

# 2025 MISSISSIPPI KIDS COUNT factbook





Throughout this data book, you'll find **'Community Connections'**—quotes from parents and professionals who share real-world insights into the implications and realities behind the data. These perspectives help bridge the gap between statistics and everyday experiences. When you see a quote, scan the accompanying QR code (or if you're reading digitally, just click on this box!) to watch a video that dives deeper into their stories and experiences.



# TABLE OF CONTENTS

Introduction	01-02
Foreword	03-04
Mississippi's Children & Their Mental Health	05-11
Supporting Mental Wellness Across Childhood	12-16
Early Childhood	17-18
Middle Childhood	19-20
Adolescence	21
Accessing Current Mental Health Resources	22-25
Acknowledgements	26
References	27-31





# introd

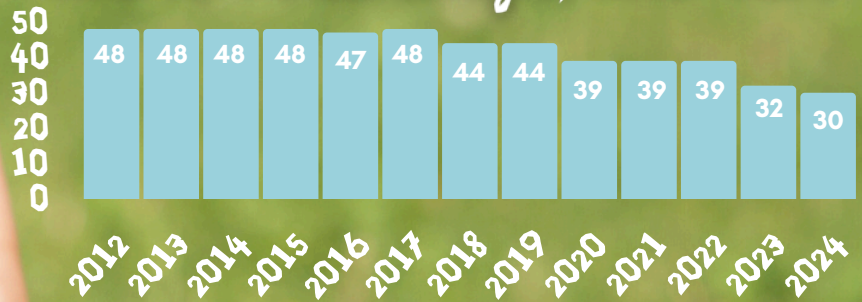
The Children's Foundation of Mississippi (CFM) is pleased to present the 2025 Mississippi KIDS COUNT Factbook. The CFM believes that for Mississippi to reach its potential, Mississippi's children and youth must reach their potential.

Nationally and at the state level, KIDS COUNT continues to be recognized as a premier data source on children, youth, and families, as it has been for over three decades. Mississippi KIDS COUNT data is used in myriad ways across the state of Mississippi and beyond. In Mississippi over the last several years, data from the Mississippi KIDS COUNT Factbook is often used by community leaders, policymakers, educators, grant writers, and agency leaders, to gauge how Mississippi's children and youth outcomes are faring both within Mississippi and across the country.

While the rankings in Mississippi are lower than where we would like them to be, and our state continues to rank near the bottom, Mississippi is not 50th overall, nor has it been 50th since 2017. Indeed, when one views education as a separate domain,

**Mississippi ranks 30th in 2024, having steadily increased each year over the last 7 years.**

## MISSISSIPPI KIDS COUNT Education Rankings, 2012-2024



**Nationally, KIDS COUNT tracks and analyzes 16 indicators of children's wellbeing, which are grouped into four domains:**

### **Education**

- Young children (ages 3 and 4) not in school
- Fourth graders not proficient in reading
- Eighth graders not proficient in math
- High school students not graduating on time

### **Economic Well-Being**

- Children in poverty
- Children whose parents lack secure employment
- Children living in households with a high housing cost burden
- Teens not in school and not working

### **Health**

- Low birth-weight babies
- Children without health insurance
- Child and teen deaths per 100,000
- Children & teens (ages 10-17) who are overweight or obese

### **Family and Community**

- Children in single-parent families
- Children in families where the household head lacks a high school diploma
- Children living in high-poverty areas
- Teen births per 1,000



# uction

Advancing positive outcomes across these domains will require making data-driven programmatic and policy decisions.

In this edition of the Mississippi KIDS COUNT Factbook, rather than broadly addressing each of the four domains, we focus on the critical role of mental wellness of children and youth, their families, and caregivers. Mental wellness is inextricably connected to the other overall domains of health, economic well-being, education, family, and community.

Topics covered in this edition of the Factbook include an overview of Mississippi's children and their mental health; ways to support mental wellness across childhood and considerations for the various developmental stages; and accessing current mental health resources across Mississippi.

The evidence is clear that experiences from prenatal through the earliest years of a child's life are strong predictors of their future growth and development. Recognizing that each child is part of a larger system is also important. One of the state agencies charged with both prevention and intervention for children, youth, and families' mental wellness is the Mississippi Department of Mental Health. We are pleased to have Ms. Wendy Bailey, Executive Director of the Mississippi Department of Mental Health (DMH), write the foreword for this Factbook.

Under Ms. Bailey's leadership, the DMH is making strides to build more community-based intervention and to advance evidence-based services while increasing the reach of children's services across the state.

More robust data systems within and across state agencies are needed to gauge progress across counties and regions of the state. We are delighted to be a recognized source of information by which Mississippi can gauge changes in the wellness of Mississippi's children, families, and communities over time.

Thank you for making time to review this Databook. We encourage readers to visit the Data Center ([datacenter.kidscount.org](http://datacenter.kidscount.org)) for more detailed information that can also be used to tailor data reports among and across various geographical locations within Mississippi and across regions by age, race, and other demographics. If you or your community would like a tutorial on using the Data Center, please get in touch with the CFM at [info@childrensfoundationms.org](mailto:info@childrensfoundationms.org).

**Linda H. Southward, Executive Director  
Children's Foundation of Mississippi**





# foreword

As Executive Director of the Mississippi Department of Mental Health, I am honored to contribute to the 2025 edition of the Mississippi KIDS COUNT Factbook. This year's focus on the mental health of children and youth is incredibly timely. Our children are the future of Mississippi, and we have a responsibility to offer them the hope and support they need to thrive. The mental health challenges facing many of our young people today are significant, but with early intervention, proper care, and strong community support, we can help them overcome these challenges and create a brighter future for both themselves and our state.

The mental health needs of Mississippi's youth cannot be overstated. Nearly 35,000 of Mississippi's children and youth have severe and persistent mental health needs which can impact every aspect of their lives. Many others are struggling with anxiety, behavioral issues, or trauma. These mental health challenges, if left unaddressed, can lead to more serious consequences, including academic struggles, relationship difficulties, and even getting caught up in the criminal justice system.

