

Glade Run /Pine-Richland Partnership for School Based Services Mental Health Trends and Tips



Maggie Caesar, LCSW, BCBA
Vice President of Clinical Services



Background and Biography

MAGGIE CAESAR, LCSW, BCBA, *Vice President of Clinical Services*

Maggie has over twenty 20 years of experience providing Clinical Service Delivery and Supervision and Coordination of Clinical Treatment Programs mainly focused on child/adolescent and family populations. Maggie is a Licensed Clinical Social Worker (LCSW) as well as a Board Certified Behavior Analyst (BCBA).

Maggie specializes in providing evidence-based treatments such as **Applied Behavioral Analysis (ABA)**, **Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)**, and **Parent Child Interaction Therapy (PCIT)**.

Maggie is a Level 1 PCIT Trainer, a trainer for Teacher-Child Interaction Training (TCIT), a Functional Behavioral Assessment (FBA) Trainer in the state of Pennsylvania, and Student Assistance Program (SAP) Training from The Pennsylvania Network for Student Assistance Services (PNSAS). Maggie has also directly worked in or supervised the following programs: Child, Adolescent, and Adult Residential Homes, Adult and Child/Teen Partial Hospitalization, Family Based Mental Health, Intensive Behavioral Health Rehabilitation (IBHS), Outpatient Clinic, School Based Mental Health, and Psychiatric Services.



Glade Run Service Offerings



Mental Health Trends in Pennsylvania

States ranked 1-51 for mental health prevalence across US

Where do you think PA ranked?

The State of Mental Health in America*

Prevalence Data in the United States

- Includes mental health, substance use, suicide, and depression episode data
- 16% of youth (age 12-17) reported symptoms consistent with a major depressive episode in the past year.
- 60% of youth with major depression do not receive mental health treatment
- PA ranked 14 for Prevalence of Mental Health among Adults and Youth.

**2023, Report by Mental Health America “Snapshot Data”*

Rank	State
1	Georgia
2	South Carolina
3	Texas
4	New Jersey
5	North Carolina
6	Delaware
7	Florida
8	Maryland
9	Wisconsin
10	Kentucky
11	New York
12	Hawaii
13	Mississippi
14	Pennsylvania
15	Tennessee
16	California
17	Connecticut
18	Nevada
19	Arkansas
20	District of Columbia
21	Indiana
22	Alabama
23	Massachusetts
24	Louisiana
25	Michigan
26	Oklahoma
27	Rhode Island
28	Iowa

An overall ranking of 1-13 indicates lower prevalence of mental illness and higher rates of access to care.

An overall ranking of 39-51 indicates higher prevalence of mental illness and lower rates of access to care.

The overall ranking includes both adult and youth measures, as well as prevalence and access to care measures.

*The State of Mental Health in America 2023 Report by Mental Health America
“Snapshot Data”*

State	Rank
Wisconsin	1
Pennsylvania	2
Massachusetts	3
Delaware	4
Connecticut	5
New Jersey	6
District of Columbia	7
New York	8
Illinois	9
Maryland	10
Kentucky	11
Vermont	12
Rhode Island	13
New Hampshire	14
South Carolina	15
North Carolina	16
Michigan	17
Hawaii	18
California	19
Iowa	20
North Dakota	21
New Mexico	22
Oklahoma	23
Georgia	24
Mississippi	25
Maine	26
Tennessee	27
Minnesota	28
Nevada	29
Colorado	30
Montana	31

Mental Health Trends & Research

Depression in Youth in the United States

- 60% of youth with major depression do not receive mental health treatment
- PA ranked 24th for youth who did not receive mental health services
- In the US there are 350 individuals for every one mental health provider. The image on the right is the Mental health Workforce Availability by State. PA ranked 33rd for Workforce Availability.

Rank	State	#
1	Massachusetts	140:1
2	Alaska	160:1
3	Oregon	170:1
4	District of Columbia	180:1
5	Maine	190:1
6	Vermont	200:1
7	Rhode Island	220:1
8	Connecticut	230:1
9	Washington	230:1
10	California	240:1
11	New Mexico	240:1
12	Oklahoma	240:1
13	Colorado	250:1
14	Wyoming	270:1
15	Utah	280:1
16	New Hampshire	290:1
17	Montana	300:1
18	Louisiana	310:1
19	New York	310:1
20	Maryland	330:1
21	Michigan	330:1
22	Delaware	340:1
23	Minnesota	340:1
24	Nebraska	340:1
25	Ohio	350:1
26	Hawaii	360:1
27	North Carolina	360:1
28	Illinois	370:1
29	New Jersey	380:1
30	Kentucky	390:1
31	Arkansas	400:1
32	Nevada	420:1
33	Pennsylvania	420:1
34	Idaho	440:1
35	Wisconsin	440:1
36	Missouri	460:1
37	Kansas	470:1
38	North Dakota	470:1
39	Virginia	480:1
40	South Dakota	500:1

MASSACHUSETTS (RANKED 3):

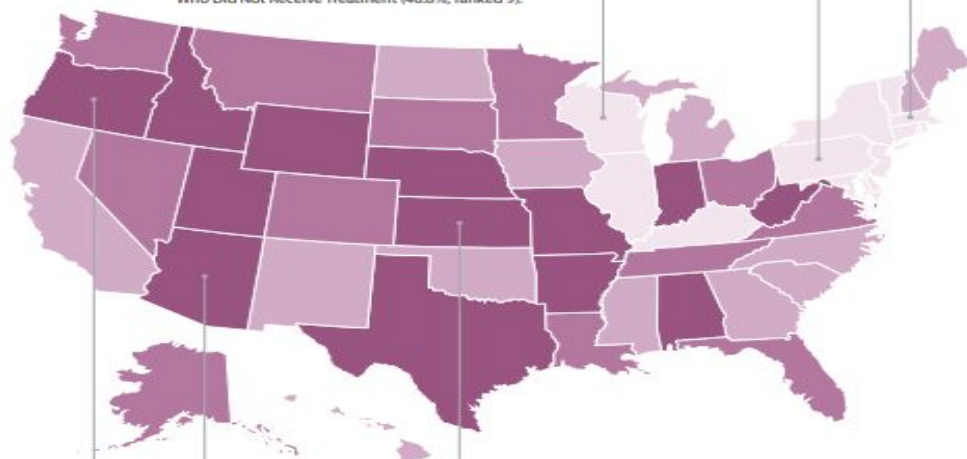
The indicators that had the largest effects on Massachusetts' Overall Ranking were Students Identified with ED for an IEP (19.14, ranked 3), and Adults with AMI Who Did Not Receive Mental Health Treatment (42.8%, ranked 3).

PENNSYLVANIA (RANKED 31):

The largest effects on the Overall Ranking for Pennsylvania were Adults Reporting 14+ Mentally Unhealthy Days a Month Who Could Not See a Doctor Due to Costs (14.75%, ranked 2) and Students Identified with ED for an IEP (15.37, ranked 4).

WISCONSIN (RANKED 1):

The indicators that had the largest effect on Wisconsin's Overall Ranking were Adults With AMI Reporting Unmet Need (20.9%, ranked 3), Students Identified with Emotional Disturbance for an IEP (14.78, ranked 5), and Adults with AMI Who Did Not Receive Treatment (46.8%, ranked 9).



KANSAS (RANKED 51):

The indicators that had the largest effect on the Overall Ranking for Kansas were Youth with Substance Use Disorder in the Past Year (9.05%, ranked 51), Adults with Any Mental Illness (26.02%, ranked 48) and Adults with Serious Thoughts of Suicide (6.44%, ranked 48).

ARIZONA (RANKED 49):

The indicators that had the greatest effects for Arizona were Adults with Serious Thoughts of Suicide (6.48%, ranked 49), Mental Health Workforce Availability (660:1, ranked 48), and Adults with AMI Reporting Unmet Need (36%, ranked 49).

OREGON (RANKED 50):

The indicators that affected Oregon's Overall Ranking most were Adults with Any Mental Illness (27.33%, ranked 50), Youth with Severe MDE (19%, ranked 50) and Adults with Serious Thoughts of Suicide (6.8%, ranked 50).

