

Mentally Healthy Youth and Young Adults

Virtually every domain in an adolescent's life has an impact on a teen's mental health. Mental health affects almost every decision an adolescent makes about behavior and is a basic element in the life of every successful teen. Adolescence is the age when serious mental health problems may emerge, the most common being depression, attention and hyperactivity disorder and bipolar (manic depressive) disorder. The following data were obtained from the Tennessee Deaths 2008 Report, the 2007 Youth Risk Behavior Survey (YRBS) .

TENNESSEE DATA

Depression

- In 2007, the YRBS reflected 26.8% of Tennessee high school students reported they had felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities. This represents a decrease from state 1999 data (27.6%) and exceeds the 2005 national rate of 28.5%.
- The 2007 YRBS reflected that Hispanic/Latino high school students at a rate of 43.9% were more likely to report depression than white students at a rate of 27.2% or African-American students at a rate of 23.1%.
- Females were almost twice as likely to report depression as males as reflected in the 2007 YRBS. White female students at 36.2% are most at risk for depression followed by African-American females at 29.2%. White male students reported a higher rate of depression (18.6%) than African-American male students at 16.4%.

Suicide

- Suicide is the ninth leading cause of death for Tennesseans in 2006 according to the Tennessee Deaths 2008 Report. During that year, 43 young people ages 10-24 died from suicide. The suicide rate within that age range was highest among young adults ages 20-24 (15.0% per 100,000) compared to youth ages 15-19 (8.7 % per 100,000) and 10-14 (0.2 % per 100,000).
- The 2008 Death Report also revealed that white males (25.8 per 100,000) were nearly 2 times more likely to die from suicide than African-American males (9.4 per 100,000).
- In 2007, 14.1% of Tennessee students seriously considered attempting suicide according to the 2007 YRBS, compared to 16.9% nationally.
- In 2007, YRBS data reflected that 10.2% of Tennessee high school students made a suicide plan, compared to 12.8% in 1999 and 18.5% in 1993. In 2005, 11.8% were females compared to 8.7% males.

- According to the Tennessee Middle School Health Survey 2001-2002, which was distributed to 6th, 7th and 8th graders, 7.2% said they had attempted suicide. Also, 18.0% said they had felt desperate enough to consider suicide and 2.6% reported getting medical treatment because of a suicide attempt.

PREVENTION PAYS

Poor mental health for adolescents is a costly proposition. The current estimated bill for caring for troubled youth is \$12 billion annually. In 1998, Americans spent more than \$1 billion on psychotropic medications (stimulants and antidepressants) to treat, on average, 4% of all youth, predominantly those aged 6-17.

(Source: RAND, Mental Health Care for Youth: Who Gets It? How Much Does it Cost? Who Pays? Where Does the Money Go?) (2001)

BEST PRACTICES

- Support Mental Health Services in Primary Care and School Settings – Research and expenditure studies indicate that most insured children with mental health issues are more likely to visit their primary care provider or pediatrician rather than a mental health specialist. Well-teen checkups seem like obvious settings to recognize and address adolescent emotional or mental health issues.
- Promote Integrated Community Initiatives – Programs are more likely to be successful if they are comprehensive and intensive, and designed to address suicide and suicidal behavior as part of a broader focus on mental health, coping skills in response to stress, depression, substance abuse and aggressive behaviors.
- Establish Programs That Promote Healthy Social Skills and Relationships – Relationships of high quality have a beneficial impact on psychological health.
- Support Effective Treatment Approaches – Effective approaches that work to change a person’s thoughts in order to change a behavior or emotional state, drug therapy, and environmental strategies appear to reduce mental health disorders, including depression and anxiety.

2010 Objectives

Reduce Suicide Deaths

- By 2010, reduce the suicide death rate among 1014 year olds from a 1999-2002 baseline rate of 0.76 per 100,000 to 0 per 100,000.
- By 2010, reduce the suicide death rate among 1519 year olds from a 1999-2002 baseline rate of 8.78 per 100,000 to 6.78 per 100,000.

- By 2010, reduce the suicide death rate among 2024 year olds from a 1999-2002 baseline rate of 12.35 per 100,000 to 10.35 per 100,000.

Reduce Depression

- By 2010, reduce the proportion of high school students who attempted suicide that required medical attention from a 2005 baseline of 2.4% to 1%.
- By 2010, reduce the proportion of high school students who were depressed for 2 weeks or more during the past 12 months from a 2005 baseline of 31% to 24%.

Websites

2007 Youth Risk Behavior Survey

http://tennessee.gov/education/yrbs/07/07_detail_tables.pdf

American Academy of Child and Adolescent Psychiatry

www.aacap.org

Center for Mental Health in Schools at UCLA

www.smhp.psych.ucla.edu

National Alliance for the Mentally Ill

www.nami.org

National Assembly on School-Based Health Care

www.nasbhc.org

National Mental Health Association

www.nmha.org

Tennessee Department of Health- Health Statistics

Tennessee Death 2008

<http://health.state.tn.us/statistics/PdfFiles/TnDeaths06.pdf>

Tennessee Department of Mental Health and

Developmental Disabilities

<http://www.state.tn.us/mental/>

Tennessee Suicide Prevention Network

www.tspn.org