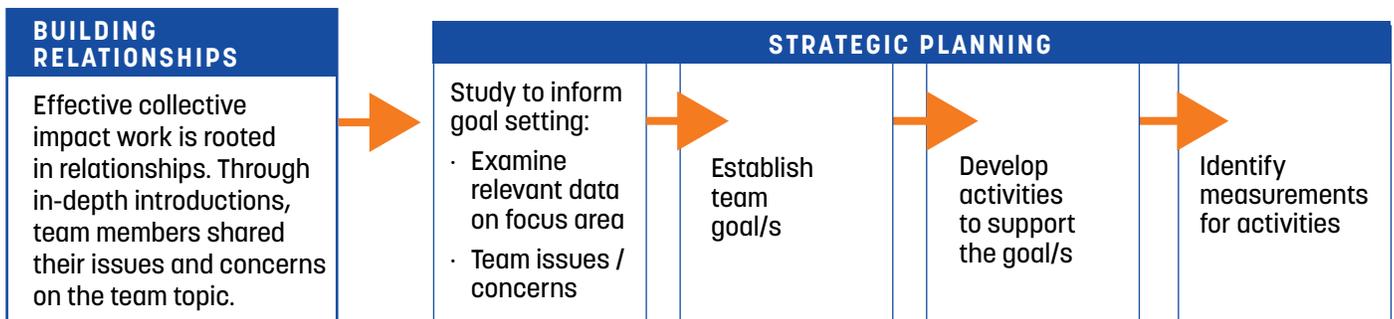
Our social connectedness focus supports efforts on social isolation and loneliness at the national and state level. Both the Wisconsin and National Coalitions to End Social Isolation and Loneliness are drawing attention to this important issue. Why is this so important?¹⁵

- Social isolation can lead to a 29% increased risk of early death, and loneliness leads to a 26% increase.
- Some estimates show that social isolation is equivalent to smoking up to 15 cigarettes per day.
- The effects of either social isolation or loneliness exceeds the effects of physical inactivity, obesity, and air pollution.

