ARIZONA DEPARTMENT OF HEALTH SERVICES

Arizona Adolescent Mental Health Report:

Trends in Mental Health

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Prepared by

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Intended Audience

This report analyzes data from the National Survey of Children's Health (NSCH) and the Youth Risk Behavior Survey (YRBS) in Arizona. Targeted audiences include a wide array of stakeholders, ranging from superintendents and educators to school nurses, counselors, and other individuals directly involved in supporting the mental well-being of Arizona's youth, including adults engaging with youth. It's also publicly available to raise awareness and promote collaboration in addressing adolescent mental health challenges in the state.

This report is supported by the Centers for Disease Control and Prevention's Arizona Schools Surveillance Project funds (NU87PS004299-05-01) and Proposition 207 provided by taxes on recreational marijuana sales to address public health issues in Arizona.

Summary

Recent analyses of the National Survey of Children's Health (NSCH) and the Youth Risk Behavior Survey (YRBS) reveal a concerning trend in the mental health status of Arizona's adolescents between 2016-2017 and 2020-2021. Key findings indicate **an increase in mental health diagnoses** such as anxiety, ADHD, and depression, alongside **a troubling rise in self-harm, suicide considerations, and suicide planning**. Despite a slight decrease in actual suicide attempts, these indicators point to a deepening mental health crisis among the youth.

This crisis is further compounded by significant disparities in mental health outcomes across different demographics. Female adolescents, in particular, report higher levels of anxiety and depression, while male adolescents show a higher prevalence of behavioral/conduct disorders and ADHD. Socio-economic factors, parental background, race, and ethnicity also play a critical role, with the COVID-19 pandemic exacerbating the disparities, especially among female and lesbian, gay, bisexual, queer, questioning, and others (LGBQ+*) adolescents. Substance use has generally declined, with the exception of vaping, which remains a persistent issue. This shift suggests changing patterns in adolescent risk behaviors.

The data also underscores the profound impact of healthcare needs and access on adolescent mental health. These findings call for a holistic approach to intervention, emphasizing the need to address both the symptoms and root causes of mental distress, which will be reported in subsequent reports.

To combat these growing disparities and improve mental health outcomes, **ongoing statewide efforts to implement targeted, equitable mental health strategies are imperative**. Ensuring all adolescents have equal access to care and support is crucial. Addressing this mental health crisis requires inclusive policies and programs that are responsive to the diverse needs of Arizona’s youth, making it a public health priority to foster a healthier, more resilient adolescent population.

*Because the 2021 Arizona YRBS did not have a question assessing gender identity, this report does not highlight data specifically on students who identify as transgender. Therefore, the T commonly used in the acronym LGBTQ+ is not included when referring to the data.

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Background

The latest findings from the Youth Risk Behavior Survey illuminate a concerning trend: **adolescent mental health is on the decline**, with a notable 22% increase in suicide considerations from 2017 to 2021. Furthermore, a recent study by the Arizona Department of Health Services (ADHS) shows that, in 2021 alone, 40% of adolescents reported experiencing poor mental health during the COVID-19 pandemic, with 30% indicating poor mental health in the past 30 days alone.

In Arizona, the landscape of adolescent mental health shows a multifaceted challenge, demanding comprehensive surveillance and in-depth analysis to examine its relation with various factors at individual, family, and community levels. Exploring mental health trends and relevant factors for Arizona youth is important for developing targeted responses to meet their mental health needs.

Recent years have seen considerable shifts in adolescent mental health trends in Arizona, driven by factors like socioeconomic status, social media influence, and

adverse childhood experiences (ACEs), as well as a lack of positive experiences. Additionally, adolescence is a unique state of development as drastic changes occur through puberty, physical, cognitive, emotional, and social development. COVID-19 has further complicated these dynamics, introducing additional stressors and intensifying pre-existing mental health issues. This report not only documents these evolving trends and challenges but also shines a light on resilience and positive developments, delving into the effect support systems have on individuals.

It is imperative to discuss disparities in mental health outcomes among adolescents, focusing on the impact of sex, race, ethnicity, socioeconomic status, and sexual orientation on the accessibility of mental health care and support systems. Acknowledging these disparities is a vital step toward ensuring equitable access to mental health services and support for all Arizona adolescents.

1. Purpose

This report aims to deliver an overview of the present state of adolescent mental health in Arizona, drawing on diverse population-based data sources such as the Youth Risk Behavior Survey and the National Survey of Children's Health. This is the first one of a series of reports exclusively on Arizona adolescents' mental health, which focuses on prevalence rates and disparities of mental health by demographics. The two upcoming reports will cover the social determinants of mental health in order to offer a holistic view of the challenges Arizona's adolescents face.

The purpose of this report is to provide policymakers, healthcare providers, educators, community leaders, or anyone engaging with youth with data-driven insights. By doing so, we aim to empower them to bolster and expand their ongoing efforts aimed at nurturing adolescents' mental health and improving mental health support programs and services throughout the state. We hope this surveillance report will act as a crucial resource for all stakeholders, encouraging informed dialogue and action that will foster significant improvements in the well-being and lives of adolescents.

2. Data Sources

This report is based on the 2016-2017 and 2020-2021 National Survey of Children's Health (NSCH) and the 2017 and 2021 Youth Risk Behavior Survey (YRBS). This allows us to maintain a clear focus on broader, more discernible trends over time rather than year-to-year fluctuations. Table 1 shows demographic information of participants from the surveys.

National Survey of Children's Health (Parent-Reported)
The NSCH is a US population-based, cross-sectional survey administered by the US Census Bureau (CAHMI, 2018). Parents from randomly selected households with one or more children received a mailed invitation asking for participation online or via mail. Questions cover a variety of areas relating to children's physical and psychological health and quality of care received, as well as determinants of health in the context of family, community, and school. A total of 29,617 adult caregivers/parents with a child under the age of 18 years participated in the 2016-2017 survey, and 33,705 participated in the 2020-2021 survey. Cases that did not have data and/or were reported on children ages 0-11 years old were excluded, which left the total analysis population with 563 cases in 2016-2017 and 586 cases in 2020-2021 from non-institutionalized children in Arizona.

Youth Risk Behavior Survey (Youth-Reported)
The YRBS is a biennial, population-based survey of high school students in grades 9–12, conducted in Arizona in partnership with the CDC, to collect information on a wide range of health behaviors, such as vaping, tobacco use, and self-reported mental health status, as well as risk and protective factors. In partnership with the CDC, the YRBS uses a multistage cluster design by selecting primary sampling units, schools, and classes to obtain a representative sample of students in grades 9–12 who attend public schools. As for the YRBS sampling strategy, public schools with any of grades 9–12 were sampled with probability proportional to school enrollment size, and then intact classes from either a required subject (e.g., English or social studies) or a required period (e.g., homeroom or second period) were sampled randomly. 2,139 participated in 2017, and 1,181 participated in the 2021 survey.

3. Data Analysis and Visualization

All data analyses were conducted using SAS (version 9.4; SAS Institute Inc), and appropriate procedures were employed to account for the complex sampling methods of both NSCH and YRBS. Data visualization, except for graphs in Appendix I, was created using Datawrapper.

Table 1. Participants' Demographic Information (%)

Category	National Survey of Children's Health		Youth Risk Behavior Survey	
	2016-2017	2020-2021	2017	2021
	N = 563	N = 586	N = 2,139	N = 1,181
Sex				
Male	50.3	51.2	50.9	50.5
Female	49.7	48.7	49.1	49.5
Sexual Orientation				
Heterosexual	NC	NC	85.2	72.8
LGBQ+	NC	NC	14.8	27.2
Race/Ethnicity				
Hispanic	43.6	45.6	43	46.5
White, non-Hispanic	43.6	40.3	41.4	37.6
Black, non-Hispanic	3	3.9	5.3	4.8
Asian, non-Hispanic	2.5	2.9	3.7	2.1
Other/Multi-racial, non-Hispanic	7.2	7.2	6.6	8.5
Family Structure				
Two Parents	72.7	67.5	NC	NC
Single parent	16	28.3	NC	NC
Grandparent or other relation	11.4	4.1	NC	NC
Family Income				
Below 100% of poverty	25.5	20.9	NC	NC
100-199% of poverty	21.8	24.5	NC	NC
200-399% of poverty	27.6	27.6	NC	NC
At or above 400% of poverty	25.1	27	NC	NC
Household Educational Level				
Less than high school	10.4	15	NC	NC
High school or GED	21.5	17.7	NC	NC
Some college or technical schoo	25.3	21.3	NC	NC
College degree or higher	42.7	46	NC	NC

Note. NC = Not collected; LGBQ+ = lesbian, gay, bisexual, queer, questioning, and others; GED = General Education Diploma.

Trends in Mental Health

Data highlights

Between the 2016-2017 and 2020-2021 National Survey of Children's Health (NSCH), significant changes in mental health and behavior among Arizona adolescents were observed across both parent and youth-reported surveys. The NSCH revealed an increase in parent-reported mental health diagnoses, with anxiety, ADHD, and depression seeing substantial rises, while behavioral/conduct disorders decreased. Concurrently, a decrease in adolescents' flourishing–indicative of their resilience and interest in activities--was noted. The Youth Risk Behavior Survey (YRBS) data showed that, while there was a slight decrease in adolescent-reported suicide attempts, there were marked increases in self-harm, suicide considerations, and suicide planning. Positive trends were seen in the reduction of substance use, except for a slight increase in vaping. It is also worth noting that the rates of vaping have been consistently high between 2017 and 2021. Additionally, there was a rise in reported long-term emotional/learning problems and missed school days due to sickness. The overarching takeaway is a concerning escalation in mental health challenges among Arizona's youth, highlighting the need for targeted interventions and support systems.

Parent-reported:

Mental Health Diagnoses and Flourishing

NSCH examined parent-reported adolescents' diagnoses of anxiety, depression, behavioral/conduct disorder, and attention deficit and hyperactivity disorder (ADHD). In addition, flourishing was also examined as an important indicator that represents an optimal state of well-being and functionality, defined by attributes such as meaning, engagement, positive relationships, competence, positive emotion, and self-esteem. It is distinct from the absence of adversity or illness and can thrive even in the face of challenges, particularly among children facing adversities such as adverse childhood experiences or chronic illness. In the NSCH, flourishing is measured by three items: *1. Shows interest and curiosity in learning new things; 2. Works to finish tasks he or she starts; 3. Stays calm and in control when faced with a challenge*. (NSCH's questions regarding flourishing changed in 2018, so 2018-2019 data was used for trend analysis.)

