



## **Mental Health**

For persons with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TDD/TTY 1-800-833-6388).

The Surgeon General defines mental health as “a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity.”<sup>1</sup> The World Health Organization (WHO) reported in 2004 that “five out of the ten leading causes of death and premature disability in the world are psychiatric conditions.”<sup>2</sup> National data from 2008 suggest that half of lifetime diagnosable mental health disorders start by age 14, and that one in five adolescents experience significant symptoms of emotional distress.<sup>3</sup>

## **General Information**

Increasing the proportion of children with mental health problems who receive treatment is one of the **21 Critical Health Indicators** for adolescents and young adults. This is a developmental objective, meaning at the time the objective was formed, we lacked the ability to measure this on a national level. The intent of a developmental objective is to identify areas of emerging importance and to drive the development of data systems to measure them.

### **Survey Data:**

- In a 2007 survey of Washington parents of adolescents ages 12-17, about 14 percent reported their 12-17 year old received some treatment or counseling from a mental health professional in the past year and 48 percent reported their child needed but did not get mental health services.<sup>4</sup>
- In the same 2007 survey, about 8 percent of parents reported their child was diagnosed with Attention Deficit Disorder or Attention Deficit Hyperactivity Disorder, and 6 percent had a child who had been diagnosed with depression. About 10 percent of parents of adolescents ages 12-17 reported their child was taking medication for ADHD, emotions, concentration and/or behavioral issues. These data are comparable to national results.<sup>4</sup>
- In a national 2007 survey of parents of 15-17 year old adolescents, about 7 percent reported their child had serious difficulties with emotions, concentration, behavior, or being able to get along with other people, and 13 percent said their 15-17 year old had minor difficulties.<sup>5</sup>
- In a 2005-2006 survey of Washington households with children with special health care needs, approximately 36 percent of parents of 12-17 year olds reported their child with a special health care need had depression, anxiety, an eating disorder, or other emotional problem.<sup>6</sup>

---

<sup>1</sup> U.S. Department of Health and Human Services. *Mental Health: A Report of the Surgeon General—Executive Summary*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999

<sup>2</sup> Hosman C., Jane-Llopis E. & Saxena S., eds. *Prevention of Mental Disorders: Effective Interventions and Policy Options*, A report of the World Health Organization. Oxford, Oxford University Press. 2005

<sup>3</sup> Knopf D, Park MJ, Paul M T. *The Mental Health of Adolescents: A National Profile, 2008*. San Francisco, CA: National Adolescent Health Information Center, 2008. Available at: <http://nahic.ucsf.edu/downloads/MentalHealthBrief.pdf> Accessed July 16, 2009

<sup>4</sup> National Survey of Children’s Health, 2007, Department of Health and Human Services, CDC, National Center for Health Statistics, Hyattsville, Maryland, April, 2007 Data Resource Center: <http://nschdata.org/content/Default.aspx> Accessed July 16, 2009

<sup>5</sup> Bloom, B., Cohen, R.A. (2009). Summary health statistics for U.S. children: National Health Interview Survey, 2007. *Vital and Health Statistics, 10* (239). Hyattsville, MD: National Center for Health Statistics.

<sup>6</sup> 2005/6 National CSHCN Survey, Department of Health and Human Services, CDC, National Center for Health Statistics, Hyattsville, Maryland, Data Resource Center: <http://cshcndata.org/content/Default.aspx> Accessed July 16, 2009

**Youth in Juvenile Rehabilitation:** Data from the Washington State Juvenile Court Pre-Screen Risk Assessment shows that in 2007, 21 percent of youth on probation had been diagnosed with a mental health problem (diagnosis, medication, treatment, or medication and treatment).<sup>7</sup>

**Youth in Foster Care:** A 2008 study of Washington 15-18 year olds in foster care found that 50 percent of these youth are currently seeing a psychological counselor, psychiatrist, or therapist. Forty-six percent have been seeing this person for over one year. About 9 percent said that there were times in 2007 when they thought they needed counseling or therapy but did not get it.<sup>8</sup>

