

Mental Health: Child and Adolescent

- The public health role in mental health includes raising awareness about prevalence of mental health disorders and relationship to overall health and wellness; using data to inform actions; promoting prevention, screening and early treatment of mental health disorders; promoting de-stigmatization of mental health disorders; and promoting integration of mental health and physical health care.²
- In addition to depression and mood disorders, other mental health problems experienced by youth include eating disorders, behavior disorders, autism and pervasive developmental disorders among others.

Key Findings:

Behavioral Health

- In the 2011 National Survey of Children's Health, about 34 percent of Washington parents of children ages 0-5 reported one or more concerns about their child's physical, behavioral, or social development, which is the similar to the national rate.³
- Nationally in 2011, about 2 percent of parents surveyed reported their child had autism or Asperger's Disorder. Autism data were not available for Washington State.³
- About 7 percent of parents nationally and in Washington State reported their child had Attention-deficit Disorder (ADD) or Attention -deficit Hyperactivity Disorder (ADHD).
- About 3 percent of parents nationally and in Washington State reported their child had a moderate or severe developmental delay.³
- In the 2010-2011 National Survey of Children with Special Health Care Needs, about 8 percent of Washington parents of

Definition: "Mental health in childhood and adolescence is defined by the achievement of expected developmental, cognitive, social, and emotional milestones and by secure attachments, satisfying social relationships, and effective coping skills. Mentally healthy children and adolescents enjoy a positive quality of life; function well at home, in school, and in their communities; and are free of disabling symptoms of psychopathology." (U.S. Surgeon General Report, 1999).¹

children ages 12-17 reported that their child had a special need including ongoing emotional, behavioral or developmental issues, similar to the national rate of 7 percent.⁴

Depression and Suicide

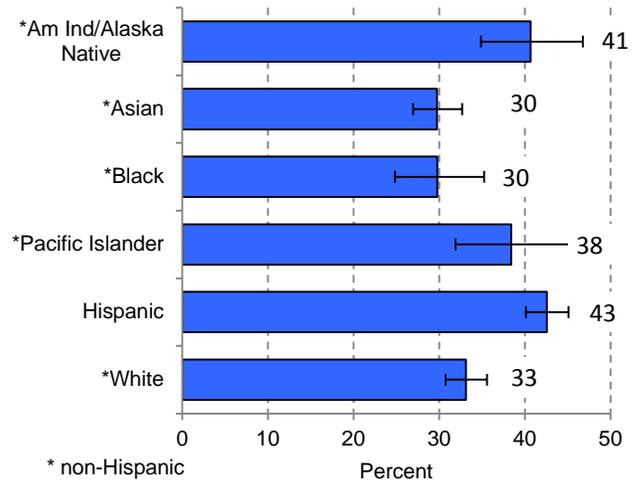
- In the 2011 National Survey of Children's Health, Washington data show about 9 percent of children live in a house where at least one parent has a mental health status that is fair or poor.³
- About 5 percent of Washington state parents surveyed in 2011 reported their child ages 12-17 currently had symptoms of depression, similar to the national rate of 4%.³
- Nationally in 2013 about 30 percent of 9th to 12th graders reported experiencing symptoms of depression in the past 12 months, about 17 percent reported having seriously considered suicide, about 14 percent made a plan about how they would attempt suicide and 8 percent reported having made one or more suicide attempts in the past year.⁵
- In 2014, about 27 percent of Washington 8th graders, 35 percent of 10th graders and 34 percent of 12th graders reported experiencing symptoms of depression in the past 12 months. Females in all grades were more likely to report experiencing depressive symptoms than boys. Hispanics, and American Indian/Alaska Natives were significantly more likely than Whites to report symptoms of depression among Washington 10th graders.^{6,a,b}
- Between 16-20% of 8th, 10th and 12th Graders in Washington reported seriously considering suicide in the previous year, about 14-16% also reported making a plan about how they would kill themselves, both rates similar to

national data. Between 8-10% reported attempting suicide, similar to the national rate of 8%.^{3,6}