Figure 1 Mental Health Diagnoses and Flourishing

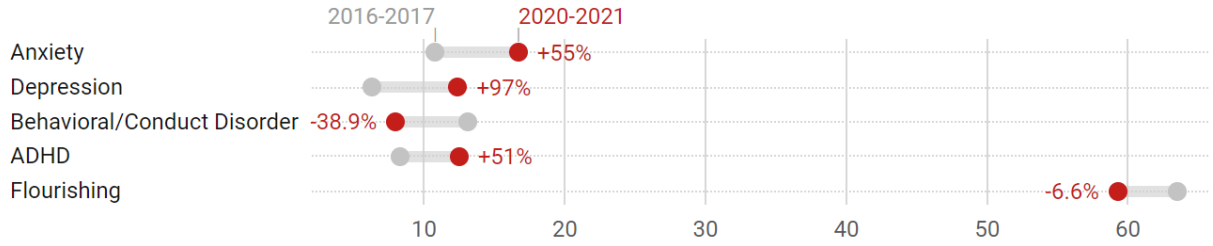
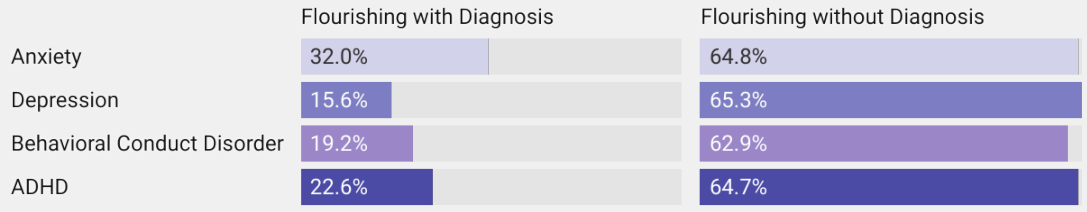


Figure 1 shows the percent changes observed in the lifetime clinical diagnoses of mental health issues between 2016-2017 and 2020-2021. Overall, there has been an increase in mental health diagnoses. Anxiety increased by 55% (from 11% to 17%), ADHD increased by 51% (from 8% to 13%), and depression increased by 97% (from 6% to 12%). However, behavioral/conduct disorder decreased by 38.9% (from 13% to 8%). Flourishing has decreased by 6.6% (from 64% to 59%).

Figure 1.1 Flourishing by Mental Health Disorders



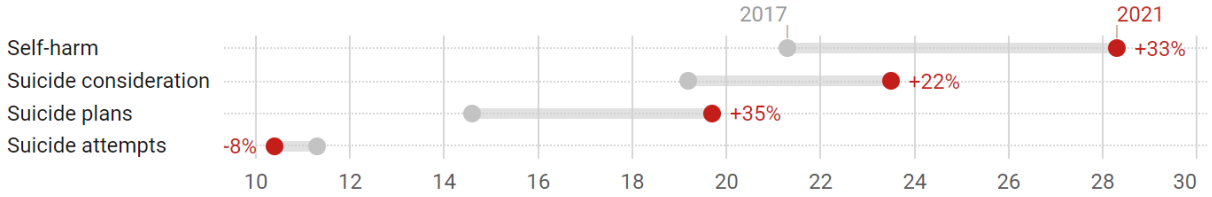
It is important to note that adolescents with mental health diagnoses exhibit lower rates of flourishing than those without the diagnoses. The differences are quite significant.

Youth-reported:

Poor Mental Health, Self-Harm, and Suicide

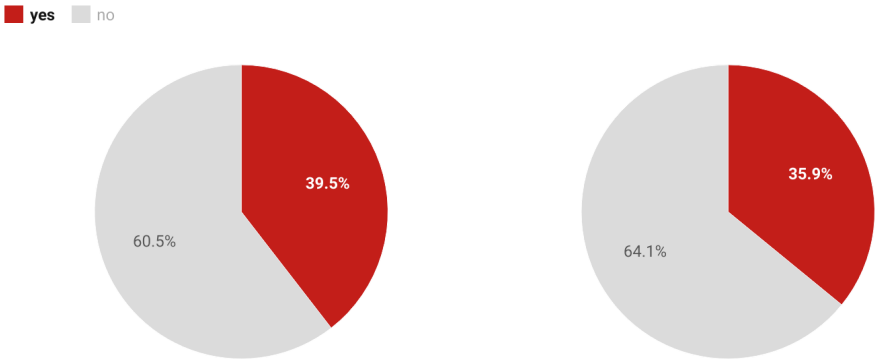
The Arizona YRBS explores critical aspects of adolescent well-being, focusing on four questions related to self-harm, suicide consideration, plans, and attempts, alongside assessing the impact of poor mental health during the COVID-19 pandemic and within the last 30 days.

Figure 2 Self-Harm and Suicide Consideration, Plans, and Attempts



Adolescent-reported prevalence of suicide attempts has decreased by 8% (from 11% to 10%) between 2017 and 2021 YRBS. However, there were considerable increases in self-reported prevalence rates of self-harm, suicide consideration, and suicide plans. Self-harm increased by 33% (from 21% to 28%), suicide consideration increased by 22% (from 19% to 24%), and suicide plans increased by 35% (from 15% to 20%).

Figure 3 Poor Mental Health During COVID-19 and Last 30 Days



This figure shows the percentages of adolescents who reported that their mental health was not good most of the time or always (indicative of 'poor mental health'). 39.5% of adolescents reported poor mental health during the pandemic; 35.9% reported poor mental health in the past 30 days.

Fatality data on suicide among adolescents aged 13-17 years can be found in Appendix (p. 30).

Youth-reported:

Unhealthy Weight Control Behaviors

The 2017 and 2021 Youth Risk Behaviors Surveys (YRBS) assessed unhealthy weight control behaviors by asking, "*During the past 30 days, did you try to lose weight or keep from gaining weight by going without eating for 24 hours or more; taking any diet pills, powders, or liquids; vomiting or taking laxatives; smoking cigarettes; or skipping meals?*" Please note that the unhealthy weight control behavior question in the 2017 YRBS did not include cigarette smoking, and the question does not contain all disordered eating behaviors, but it does provide valuable insight into the prevalence of some behaviors, and the data shows this is a growing public health concern among Arizona adolescents.

Unhealthy weight control and disordered eating behaviors have a negative impact on physical and mental health, decrease quality of life, and can lead to an eating disorder.

Figure 4 Unhealthy Weight Control Behaviors

Between 2017 and 2021 YRBS, unhealthy weight control behaviors have increased by about 48% (from 20% to 29%). This is a significant increase, even after accounting for changes in the questionnaire about the behaviors.

1 in 2 adolescents who are trying to lose weight are engaging in unhealthy weight control behaviors, and 1 in 3 adolescents who are trying to stay the same weight are engaging in unhealthy weight control behaviors. This shows that **when adolescents try to control their weight, they often use unhealthy behaviors**.

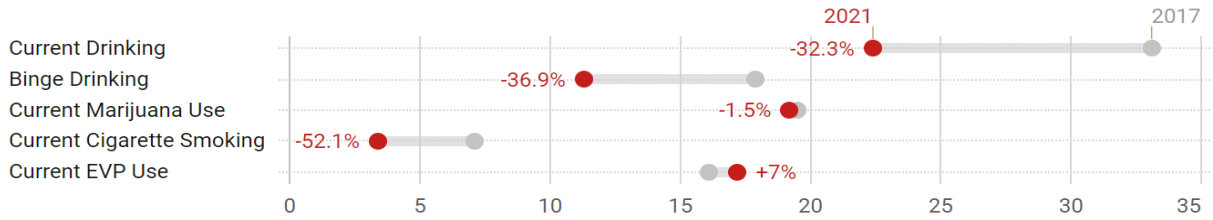
It is also important to note that adolescents experiencing poor mental health and reporting suicide considerations also have higher rates of unhealthy weight control behaviors.

Youth-reported:

Substance Use

The Youth Risk Behavior Survey (YRBS) included a comprehensive set of questions aimed at capturing data on adolescent substance use trends between 2017 and 2021, specifically focusing on drinking, binge drinking, marijuana use, smoking, and the emerging trend of current electronic vaping product (EVP) use. The purpose of these questions was to provide insights into how these behaviors have shifted over time, reflecting broader changes in youth attitudes and access to these substances.

Figure 5 Drinking, Marijuana Use, Cigarette Smoking, and Electronic Vaping Product (EVP) Use



Between YRBS years 2017 and 2021, youth-reported drinking, binge drinking, marijuana use, and smoking changed significantly. Drinking and binge drinking decreased by 32.3% (from 33% to 22%) and 36.9% (from 18% to 11%), respectively. Prevalence rates of marijuana use have remained the same at 19% across survey years. Smoking has decreased by 52.1% (from 7% to 3%); however, vaping has increased by 7% (from 16% to 17%).

In the 2021 YRBS, 46% of adolescents reported that they had ever used an EVP. Of those who are currently using an EVP, 45% of adolescents reported that they got EVPs from their friends and families. 15% said vape shops or tobacco shops.

Additional data related to substance use in 2021:

1% of adolescents used methamphetamines in the last 30 days (also called “speed,” “crystal Meth,” “crank,” “ice,” “ or “meth.”

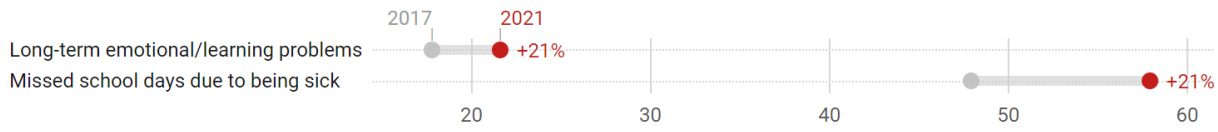
13% of adolescents attended school under the influence of alcohol or other illegal drugs during the 12 months (such as marijuana or cocaine, one or more times).

Youth-reported:

Long-Term Emotional/Learning Problems and Missed School Days

Long-term emotional and learning challenges can affect academic progress and overall well-being. Persistent absenteeism disrupts the learning process but also poses challenges for educators in providing consistent support and intervention. Addressing these issues effectively is essential for creating supportive environments that promote academic and emotional well-being for all children.

Figure 6 Youth-Reported Long-Term Emotional/Learning Problems and Missed School Days Due to Being Sick



From the 2017 to 2021 survey years, the number of adolescents with long-term emotional/learning problems increased by 21% (from 18% to 22%). Similarly, the number of those who missed school days in the past 12 months due to illness increased by 21% (from 48% to 58%).

Did you know ....

- Rates of adolescents who missed school days due to being sick **increased by 68%** among adolescents who reported **poor mental health** in the last 30 days.
- **2 in 10 adolescents with special healthcare needs** (who have health conditions or circumstances that result in the need for increased health and related services) **missed 7-10 days** of school (compared to 8% among those without).
    - **1 in 10** missed **10+ days** of school (vs 4% among those without).

