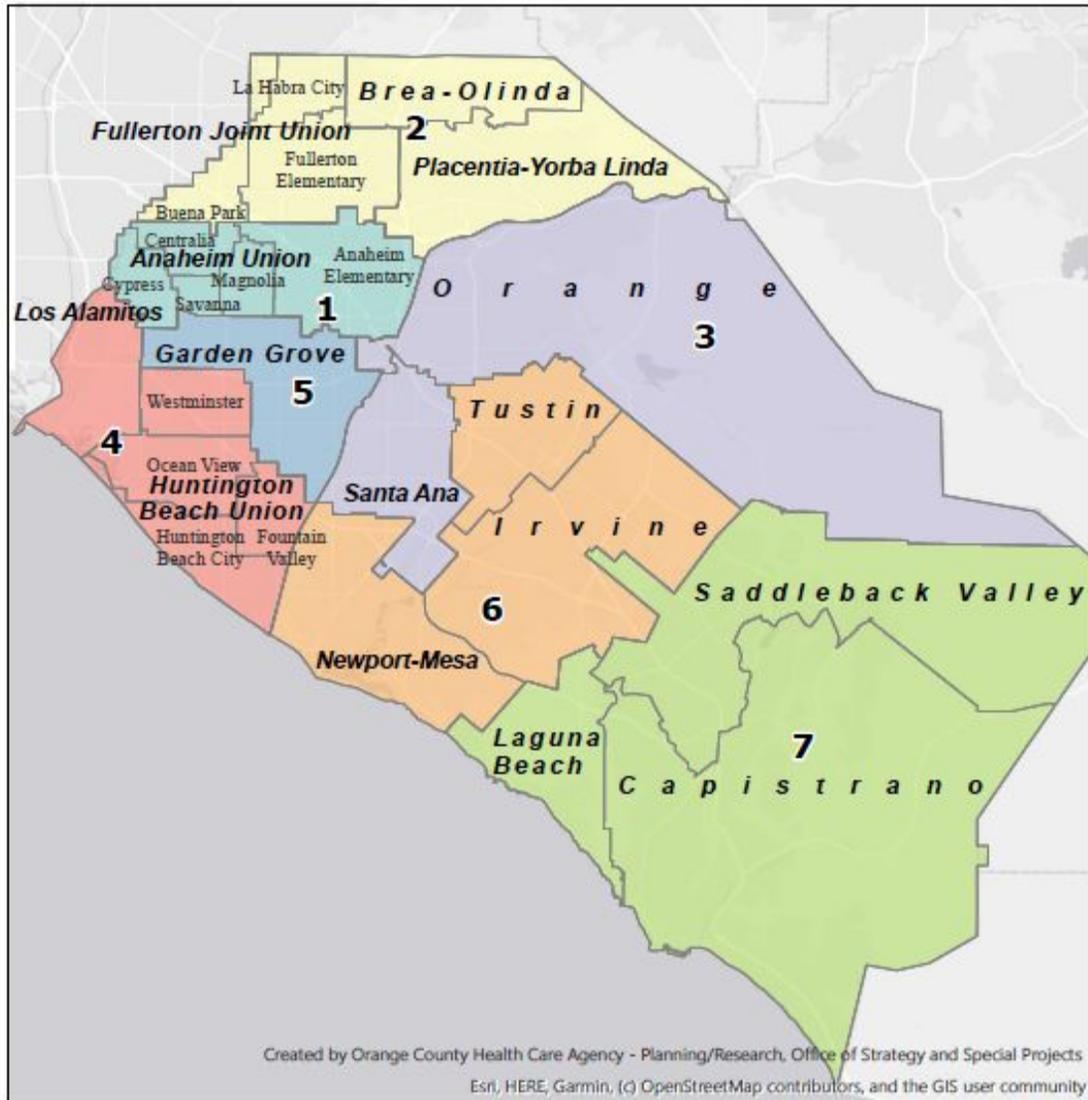


# Mental Health Student Services Act (MHSSA)

## 2020-21 Countywide Mental Health Student/Youth Data Report



**Orange County Department of Education**  
Prepared by Evaluation, Assessment, and Data Center (EADC)



Data in this report are based on results from the California Healthy Kids Survey (CHKS), as well as data provided by the Orange County Health Care Agency (OCHCA) on hospitalizations, emergency department (ED) visits, deaths by suicide among youth, and calls by school districts to the County’s Crisis Assessment Team (CAT) for students/youth in Orange County.

## Student Self-Reported Mental Health, Risk, and Protective Factors

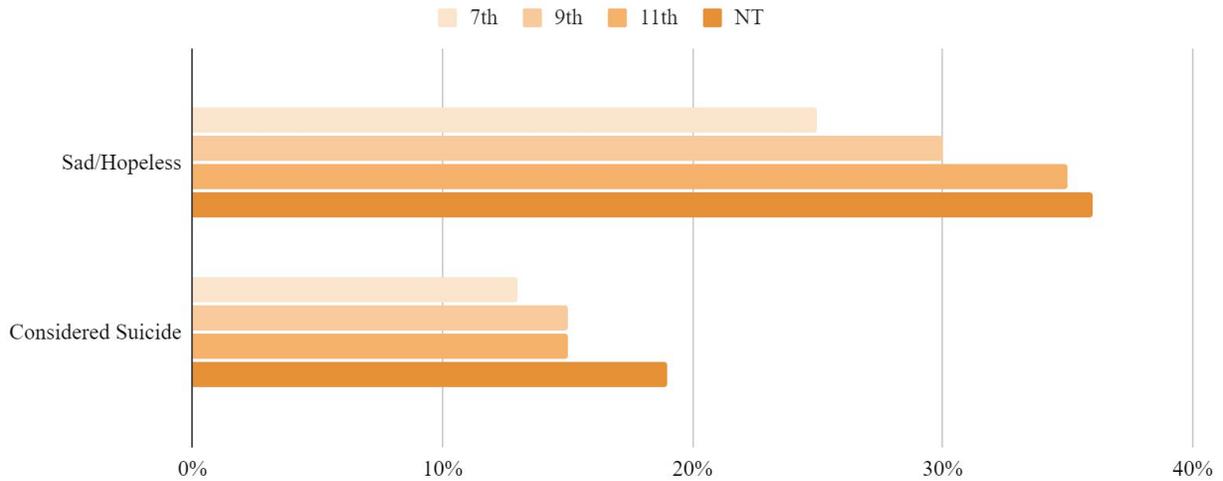
**One in four 7th graders and about one-third of students in high school or non-traditional schools in the county reported feeling so sad or hopeless** almost every day for 2 weeks or more that they stopped doing usual activities. One in every seven or eight students in middle and high school reported seriously considering suicide in the previous year, and nearly one in five students in non-traditional schools reported considering suicide. Emotional distress contributed to absences from school, in nearly one in ten high school students and more among students in non-traditional schools.

Feelings of connectedness to school decreased with increasing grade level, and only six in ten students reported feeling like they have adults at school who care for them.

Indicator	Grade Level			
	7th	9th	11th	NT
Chronic Sad or Hopeless Feeling (past year)	25%	30%	35%	36%
Seriously Considered Suicide (past year)	13%	15%	15%	19%
Current Alcohol or Drug Use (past month)	5%	11%	19%	44%
Experienced harassment or bullying	32%	28%	25%	18%
Experienced cyberbullying 2+ times (past year)	13%	12%	12%	12%
Absence from school due to feeling sad, hopeless, anxious, stressed, or angry (past month)	4%	6%	9%	16%
School Connectedness (agree/strongly agree)	67%	62%	58%	49%
Caring Adults (pretty much true/very much true)	63%	60%	63%	63%

Source: CHKS most recent year: 17/18 or 18/19; NT = Non-Traditional; Fifth grade data are not included, as data were only available for four elementary schools.

## Self-Reported Sadness/Hopelessness and Thoughts of Suicide



## Crisis Indicators

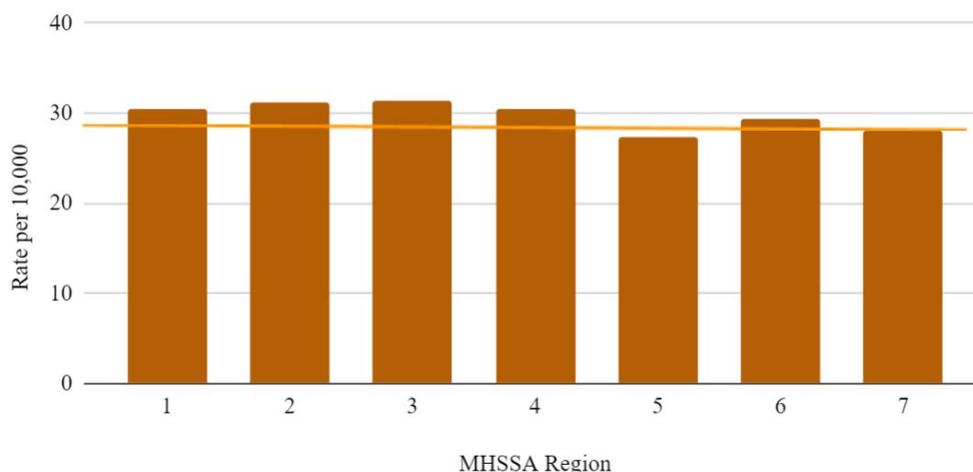
### Hospitalizations in 2018 Among Youth Due to Mental Health or Substance Use:

Below are 2018 data showing hospitalizations due to mental health or substance use, for youth 0-17 years old living in cities falling within this region. Regions 1, 2, 3, 4, and 6 show higher rates of youth hospitalization due to mental health or substance use issues compared with the countywide rate, with Regions 2 and 3 showing the highest rates per 10,000 youth aged 0-17.

MHSSA Region	Count	Population (0-17)	Rate per 10,000
Region 1	456	149,474	30.5
Region 2	321	103,018	31.2
Region 3	463	147,239	31.4
Region 4	230	75,498	30.5
Region 5	741	271,001	27.3
Region 6	330	112,456	29.3
Region 7	347	124,088	28.0
<b>County</b>	<b>2,098</b>	<b>734,860</b>	<b>28.5</b>

Source: OCHCA - Planning/Research, Office of Strategy and Special Projects; \*Portions of cities fall into more than one region, so these are not exact counts of hospitalizations by region.

Rates of Hospitalization for Mental Health or Substance Use Among 0-17 Year Olds



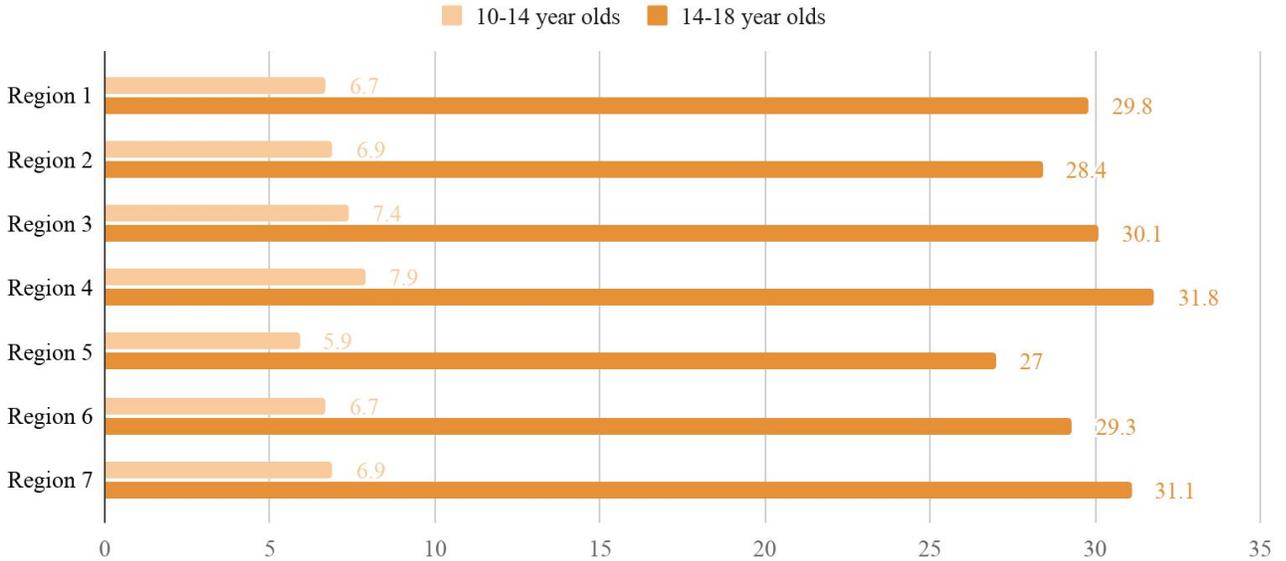
### Self-Harm and Death by Suicide: 2014-2018

The table below shows 5-year (2014-2018) Emergency Department (ED) visits due to intentional self-harm and total deaths by suicide, for youth ages 10-13, 14-18, and 10-18 in each region. The highest rates of ED visits for self-harm among youth aged 14-18 are in **Regions 4 and 7**. Among youth aged 10-13, the highest rates were in **Regions 3 and 4**. While the rate of ED visits due to self-harm is lowest in **Region 5**, this region had the most deaths by suicide, with 20 youth aged 14-18 dying by suicide between 2014 and 2018. **Region 7** had the greatest number of deaths by suicide among 10-13 year olds.

MHSSA Region	10-13 year olds			14-18 year olds			10-18 year olds		
	Total ED Visits for Self-Harm	Rate per 10,000	Total Deaths by Suicide	Total ED Visits for Self-Harm	Rate per 10,000	Total Deaths by Suicide	Total ED Visits for Self-Harm	Rate per 10,000	Total Deaths by Suicide
Region 1	110	6.7	0	642	29.8	9	752	19.7	9
Region 2	86	6.9	0	481	28.4	2	567	19.2	2
Region 3	128	7.4	1	665	30.1	10	793	20.2	11
Region 4	71	7.9	0	379	31.8	3	450	21.5	3
Region 5	178	5.9	0	1,016	27.0	20	1,194	17.6	20
Region 6	94	6.7	1	557	29.3	11	651	19.8	12
Region 7	107	6.9	3	626	31.1	13	733	20.6	16
<b>County</b>	<b>548</b>	<b>6.6</b>	<b>5</b>	<b>3,150</b>	<b>29.0</b>	<b>48</b>	<b>3,698</b>	<b>19.3</b>	<b>53</b>

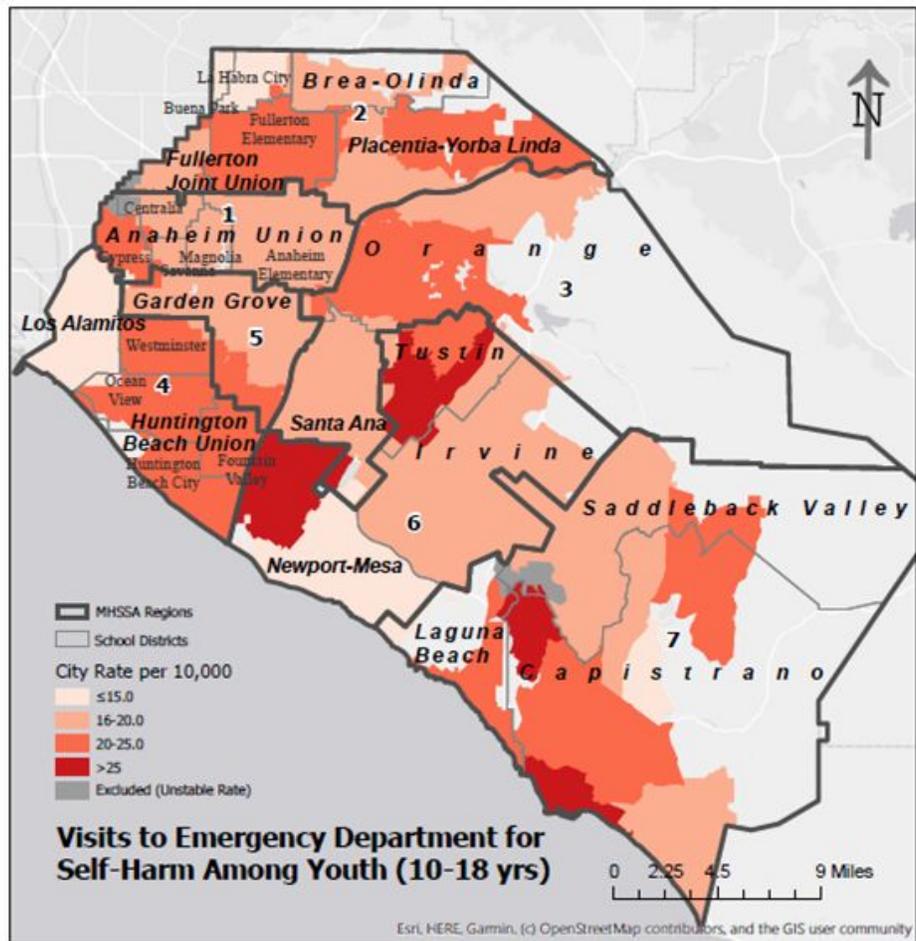
Source: OCHCA - Planning/Research, Office of Strategy and Special Projects; \*Portions of cities also fall into more than one region, so these are not exact counts of self-harm rates and deaths by suicide by region.

## Emergency Department Visits Due to Self-Harm



The map provides a graphic representation of these 2014-2018 self-harm rates by city for youth ages 10-18, in the county. This map gives a perspective on the variations in self-harm ED visits among youth, both across regions but also within each region.