Nationally, suicide is the second leading cause of death among young people ages 10-24, and in Mississippi it is the third leading cause of death, a heartbreaking reality that underscores the urgency of addressing youth mental health here in Mississippi.

The good news is that mental health challenges are treatable, and early intervention can make all the difference. Regular mental health screenings, particularly in schools and pediatric settings, are crucial in identifying issues before they escalate. By recognizing signs of depression, anxiety, or behavioral disorders early, we can provide children and their families with the resources they need to begin healing. Screenings help bridge the gap between noticing that something is wrong and taking action to address it. The sooner we identify mental health concerns, the sooner we can provide the support children need, ensuring their challenges do not hinder their development.

**Raising awareness about the importance of mental health screenings and early intervention is critical to this mission. Regular screenings should be as routine as physical check-ups, because a child's mental health is just as important as their physical health and deserves the same quality of support. The earlier we can intervene, the greater the chance of preventing long-term difficulties and fostering resilience.**





# WENDY BAILEY

## EXECUTIVE DIRECTOR, MISSISSIPPI DEPARTMENT OF MENTAL HEALTH



Partners across Mississippi are working to ensure that essential early interventions are available and accessible to all children. Our partnership with the Mississippi Department of Education works to have more access to mental health professionals in schools, providing children with care in a trusted environment, and increasing awareness of services that are available in the community. Teachers and staff are often the first to notice changes in a student's behavior, making schools a critical point of contact for early intervention. Providing access to training for educators and school personnel is another key part of our effort to make sure that mental health challenges are addressed before they escalate, giving children the best chance for success.

Additionally, the behavioral health crisis line 988 and Mobile Crisis Response Teams are available 24 hours a day, seven days a week to provide support during a mental health crisis. By intervening early and connecting families to necessary care, the 988 counselors and Mobile Crisis Response Teams can help prevent situations from worsening and offer hope during some of the most difficult moments.

For children with complex mental health needs, Mississippi's MAP Teams (Making A Plan) offer individualized, coordinated care. These teams work together across agencies to address the full scope of a child's mental health, educational, and social needs, ensuring that each child receives the comprehensive support they deserve.

Taking care of our children's mental health is about more than just addressing immediate needs. It's about setting them up for a healthy future. The mental and physical well-being of our children is directly tied to the future success of our state. Healthy children grow up to be healthy adults who contribute to society, lead productive lives, and strengthen their communities. By ensuring that all children in Mississippi have access to the mental health care they need, we are not only investing in their future—we are investing in the future of Mississippi.

I want to thank the Children's Foundation of Mississippi for their tireless work in compiling the KIDS COUNT Factbook and their dedication to improving the lives of children across our state. The data presented in this Factbook plays a crucial role in guiding our efforts to ensure that every child in Mississippi has the opportunity to grow up healthy, hopeful, and strong.

Together, we can provide hope for our children and build a future where every child has the support they need to thrive—both physically and mentally—ensuring a brighter tomorrow for our state.





# MISSISSIPPI'S CHILDREN and their mental health

## What is mental health?

Mental well-being in childhood and adolescence involves reaching developmental milestones, developing healthy social skills, and honing effective coping strategies to navigate daily challenges.<sup>1</sup>

Mental health is as important as physical health to overall wellness. Just as a car requires both oil and gasoline to propel itself, a person cannot go far without mental and physical health reserves. Mentally strong children and adolescents experience a higher quality of life and do better within familial, educational, and community environments.<sup>2,3</sup>

This section of the factbook provides an overview of current trends in children's mental health. Like a car inspection, it examines how well different components of children's mental health are working together—familial connection, social connection, healthcare access, nutrition, etc.—and identifies any problem areas that could trigger an indicator light on our metaphorical dashboard.

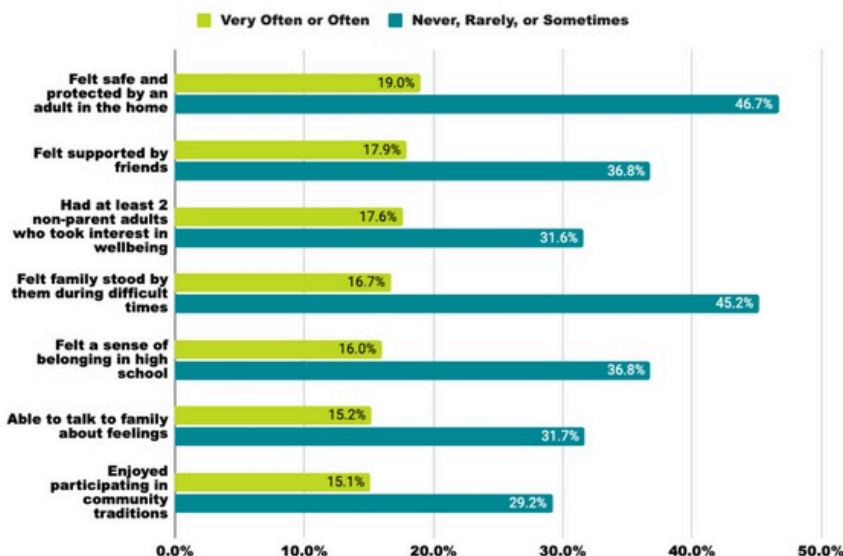
Our educators recognize the connection between mental health, quality of learning, and quality of life. A growing body of research shows that social-emotional learning (SEL)—which teaches qualities like perseverance, gratitude, curiosity, self-control, and collaboration—helps students to manage emotions, maintain relationships, and enhance their connection to school and peers.

Though not intrinsically academic, SEL skills significantly impact a child's ability to learn. A formative 2011 analysis of over 200 schools that adopted a social-emotional learning-integrated curriculum found that students receiving these interventions improved their academic performance, cultivated more positive attitudes towards themselves and others, and experienced less emotional distress.<sup>4</sup> We now know these qualities also correlate with future social, psychological, and physical well-being.<sup>5</sup>

One thing is certain: **Close and loving relationships with family and friends are the most critical contribution to children's mental well-being**, as the next section on Positive Childhood Experiences shows. A strong attachment to a trusted adult provides children with a safe place to work out complex feelings and situations. Trusted adults can also help support children during times of crisis.