## ***Eating Disorders***

- Approximately 1 percent of adolescent girls in the United States develop anorexia nervosa and 2 -5 percent of adolescent girls develop bulimia.<sup>9</sup> Anorexia is the third most common chronic illness among adolescents in the United States.<sup>10</sup>
- The prevalence of eating disorders in males is much smaller than females but an estimated 19-30 percent of anorexia cases diagnosed in older adolescents are male.<sup>9</sup>
- In 2008, among Washington students who are not obese or overweight, around fifty percent of 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> graders reported they were trying to lose weight. Non-overweight girls were three times more likely to report trying to lose weight than non-overweight boys.<sup>9</sup>
- In 2004 in Washington, 20 percent of girls and 10 percent of boys in 8th, 10th and 12th grades reported engaging in risky dieting behavior including fasting, using diet pills or powders without a doctor's prescription, vomiting or taking laxatives to lose weight in the past month.<sup>11</sup>
- Nationally, in 2007, 4 percent of high school students took a laxative or vomited, and 6 percent took diet pills, powders or liquids to lose weight or avoid gaining weight.<sup>12</sup>

---

<sup>7</sup> Juvenile criminals in Washington State are the responsibility of the Juvenile Rehabilitation Administration (JRA.) To be included in JRA's mental health target population one of three criteria must be met: suicidal ideation in the past 6 months, a DSM IV Axis I diagnosis or the use of psychotropic medication. Substance abuse, oppositional defiant disorder and conduct disorder are all excluded from the criteria. <http://www.dshs.wa.gov/jra/facts/needs.shtml> Accessed July 16, 2009

<sup>8</sup> 2008 Survey of Washington State Youth in Foster Care. Children's Administration, Department of Social and Health Services. John Tamai, PhD & Rose Krebill-Prather

<sup>9</sup> Eating Disorders during Adolescence: Nutritional Problems and Interventions, Jane Mitchell Rees, PhD, RD, CD University of Washington Maternal and Child Health Program <http://faculty.washington.edu/jrees> Accessed July 16, 2009

<sup>10</sup> Eating Disorders Coalition. Facts about eating disorders: What the research shows. <http://www.eatingdisorderscoalition.org/documents/TalkingpointsEatingDisordersFactSheetUpdated5-20-09.pdf> Accessed July 16, 2009

<sup>11</sup> Washington State Healthy Youth Survey 2004

<sup>12</sup> Youth Risk Behavior Surveillance—United States, 2007. MMWR 57(SS-4) June 6, 2008. Accessed July 17, 2009 from: [http://www.cdc.gov/HealthyYouth/yrbs/pdf/yrbs07\\_mmwr.pdf](http://www.cdc.gov/HealthyYouth/yrbs/pdf/yrbs07_mmwr.pdf)

**Symptoms of Depression \*Critical Health Objective\***

<b>Felt so Sad or Hopeless for Two or More Weeks in Past Year Stopped Doing Some Usual Activities<sup>13</sup></b>	
	<b>WA % (± margin of error)</b>
<b>Grade</b>	
Grade 8	<b>24%</b> (± 2)
Grade 10	<b>30%</b> (± 2)
Grade 12	<b>29%</b> (± 2)
<b>Gender (10<sup>th</sup> grade)*</b>	
Male	<b>22%</b> (± 2)
Female	<b>38%</b> (± 2)
<b>Race/ Ethnicity (10<sup>th</sup> grade)</b>	
White, Non-Hispanic	<b>29%</b> (± 2)
Black, Non-Hispanic	<b>30%</b> (± 6)
American Indian, Non-Hispanic	<b>31%</b> (± 8)
Asian, Non-Hispanic	<b>26%</b> (± 5)
Hawaiian/ Pacific Islander, Non-Hispanic	<b>32%</b> (± 7)
Hispanic	<b>33%</b> (± 4)
<b>Disability Status (10<sup>th</sup> grade)*</b>	<b>Critical Health Objective</b>
Disability	<b>48%</b> (± 3)
No disability	<b>22%</b> (± 2)
<b>Rural Urban Residence (10<sup>th</sup> grade)</b>	
Urban	<b>30%</b> (± 2)
Rural	<b>32%</b> (± 4)
<b>Socioeconomic Status (10<sup>th</sup> grade)*</b>	
Higher	<b>27%</b> (± 2)
Lower	<b>34%</b> (± 3)

\* Significant difference based on chi-square at p<0 .05 Source: Washington Healthy Youth Survey 2008

**Disparities:**

For Washington 10<sup>th</sup> graders in 2008, symptoms of depression were **more** common among females, students with disabilities and students with lower socioeconomic status.