Common Mental Health Student Struggles

1. Attention and focus issues
2. Anxiety
3. Depression & Suicidality
4. Trauma reactions
5. Parent-Child Interaction difficulties
6. Relational difficulties
 - a. Dating -Sexual violence & coercion
 - b. Bullying -Electronic
7. Identity Struggles
8. Perfectionism
9. Substance Use/ Vaping
10. Attendance/ Truancy / Safety Issues



Youth Risk Behavior Survey Data Summary & Trends Report: 2011-2021

This report and data focuses on 4 main areas:

1. Sexual Behavior
2. Substance Use
3. Experiencing Violence
4. *Mental Health and Suicidality

The trends included in this report are categorized as



green
(moving in the right direction),



yellow
(no change), or



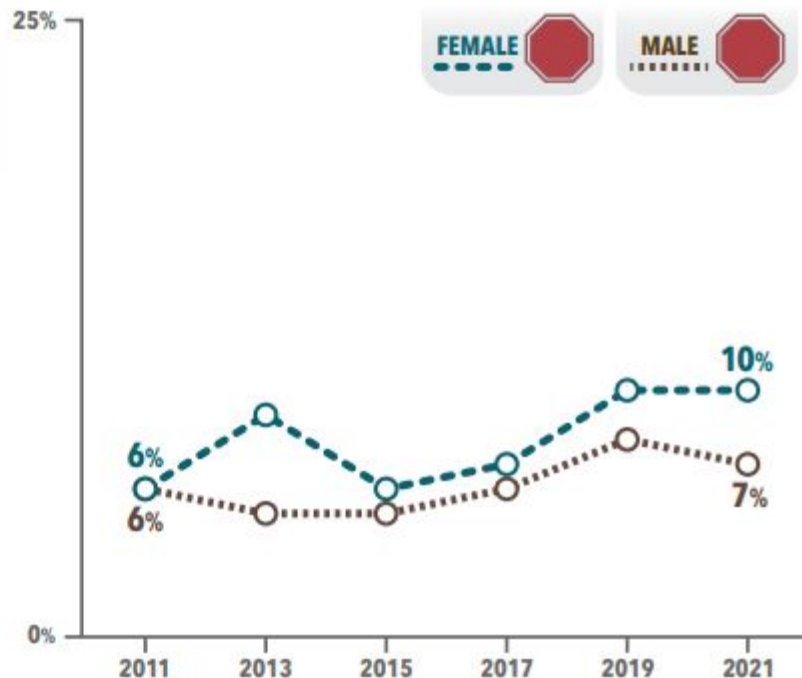
red
(moving in the wrong direction).

Trends in the Percentage of High School Students Who

Did Not Go to School Because of Safety Concerns during the Past 30 Days, United States, YRBS, 2011-2021

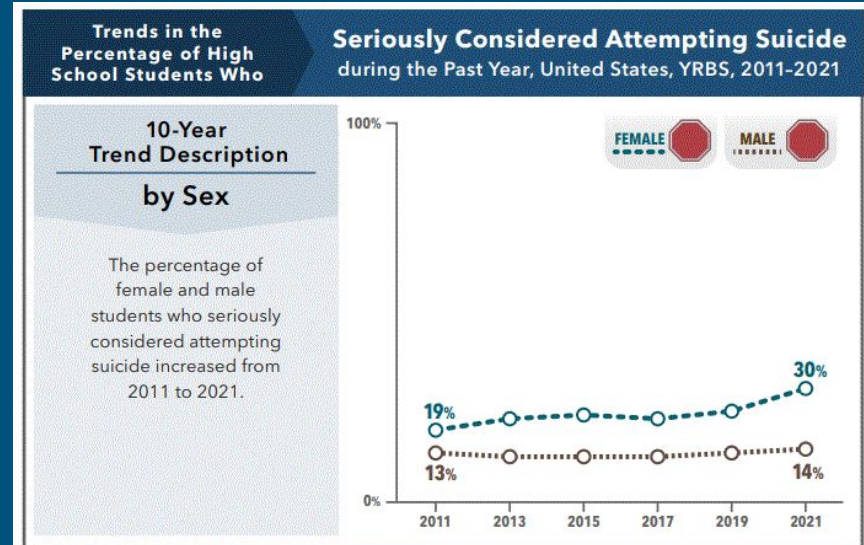
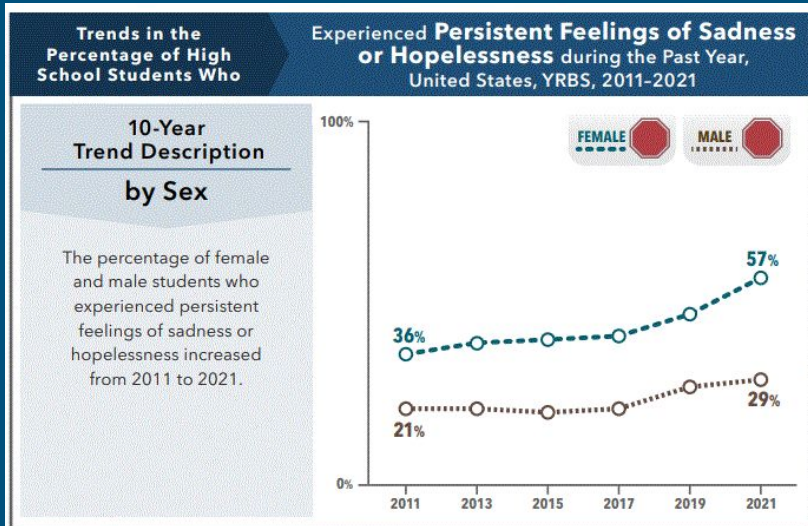
10-Year Trend Description by Sex

The percentage of female and male students who missed school because of safety concerns increased from 2011 to 2021.



Mental Health Trends & Research

- Research done by the CDC in 2021 report dramatic increase in persistent sadness, hopelessness, violence and suicide risk for teen girls— almost doubling since 2011 and 2x more than teen boys. **This represents the HIGHEST level reported over the past decade** (CDC 2/13/2023).
- Nearly 1 in 3 seriously considered attempting suicide (up nearly 60% from 2011)

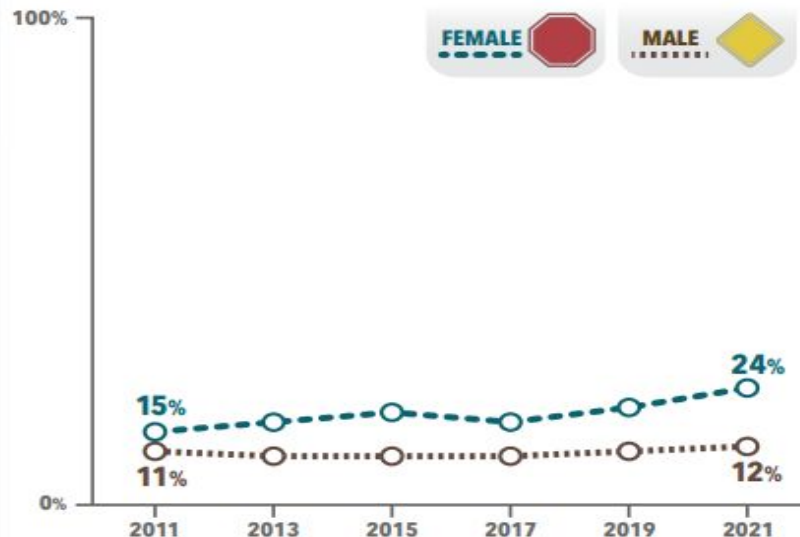


Trends in the Percentage of High School Students Who

Made a Suicide Plan during the Past Year, United States, YRBS, 2011-2021

10-Year Trend Description by Sex

The percentage of female students who made a suicide plan increased from 2011 to 2021. The percentage of male students who made a suicide plan did not change.



10-Year Trend Description by Race & Ethnicity

The percentage of Black, Hispanic, and White students who made a suicide plan increased from 2011 to 2021. The percentage of Asian and multiracial students who made a suicide plan did not change.

100%



Suicide Prevention- Key Factors

Predictors and Areas of focus for Suicidality in Youth

1. Female youth
2. LGBTQ+ youth
3. Black youth



Why the increase? What are the triggers?

