

# OPTIMAL MENTAL HEALTH & SOCIAL-EMOTIONAL DEVELOPMENT

IMPROVING THE HEALTH AND WELL-BEING OF NORTH DAKOTA'S MCH POPULATION

## OPTIMAL MENTAL HEALTH & SOCIAL-EMOTIONAL DEVELOPMENT

Throughout life, mental health influences how individuals make decisions, manage stress and interact with others. Similar to physical health, mental health is important for optimal development at every stage of life.<sup>1</sup> Early identification and linkage to services can often reduce the severity of mental health conditions. Most mental health conditions respond well to effective treatment. This can be done by connecting individuals with community resources and by providing information on how to maintain positive mental health across the lifespan to help support people living with mental illness.

For 2011 through 2015, the North Dakota Department of Health's Maternal and Child Health (MCH) programs have placed priority on promoting optimal mental health and social-emotional development of the MCH population. During the 2011 Title V MCH Needs Assessment, the priority needs statement and performance measure for North Dakota were identified as follows:

**Priority Needs Statement:** Promote optimal mental health and social-emotional development of the MCH population.<sup>2</sup>

**State Performance Measure:** Decrease the percentage of students who reported feeling so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities during the past 12 months.<sup>2</sup>

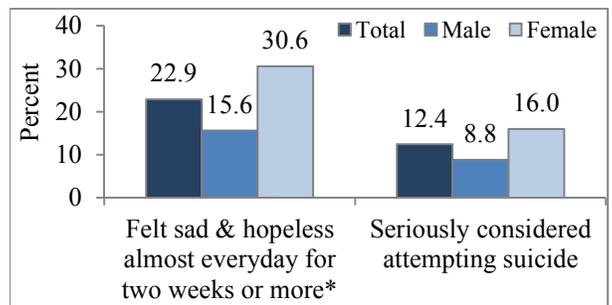
North Dakota's Title V MCH performance measures are consistent with applicable national Healthy People 2020 objectives.

### HOW DOES NORTH DAKOTA MEASURE UP?

Among North Dakota children ages 2 through 17 in 2007, 3.4 percent currently had depression or had depression at some point. Of children who needed mental health services, 27.6 percent did not receive the needed services. Younger children were more likely to not receive needed services.<sup>3</sup> Data suggest that children with special health-care needs (CSHCN) are more likely to currently have depression or have had depression at some point compared to children without special health-care needs.<sup>3</sup> Needs also go unmet for some of these children; in 2005-2006, 13.1 percent of North Dakota CSHCN needing family mental health care or counseling did not receive the service.<sup>4</sup>

In 2009, 22.9 percent of North Dakota students in grades 9 through 12 felt so sad or hopeless almost everyday for two weeks or more in a row in the past year that they stopped doing some of their usual activities (see Figure 1). North Dakota's goal is to reduce the proportion of youth with feelings of hopelessness (to 18%).<sup>5</sup>

**Figure 1. In the past year, percent of North Dakota students in grades 9 through 12, by gender, who...**



Source: 2009 Youth Risk Behavioral Survey<sup>5</sup>

\*...in a row such that they stopped doing some usual activities.



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- Nutrition and Physical Activity
- Injury Prevention and Control

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**References:**

- <sup>1</sup> Medline Plus;  
[www.nlm.nih.gov/medlineplus/](http://www.nlm.nih.gov/medlineplus/)
- <sup>2</sup> North Dakota Five-Year Needs Assessment (2011-2015) for the Maternal and Child Health Services Title V Block Grant Program; [www.ndhealth.gov/familyhealth/publications/NDNeedsAssessment2011-2015.pdf](http://www.ndhealth.gov/familyhealth/publications/NDNeedsAssessment2011-2015.pdf)
- <sup>3</sup> 2007 National Survey of Children’s Health;  
[www.childhealthdata.org](http://www.childhealthdata.org)
- <sup>4</sup> 2005-2006 National Survey of Children with Special Health Care Needs,  
[www.childhealthdata.org](http://www.childhealthdata.org)
- <sup>5</sup> 2009 Youth Risk Behavior Survey; [www.dpi.state.nd.us/health/YRBS](http://www.dpi.state.nd.us/health/YRBS)
- <sup>6</sup> North Dakota Department of Health, Division of Vital Records; special request
- <sup>7</sup> Centers for Disease Control and Prevention; [www.cdc.gov](http://www.cdc.gov)
- <sup>8</sup> National Research Council and Institute of Medicine;  
[www.nap.edu/catalog.php?record\\_id=12565](http://www.nap.edu/catalog.php?record_id=12565)

Suicide is the second leading cause of death for North Dakota youth and young adults ages 1 through 24. For every 100,000 North Dakota youth ages 1 through 24, 9.9 committed suicide from 2006 through 2010.<sup>6</sup>

Depression occurs across the lifespan in men and women. However, during or around the time of pregnancy, depression affects a sizeable proportion of women. According to a 2004-2005 Centers for Disease Control and Prevention survey, 10 to 15 percent of women nationally reported having frequent postpartum depressive symptoms.<sup>7</sup>

If left untreated, mental health issues (e.g., depression, anxiety, personality disorders, addiction to alcohol) have the ability to negatively impact any or all members of a family. “Major depression in either parent can interfere with parenting quality and increase the risk of children developing mental, behavioral and social problems.”<sup>8</sup> Among youth ages birth through 17 in 2007, 6.3 percent had mothers and 3.8 percent had fathers in the household with fair/poor mental and emotional health.<sup>3</sup>

Learning healthy coping skills early in life is an important part of healthy development; such skills can be used to increase optimal mental health and social and emotional development throughout the lifespan. Ways to build resiliency and coping include:

- Identifying negative thoughts and turning them into positive thoughts.
- Choosing a variety of healthy foods every day.
- Having clearly defined values and doing activities that relate to them.
- Focusing on your accomplishments.
- Being physically active every day.
- Setting realistic goals.
- Actively living your life and participating in healthy activities you enjoy.



**MOVING NORTH DAKOTA FORWARD**

Efforts to improve mental health and social-emotional development among the MCH population in North Dakota is promoted by:

- Advocating for mental health screenings to be incorporated into program assessments and enhancing referrals for follow-up care.<sup>2</sup>
- Incorporating consistent mental health messaging into program brochures, fact sheets, newsletters, etc.<sup>2</sup>
- Working with partners to advocate and/or implement strategies related to mental health and social-emotional development.<sup>2</sup>
- Partnering with local domestic violence/rape crisis agencies, schools, and other entities that are implementing anti-bullying and/or healthy relationship programs.<sup>2</sup>
- Exploring potential coverage of mental health conditions under the Children’s Special Health Service’s Diagnostic and Treatment program.<sup>2</sup>