Mental Health By Demographics

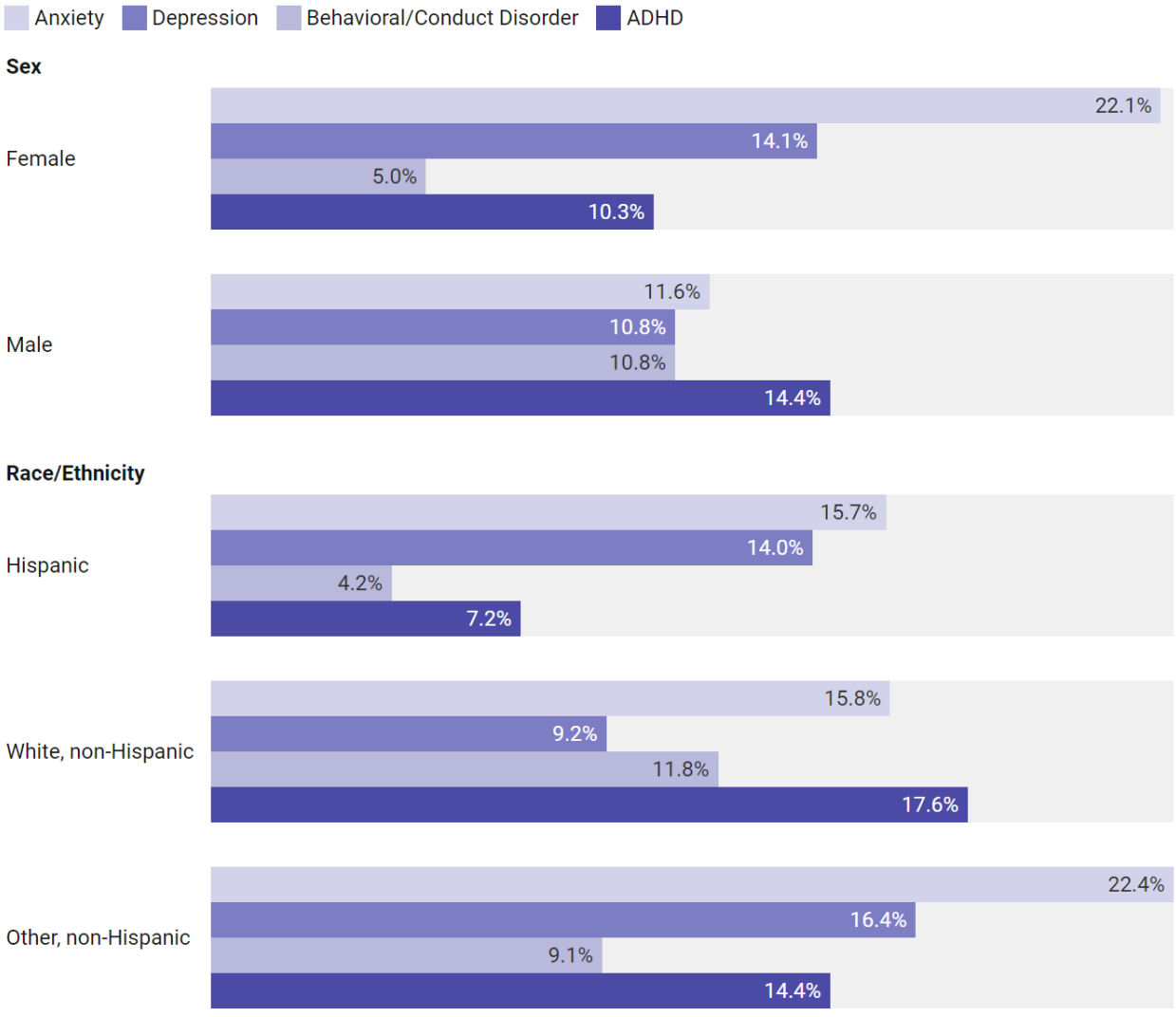
Data highlights

The latest analysis of adolescent mental health underscores sex disparities. Female adolescents exhibit higher rates of anxiety and depression, compared to male adolescents. Notable disparities are also present in the prevalence of behavioral/conduct disorder and ADHD, which are more common among male adolescents than female adolescents. The NSCH further reveals patterns regarding parental background, indicating that adolescents with both parents born in the US tend to experience higher rates of anxiety, behavioral conduct disorder, and ADHD. Interestingly, no significant gender differences are found in reports of flourishing; however, non-Hispanic white adolescents and those with parents lacking a college degree or born outside the US exhibit lower percentages of flourishing. Conversely, the YRBS data highlights the disproportionate burden of poor mental health among female adolescents, particularly during the COVID-19 pandemic, with LGBQ+ adolescents also reporting higher rates of poor mental health. Additionally, female adolescents are more prone to engage in unhealthy behaviors such as unhealthy weight control and substance use, reflecting a complex interplay of sex, race/ethnicity, and socio-economic factors in shaping adolescent mental well-being.

Parent-reported:

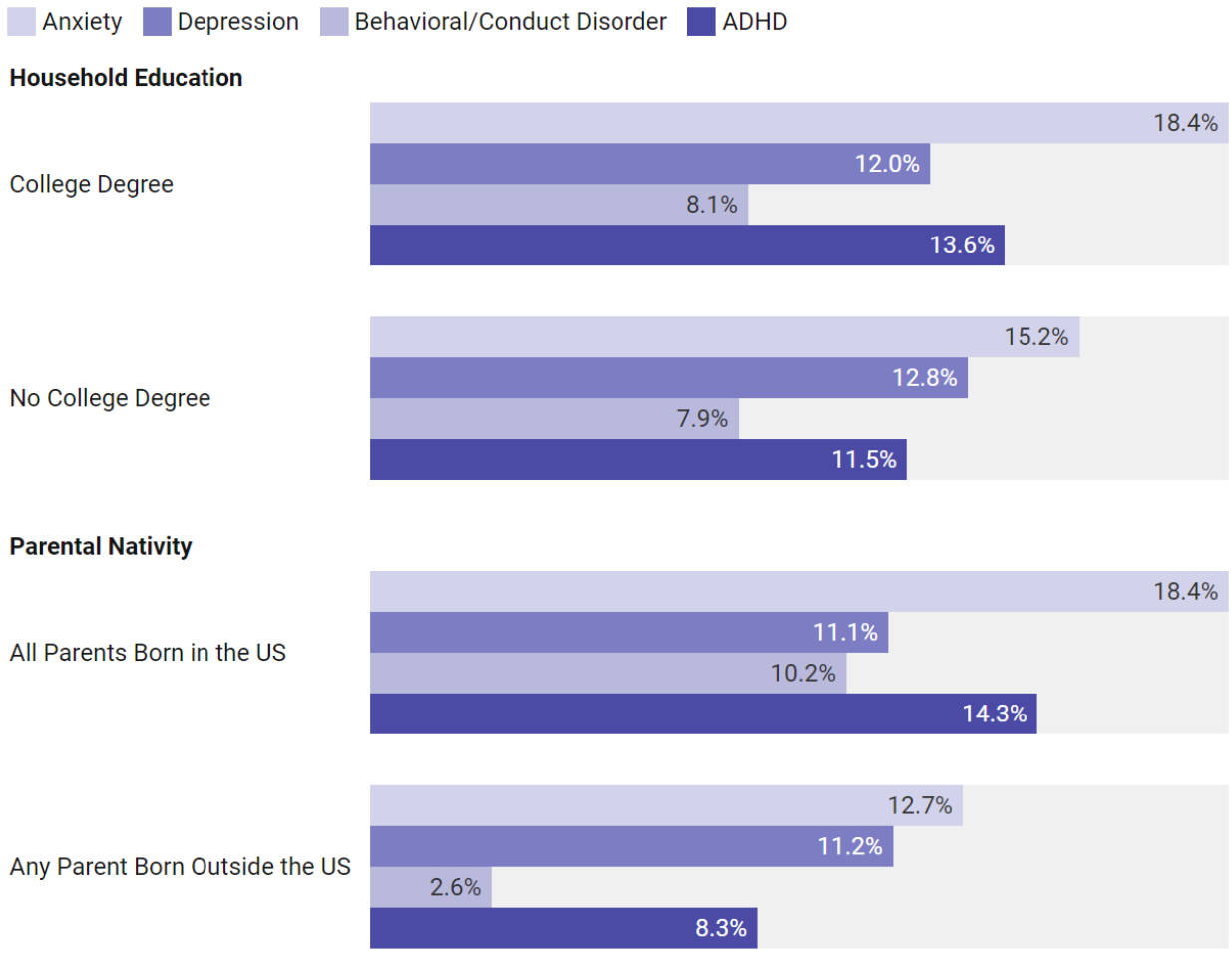
Mental Health Diagnoses and Flourishing

Figure 7 Mental Health Diagnoses by Sex and Race/Ethnicity



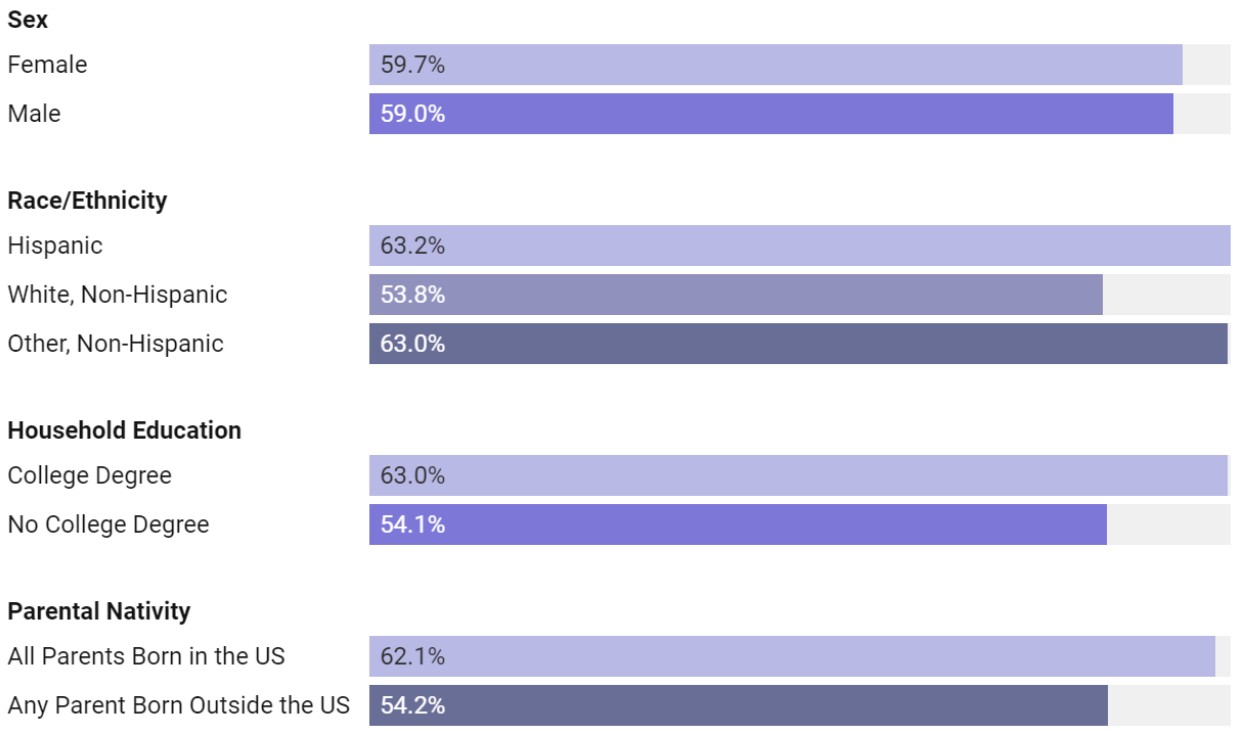
Anxiety and depression are found to be more common among female adolescents than male adolescents (anxiety: 22.1% vs. 11.6%; depression: 14.1% vs. 10.8%), while behavioral conduct disorder and ADHD are more common among male adolescents (behavioral/conduct disorder: 10.8% vs. 5.0%; ADHD: 14.4% vs. 10.3%). When it comes to differences by race/ethnicity, both anxiety and depression were most common among non-Hispanic others. Behavioral/conduct disorder and ADHD were most frequently reported among non-Hispnic whites.

