

Behavioral Health



Adolescence is a critical developmental period during which enormous physical and psychosocial changes occur. Adolescents are transitioning into adulthood and are sensitive to their environment and social influences. Mood swings, feelings of isolation, the stress of school, and the struggle to carve out an identity can impact an adolescent's behavioral health and wellbeing. Too often teenagers and their families may ignore signs of depression and consider these "growing pains" as normal. However, adolescents may experience feelings that go beyond moodiness. Many teens between the ages of 12 and 17 suffer from a major depressive episode (MDE), which can prevent them from participating in normal activities.¹

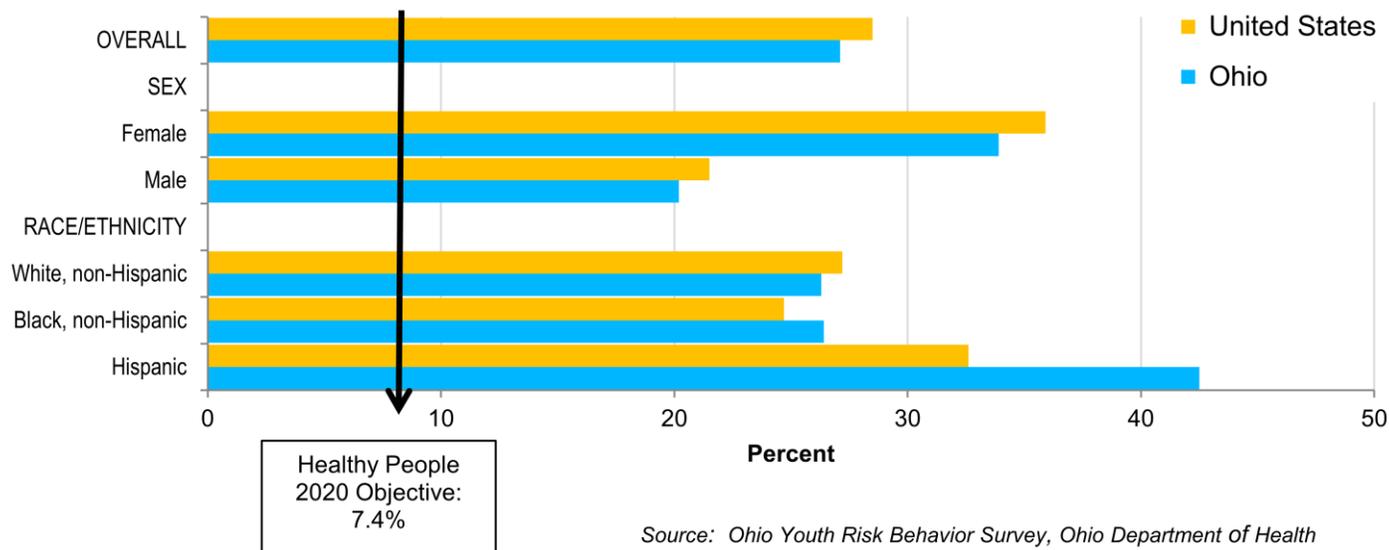
Health Impact: Depression

- Nationally, about 11 percent of adolescents have a depressive disorder by age 18.² Depression is feelings of intense sadness (including feeling helpless, hopeless, and worthless) that last for days or weeks and prevent normal functioning.
- Girls experience depression more often than boys.
- Untreated depression increases the risk of suicide and other risk behaviors.
- Depression is the most common cause of disability for United States residents aged 15 and 44 years.

Why Is This Important?

- Involvement in risky behaviors, such as substance use, violence, and unsafe sexual practices, is common during adolescence. Risk behaviors are increased for adolescents experiencing depression. Adolescents who experienced an MDE were more than twice as likely to have used illicit drugs in the past month as their peers (21.2 vs. 9.6 percent).³
- Addressing positive development of young people facilitates adoption of healthy behaviors and helps ensure a healthy and productive future adult population.