## Positive Childhood Experiences

Prevalence of Depression, compared to the presence of PCEs



Positive Childhood Experiences (PCEs) are social experiences that can protect and insulate children from adverse mental health outcomes.<sup>6</sup> At the core of each PCE is **connection**. These experiences enhance familial, friend, and community connections, making children more likely to have positive childhoods and support when it matters most. **The chart on the left shows that people who have Very Often or Often experienced PCEs are much less likely to experience depression or mental health concerns.**

PCEs have also been shown to protect against the effects of Adverse Childhood Experiences (ACEs), which are traumatic experiences that occur during childhood.

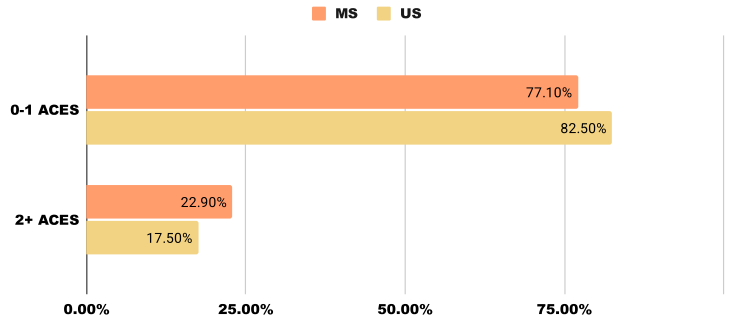


# Adverse Childhood Experiences

ACEs include things like neglect, abuse, poverty, domestic violence, living with someone who is struggling with mental health or addiction, and discrimination. ACEs have been connected to many lifelong adverse physical and mental health conditions, such as diabetes, heart disease, asthma, cancer, depression, and addiction.<sup>7</sup>

In Mississippi, children are 5.4% more likely to experience two or more ACEs than their national counterparts, as shown in the chart to the right.<sup>8</sup>

**Adverse Childhood Experiences in MS and the US, 2022-2023 (NSCH)**



## COMMUNITY CONNECTION

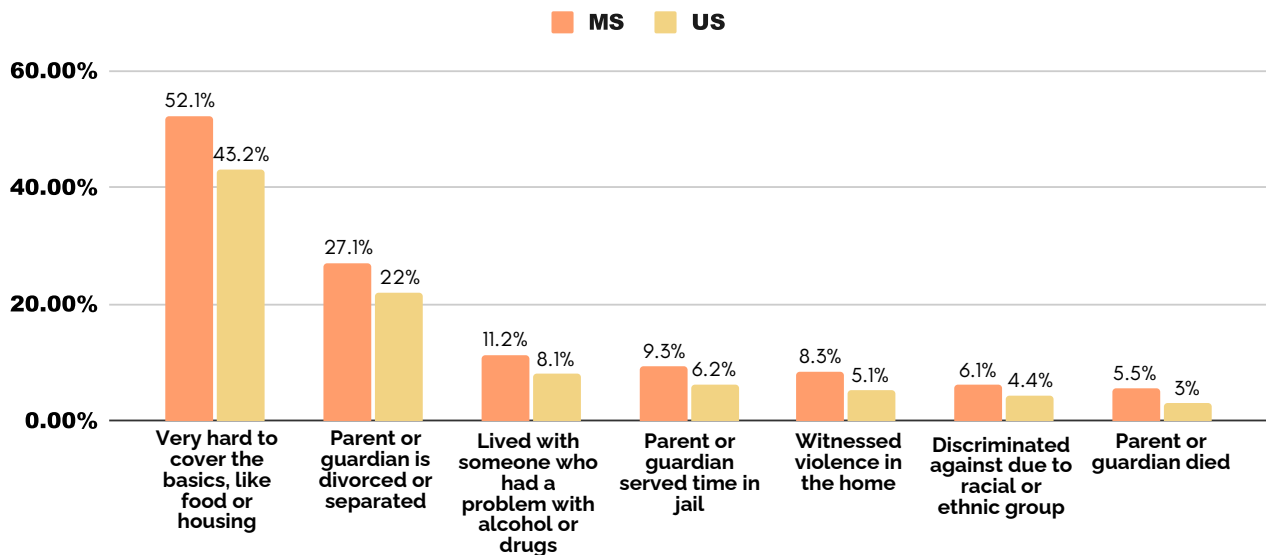


*Children... learn better off of memory [and] consistency. So if they have a consistent adult or leader figure in their life on a consistent... daily basis, they're more likely to feel safe and secure, share things that they wouldn't share or have the ability to be that individual or be their natural self. So consistency does play a pivotal role in that child's development.*



**Daisy Carter-Slater**  
Executive Director,  
Excel by 5

### Prevalence of Specific ACEs in Mississippi and Nationally



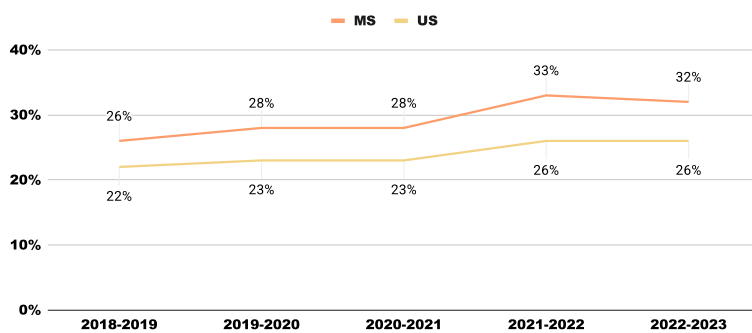


# Mental, Emotional, Developmental, or Behavioral Conditions

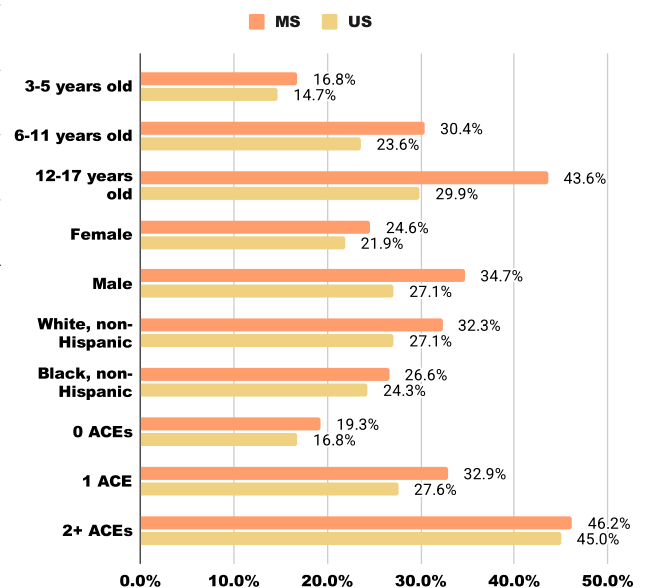
It is critical to identify children's potential concerns early so that interventions such as speech, occupational, behavioral, or physical therapy and school accommodations can be consistently offered, increasing their odds of success.

Mississippi children are more likely than children nationally to be diagnosed with a Mental, Emotional, Developmental, or Behavioral (MEDB) condition, and diagnoses are on the rise.<sup>9</sup>

**Children Ages 3-17 with One or More MEDB Diagnosis**



**Prevalence of MEDB Diagnosis by Demographics, 2022-2023 (NSCH)**



Mississippi has had increased success in supplying access to early developmental screenings and spreading awareness around the importance of early screening. This increased success is a result of coordinated public/private statewide efforts among pediatricians, early childhood advocates, state agencies, and others.

The Mississippi Department of Health is striving to improve the state's Early Intervention (EI) system to increase the quality of and access to developmental screening and intervention services. EI has been associated with positive behavioral, educational, and employment outcomes. For those who enroll in EI, the transition into public school is also more seamless, with services being rolled over into the public school system where necessary. Conservatively, it is estimated that Mississippi could save about \$3.5 million per year in special education costs if infants and toddlers needing services received them on time through EI.<sup>10</sup>

In the 6-11-year-old age bracket, there is a significant uptick in diagnoses (reflecting the uptick nationally) as children enter school and begin to be observed and challenged by people outside of their homes. By the age of 17, **one third of** Mississippi's children have received at least one MEDB diagnosis.



The Behavioral Health in Infants & Preschoolers (BEHIP), a program at University of Mississippi Medical Center (UMMC), provides care for high-risk infants and their families with UMMC Neonatal ICU histories. This program, available statewide, provides mental health screening for parents, tracks participating children's development over time, links families to earlier intervention for infant and early childhood mental health services, and provides prevention, promotion, and intervention training based on Parent-Child Interaction Therapy. Twenty-eight percent of participating children have experienced more than one ACE by the age of two, and one in ten children experienced 2 or more ACEs.<sup>11</sup>

Children who are male and children who are white are more likely to be diagnosed with an MEDB.<sup>12</sup> One potential reason for this discrepancy could be a difference in access to health care for Black children.<sup>13</sup> Only 62.3% of Black children 0-17 have a personal doctor or nurse, compared to 77.2% of White children in Mississippi.<sup>14</sup>

Research also suggests that boys are more likely to be diagnosed with an MEDB more readily than girls because symptoms in girls are less known and more difficult to identify.<sup>15, 16</sup> Girls are also more likely to "mask," or attempt to adjust their behavior to fit in with others, adding to the difficulty in diagnosing early on.<sup>17</sup> As Mississippi makes adjustments to its Early Intervention efforts, it is imperative to keep gender and race differences in mind.

One additional mental health challenge that youth may face is the toll of becoming parents themselves; in 2024, approximately 2,235 babies were born to Mississippi teens.<sup>19</sup>

Teens are more likely than other groups to experience postpartum depression and Mississippi teens are no exception.<sup>20</sup> **According to 2020 data, more than one in three Mississippi teen mothers experienced postpartum depression, as compared to about one in five of those 20 years and older.**<sup>21</sup>

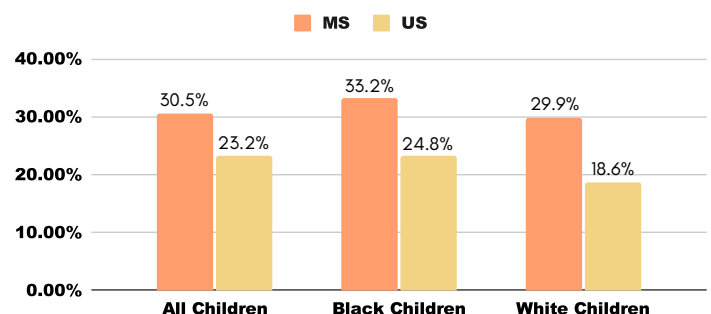
**While roughly 19% of children with no ACEs have a diagnosed MEDB condition, this rate increases by 139% for children with two or more ACEs.<sup>18</sup> These data clearly indicate a relationship between ACE score and a child's likelihood of experiencing MEDB.**

## The Mind-Body Connection

Mental health is connected to physical health. Like you, children cannot think well if they are not feeling well. While the terminology "mental health" would logically shift our focus to the brain, many seemingly unrelated criteria like diet, environment, and even posture contribute to our emotional state and self image.

One key factor in supporting kids between the ages of 0-17 is engaging in preventative healthcare such as well visits. Here, doctors can perform physical examinations and developmental screenings, discuss recommended nutrition and medication, and offer anticipatory guidance and family resources. About 30% of children in Mississippi have not had a well child visit, compared to about 23% nationally.<sup>23</sup> As mentioned before, Black children are more likely to miss preventative visits due to limited access to healthcare. This inadequate access is further restricted in rural areas where health care may be 30 or more minutes away.

**No Preventative Health Care Visits in the Past 12 Months**







There are many connections between physical and mental health. Below are just a few ideas to consider:

- The gastrointestinal tract has its own neurotransmitters in dialogue with the brain, which can be harmed by unhealthy foods.
- Hormones, which can be influenced by food, exercise, and sleep, affect our thoughts and moods.
- The brain receives information from our posture, breathing, and muscles that shape self-image and emotional states. Conversely, emotional states can also influence the effectiveness of the body's nutritional uptake.
- Environmental toxins can cause inflammation in the brain.<sup>22</sup>

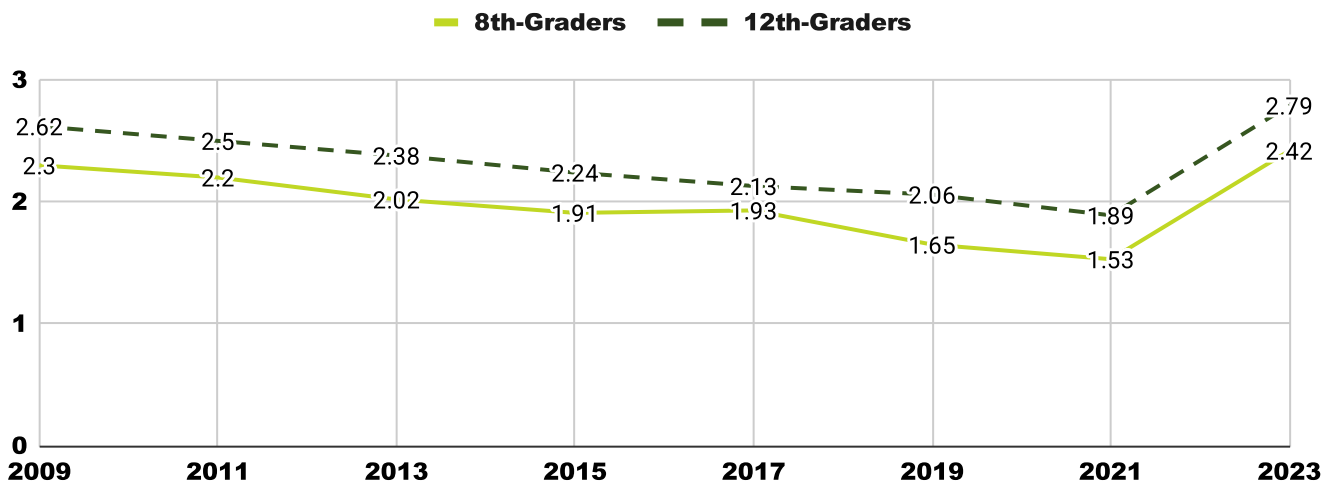
There is no separating mental health from physical health!

## Connecting with Others

About 24% of all children in Mississippi have some difficulty making or keeping friends.<sup>24</sup> Struggles to connect increase as children get older, reflecting national trends. In Mississippi, children are 11% less likely than children nationally to participate in organized activities or lessons, meaning they have fewer opportunities to make friends who may share their interests.<sup>25</sup>

Extracurriculars are not kids' only missed connections: Across the country, young people are **spending significantly less in-person time with their friends since the early 2000s** and even less time since 2009 as shown in the chart below.<sup>26</sup>

**Weekly Social Outings, 8th and 12th graders, 2009-2023**





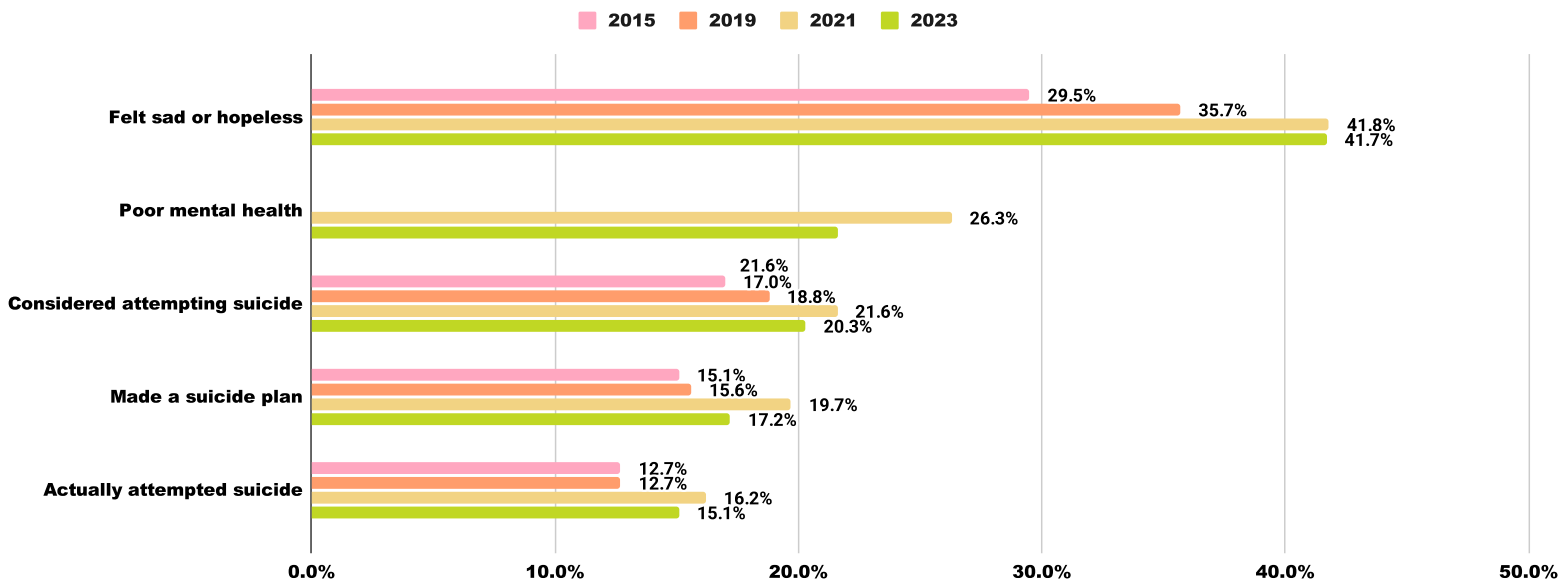
# Youth Perspectives

As connection has trended downwards among Mississippi youth, mental distress has increased, as captured by the Youth Risk Behavior Surveillance System (YRBSS). The YRBSS collects mental health information directly from Mississippi's high schoolers.<sup>27</sup> It contains several items related to mental health, including whether students experienced the following in the past year:

- **Felt sad or hopeless** almost every day for two or more weeks in a row, leading them to decrease participation in usual activities
- **Felt their mental health was often or always not good** (indicating stress, anxiety, and/or depression)
- **Seriously considered attempting suicide**
- **Made a plan** about how they would attempt suicide
- **Actually attempted suicide** one or more times

These trends in the mental health of Mississippi youth depicted in the chart below.<sup>28</sup>

## Mental Health Indicators of Mississippi Youth (YRBSS, 2023)



As mental health concerns in Mississippi have increased, the rate of suicidality has also risen. In May of 2024, more than 1,500 calls were made to Mississippi's suicide help line, 988, a 40% increase from May of 2022. Mississippi boasts the highest response rate in the nation, with 97% of calls answered in 2024. Texts and online chat options were added to the MS 988 program in April 2023, expanding access. People in crisis or concerned loved ones can call or text "988" for help or chat with a trained crisis counselor at [988lifeline.org](https://988lifeline.org).<sup>30</sup>

Fortunately, youth mental health struggles are now slightly declining in Mississippi. However, there are concrete actions we can take to further encourage this trend. The Mississippi Department of Human Services, Mississippi Department of Health, Head Start Association, and Pediatricians across the state are increasing access to early developmental screenings and offering Early Intervention. The Mississippi Department of Mental Health is working to expand access to mental health prevention programs and raise public awareness of suicide prevention services like Mississippi's suicide help line, 988.



While our state leaders are working on these broad changes, there are things that we can do to support children's mental health as individuals and in our communities. We can come together to increase recreation and connection in our towns. We can establish affordable farmer's markets in our communities. We can encourage our school boards and the Department of Education to increase the number of school counselors, nurses, and Early Interventionists. Sometimes, the solution is as easy as being a listening ear or dependable influence in a child's life. We hope that this Factbook sparks a range of ideas and solutions that reflect the priorities of your community.



## COMMUNITY CONNECTION

“ We have to look at the whole child, because... your physical health is going to affect your mental health... and it's all going to affect how you were able to meet those developmental milestones. ”



### **Heather Martin**

*Statewide Vroom/Mind in the Making Coordinator,  
Mississippi Thrive! Child Health & Development Project  
Excel by 5 Community Coach*





# SUPPORTING MENTAL WELLNESS across childhood

As children and youth journey toward adulthood, they encounter many obstacles, some expected and others unforeseen. We can help prepare children for this journey the same way we might prepare for a road trip by ensuring that they have access to emergency assistance and routine preventative care. We can even steer them toward routes and environments known to be safer!

**Think of this section as a preventative wellness guide, providing proactive steps Mississippians can take to boost mental health for children and youth in our state.** These preventative recommendations can promote happy, healthy childhoods that minimize the need for emergency services.

Sometimes, however, children do need immediate care for acute crises. Recommended resources for different critical scenarios are provided in the section “Accessing Current Mental Health Resources” on page 22.

Our preventative maintenance checklist includes **connection**, **nutrition**, and **green space**. Creating opportunities for children and youth to encounter nature, connect with others, and improve their nutrition has been proven to have significant impacts on children's mental wellness across all developmental stages. In some cases, these interventions can even have a greater effect than psychotropic medications, contribute to improved symptoms even in the absence of psychotropics, or amplify the effectiveness of medication.<sup>31, 32, 33</sup>

**While many mental health interventions are tailored to specific developmental stages, what is unique about connection, nutrition, and green space is their broad, universal, and cross-cutting protective factors for children and youth at any age. Importantly, anyone can contribute to these efforts-not just parents and mental health professionals!**

In this section, we explore the roles that connection, nutrition, and nature can play in creating happy, healthy lives for Mississippi's youth.



# Connection

Children and youths' connection to their families, peers, and communities each contribute to their mental health.

Quality friendships contribute to **fewer depression symptoms**, **decreased participation in risky behaviors**, and **higher academic achievement and school engagement**, especially in adolescence. While early childhood friendships primarily contribute to play and exploration, adolescent friendships<sup>34, 35</sup> begin to fulfill deeper needs for trust, attachment, emotional support, and identity formation.<sup>36</sup> These friendships cultivate prosocial behavior that is often predictive of mental and social well-being in adulthood.<sup>37</sup> To read more about how developmental changes related to autonomy spur a greater need for friendship, see "Middle Childhood (Ages 6-13)" on page 19.

Increased access to **extracurricular activities** is one way to support connection among youth. Extracurriculars improve children's socialization and likelihood of finding friends whose interests and values align with their own. At the same time, extracurriculars help children build skills and, consequently, fortify their sense of self-efficacy and self-esteem. Activities from athletics to arts also boast intrinsic mental health benefits such as stress management and prevention, less daily anxiety, and reduced risk of developing depression in adolescence.<sup>38</sup> These benefits—self-esteem, social connection, and anxiety reduction—continue to compound and build upon each other to shore up mental well-being.

**Connection to caring adults** also improves the mental well-being of children and youth. Adolescents surrounded by adults who create a sense of belonging for young people, or who engage in a broader culture of "looking out for each other" experience less emotional distress, are less likely to engage in high-risk behaviors, and are more likely to have increased positive health behaviors.<sup>39</sup>

**This research confirms what we know about Positive Childhood Experiences (PCEs): knowing even just one caring adult can mitigate the negative impacts of ACEs.** These findings underscore the outsized impact that can be achieved by arts, athletics, and vocational programs that simultaneously facilitate youth's exposure to caring adults and extracurriculars.