TIMELINE FOR NEW STRATEGIC FOCUS



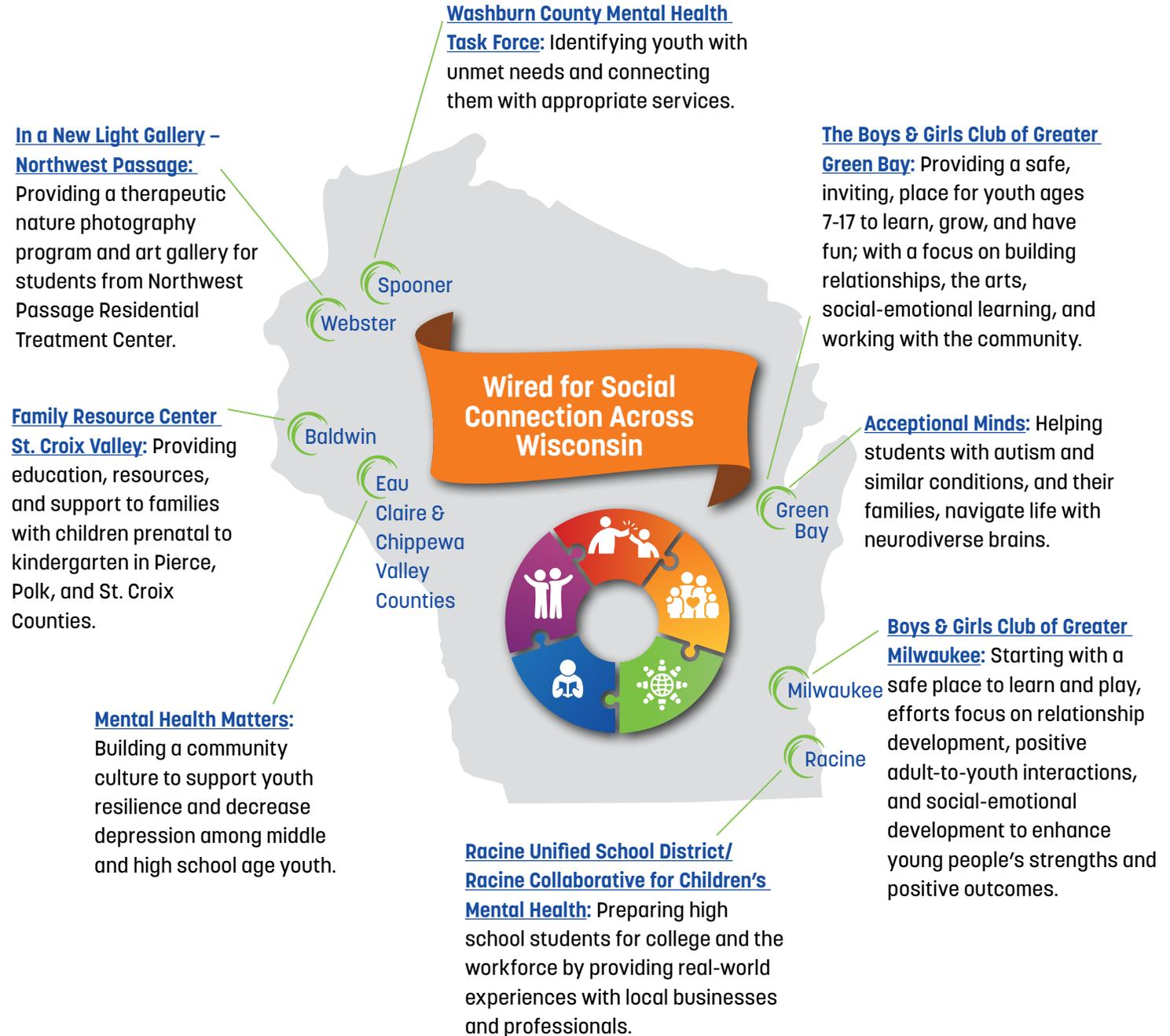
WORK PLAN FOR EACH TEAM





Connecting This Work to Communities

Enthusiasm for our Social Connectedness of Youth focus was evident across the state and across stakeholders and various sectors! OCMH visits, which included state department leaders and First Lady Kathy Evers' office, showcased organizations focusing on connecting youth.





MENTAL HEALTH LIVED EXPERIENCE IS EVERYWHERE

YOUTH DEPICT MENTAL HEALTH AND WELL-BEING THROUGH PHOTO

In 2021, the [Voices of Wisconsin Students Project: Learning, Coping, and Building Resilience During COVID-19 Report](#) provided an in depth understanding of how Wisconsin youth were faring in the pandemic. In 2022, to better understand the mental health needs of youth, the Wisconsin Office of Children's Mental Health, Department of Health Services Division of Care and Treatment Services, and the Bureau of Community Health Promotion collaborated with the Medical College of Wisconsin's Comprehensive Injury Center to conduct focus groups and collect photos from Wisconsin youth ages 14 – 26 in a follow-up Photovoice Project. Youth shared the following images to show what mental health and well-being means to them.



MENTAL HEALTH LIVED EXPERIENCE IS EVERYWHERE

LIVED EXPERTS RESPOND TO CHALLENGES THROUGH SYSTEMS CHANGE



Every day, children and families in Wisconsin are navigating services and systems due to increased mental health needs. The impact is felt across rural, urban, and suburban communities, regardless of race, ethnicity, and socio-economic status. By living through these hardships, parents and caregivers become experts on children's mental health system gaps. **Highlighted below are three parent leaders dedicating their time and energy to meaningfully improve system capacity throughout the entire state.**

Iron River



RACHEL ZWICKY'S family faces many challenges in her two sons' rural school district – services and supports just aren't available for their high needs. At the county and school level, Rachel has been speaking up. Now, Rachel serves on the Coalition for Expanding School-Based Mental Health Board as a new Lived Experience Representative to advance mental health services in schools across the State.



West Salem

Milwaukee



SHIMIKA HARRIS is passionate about sharing community resources. When her nephew began experiencing psychotic episodes, she recognized caregivers needed more information. Shimika co-created the "Handling a Mental Health Crisis" resource for caregivers, released in 2022, which has been viewed over 600 times online and distributed to schools and organizations across Wisconsin.



JARED HEESCH has opened his home to countless children experiencing the child welfare system since 2012. Through emergency placements, short-term respite, and long-term stays, Jared has collaborated with many social services staff and recognized their need to better understand how to support foster and biological families. In 2022, Jared shared his wisdom and practical examples of supporting families with over 200 social services staff.

Do you see the value of lived experience? Contact [OCMH](#) if you have an opportunity for a parent or youth leader to influence the children's mental health system!



RESPONDING TO THE NEED OCMH ACCOMPLISHMENTS

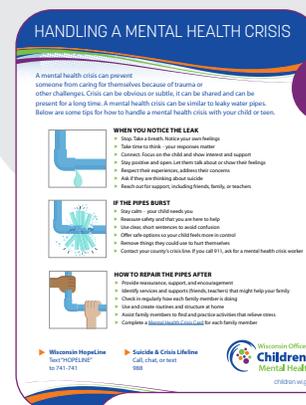
The national youth mental health crisis has drawn attention to the mental health needs of children. From increasing awareness of anxiety and depression among youth to advocating for mental health, the Office of Children’s Mental Health (OCMH) works on many levels to provide tools, share resources, and convene people to address the crisis. We are pleased to highlight a number of 2022 accomplishments.