**Additional Data:**

- Reducing the proportion of children and adolescents with disabilities who are reported to be sad, unhappy, or depressed to no more than 17 percent is one of the **21 National Critical Health Objectives** for adolescents.<sup>14</sup>

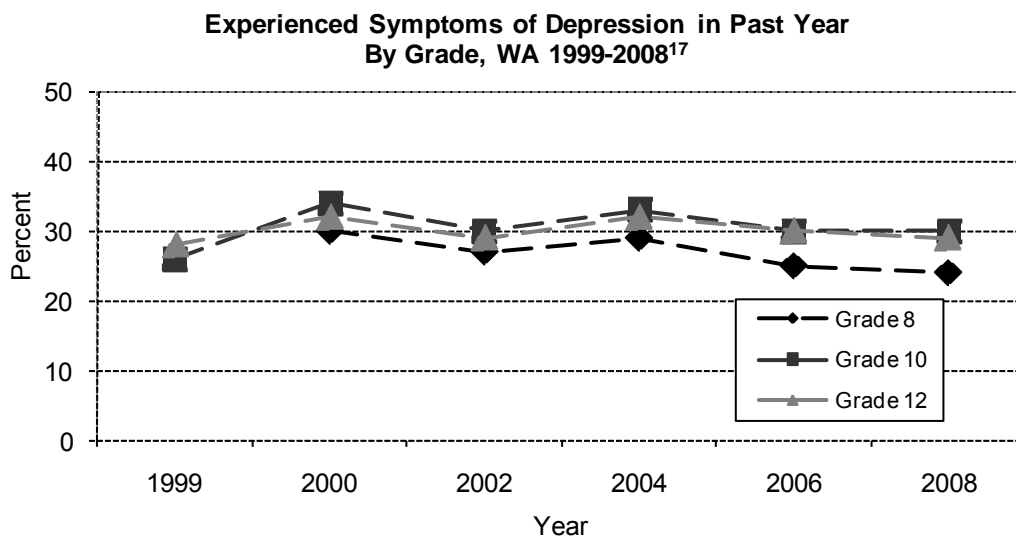
<sup>13</sup> Percentages represent students who reported that during the past 12 months they felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities.

<sup>14</sup> Department of Health and Human Services (US). Healthy People 2010: Understanding and Improving Health. 2nd edition. Washington, DC: US Government Printing Office; November 2000.

- In 2008, about 62 percent of 6<sup>th</sup> graders, 50 percent of 8<sup>th</sup> and 10<sup>th</sup> graders, and 56 percent of 12<sup>th</sup> graders reported that they have an adult they can turn to when they are sad. For all grades, females are more likely to say they have an adult to turn to than males. About 8 percent of 6<sup>th</sup> graders, and 14 percent of 8<sup>th</sup>, 10<sup>th</sup> and 12<sup>th</sup> graders say they have no adult to turn to when they are sad.<sup>15</sup>
- In 2006, an estimated 9 percent of Washington 12-17 year olds experienced a Major Depressive Episode, defined as a period of at least 2 weeks when a person experienced a depressed mood or loss of interest or pleasure in daily activities, and had a majority of the symptoms for a clinical diagnosis of depression.<sup>16</sup>
- **Academic Achievement:** Among students with symptoms of depression, about 40 percent of students got lower grades (Cs, Ds and Fs) in school, compared to 27 percent of students who had not experienced symptoms of depression in the past year.

**United States Prevalence:** In 2007, 29 percent of high school students nationally reported symptoms of depression in the past year.<sup>17</sup>

**Washington Prevalence:** In 2008, an estimated 29 percent of high school students reported symptoms of depression in the past year.<sup>18</sup>



**Comparing 2008 to 2006:** There was no significant change in the percent of 8<sup>th</sup>, 10<sup>th</sup> and 12<sup>th</sup> grade students reporting symptoms of depression from 2006 to 2008.

**Trends:** There was no significant trend in the percent of 10<sup>th</sup> grade students reporting symptoms of depression from 1999 to 2008.

<sup>15</sup> These data are from the Washington State Healthy Youth Survey 2008 and are based on the question: "When you feel sad or hopeless, are there adults you can turn to for help? We excluded youth who checked the response option: "I never feel sad or hopeless."

<sup>16</sup> Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (May 13, 2008). *2006 State Estimates of Depression & Serious Psychological Distress: Washington*. Accessed August 2009 from: <http://oas.samhsa.gov/2k6State/WashingtonMH.htm>

<sup>17</sup> Youth Risk Behavior Surveillance—United States, 2007. MMWR 57(SS-4) June 6, 2008. Accessed July 17, 2009 from: [http://www.cdc.gov/HealthyYouth/yrbs/pdf/yrbs07\\_mmwr.pdf](http://www.cdc.gov/HealthyYouth/yrbs/pdf/yrbs07_mmwr.pdf)

<sup>18</sup> Synthetic high school estimate generated from Healthy Youth Survey 2008 data for grades 8,10,12.

## Suicide Attempts

Attempted Suicide at Least Once in Past Year	
	WA % ( $\pm$ margin of error)
<b>Grade</b>	
Grade 8	8% ( $\pm$ 1)
Grade 10	9% ( $\pm$ 1)
Grade 12	7% ( $\pm$ 1)
<b>Gender (10<sup>th</sup> grade)*</b>	
Male	7% ( $\pm$ 2)
Female	10% ( $\pm$ 1)
<b>Race/ Ethnicity (10<sup>th</sup> grade)</b>	
White, Non-Hispanic	8% ( $\pm$ 1)
Black, Non-Hispanic**	11% ( $\pm$ 3)
American Indian, Non-Hispanic	8% ( $\pm$ 5)
Asian/ Pacific Islander, Non-Hispanic	9% ( $\pm$ 5)
Hispanic**	12% ( $\pm$ 3)
<b>Disability Status (10<sup>th</sup> grade)*</b>	
Disability	19% ( $\pm$ 2)
No disability	6% ( $\pm$ 1)
<b>Rural Urban Residence (10<sup>th</sup> and 12<sup>th</sup> grade)</b>	
Urban	8% ( $\pm$ 1)
Rural	8% ( $\pm$ 2)
<b>Socioeconomic Status (10<sup>th</sup> grade)*</b>	
Higher	7% ( $\pm$ 1)
Lower	11% ( $\pm$ 2)

\* Significant difference based on chi-square at  $p < 0.05$  Source: Washington State Healthy Youth Survey 2008

\*\* Significant difference compared to non-Hispanic Whites based on significance testing with  $p < 0.05$

### Disparities:

For Washington 10<sup>th</sup> graders in 2008, the percent of students with one or more suicide attempts was **higher** among females, students with disabilities, and students of lower socioeconomic status. Suicide attempts among 10<sup>th</sup> grade Non-Hispanic Blacks and Hispanics were **higher** compared to Non-Hispanic Whites. Caution should be used in interpreting these race results due to small numbers.

### Additional Data:

- The **Healthy People 2010 objective** for adolescent suicide attempts is to reduce attempts to no more than 1 percent in a 12-month time period.
- Academic Achievement: Among 10<sup>th</sup> graders who attempted suicide in the past year, about 48 percent got lower grades (Cs, Ds and Fs), compared to 29 percent of 10<sup>th</sup> graders who did not attempt suicide in the past year.

**United States Prevalence:** In 2007, 7 percent of high school students reported one or more suicide attempt in the past year.

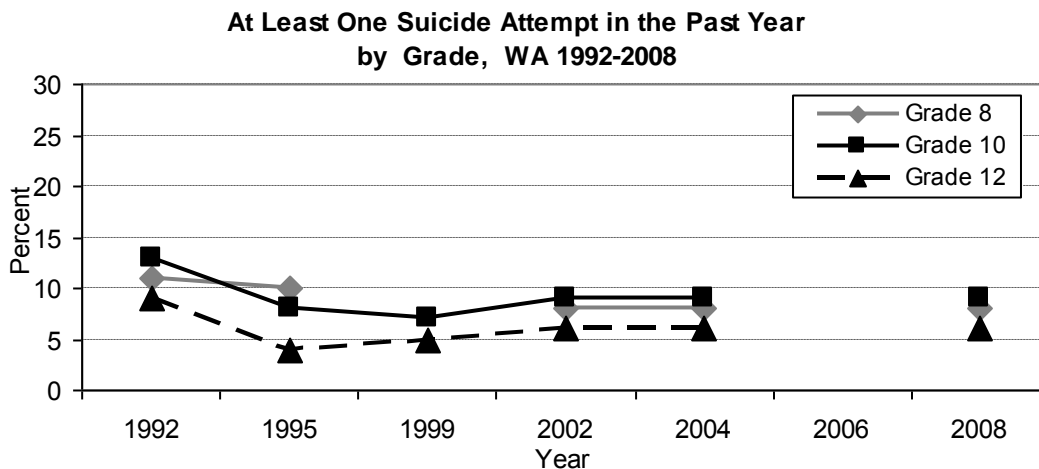
**Washington Prevalence:** In 2008, an estimated 8 percent of Washington high school students reported one or more suicide attempt in the past year.<sup>19</sup>

