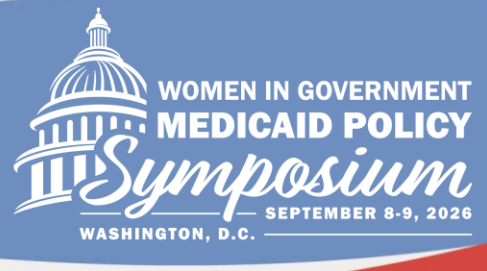
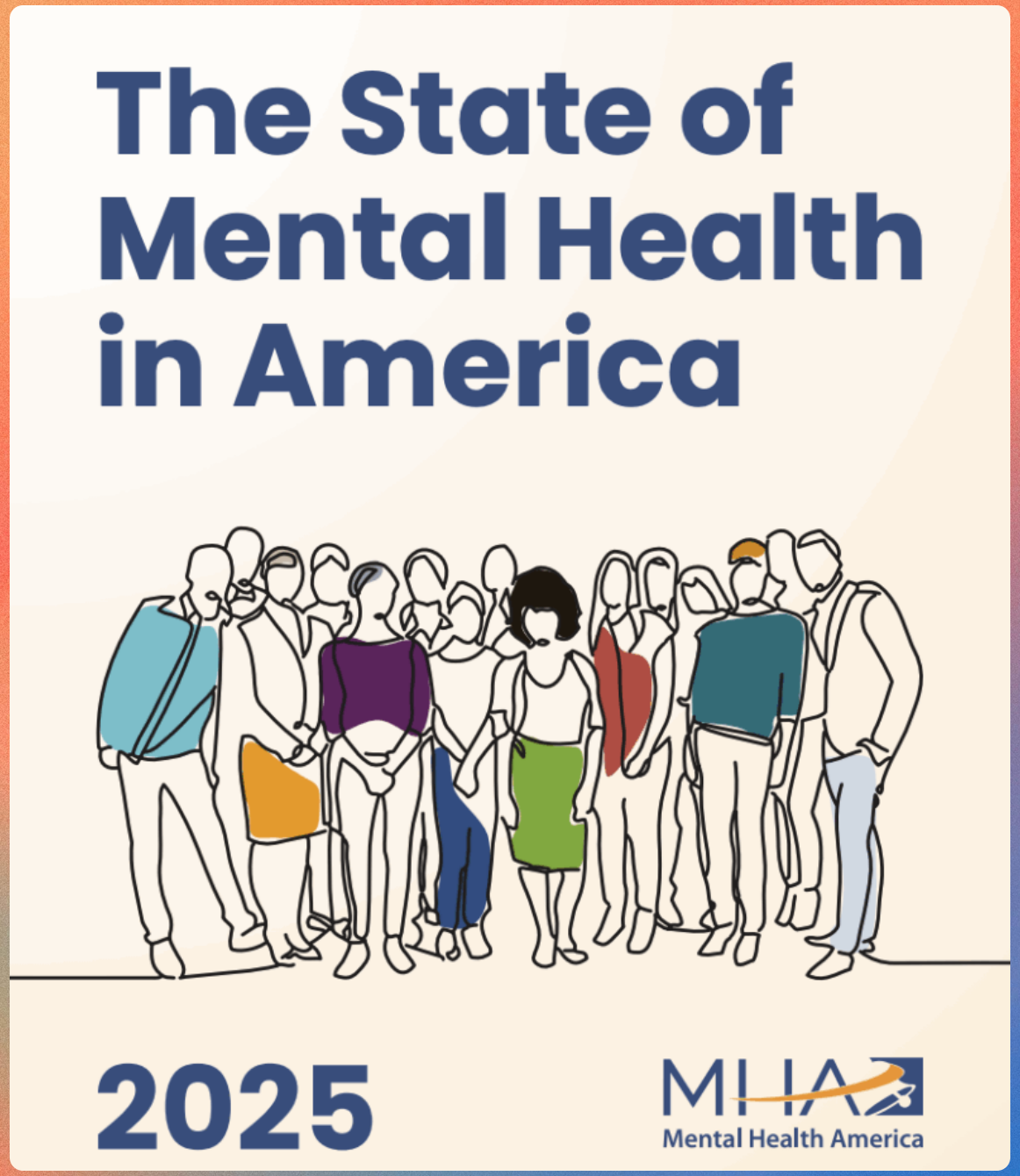
Improving Health Outcomes | Solving the Behavioral Health Provider Challenge for Children and Teens



MHA's State of Mental Health Report

The *State of Mental Health in America* report analyzes 17 measures of mental health prevalence and access to care among youth and adults to assess the mental health landscape across the country and develop state rankings. Youth-specific measures include:

- Mental health and well-being: depression, suicidal thoughts, and flourishing
- Substance use: prevalence of substance use disorder
- Access to mental health care: insurance coverage and receipt of treatment for depression
- Early identification and support: preventive health visits and identification of students with emotional disturbance for an IEP



