



Data Brief

Mental health conditions among Ohio children and youth

Youth is a time characterized by changes and new experiences. Many children go through difficult times, test boundaries with their behavior and feel anxious in some situations. Mental health conditions can interfere with a child's ability to bounce back from these obstacles. Children, adolescents and young adults are at particularly high risk of mental health challenges due to brain development and physical, emotional and social changes that happen during that time of life.¹

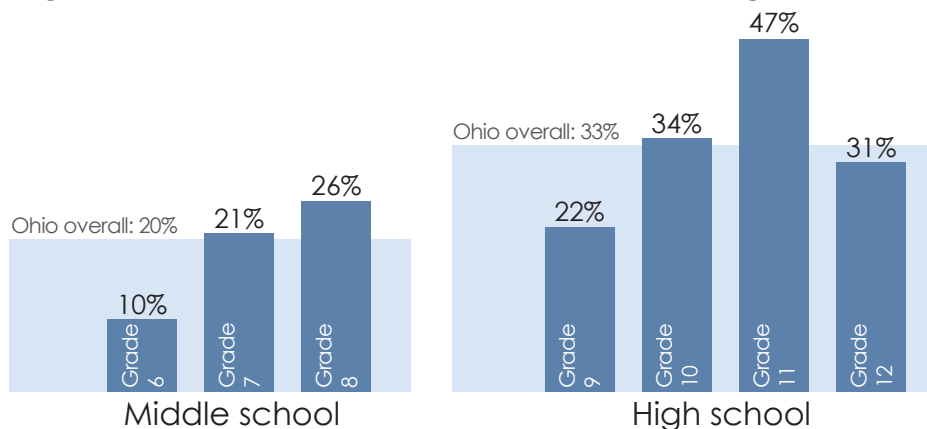
In recent years, rates of mental health conditions have increased among Ohio children and youth.² Understanding this data, and engaging children, youth and their parents and caregivers, can lay the foundation for action and policy change.

Childhood mental health conditions are associated with an increased risk of chronic physical health conditions (e.g., diabetes, heart disease³), continuing mental health problems and worse employment outcomes in adulthood.⁴ Additionally, parents of children with mental health conditions often miss work to support their child.⁵

3 Key findings for policymakers

- **Many Ohio children and youth are experiencing mental health challenges**, especially those belonging to certain groups, such as Ohioans with low incomes and those who identify as LGBTQ+.
- **Ohio has higher rates of many mental health conditions compared to the U.S. overall**, and these rates are worsening over time.
- **About half of all mental health conditions begin by the mid-teen years** and three-quarters begin by the mid-twenties and often continue into adulthood.⁶

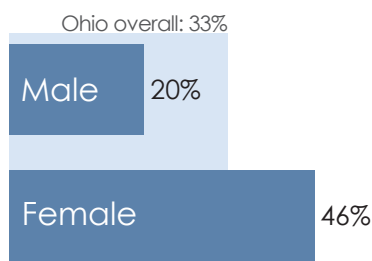
Figure 1. **Poor mental health, Ohio students, by grade, 2023**



In 2023, a fifth (20%) of middle school students and a third (33%) of high school students in Ohio reported that their mental health was not good most or all of the time. Prevalence of poor mental health increased as grade level increased, peaking in 11th grade.

Source: Youth Risk Behavior Survey

Figure 2. **Poor mental health, Ohio students, grades 9-12, by sex, 2023**



Poor mental health was more than two times higher for female high school students than male high school students in 2023.

Source: Youth Risk Behavior Survey

Challenges diagnosing mental health conditions in children

Diagnosing mental health conditions in children can be challenging and often takes more time than for adults.⁷ Mental health conditions often look different in children compared to adults⁸ and even between children. Children exhibit symptoms differently, which often depends on developmental stage but can also differ based on factors such as a child's sex, culture or whether the child has been exposed to trauma.⁹ For example, boys tend to exhibit more externalizing mental health symptoms such as hyperactivity, leading to more diagnoses of conditions such as attention-deficit/hyperactivity disorder (ADHD) and conduct disorders. Girls are more likely to internalize emotions, which leads to more mood disorder diagnoses such as anxiety and depression.¹⁰

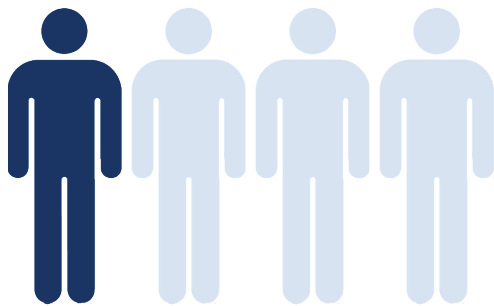
Similar symptoms exhibited by different mental health conditions and provider biases or lack of adequate mental health training can also play a role in the misdiagnosis of mental health conditions.¹¹

Prevalence of mental health conditions among Ohio children and youth

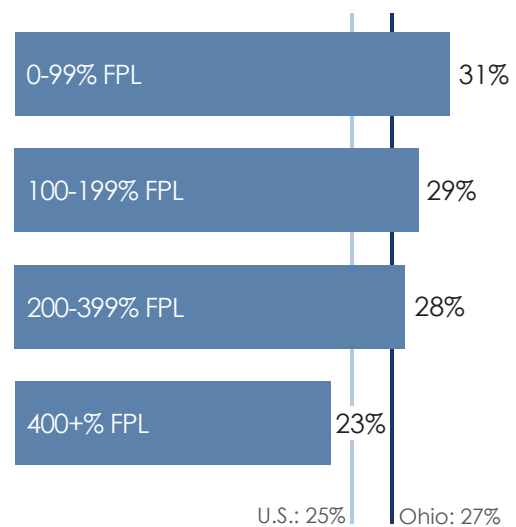
This brief includes prevalence estimates (i.e., estimated portion of the population experiencing a specific condition at a given time) of some of the most common mental health conditions affecting children and youth, including data for different groups of Ohio children when available. The data shows considerable disparities, especially by family income, sex, LGBTQ+ identity and disability status.

In addition to the impacts of diagnosis challenges described previously in this brief, prevalence estimates may be lower among some groups because they experience more barriers to accessing care, causing a lower rate of diagnoses. Therefore, data in this brief may underestimate the true rates of these conditions.

Figure 3. **Mental, emotional, developmental or behavioral challenges, Ohio children, ages 3-17, by income, 2021-2022**



Approximately one in four children, ages 3-17, across the country reported one or more mental, emotional, developmental or behavioral (MEDB) problems¹² in 2021 and 2022. In the same years, close to one in three Ohio children from households earning less than the federal poverty level (FPL) reported an MEDB problem.



Source: National Survey of Children's Health

Prevalence of mental health conditions among children and youth with Medicaid

During the 2022-2023 school year, **31% of Medicaid-enrolled students in Ohio had an active behavioral health diagnosis, and 14% had an active diagnosis of a serious emotional disturbance** (e.g., bipolar disorder, conduct disorder, major depression, post-traumatic stress disorder, schizophrenia or self harm). Comparable data is not available for children with private insurance or full private pay. Research shows that children in families with low incomes face more stressors than children in higher-income families, which can contribute to poor mental and physical health.¹³

Figure 4. Behavioral health conditions among Ohio Medicaid-enrolled students, grades K-12, by county, 2022-2023 school year

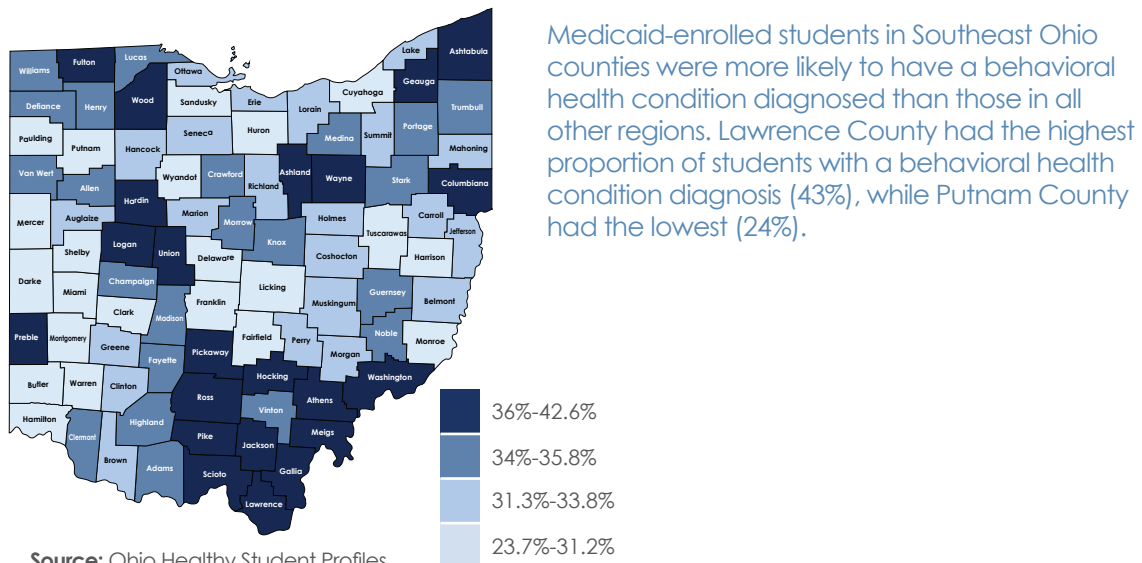
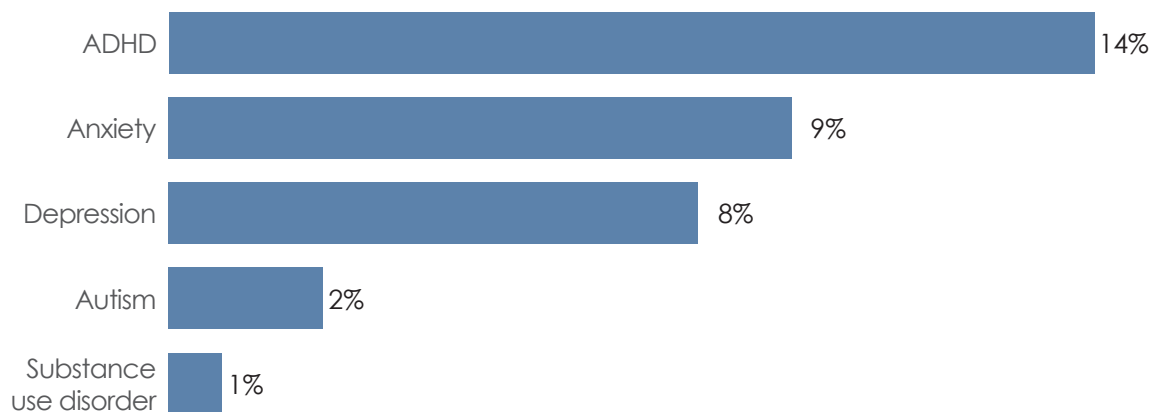


Figure 5. Specific behavioral health conditions among Ohio Medicaid-enrolled students, grades K-12, 2022-2023 school year

The most commonly diagnosed behavioral health condition among Medicaid enrolled students was ADHD, followed by anxiety and depression.



Source: Ohio Healthy Student Profiles

▶ Depression

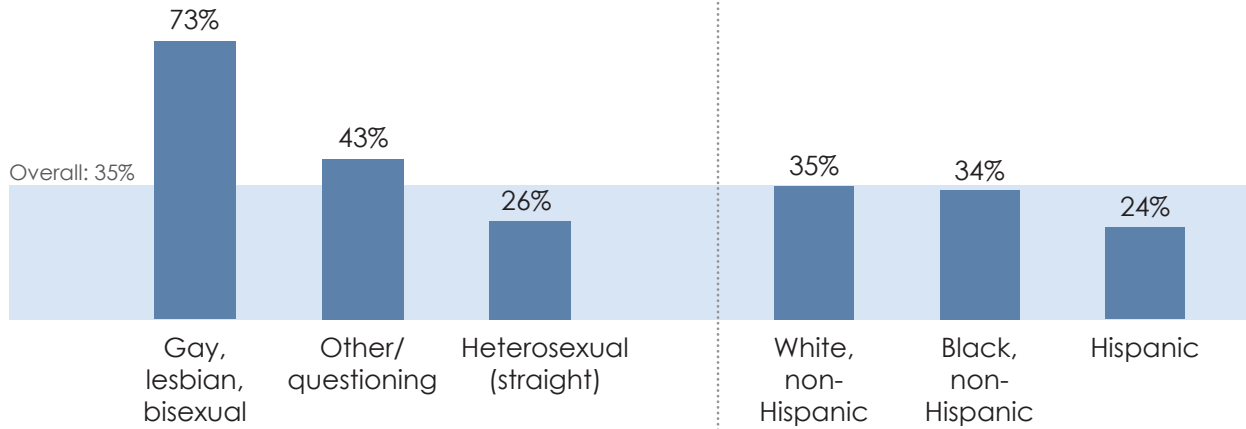
35%

In 2023, 35% of Ohio high school students reported consistently feeling sad or hopeless, up from 26% in 2013.¹⁴

Figure 6. **Sad or hopeless, Ohio students, grades 9-12, by sexual identity and race, 2023**

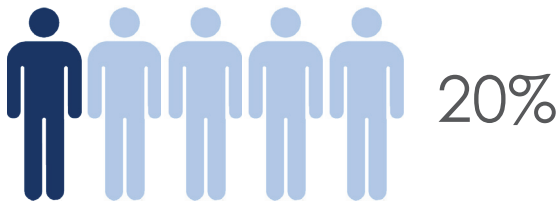
High school students who are gay, lesbian or bisexual reported feeling sad or hopeless at a rate almost 3 times higher than students who are heterosexual. These students were also more than twice as likely to report poor mental health than their straight peers.¹⁵

White and Black students reported similar rates of feeling sad or hopeless, with lower rates among Hispanic students.



Source: Youth Risk Behavior Survey

Figure 7. **Depression, Ohio children with special health care needs, ages 3-17, 2021-2022***



1 in 5 children with special health care needs currently have depression, compared to **1 in 100** children with no special health care needs who currently report having a diagnosis of depression*

* Small sample size, interpret with caution

Note: The Children with Special Health Care Needs Screener asks whether a child currently experiences a health consequence and, if so, whether that specific health consequence is due to a medical, behavioral, or other type of health condition that has lasted, or is expected to last, 12 months or longer.

Source: National Survey of Children's Health

▶ Eating disorders

9%

The estimated lifetime prevalence of eating disorders in Ohio is 9%, compared to 6.4% nationally.¹⁶

Many eating disorders start early in life. Research indicates that anorexia nervosa, bulimia nervosa and binge-eating disorder have a median age of onset during the transitional period from adolescence into young adulthood¹⁷, demonstrating the importance of prevention, routine screening and early intervention.

▶ Anxiety

12%

In 2021-2022, almost 12% of Ohio children ages 3 to 17 had anxiety, compared to roughly 10% of children nationwide.

Figure 8. **Anxiety, Ohio children, ages 3-17, by age, 2021-2022**

Teenagers in Ohio were more likely than younger children to have anxiety, with almost one in five teenagers reporting having the condition. While children of all ages can experience stress and symptoms of anxiety, adolescence is a time of significant change including puberty and planning for the future.¹⁸

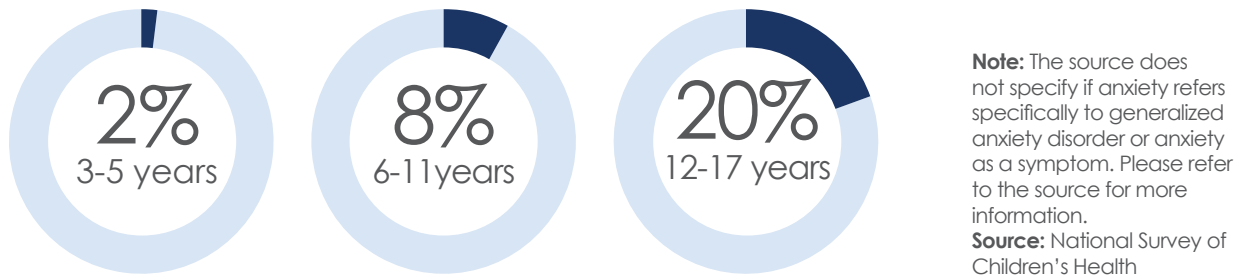
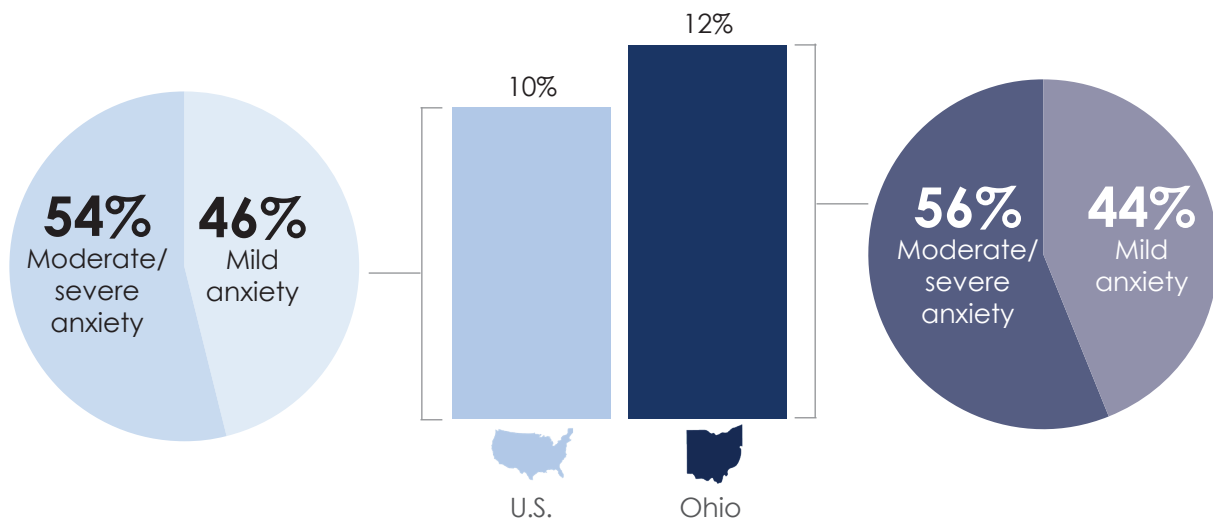


Figure 9. **Anxiety, Ohio and U.S., 2021-2022**

Children in Ohio with anxiety were slightly more likely to have moderate or severe anxiety than children around the country.



Note: The source does not specify if anxiety refers specifically to generalized anxiety disorder or anxiety as a symptom. Please refer to the source for more information.

Source: National Survey of Children's Health

▶ Substance use disorders

9%

In 2021, 9.4% of Ohio children, ages 12-17, were diagnosed with a substance use disorder in the past year, compared to 9% nationally.¹⁹

Substance use disorders (SUD) in children and youth can negatively impact physical and cognitive development. Many teens with SUD have also been diagnosed with depression or anxiety and may use drugs or alcohol as a coping mechanism.²⁰ Children with ADHD are at an increased risk for developing SUD.²¹ Alcohol and drug use during adolescence can also lead to poor academic performance, mental health problems, increased risk-taking behaviors, and heavy drinking or drug use later in life.²²

▶ Attention-deficit/hyperactivity disorder and attention deficit disorder

12%

An estimated 12% of Ohio youth had attention-deficit/hyperactivity disorder (ADHD) or attention deficit disorder (ADD) in 2021 and 2022.

Research indicates that symptoms of ADHD can look very similar to symptoms of trauma exposure in children.²³ Children from families with low incomes are disproportionately exposed to trauma.²⁴ Stressors and adversities experienced by many families with low incomes can undermine their ability to provide a secure, healthy and nurturing family environment.

Race and ADHD/ADD

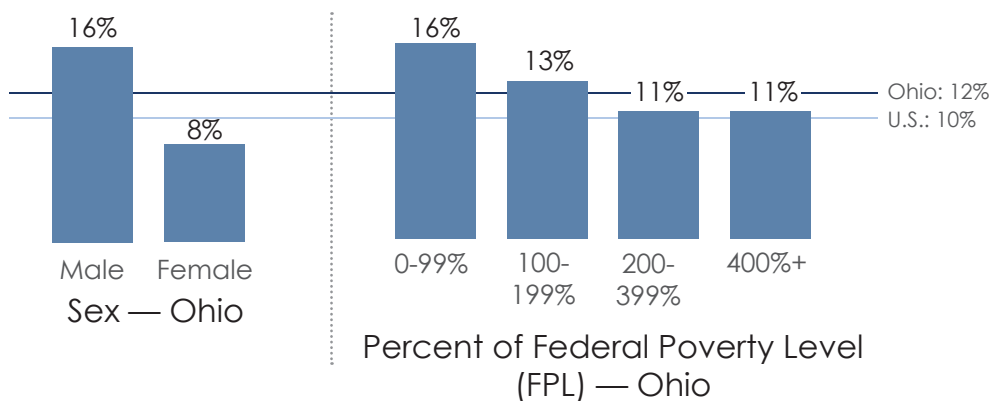
The Ohio data shows that in 2021 and 2022, rates of ADHD/ADD were similar between Black, white and Hispanic children and children whose race was identified as other.²⁵

The research on rates of ADHD/ADD diagnosis among children of color, particularly Black and Hispanic/Latino children, compared to white children is mixed. Some research, including a 2020 meta-analysis, found that Black children are more likely to be diagnosed with ADHD than the general population. However, more recent studies have indicated the opposite — that Black and Hispanic youth are less likely to receive a diagnosis despite showing symptoms of ADHD/ADD at the same rate as white youth. Black youth in particular are more likely to be misdiagnosed with conduct disorder or another mental health disorder.²⁶

Research shows that children of color, especially Black boys, are more likely to experience harsher punishment in school and less likely to be referred to treatment when expressing symptoms of undiagnosed ADHD/ADD.²⁷

Figure 10. **ADD & ADHD, Ohio children, ages 3-17, by sex and by income, 2021-2022**

There are disparities in diagnoses of ADHD/ADD among children by income, with children from homes with incomes below the federal poverty level having the highest rate. Male youth in Ohio were also almost two times as likely to be diagnosed with ADHD or ADD in 2021 and 2022 than female youth (16.1% and 8.1% respectively).



Note: Missing values for the income subgroups were imputed separately in each individual year. For more information on methodology, please refer to the source.

Source: National Survey of Children's Health

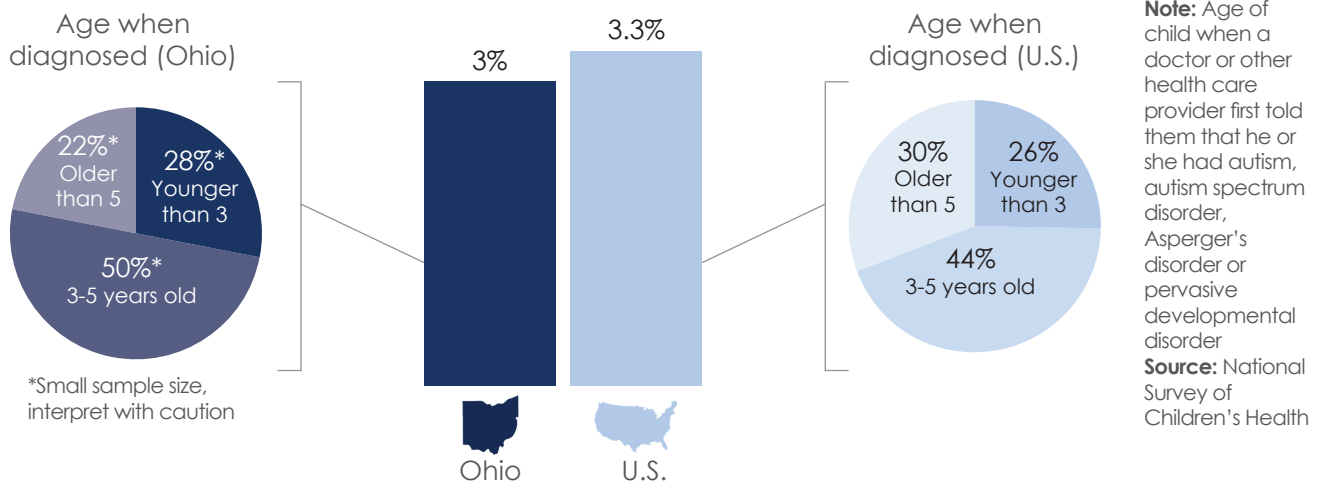
▶ Autism



In 2021-2022, 3% of Ohio children were diagnosed with autism spectrum disorder, compared to 3.3% nationally.

Children in Ohio are slightly more likely to be diagnosed with autism spectrum disorder before age 5. Research supports that an early diagnosis of autism leads to better outcomes.²⁸ However, Black, Hispanic and children from low income households are less likely to receive an early diagnosis due to several factors including health care access barriers and provider bias.²⁹ While autism spectrum disorder is a developmental condition and not a mental illness, children with autism are at higher risk for having a mental health condition.³⁰ Emerging research has found that nearly 78% of children with autism have at least one co-occurring mental health disorder, including anxiety, depression or eating disorders.³¹ People with autism may be more likely to have a co-occurring mental health condition because of societal expectations (e.g., feeling like they do not fit in, awareness of differences, masking differences), expression of disordered eating symptoms (e.g., bingeing comfort foods) or other reasons.³²

Figure 11. **Autism, Ohio and the U.S., children, ages 3-17, by age of diagnosis, 2021-2022**

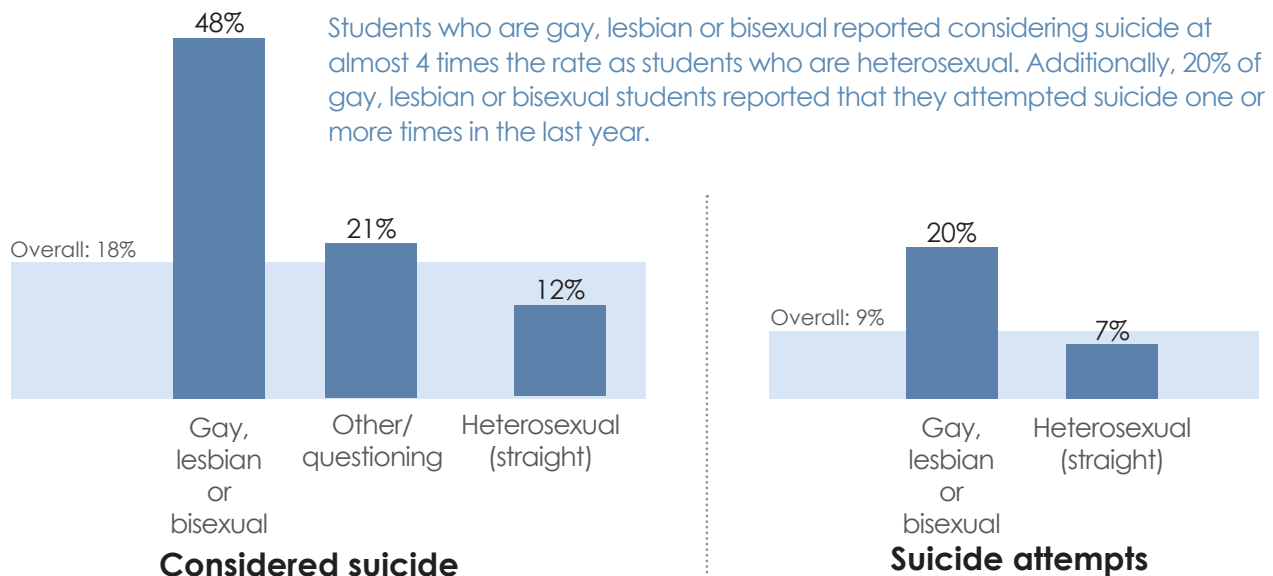


▶ Suicide



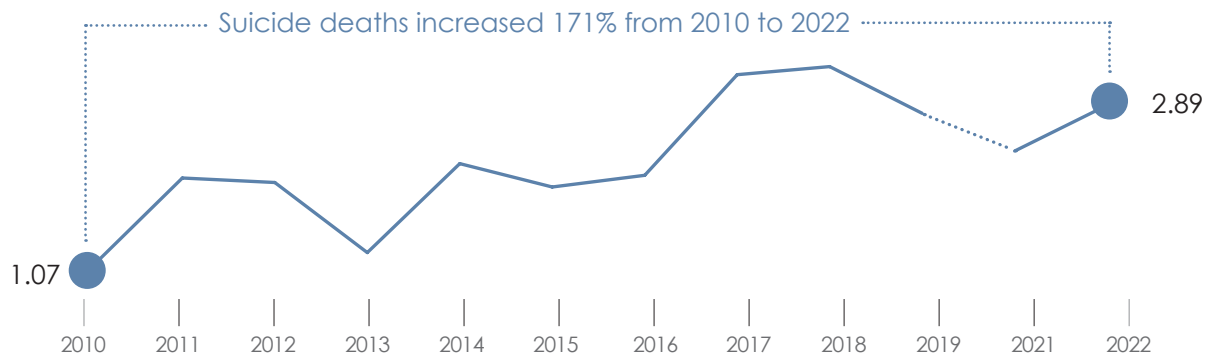
In 2023, 18% of students in grades 9-12 considered suicide, up from 16% in 2019. Further, 9% attempted suicide in 2023, increased from 7% in 2019.

Figure 12. **Considered suicide and suicide attempts, Ohio students, grades 9-12, by sexual identity, 2023**



Source: Youth Risk Behavior Survey

Figure 13. Suicide mortality rates, Ohio children, ages 0-17, 2010-2022
Number of children, ages 0-17, who have died by suicide, per 100,000 population



Source: Ohio Department of Health, Mortality data files and the U.S. Census Bureau American Community Survey 1- and 5-year estimates

Suicide deaths are preventable

Child and youth suicide impacts families and communities across all backgrounds. Talking about suicide and contributing factors, such as mental health, directly, respectfully, non-judgmentally and compassionately goes a long way toward offering hope and healing. Everyone can do their part to prevent suicide by taking the time to learn **warning signs and risk factors** of suicide. If you recognize any of these signs in yourself or someone else, please call or text the **Suicide and Crisis Lifeline at 988**.

▶ HPIO's child and youth mental health policy brief series

HPIO will produce a policy brief series on child and youth mental health from 2024-2026. Forthcoming briefs include:

- **Brief 2:** Drivers of child and youth mental health challenges
- **Brief 3:** Access to child and youth mental health care services
- **Brief 4:** The influences of cost and health insurance on child and youth mental health care access

Authors

Becky Carroll, MPA
Lexi Chirakos, PhD

Jacob Santiago, MSW
June Postalakis, BS

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