- In Washington, adolescent (Grade 8, 10 and 12) females were more likely than males to report serious contemplation of suicide, suicide planning, and suicide attempts.⁶
- Native American adolescents were more likely than their White counterparts to report having seriously contemplated suicide. There were no differences observed by race for planning on how to commit suicide among 10th graders. Hispanics were more likely to have attempted suicide than Whites.⁶

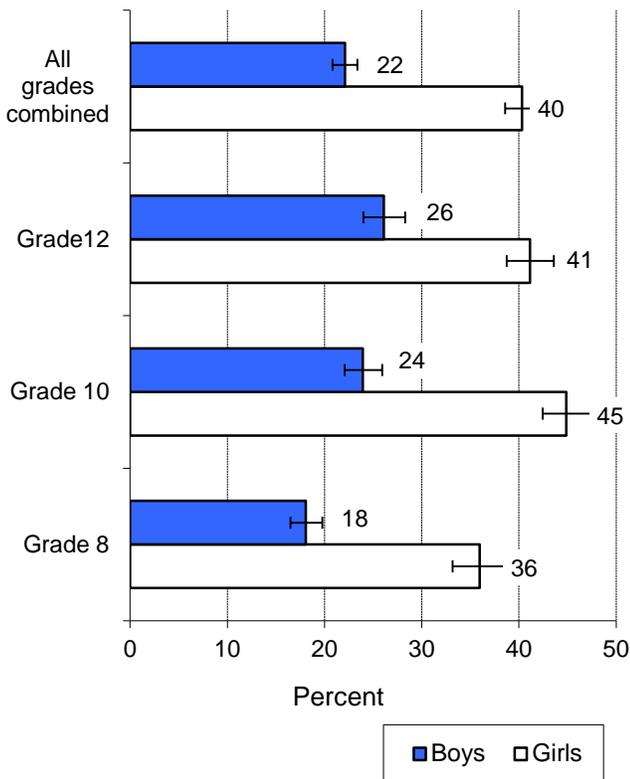
Symptoms of Depression by Race^{6,a,b}

Percent of Students Reporting Symptoms of Depression by Race, Grade 10, WA HYS 2014



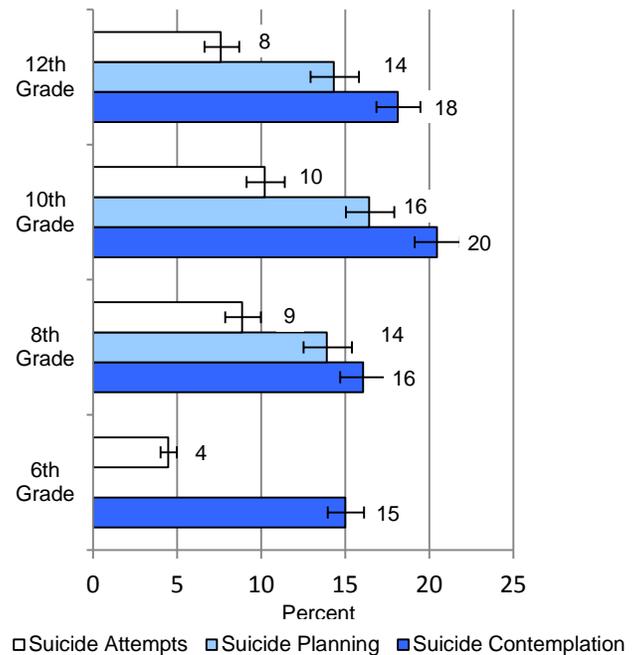
Symptoms of Depression by Grade and Sex^{6,a,b}

Percent of Students Reporting Symptoms of Depression in Past Year by Grade and Sex, WA HYS 2014



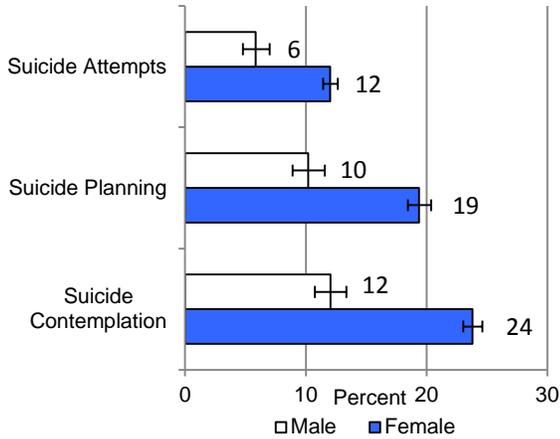
Suicide Contemplation, Planning and Attempts in the Past Year by Grade^{6,b,c,d,e,f,g,h}