OUTREACH AND CONVENING

- **Children's mental health presentations.** OCMH staff shared data and strategies on systems change and increasing lived experience at numerous conferences.
- **Suicide prevention awareness.** Convened Sources of Strength leaders to increase awareness of suicide prevention efforts across the state.
- **Tackling systems change one step at a time.** Worked with stakeholders to improve the sharing of hospital discharge information with schools.
- **Amplifying parent engagement.** Joined with the First Lady’s Office on a National Governor’s Association Grant to initiate parent engagement focus groups at schools and develop a focus group model for replication at schools throughout the state.

RESOURCES

- **Social media images.** Created a series of social media images promoting awareness of children's mental health.
- **Handling a Mental Health Crisis.** Developed a flyer that provides a shared understanding of what a mental health crisis looks like and offers advice and resources on how caregivers can best support their child or teen.
- **Feelings Thermometer magnets final distribution.** Initially produced during the pandemic as a visual tool to help people measure how they are doing emotionally and what steps they can take to shift their mood when things get tough, final distribution of the 41,500 magnets printed in 2020 and 2021 was completed in 2022. The tool is available on the OCMH website in 10 languages.





ADVOCATING FOR CHILDREN'S MENTAL HEALTH

- **Raising up children's mental health data and issues.** OCMH released its [2021 Annual Report](#) on January 11, 2022 to a virtual gathering of nearly 200 people across the state.
- **Children's Mental Health Week** was celebrated May 1-7, 2022. OCMH, with [ArtWorks for Milwaukee's](#) CAPE Mental Health Movement (a youth program where graphic artists guide youth) made social media posts available for sharing.
- **Convening a network of over 200 people** that work collectively to improve children's mental health in Wisconsin.
- **Recommendations to improve school mental health.** The University of Wisconsin – Madison's La Follette School of Public Affairs conducted a [study](#) for OCMH on the state of mental health services at Wisconsin's K-12 schools. The report evaluated survey data, compared Wisconsin to other states, and made recommendations on improving school mental health capacity and quality.

ADVANCING LIVED EXPERIENCE LEADERSHIP



- **Lived Experience Academy** is a program piloted with the Department of Children and Families that provides structured learning and leadership opportunities for parents and youth with lived experience. Launched in late 2021, the initial cohort involved 31 participants in three leadership levels and was completed in June 2022.
- **Learning from lived experts.** Over 400 mental health providers, county human services staff, and community members attended six lived experience panel presentations at a variety of conferences and panel sessions. At all events, a primary focus was advocating for the involvement of lived experience in children's mental health systems work.

EQUIPPING THE WORKFORCE

- **Trauma-informed care training videos** on "Exploring Race and Culture from a Trauma-Informed Care Lens" were produced and posted on the OCMH website. The series included four 30-minute videos, each offering an expert panel and a group discussion toolkit. Total views of the videos topped 2,690.
- **Infant and Early Childhood Mental Health Consultation** was funded by the Joint Finance Committee. After many years of advocacy by OCMH and others, the \$5 million in funding was awarded to the Department of Children and Families to build a statewide consultation framework for childcare.





PARTNERSHIPS & COLLECTIVE IMPACT



The Office of Children’s Mental Health (OCMH) brings people and organizations together to focus on improving children’s mental health in the State of Wisconsin. Social Connectedness of Youth is the common agenda for our collective impact work. Our collective purpose is to support Wisconsin’s children in achieving their optimal social and emotional well-being. Our charge is to study, recommend strategies, and coordinate initiatives to improve the integration of children’s mental health services across state agencies.

PARTNERS

Over **85**

ORGANIZATIONS THROUGHOUT THE STATE JOIN US IN OUR WORK

129
People on the **COLLECTIVE IMPACT COUNCIL**

18
People on the **ADVISORY COUNCIL**

Our stakeholders are a broad group of individuals sharing a passion for children’s mental health and representing a diverse range of perspectives. They include mental health professionals, health systems, pediatricians, psychiatrists, families, peers, mental health advocates, advocates for those with disabilities, and lived experience.

People participating on our **OCMH COUNCILS AND TEAMS**

212
(many participate on more than one group)

OCMH COLLECTIVE IMPACT NETWORK

119
People actively participate on one of our **SOCIAL CONNECTEDNESS OF YOUTH TEAMS**: Family • Cultural Identity / Community • Supportive Adult

EXPANDED NETWORK

54 New people joined an OCMH council or team

INCREASED DIVERSITY | New representation from Wisconsin’s tribal communities, culturally diverse groups, county health and human services departments, and legislators.



OCMH works in collaboration with the Wisconsin Departments of Health Services, Children and Families, Corrections, and Public Instruction to improve children’s mental health in our state. Please see our Annual Report State Partnerships supplement on our website (children.wi.gov) for an in-depth recap of these state departments' 2022 children’s mental health achievements.



Page 4

- ¹ CDC, 2021 Youth Risk Behavior Survey Results: Wisconsin High School Survey.
- ² Population Reference Bureau, analysis of data from the U.S. Census Bureau, 2017-2019 and 2021 American Community Survey. Retrieved from the KIDS COUNT Data Center: <https://datacenter.kidscount.org/data/tables/10183-children-who-have-health-insurance-by-health-insurance-type?loc=1&loc2=1#ranking/2/any/true/2048/4153/19707>
- ³ County Health Rankings & Roadmaps, Wisconsin 2022.
- ⁴ Wisconsin Department of Public Instruction.

Page 5

- ⁵ Pew Research Center, June 2022, “How Teens Navigate School During COVID-19.”
- ⁶ National Survey on LGBTQ Youth Mental Health 2019, The Trevor Project.
- ⁷ Allen JP, Costello M, Kansky J, Loeb EL. (2022) [When friendships surpass parental relationships as predictors of long-term outcomes: Adolescent relationship qualities and adult psychosocial functioning](#). *Child Development* 93(3):760-777. doi: 10.1111/cdev.13713
- ⁸ County Health Rankings & Roadmaps, Wisconsin 2022.

Page 6

- ⁹ CDC, 2021 Youth Risk Behavior Survey Results: Wisconsin High School Survey.
- ¹⁰ WISEdash Public Portal. Wisconsin Department of Public Instruction. Retrieved from <https://wisedash.dpi.wi.gov/>.

Page 10

- ¹¹ Powell, Alvin, Social distance makes the heart grow lonelier, *The Harvard Gazette*, 45/4/2020 <https://news.harvard.edu/gazette/story/2020/05/how-to-ease-loneliness-and-feel-more-connected/>
- ¹² Riley J. Steiner, Ganna Sheremenko, Catherine Lesesne, Patricia J. Dittus, Renee E. Sieving, Kathleen A. Ethier (2019). Adolescent Connectedness and Adult Health Outcomes. *Pediatrics*, 144 (1): e20183766. DOI: <https://doi.org/10.1542/peds.2018-3766>
- ¹³ Bernasco, Nelemans, van der Graaf, Branje. (2021). Friend Support and Internalizing Symptoms in Early Adolescence During COVID-19. *Journal of Research on Adolescence*, 31(3):692-702. DOI: 10.1111/jora.12662

Pages 10 and Back Cover

- ¹⁴ Trzeciak, S. and Mazzarelli, A. (2019). *Compassionomics: The Revolutionary Scientific Evidence that Caring Makes a Difference*. Studer Group.

Page 12

- ¹⁵ Coalition to End Social Isolation & Loneliness. 2021-2022 Policy Priorities. Retrieved from <https://www.endsocialisolation.org/policy-priorities>

Back Cover

- ¹⁶ Centers for Disease Control. (2022, April 1). Mental Health, Suicidality, and Connectedness Among High School Students During the COVID-19 Pandemic. ABES Survey, U.S. January–June 2021. <https://www.cdc.gov/mmwr/volumes/71/su/su7103a3.htm>
- ¹⁷ The Trevor Project. (June 2019). The Trevor Project Research Brief: Accepting Adults Reduce Suicide Attempts Among LGBTQ Youth. https://www.thetrevorproject.org/wp-content/uploads/2019/06/Trevor-Project-Accepting-Adult-Research-Brief_June-2019.pdf
- ¹⁸ Arora, Collins, Dart, et al. (2019). Multi-tiered Systems of Support for School-Based Mental Health: A Systematic Review of Depression Interventions *School Mental Health: A Multidisciplinary Research and Practice Journal*, 11(2), 240–264. <https://doi.org/10.1007/s12310-019-09314-4>

Connect with Us

The Office of Children’s Mental Health has five social media accounts to share news and resources. Get connected with us on your favorite platform!



Top Post in 2022



During Children’s Mental Health Week 2022, this image created by teen interns at ArtWorks for Milwaukee was viewed by 9,763 people on Facebook!



WIRED FOR SOCIAL CONNECTIONS

Proven strategies that improve brain health and mental wellness:



What we can do:

