

# Supporting Youth Mental Health

## Problem Statement

Youth and young adults in Nebraska face significant mental health challenges.

**Poor mental health** can impact multiple areas of a young person's life, including thinking, mood, and behavior.<sup>1</sup> Mental health problems often coexist with increased substance use, exposure<sup>2</sup> to violence, and risky sexual behaviors that can lead to HIV, STIs, and unintended pregnancy.<sup>3</sup> In the most severe cases, poor mental health can result in death.<sup>4</sup>

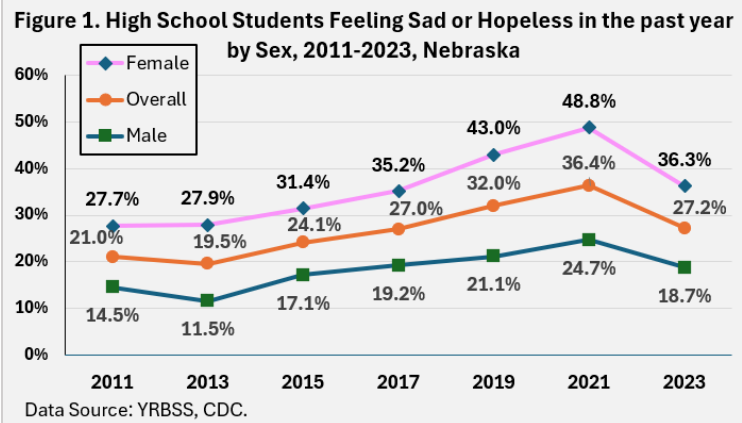
**Youth suicide** remains a pressing concern in Nebraska, with a significant portion of high school students reporting serious consideration of suicide attempts.<sup>5</sup> Factors contributing to poor mental health in youth, including family conflict, loss of supportive relationships, sexual harassment, and abuse by parents.<sup>4</sup>

**Bullying** is a pervasive issue in Nebraska, with a substantial number of students experiencing bullying on school property and through electronic means.<sup>5</sup> These challenges highlight the need for comprehensive mental health support for Nebraska's youth.

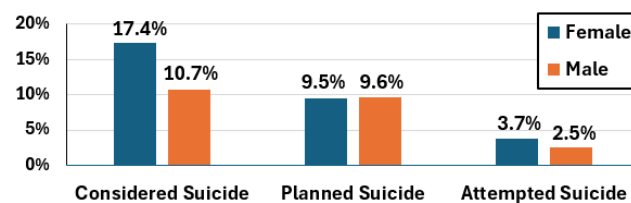
## Criterion 1: Disproportionate Outcomes Exist Among Subgroups of the Population

Mental health conditions impact many young people and their families in Nebraska, which vary among youth subgroups. Based on the Youth Risk Behavior Surveillance System (YRBSS), in 2023, more than a quarter

of Nebraska students (27.2%) reported feeling sad or hopeless almost every day for two weeks or more in the past year, compared to 21.0% in 2011 (Figure 1).<sup>6</sup> Although the percentage of both female and male students who responded feeling sad or hopeless has increased over time, female students were almost twice as likely as male students to report these feelings (36.3% for females and 18.7% for males in 2023).<sup>6</sup> Female students (32.0%) also reported that their mental health was not good most of the time or always, compared to male students (14.6%).<sup>6</sup> Among different race/ethnicity groups, 27.7% of non-Hispanic White students reported feeling sad or hopeless compared to 22.6% of Hispanic students.<sup>6</sup>



**Figure 2. High School Students Who Seriously Considered, Planned, or Actually Attempted Suicide in the Past Year, Nebraska, 2023**



(4.7).<sup>7</sup> Emergency department hospitalization data showed that female youth aged 10 - 19 are more than twice as likely as males to be treated for self-harm and suicide ideation.<sup>8</sup> Based on the 2023 YRBSS data, one out of seven high school students (14.0%) seriously considered attempting suicide, 9.6% planned a suicide attempt, and 3.1% attempted suicide in the past year.<sup>6</sup> Of female students, 17.4% reported seriously considering suicide and 3.7% reporting attempting suicide compared to 10.7% and 2.5% of male students, respectively (Figure 2).<sup>6</sup> Among Non-Hispanic White students, 14.4% reportedly considered, 11.9% planned, and 4.0% attempted suicide in the past year, compared to 6.4%, 3.3%, and 1.0%, respectively, among Hispanic students.<sup>6</sup>