**HOT SPOTS** include Costa Mesa, Tustin, Aliso Viejo, and Dana Point.



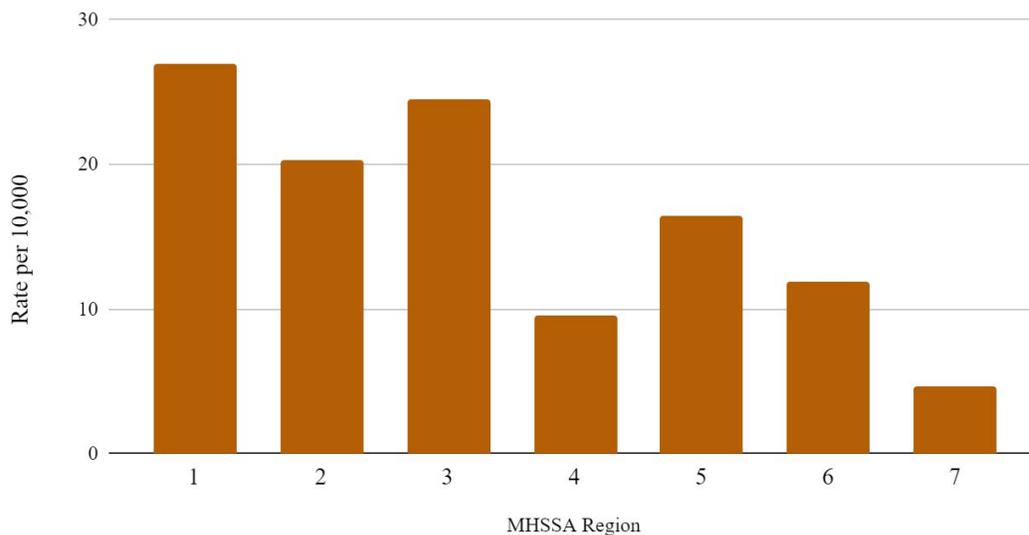
### Crisis Assessment Team (CAT) Calls by District (2019-20):

School districts in Regions 1, 2, and 3 had the highest rate of calls to the County’s Crisis Assessment Team, with Regions 1 and 3 having both the highest number and highest rate of calls. Districts in Region 7 had a very low number and rate of calls given the student population size in that region.

MHSSA Region	Count	2019-20 Student Enrollment	Rate per 10,000
Region 1	169	62,564	27.0
Region 2	68	33,571	20.3
Region 3	194	79,279	24.5
Region 4	51	52,997	9.6
Region 5	80	48,852	16.4
Region 6	88	74,187	11.9
Region 7	37	80,944	4.6
<b>County</b>	<b>738</b>	<b>473,612</b>	<b>15.6</b>

Source: Orange County Health Care Agency, Children and Youth Behavioral Health Services, 2020;  
 Note: 51 calls were from private/non-public schools or district information was not specified.

### Rates of District Calls to Crisis Assessment Team (2019-20)



## Summary

This report highlights several areas of concern regarding the mental health of youth in Orange County, even prior to the pandemic. **Rates of chronic sadness and hopelessness**, as well as **harassment and bullying**, were high across grade levels in Orange County. Moreover, one in every seven or eight students had seriously **considered suicide** in the prior year.

Many students report not **feeling connected** to school, and feel that they do not have **adults at school who care for them**. These feelings may be even more magnified, given remote learning environments. It is important for parents/guardians, educators, and other adults in students' lives to find opportunities to connect with and support them.

The data in this report reveal variations across, as well as within, MHSSA regions on a variety of crisis indicators. Each MHSSA region emerged as being disproportionately high on at least one crisis indicator.

- **Region 1** had a high rate of hospitalizations among youth due to mental health or substance use, and also had a high rate of calls to the County's CAT.
- **Region 2** and **Region 6** emerged as having a high rate of hospitalizations among youth for mental health or substance use reasons.
- **Region 3** and **Region 4** both showed a high rate of both hospitalizations due to mental health or substance use and also a high rate of ED visits for self-harm.
- **Region 3** had a high rate of calls to the County's CAT.
- **Region 5** had the greatest number of deaths by suicide among 14-18 year olds.
- **Region 7** had the greatest number of deaths by suicide among 10-13 year olds, and a high rate of ED visits due to self-harm.

It will be important to review updated data related to mental health and crisis indicators as they become available. In the meantime, improving district and school mental health infrastructure, as well as providing training to students, parents/guardians, and district/school staff on mental health topics is critical to ensuring that students' mental health needs are met. For more information on district and school mental health infrastructure and needs, please see the 2020-21 MHSSA Mental Health Infrastructure and Priority Needs Countywide Report.

Direct questions about this report to:  
Janel Alberts, PhD, Evaluation and Grants Coordinator, [jalberts@ocde.us](mailto:jalberts@ocde.us)