The State of Youth Mental Health

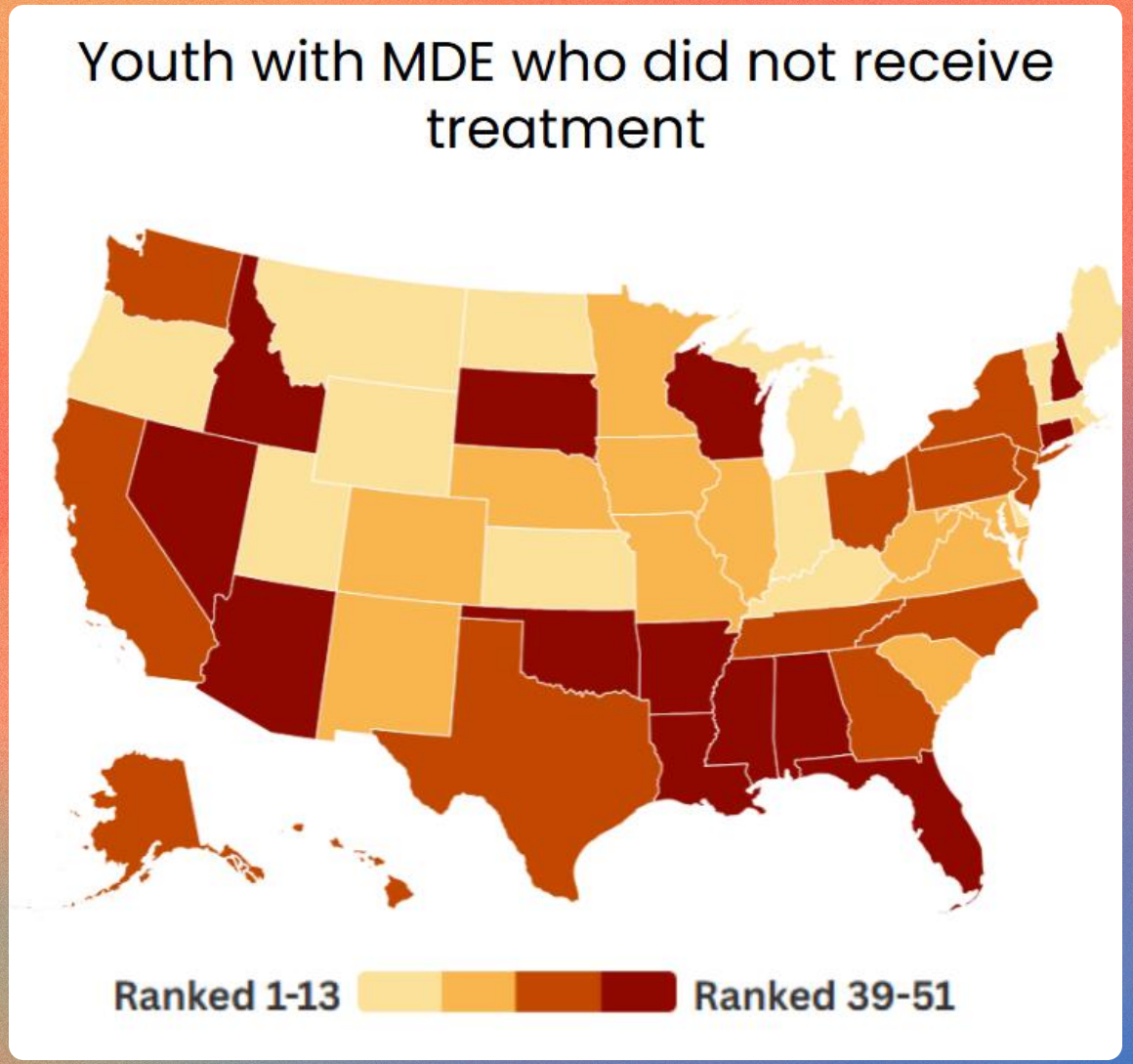
In 2025,

- 18.0% / 4.6 million had moderate or severe symptoms of generalized anxiety disorder.
- 15.1% / 3.7 million adolescents experienced a major depressive episode, and 11.0% / 2.7 million experienced MDE with severe impairment.
- In 2025, 2.6 million adolescents aged 12 to 17 (10.3%) had serious thoughts of suicide in the past year, 1.3 million (5.1%) made a suicide plan, and 738,000 (2.9%) attempted suicide.

Youth Unmet Need for Treatment

In 2025, 42.3% (national rate) of youth (ages 12-17) with a major depressive episode (MDE) did not receive any treatment or counseling for depression in the past year (totaling over 2 million youth).

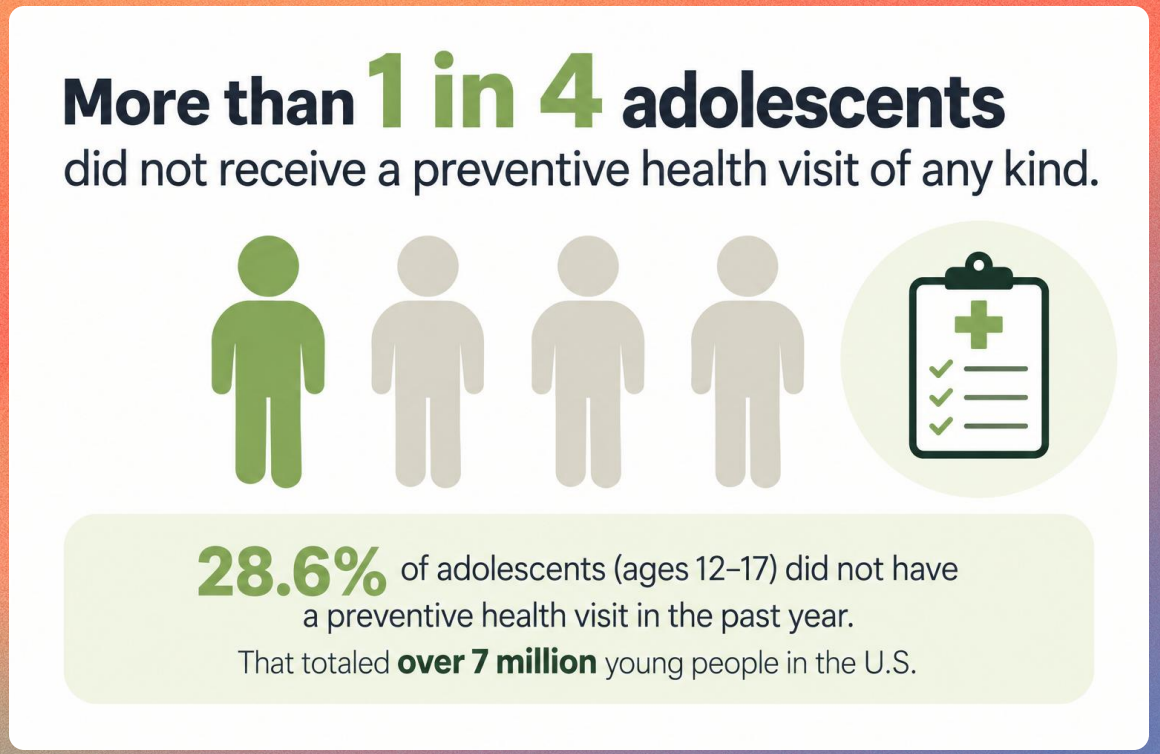
Access varies substantially by state. MHA's State of Mental Health in America rankings highlight significant differences in youth mental health needs and access to care across the country.



Preventive Care Is a Critical Entry Point

Routine preventive visits are an important opportunity to identify mental health needs early and connect young people to appropriate supports and services.

When young people lack access to preventive care, opportunities for screening, early intervention, referrals, and connection to behavioral health services may be missed.



Barriers to Care Can Lead to Long Delays in Treatment

“Ghost networks” create the illusion of access.

51.8% of mental health providers listed in Medicaid managed care directories in one multi-state study did not see a single Medicaid patient.

Inaccurate networks can delay care and burden families who spend valuable time contacting providers who are unavailable or not accepting Medicaid.

Delays can last for years.

The average delay between the onset of mental illness symptoms and the start of treatment is **11 years.**

This delay is particularly concerning because **half of all lifetime mental illness begins by age 14 and 75% by age 24.**

MHA
Mental Health America

Impacts of Access Delays Extend Beyond Mental Health

SCHOOL & LEARNING

Unmet mental health needs can contribute to **school absences, difficulty concentrating, and poorer academic performance.**

INCREASING ACUITY

Without timely intervention, **symptoms can worsen or become more complex,** increasing the likelihood that young people need higher levels of care.

CO-OCCURRING CONDITIONS

Young people with untreated mental health needs may be at **greater risk for co-occurring mental health and substance use conditions,** further complicating treatment and recovery.

MHA
Mental Health America

Integrated Care Can Improve Access and Outcomes

Integrated care brings behavioral health services into pediatric and primary care settings, allowing young people to receive screening, early intervention, and treatment as part of routine health care.

Integrated care can help close the gap between identifying a mental health need and receiving treatment, while improving coordination between physical and behavioral health providers.

WHY SCHOOLS?

If youth health matters, schools matter

96% of children ages 5–17 attend school in the United States, making schools the most effective and efficient way to reach young people and save lives.

- Poor health behaviors in adolescence often continue into adulthood, contributing to $4.5 trillion spent on chronic and mental health conditions annually.
- More than 50 million students are in K-12 schools around the country for 6 or more hours each day.
- Healthy students are better learners; they are more likely to graduate, and more likely to thrive as adults—academically, economically, and emotionally.

HOW CDC'S SCHOOL HEALTH PROGRAM WORKS

1 Equip

DASH provides federal support directly to state & local education agencies.

- Funding
- Data
- Resources & technical assistance

2 Implement

Agencies work directly with schools to put evidence-based approaches into practice.