<b>Suicide-Related Behaviors in the Past 12 months, Washington State 2008</b>			
	<b>Grade 8</b>	<b>Grade 10</b>	<b>Grade 12</b>
Seriously Considered Attempting Suicide	<b>14%</b> (± 1)	<b>17%</b> (± 1)	<b>15%</b> (± 1)
Made a Suicide Plan	<b>11%</b> (± 1)	<b>13%</b> (± 1)	<b>11%</b> (± 1)
Suicide Attempt Requiring Medical Assistance*	<b>3%</b> (± 1)	<b>3%</b> (± 1)	<b>3%</b> (± 1)
<b>Critical Health Objective</b>			

\*HYS 2004 data

Source: 2008 WA Healthy Youth Survey, except where noted

**Comparing 2008 to 2004:** There was no significant change in the percent of 8<sup>th</sup>, 10<sup>th</sup> or 12<sup>th</sup> grade students reporting a suicide attempt in the past year from 2004 to 2008.



Data from 2006 HYS were excluded from this analysis due to one-time changes in the wording of the question which yielded significantly different responses. Original wording was used in the 2008 HYS and these data are included.

**Trends:** There was a significant decrease in the percent of 10<sup>th</sup> graders reporting at least one suicide attempt in the past year in Washington from 1992 to 2008.<sup>20</sup>

<sup>19</sup>Based on a synthetic high school estimate generated from Washington State Healthy Youth Survey 2008 data for grades 8,10,12.

<sup>20</sup>Data from 2006 HYS were excluded from this analysis due to one-time changes in the wording of the question which yielded significantly different responses. The original wording was used in the 2008 HYS and these data are included in the trend analysis.

## ***Services and Capacity***

- In 2008, 4,723 students in Washington State public schools received special education services for emotional or behavioral disabilities and 6,975 received services for autism.<sup>21</sup>
- In 2007, 9,627 children under age 18 received mental health services in King County, with an average of 5,945 children accessing services each month. About 28 percent of those receiving Mental Health services in King County in 2007 were children under age 18<sup>22</sup>
- In Fall 2008, there were 91 Medicaid funded Children's Long Term In-patient Program (CLIP) adolescent/child psychiatric hospital beds for the entire State of Washington. The most severely psychiatrically disturbed children and youth are served in those programs, often after one or more hospitalizations in acute hospital settings. In 2008, approximately 165 youth between ages 10-17 were served by all CLIP programs in Washington State.<sup>23</sup>

---

<sup>21</sup>Washington State Office of the Superintendent of Public Instruction December 2008 LRE and Child Count Data:  
[http://www.k12.wa.us/SpecialEd/pubdocs/data/LRE\\_CC\\_0809\\_State.xls](http://www.k12.wa.us/SpecialEd/pubdocs/data/LRE_CC_0809_State.xls)

<sup>22</sup> King County Regional Support Network 2007 Year End Mental Health Report Card, Accessed July 17, 2009 from:  
[http://www.kingcounty.gov/healthServices/MentalHealth/Reports/~/\\_media/health/mentalHealth/RecoveryPlan/MH2007.ashx](http://www.kingcounty.gov/healthServices/MentalHealth/Reports/~/_media/health/mentalHealth/RecoveryPlan/MH2007.ashx),

<sup>23</sup> Washington State - CLIP Administration data provided by Rebecca Kelly, Washington State Mental Health Division, July 2009