KIDS COUNT

Supporting Youth Mental Health in West Virginia

WEST VIRGINIA CENTER ON BUDGET & POLICY

We are currently in a mental health crisis both nationally and in West Virginia.[1]

Before the COVID-19 pandemic, youth across the country were experiencing mental health challenges, but during the pandemic there were steep increases in the number of youth experiencing anxiety and depression.[2] The pandemic led to new stressors for youth, including school closures, isolation from peers, disruptions in schedules, economic insecurity, and the loss of parents, caregivers, and other loved ones. While the pandemic's peak has passed, its impact on mental health can still be felt.

THE IMPORTANCE OF MENTAL HEALTH

Mental health encompasses our emotional, psychological, and social well-being, and is an essential component of overall health. Mental health affects every aspect of how we feel, think, and act. It helps determine how we handle stress, relate to others, and make choices.[3]

Mental health matters at every stage of life, from childhood and adolescence to adulthood.

Mental health struggles can make it difficult to work, keep up with school, stick to a regular schedule, have healthy relationships, socialize, maintain hygiene, and more.

The mental health of young people is influenced by a number of factors, including societal, environmental, community, family, and individual factors (Figure 1), as well as biological factors including genes and brain chemistry. Adverse childhood experiences (ACEs) such as abuse, neglect, exposure to community violence, and living in under-resourced or racially segregated neighborhoods can also shape mental health. ACEs can undermine a child's sense of safety, stability, bonding, and well-being, as well as lead to toxic stress, which can cause life-long challenges, including disrupting brain development and increasing the risk for other mental health conditions and other health problems such as obesity, heart disease, and diabetes, both during and beyond childhood as well as for future generations.[4]

Mental health challenges are the leading cause of disability and poor life outcomes in young people, with up to 1 in 5 children ages 3 to 17 in the United States having a reported mental, emotional, developmental, or behavioral disorder.[5] Unfortunately in 2016, of the 7.7 million children with a treatable mental health disorder, half did not receive adequate treatment.[6]

FIGURE 1

FACTORS THAT CAN SHAPE THE MENTAL HEALTH OF YOUNG PEOPLE

Source: U.S. Department of Health and Human Services, Office of the Surgeon General.

POOR MENTAL HEALTH SYMPTOMS INCREASING IN WEST VIRGINIA

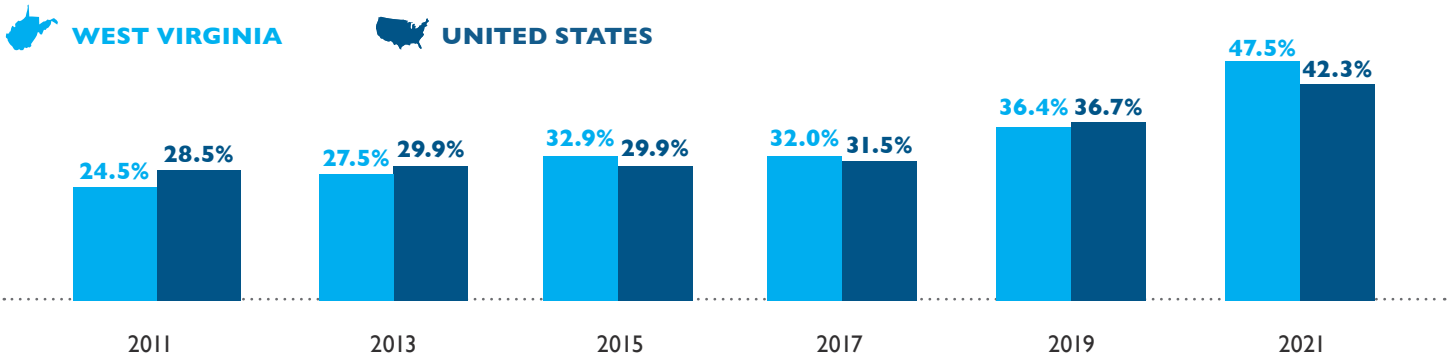
Over the past decade, an increasing number of West Virginia high school students have reported symptoms of poor mental health, with the share of students reporting symptoms surpassing the national average in 2021.

In 2011, 24.5 percent of high school students in West Virginia reported feeling sad or hopeless for more than two weeks in the previous year, compared to the national average of 28.5 percent. By 2021, that number had increased to 47.5 percent of high school students in West Virginia, higher than the national average of 42.3 percent (Figure 2).