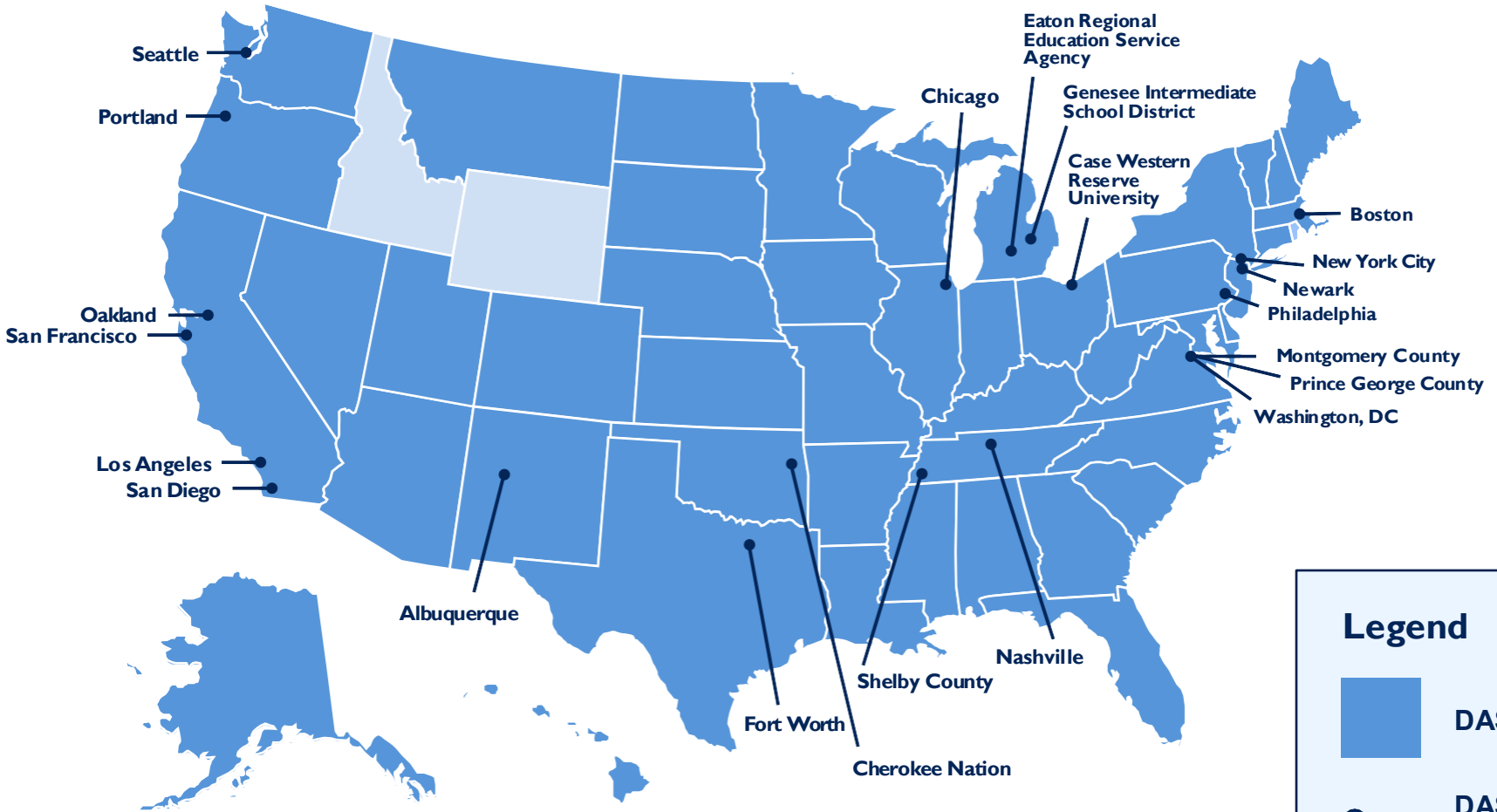
- Health & physical education
- Health services
- Safe & supportive environments
- School/family partnerships

3 Improve

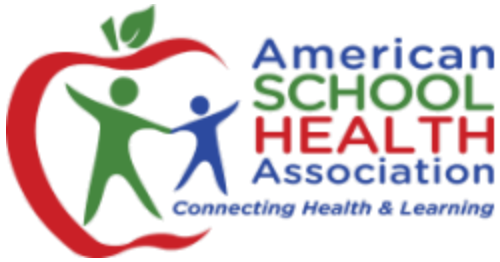
DASH-supported programs demonstrate positive student health outcomes, such as:

- **Improved** mental health, physical activity, & dietary behaviors
- **Reduced** suicide risk, substance abuse, & experiences of violence

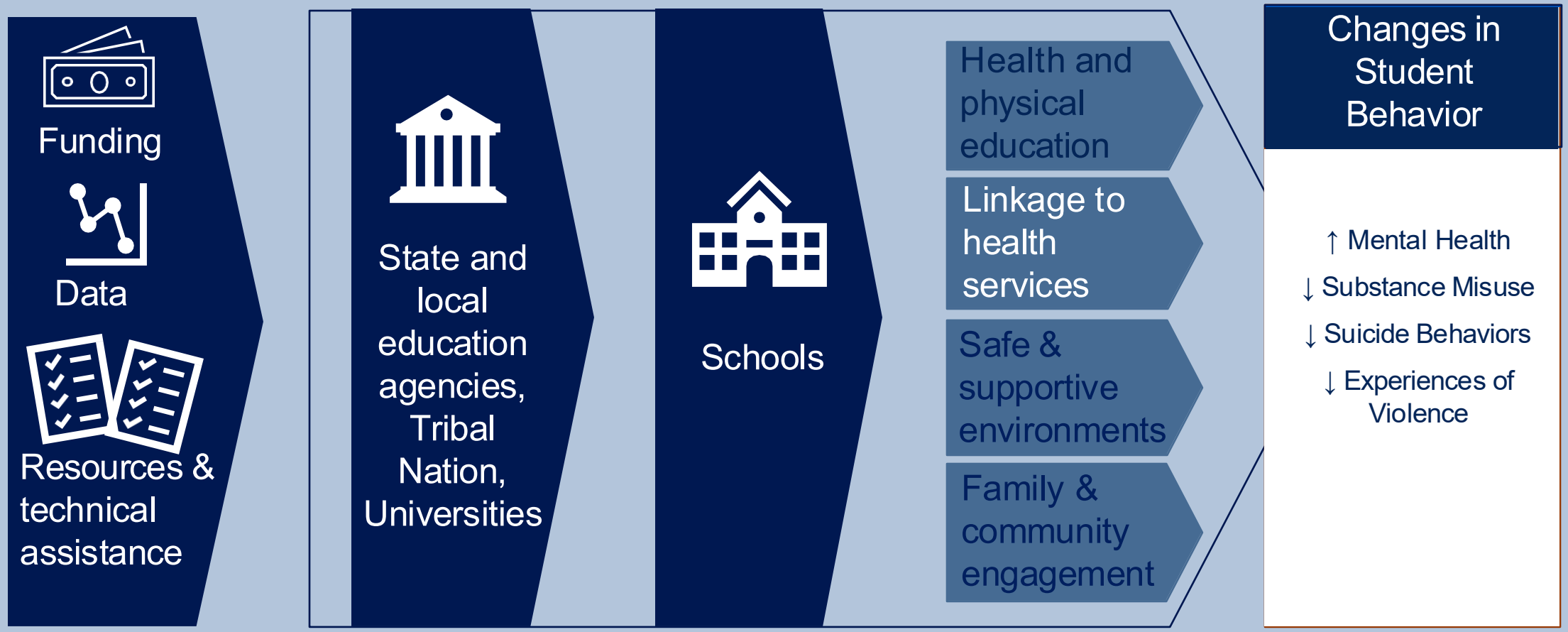
DASH Supports Schools and Students Across the U.S.



