KANSAS WELL-BEING DATA: IMPLICATIONS FOR SCHOOL MENTAL HEALTH TASN ATBS SCHOOL MENTAL HEALTH INITIATIVE

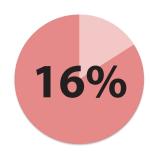
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CHILD AND ADOLESCENT MENTAL HEALTH

Mental health data for children and adolescents in Kansas reveals the following:



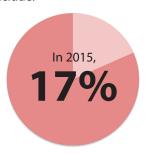
of Kansas children ages 2-17 with a parent reports a diagnosis of autism, developmental delays, depression or anxiety, ADD/ADHD, or behavioral/conduct problems.¹

Between 2010-2014,
60.4%
of adolescents with a major depressive episode, aged 12-17, did not receive

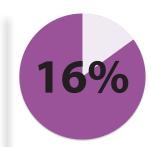
treatment.2

SOCIETAL AND COMMUNITY INDICATORS

Kansas societal and community data indicating risk factors which can impede child and adolescent mental health include:



of Kansas children lived in families "with incomes below the federal poverty level."¹⁰



of children, under age 18, who are foreign-born or reside with at least one foreign-born parent. Barriers frequently encountered by recently immigrated families and youth can impede their ability to thrive.

In 2013,

885

youth were residing in Kansas Juvenile Detention, Correctional and/or Residential Facilities.¹² In 2017, approximately

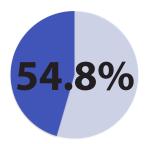
31%

of Kansas youth were considered at risk based on questions about **community laws and norms** regarding topics such as police intervention for underage drug and alcohol use. **31.37%** were considered at risk based on questions regarding **community disorganization** such as the presence of crime, drugs, fighting, and feelings of safety.⁷

ADVERSE CHILDHOOD EXPERIENCES

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 the ability of children and adolescents to succeed socially and academically.

The 2014-2015 Kansas Behavioral Risk Factor Surveillance System, Adverse Childhood Experiences Among Kansas Adults³ found that:



of Kansans reported having experienced at least

ONE ACE



Additional findings from the ACE study identified important connections between ACEs and school performance. For example, students dealing with ACEs are:8

- 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 designated to special education more frequently.

In 2014,

2.5%

of children who were placed out of the home, were done so because of truancy.⁴ In 2017, approximately

35%

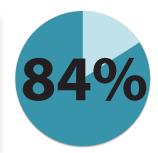
of Kansas youth were at risk for **academic failure** based on questions about their grades, and **44.15%** were at risk for **low commitment to school** based on questions regarding course interest, perceived effort, and days missed.⁵

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. Legislation - such as the Jason Flatt Act (SB 323), Juvenile Justice (SB 367), and ESSA - assign schools with responsibility for addressing the mental health needs of children and adolescents which stand to interfere with students' school performance. A recent report (compiled by Center for Children & Families at KU, on behalf of KDADS) found that certain barriers exist in addressing these concerns.

Barriers identified include:

CONSISTENCY IN SERVICES
RELATIONSHIPS WITH FAMILIES
LITTLE MENTAL HEALTH TRAINING
STIGMA
ACCESS TO SERVICES



of educators agreed or strongly agreed that further professional development training is needed, including information on:

MENTAL HEALTH DISORDERS
BEHAVIORAL MANAGEMENT TECHNIQUES
SPECIALIZED SKILL TRAINING
POSITIVE BEHAVIORAL SUPPORTS
TRAUMA

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