- **Youth experienced numerous hardships during the COVID-19 pandemic.** The CDC's Adolescent Behaviors and Experiences Survey (ABES) found that 67% of U.S. high school students reported that schoolwork was more difficult, 55% experienced some emotional abuse in the home, 11% experienced physical abuse, and 24% reported they did not have enough food to eat during the COVID-19 pandemic, all of which can have a detrimental effect on mental health.
- **Youth Risk Behavior Survey (YRBS) Data Summary & Trends Report:2011-2021**
 - *Family financial instability and unstable housing*
 - *Lack of feeling connected to parents and peers especially for LGBQ Youth*
 - *Lack of parental monitoring*
 - *Not feeling safe at home or school*

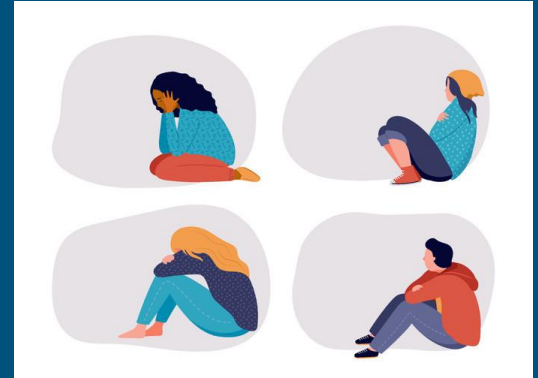
Positive trends 2011-2021



- Overall reduction in sexual activity in teens
 - *Areas of concern- safe sex practices, sexual coercion of female students*
- Overall reduction in alcohol, illicit drugs, marijuana consumption in teens
 - *Areas of concern- teen female vaping; opioid use*
- Overall reduction in being bullied at school
 - *Areas of concern- electronic bullying*
- **No improvement in any areas of suicidality in youth**

Ways to support Youth Mental Health

- Social Connectedness
- School Connectedness
- Family Connectedness
 - *High parental monitoring, defined as parents or other adults in a student's family most of the time or always knowing where they were going or who they would be with, is associated with decreased sexual risk, substance use, experiences of violence, and suicidal thoughts and behaviors*
- Housing Stability
- Reduce Access to Lethal Means
- Access to Services
 - *School Based Mental Health programs*
 - *Improved training*
 - *988*



Mental Health Consent: “Gabby’s Law” Act 65 Updates

In September 2020, PA's mental health consent law, Act 147 was replaced by Act 65 of 2020. Act 65 of 2020 allows children age 14 and up to consent for their own mental health treatment which can not be overridden by their parent/legal guardian's refusal. If your child is under the age of 14 years, you must give your permission and consent to receive mental health treatment.

Parents/legal guardians can consent to both inpatient and outpatient treatment for their child even over the child's objections.

<https://www.paparentandfamilyalliance.org/mental-health-faq>

Evidenced-Based Approaches

- **Individual Therapy**
 - *Cognitive Behavioral Therapy, DBT, Mindfulness, Motivational Interviewing, Trauma-focused Interventions, Behavior modification, Brief/Solution-Focused, Grief/Loss*
- **Family Therapy**
 - *Parent-Child Interaction Therapy*
- **Group Therapy**
 - *Managing emotions and stress, depression, test taking anxiety, transitions to new school building, Coping with COVID, Identity and Expression*
- **Outcome and Symptom Measurements**
 - *Columbia Suicide Scales, Depression Inventory, Anxiety Scales, Trauma and PTSD Scales, Early Psychosis, ADHD, Substance abuse assessment*

Levels of Care

In order of most intense to least intense:

- Outpatient (OP)
- Psychiatric Services - Evaluation and Medication Management
- School Based (SBMH)
- Intensive Behavioral Health Services (IBHS)
- Family Based Mental Health (FBMH)
- Multisystemic Family Therapy (MST)
- Acute Partial Hospitalization Program (PHP)
- Residential Treatment (RTF)



References

Centers for Disease Control and Prevention. (2021). Youth Risk Behavior Survey: Data summary & trends report 2011–2021. Retrieved from https://www.cdc.gov/healthyyouth/data/yrbs/pdf/YRBS_Data-Summary-Trends_Report2023_508.pdf

Reinert, M, Fritze, D. & Nguyen, T. (October 2021). “The State of Mental Health in America 2022” Mental Health America, Alexandria VA.

Pennsylvania Department of Health (2022, December 1). 2021 Adverse Childhood Experiences BRFSS Prevalence Estimates for Pennsylvania Adults. Retrieved March 14, 2023, from <https://www.health.pa.gov/topics/HealthStatistics/BehavioralStatistics/InjuryStatistics/Documents/ACE%20Report%202021.pdf>

PA Parent and Family Alliance (n.d.). Act 65 of 2020, PA's Mental Health Consent Law, aka Gabby's Law. <https://www.paparentandfamilyalliance.org/mental-health-faq>