Figure 8 Mental Health Diagnoses by Household Education and Parental Nativity



The 2020-2021 NSCH data shows that there is no significant difference between the prevalence of these mental health issues among adolescents with either or both parents having obtained a college degree. The percentage of adolescents experiencing Anxiety, Behavioral/Conduct Disorder, and ADHD is greater among adolescents whose parents were born in the US compared to adolescents who had at least one parent who was born outside of the US. The percentage of adolescents who have experienced anxiety is 31% greater among those with both parents born in the US (18.4% when all parents are born in the US vs 12.7% when at least one parent is born outside of the US). Behavioral/Conduct Disorder has been experienced at a 74.5% greater rate in adolescents with both parents born in the US (10.2% when all parents are born in the US vs 2.6% when at least one parent is born outside of the US). Lastly, as for ADHD, 14.3% of youth have had a diagnosis when all parents are born in the US, compared to 8.3% when at least one parent is born outside of the US. The difference between the two groups was 42%.

Figure 9 Flourishing by Sex, Race/Ethnicity, Household Education, and Parental Nativity

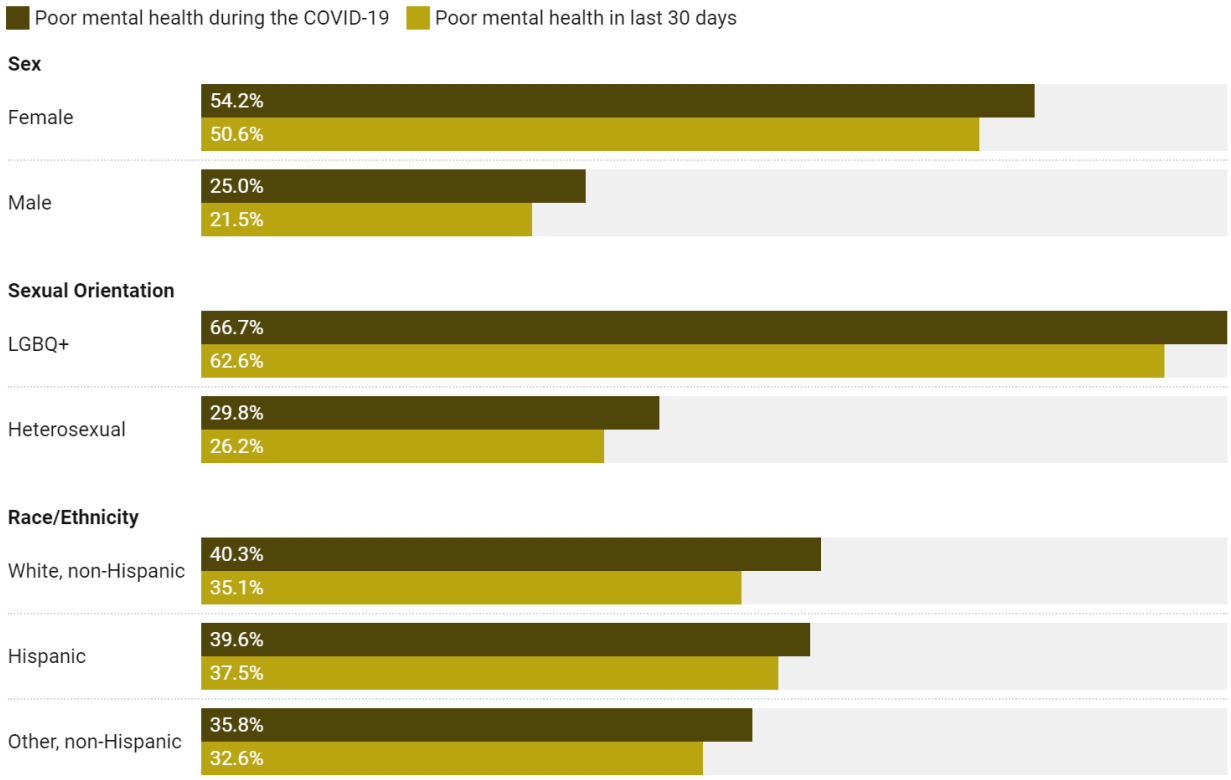


No notable difference was found between female and male adolescents' reports of flourishing. However, non-Hispanic white adolescents less frequently reported flourishing by nearly 17% than Hispanic and non-Hispanic other adolescents. Additionally, adolescents whose parents do not have a college degree or who have a parent born outside the United States have lower percentages of flourishing by 14.6%.

Youth-reported:

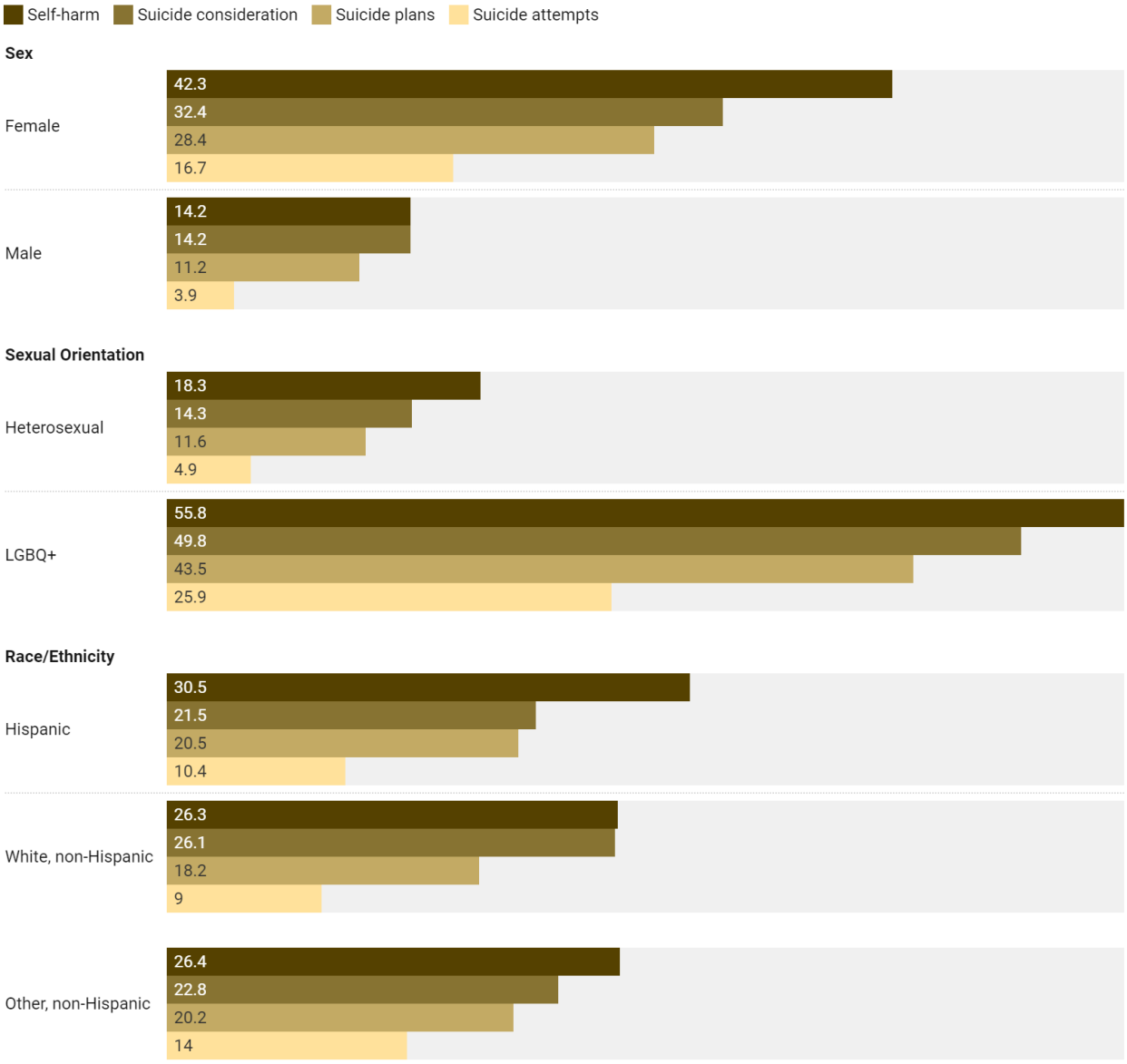
Poor Mental Health, Self-Harm, and Suicide

Figure 10 Poor Mental Health During COVID-19 and Last 30 Days



According to the 2021 YRBS, female adolescents experience poor mental health at a greater rate than their male peers. Notably, female adolescents were more than twice as likely to experience poor mental health during COVID-19 (25% in males vs 54.2% in females) and poor mental health during the previous 30 days (21.5% in males vs 50.6% in females). Higher percentages of LGBQ+ adolescents reported poor mental health during COVID-19 and during the past 30 days, compared to their heterosexual peers. When examining the race and ethnicity breakdowns, no notable differences were found between groups when assessing for the prevalence of poor mental health in the 30 days. The same was determined for adolescents experiencing poor mental health during the COVID-19 pandemic.

Figure 11 Self-Harm and Suicide Consideration, Plans, and Attempts by Sex, Sexual Orientation, and Race/Ethnicity



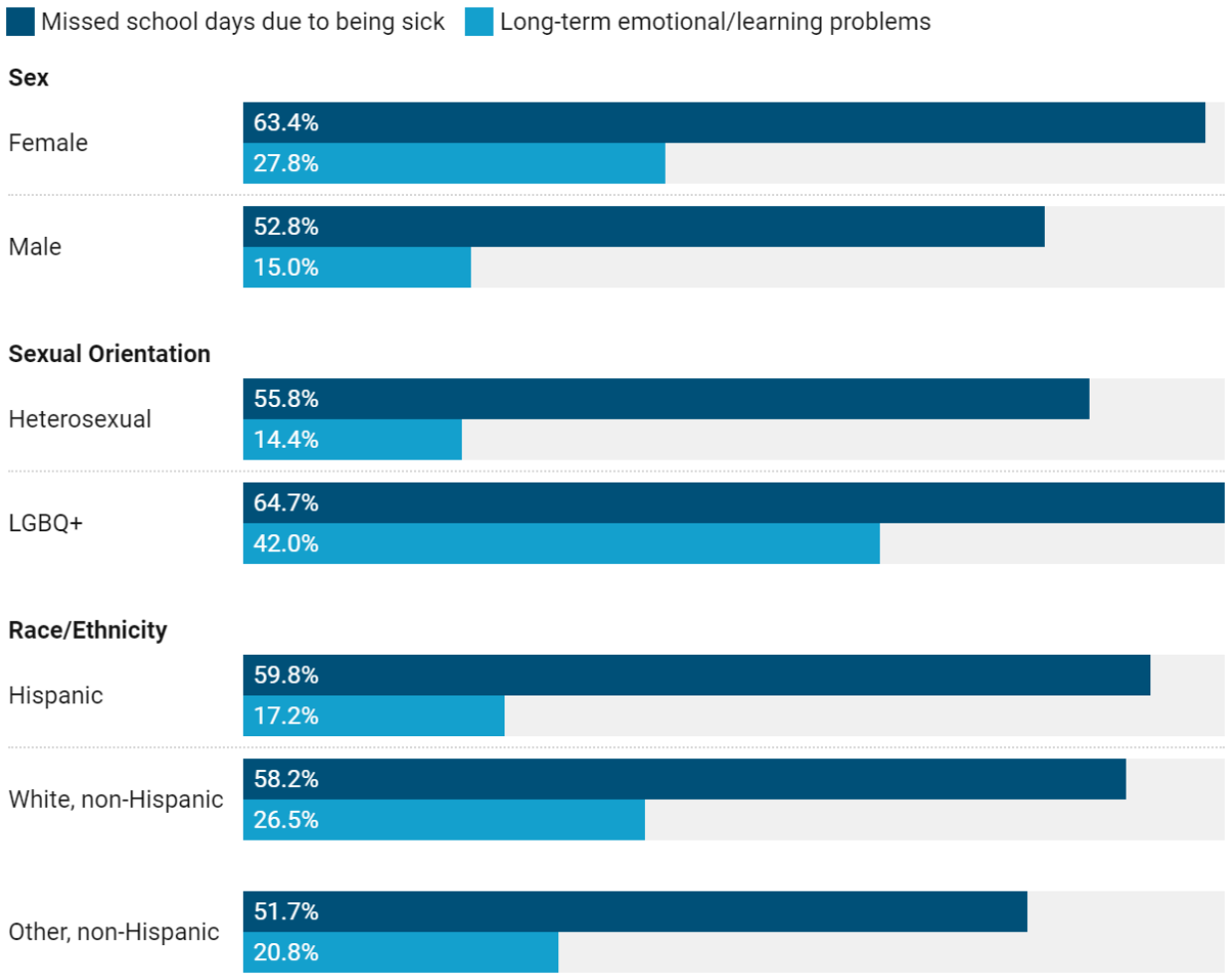
Females experience suicidal ideation and non-fatal suicide attempts at a greater rate than males. It was reported that females attempted suicide at a rate 77% greater rate than males (3.9% in males vs 16.7% in females) and made suicide plans at a rate 61% more often than males (11.2% in males vs 28.4% in females). Furthermore, female adolescents were more than twice as likely to experience suicide consideration than their male counterparts (14.2% in males vs 32.4% in females). When assessing for suicidal ideation and non-fatal suicide attempts in the various race and ethnicity groups, no statistically significant difference was found.

Additional data on suicide from the Child Fality Report is reported in Appendix A.

Youth-reported:

Long-Term Emotional/Learning Problems and Missed School Days

Figure 12 Long-Term Emotional/Learning Problems and Missed School Days by Sex, Sexual Orientation, and Race/Ethnicity

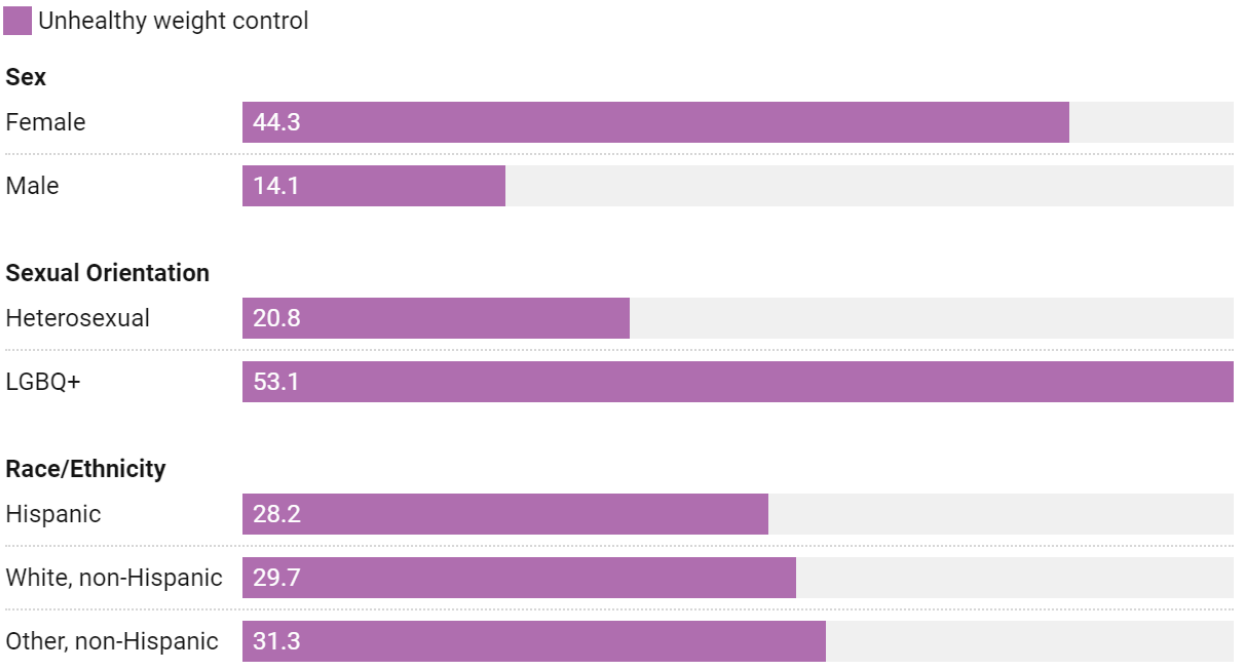


A higher number of female adolescents missed school days at least once due to being sick (63.4% vs 52.8%) or reported that they have long-term emotional/learning problems (27.8% vs 15.0%), compared to male adolescents. Missed school days and the rate of long-term emotional/learning problems were also higher among LGBQ+ adolescents (64.7% vs 55.8% and 42.0% vs 14.4%, respectively). There were no notable differences by race and ethnicity.

Youth-reported:

Unhealthy Weight Control Behaviors

Figure 13 Unhealthy Weight Control Behaviors by Sex, Sexual Orientation, and Race/Ethnicity



Female adolescents are 86% more likely to engage in unhealthy weight control behaviors (i.e., going without eating for 24 or more hours; taking diet pills, powders, or liquids; vomiting or taking laxatives; smoking cigarettes; or skipping meals) than their male peers (14.1% in males vs 44.3% in females). A greater number of LGBQ+ adolescents reported that they engage in unhealthy weight control behaviors than heterosexual adolescents (53.1% vs 20.8%). When assessing unhealthy weight control behaviors in race and ethnicity groups, no notable differences were found.

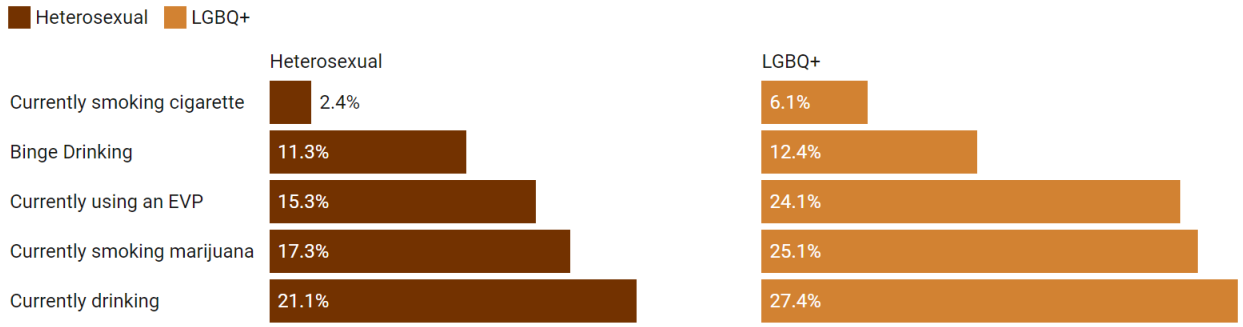
Youth-reported:

Substance Use

Figure 14 Substance Use by Sex

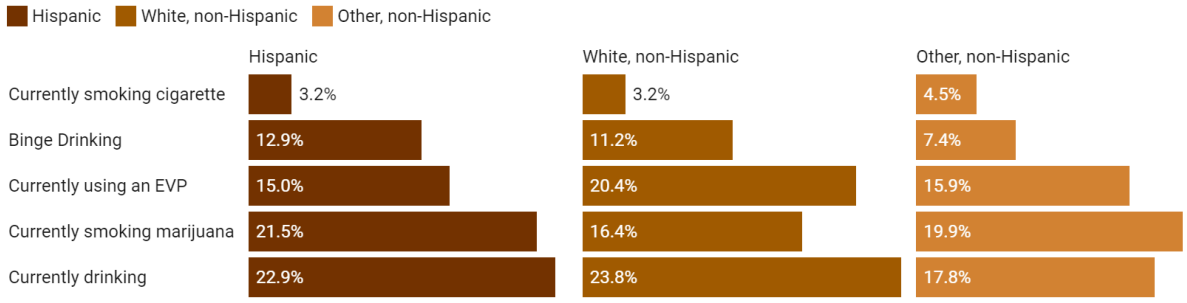
A higher percentage of female adolescents reported that they are currently using an electronic vaping product (EVP), compared to male adolescents (21.1% vs 13.3%). More female adolescents reported that they currently drink alcohol, compared to male adolescents (26.3% vs 18.7%). There were no significant sex differences for the current use of cigarettes and marijuana and binge drinking.

Figure 15 Substance Use by Sexual Orientation



A higher percentage of LGBQ+ adolescents reported currently using an electronic vaping product (EVP) compared to heterosexual adolescents (6.1% vs. 2.4%). Additionally, more LGBQ+ adolescents reported the current use of an EVP (24.1% vs. 15.3%), marijuana (25.1% vs. 17.3%), and alcohol (27.4% vs. 21.1%) than heterosexual adolescents.

Figure 16 Substance Use by Race/Ethnicity

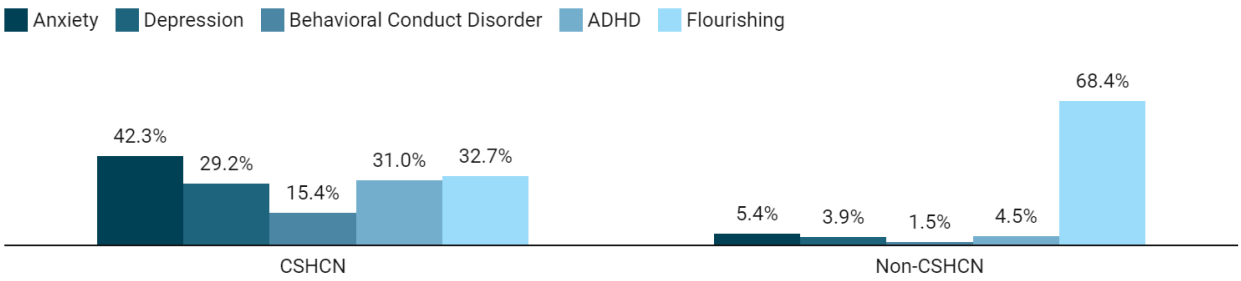


Current use of an electronic vaping product (EVP) was higher among non-Hispanic whites (20.4%) compared to other race/ethnicity groups. Marijuana use and binge drinking were higher among Hispanic adolescents, and current use of alcohol was higher among non-Hispanic white adolescents.

Mental Health By Special Healthcare Needs

The term “Children with Special Healthcare Needs” (CSHCN) refers to a group of children who have health conditions or circumstances that result in the need for increased health and related services beyond those required by children generally. CSHCN may have chronic physical, developmental, behavioral, or emotional conditions.

Figure 17 Mental Health Diagnoses and Flourishing by CSHCN Status



Children with Special Healthcare Needs (CSHCN)

A higher number of adolescents with special healthcare needs (SHCN) have mental health diagnoses compared to those without. Specifically, 42.3% of adolescents with SHCN have anxiety, as opposed to 5.4% among those without SHCN. Similarly, rates of depression (29.2% vs 3.9%), behavioral/conduct disorder (15.4% vs 1.5%), and ADHD (31.0% vs 4.5%) are significantly higher among adolescents with SHCN than those without. Conversely, flourishing is less common among those with SHCN (32.7% vs 68.4%), indicating mental health disparities within this particular group.

Mental Health By Healthcare Access

Understanding the complexities of adolescent mental health and its intersection with healthcare access is crucial for addressing the well-being of adolescents. This section explores the relationship between adolescent mental health and healthcare access, specifically examining the proportion of adolescents encountering challenges in accessing care when needed.

Figure 18 Type of Health Insurance

In 2020-2021, a majority (55.3%) of adolescents had private health insurance, 29.2% had public health insurance only, and 3.2% had both private and public health insurance. Additionally, 12.3% did not have insurance coverage.

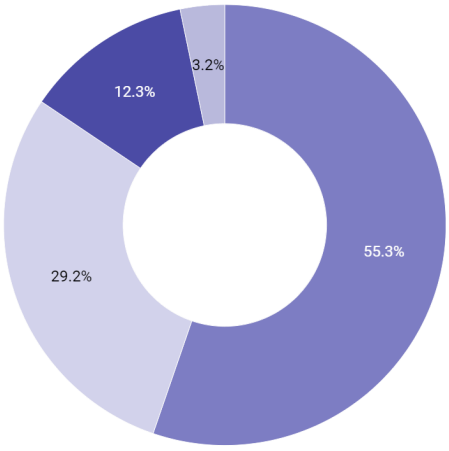
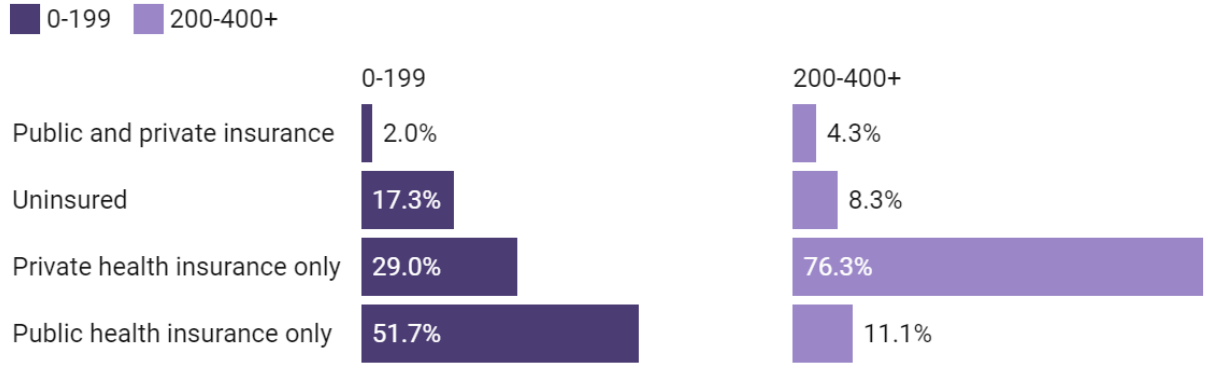


Figure 19 Insurance Types by Federal Poverty Levels (FPL)*

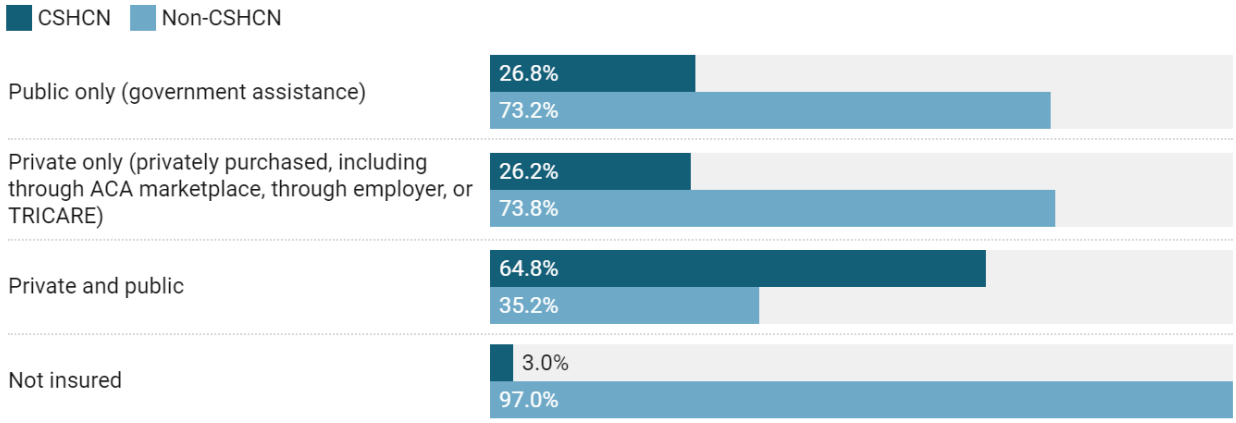


Note. The Federal Poverty Level is a measure used by the U.S. government to determine eligibility for certain federal programs and benefits based on income.

A majority of adolescents (51.7%) in 0-199 FPLs had public health insurance only while the most common insurance type used by 200-400+ FPLs was private health insurance.

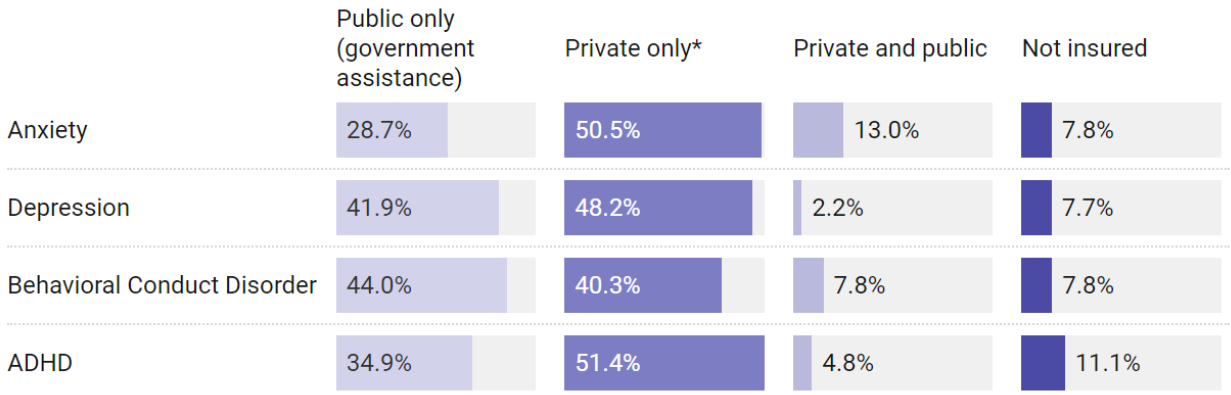
Special Healthcare Needs (SHCN), Mental Health Diagnoses, and Flourishing by Insurance Type

Figure 20 Children with Special Health Care Needs by Insurance Type



A majority of adolescents with both private and public health insurance have special health care needs (64.8%). About a quarter of adolescents with either public or private insurance have special healthcare needs. It is also noteworthy that 3% of adolescents with special healthcare needs are still not covered by health insurance.

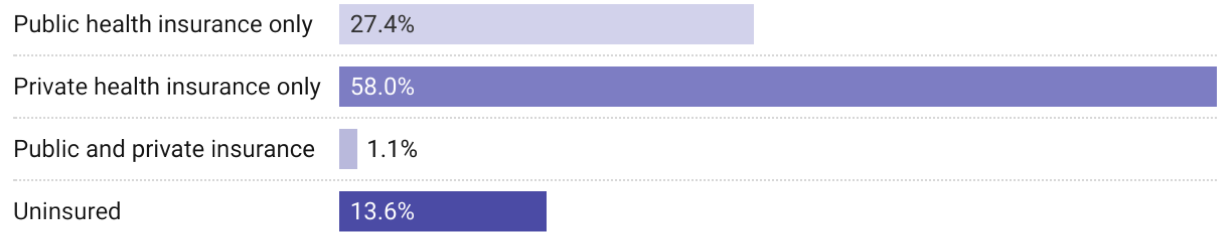
Figure 21 Mental Health Diagnoses by Insurance Type



* Privately purchased, including through ACA marketplace, through employer, or TRICARE

Among adolescents with a lifetime diagnosis of anxiety, a majority (50.5%) had private health insurance only at the time of the survey, and 28.7% had public health insurance only. These findings were consistent with those of individuals with a lifetime diagnosis of depression, behavioral/conduct disorder, or ADHD. Of note, approximately 8% of adolescents with a lifetime diagnosis of anxiety, depression, or behavioral/conduct disorder, and 11.1% of those with ADHD did not have insurance.

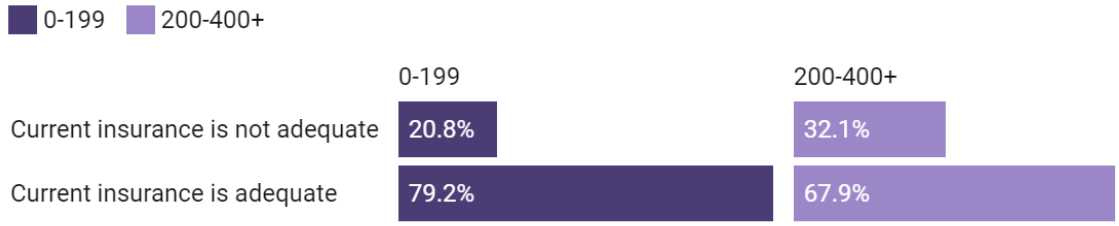
Figure 22 Flourishing by Insurance Type



The highest rate of flourishing was found among adolescents who have private health insurance (58%), while the lowest rate of flourishing was found among those with both public and private insurance.

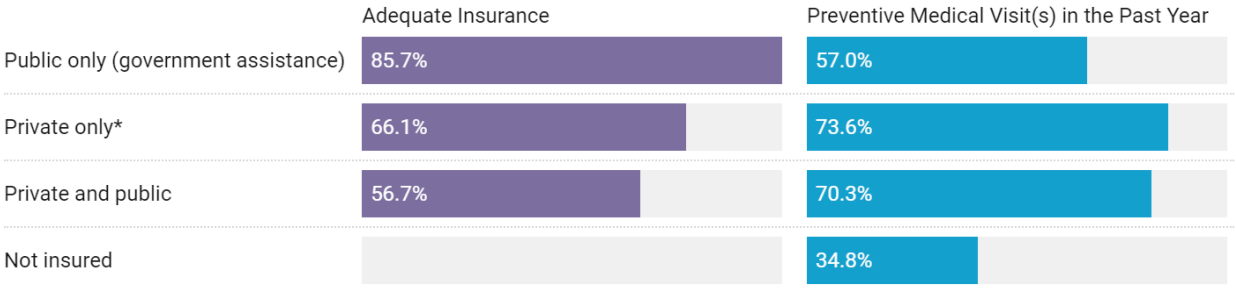
Insurance Adequacy

Figure 23 Insurance Adequacy by Federal Poverty Levels (FPL)



Among adolescents in 0-199 FPLs, 79.2% had adequate health insurance, while adolescents in 200-400+ FPLs had adequate health insurance.