Between 2019 and 2023, the suicide death rate for youth (10-19 years) was 8.4 deaths per 100,000 population in Nebraska, which was higher among males (12.0) than females

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The National Survey of Children's Health showed that, on average, 31.7% of adolescents aged 12 - 17 were bullied in 2022 in Nebraska.<sup>5</sup> According to the 2023 YRBSS data, 18.1% of female students compared to 17.6% of male students reported being bullied on school property.<sup>5</sup> Electronic bullying was approximately twice as prevalent among female students (15.2%) compared to male students (11.4%) in Nebraska.<sup>5</sup>

## ***Criterion 2: Strategies Exist to Address the Problem/An Effective Intervention is Available***

Evidence-based strategies, from peer support to adult interventions, exist to address the complex mental health needs of young people in today's challenging environment. **Peer-to-Peer Support** programs, like **Hope Squads**, are a school-based peer support system for students, which focus on recognizing suicide warning signs, building positive relationships, and shifting school culture to be more positively responsive regarding suicide and mental health.<sup>9</sup> The **Olweus Bullying Prevention Program** is a comprehensive approach that includes school, individual, and community components. The program is focused on long-term change that creates a safe and positive school climate.<sup>10</sup> **Signs of Suicide (SOS)**, is designed for grades 6 - 12, teaches students to identify signs of depression and suicide, by providing materials for school professionals, parents, and communities. SOS has shown a 64% reduction in self-reported suicide attempts. Students with previous suicidal ideation were 96% less likely to report suicidal behaviors after participating in this program.<sup>11-12</sup>

**Youth Mental Health First Aid** equips adults with skills to help youth who may be experiencing mental health problems or crises. The 8-hour course teaches participants risk factors and warning signs of mental health challenges, how to assess and support youth in crisis, and how to connect young people to appropriate resources. A Teen Mental Health First Aid is available that teaches youth these same skills, with ways to assess and support their peers in crisis.<sup>13</sup> **Wyman's Teen Outreach Program® (TOP®)** empowers teens by building social-emotional skills, strengthening relationships, and helping teens avoid risky behaviors. TOP includes lessons on a variety of adolescent health topics, and community service learning (CSL). Through CSL youth discover how they can make a difference in their communities.<sup>14</sup> Several non-traditional youth mental health organizations and services are emerging and being offered across Nebraska such as Equine Therapy alongside Ecotherapy, Cooking Therapy, Art Therapy, and Music Therapy. They can provide youth an opportunity to educate, explore, and experience non-traditional mental health support.<sup>15</sup>

## ***Criterion 3: Capacity to Address the Problem***

Nebraska demonstrates a growing commitment to addressing youth mental health through numerous initiatives and partnerships. A robust response was initiated after the US Surgeon General issued an advisory on *Protecting Youth Mental Health* in 2021.<sup>16</sup> Most local health departments in Nebraska have since identified the need to prioritize various aspects of youth mental health in their respective communities, including reducing mental health stigma, increasing the number and improving the access to providers and preventive resources, reducing the proportion of youth reporting feeling sad or hopeless, as well as initiatives to target the reduction of school bullying and youth suicide rates.<sup>17-26</sup> The Nebraska Department of Health and Human Services works closely with schools across the state to provide mental health services to students and families as well as resources to educators and school staff. It is through this partnership that ensures students are healthy, safe, and thriving. Additionally, the six behavioral health regions across the state provide mental health services. The four Federally Recognized Tribes of Nebraska offer youth mental health services in their respective communities.<sup>27</sup>

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The Elementary and Secondary School Emergency Relief Fund (ESSER) was established as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act in March 2020 to help safely reopen and sustain school operations and address the impact of COVID-19 by focusing on students' academic, social, emotional, and mental health needs. Many Nebraska districts, along with the Nebraska Department of Education (NDE), utilized ESSER funds to support mental health efforts in schools. Funding expired in September 2024 and districts are now working to determine how to sustain efforts that positively impacted student mental health.<sup>28</sup>

## ***Criterion 4: Problem is Worse than the Benchmark or Worsening***

Youth mental health in Nebraska is marked by distressing trends over time, with indicators showing a worse problem compared to national benchmarks. The percent of Nebraska high school students reporting feelings

Figure 3

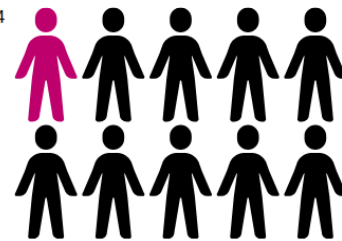


About 3 in 10 youth report feelings of sadness or hopelessness.

of sadness or hopelessness has increased steadily since 2012, when the rate was 19.5%, peaked at 36.4% in 2021, and was 27.2% in 2023 (Figure 3).<sup>6</sup> This increase over time indicates an ongoing mental health crisis among Nebraska's youth. Furthermore in 2022, 3.7% of Nebraska children and youth aged 3 - 17 reported needing mental health treatment but not receiving it, compared to 2.9% nationally.<sup>29</sup> Any gap in access to mental health services is particularly concerning given the rising mental health challenges faced by Nebraska's young people.

Additionally, a higher percentage of Nebraska youth experience bullying compared to the national percentage. In 2022, 12.1% of Nebraska adolescents aged 12 - 17 reported being involved in bullying, either as victims or perpetrators, compared to 10.4% nationally (Figure 4).<sup>5</sup> This statistically significant difference is particularly concerning as bullying is linked to increased risks of depression, anxiety, self-harm, and even death. From 2018 to 2022, suicide was consistently the second highest cause of death for this age group.<sup>5</sup> The 2022 adolescent suicide rate in Nebraska (9.9 per 100,000 youth aged 10-19) was statistically higher than the US rate (6.3).<sup>5</sup>

Figure 4



About 1 in 10 adolescents report being involved in bullying.

## ***Criterion 5: Community Readiness to Address the Problem***

Nebraska has three family-run organizations (Independence Rising, Families Care, and Families Inspiring Families) that provide unique mental health services across the state to youth and their families. Additionally, there are 23 Community Collaboratives, an initiative of Nebraska Children and Families Foundation, which bring local partners together to develop long-term community wellness plans. By working together this shows that both systems and families are ready to address youth mental health.

In 2021, the NDE launched the Nebraska School Mental Health Project utilizing ESSER funds.<sup>23</sup> Throughout this three-year project, 14 Educational Service Units (ESUs) and 148 Local Education Agencies (LEAs) from across the state received training on Comprehensive School-Based Mental Health Systems and financial support to implement these systems. As the funding has ended, there are concerns regarding future funding available to support youth mental health efforts long term.

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In June 2023, Legislative Bill 705 was approved by the Governor, which outlines that each school district shall designate one or more school employees as a behavioral awareness point of contact for each school building. In addition, each school district shall maintain or have access to a registry of local mental health and counseling resources that can be accessed by families and individuals outside of school. Finally, the NDE is tasked with establishing a mental health training grant program available to districts and educational service units.<sup>30</sup>

***If this issue is selected as one of the Title V MCH priority needs in 2025, what do you expect this issue to look like five years from now? What kind of progress can you expect for the next five years?***

With prioritization from Title V MCH, increased focus and resources on youth mental health will lead to significant and sustained progress over the next five years. By 2030, we anticipate expanded access to mental health programs across communities and school districts, increased prevention and early intervention efforts, and reduced mental health stigma through awareness campaigns. These efforts will enhance school-based support, strengthen community partnerships, and improve mental well-being among youth. Ultimately, we expect increased mental health literacy, reduced bullying, and improved access to mental health services, leading to a substantial reduction in youth suicide rates, with suicide no longer being the second leading cause of death for Nebraskan youth.

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