



# Indiana Child Well-Being Data: The Case for Promoting School Mental Health “Why Document”

## WHAT IS MENTAL HEALTH?

Mental health is a state of wellbeing in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution. – World Health Organization

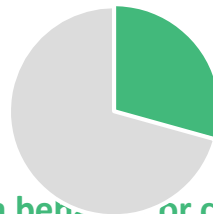
## WHY IMPROVE MENTAL HEALTH IN SCHOOLS?

Simply stated, stressed brains do not learn the same as brains that feel safe, can emotionally regulate, and can feel connection. However, due to the fact that these indicators either go unrecognized or there is a lack of knowledge about their effects on learning and behavior, children and youth with mental health issues are often identified or mislabeled as having behavior, discipline, and/or learning issues in a school setting.

## CHILD & ADOLESCENT MENTAL HEALTH



**19.8%**  
of Indiana high school students seriously considered suicide in 2015, which is the third highest rate in the nation<sup>2</sup>



**29.3%**  
in 2015, 29.3% of Indiana students reported feeling sad or hopeless<sup>3</sup>

**1 out of every 20 children in Indiana have a behavior or conduct problem<sup>4</sup>**

- 50% of all lifetime cases of mental illness begin by age 14 and 75% by age 24%
- The average delay between onset of symptoms and intervention is 8-10 years
- Adolescents with mental health problems are at increased risk of participating in behavior such as substance abuse and unprotected sexual activity<sup>6</sup>

### School to Prison Pipeline

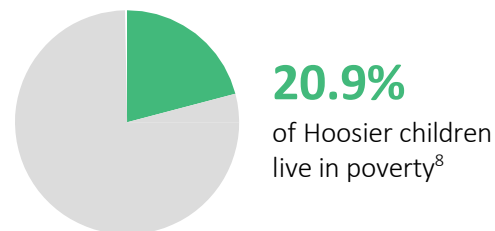
- 1<sup>st</sup> grader with unruly behavior ↓
- 5<sup>th</sup> grader with multiple suspensions ↓
- 8<sup>th</sup> grader who self-medicates ↓
- High School dropout ↓
- 17-year-old convict



## SOCIETAL & COMMUNITY INDICATORS

Societal and community risk factors that can negatively impact mental health and brain development:

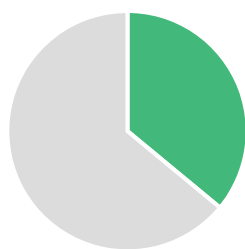
- **15.7%** of Indiana high school students reported being electronically bullied<sup>9</sup>
- Indiana ranks **12<sup>th</sup>** out of 35 states in the percentage of students who were bullied on school property<sup>10</sup>
- In 2016, **16,143** public school students in Indiana were identified as homeless or housing unstable<sup>7</sup>



## ADVERSE CHILDHOOD EXPERIENCES (ACEs)

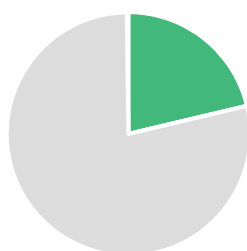
Adverse Childhood Experiences (ACEs) in childhood are major risk factors for illness and a poor quality of life. Research further indicates that ACEs can impede a child's social, emotional, and cognitive development. They are the **best predictor of poor health** and the **second best predictor of academic failure**.<sup>11 12</sup>

Based off of data from the 2016 National Survey of Children's Health (NSCH), Child Trends found that<sup>13</sup>:



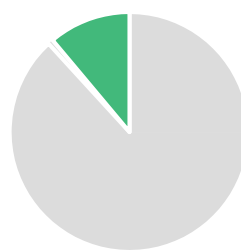
**34%**

of children ages 0-17 in Indiana have 1-2 ACEs



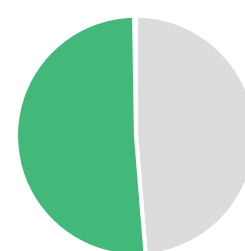
**21.3%**

of Indiana high school students have a parent who served time in jail<sup>15</sup>



**9.2%**

or more than 1 in 10 Hoosier children ages 0-17 have lived with someone who was mentally ill or suicidal<sup>16</sup>



**51.3%**

of Indiana high school students live in a family that argues repetitively<sup>17</sup>

Additional findings from the ACE study identified important connections between ACEs and school performance. For example, students dealing with ACEs:

- are two-and-one-half times more likely to fail a grade;
- score lower on standardized achievement test scores;
- have more receptive or expressive language difficulties;
- are suspended or expelled more often, and;
- are referred to special education more frequently.



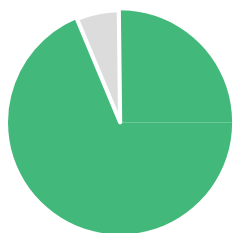
Nearly **1 in 6 (15%)** have experienced three or more ACEs

**In 2015, there were 29,359 substantiated instances of child abuse and neglect<sup>18</sup>**

**From June 2012 to June 2017, the number of Child in Need of Services (CHINS) cases increased by 56.1%<sup>19</sup>.**

## IMPLICATIONS FOR SCHOOL MENTAL HEALTH

Several epidemiological studies of children’s mental health needs and services have led to the conclusion that school is the de facto mental health system for children. As highlighted by the Collaborative for Academic, Social, and Emotional Learning (CASEL), “A study estimating the relative influence of 30 different categories of education, psychological, and social variables on learning revealed that social and emotional variables exerted the most powerful influence on academic performance.”<sup>20</sup> In 2016, a survey of the Indiana Council of Administrators of Special Education (ICASE) reported the following:



**98.6%**

believe that student mental health issues have become an increasing concern in their schools.