An increasing number of West Virginia high school students have reported symptoms of poor mental health.

FIGURE 2

FEELINGS OF SADNESS OR HOPELESSNESS AMONG HIGH SCHOOL STUDENTS, WEST VIRGINIA AND UNITED STATES, 2011-2021



Source: Youth Risk Behavior Survey, 2011-2021

Other signs of poor mental health have increased in West Virginia over the past decade. The share of high school students in West Virginia that 1) has seriously considered attempting suicide, 2) has made a plan about how they would attempt suicide, or 3) has actually attempted suicide have all increased over the past decade (Table 1).

Among those suicide risk factors, all but a suicide attempt resulting in an injury, poisoning, or overdose that had to be treated by a doctor or nurse were higher in West Virginia than the national average.

TABLE 1

SUICIDE IDEATION AND ATTEMPTS AMONG HIGH SCHOOL STUDENTS IN WEST VIRGINIA, 2011 AND 2021

	2011	2021
Seriously Considered Attempting Suicide	13.0%	27.8%
Made a Plan About How They Would Attempt Suicide	10.1%	17.8%
Actually Attempted Suicide	5.5%	12.1%
Suicide Attempt Resulted in an Injury, Poisoning, or Overdose That Had to be Treated by a Doctor or Nurse	1.9%	1.9%

Source: Youth Risk Behavior Survey, 2011-2021

DISPARITIES IN MENTAL HEALTH AMONG YOUTH IN WEST VIRGINIA

The prevalence of mental health challenges varies by demographic in West Virginia. For instance, high school girls in West Virginia are nearly twice as likely to experience symptoms of depression, suicidal ideation, and suicide attempts than high school boys (Figure 3).

In addition to a gender disparity in mental health, there is an even greater disparity between sexual identities. In the U.S., LGBTQ+ youth are more likely to have mental health conditions and suicidal ideation than their peers.[7] Many of these youth lost access to school-based services and supports during the pandemic and may have been in lockdowns in environments where they were not supported or accepted.[8]

High school girls in West Virginia are nearly twice as likely to experience symptoms of depression than high school boys.

In West Virginia, lesbian, gay, and bisexual students (85.2 percent) and youth who identified as other or questioning (62.1 percent) were nearly 1.5 times as likely to report persistent feelings of sadness or hopelessness as their heterosexual peers (40.8 percent).[9]

