Select Mental Health Diagnoses Prevalence among Vermont Youth Aged 0-21 in 2023

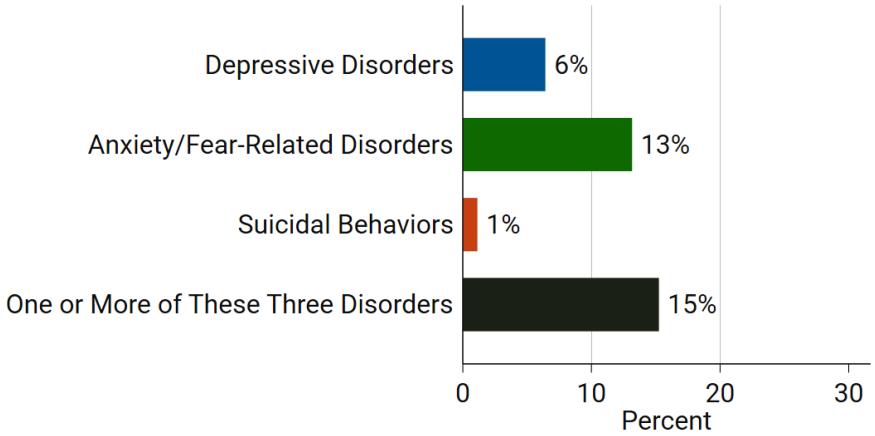
VCHIP
VERMONT CHILD HEALTH IMPROVEMENT PROGRAM

June 2025 | Data Brief

Overall Key Findings

In 2023, the prevalence of depressive disorders and anxiety/fear-related disorders were higher among adolescents and females, and slightly higher among those with Medicaid insurance coverage. Those living in communities with better education, health and environment, social and economic conditions had slightly lower prevalence of depressive disorder, anxiety/fear-related disorder, and suicidal behavior diagnoses .

Figure 1: Percent of Vermont Youth Aged 0-21 with Select Mental Health Diagnoses, 2023



15% of children, adolescents, and young adults has one or more diagnoses of depressive disorders, anxiety/fear-related disorders, and/or suicidal behaviors in 2023

Diagnoses classified using Clinical Classifications Software Refined v20231, created by the Healthcare Cost and Utilization Project of the Agency for Healthcare Research and Quality
SOURCE: VHCURES Extract #3011

Background

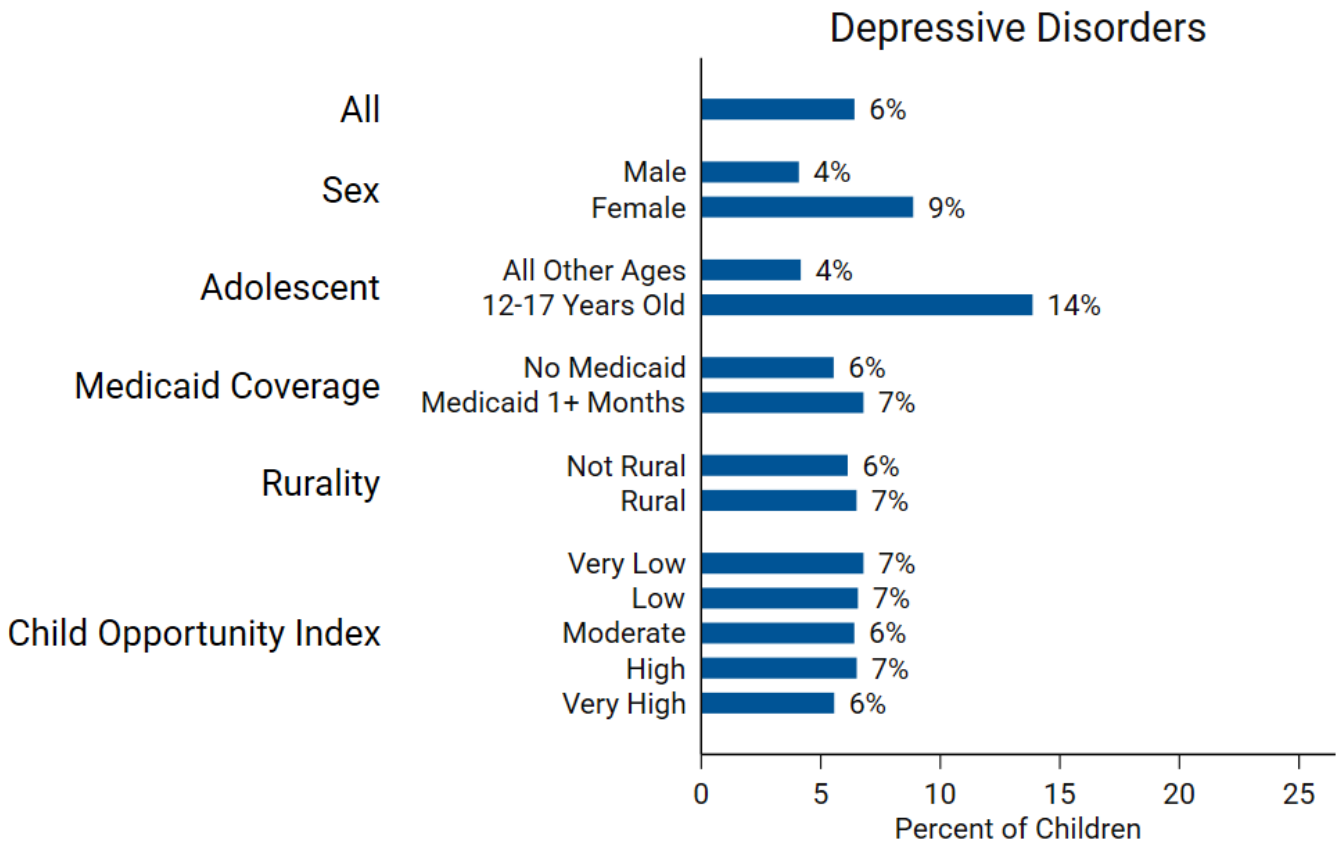
Youth in America are experiencing a mental health crisis.[1,2] In Vermont, data from the National Survey of Children's Health for 2022-2023 showed that one-third (33%) of children were reported as having a mental, emotional, developmental or behavioral problem.[3] In this data brief, we describe the prevalence of and factors associated with depressive disorder, anxiety/fear-related disorder, and suicidal behavior diagnoses among Vermont children, adolescents, and young adults.

Approach/Methods

Using the Vermont Health Care Uniform Reporting and Evaluation System (VHCURES),[4,5] we identified 121,093 youth aged 0-21 years old with one or more months of medical insurance eligibility and at least one Vermont ZIP Code in 2023. We classified diagnoses using the Clinical Classifications Software Refined (version 2023.1) created by the Healthcare Cost and Utilization Project of the Agency for Healthcare Research and Quality.[6] We examined the prevalence of these diagnoses by demographics (sex, age, insurance) and by the rurality and community conditions where youth live. Community conditions were measured using the Child Opportunity Index (COI) 3.0[7] which assigned state-normed ratings of education, health and environment, and social and economic conditions to ZIP Codes and created a score ranging from “very low opportunity” to “very high opportunity”. Chi-squared statistical tests were used to compare prevalence across demographic and rural groups, with a significance level of $p<.05$. Nonparametric trend analysis was used to examine differences in the proportion of mental health diagnoses as COI increased.

The Vermont Health Care Uniform Reporting and Evaluation System (VHCURES) data are under the stewardship of the Green Mountain Care Board (GMCB). The analyses, conclusions, and recommendations from the VHCURES data are solely those of the study authors and are not necessarily those of the GMCB. The GMCB had no input into the study design, implementation, or interpretation of the findings.

Figure 2: Percent of Patients Aged 0-21 with One or More Diagnoses of Depressive Disorders by Select Sociodemographics, 2023



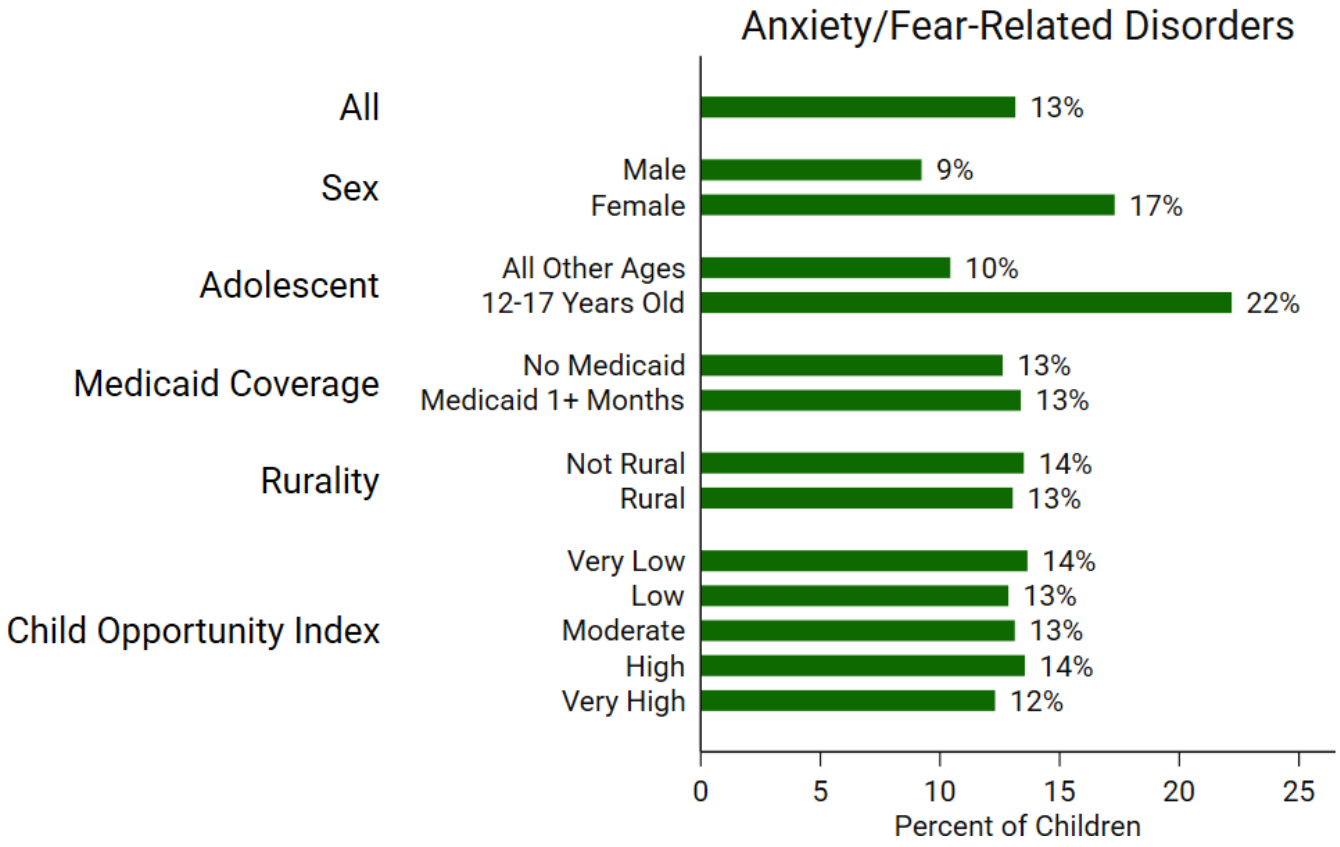
Bars with the same label may have different lengths due to rounding.
Diagnoses classified using Clinical Classifications Software Refined v2023.1, created by the Healthcare Cost and Utilization Project of the Agency for Healthcare Research and Quality.
Child sex limited to male and female
SOURCE: VHCURES Extract #3011

Key Findings

(*all meeting the significance level of p<.05*)

- Females had a higher prevalence of depressive disorders (9%) compared to males (4%).
- Adolescents had a higher prevalence of depressive disorders (14%) compared to all other ages (4%).
- Those with at least one month of Medicaid insurance in 2023 had a slightly higher prevalence of depressive disorders (7%) compared to those with no Medicaid (6%).
- Those living in rural areas had a slightly higher prevalence of depressive disorders (7%) than those living in non-rural areas (6%).
- As child opportunity increased, the prevalence of depressive disorders decreased.

Figure 3: Percent of Patients Aged 0-21 with One or More Diagnoses of Anxiety/Fear-Related Disorders by Select Sociodemographics, 2023



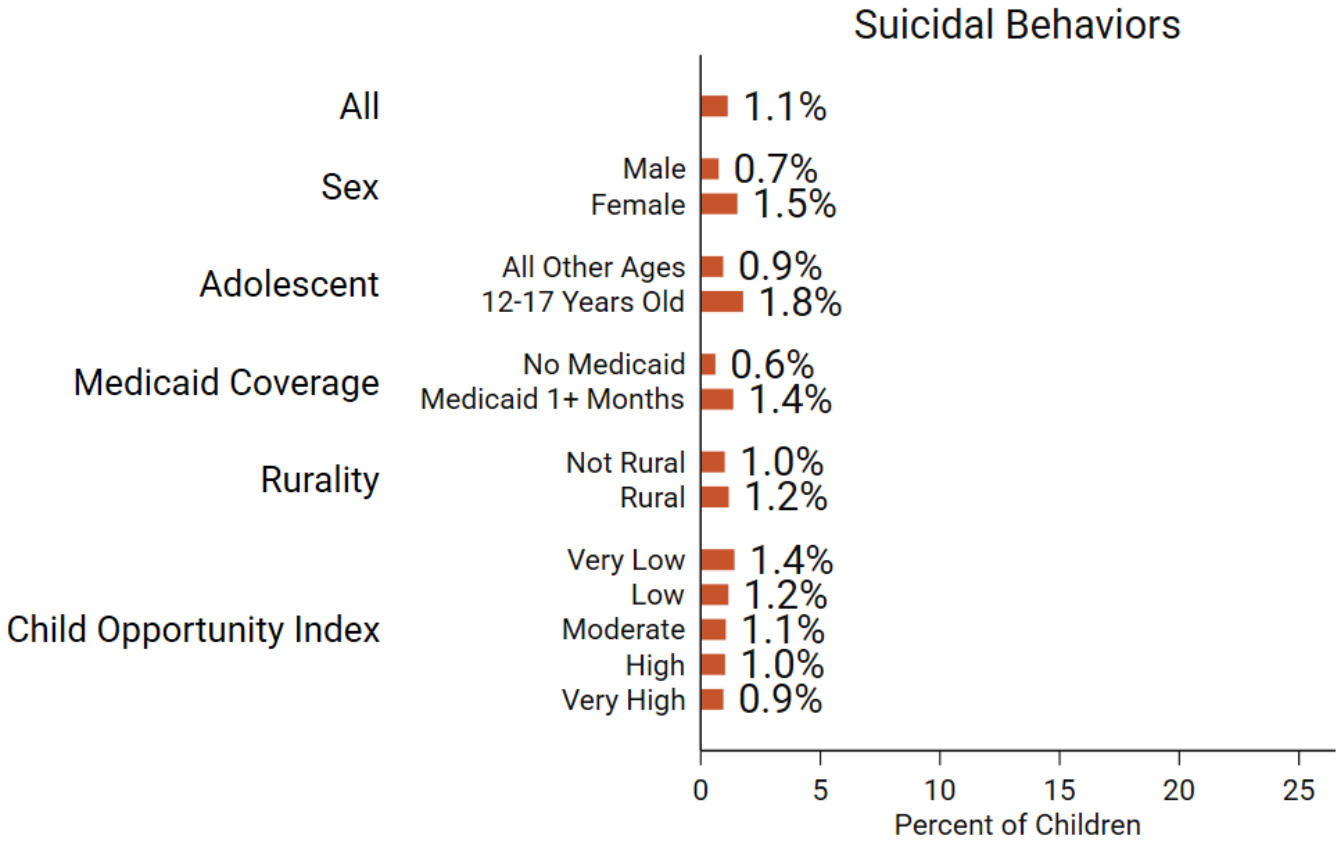
Bars with the same label may have different lengths due to rounding.
Diagnoses classified using Clinical Classifications Software Refined v2023.1, created by the Healthcare Cost and Utilization Project of the Agency for Healthcare Research and Quality.
Child sex limited to male and female
SOURCE: VHCURES Extract #3011

Key Findings

(*all meeting the significance level of p<.05*)

- Females had a higher prevalence of anxiety/fear-related disorders (17%) compared to males (9%).
- Adolescents had a higher prevalence of anxiety/fear-related disorders (22%) compared to all other ages (10%).
- Those with at least one month of Medicaid insurance in 2023 had a slightly higher prevalence of anxiety/fear-related disorders (13.4%) compared to those with no Medicaid (12.6%).
- Those living non-rural locations had a slightly higher prevalence of anxiety/fear-related disorders (14%) compared to patients living in rural areas (13%).
- As child opportunity increased, the prevalence of anxiety diagnoses decreased.

Figure 4: Percent of Patients Aged 0-21 with One or More Diagnoses Classified as Suicidal Behaviors by Select Sociodemographics, 2023



Bars with the same label may have different lengths due to rounding.
Diagnoses classified using Clinical Classifications Software Refined v2023.1, created by the Healthcare Cost and Utilization Project of the Agency for Healthcare Research and Quality.
Child sex limited to male and female
SOURCE: VHCURES Extract #3011

Key Findings

(*all meeting the significance level of p<.05*)

- Females had a higher prevalence of suicidal behaviors (1.5%) compared to males (0.7%).
- Adolescents had a higher prevalence of suicidal behaviors (1.8%) compared to all other ages (0.9%).
- Those with at least one month of Medicaid insurance in 2023 had a slightly higher prevalence of suicidal behaviors (1.4%) compared to those with no Medicaid (0.6%).
- Those living in rural locations had a slightly higher prevalence of suicidal behaviors (1.2%) compared to patients living in rural areas (1.0%).
- As child opportunity increased, the prevalence of suicidal behaviors decreased.

How is Vermont Addressing the Youth Mental Health Crisis?

- The Vermont State Health Improvement Plan includes investments to integrate mental health disorder prevention into primary care and to implement *Zero Suicide* in health care systems.
- The Vermont Department of Health in coordination with the Department of Mental Health has a 5-year Garrett Lee Smith Youth Suicide Prevention grant aimed at reducing suicide deaths among Vermont Youth aged 10-24 by expanding prevention efforts, reducing access to lethal means, improving social connectedness, and implement Umatter suicide prevention for schools.
- The Vermont Department of Health and Department of Mental Health are engaged in a new prevention effort called Facing Suicide VT to coordinate statewide prevention efforts, expand suicide prevention efforts including the Zero Suicide program, recovery and support groups, and to support suicide awareness and support training and suicide prevention programs.
- The Vermont Suicide Prevention Center, in collaboration with the Center for Health and Learning and with funding from the Department of Mental Health, created the Vermont Suicide Prevention Platform (3rd edition). This platform contains principles, goals, and resources on suicide prevention.
- Vermont's Area Health Education Centers work to train and retain healthcare workers and improve healthcare access in the state. Their recent Extension for Community Healthcare Outcomes (ECHO) session focused on pediatric mental health presentation and treatment in the primary care setting.
- The Department of Mental Health, Agency of Education, and the Center for Health and Learning developed a comprehensive model school protocol for suicide prevention and postvention. Vermont Model School Protocol for Suicide Prevention.pdf
- The Vermont Child Health Improvement Program is engaged in several efforts to improve child, adolescent, and young adult mental health.
    - Child Health Advances Measured in Practice Network works with practices to improve depression screening, treatment, and referrals among adolescents and young adults.
    - The Vermont Child Psychiatry Access Program connects primary healthcare providers with clinical social workers and psychiatrists for free consultations about mental health diagnosis and treatment plans.

These are a selection of Vermont's statewide initiatives.

Summary

Adolescents (aged 12-17 years) in Vermont had a higher prevalence of depressive disorder, anxiety/fear-related disorder, and suicidal behaviors diagnoses compared to all other ages combined; aligning with national data.[8-10] Prevalence of depressive and anxiety/fear-related disorder diagnoses were higher among females compared to males; also aligning with national data.[8]

Where children, adolescents, and young adults lived was related to the prevalence of these diagnoses. Those living in areas of lower child opportunity had a higher prevalence of depression, anxiety, and suicide/self-harm diagnoses. Two studies found a similar pattern across a wider array of mental and behavioral health disorders but only for white, non-Hispanic children,[11] and for depression diagnoses, but only among adolescents.[12]

Our results highlight the continued need for improving access to mental health services for children, adolescents, and young adults. Quantifying the prevalence of depressive disorders, anxiety/fear-related disorders, and suicidal behavior diagnoses across demographic and geographic subgroups is important to inform future quality improvement efforts at primary care practices.

Data Notes

- Children were identified as rural using the Federal Office of Rural Health Policy definition. In Vermont, ZIP Codes within Chittenden County were identified as non-rural; all other ZIP Codes rural.
- Diagnoses used for inclusion were found on the H-CUP website. We reviewed inpatient and outpatient medical claims diagnoses in 2023. Patients with medical insurance eligibility but with no medical claims with diagnoses were coded as not having mental health diagnoses.

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