Suicide Contemplation, Planning and Attempts by Grade WA HYS 2014



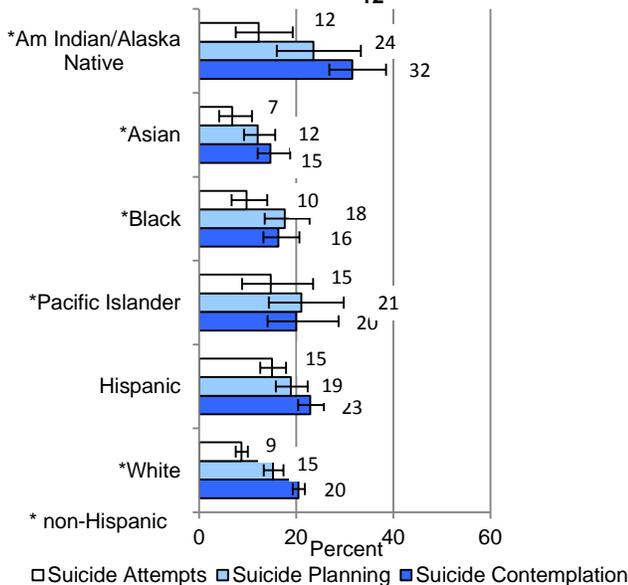
Suicide Contemplation, Planning and Attempts by Sex^{6, b, c, d, e}

Suicide Contemplation, Planning and Attempts by Gender, Grades 8,10, 12 combined WA HYS 2014



Suicide Contemplation, Planning and Attempts by Race and Ethnicity^{6, b, c, d, e}

Suicide Contemplation, Planning and Attempts by Race/Ethnicity, Grades 8, 10 and 12



Data Sources

1. 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
2. Essentials for Childhood Report 2014—Steps to Create Safe, Stable, Nurturing Relationships and Environments. Center for Disease Control & Prevention, National Center for Injury Prevention and Control, Division of Violence Prevention. http://www.cdc.gov/violenceprevention/pdf/essentials_for_childhood_framework.pdf. Accessed Sept 26, 2014.
3. National Survey of Children's Health. NSCH 2011. Data query from the Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health website. Retrieved September 2012 from www.childhealthdata.org. Next survey cycle administration-2016-17.
4. National Survey of Children with Special Health Care Needs. NS-CSHCN 2009/10. Data query from the Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health website. Retrieved September 2012 from www.childhealthdata.org.
5. Centers for Disease Control and Prevention, Youth Risk Behavioral Survey Online data query accessed at: <http://apps.nccd.cdc.gov/youthonline/App/Default.aspx>
6. Washington State Healthy Youth Survey (2012). Washington State Office of Superintendent of Public Instruction, Department of Health, Department of Social and Health Services, and Department of Community, Trade, and Economic Development and RMC Research Corporation. Website: <http://www.askhys.net/Home/About>

Endnotes

- a. Based on the question: "During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?"
- b. Significance for the Healthy Youth Survey is based on Chi-square testing with significance at $p < 0.05$.
- c. Based on the question: "During the past 12 months, did you ever seriously consider attempting suicide?" for 8th to 12th graders.
- d. Based on the question: "During the past 12 months, did you make a plan about how you would attempt suicide?"
- e. Based on the question: "During the past 12 months, how many times did you actually attempt suicide?" for 8th to 12th graders.
- f. Based on the question: "Have you ever seriously thought about killing yourself?" for 6th Graders.
- g. Based on the question: "Have you ever tried to kill yourself?" for 6th Graders.
- h. There is no analogous question on suicide planning for 6th Graders in the HYS so data cannot be provided for that grade on the topic.

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