Figure 24 Insurance Adequacy and Preventive Medical Visit(s) by Type of Health Insurance

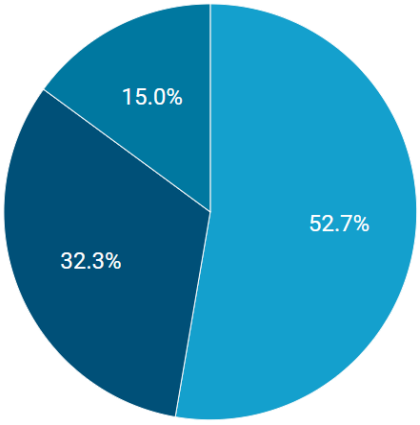


* Privately purchased, including through ACA marketplace, through employer, or TRICARE; Data for adequate insurance among those who were 'not sure' was suppressed due to counts fewer than 6.

Adolescents who had public health insurance only had 85.7% adequate insurance to cover medical expenses for any medical purpose. Those who had both private and public health insurance had the lowest percentage of adolescents with adequate insurance. 73.6% of adolescents who had private health insurance had at least one preventive medical visit in the past year, compared to 34.8% of adolescents who were not insured.

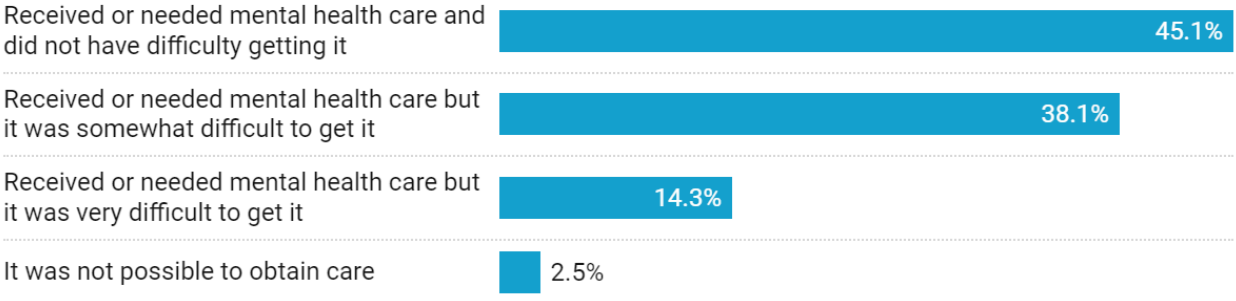
13.6% of adolescents received needed treatment and counseling for mental health.
3.6% could not/did not receive needed care.

Figure 25 Adequacy of insurance coverage for mental and behavioral healthcare for adolescents who were *insured and received mental healthcare*



Among adolescents who were insured and received mental health care, 85% always or usually had adequate insurance to cover medical expenses associated with mental and behavioral healthcare. 15% sometimes or never had adequate insurance for mental and behavioral healthcare.

Figure 26 Difficulties obtaining mental health care among those who received or needed care



45.1% of adolescents who received or needed mental health care did not have difficulty getting it. However, 38.1% had some difficulties getting the care they needed, and 14.3% felt it was very difficult. It was not possible to obtain care for 2.5% of adolescents.

Discussion

The findings from the Youth Risk Behavior Survey (YRBS) and the National Survey of Children's Health (NSCH) have highlighted a major public health concern: the mental well-being of adolescents in Arizona is declining. The increase in suicide ideation, anxiety, ADHD, depression, and unhealthy weight control behaviors among Arizona adolescents is consistent with a national public health mental crisis. Nearly 4 in 10 adolescents reported poor mental health in the past 30 days and during COVID-19. Data indicates the need for prioritizing the mental health of our youth, developing and implementing effective interventions, and creating supportive environments that promote mental wellness.

Socioeconomic and Environmental Determinants

The impact of socioeconomic factors, social media exposure, and adverse childhood experiences (ACEs) on adolescent mental health is profound. These determinants, coupled with the unique challenges of this developmental stage and the exacerbation of the COVID-19 pandemic, create a compounded effect on the mental well-being of young individuals. This complexity necessitates a holistic approach to mental health intervention, addressing not only the symptoms but also the root causes of mental distress.

Addressing Health Disparities

The disparities in mental health outcomes, influenced by gender, race, ethnicity, socioeconomic status, sexual orientation, and special healthcare needs (SHCN), highlight the need for targeted and equitable mental health strategies. Ensuring all adolescents have equal access to mental health care and support is not just an ethical imperative but a public health priority. These disparities underscore the critical need for policies and programs that are inclusive and responsive to the diverse needs of Arizona’s adolescent population. The next mental health report will address the connections between mental health issues and various factors at the individual, family, community, and societal levels.

Recommendations from the Arizona Child Fatality Review Committee

To mitigate these challenges, a concerted effort from state and local departments of health, policymakers, healthcare providers, educators, and community leaders is essential.

In a recent report[1] published in November 2023, the Arizona Child Fatality Review Team made the following recommendations for mental health and suicide prevention which include:

- Enhancing Access to Mental Health Services: Expanding availability and reducing barriers to professional mental health support for adolescents across Arizona.
- Promoting Mental Health Education and Awareness: Implementing educational programs within schools and communities to increase awareness about mental health, reduce stigma, and encourage help-seeking behaviors.
- Strengthening Support Systems: Developing and supporting programs that bolster family and community support mechanisms, providing adolescents with a robust support network.
- Implementing Targeted Public Health Programs: Designing and deploying programs that specifically address the unique needs of high-risk groups, aimed at reducing disparities in mental health outcomes.

Statewide Efforts and Resources for Adolescent Mental Health

ADHS is committed to continuing its efforts in providing its services and resources to Arizona's Youth so that they can achieve healthy lives, both mentally and physically.

Upon conclusion of the **Adolescent and Young Adult Collaborative Improvement and Innovation Network (CoIIN)**, in which ADHS partnered with the Arizona Department of Education and AHCCCS in December of 2022, the CoIIN workgroup agreed to continue participation and, in January 2023, formed the Youth Mental Health Steering Committee to help coordinate state initiatives to increase resiliency and improve mental health outcomes of youth, adolescents, and young adults. All participating CoIIN partners resumed their participation after the transition. In the summer of 2023, the workgroup met in person to begin setting priorities and outlining strategies for 2024.

ADHS received funding from and partnered with the Arizona Department of Education's Project Aware Program to further promote mental health and stigma reduction. Funding provided extended the promotion of the Stigma Reduction campaign. This campaign included commercials, a website that provides further resources, and YouTube clips. The Steering Committee created an initiative to

[1]https://www.azdhs.gov/documents/prevention/womens-childrens-health/reports-fact-sheets/child-fatality-review-annual-reports/cfr-annual-report-2023.pdf

recognize school sites statewide that are proactively addressing student mental health in Arizona and are model mental health champions. These sites provide comprehensive support for Schools and Districts that address mental wellness through prevention, early intervention, and partnerships with community behavioral health providers. During the Adolescent Health Conference and the in-person Youth Mental Health Steering Committee meeting, 2 schools (i.e., Ignacio Conchos Elementary School and Butterfield Elementary School) and 3 districts (Maricopa Unified School District, Glendale Elementary School District, and Roosevelt Elementary School District) were recognized and received Mental Health Champion honors in 2023. Awarded sites receive decals and logos they can post on office windows and on their websites identifying them as mental health champions.

The Youth Mental Health Steering Committee collaboratively formed a work plan in Early 2024 for the next three years and is in the process of operationalizing its decided strategies.

The Office of Women's Health staff continues to participate in the ADHS Suicide Prevention Adolescent Health workgroup. This group works to provide input on activities outlined in the Suicide Prevention Action Plan. To align efforts with the Youth Mental Health Steering Committee, ADHS' Suicide Prevention program manager is part of the steering committee provides updates during meetings, and will serve on several workgroups as mental health activities roll out.

Additionally, with Prop 207 funding, the Arizona Title V Program has continued to implement the **Youth Mental Health First Aid (YMHFA)** program in partnership with Teen Pregnancy Prevention Program Health Educators in funded county health departments, community-based organizations, and the Inter-Tribal Council of Arizona in all 15 counties of the state. This training prepares youth-serving individuals with strategies to identify signs of mental health issues and crises and tools to respond to them to their abilities. Examples of youth-serving individuals include school staff and teachers, coaches, juvenile detention center staff, park employees, etc. ADHS hosted the annual certification training in September 2023 to ensure that we accommodate for any turnover in educators, and are able to maintain the program active in each county. Twelve educators were certified during this training. A total of 37 YMHFA Training sessions offered to 40 distinct organizations were held across the state through 13 county partners and 2 youth-serving organizations. These sessions trained 526 youth-serving individuals who serve an estimated 61,700 youth across the state.

The Office of Community Innovations, which advocates to advance equity, trauma-informed approaches, and weight stigma reduction in public health nutrition and physical activity, established the role of Adolescent Health Dietitian in 2022 to advance the public health prevention of disordered eating in Arizona. Emerging prevention efforts have included increased and improved youth surveillance of disordered eating behaviors, resource and data dissemination to the public, survey and interview need assessments with recent high school graduates and school professionals, and training to increase public awareness of disordered eating prevalence and prevention strategies. Surveillance improvements have been conducted alongside a national interdisciplinary group of professionals within the **Eating Disorders Public Health Surveillance Working Group**[2], and include the development of resources to support disordered eating item selection in the YRBS. In April 2024, the Office of Community Innovations hosted a 4-session no-cost virtual training series on disordered eating, protective language and environments, and body-confident schools for 250 school and public health professionals working with adolescents in Arizona.

Future Directions for Adolescent Mental Health Surveillance

Ongoing surveillance efforts are crucial to unpack the layers of influence on adolescent mental health. Longitudinal data, including hospital discharge data, are needed to track trends over time, and evaluations of current mental health problems can shed light on effective strategies and areas needing improvement. In addition, the YRBS data, indicating a reduction in suicide attempts but an increase in suicidal thoughts, underscores the complexity of mental health challenges, suggesting the need for bringing in other data sources to triangulate this issue. Engaging with adolescents to understand their perspectives and experiences can also inform more personalized and effective approaches to mental health care.

Limitations

The Youth Risk Behavior Surveillance System (YRBS) and the National Survey of Children's Health (NSCH) are crucial tools in understanding various aspects of youth health, including mental health. However, like all survey-based research tools, they have limitations that can impact the interpretation and application of their findings. The YRBS relies on self-reported information, while The NSCH relies on parental reports for children's health status. Both surveys can be subject to biases such as underreporting or overreporting, especially concerning sensitive issues like mental health. In addition, challenges with varying response rates can impact the representativeness of the data. Likewise, the inclusion of certain demographic groups can vary across locations and time, which may affect the representativeness

[2]https://www.hsph.harvard.edu/striped/policy-translation/cdc-eating-disorders-health-monitoring-project/working-group/

of the data. While the YRBS and NSCH provide comprehensive coverage of youth's health, its broad scope means that certain mental health issues may be covered in less depth than specialized mental health surveys. For example, a single question about unhealthy weight control behaviors does not fully capture a wide range of the behaviors.

