

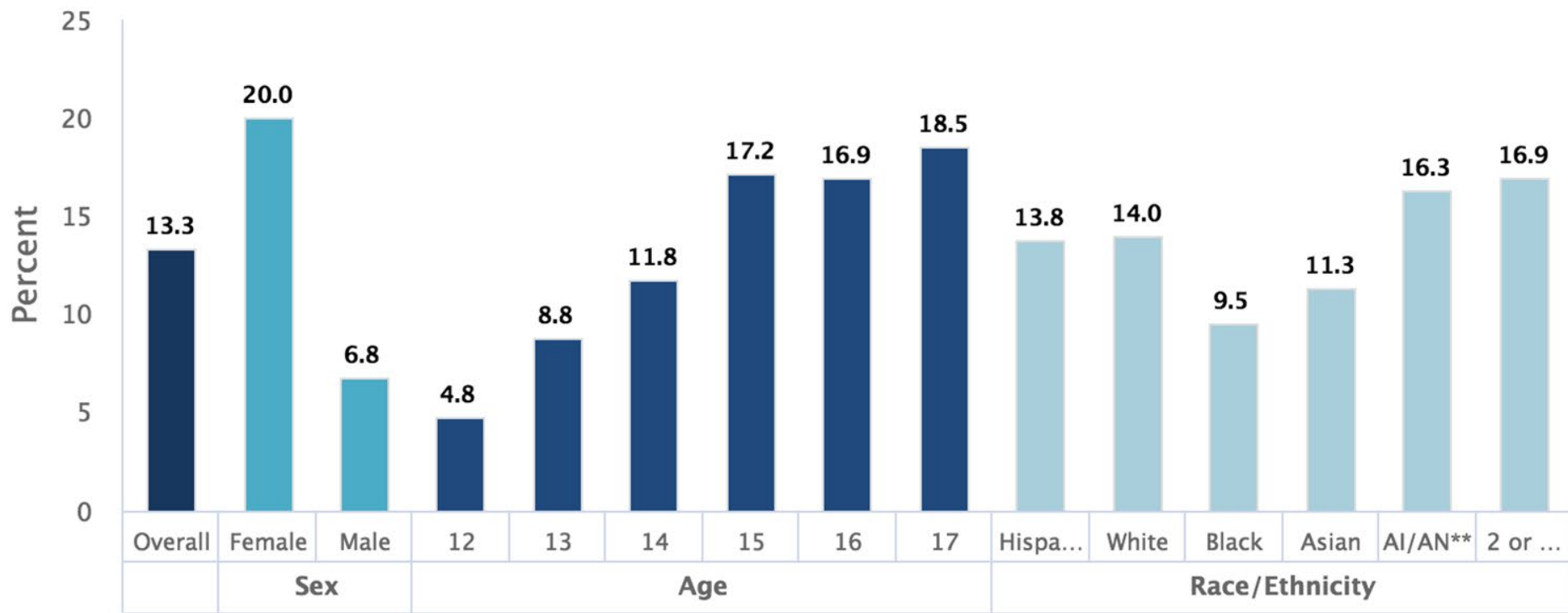
Depression and Anxiety

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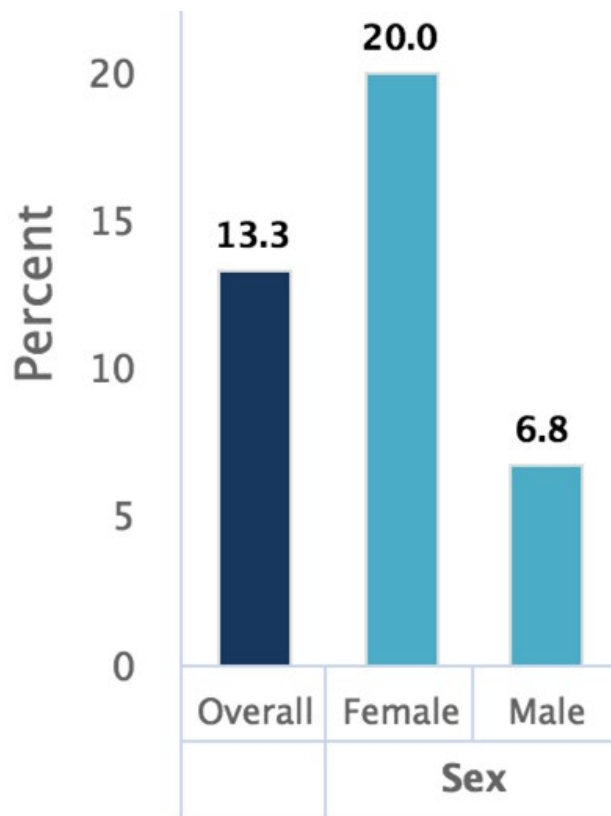
Past Year Prevalence of Major Depressive Episode Among U.S. Adolescents (2017)