DASH Collaborates with Partners Across the U.S.



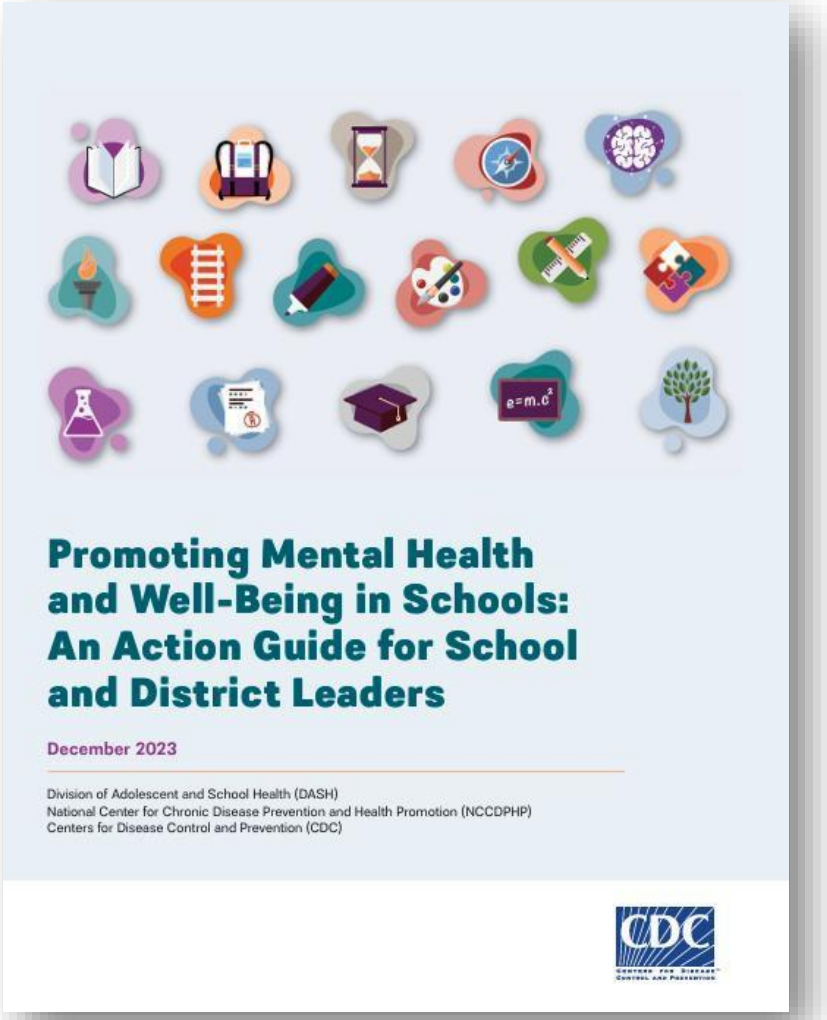
Snapshot of DASH's Mental Health Portfolio



Snapshot of DASH's Mental Health Portfolio

NCSMH
NATIONAL CENTER FOR SCHOOL MENTAL HEALTH

TEAMS
Enhancing School Health Services
From the American Academy of Pediatrics



Youth Risk Behavior Survey (YRBS)

YRBSS was established in 1990 to monitor health behaviors and experiences among U.S. high school students

YRBSS is a system of surveys

National Youth Risk Behavior Survey (YRBS) conducted by CDC

State, territorial, tribal, and local YRBS conducted by state, territorial, local, and tribal agencies

>5 million high school students across the U.S. have participated since its inception

YRBSS is the only federal surveillance system to **provide representative national and state data** to help guide decision making

Snapshot of YRBS Behavioral Health Data

The Percentage of High School Students Who:*	2013 Total	2015 Total	2017 Total	2019 Total	2021 Total	2023 Total	Trend (All Years Available)	2-Year Change (2021–2023)
Experienced persistent feelings of sadness or hopelessness	30	30	31	37	42	40		
Experienced poor mental health†	–	–	–	–	29	29	–	
Seriously considered attempting suicide	17	18	17	19	22	20		
Made a suicide plan	14	15	14	16	18	16		
Attempted suicide	8	9	7	9	10	9		
Were injured in a suicide attempt that had to be treated by a doctor or nurse	3	3	2	3	3	2		

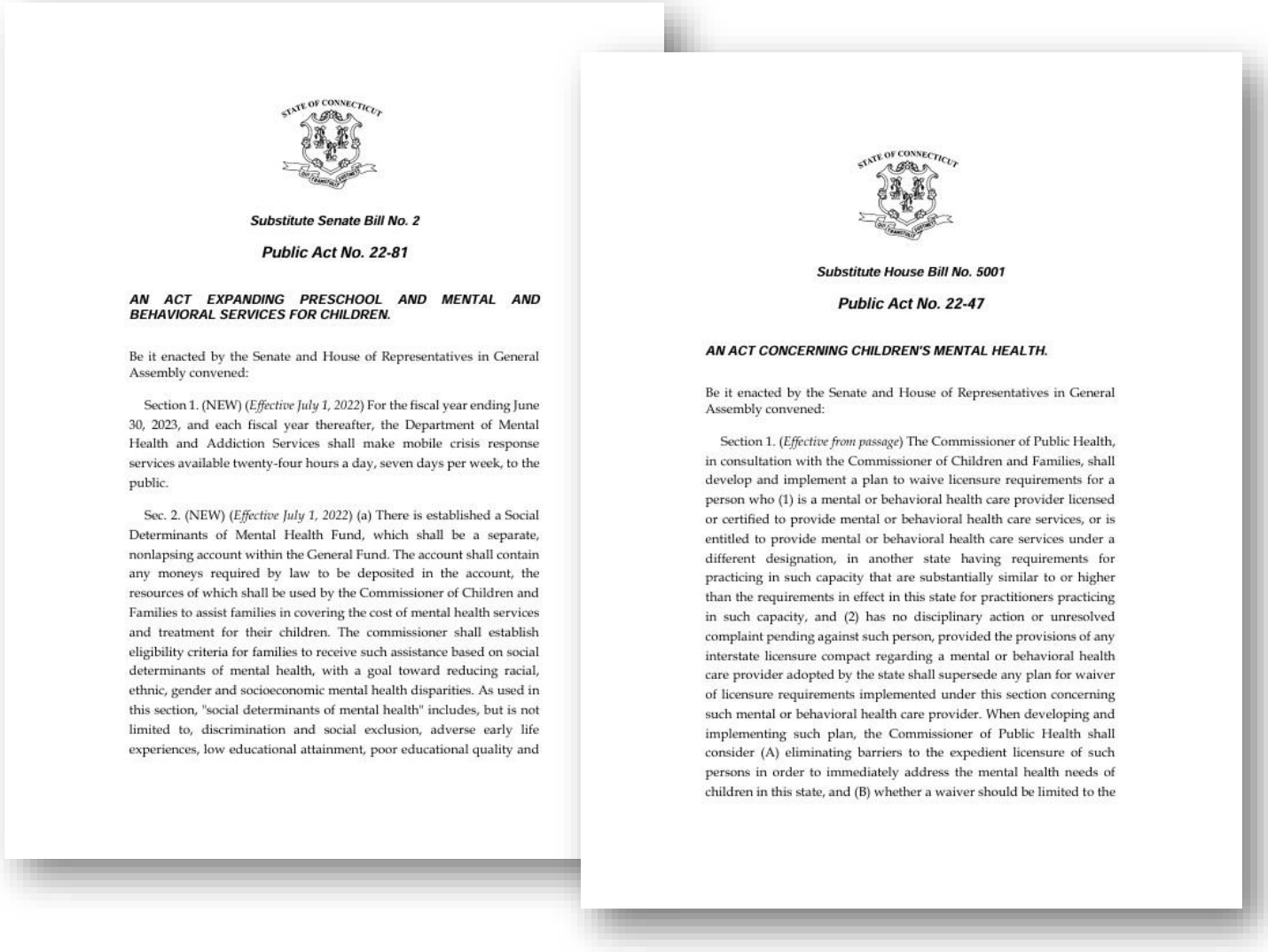
Source: National Youth Risk Behavior Surveys, 2013-2023

Leveraging YRBS Findings

YRBS data was cited in testimony in support of numerous Connecticut bills, including these two that passed:

PA 22-81: An Act Expanding Preschool & Mental & Behavioral Services For Children

PA 22-47: An Act Concerning Children's Mental Health



STATE OF CONNECTICUT

Substitute Senate Bill No. 2

Public Act No. 22-81

AN ACT EXPANDING PRESCHOOL AND MENTAL AND BEHAVIORAL SERVICES FOR CHILDREN.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. (NEW) (*Effective July 1, 2022*) For the fiscal year ending June 30, 2023, and each fiscal year thereafter, the Department of Mental Health and Addiction Services shall make mobile crisis response services available twenty-four hours a day, seven days per week, to the public.

Sec. 2. (NEW) (*Effective July 1, 2022*) (a) There is established a Social Determinants of Mental Health Fund, which shall be a separate, nonlapsing account within the General Fund. The account shall contain any moneys required by law to be deposited in the account, the resources of which shall be used by the Commissioner of Children and Families to assist families in covering the cost of mental health services and treatment for their children. The commissioner shall establish eligibility criteria for families to receive such assistance based on social determinants of mental health, with a goal toward reducing racial, ethnic, gender and socioeconomic mental health disparities. As used in this section, "social determinants of mental health" includes, but is not limited to, discrimination and social exclusion, adverse early life experiences, low educational attainment, poor educational quality and