## Adverse Childhood Experiences include negative experiences such as:

- Abuse or neglect
- Witnessing domestic or other violence at home or in the community
- Living with someone who struggles with their mental health or a substance use disorder
- Poverty
- Racial or other discrimination

## In contrast, Positive Childhood Experiences include supportive experiences such as:

- Having a supportive familial network
- Participating in community traditions
- Finding belonging and friendship in school
- Having non-parent adults take a vested interest in a child's wellbeing
- Feeling safe and protected while at home

**For more information on ACEs, PCEs, and the impacts they may have on a child's life, please see page 5 of this document.**



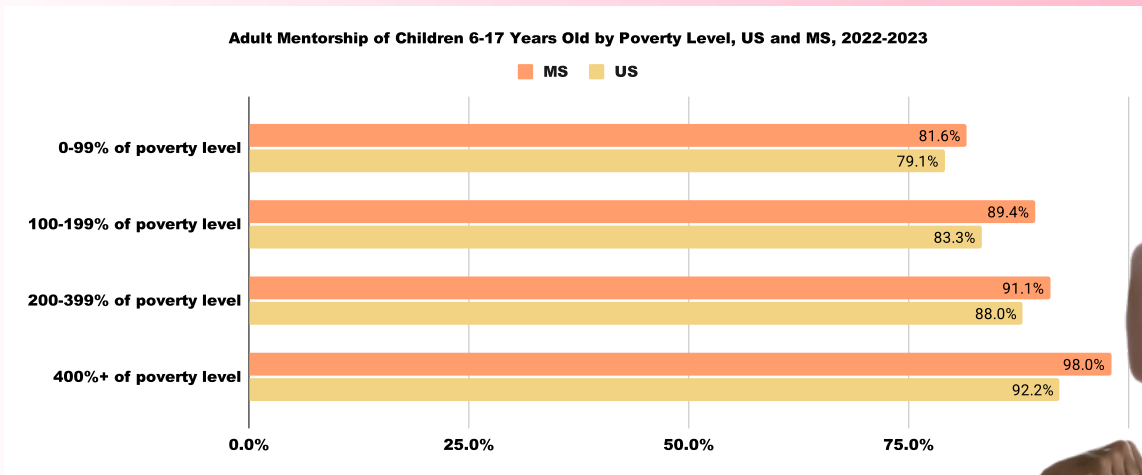
“ We need volunteers throughout every community to love on these children because... volunteers can just make such a difference in a child’s life... just to be there with them. ”