Data Courtesy of SAMHSA



Past Year Prevalence of Major Depressive Episode Among U.S. Adolescents (2017)

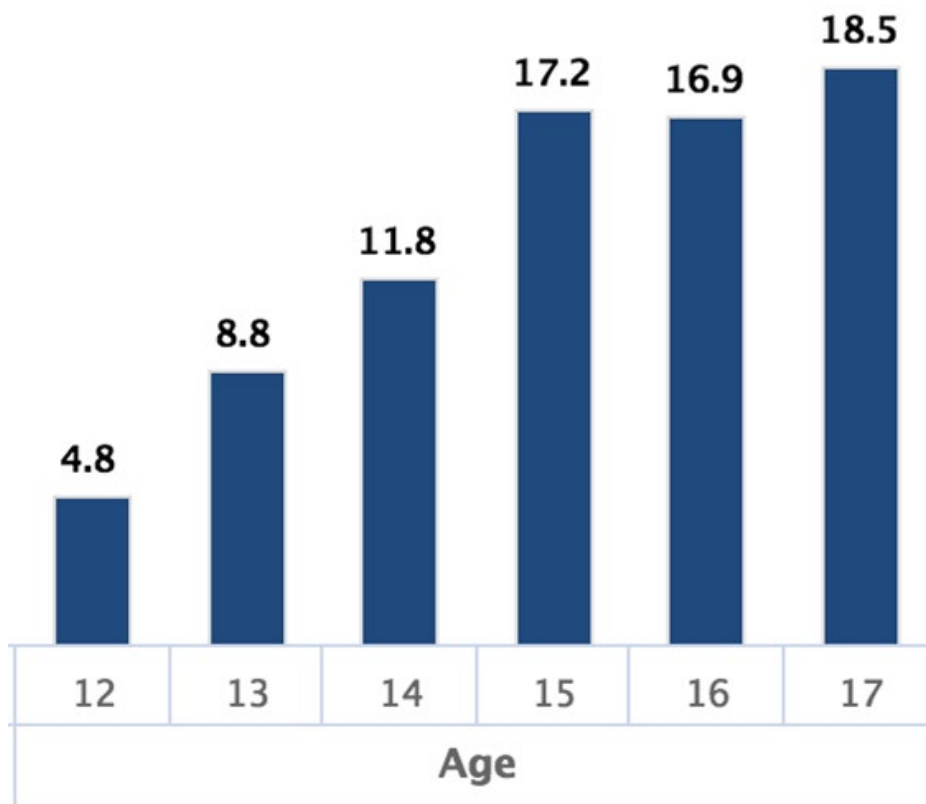
Data Courtesy of SAMHSA



- Rates of major depression increased 63% in adolescents (12-17) from 2009-2017
 - (from 8.1% to 13.2%)

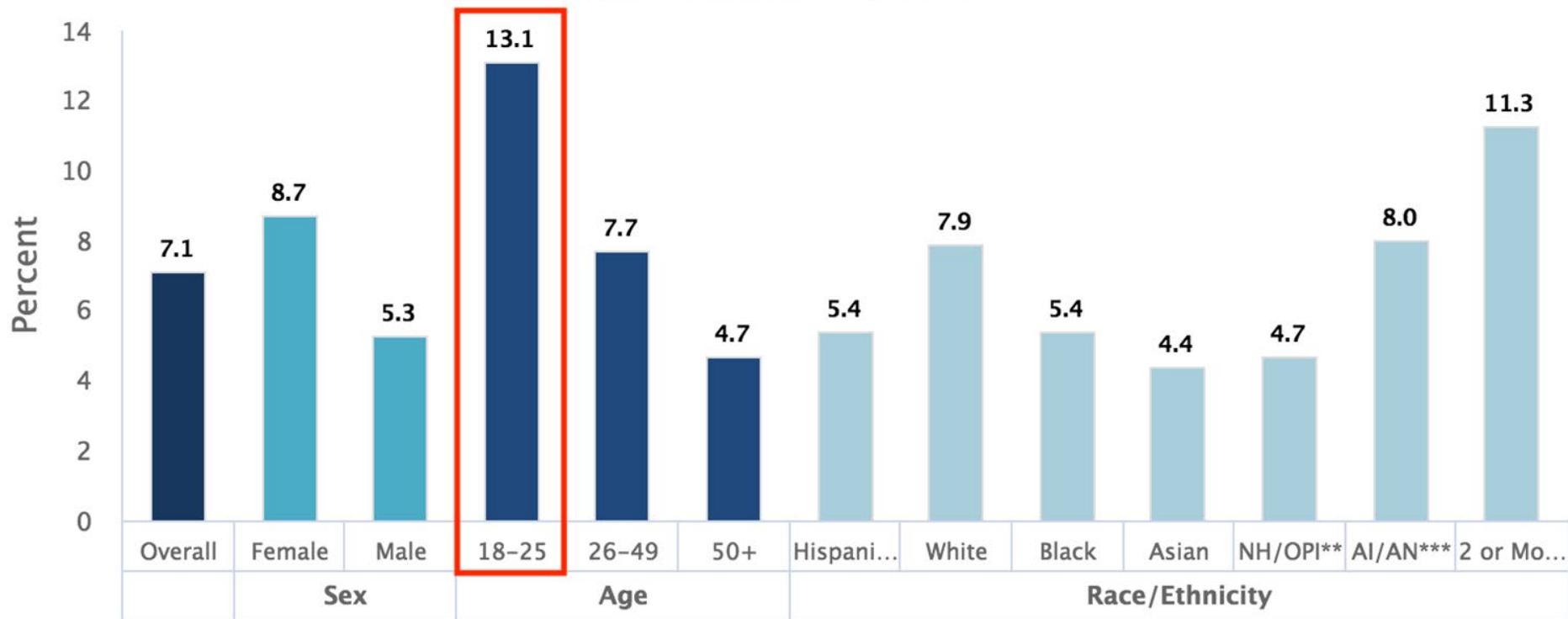
Past Year Prevalence of Major Depressive Episode Among U.S. Adolescents (2017)

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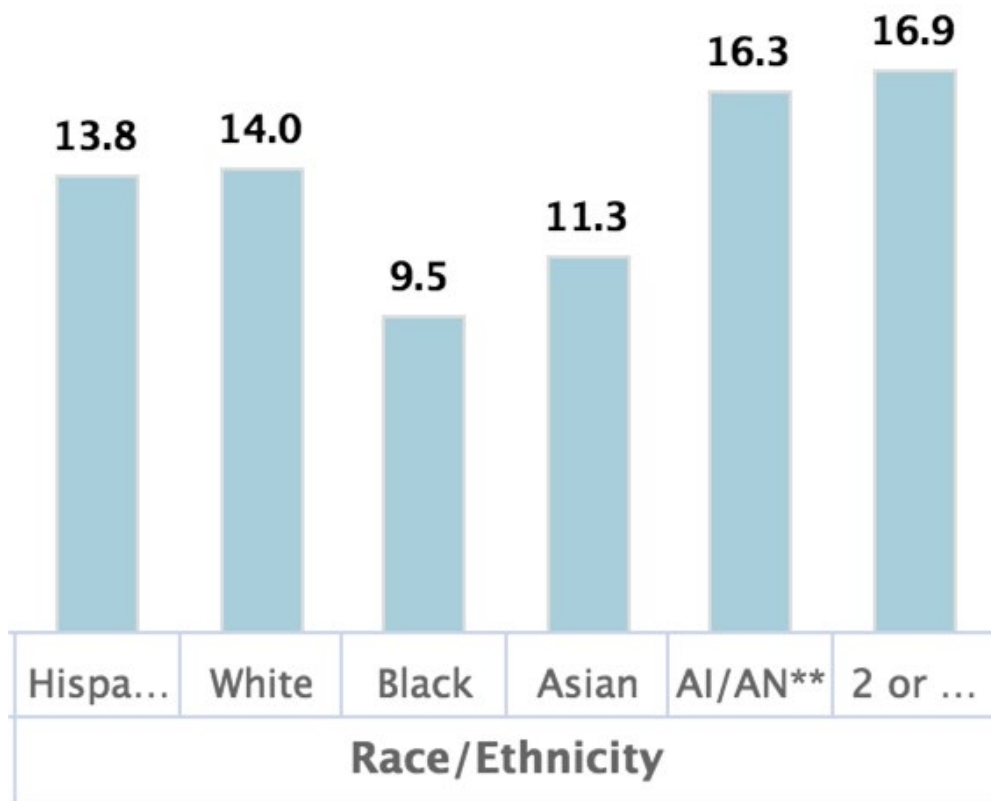
Past Year Prevalence of Major Depressive Episode Among U.S. Adults (2017)

Data Courtesy of SAMHSA



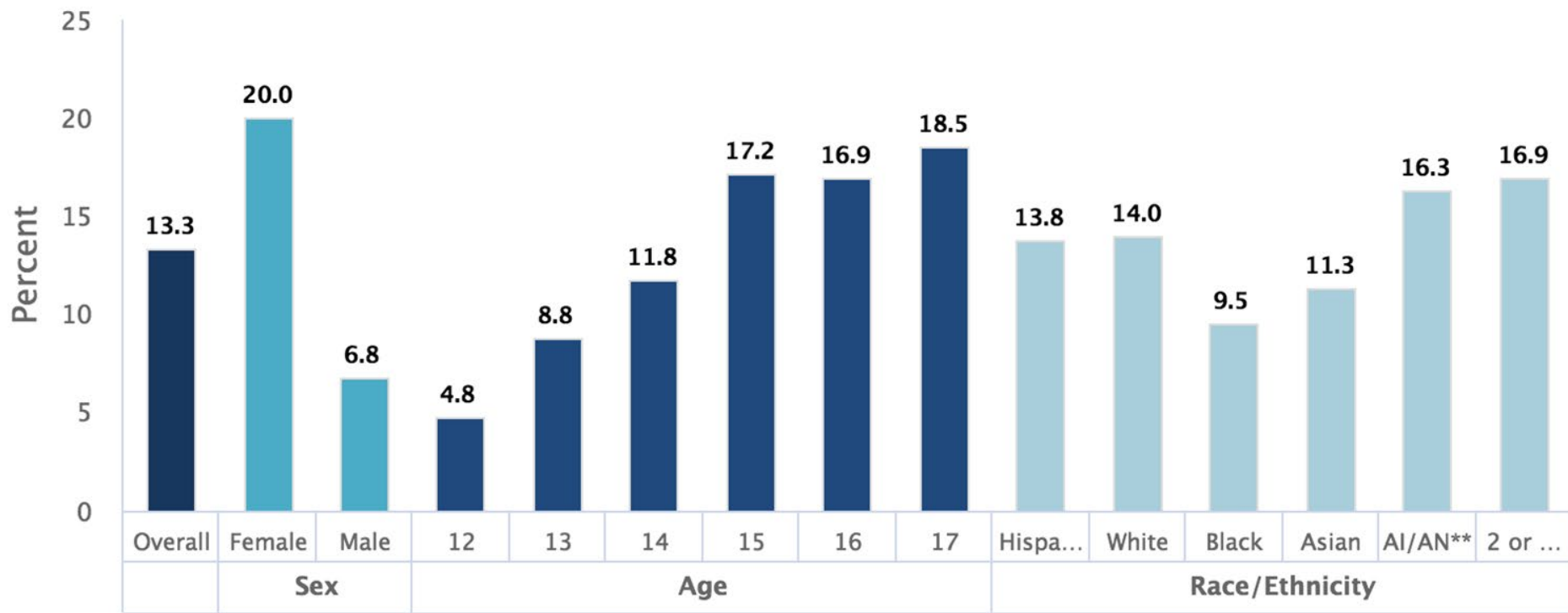
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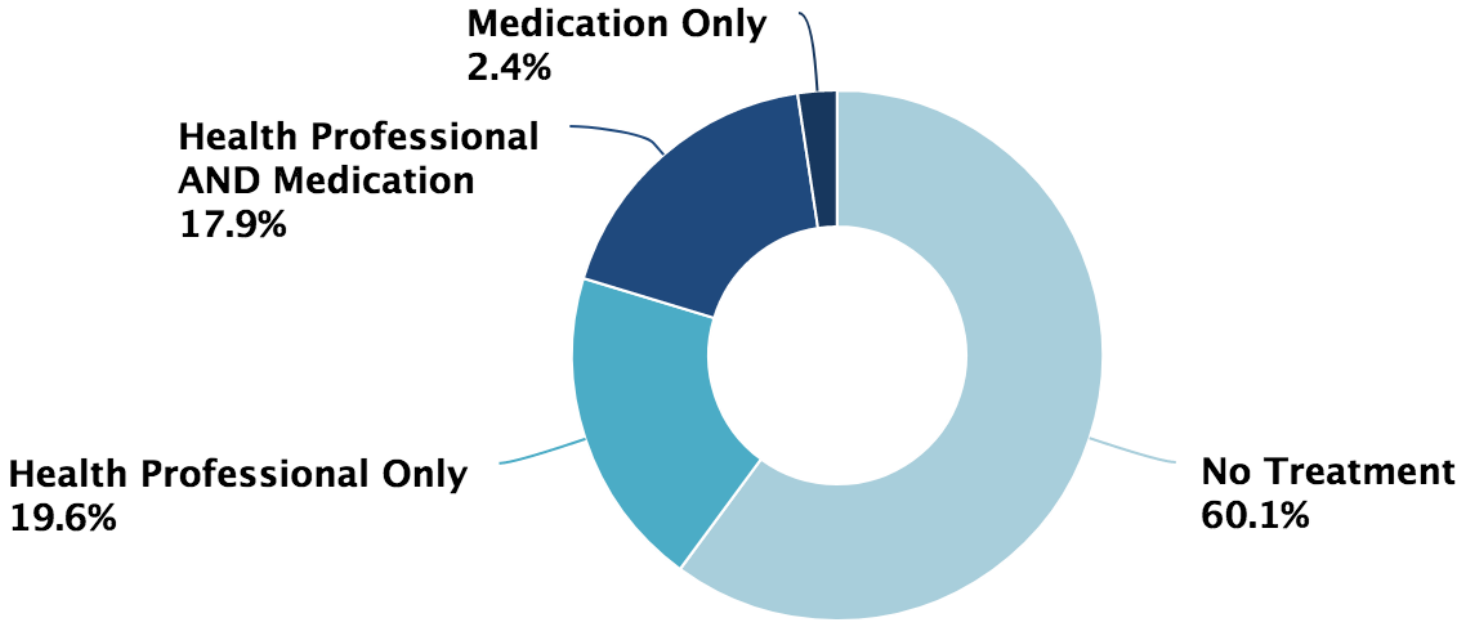
Past Year Prevalence of Major Depressive Episode Among U.S. Adolescents (2017)

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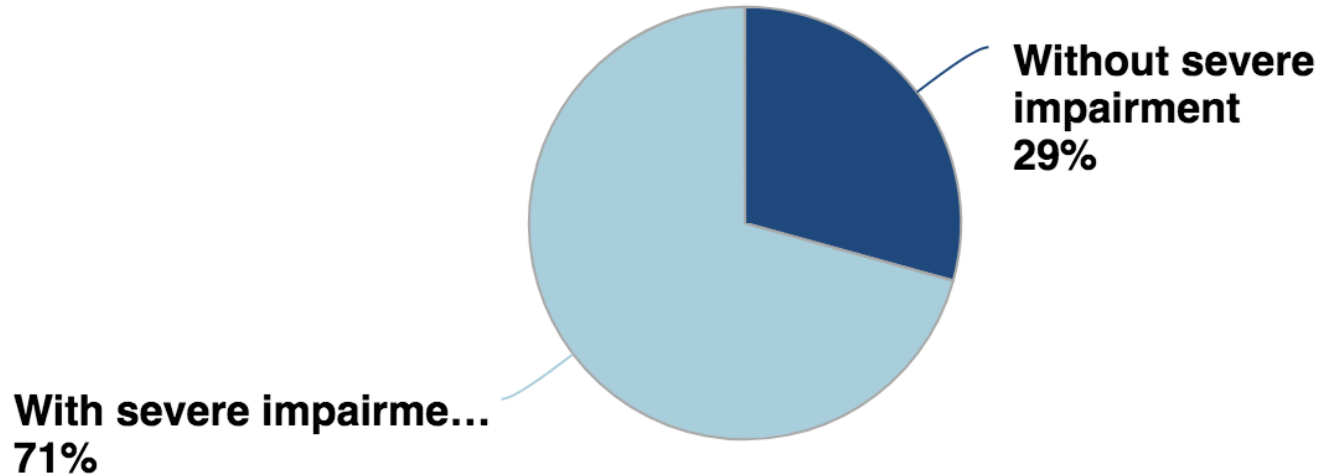
Past Year Treatment Received Among Adolescents with Major Depressive Episode (2017)

Data Courtesy of SAMHSA



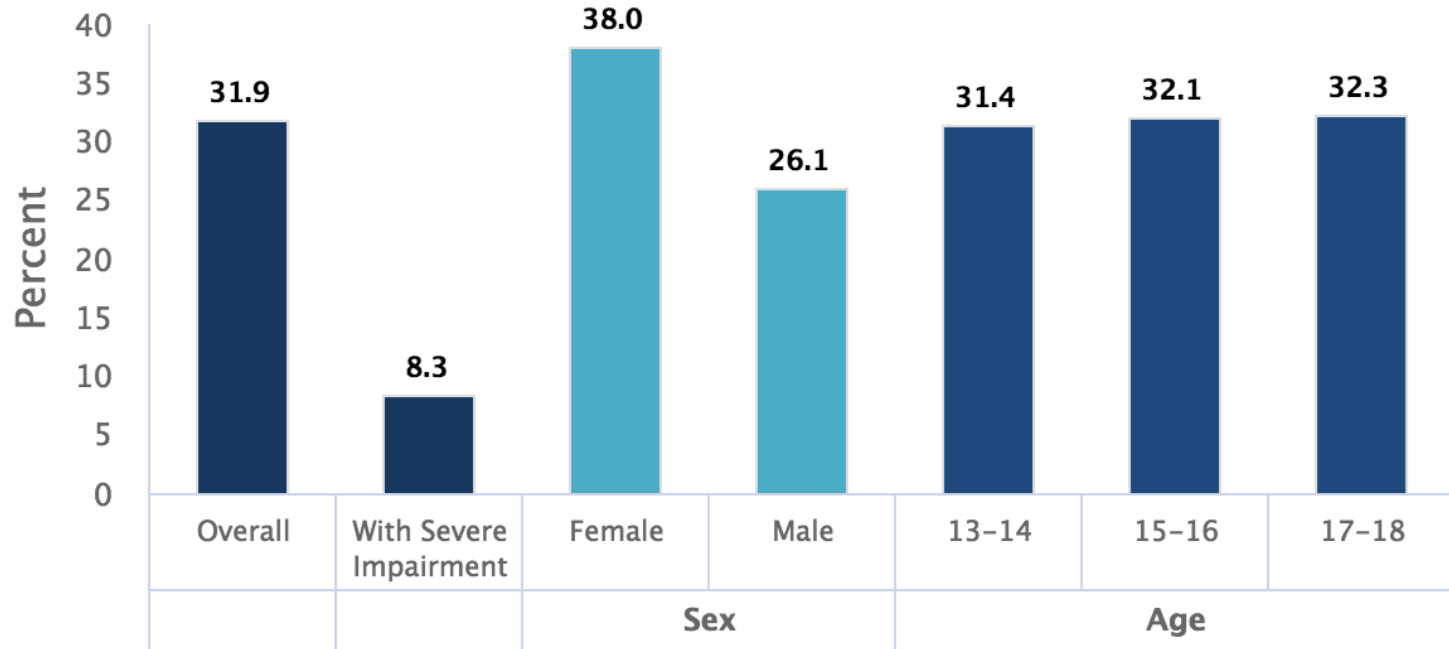
Past Year Severity of Major Depressive Episode Among U.S. Adolescents (2017)

Data Courtesy of SAMHSA



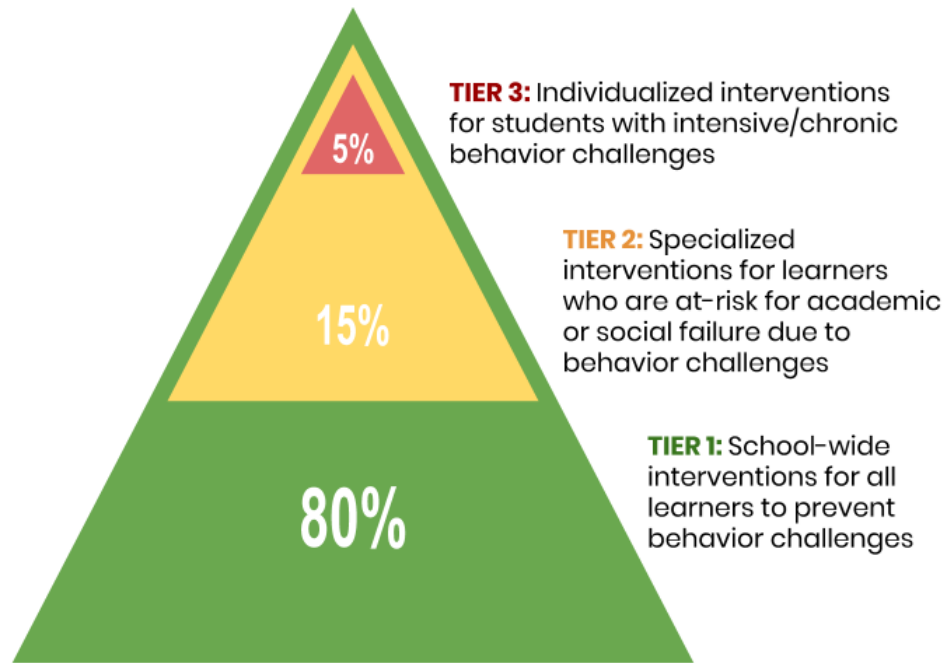
Lifetime Prevalence of Any Anxiety Disorder Among Adolescents (2001–2004)

Data from National Comorbidity Survey Adolescent Supplement (NCS-A)



MTSS

- MTSS Framework calls for implementation of evidenced-based practices into brief, school-based mental health interventions.
- Little research to support effective school-based practices for sustained improvements in mental health outcomes.



Evaluation of School-Based Interventions

- Meta-analyses of school-based group therapy interventions using cognitive-behavioral techniques have found statistically significant reduction in symptoms of depression and anxiety after 6 weeks (Bowman et al., 2017); (Rohde, Brière, & Stice, 2018).
 - However, therapeutic gains were not significantly maintained across samples (Bowman et al., 2017); (Rohde, Brière, & Stice, 2018).
- Studies have also shown to be similarly effective at reducing depression symptoms across various ethnic groups for cognitive-behavioral school-based therapy groups (Marchand, Rohde, & Stice, 2010).

Moving Forward

- MTSS calls for collaboration of parents, teachers, and administrators
 - Increase information on depression and anxiety to these supports
- Increase integration among Tiers to improve access to services and resources
 - It is essential to cultivate awareness and a clear plan for intervention at each Tier

Tier 1

- Follow SEL Model
 - self-awareness, self-management, social awareness, relationship skills, and responsible decision making (Collaborative for Academic, Social, and Emotional Learning, 2005).
- Improve school climate
 - Increase awareness of mental health among students
 - Create a culture of wellness with strategies for stress management
- Staff development on identifying signs of depression and anxiety
- Introduce programming on mindfulness and self-care

Tier 2: Universal Screeners

- **BASC-2 Behavioral and Emotional Screening Scale**
(www.pearsonclinical.com);
- **Search Institute** (www.search-institute.org);
- **Social-Emotional Assets and Resilience Scales**
(<http://strongkids.uoregon.edu/SEARS.html>);
- **SOS Signs of Suicide Prevention Program**
(www.mentalhealthscreening.org);
- **Systematic Screening for Behavior Disorders**
(<http://store.cambiumlearning.com>).

Tiers 2 & 3

- Increase Progress Monitoring
 - Attendance, academics, behavior referrals,

Further Resources

- MTSS implementation across levels of administration:
 - <https://doi.org/10.1177/0031721714561444>
- MTSS Interventions for Mental Health needs of Homeless Students:
 - <https://doi.org/10.1016/j.childyouth.2014.06.014>

Questions/Suggestions?



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- <https://www.nimh.nih.gov/health/statistics/any-anxiety-disorder.shtml>
- <https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHDetailedTabs2017/NSDUHDetailedTabs2017.htm#tab12-1A>
- <https://www.cdc.gov/childrensmentalhealth/data.html>