LGBTQ+ WV Youth are

1.5 x AS LIKLEY TO REPORT FEELINGS OF SADNESS OR HOPELESSNESS

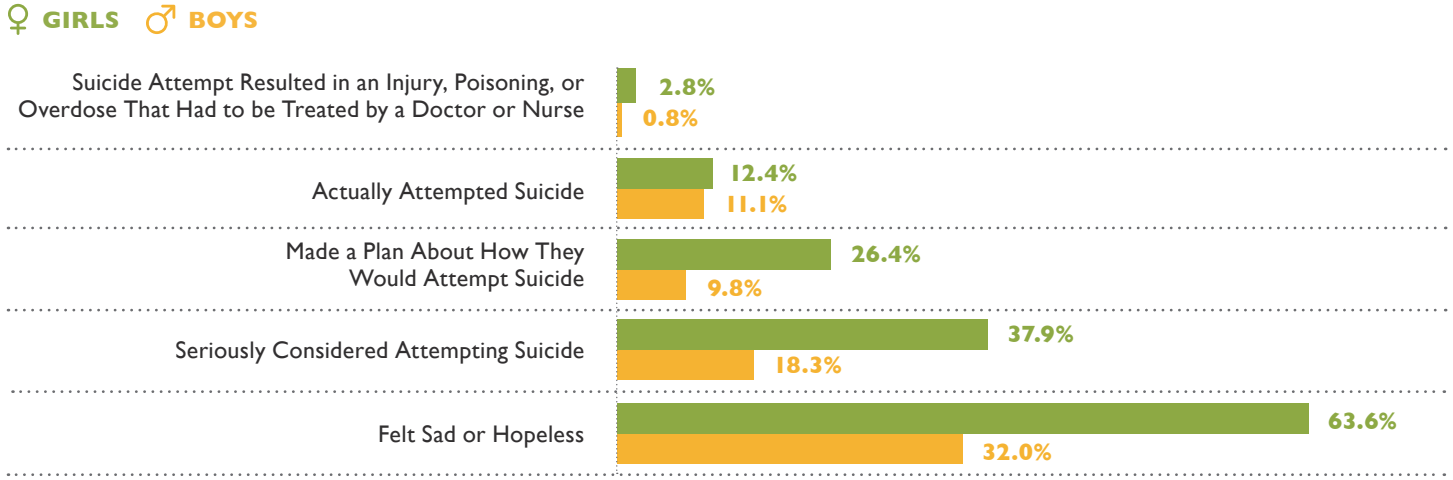
as their heterosexual peers

Disparities were even larger when looking at youth who seriously considered committing suicide. Among heterosexual youth, 19.6 percent seriously considered attempting suicide. Rates were much higher among lesbian, gay, and bisexual youth (69.3 percent) and other or questioning youth (46.4 percent). The same pattern held true for youth who reported attempting suicide (Figure 4).

While data disaggregated by race was not available for West Virginia, national data shows that Black children are nearly twice as likely to die by suicide than white children.[10] In addition, socioeconomically disadvantaged children and adolescents, like those growing up in poverty, are two to three times more likely to develop mental health conditions than peers with higher socioeconomic status.[11]

FIGURE 3

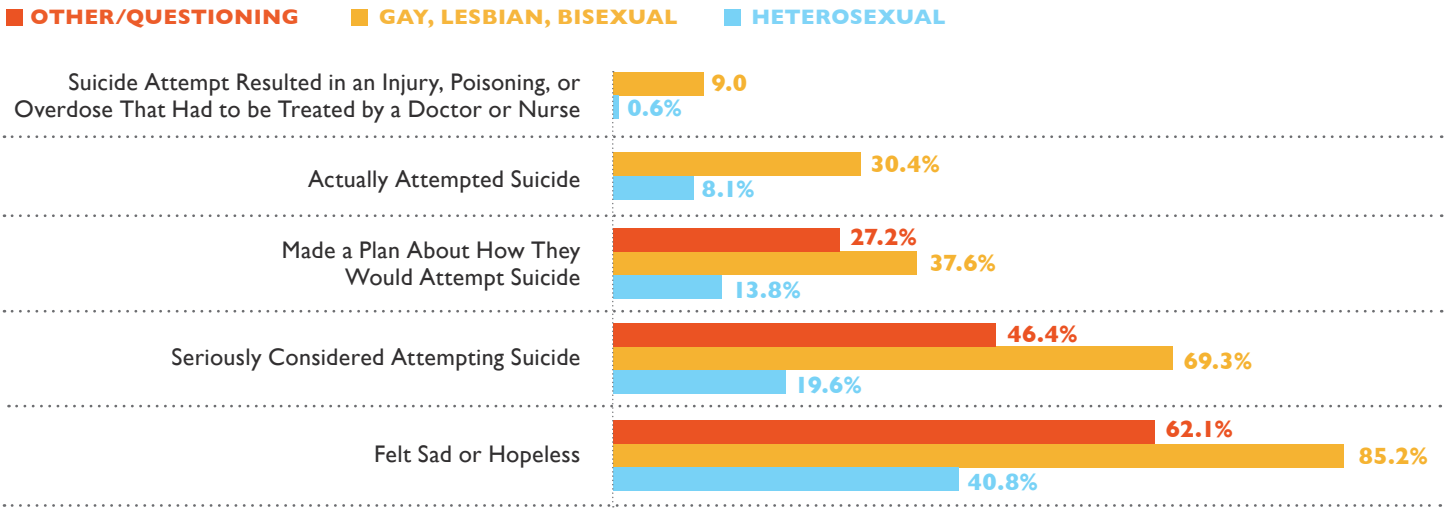
GIRLS MORE LIKELY TO FACE MENTAL HEALTH CHALLENGES THAN BOYS IN WEST VIRGINIA



Source: Youth Risk Behavior Survey, 2011-2021

FIGURE 4

LGBTQ+ YOUTH MORE LIKELY TO FACE MENTAL HEALTH CHALLENGES THAN THEIR HETEROSEXUAL PEERS IN WEST VIRGINIA



Source: Youth Risk Behavior Survey, 2011-2021

WHAT CAN BE DONE?

Supporting the mental health of young people requires efforts from all of society to address longstanding challenges.

That includes recognizing mental health as an essential part of overall health; empowering youth and their families to recognize, manage, and learn from difficult emotions; ensuring that every child has access to high quality, affordable mental health care; supporting mental health in educational, community, and child care settings; addressing economic and social barriers that contribute to poor mental health; and increasing timely data collection and research to identify and respond to youth mental health needs more rapidly.

