



Trends in Youth Mental Health, Depression and Suicidal Ideation

January 2017

Contrasts between Youth Mental Health vs. Substance Use Trends

Over the past decade, youth substance use rates in Utah have steadily declined. In particular, youth alcohol and cigarette use rates achieved dramatic declines between 2005 and 2015, with rates of both at their lowest levels in 2015. While there have been increases in a few specific substances for varying periods of time

since 2000 (e.g., marijuana use from 2007 to 2013, and electronic cigarette use from 2011 to 2015), these tend to be exceptions rather than the rule. In contrast, a troubling trend has emerged regarding measures of youth mental health, depression and suicidal ideation since 2011.

Utah Mental Health and Suicidal Ideation Data and Trends

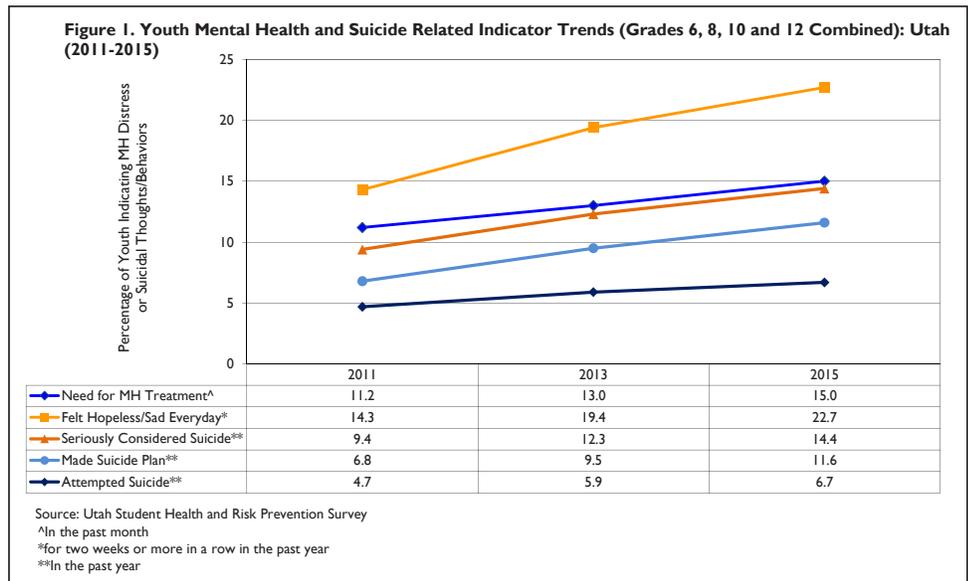
There are two data sources for youth mental health (MH) and suicidal ideation (SI) measures. The first is the Utah Student Health and Risk Prevention (SHARP) Survey¹, which is based on a sample of approximately 50,000 students in grades 6, 8, 10 and 12. The second is the Youth Risk Behavioral Surveillance (YRBS) Survey, which includes measures of MH and SI on the high school survey (grades 9-12), and is based on a sample of about 2000 Utah high school students. Both surveys are collected every other year on odd years. Table 1 presents the mental health and suicide related items/scales contained on both the YRBS and SHARP surveys.

An examination of the SHARP Survey data reveals a clear and steady upward trend in mental health distress and suicidal thoughts/behaviors from 2011 to 2015 across all six of the measures included on the survey (see Figure 1 for trends on select measures). These increasing trends were evident across all the measures for every grade surveyed except 6th graders. Tenth graders had the highest rates of mental distress and suicidal thoughts/behaviors, and also showed the most dramatic increases from 2011 to 2015.

Figure 2 (see following page) presents the percentage of youth estimated to be in need of mental health treatment by grade from 2011 to 2015. A similar pattern is seen across the other MH and SI measures included on the SHARP Survey in 2011, trend data prior to 2011 is not available.

While the YRBS and SHARP surveys share several items in common (see Table 1), YRBS and SHARP data did not always show

Item/Scale	YRBS	SHARP
During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?	Yes	Since 2011
During the past 12 months, did you ever seriously consider attempting suicide?	Yes	Since 2011
During the past 12 months, did you make a plan about how you would attempt suicide?	Yes	Since 2011
During the past 12 months, how many times did you actually attempt suicide?	Yes	Since 2011
If you attempted suicide during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?	Yes	No
Mental Health Treatment Need (6 items; e.g., "In the past 30 days, how often have you felt: "...hopeless?" "...so depressed that nothing could cheer you up?")	No	Since 2011
Depressive symptoms scale (4 items; e.g., "Sometimes I think that life is not worth it." "All in all, I am inclined to think that I am a failure.")	No	Yes



¹ The SHARP survey is a survey that measures substance use and other problem behaviors as well as risk and protective factors. The survey is administered across the state every other year to Utah students in grades 6, 8, 10 and 12.

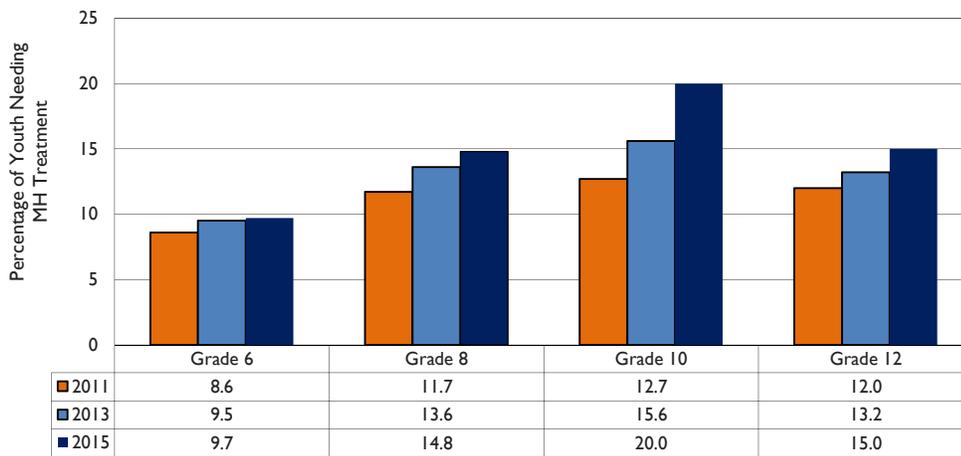
Utah Mental Health and Suicidal Ideation Data and Trends, Cont.

the same trend patterns². However, the YRBS Survey data are valuable in allowing a look at longer range historical trends, and for direct comparisons to a national sample. Overall, Utah rates on the YRBS measures have fluctuated to a greater extent than national rates since 2001, but Utah rates have been similar to national rates across most of the MH and SI measures. Trends at the national level show a very clear pattern, with rates showing a steady decline from 2000 to 2009, followed by a steady increase from 2009 to 2015. In Utah, the YRBS data mirrored the US data from 2000 to 2009, but Utah rates did not show the same increasing pattern after 2009 across all of the measures. Two indicators showed a similar increasing trend to national data: a) youth who seriously considered suicide (see Figure 3), and b) youth who made a suicide plan. Conversely, the percentage of Utah youth who felt hopeless and sad for two or more weeks actually reached its lowest level in

2013, and rates of attempted suicide were unchanged from 2009 to 2013 according to the Utah YRBS data. It is important to note that 2015 YRBS data for Utah are not available due to an inadequate sample for that year. This hampers our ability to examine whether a rate increase in Utah is occurring now for these measures, perhaps just lagging behind the national trends.

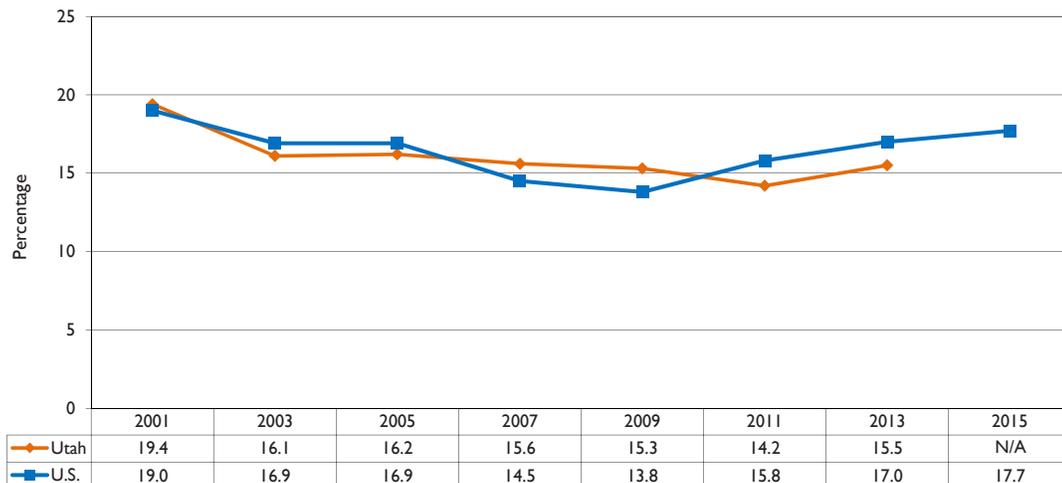
Taken together, data on youth mental health and suicidal thoughts and behaviors suggests, sadly, that an increasing percentage of youth in our state have been experiencing mental health distress since 2011. It will be important for prevention and health promotion professionals to obtain a better understanding of the factors that contribute to this disturbing trend so that efforts to reduce negative health outcomes can be addressed in an effective manner.

Figure 2. Percentage of Utah Youth Estimated to be in Need of Mental Health Treatment, by Grade (2011-2015)



Source: Utah Student Health and Risk Prevention Survey

Figure 3. Percentage of Youth that Seriously Considered Suicide in the Past Year (Grades 9-12 Combined): Utah vs. U.S. (2001-2015)



Source: Youth Behavioral Risk Factor Surveillance System (YRBS) Survey

² Differences between the two surveys are likely attributable to differences in the samples collected by the SHARP and YRBS.