

Testimony by Linda Hall, Director, Wisconsin Office of Children's Mental Health

Assembly Committee on Mental Health

March 24, 2021

Good morning Chairman Tittl and members of the Committee. My name is Linda Hall and I'm the director of the Wisconsin Office of Children's Mental Health. Thank you for the opportunity to come before you today to talk about the mental health of children in Wisconsin. This morning I would like to focus on three things: children's mental health data, what kids need, and what the Legislature can do.

The charge for our office is to improve children and families' access to mental health services through:

- Coordinating initiatives and improving the integration of children's mental health services across four state departments working with children
- Monitoring children's mental health data and submitting an Annual Report to the Legislature.

Approximately 269,000 (21%) of Wisconsin's children have a diagnosable mental illness and nearly half are not accessing treatment. These numbers from 2019 are likely to have increased given shuttered schools, social distancing, and the economic stress that families have been under due to the COVID-19 pandemic. Children's mental and emotional functioning is predominantly shaped by the social, economic, and environmental factors into which they are born, live, and grow. Children who are nurtured and supported by their families, communities, and systems are best able to reach their highest potential. Unfortunately, too often, Wisconsin's youth struggle with issues such as anxiety, depression, and trauma, and they have difficulties obtaining timely and appropriate care.

Anxiety disorders are the most common mental health disorders, sometimes starting in children as young as age 7. Data show that the median number of years from a child's initial emotional stress symptoms to receiving treatment is 11 years. Delays in treatment can lead to, or worsen, symptoms of depression, conduct disorder, and other illnesses. Research suggests that training parents, teachers, and other adults to recognize the symptoms of mental illness could reduce treatment delays. The sad reality is that most children experiencing anxiety never get the help they need. Children accessing treatment is critical, because children whose mental illness is treated are less likely to be chronically mentally ill as adults.

In addition to anxiety, depression and hopelessness are growing among our children. As this slide shows, the number of high school students -- who felt sad or hopeless daily for 2 weeks in a row -- has been steadily increasing since 2009 according to the Department of Public Instruction's biennial Youth Risk Behavior Survey of high school students. The survey also showed that when you look across several questions for depression, anxiety, self-harm and suicidal ideation, almost 60% of high school students have experienced at least one of these conditions. A separate survey conducted with adolescents between the ages of 12 and 17 showed that 15% had an episode of Major Depression with that 15% being up from 10% only a few years ago.

The teen suicide rate in Wisconsin, at 14.0/100,000 youth ages 15-19, continues to be above the national average. Between 2016 and 2018, 45% of Wisconsin adolescents who died by suicide, died by firearm, with the vast majority of the youth accessing a gun belonging to a parent.

When we look deeper into suicide rates, we see that American Indian youth have the highest rates, followed by White and then Black children. In the middle chart, we see that 42% of LGBT high school students have considered suicide and that fewer than half get help. The chart on the right shows that of suicide deaths among 10-19 year olds, 71% were male. In 2010, for those ages 0-26, who died by suicide, the associated costs, including hospitalizations, emergency department visits and lost wages was approximately \$1.7 million.

Finally, the circle on the far right shows that self-harm is much more prevalent with girls --- about three times more common.

If we consider mental health outcomes more generally and the quality of life they can lead to, we see that there are significant disparities across ethnic groups. Insufficient access to mental health professionals, geographic and insurance barriers, as well as culturally inappropriate treatment contribute to many children delaying or stopping treatment. Multiple indicators, even before the COVID pandemic, were showing that our kids are struggling with emotional issues and mental illness.

Turning to the issue of mental health professional workforce shortages, as of 2019, Wisconsin had an average of 490 individuals to each mental health professional, that is, if the state's population were evenly distributed. Of course it isn't, so there are much higher ratios in many counties. At the same time, Dane County with 250 persons to each mental health professional is doing better than the state average and better than the top performing state which was at 290 to 1.

If we look at the psychiatrist supply, we see that 66 counties have a shortage and some counties have no psychiatrist treating children. The Child Psychiatry Consultation Program helps in 26 counties, but there are still too many children who wait months to access a child psychiatrist. School social workers, as of 2018-19, were at 1 social worker to 1,305 students while the recommended ratio is 1 : 250 students.

Mental health workforce shortages have real consequences. When the supply of providers cannot accommodate the demand for services, it can lead to an increase of: worsening mental health symptoms, family conflict, child abuse and neglect, risk of suicide, increased emergency room visits, and in-hospital stays. What is happening in the school setting is particularly important, because research suggests that schools function as the true mental health system for children and adolescents. Of the 16 percent of children nationally receiving any mental health services, 70-80% receive that care in a school setting.

While we don't have much data yet on 2020, a recent report by FAIR Health analyzed 32 billion private healthcare claims filed. Each month from January to November 2020 was compared to the same month

in 2019. Among the pediatric mental health claims examined were claims for overall mental health, intentional self-harm, top mental health diagnoses, and emergency room visits.

Two findings that stand out are:

- Intentional self-harm claims for the 13-18 age group increased more than 100% from March 2019 - 2020
- Wisconsin ranked among the top 5 states in the nation for the most intentional self-harm claims among those ages 6 to 22.

In every month of the year, self-harm claims were again significantly higher for female teens compared to male teens. Self-harm medical claims examined included: firearms, sharp objects, and crashing of a motor vehicle. The FAIR Health study also shows that Generalized Anxiety Disorder increased 93% in 2020, which confirms what we have been hearing from mental health professionals and families in our network.

What do kids need? For well-being and good mental health, kids need strong foundations. Their families need a steady, livable income and stable housing. Kids need support from their community, teachers, and caring adults. If they develop mental illness, they need help early on, not when they get to Stage 4 of their illness, and not 11 years after their first symptoms.

With other illnesses like cancer or diabetes, we don't wait years to treat. We start well before Stage 4. When people are in the first stage of these diseases, and have symptoms, we try immediately to reverse the course of the disease. This is what we should be doing for our kids so they don't have to experience a serious mental illness and as much as possible avoid taking a mental illness with them into adulthood.

For kids in Wisconsin to get the mental health services they need, we need to significantly increase access to quality, culturally-sensitive mental health professionals.

What can the Legislature do? Here are 10 options. They range from investing in school mental health to increasing mental health professionals payments to investing in peer support and suicide prevention to reinvesting Medicaid expansion savings in improving Wisconsin's children's mental health system. Some are no cost items. The cost of others are included in Governor Evers' proposed budget for the upcoming biennium. Each option would increase children's access to critical mental health services and the chance for more children to reach their full potential. On the recommendations handout, I have provided more detail on each and, of course, would be happy to talk with you further about these strategies.

This final slide shows resources and images available on our website for your use or for distribution to constituents. The Feelings Thermometer helps you take your emotional temperature and suggests activities to shift your mood if you are feeling low or angry. A video with kids talking to First Lady Kathy Evers about how the Feelings Thermometer works for them and, as they say, how "it can change your life." Fact Sheets on children's mental health that we issue monthly in English and Spanish. Our Accessing Children's Mental Health Services map for parents. Finally, one of eight images on children's mental health that you can share to help reduce stigma.

Thank you for allowing me to share this information about children's mental health and how we can improve their access to treatment.