POLICY RECOMMENDATIONS

- **Address economic and social barriers that contribute to poor mental health.** Policies that reduce child poverty (e.g., enacting a state-level child tax credit), ensure access to quality child care (e.g., increasing child care subsidies), and prevent adverse childhood experiences should be prioritized.

- **Increase access to comprehensive and affordable coverage for mental health care.** Explore policies that strengthen public and private insurance coverage by promoting enrollment and retaining eligible children in Medicaid and CHIP, ensuring adequate payment for mental health services, and encouraging the participation of mental health professionals in insurance networks.

- **Provide resources to enact and strengthen school-based mental health programs.** This could include increasing screening for mental health concerns, investing in additional staff to support student mental health needs, and financing school-based mental health services. For example, a recent law in California will ensure that all middle and high school students learn about mental health in health education classes,[12] while in New Jersey funding will be provided for school districts to screen students for depression.[13]

- **Expand the use of telehealth for mental health challenges.** Colorado recently established a program offering young people three free behavioral health sessions, primarily through telehealth.[14] Expanding broadband access is also important to expanding the use of telehealth.

- **Expand and support the mental health workforce.** Examples include investing in training and hiring individuals from a broad range of disciplines, including peer supports, community health workers, family counselors, and care coordinators. This could include accelerating training and loan repayment initiatives, supporting the mental health of health workers, and recruiting a diverse workforce that reflects local communities. In schools, investments should be made in school counselors, nurses, social workers, and school psychologists.

Endnotes

1 Protecting youth mental health: The U.S. Surgeon General's advisory. (2021). U.S Department of Health and Human Services, Office of the Surgeon General. And AAP-ACAP-CHA Declaration of a national emergency in child and adolescent mental health. (2021).

2 Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, *Youth Risk Behavior Survey*, 2011-2021.

3 U.S. Department of Health & Human Services. (2020). What is Mental Health. MentalHealth.gov.

4 Shonkoff, J. P., Garner, A. S., & Committee on Psychosocial Aspects of Child and Family Health, Committee on Early Childhood, Adoption, and Dependent Care and Section on Developmental and Behavioral Pediatrics. (2012). The lifelong effects of early childhood adversity and toxic stress. *Pediatrics, 129(1)*.

5 Perou, R., Bitsko, R. H., Blumberg, S. J., Pastor, P., Ghandour, R. M., Gfroerer, J. C., Hedden, S. L., Crosby, A. E., Visser, S. N., Schieve, L. A., Parks, S. E., Hall, J. E., Brody, D., Simile, C. M., Thompson, W. W., Baio, J., Avenevoli, S., Kogan, M. D., Huang, L. N., & Centers for Disease Control and Prevention (CDC) (2013). Mental health surveillance among children—United States, 2005-2011. MMWR. *Morbidity and Mortality Weekly Report Supplements*, *62*(2).

6 Whitney, D.G. & Peterson, M. (2019). US national and state-level prevalence of mental health disorders and disparities of mental health care use in children. *JAMA Pediatrics*, *173*(4).

7 Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, *Adolescent Behaviors and Experiences Survey*, (2021).

8 Protecting youth mental health: The U.S. Surgeon General's advisory. (2021). U.S Department of Health and Human Services, Office of the Surgeon General.

9 Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Youth Risk Behavior Survey, 2021.

10 Bridge, J.A., Horowitz, L.M., Fontanella, C.A., et al. (2018). Age-Related Racial Disparity in Suicide Rates Among US Youths From 2001 Through 2015. *JAMA Pediatrics, 172*(7):697–699.

11 Reiss, F. (2013). Socioeconomic inequalities and mental health problems in children and adolescents: a systematic review. *Social Science & Medicine (1982)*, 90, 24–31.

12 California Legislation Information. (2021). SB-224 Pupil instruction: mental health education (2021-2022).

13 Tap Into Bordentown. (2021 October 2). New Law Creates Grant Program for Depression Screening in Schools.

14 Colorado Department of Human Services. (2021). I Matter - Providing Free Mental Health Support for Colorado Youth.

WEST VIRGINIA CENTER ON BUDGET & POLICY
Data-driven policies. Shared prosperity.

wvpolicy.org

1610 Washington Street E., Suite 200, Charleston, WV 25311

Phone: 304-720-8682 Fax: 304-720-9696 Follow us on Facebook, Instagram, and X: @WVCBP