STATE OF CONNECTICUT

Substitute House Bill No. 5001

Public Act No. 22-47

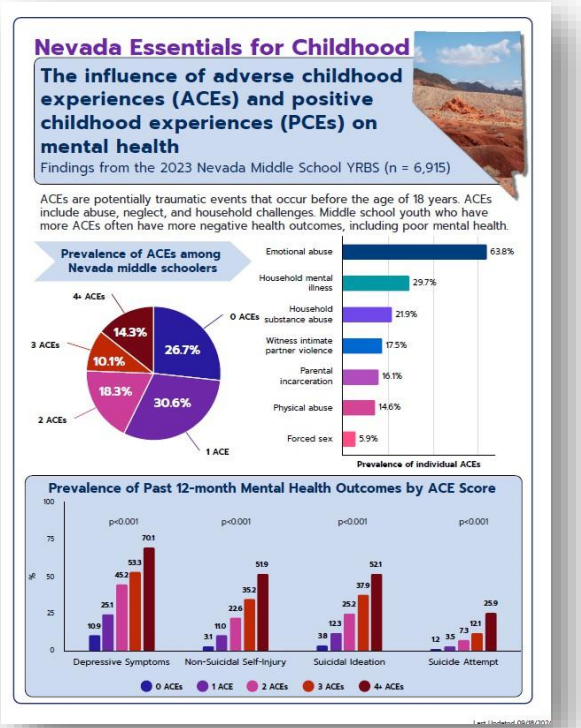
AN ACT CONCERNING CHILDREN'S MENTAL HEALTH.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

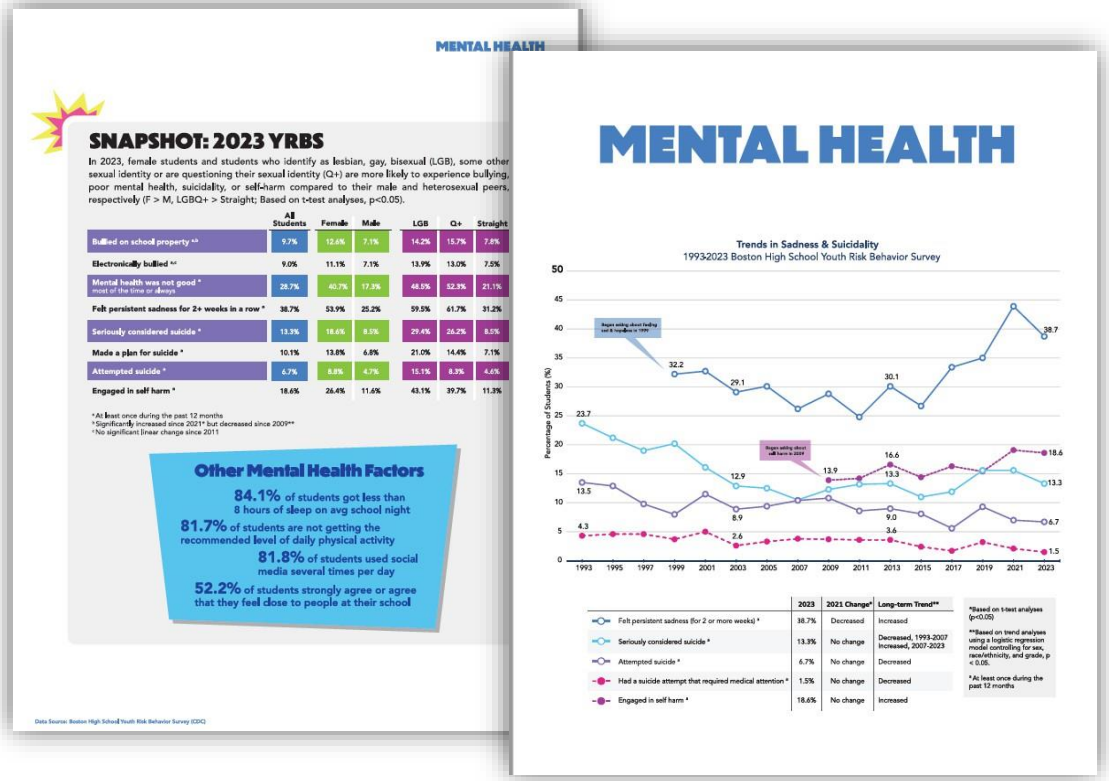
Section 1. (*Effective from passage*) The Commissioner of Public Health, in consultation with the Commissioner of Children and Families, shall develop and implement a plan to waive licensure requirements for a person who (1) is a mental or behavioral health care provider licensed or certified to provide mental or behavioral health care services, or is entitled to provide mental or behavioral health care services under a different designation, in another state having requirements for practicing in such capacity that are substantially similar to or higher than the requirements in effect in this state for practitioners practicing in such capacity, and (2) has no disciplinary action or unresolved complaint pending against such person, provided the provisions of any interstate licensure compact regarding a mental or behavioral health care provider adopted by the state shall supersede any plan for waiver of licensure requirements implemented under this section concerning such mental or behavioral health care provider. When developing and implementing such plan, the Commissioner of Public Health shall consider (A) eliminating barriers to the expedient licensure of such persons in order to immediately address the mental health needs of children in this state, and (B) whether a waiver should be limited to the

Leveraging YRBS Findings

Nevada developed an infographic with their 2023 YRBS data on ACEs and PCEs related to mental health.