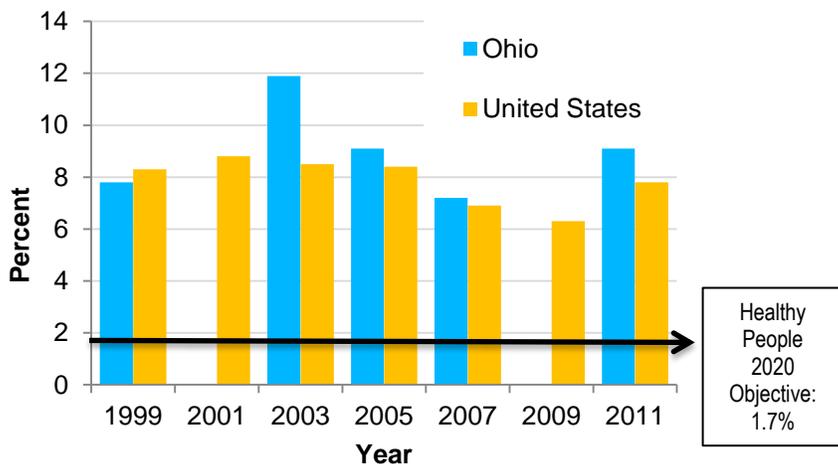
Students Who Reported Feeling Sad or Hopeless During the Past Year, By Select Demographics, Ohio, 2011



Since 1999, there has been no significant change in the percentage of Ohio students who reported feeling sad or hopeless.

- Girls were 1.7 times more likely to report feeling sad or hopeless than boys.
- Hispanic students were 1.6 times more likely to report these feelings than white, non-Hispanic or black, non-Hispanic students.

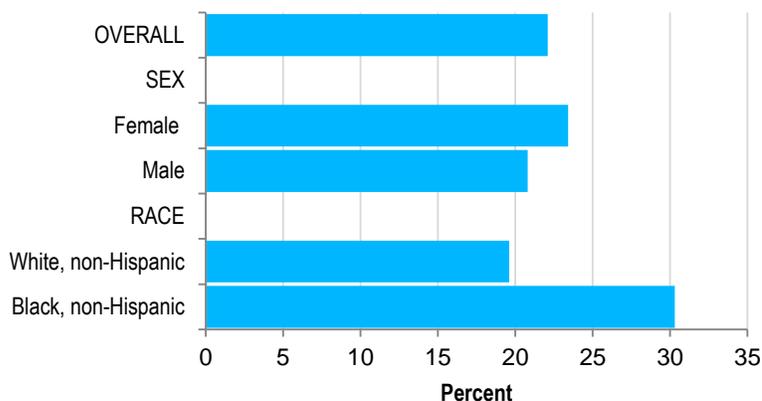
Students Who Attempted Suicide One or More Times during the Past Year, Ohio and United States, 1999-2011



There was no statistically significant change in the percentage of students who attempted suicide from 1999 to 2011 in Ohio or in the United States.

Source: Ohio Youth Risk Behavior Survey, Ohio Department of Health

Students Who Saw a Medical Professional for a Mental Health Problem during the Past Year, Ohio, 2011



In Ohio, black, non-Hispanic students were 1.5 times more likely to report seeing a medical professional for a mental health problem than white, non-Hispanic students in 2011.

Youth Risk Behavior Survey data indicate that the percentage of students who saw a medical professional for a mental health problem has increased significantly since 2005 (data not shown).



How Can Behavioral Health Be Improved in Ohio?

- Families, teachers and friends must be observant. Look to see whether a teen's capacity to function in school, at home, and in relationships is being negatively affected by emotions or behaviors.
- Early intervention is important to teach positive coping skills and address environmental situations that may trigger emotional disturbances.
- A caring adult who the adolescent can talk to can be a tremendous resource to the teen suffering from depression.
- Access to a behavioral health specialist or health care provider is critical. Many students don't know where to go for mental health treatment or believe that treatment won't help.
- Some students worry what other people will think if they seek mental health care. Reducing the stigma attached to seeking help will increase the chances of adolescents reaching out for help.
- Expand the Better Mental Wellness (BMW) initiative, which builds the capacity of primary care providers to screen for behavioral health conditions during well care exams.

References

- ¹ NSDUH Report 5/08 <http://oas.samhsa.gov>.
- ² National Comorbidity Survey-Adolescent Supplement (NCS-A)
- ³ Office of Applied Studies. (2005) www.samhsa.gov

Data Contact: Missy VonderBrink
Missy.vonderbrink@odh.ohio.gov

Program Contact: Angela Norton
Angela.norton@odh.ohio.gov

www.odh.ohio.gov