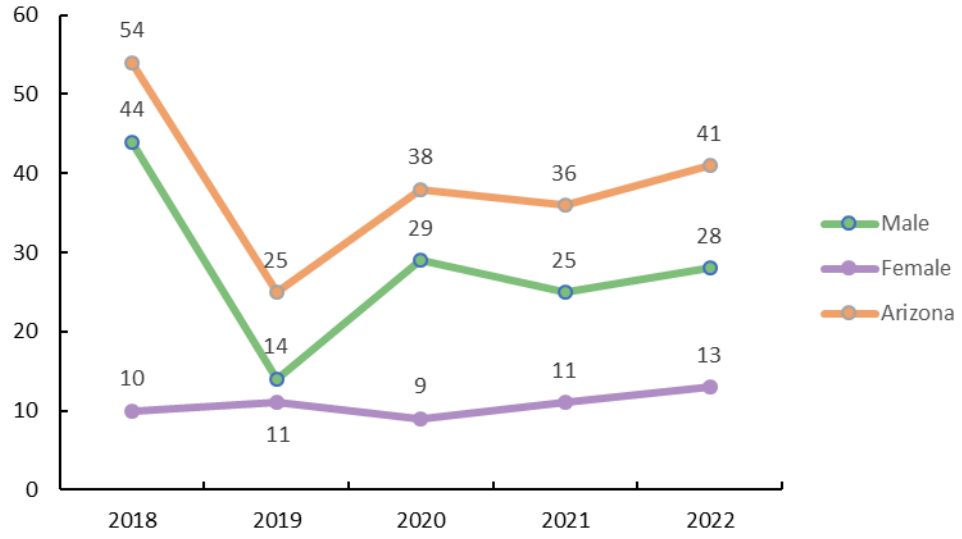
Conclusion

The findings from recent surveys serve as a call to action for all stakeholders involved in adolescent health in Arizona. The challenges are significant, but they are not unsolvable. Through collaborative, evidence-based, and inclusive efforts, it is possible to reverse the current trends and find a way for a future where all adolescents in Arizona have the opportunity to thrive mentally and emotionally.

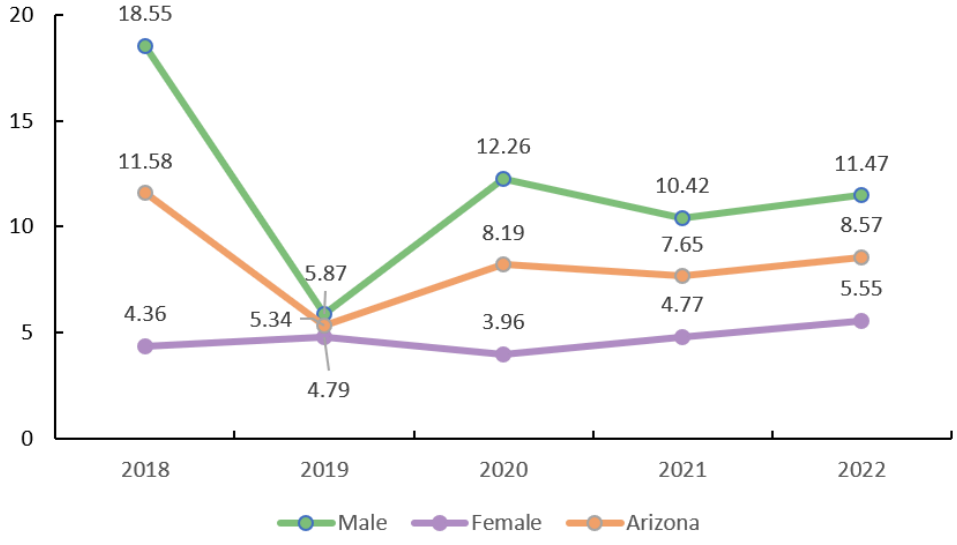
Appendix I

Child Fatality Data on Suicide (Ages 13-17 Years) in Arizona

Number of Suicides among Adolescents by Sex, Ages 13-17 Years, Arizona, 2018 - 2022



Mortality Rate per 100,000 Adolescents due to Suicide by Sex, Ages 13-17 Years, Arizona, 2018-2022



Leading Risk Factors of Suicides among Children, Ages 13-17 Years, Arizona, 2022 (n=41)

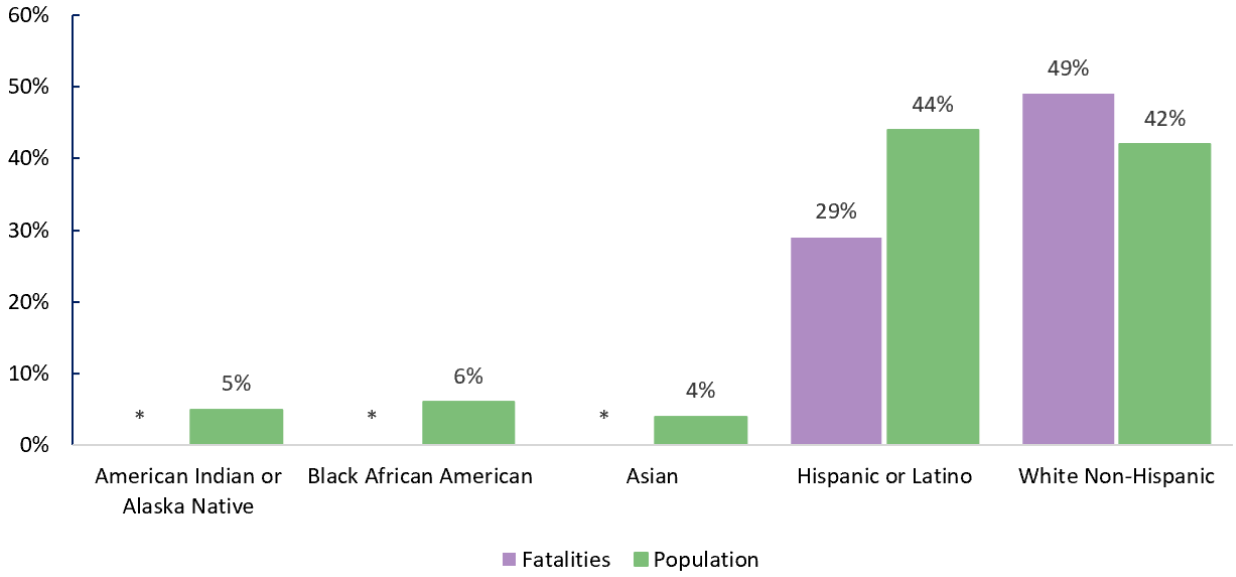
Risk Factors *	Number	Percentage
Recent Suicide Warning Sign	34	83%
Child Relationship Issues	28	68%
Planned Attempt	26	63%
Prior Attempt	25	61%
Mental Health/Substance Use Disorder	25	61%

*More than one risk factor may have been identified in each death.

Cause of Suicides among Children, Ages 13-17 Years, Arizona, 2022 (n=41)

Cause of Death	Number	Percentage
Strangulation	17	41%
Firearm	15	37%
Poisoning	7	17%
Motor Vehicle and other transport	2	5%

Percentage of Suicides among Children by Race/Ethnicity, Ages 13-17 Years, Compared to Population, Arizona, 2022



*Fatalities suppressed due to counts less than 6.

For more information about child fatality data, please read the Annual Child Fatality Report: Lalani K, Newberry S, Rimsza ME, Garlington T, Glidden M, Celaya MF. Arizona Child Fatality Review Team: Thirtieth Annual Report. Phoenix, AZ: Arizona Department of Health Services; 2023

Appendix II

Additional Resources and Contact Information

Youth Mental Health First Aid (YMHFA)

YMHFA is a program that trains adults in youth-serving organizations to recognize symptoms of mental health issues and assist youth in accessing resources utilizing a five-step plan. AZDHS funds and manages its YMHFA programs through county health educators and community organizations. These YMHFA classes are free to attend and are a great resource for schools, community centers, etc. YMHFA also fulfills the yearly requirement of the Mitch Warnock Act to provide Suicide Prevention Training for school staff.

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*Alternatively, please contact health educators at your local county health department for more information.

Youth Councils

This initiative aims to establish and strengthen Youth Councils statewide to address critical adolescent public health issues, such as suicide prevention, bullying, healthy relationships, well visits, injury prevention, and dental care. These councils will empower young leaders to drive innovative solutions, contribute to state-level projects, and participate in the biennial Adolescent Health Conference. By focusing on local community challenges and fostering grassroots engagement, the program ensures interventions are tailored to each community's specific needs, promoting sustainable change.

Jess Lopez
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ADHS TOP PYD Pilot

The ADHS Teen Outreach Program® (TOP) Positive Youth Development Pilot Project allows State Lottery Abstinence and Abstinence Plus Contractors to implement TOP® lessons focused on Positive Youth Development (PYD), excluding sexual health-related topics. Unlike the federally guided Teen Pregnancy Prevention Program, which includes sexual health education, the lottery-funded programs omit

these lessons. Utilizing evidence of TOP®'s effectiveness in reducing risky behaviors, the Adolescent Health Team permits the delivery of TOP® without sexual health content for state-funded contractors. TOP-certified facilitators selected 12 lessons emphasizing positive youth development principles.

Ruth Grande
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Youth Stigma Reduction Website

This website, hosted by ADHS and targeted to youth and schools, provides answers to commonly asked questions concerning mental health struggles, links to therapist and further help directories, and LGBTQ+ resources.

https://www.azdhs.gov/prevention/womens-childrens-health/injury-prevention/opioid-prevention/hope-heals/youth-stigma/index.php

Youth Community Resource Website

This website, designed for use by youth, families, and youth-serving individuals, shares links and contact information for a variety of resources organized by county and topic, including suicide prevention, physical health, mental health, homelessness, nutrition, etc.

https://www.azdhs.gov/prevention/womens-childrens-health/womens-health/teen-pregnancy-prevention/tpp-resources/

ADHS' Suicide Prevention Initiative

The website provides information on the Suicide Prevention program, AZ Suicide Reports, Action Plans, and Local and National Resources.

https://www.azdhs.gov/prevention/chronic-disease/suicide-prevention/index.php

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MustStopBullying.Org

The MustStopBullying.Org is an Anti-Bullying Campaign by ADHS that offers a resource to Parents, Students, and Schools that helps define bullying, action steps to approach individuals perpetuating bullying, and next action steps.

MustStopBullying.Org

ADHS' Eating Disorder Prevention

Known behavioral and social factors where prevention efforts can be focused include frequent dieting and disordered eating behaviors, dissatisfaction with body weight or shape, and being bullied about weight or looks. Connect with ADHS to learn more about youth data and surveillance efforts, available prevention resources and tools, and upcoming training.

Brittany Celebrano
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ADHS' Adverse Childhood Experiences Website

The website presents surveillance dashboards (based on diverse population-based data sources), reports, infographics, and additional resources about childhood adversity in Arizona and its implications for the mental and physical health of the Arizona population.

azdhs.gov/aces

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Arizona Youth Risk Behavior Survey (YRBS) Website

The website offers a wide range of resources related to the Arizona YRBS. These resources include past survey questionnaires, comprehensive reports detailing the survey findings, and visually engaging infographics that highlight key data points. Additionally, the site provides supplementary information to help users understand and utilize the YRBS data effectively, supporting efforts to address and improve youth health behaviors in Arizona.

azdhs.gov/yrbs

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