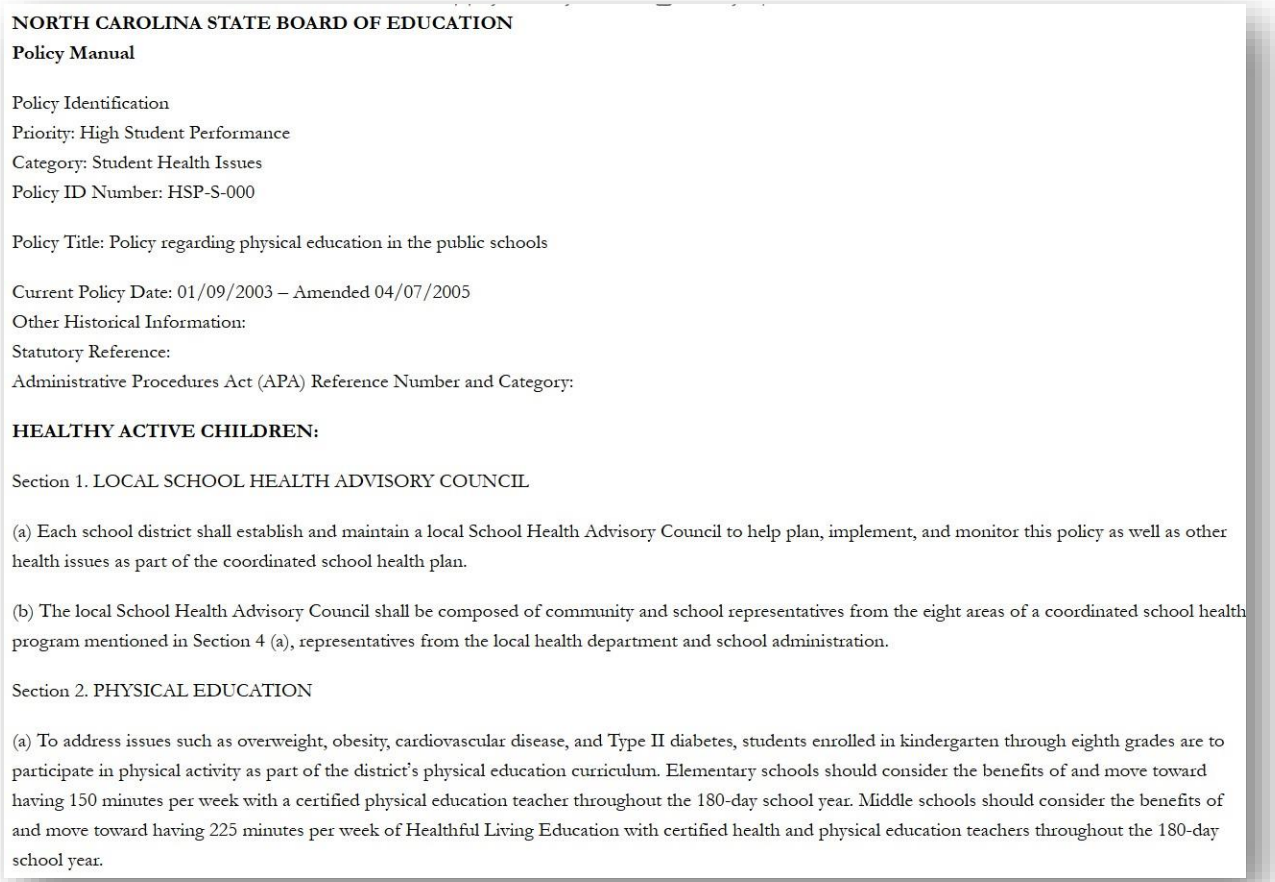
Boston Public Schools created a series of posters for their Wellness Summit highlighting their 2023 YRBS results,



Leveraging YRBS Findings

Due to North Carolina's 2023 YRBS findings showing improvements in youth's mental health occurring alongside increased rates of physical activity, the NC Healthy Schools proposed an amendment to expand existing language on physical activity needed per day and incorporate activity throughout the school day, arguing this will positively impact students.

The State Board of Education voted on this amendment in July 2024.



NORTH CAROLINA STATE BOARD OF EDUCATION
Policy Manual

Policy Identification
Priority: High Student Performance
Category: Student Health Issues
Policy ID Number: HSP-S-000

Policy Title: Policy regarding physical education in the public schools

Current Policy Date: 01/09/2003 – Amended 04/07/2005
Other Historical Information:
Statutory Reference:
Administrative Procedures Act (APA) Reference Number and Category:

HEALTHY ACTIVE CHILDREN:

Section 1. LOCAL SCHOOL HEALTH ADVISORY COUNCIL

(a) Each school district shall establish and maintain a local School Health Advisory Council to help plan, implement, and monitor this policy as well as other health issues as part of the coordinated school health plan.

(b) The local School Health Advisory Council shall be composed of community and school representatives from the eight areas of a coordinated school health program mentioned in Section 4 (a), representatives from the local health department and school administration.

Section 2. PHYSICAL EDUCATION

(a) To address issues such as overweight, obesity, cardiovascular disease, and Type II diabetes, students enrolled in kindergarten through eighth grades are to participate in physical activity as part of the district's physical education curriculum. Elementary schools should consider the benefits of and move toward having 150 minutes per week with a certified physical education teacher throughout the 180-day school year. Middle schools should consider the benefits of and move toward having 225 minutes per week of Healthful Living Education with certified health and physical education teachers throughout the 180-day school year.

Contact Info:

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Acting Division Director

Division of Adolescent and School Health

National Center for Chronic Disease Prevention and Health Promotion

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