Identified barriers to addressing these concerns include:

- Lack of trained personnel
- Access to/collaboration with community mental health centers
- Limited staff time/numbers
- Family engagement/involvement
- Funding/insurance

### REFERENCES

- 1 Centers for Disease Control and Prevention. (2013). Children’s Mental Health Report. Retrieved from <https://www.cdc.gov/childrensmentalhealth/>
- 2 Centers for Disease Control and Prevention. (2016). Youth Risk Behavior Surveillance – United States, 2015. Retrieved from [http://www.cdc.gov/healthyyouth/data/yrbs/pdf/2015/ss6506\\_updated.pdf](http://www.cdc.gov/healthyyouth/data/yrbs/pdf/2015/ss6506_updated.pdf)
- 3 Indiana State Department of Health. (2016). 2015 Youth Risk Behavior Survey Results. Retrieved from [http://www.in.gov/isdh/files/4\\_2015INH\\_Summary\\_Tables.pdf](http://www.in.gov/isdh/files/4_2015INH_Summary_Tables.pdf)
- 4 National Survey of Children’s Health. (2011/2012). Prevalence of Anxiety Problems and Prevalence of Current Depression. Retrieved from <http://www.nschdata.org/>
- 5 National Alliance for Mental Illness (NAMI). (2014, June). Mental Health Facts: Children & Teens. Retrieved from <https://www.nami.org/getattachment/Learn-More/Mental-Health-by-the-Numbers/childrenmhfacts.pdf>
- 6 Child Trends. (2013). Adolescent Health Highlight: Mental Health Disorders. Retrieved from [https://www.childtrends.org/wp-content/uploads/2013/03/Child\\_Trends-2013\\_01\\_01\\_AHH\\_MentalDisordersI.pdf](https://www.childtrends.org/wp-content/uploads/2013/03/Child_Trends-2013_01_01_AHH_MentalDisordersI.pdf)
- 7 Indiana Department of Education. (2016). Indiana Homeless Data (Data File). Retrieved from <http://www.doe.in.gov/student-services/data>
- 8 U.S. Census Bureau, 2016 American Community Survey. (2017). Table B17001: Poverty Status in the Past 12 Months by Sex by Age. Retrieved from <https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>
- 9 Centers for Disease Control and Prevention. (2016). Youth Risk Behavior Surveillance – United States, 2015. Retrieved from [https://www.cdc.gov/healthyyouth/data/yrbs/pdf/2015/ss6506\\_updated.pdf](https://www.cdc.gov/healthyyouth/data/yrbs/pdf/2015/ss6506_updated.pdf)
- 10 Indiana State Department of Health. (2016). 2015 Youth Risk Behavior Survey Results. Retrieved from [http://www.in.gov/isdh/files/4\\_2015INH\\_Summary\\_Tables.pdf](http://www.in.gov/isdh/files/4_2015INH_Summary_Tables.pdf)
- 11 Aces Too High. (2012, February). Spokane, WA, Students’ Trauma Prompts Search for Solutions. Retrieved from <https://acestoohigh.com/2012/02/28/spokane-wa-students-child-trauma-prompts-search-for-prevention/>
- 12 Felitte, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., & . . . Marks, J.S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, 14(4), 245-258.
- 13 Child Trends.(2014, July). Adverse Childhood Experiences: National and State-Level Prevalence. Retrieved from <https://www.childtrends.org/publications/prevalence-adverse-childhood-experiences-nationally-state-race-ethnicity>
- 14 Kolpov, R., Johnson, M. M., Hertel, R., & Kincaid, S. O. (2009). *The heart of learning and teaching: Compassion, resiliency, and academic success*. Washington, DC: Office of Superintendent of Public Instruction (OSPI) Compassionate Schools, p. 5.
- 15 Indiana Prevention Resource Center. (2016). Indiana Youth Survey. Data Request.
- 16 National Survey of Children’s Health. (2016). Child Ever Lived with Anyone Who Was Mentally Ill or Suicidal. Retrieved from <http://www.nschdata.org/>
- 17 Indiana Prevention Resource Center. (2016). Indiana Youth Survey. Data Request.
- 18 Kids Count Data Center. (n.d.) Substantiated Abuse and Neglect Cases by Type. Retrieved from <http://datacenter.kidscount.org/data#IN/2/0/char/0>
- 19 Indiana Department of Child Services. (2012/2017). CHINS Placements by County June 2012/June 2017. Retrieved from <http://www.in.gov/dcs/files/CHINSPlacements201706.pdf> and <https://www.in.gov/dcs/files/CHINSPlacements201206.pdf>
- 20 Collaborative for Academic, Social, and Emotional Learning (CASEL). (2003). Safe and Sound: An Educational Leader’s Guide to Evidence-Based Social and Emotional Learning (SEL) Programs. Retrieved from [http://indiana.edu/~pbisin/pdf/Safe\\_and\\_Sound.pdf](http://indiana.edu/~pbisin/pdf/Safe_and_Sound.pdf)

Adapted from: Kansas Department of Education’s Technical Assistance System Network: Kansas Well-Being Data: Implications for School Mental Health. <https://ksdetasn.org/resources/977>