Adolescent Health Issue Brief

Mental Health among Adolescents in Wisconsin

Background

The Administration for Children and Families provides funding for the Personal Responsibility Education Program (PREP). The goal of PREP is to prepare teens for adulthood by offering programs with proven positive outcomes in counties with high teen birth rates.

The Facts–Mental Health and Young People in Wisconsin

What do we know about the mental health of young people in Wisconsin? Because it is often hard to talk about mental health issues, awareness is the first step to making positive change. The data from the 2013 Youth Risk Behavior Survey indicate that distress, suicidal ideation, and suicide attempts are all concerns for youth in Wisconsin.

Young People Grades 9-12, 2013

56% reported that their mental health was “not good” at least one of the last 30 days.

25% felt sad or hopeless almost every day for two or more weeks in a row in the last year.

More than 1 in 10

Of all youth actually attempted suicide at least once in the last year.

Of lesbian, gay, and bisexual students attempted suicide.

Wisconsin’s youth suicide rate is higher than the national suicide rate.

In Mental Health America’s “Ranking the States,” Wisconsin was 44th in the nation for youth mental health. Wisconsin youth experience higher rates of mental health issues but have lower access to care than youth in most other states. To increase access, Governor Walker invested nearly $30 million in mental health programs as part of the 2013-15 Biennial Budget. Many of these programs support young people.

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Mental Health and Adverse Childhood Experiences

Adverse Childhood Experiences (ACEs) are negative occurrences in the first 18 years of life, as measured in adulthood.

ACEs Include:

Physical abuse, sexual abuse, emotional abuse, physical neglect, emotional neglect, mother treated violently, substance misuse within household, household mental illness, parental separation or divorce, and having an incarcerated household member.

Almost half of Wisconsin’s children have experienced at least one ACE and approximately one in nine children has experienced three or more ACEs.

Study findings reveal that the higher the number of ACEs, the higher the intensity of negative health and well-being outcomes.

Understanding ACEs can help shift programs and services to become trauma-informed, or understanding of the widespread impact of trauma, and prepared to recognize and respond to it in a constructive way.

ACEs are not destiny. Instead, ACEs are preventable and modifiable. Children can thrive with support. All youth, including youth with a high number (4+) of ACEs, can be supported by factors that increase resilience.

Harvard University’s Center on the Developing Child suggests these other ways to promote resilience:
- Help youth to build a sense of self-efficacy.
- Provide opportunities to strengthen adaptive skills and self-regulation.
- Support and generate sources of hope, faith, and cultural traditions.

For further resources, see DHS’s SHIFT Your Perspective Trauma-Informed Care initiative.
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Example: Juvenile Arrest in Wisconsin
One of the Wisconsin Office of Children’s Mental Health’s 48 Child Well-Being Indicators is juvenile arrest. Juvenile arrest rates are a measure of long-term negative outcome for high-risk youth. In 2014, Wisconsin’s juvenile arrest rate was **109 per 1,000 adolescents** or **11%**, the highest in the nation.¹¹

Wisconsin’s juvenile arrest rate in 2014.

Using a trauma-informed perspective can help in understanding and preventing this negative outcome.

98% of youth in corrections have **at least one ACE**.⁵

50-70% Of youth involved in the justice system experience mental illness.¹²

The impact of an arrest itself can **lead to**, or **exacerbate**, mental illness.¹³

Crisis Intervention Team (CIT) programs in Wisconsin provide training for law enforcement on how to better respond to people experiencing a mental health crisis. Since 2004, hundreds of officers have attended trainings and many communities have formed local CIT programs.¹⁴ NAMI Wisconsin collaborates with communities to extend the program throughout the state.

Promoting Mental Health and Preventing Suicide
Mental health plays an important role in the overall health of adolescents. Professionals can promote mental health. Here’s how:

- Attend an evidence-based training on suicide prevention or mental health first aid.
- Create opportunities for youth to foster resilience.
- Build supportive relationships with youth. A stable and committed relationship with a supportive adult is the most important factor in building youth resilience.
- Join local efforts around mental health promotion and suicide prevention.
- Connect young people to resources and be a supportive listener. One great resource for anyone who needs support is Wisconsin’s HOPELINE. Text HOPELINE to 741741.

Spotlight on WISE: Ending Stigma and Promoting Help-Seeking
WISE is a statewide coalition of organizations and individuals promoting inclusion and support for all affected by mental illness by advancing evidence-based practices for stigma reduction efforts. Two key initiatives are:

- **“Honest, Open, Proud: To Eliminate the Stigma of Mental Illness”** is a workbook to help adults and young people learn about sharing their stories to become mental health advocates.
- The **Safe Person Initiative** offers a symbol that can be displayed to let young people know that an adult is a willing listener. The Safe Person Seven Promises guidelines help adults understand the supportive listening process.
Promoting Mental Health and Preventing Suicide

Current evidence on suicide prevention suggests there are risk factors that make an individual more likely to attempt suicide, as well as protective factors, conditions, or attributes that reduce risk. These factors are present on the individual, relationship, community, and societal levels. Initiatives to prevent suicide and promote mental health may target one or several of these levels, aiming to increase protective factors and reduce risk factors. Figure 1 illustrates these factors. Targeting high-risk populations with appropriate strategies and programs is the number one recommendation for preventing suicide. Wisconsin’s Suicide Prevention Strategy recognizes that everyone has a role in suicide prevention.

Figure 1: Risk and Protective Factors

Spotlight on Local Health Departments

Many local health departments are involved in efforts to:
- Facilitate evidence-based suicide prevention trainings.
- Restrict means by distributing gun locks and establishing or promoting prescription drop boxes.
- Work with health systems to use suicide prevention techniques.
- Work with local school districts to understand and reduce youth suicides, suicidal thoughts, and suicidal actions.

While distress, suicidal ideation, and suicidal behavior are all concerns, there is hope and positive momentum for promoting mental health among young people in Wisconsin.
References


Figure 1: