

Children and Youth Behavioral Health Work Group (CYBHWG) Notes

June 10, 2022

<input checked="" type="checkbox"/>	Representative Lisa Callan, Co-Chair	<input checked="" type="checkbox"/>	Dr. Robert Hilt	<input checked="" type="checkbox"/>	Michele Roberts
<input checked="" type="checkbox"/>	Keri Waterland, Co-Chair	<input checked="" type="checkbox"/>	Kristin Houser	<input type="checkbox"/>	Joel Ryan
<input checked="" type="checkbox"/>	Hannah Adira (alternate)	<input checked="" type="checkbox"/>	Avreayl Jacobson	<input type="checkbox"/>	Noah Seidel
<input checked="" type="checkbox"/>	Javiera (Javi) Barria-Opitz	<input checked="" type="checkbox"/>	Nichole Jensen (non-voting)	<input checked="" type="checkbox"/>	Mary Stone-Smith
<input checked="" type="checkbox"/>	Dr. Avanti Bergquist	<input checked="" type="checkbox"/>	Barb Jones	<input checked="" type="checkbox"/>	Representative My-Linh Thai
<input type="checkbox"/>	Tony Bowie	<input type="checkbox"/>	Andrew Joseph, Jr.	<input checked="" type="checkbox"/>	Jim Theofelis
<input type="checkbox"/>	Representative Michelle Caldier	<input type="checkbox"/>	Kim Justice	<input type="checkbox"/>	Dr. Eric Trupin
<input checked="" type="checkbox"/>	Diana Cockrell	<input checked="" type="checkbox"/>	Michelle Karnath	<input checked="" type="checkbox"/>	Senator Judy Warnick
<input checked="" type="checkbox"/>	Lee Collyer	<input checked="" type="checkbox"/>	Kaur Preet	<input type="checkbox"/>	Lillian Williamson
<input checked="" type="checkbox"/>	Representative Carolyn Eslick	<input checked="" type="checkbox"/>	Judy King	<input type="checkbox"/>	Claire Wilson
<input type="checkbox"/>	Dr. Thatcher Felt	<input checked="" type="checkbox"/>	Amber Leaders	<input type="checkbox"/>	Dr. Larry Wissow
<input type="checkbox"/>	Tory Gildred	<input checked="" type="checkbox"/>	Bridget Lecheile	<input checked="" type="checkbox"/>	Jackie Yee
<input checked="" type="checkbox"/>	Dorothy Gordor	<input checked="" type="checkbox"/>	Laurie Lippold	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Summer Hammons	<input checked="" type="checkbox"/>	Cindy Myers	<input type="checkbox"/>	

Overview: Recommendation Process

Rachel Burke, Health Care Authority (HCA)

See TVW recording (3:44); see page 7 for slides.

Information on the state of Youth Behavioral Health in Washington State

Children's Hospitals

Sacred Heart

Tamarra Sheehan (Sacred Heart)

See TVW recording (10:40); see page 8 for slides.

Highlights

- Medical Surgical beds are used for youth in the hospital.
- Avg 30-35 kids sitting in our emergency department (ED) for an average of 3 days and up to 6 days.
- Very young children are waiting for inpatient psychiatric (IP) beds due to limited or no services in the community.
- Hiring behavioral health (BH) response team to offer interventions and support 7 days a week in the hopes to move kids through the ED faster, since EDs are not set up to care for people with mental health (MH) issues but are trying to respond.
- Sacred Heart is currently working with the National Strategic Group (SG2); SG2 projects mental health needs will increase by almost 20% in the next 2 years.
- Commerce grant received for \$1.7M to increase the children's outpatient program.

Children and Youth Behavioral Health Work Group

Seattle Children's

Kashi Arora (Seattle Children's)

See TVW recording (20:50).

Highlights

- Record high volume of patients coming to the ED with increased acuity in IP and inability to get residential care.
- We've had several kids who have been abandoned by their parents because they lack the resources to care for their children's BH needs; don't fit child welfare scope of DCYF.
- Wait list for DD/IDD/ASD care is a minimum of 6 mo. to a year, leading to a dire throughput issue in the acute MH system.
- Record high volumes in March with 411 patients seen for MH crisis, increasing from a high of 380 in November 2021.
- In May 2021, 335 kids were seen for MH in the ED; of those, (record high)/more than 80 met the criteria to be admitted to an inpatient psych unit but had to wait in the ED until a bed became available.
- 5 kids – 2 were admitted to IP even though they did not meet the criteria. 3 kids were stuck in the ED due to the lack of placement in the community, or inability to be discharged to the parents. 2 of those kids were in the ED for 200 days due to the inability to get a placement.
- Loss of Fairfax's 14 beds. (13% of capacity).
- Incident command structure in place; will expand to include MH as a priority to meet the increased need.

Mary Bridge

Chris Ladish

See TVW recording (25:55); see page 13 for slides.

Highlights

- Less than ¼ of beds are available for kids with IDD/DD/autism spectrum. ½ accept children under age 13.
- We're seeing younger and younger children presenting with suicidality. Attempt at self-harm was so severe that they needed medical attention, seen as young as 6 & 7.
- Looking at partnerships with schools, primary care; mandatory mental health screenings.
- Autism spectrum/IDD/DD have no place to go so end up staying in hospitals.
- Currently, one individual in the ED for 7 months since no placement is available.

Child and Teen Referral Assist Line

See TVW recording (53:45); see page 19 for slides

Highlights

- 2/3 of calls are from families with commercial insurance and 1/3 of calls are from families with Medicaid/Apple Health.
- Even split in the data between ages 6-12 and ages 13-17.
- To find services, parents need to make up to 30 calls.
- Process and services look different depending on insurance coverage; it takes longer to find providers for families with commercial insurance than those covered by Medicaid/Apple Health.

Department of Health

Tona McGuire

See TVW recording (1:06:23); see page 26 for slides.

Children and Youth Behavioral Health Work Group

Highlights

- Predict health trends for youth in the spring / summer of 2022 to increase due to an upsurge in risk taking behavior.

Healthy Youth Survey Results

Include presenter, HCA

See TVW recording (1:17:29); see page 44 for slides.

Highlights

- Created a second survey called COVID-19 Student Survey (CSS) to lessen the pressure on school districts and capture how students are feeling during the pandemic.
- Administered a follow-up Covid student survey (CSS) to see where the students are now with COVID-19.
- Use caution when analyzing trends due to the change in circumstances due to the pandemic and its impacts.

Chat

- Kashi: Yes, I did not touch on inpatient but out of the 20 beds we have open, 8 are occupied with young people with long term placement issues who do not need mental health. 8-12 months is the average time for placement!
- Washington State has limited resources for co-occurring treatment services, especially for youth with private insurance.
- I am noting the reoccurring theme of the intersection of Autism/IDD and behavioral health and our challenges with adequately serving those children, youth, and families in our communities before it reaches a crisis.
- From my lens in K12, I just keep thinking about how much this presentation also speaks to our need for robust and equitable early intervention and prevention.
- Many districts laid off paraeducators during the first part of the pandemic too.
- I know with Head Start they can't find staff. You can get a better paying job at Target. I'm sure it's the same in K12 and behavioral health. If we are going to get real about this, we need to pay people.
- Everything- upstream, downstream, tailored to the specific needs of families. It has me thinking about the places families trust to seek out care and support. Educational settings, early learning settings, primary care settings...
- DDA emergent/urgent/crisis services are needed- without this, the overflow goes to the MH systems and DCYF, which are not always the most appropriate system to serve.
- Until peers are codified in Title 18, hospitals and primary care cannot bill for peer services. HB 1865 would fix this.
- We are sending youth with autism out of state to residential schools. The youth are far away from their families and feel isolated. There have also been reports of abuse and neglect at those facilities.
- As a mental health counselor working with children with ID and ASD, it has been extremely challenging to find staff. Due to Pandemic fatigue, compassion fatigue, MH staff leaving the field due to burnout- it feels impossible to find staff who are motivated to do this really challenging work. Those of us doing the work want to serve more kids and feel the weight of the long wait times for services.
- Thank you for telling providers and consumers to file a complaint with OIC. We want and need to hear from consumers and providers -- this gives us the basis to require insurers to respond to our questions regarding access to care. A complaint can be submitted here -- online, via chat or via phone -- <https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status>
- It's worth noting that per HB 1477, commercial carriers will be required to provide next day appointments for emergent/crisis needs for both children and adults. [HB 1477](#)
- I would add that for children on the spectrum, the exact conditions they presented with (self-harm, behavior lability, extreme anxiety etc.) are being worsened due to being in confined settings, lack of structure, reduced ability to ambulate for prolonged periods.
- Important to encourage folx to remember that the focus of this meeting is to identify the problem... in another frame or focus we would see tremendous strength, resilience, creativity, solution finding, and networking power in our youth, parents, and system partners, providers, and those in this meeting and our partnerships and shared

Children and Youth Behavioral Health Work Group

wisdom. We keep moving, together – one step, one breath at a time, listening closely to the solutions our young people and their families point us toward to build and innovate for the world we now live in.

- Parents need more support. Often parents can't get support if they have a child between 12-17 that is refusing services.
- We do hear from parents often that they are balancing current needs, stigma, fear of judgement, and challenges they may have had in our systems when they were growing up.
- I appreciate the input about parents needing support for addressing the issues their children are dealing with. I was also wondering, however, if we need to focus more on ensuring that the behavioral health needs parents have themselves are being met!
- Families are the medicine.
- And I so agree that parents will request help for their children before asking for themselves. And when we can work with the family together and in individual sessions, we are often able to help parents who may be impacted by historical traumas, etc. And frequently the parents we are serving would not have requested services for themselves at any point. Their road to recovery absolutely helps their children/youth.
- Please also refer them to the Facebook page "Healthy minds, Healthy futures".
- WISE is the hardest area for staff retention for us! And the admin burdens on WISE staff are not helpful.

Resource

[Article: Deleterious effects of nervous system in the offspring following maternal SARS-CoV-2 infection during the COVID-19 pandemic](#)

Subgroup Updates

See TVW recording (2:06:07)

Workforce & Rates

- Subgroup meets on the 1st and 3rd Wednesday of the month from 10-11; we welcome all!
- Monitoring implementation of 2021 and 2022 legislation.
- Coordinating with other groups.
- Workforce is a common theme in other groups; looking into a meeting with other subgroup leads to discuss workforce issues and needs.
- Would like an overview on Peer counselling to better understand the roles and barriers of the position.
- Access surveys are complete; 1 provider survey and 1 family survey. Excellent response with 174 Provider responses and 207 family responses. Compiling the data and will bring back.

Behavioral Health Integration

- Next meeting is June 28th from 10 a.m. to noon.
- Last meeting consisted of a discussion on BHI priorities and previous recommendations.
- Looking at what is needed to sustain current work.
- Looking at primary care integration for early interventions.
- New initiatives must recognize the burden on the workforce; would like recommendations to be outcome focused.
- Important to build pediatric integration, ensure referral loops are being closed and tracked, and training is offered to make integration program sustainable.

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Prenatal through Five

- Starting informal connection time at beginning of the meeting.
- We hold a 90-minute monthly meeting that offers legislative updates, as well as discussion of subgroup priorities for the year.
- Elevate the fact that many of the kids up to five are suffering; must make sure parent mental health is good and needs are being met.
- June meeting focused on legacy items of infant and early childhood mental health consultation and mental health assessment in young children.
- Will continue the conversation on peer supports.

School-based Behavioral Health and Suicide Prevention

- Subgroup meets for 3 hours every other month on Fridays.
- Robust conversations about systems; looking at what is working and not working.
- Presentations on Multi-Tiered Systems of Support (MTSS), behavioral health navigator program, secondary traumatic stress, Healthy Youth Survey data, youth engagement data, and a state of state analysis.
- Took a broad survey of schools to look at behavioral health barriers in Washington.
- July policy review meeting.

Youth and Young Adult Continuum of Care

- Subgroup meets monthly on the second Thursday at 4 pm.
- Youth group compiled to gather youth feedback. First youth meeting took place and offered information of ED delays and lack of youth services.
- CLIP presentation to build understanding the bed capacity and landscape; identified workforce issues, we do not have enough health care professionals to meet the need.

Chat

- Please e-mail cybhwg@hca.wa.gov to request subgroup invites. All subgroup invitations are open to the public.

Public Comment

- I'm noting the reoccurring theme of the intersection of autism and behavioral health and the implications of our challenges with adequately servicing those children, youth and families in our communities before it reaches a crisis. Is there a subgroup working on this?
 - School-based Behavioral Health and Suicide Prevention subgroup will be looking into this in the fall and the Youth and Young Adult Continuum of Care is looking into co-occurring aspects.

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Attendees

Elizabeth Allen, Tacoma-Pierce County Health
Department

Kashi Arora, Seattle Children's

Jane Beyer, Office of the Insurance Commissioner (OIC)

Kevin Black, Legislative staff

John Bodkins, Dadsmove

Marta Bordeaux, Child, and Adolescent Clinic

Mary Beth Brown

Rachel Burke, Health Care Authority (HCA)

Monica Burke, Department of Health (DOH)

Phyllis Caves, Longview Clinic

Thalia Cronin, Community Health Plan of
Washington (CHPW)

Matt Davis, Department of Commerce

Hugh Ewart, Seattle Children's

Kiki Fabian, HCA

Muriel Herrera-Velasquez, Pierce County Early
Childhood Network

Sidney Hufstetler,

Chris Ladish, Mary Bridge

Tona McGuire, DOH

Joan Miller, Washington council for Behavioral Health

Janice Schutz, DOH

Wendy Skarra, FYSPRT member

Todd Slettvet, Department of Social and Health
Services (DSHS)

Daniel Smith, CHPW

Maureen Sorenson, Coordinated Care

Christian Stark, Office of Superintendent of
Public Instruction (OSPI)

Anne Stone, Department of Social and Health
Services (DSHS)

Travis Sugarman, DOH

Celeste Taylor, Valley Cities

Linda Thompson

Maddy Thompson, Governor's Office

Megan Veith, Building Changes

Liz Venuto, HCA

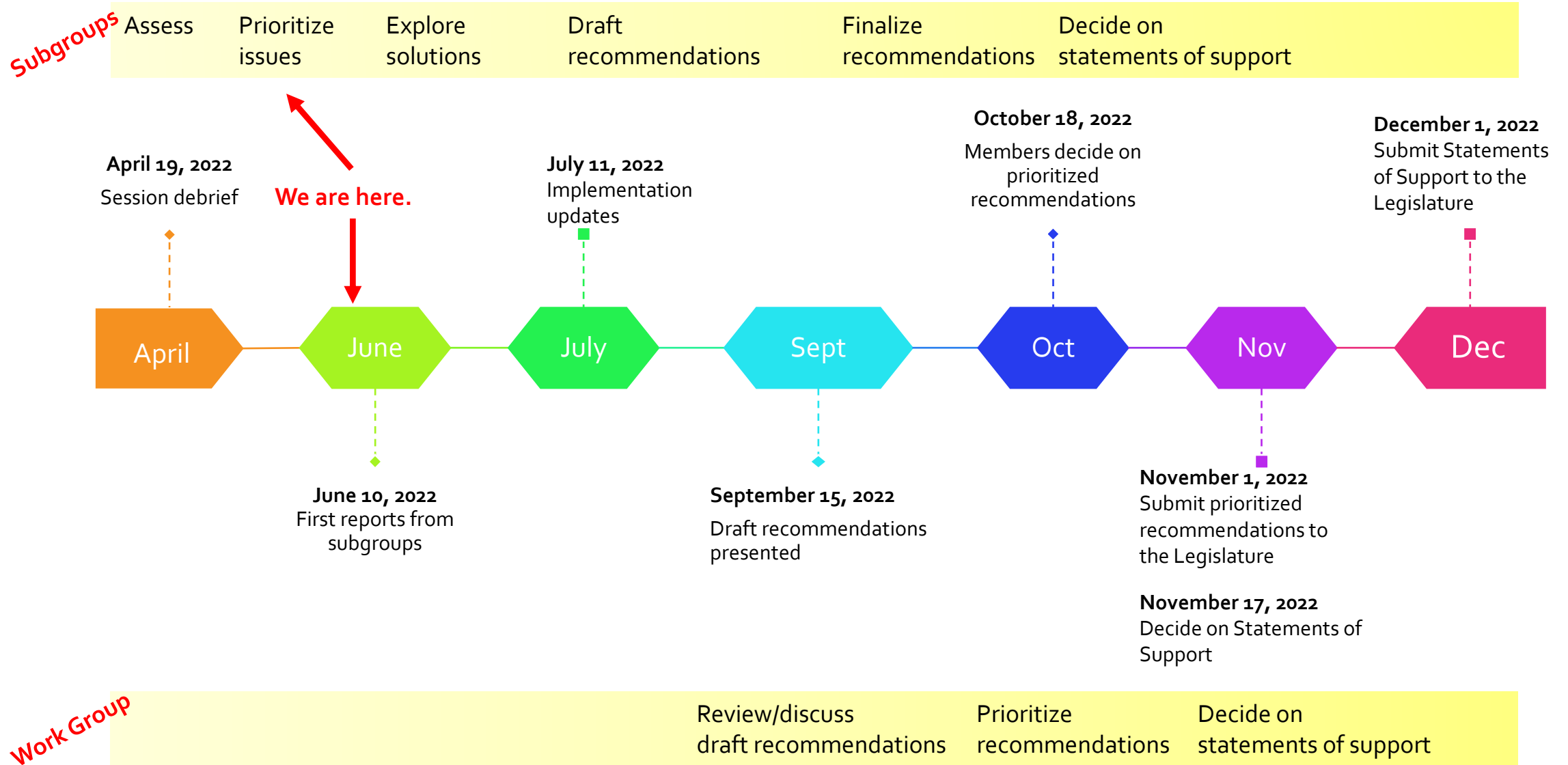
Megan Wargacki

Tyler Watson, HCA

Cynthia Wiek, HCA

Cesar Zatarain, HCA

Children and Youth Behavioral Health Workgroup (CYBHWG) Timeline





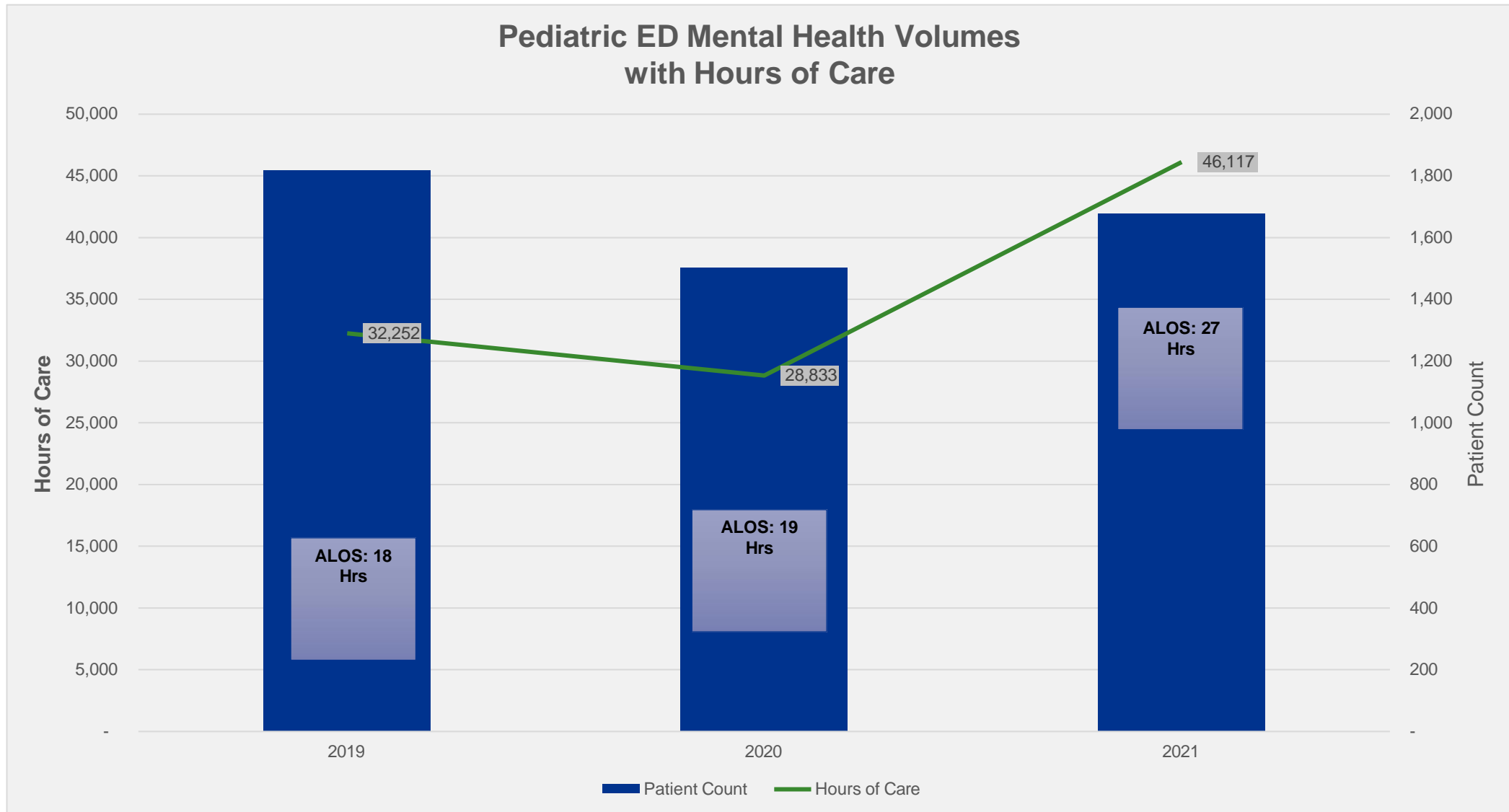
Providence Sacred Heart Medical Center & Children's Hospital

Pediatric Boarding

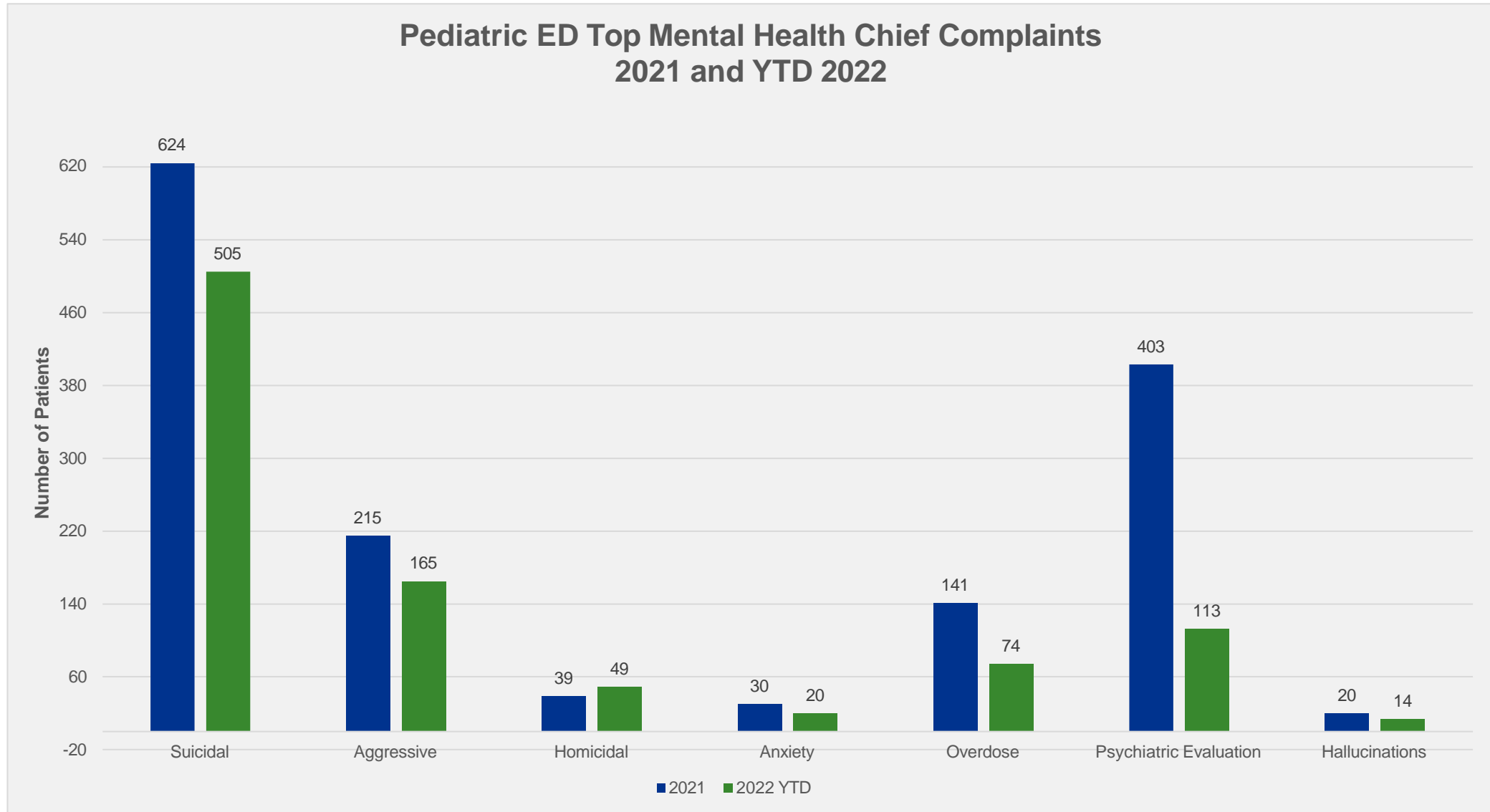
Tamara L Sheehan, RN, BSN, NEA-BC

Inland Northwest Washington Behavioral Health Director

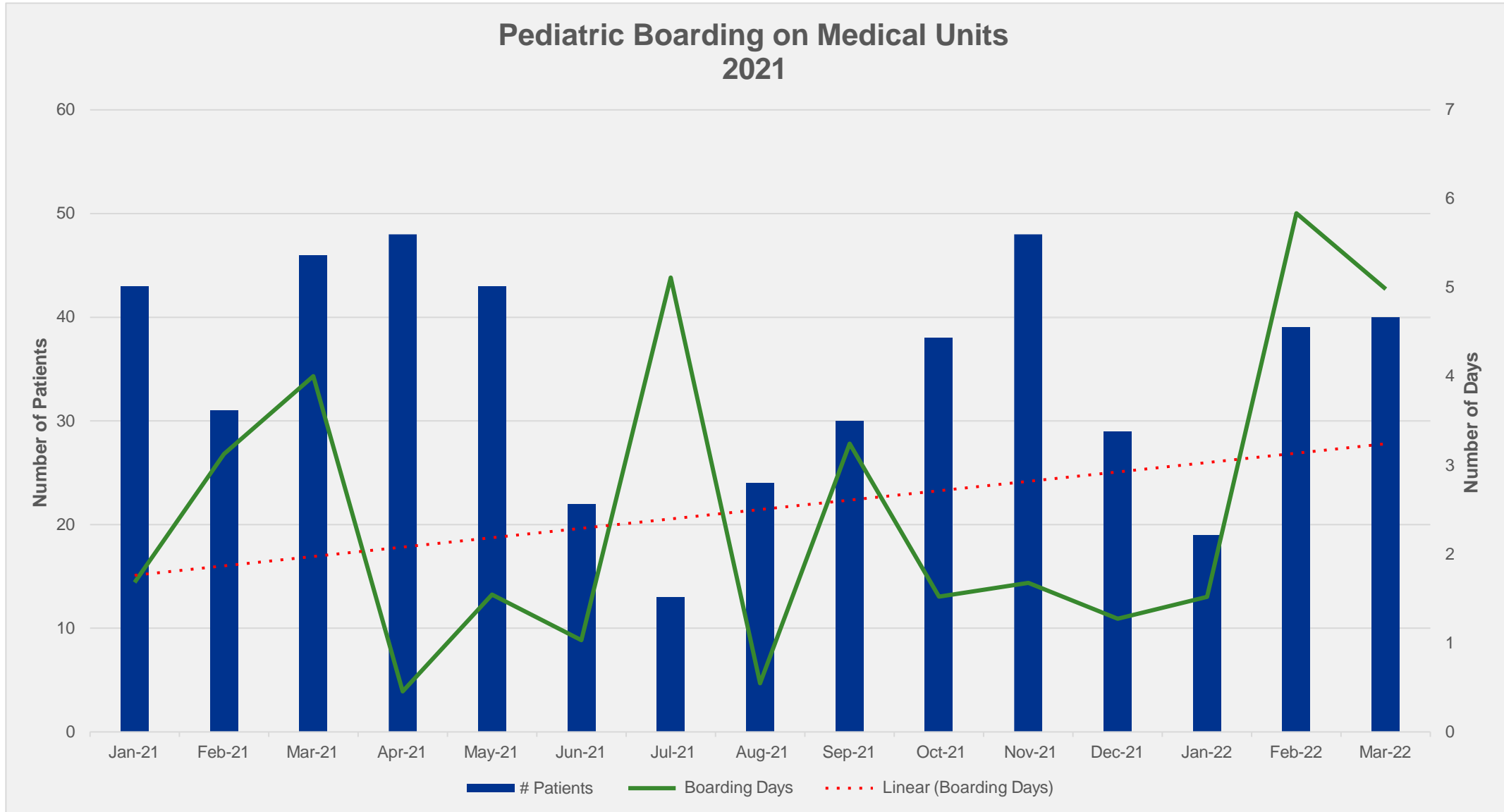
Providence Sacred Heart Medical Center Pediatric ED



Providence Sacred Heart Medical Center Pediatric ED



Providence Sacred Heart Medical Center Pediatric Medical Unit



Thank you



Mary Bridge ED Data Summary

Chris Ladish, PhD

Data pulled and compiled by Ashley Mangum, MSW, LICSW | Program Manager Pediatric Mental Health

BEHAVIORAL HEALTH CHIEF COMPLAINTS

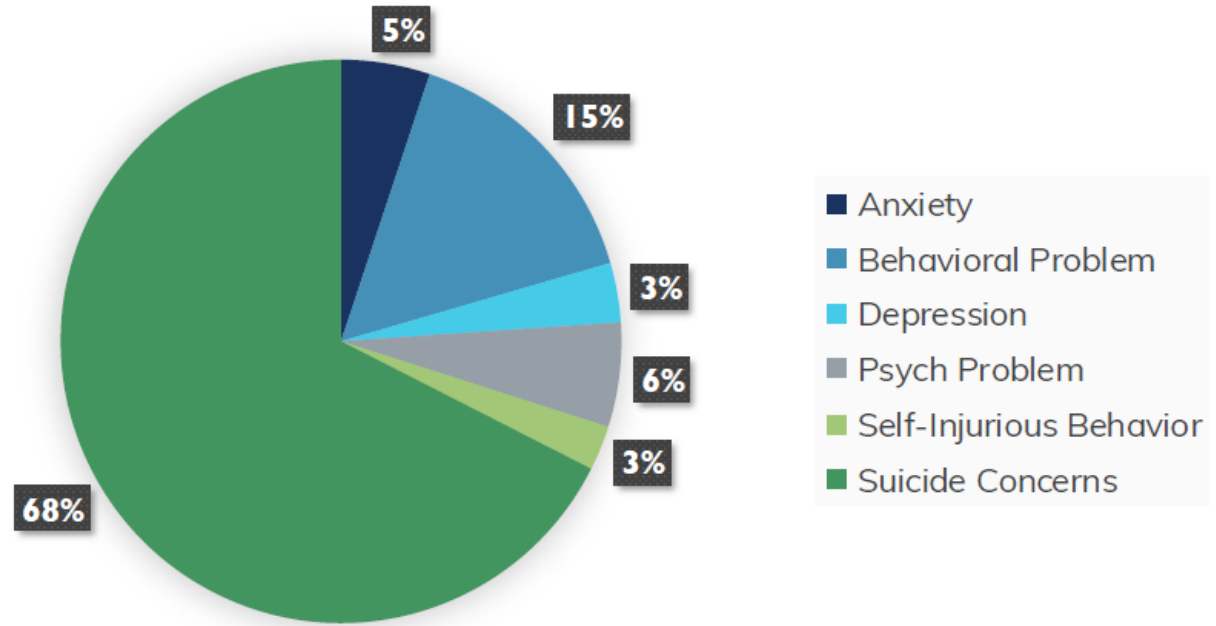


- Anxiety: 6
- Behavioral Problem: 18
- Depression: 4
- Psychiatric Problem: 7
- Self-Injurious Behavior: 3
- Suicidal Ideations/Concerns: 79

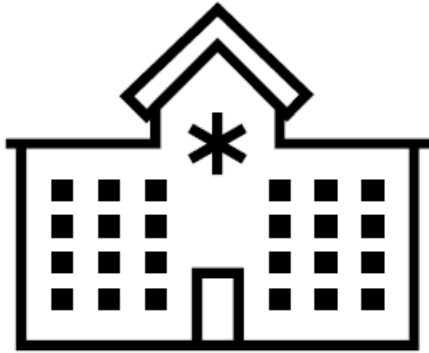
Total: 117

Average Age: 13.44

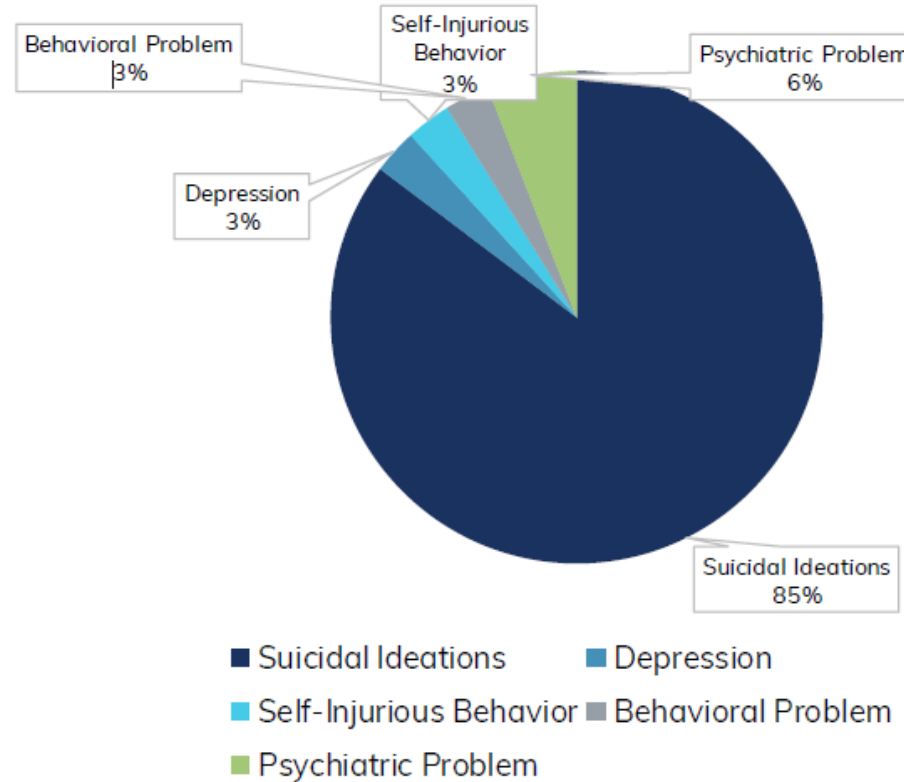
Average LOS: 41.6 hours (997.24)



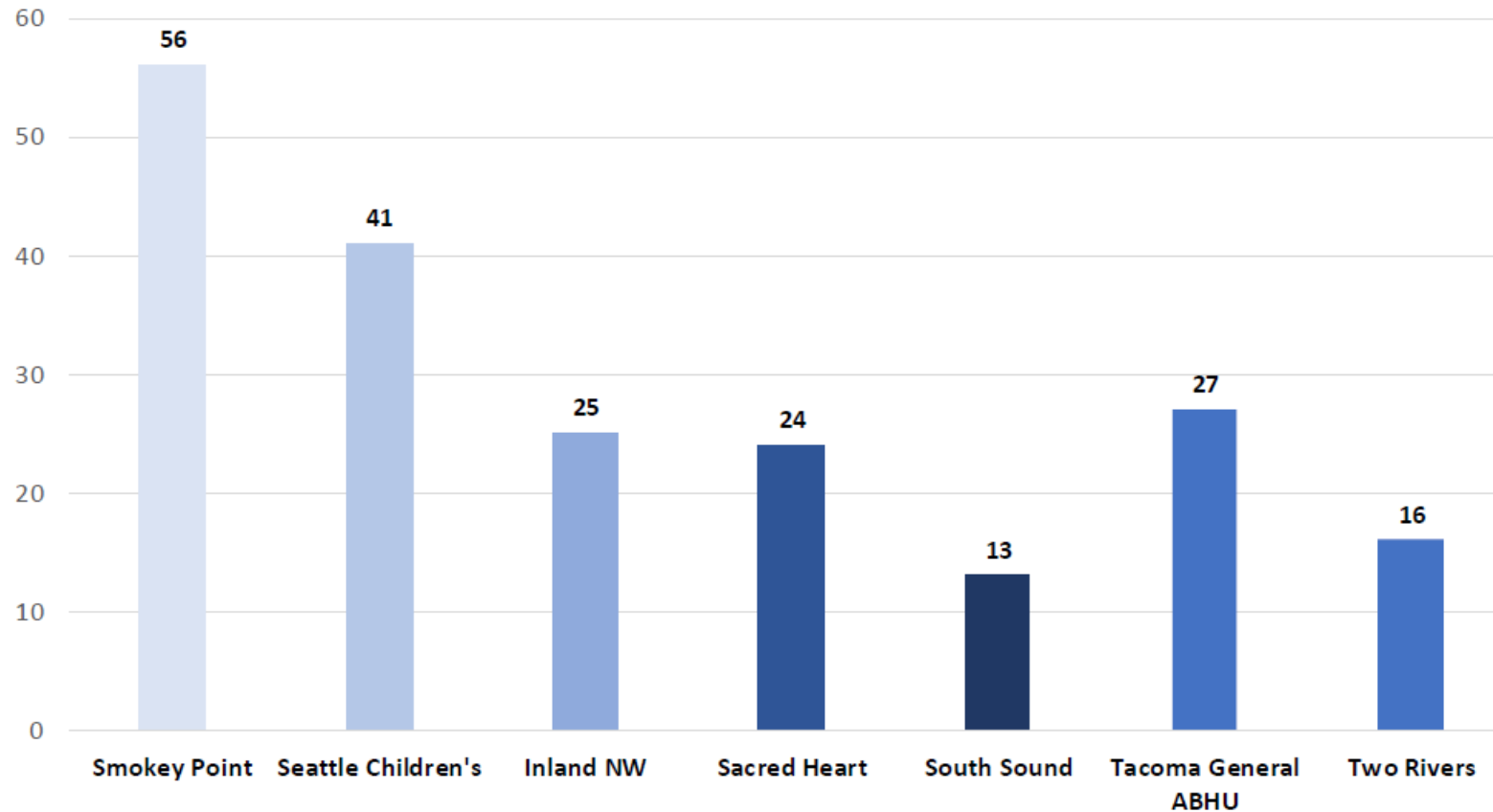
INPATIENT HOSPITALIZATION RATE BY CHIEF COMPLAINT



- Behavioral Problem: 1
- Depression: 1
- Psychiatric Problem: 2
- Self-Injurious Behavior: 1
- Suicidal Ideations: 29



Adolescent Acute Beds in Washington State



Placement Considerations:

Accepts Age Under 13:

- SCH
- Smokey Point*

Accepts IDD/DD:

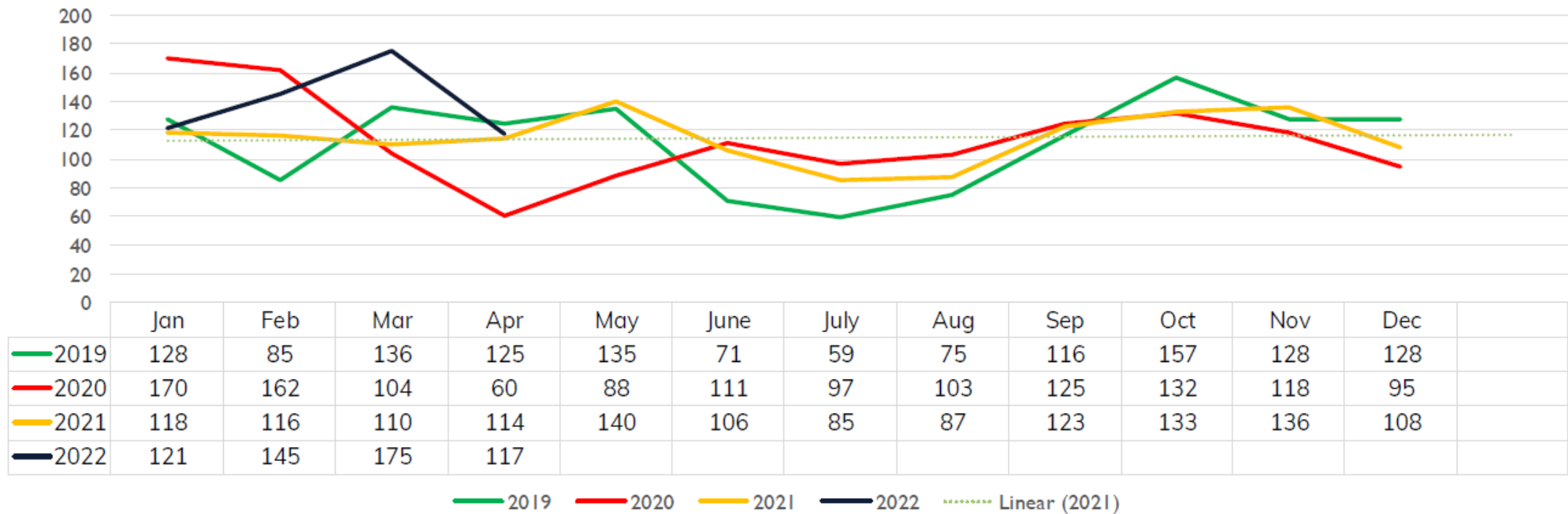
- SCH

Accepts FIT:

- Smokey Point
- SCH
- Inland NW
- Sacred Heart
- TG ABHU
- Two Rivers

Updated 6-9-22

COMPARISON DATA 2019-2022



OF NOTE:

- Similar trends being seen throughout WA state
- While 3%-5% of total ED visit volume is related to behavior health as chief complaint, 20-50% of bed capacity is being utilized to serve and board children with BH needs
- Downstream impact to staffing throughout facilities as techs and nurses often pulled to serve as 1:1s for children at risk
- Approximately 82% of children discharge to community
- Prolonged stays most common for children on the Autism Spectrum and/or with associated intellectual disability impacting behavior

Washington's
Mental
Health
Referral
Service for
Children and
Teens

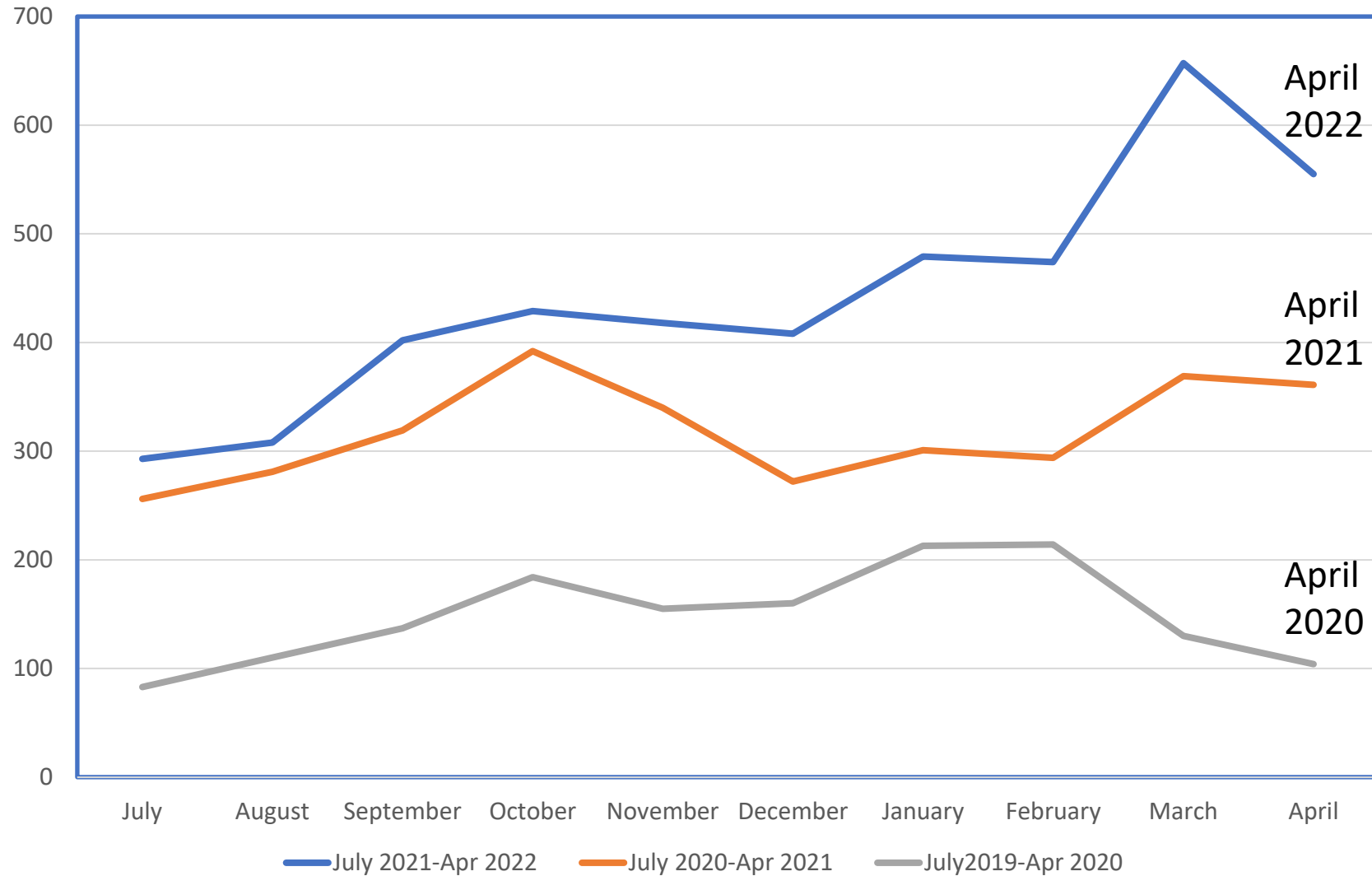
Bob Hilt, MD
PAL Program Director
Professor of Psychiatry, UW
Seattle Children's

Washington's Mental Health Referral Service for Children and Teens

Bob Hilt, MD
PAL Program Director
Professor of Psychiatry, UW
Seattle Children's

- Statewide service for parents, a 2019 pilot
- Legislature and CMHWG helped expand the team:
 - 2 additional staff started May and July 2021
 - 2 more specialists starting in July 2022
- Full team now: 10 full time referral specialists, 3 intake coordinators, + 1 supervisor
 - 66% calls re: commercially insured families
 - 45% calls re: age 6-12, 48% re: age 13-17
- Story of the past 3 years has been diminishing community service access, increasing need for help
 - commercially insured: 5, 10, 20, now usually 30 calls to find one available provider for a client

Washington's Mental Health Referral Service for Children and Teams, Monthly Parent Request Volumes



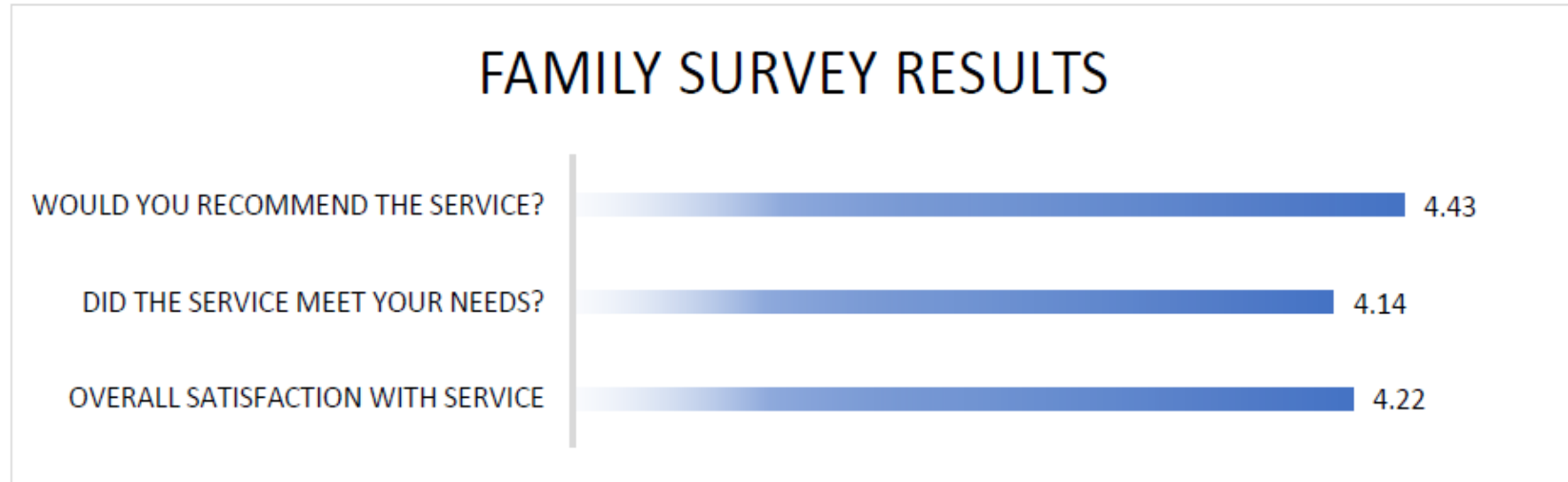
Referral Service Process Evolves

- Process separation for Apple Health vs Commercial
 - ~6 business day turnaround Apple Health
 - “MCO Mondays,” commun. MH agencies often the only option
 - ~21 business day turnaround for commercial
 - More community access challenges
 - More staff = reduce case turnaround time
- Internal batch processing of cases improved community and referral efficiency
 - Providers no longer getting repeated calls from our team—goal no more than one contact a week
- Next month starting regional team specialization (3 teams) with our expanded workforce

Current State Themes from the Referral Service

- Providers are dropping many or even all insurances
 - Tell our referral team there was a lack of payment for claims, some plans for as long as 18 months post-service
 - Greater Puget Sound corridor—only out of pocket paid therapy is readily available now
- In-person (non-tele) therapy services now very difficult to access
- Under age 12 therapy for any commercially insured client very difficult to access
- MCO agencies now shut down access that never used to
 - Closed to all intakes, or stating as long as 9-12 month wait

Family Feedback



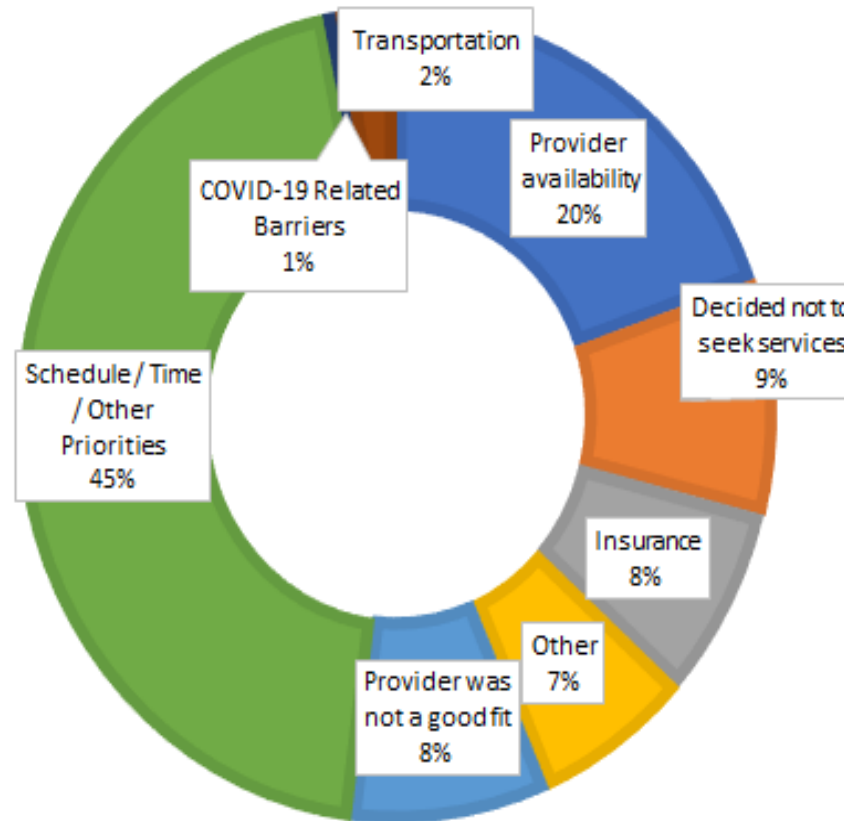
- No one is happy about wait times for help
- Families are struggling greatly in the current environment
- Those who get referral assistance greatly appreciate it
- Above are survey results from 109 parents in a December 2021 report

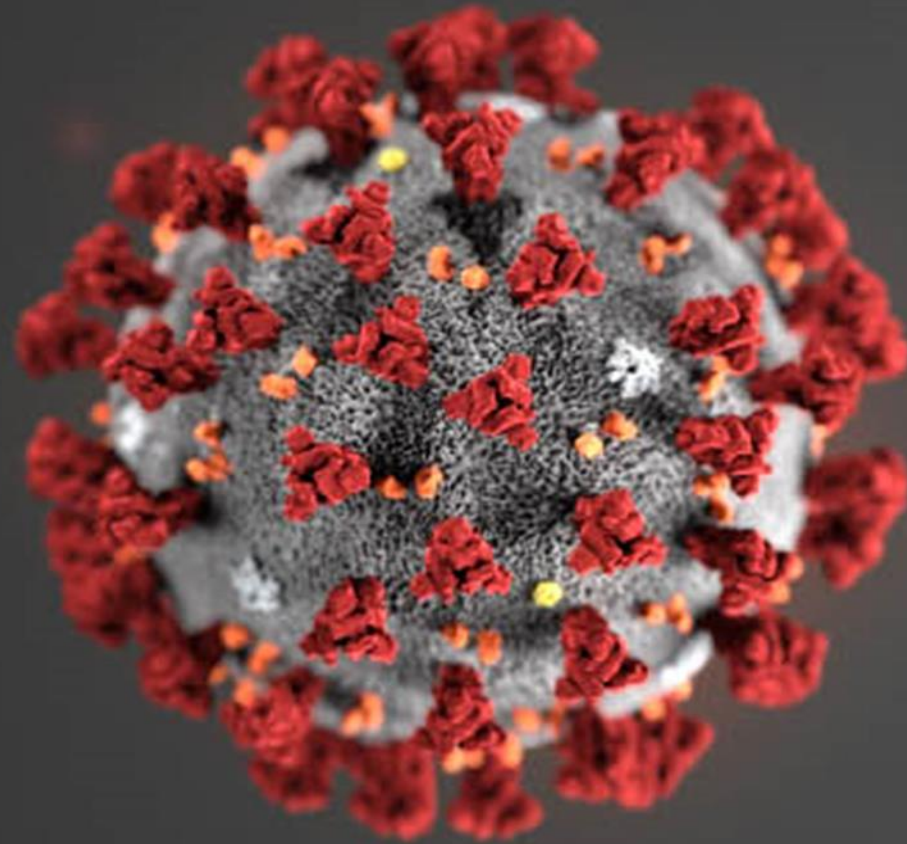
At 2 week follow up, only about ½ of those we reach say they made an appointment (down from 60% in 2019)

Mental Health referral follow through rates are known to be as low as 50%--something to be aware of.

But if care can be provided immediately when initially desired, we can expect much higher rates

BARRIERS TO MAKING AN APPOINTMENT

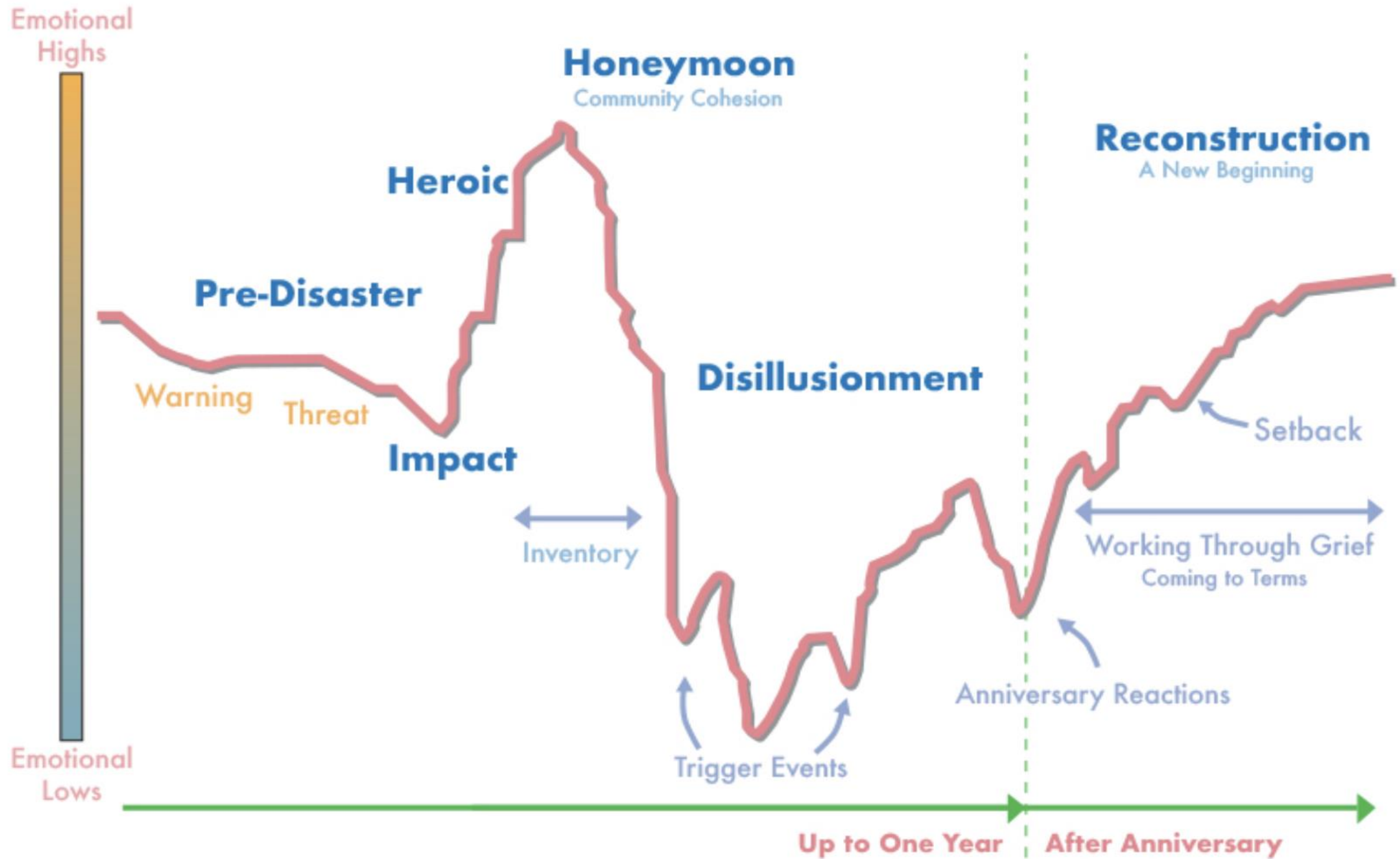




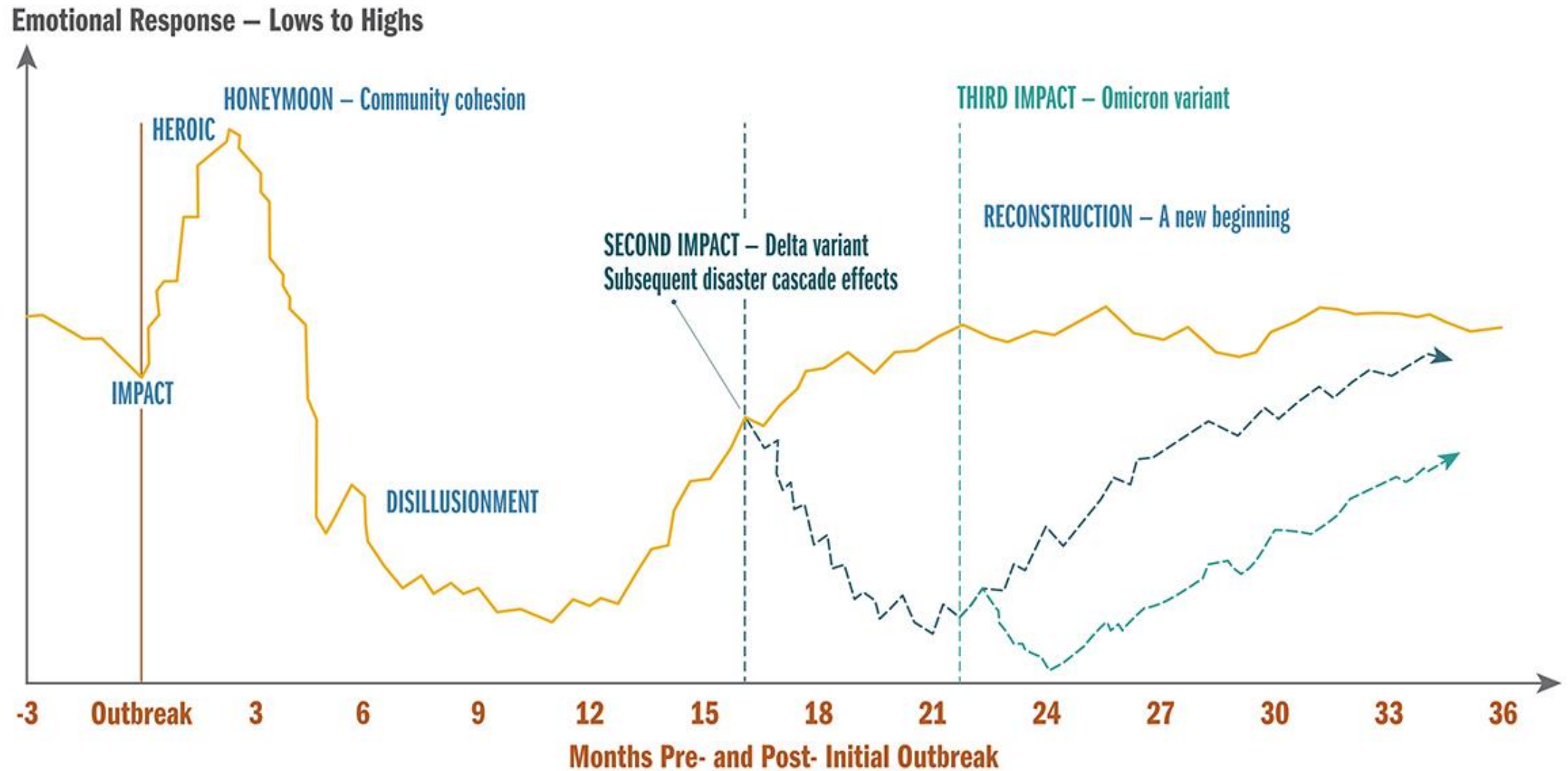
UPDATE ON YOUTH BEHAVIORAL HEALTH DURING COVID. JUNE 2022

Tona McGuire, Ph.D., Behavioral Health Strike Team





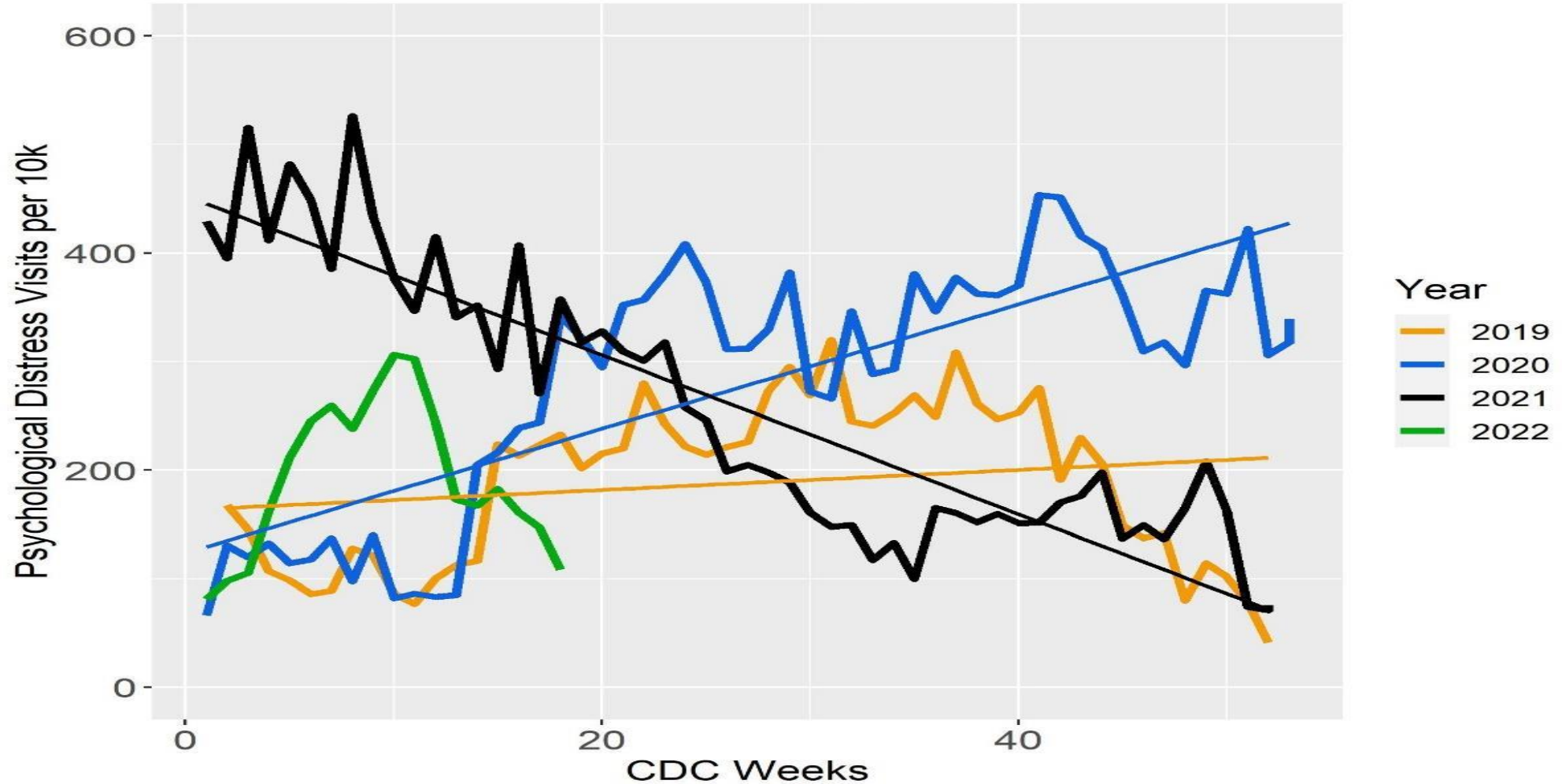
Reactions and Behavioral Health Symptoms in Disasters – COVID-19



Behavioral Health Trends for Youth Spring/Summer 2022

- Mask mandate changes have a split impact:
 - Some students will be excited or euphoric about the mandate being lifted.
 - Some students are likely to experience more anxiety and face social discrimination or more bullying
- Many who were hoping mask mandates lifting would result in a reduction of BH concerns for youth statewide may be confronted by the complexity of the underlying causes (and thus solutions) as distressing symptoms and behaviors may not decrease as hoped.
- As we move into spring, increases in risky behaviors are likely; this is also in the context of a typical (non-COVID year) increase in spring months of suicidal thinking and behaviors for youth.

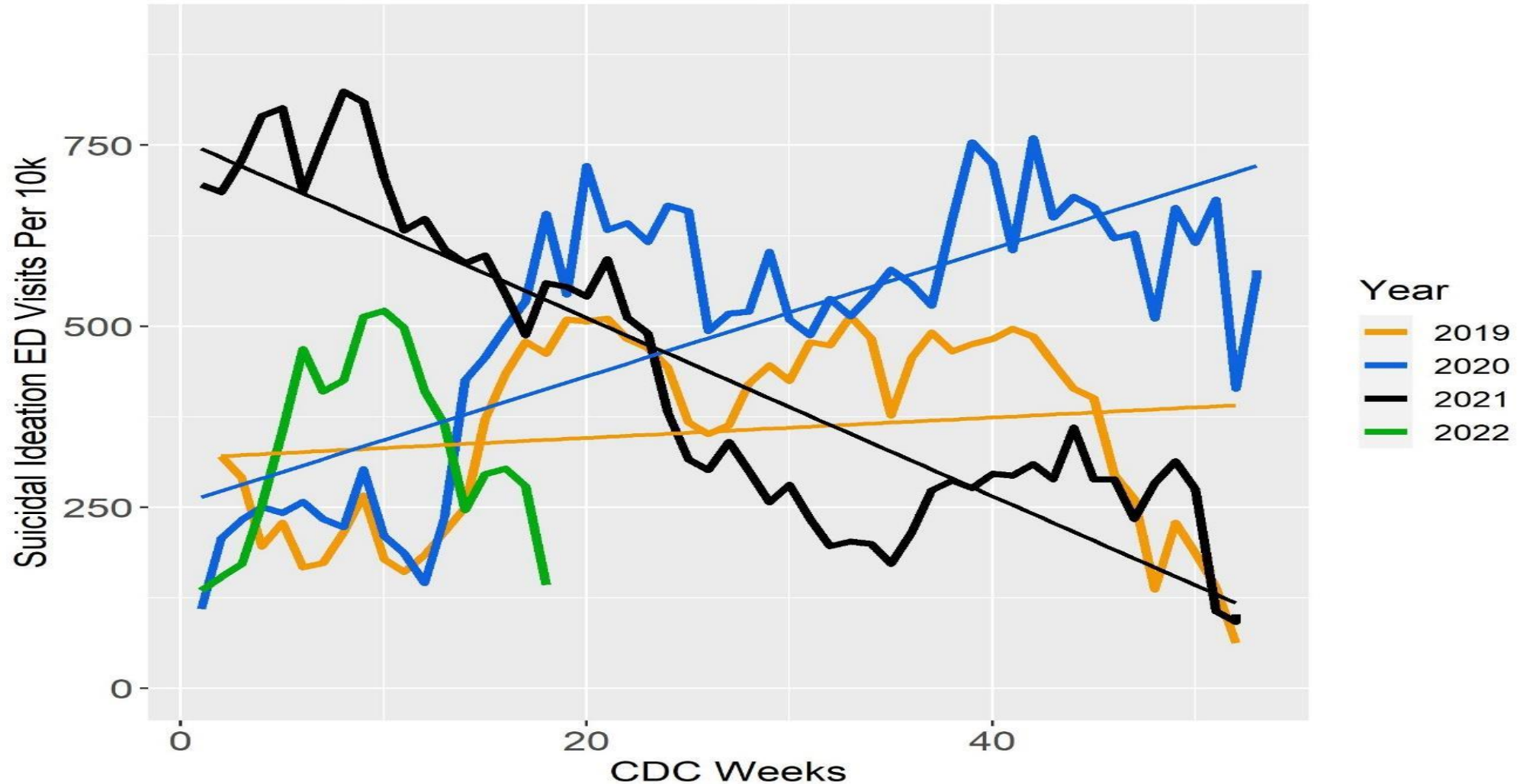
Number of Psychological Distress Related Visits per 10,000 ED Visits (limited to patients 18 years of age and under)



Average Weekly Difference Amongst Visit Counts: -162.7 per 10,000
Source: CDC National Syndromic Surveillance Program

Number of Suicidal Ideation Related Visits per 10,000 ED Visits

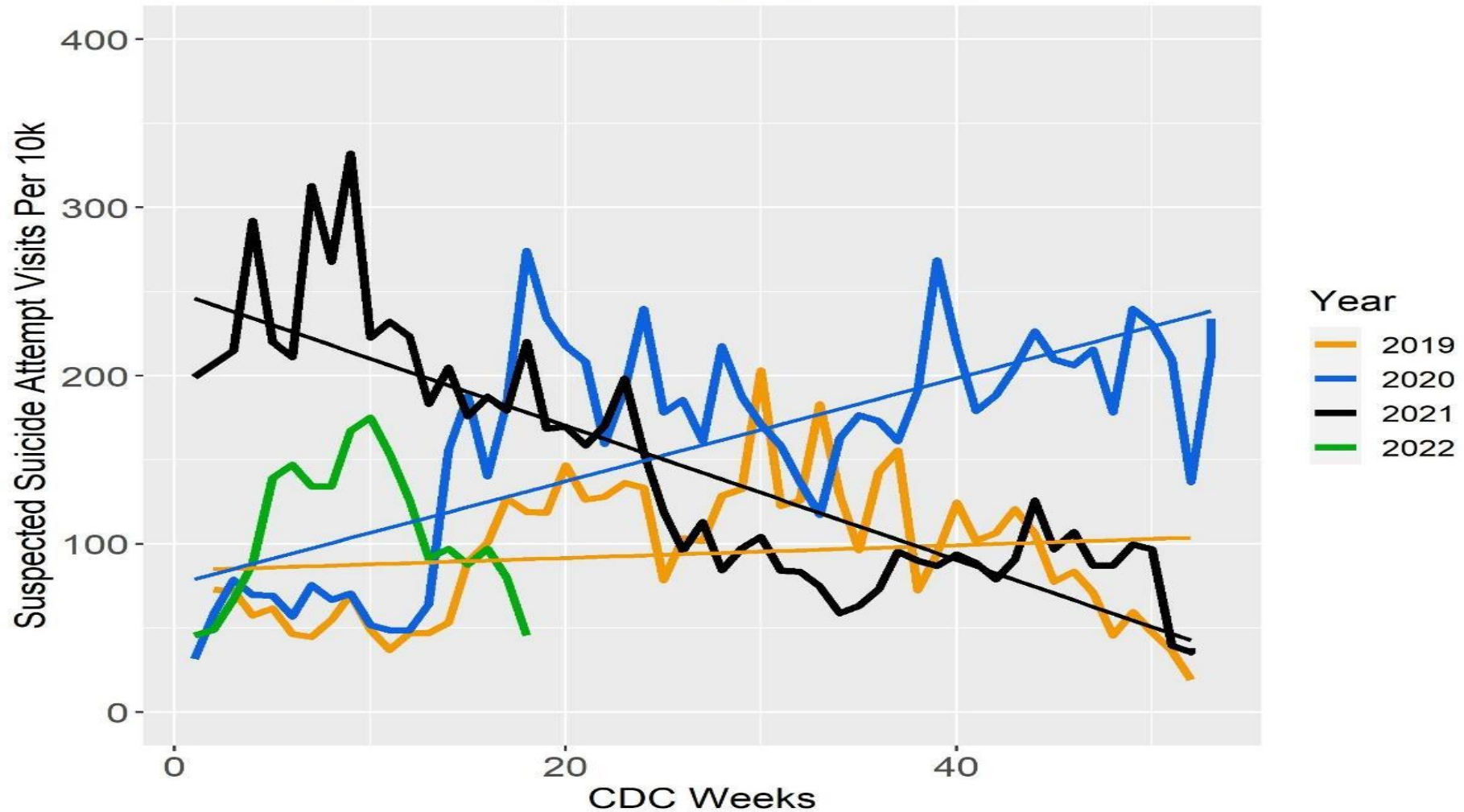
(limited to patients 18 years of age and under)



Average Weekly Difference Amongst Visit Counts: -282.3 per 10,000
Source: CDC National Syndromic Surveillance Program

Number of Suspected Suicide Attempt Related Visits per 10,000 ED Visits

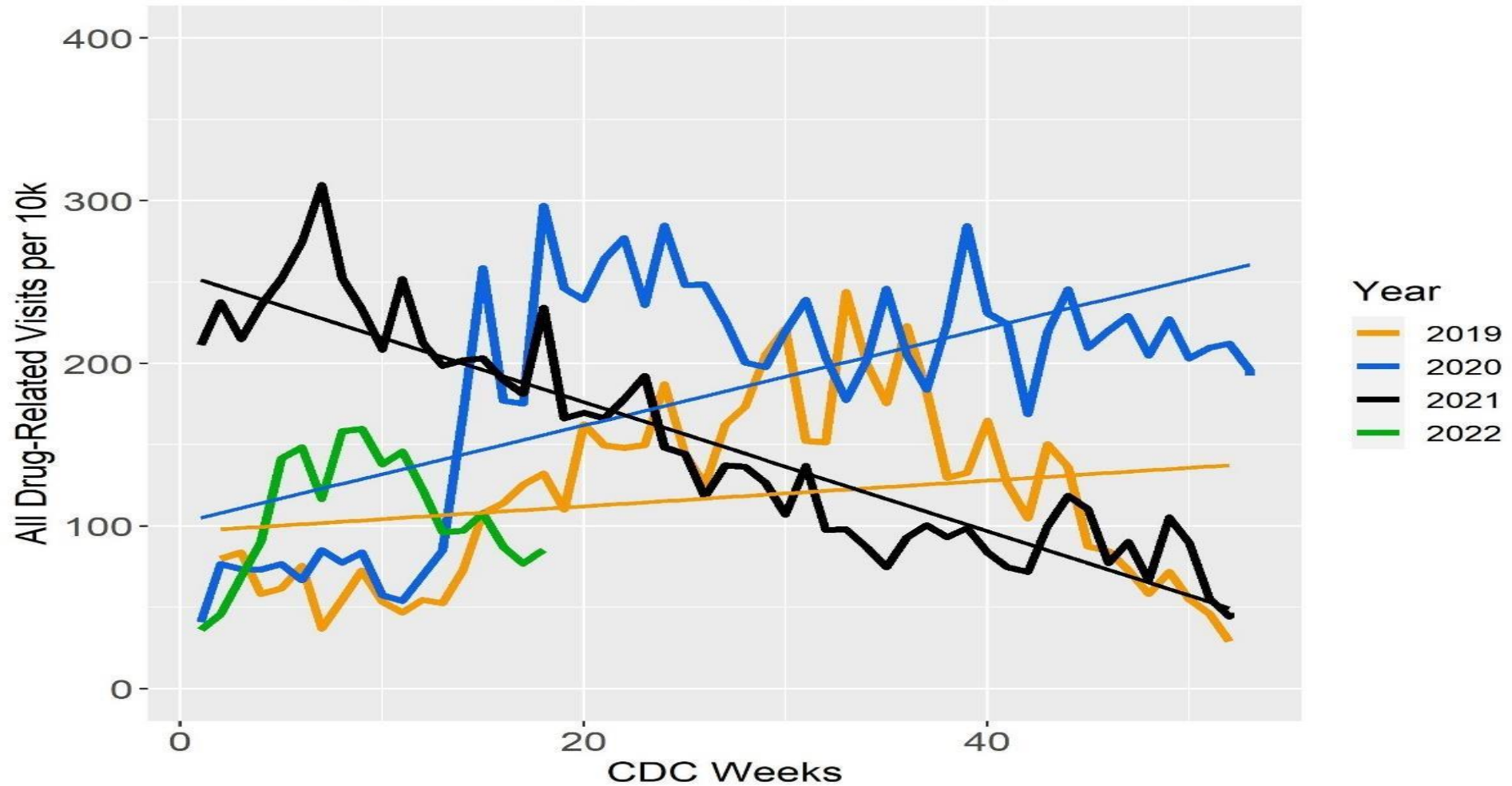
(limited to patients 18 years of age and under)



Average Weekly Difference Amongst Visit Counts: -93.2 per 10,000
Source: CDC National Syndromic Surveillance Program

Number of Suspected Overdoses by All Drug Visits per 10,000 ED Visits

(limited to patients 18 years of age and under)



Average Weekly Difference Amongst Visit Counts: -106.9 per 10,000
Source: CDC National Syndromic Surveillance Program

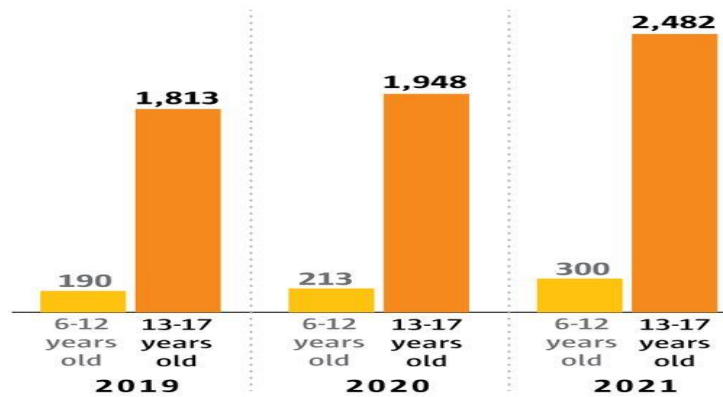
DATA FROM WA POISON CENTER

Youth suicide and self-harm trends

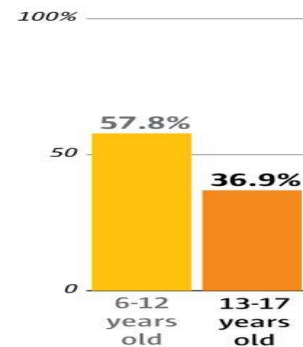
Suicide attempts and incidence of self-harm using poison are going up among Washington youths, with the fastest increase coming among girls and those ages 6-12.

Self-harm and suspected suicide cases phoned in by age

Number of cases for 2019, 2020 and 2021

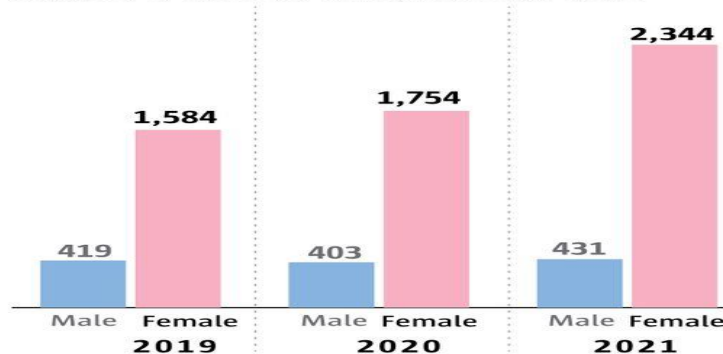


% increase from 2019 to 2021

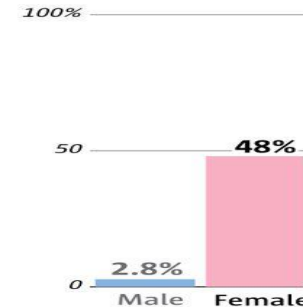


Self-harm and suspected suicide cases phoned in by gender, 6-17 years

Number of cases for 2019, 2020 and 2021



% increase from 2019 to 2021



Source: Washington Poison Center

MARK NOWLIN / THE SEATTLE TIMES

DATA FROM WA POISON CENTER RELEASED MAY 19, 2022

40% of exposures in patients 6-17 years were due to self-harm or suspected suicide

From 2019 to 2021, cases of self-harm or suspected suicide increased 58% in patients ages 6-12 years and 37% in patients ages 13-17 years

<https://www.wapc.org/data/data-reports/children-and-adolescent-self-poisoning-report/>

Top Substances** in Self-Harm/Suspected Suicide Patients ages 6-12 years (2021)

SUBSTANCE	NUMBER OF PATIENTS
Acetaminophen	35
Antidepressant (fluoxetine & sertraline)	30
Ibuprofen	23
Antihistamine (diphenhydramine)	15
ADHD drug (methylphenidate)	10

**Patients may be exposed to more than one substance

Top Substances** in Self-Harm/Suspected Suicide Patients ages 13-17 years (2021)

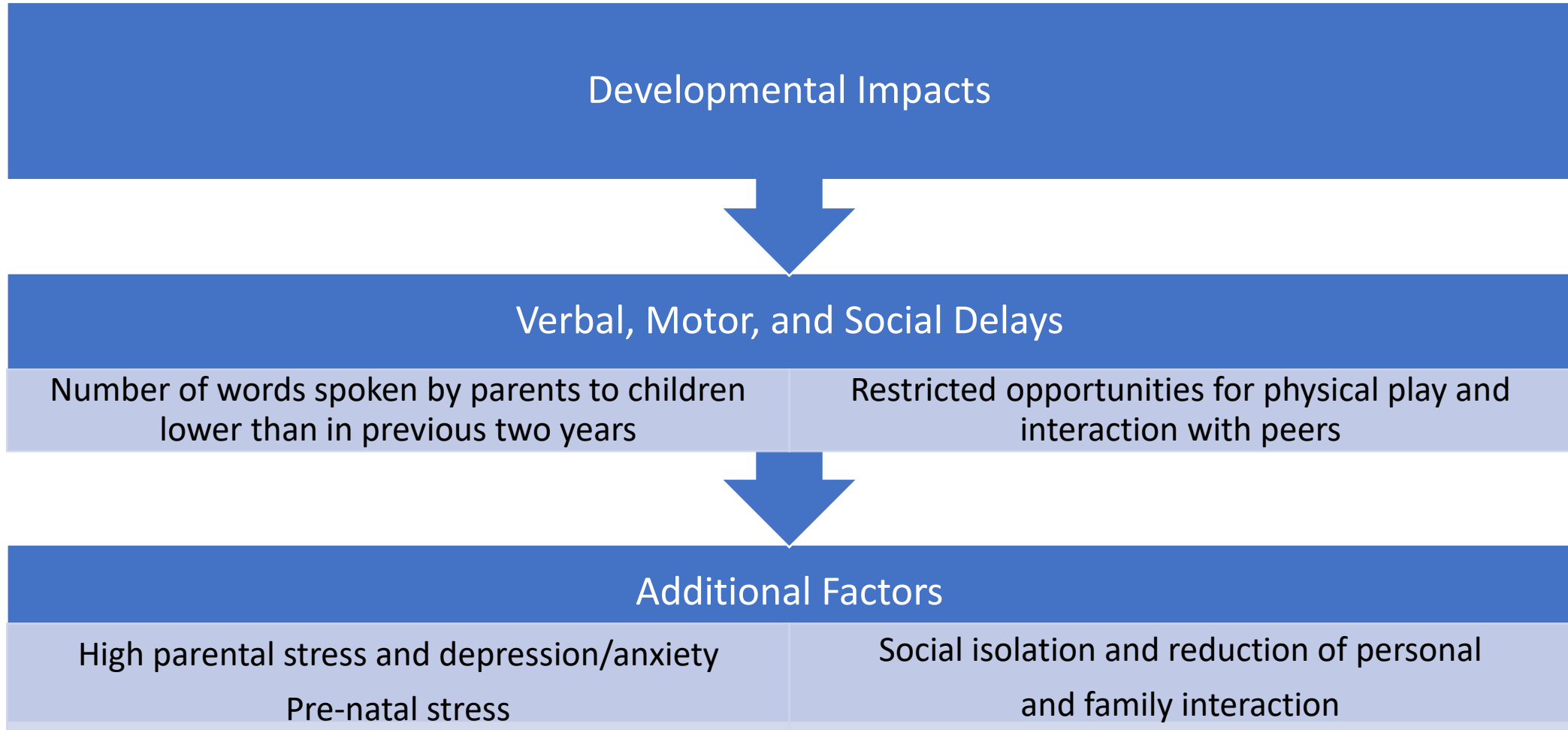
SUBSTANCE	NUMBER OF PATIENTS
Antidepressant (fluoxetine & sertraline)	342
Acetaminophen	285
Ibuprofen	265
Anti-psychotic	104
Antihistamine	72

**Patients may be exposed to more than one substance

Northwest Healthcare Response Network Pediatric Hospital Huddle

- Snapshots in time for the past 10 months show that for ED and hospital med/surge beds, pediatric MH boarders numbers have ranged anywhere from 12-30 patients each day.
- At times up to 50% of peds ED beds were MH patients boarding and waiting for appropriate outpatient or inpatient psychiatric care
- Institutions have looked to board peds MH patients in gyms, conference rooms and storage rooms due to lack of space.
- Peds MH patients admitted to institutions have at times taken up 5-6 rooms due to the inability to keep them and the staff safe on a standard ward
- Non-MH trained staff are being injured and resorting to chemical and physical restraints
- The same child can be discharged from one institution only to show up at a different ED and have the same lengthy process repeated

What Happens to The Youngest?



<https://www.nature.com/articles/d41586-022-00027-4>

Resources

- [Back to Classroom THINK toolbox for parents, caregivers and teachers](#)
- [Behavioral Health Toolbox for Families](#)
- [Workplace Resilience](#)

Crisis support

- [Suicide Prevention Lifeline](#): 800-273-8255
- [Crisis Text Line](#) provides confidential text access from anywhere in the U.S. to a trained crisis counselor. Text HOME to [741741](#) (24/7/365)
- [Crisis Connections](#) is a 24-hour crisis line that connects people in physical, emotional and financial crisis to services. Call 866-4-CRISIS ([866-427-4747](#))
- [Teen Link](#): call or text 866-833-6546
- National [Disaster Distress Helpline](#): 800-985-5990 or text “TalkWithUs” to 66746.

Resources (Continued)

DOH - Forecast and situational reports, guidance and resources:

<https://doh.wa.gov/emergencies/covid-19/healthcare-providers/behavioral-health-resources>

WA State – General mental health resources:

<https://coronavirus.wa.gov/information-for/you-and-your-family/mental-and-emotional-well-being>

Looking for support?
Call Washington Listens at
1-833-681-0211



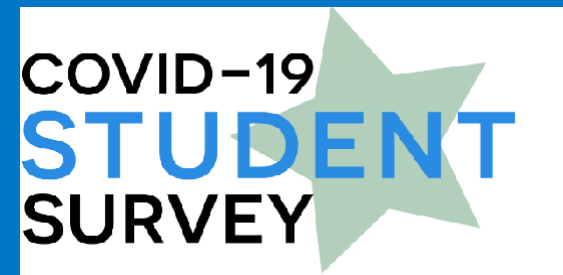
Questions?





Washington State Department of Health is committed to providing customers with forms and publications in appropriate alternate formats. Requests can be made by calling 800-525-0127 or by email at civil.rights@doh.wa.gov. TTY users dial 711.

Adolescent Mental Health During the COVID-19 Pandemic: Washington State Survey Results



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Division of Behavioral Health and Recovery
Washington State Health Care Authority

Statewide Partnership

- ▶ Four state agencies
 - ▶ HYS: Looking Glass Analytics
 - ▶ CSS: University of Washington
- ▶ Schools
- ▶ Educational Service Districts (ESDs)
- ▶ Local Health Jurisdictions (LHJs)
- ▶ Community Prevention Providers
- ▶ HYS Funded by the Dedicated Cannabis Account and Substance Abuse Block Grant



Background

- ▶ HYS 2020 postponed to fall 2021
- ▶ Pandemic changed many behaviors
- ▶ Needs assessment to capture 2020-2021 year
- ▶ COVID-19 Student Survey (CSS) created in winter/spring 2021
- ▶ Anonymous, online, mostly remote

Participation



COVID-19 Student Survey 1.0

- ▶ Mar. 2021
- ▶ 35 counties
- ▶ 330 schools
- ▶ 65,000 students
- ▶ Grades 6-12
- ▶ Convenience sample

Healthy Youth Survey

- ▶ Oct. 2021
- ▶ 39 counties
- ▶ 877 schools
- ▶ 208,000 students
- ▶ Grades 6, 8, 10, 12
- ▶ Representative

COVID-19 Student Survey 2.0

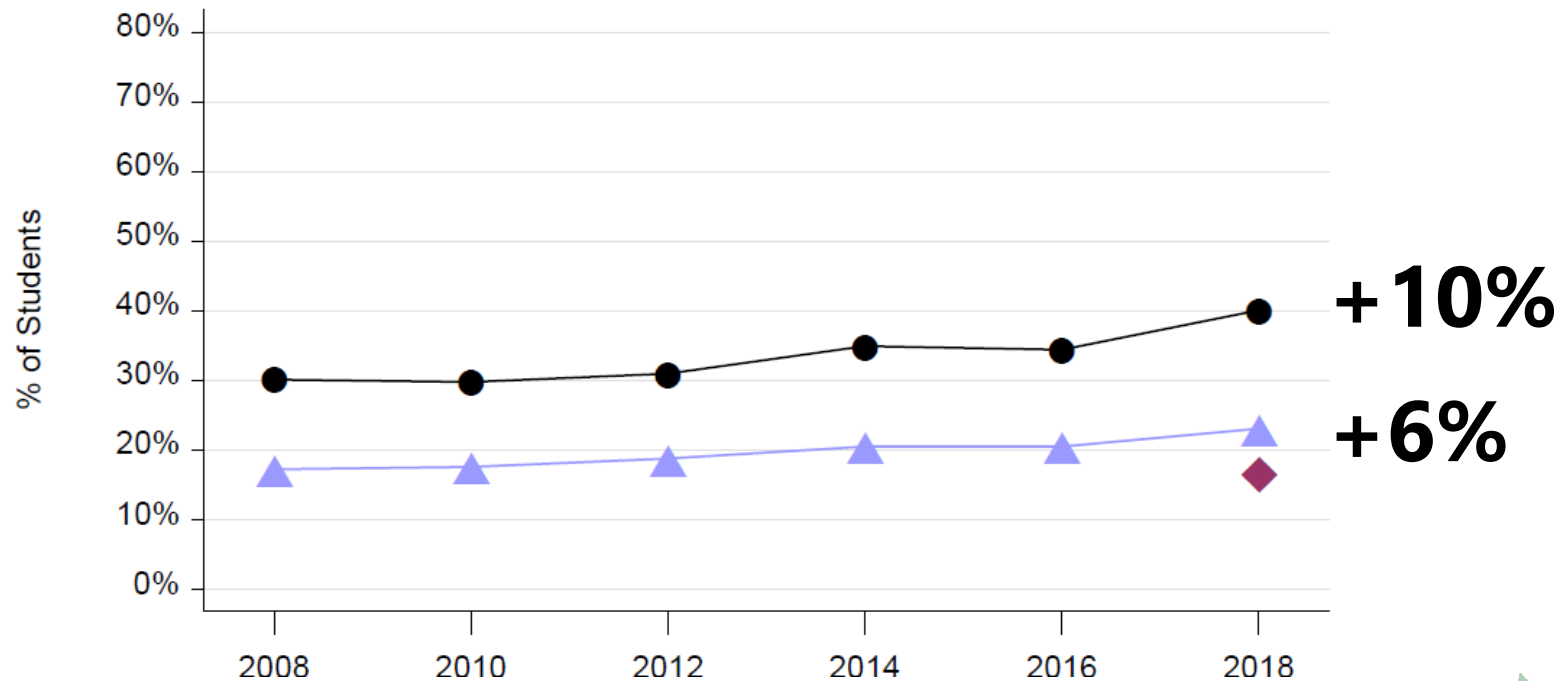
- ▶ Feb. 2022
- ▶ 116 schools
- ▶ 21,000 students
- ▶ Grades 6-12
- ▶ Convenience sample

Total: 293,000 students

Adolescent mental health was worsening before COVID-19

Depressive Feelings and Suicide Trends, Grade 10

- Depressive feelings
- ▲ Considered attempting suicide
- ◆ No adults to turn to when sad or hopeless



Disclaimer!

- ▶ Given the context of the pandemic and the many changes it brought, we need to be careful when comparing to past years
- ▶ Will not be focusing on trends; instead, focusing on the collective information from three different student surveys
- ▶ Most of the results reported here are for 10th grade/sophomores as they tend to be a good “sentinel” grade
- ▶

Sadness

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?

- ▶ CSS 1.0: 45%
- ▶ HYS 2021: 38%
- ▶ CSS 2.0: 38%
- ▶ Over one-third of high school students report feeling sad or hopeless for two weeks or more

Worrying

*How often over the last 2 weeks, were you bothered by:
Not being able to stop or control worrying?*

- ▶ HYS 2021: 56%
 - ▶ 17% nearly every day
- ▶ More than half of high school students report being unable to stop worrying in the past two weeks

Anxiety

*How often over the last 2 weeks, were you bothered by:
Feeling nervous, anxious or on edge?*

- ▶ HYS 2021: 69%
 - ▶ 22% nearly every day
- ▶ A majority of high school students report they felt nervous or anxious in the past two weeks

Suicidal Ideation

During the past 12 months, did you ever seriously consider attempting suicide?

- ▶ CSS 1.0: 19%
- ▶ HYS 2021: 20%
- ▶ CSS 2.0: 19%
- ▶ About 1 in 5 high school students has seriously considered attempting suicide in the past 12 months

Suicide Plan

During the past 12 months, did you make a plan about how you would attempt suicide?

- ▶ CSS 1.0: 15%
- ▶ HYS 2021: 16%
- ▶ CSS 2.0: 15%
- ▶ About 1 in 6 high school students has made a plan for attempting suicide in the past 12 months

Suicide Attempt

During the past 12 months, how many times did you actually attempt suicide?

- ▶ CSS 1.0: 4.4%
- ▶ HYS 2021: 8.2%
 - ▶ 3.6% more than once
- ▶ CSS 2.0: 5.3%
- ▶ About 8% of high school students have attempted suicide in the past 12 months, with nearly half attempting more than once

Seeking Help

If you feel sad or hopeless almost every day for two weeks or more in a row, to whom would you most likely turn for help? Choose all that apply.

▶ HYS 2021:

- ▶ Friend or peer: 45%
- ▶ Parent/guardian: 34%
- ▶ Sibling or cousin: 25%
- ▶ I don't have anyone: 12%
- ▶ Teacher, school counselor, or other adult at school: 9.7%
- ▶ Other adult that's not my parent: 9.1%
- ▶ Coach: 5.9%
- ▶ Religious/faith leader: 4.1%

Seeking Mental Health Services

During the past 12 months, did you try to get mental health services from a counselor, therapist, emergency room, or other health care provider?

▶ CSS 1.0:

- ▶ No, I did not try to get help: 76%
- ▶ Yes, and I did get help: 17%
- ▶ Yes, but I did not get help: 7.8%

▶ CSS 2.0

- ▶ No, I did not try to get help: 18%
- ▶ Yes, and I did get help: 64%
- ▶ Yes, but I did not get help: 17%

Perception of Mental Health Services

Do you think it's ok to seek help and talk to a professional counselor, therapist, or doctor if you've been feeling very sad, hopeless, or suicidal?

▶ CSS 2.0

▶ Yes: 84%

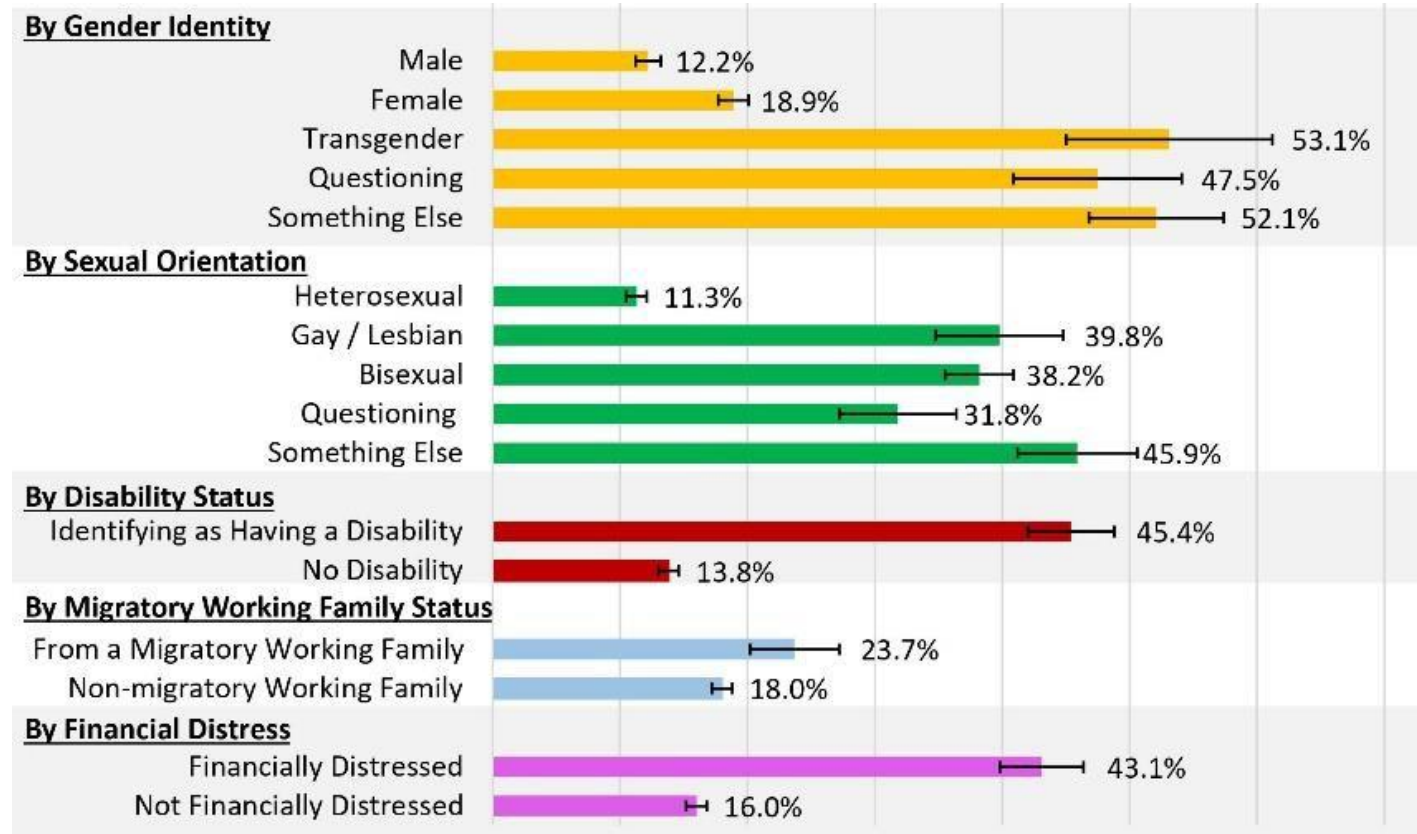
Disparities (HYS)

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?

- ▶ Female: 50%
- ▶ Male: 25%

Disparities (CSS 2.0)

During the past 12 months, did you ever seriously consider attempting suicide?



Hopefulness

Moderately or Highly Hopeful:

- ▶ CSS 1.0: 69%
- ▶ HYS 2021: 71%
- ▶ CSS 2.0: 67%
- ▶ About 2 in 3 high school students were moderately or highly hopeful

Resources

▶ Pop-up (CSS) and end-of-survey (HYS)

If students respond “yes” to any of the next three items, the following 6 resources appeared on their screen:

Washington Teen Link

<https://www.teenlink.org/>
1-866-TEENLINK (833-6546)

Crisis Text Line

<https://www.crisistextline.org/>
Text HOME to 741741

You Are Not Alone Network (for Native youth):

<http://www.youarenotalonenetwork.org/>
1-877-209-1266

The Trevor Project (for LGBT youth):

<https://www.thetrevorproject.org/> to text or chat
1-866-488-7386 to talk

National Teen Line:

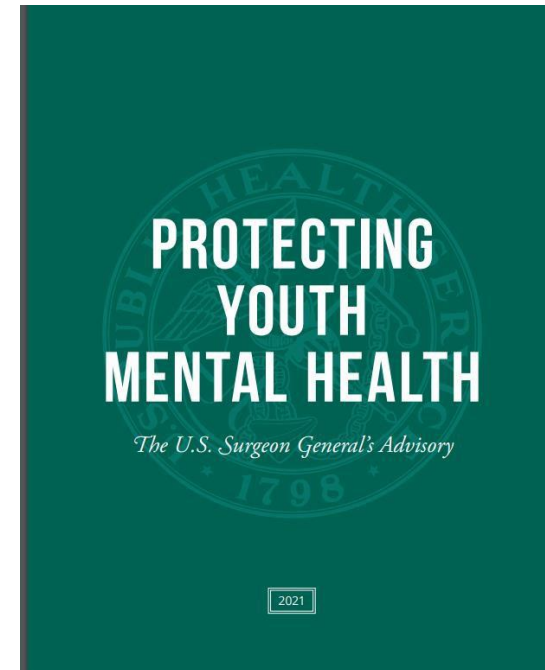
<https://teenlineonline.org/>
1-800-852-8336 or text TEEN to 839363

National Suicide Prevention Lifeline

<https://suicidepreventionlifeline.org/>
1-800-273-8255 (TRS: 1-800-799-4889)

National Recognition of Crisis

- ▶ Adolescent mental health crisis:
 - ▶ Oct. 2021: American Academy of Pediatrics Declaration of a National Emergency in Child and Adolescent Mental Health
 - ▶ Dec. 2021: Surgeon General's Advisory on Protecting Youth Mental Health



Key Takeaways

- ▶ Mental health did not change a lot from pre- pandemic levels, ***but it was already at crisis levels***
- ▶ Multiple surveys found similar results among adolescent; we can be confident in the results
- ▶ Mental health continues to be a huge challenge for adolescents in WA, yet hope remains
- ▶ Adolescent mental health should be prioritized in behavioral health efforts, perhaps in new ways
- ▶ Mental health may have become less stigmatized during the pandemic

Questions?

- ▶ Email:

- ▶ Tyler.Watson@hca.wa.gov

- ▶ HYS Results:

- ▶ www.AskHYS.net

- ▶ CSS Results:

- ▶ [https://www.k12.wa.us/student-success/health-safety/2022-covid-19-student-survey-results/2where is the CSS info we funded?021-covid-19-student-survey-results](https://www.k12.wa.us/student-success/health-safety/2022-covid-19-student-survey-results/2where%20is%20the%20CSS%20info%20we%20funded?021-covid-19-student-survey-results)