# COMMUNITY CONNECTION

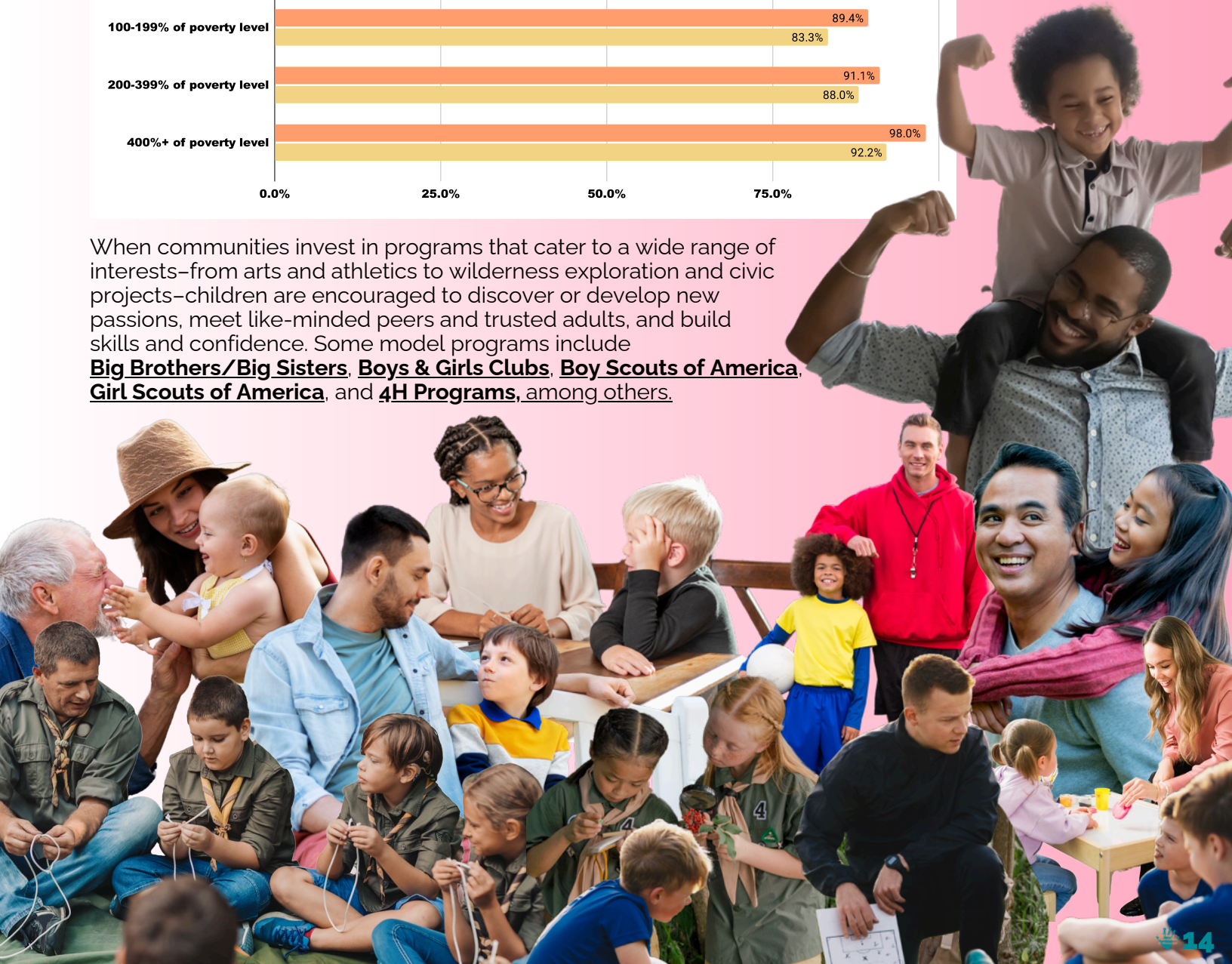
**Talitha Mosley**

Teacher, *The Good Shepherd Community*

Children in Mississippi are **more** likely than youth nationally to have an adult mentor outside of their home, but this access varies by income. Nationally, children in poverty are much less likely than their wealthy counterparts to have an adult mentor and Mississippi is no different.<sup>40</sup> This trend underscores the importance of ensuring programs are accessible to *all* children.



When communities invest in programs that cater to a wide range of interests—from arts and athletics to wilderness exploration and civic projects—children are encouraged to discover or develop new passions, meet like-minded peers and trusted adults, and build skills and confidence. Some model programs include **Big Brothers/Big Sisters**, **Boys & Girls Clubs**, **Boy Scouts of America**, **Girl Scouts of America**, and **4H Programs**, among others.



# Nutrition

We often think of the heart as the realm of emotion. In fact, another system wields greater influence over your feelings: **your digestive system!** Your emotions are formed through a constant conversation between the brain and the gut. Like an engine and transmission, your brain and gut rely on each other for optimal performance. **The relationship between food and mood is undeniable!**

The brain is the engine of the body, powering our movements, our breathing and heartbeat, and even our thoughts and moods. **Our 'engine' receives fuel in the form of the food we consume, and the makeup of that fuel makes a significant difference in how smoothly and successfully the brain operates.** For example, refined sugar is not unlike cigarette smoke, pesticides, and ozone which creates oxidative stress that damages fatty tissues, cells, and proteins in the brain and body.<sup>41</sup> Not only are fruits and vegetables free of these harmful compounds, but they are a powerful health ally because they contain essential antioxidants like vitamins A, C, and E, which can combat oxidative stress.<sup>42</sup>

The relationship between food and mood can also be seen in the neurotransmitter serotonin, which helps regulate sleep and mood. Like a transmission, serotonin helps us get into gear! **While most of serotonin's effects occur upstream in the brain, about 95% of serotonin is produced in the gastrointestinal tract, which is lined with over a hundred million nerve cells.** The healthy functioning of these nerve cells and the production of serotonin are highly influenced by the "good" bacteria in your gut. Sugar and ultra-processed foods diminish the numbers and strength of good bacteria, encourage the growth of bad bacteria, and increase inflammation in the body while minimizing the production and uptake of mood-boosting serotonin. They contribute to a faulty 'transmission' that receives fewer signals from the brain and sends weakened signals to the body. On the other hand, a diet high in vegetables, fruits, unprocessed grains, and fish supports the growth of healthy bacteria and keeps the body's 'engine' and 'transmission' in good working order.

**There is a growing consensus among physicians and scientists that diet is as important to mental well-being and psychiatric health as it is to heart, digestive, and hormonal health.** The damage done to the body by a poor diet goes well beyond low energy, sometimes contributing to issues like attention deficits, depression, and psychotic disorders like schizophrenia.<sup>44</sup> Research shows that the healthier a child's diet, the fewer emotional and peer problems they experience and that poor nutrition is a significant and modifiable risk factor for the development of some mental illness and attention deficits, which correlate with greater rates of depression in adolescence.<sup>45, 46, 47</sup>

**In Smithville, Access Family Health, a community health clinic has established an innovative program, The Farmacy, to connect nutrition to healthcare by providing vouchers for local farmer's markets to families and individuals in need.<sup>48</sup> Those who qualify and have visited Access Healthcare for any health needs in the past 3 months are eligible to receive \$10 per week for use on fresh fruits and vegetables provided by local farmers at the market. Following grant funding to initiate the program, it is now self-sustaining, using the clinic profits to pay for stipends.**

## Green Space

We can think of children's journey to adulthood as a road trip. We often take it for granted, but the safety of a road trip often depends on environmental variables: bright streetlights, wide shoulders, and banked curves all contribute to a safer trip. Similarly, we can improve children's outcomes through environmental adjustments!

Though mood and outlook are internal states, they are influenced by many external factors like sunshine, clean air, and recreational space. Therefore, it is no surprise that **exposure to higher levels of neighborhood green space can improve mood and reduce the risk of mental disorders and disease prevalence, regardless of socioeconomic status!**

This positive relationship between green space and mental health has been established among adults and children alike.<sup>49, 50</sup> A 2024 study showed that even young children 2-5 years of age experience fewer symptoms of anxiety, depression, aggression, and rule-breaking when surrounded by more green space.



## How does green space produce such powerful mental health effects?

- **Exercise:** Providing more safe and inviting places for recreation increases the likelihood that residents will use a space for physical activity. People who use the natural environment for physical activity at least once per week have about half the risk of poor mental health compared to those who do not. Each extra weekly use reduces the risk of poor mental health by a further 6%!<sup>52</sup>
- **Reflectiveness:** Residents need not even exercise to reap the positive benefits of green space. Evidence shows that just being in green space has therapeutic effects, such as improved mood, focus, and reflectiveness.<sup>53</sup>
- **Targeted therapies and agency-building:** Green space can be used in targeted ways to deliver structured therapeutic interventions for youth at risk (e.g. wilderness therapy; community garden participation; nature-based arts and crafts, animal-assisted interventions; facilitated environmental conservation, etc.) These activities create opportunities for social bonding, physical activity, and skill development, boosting youth's self-esteem and self-efficacy, which each contribute to mental well-being.<sup>54</sup>
- **Safety and comfort:** Tree canopy reduces heat by shading surfaces, deflecting solar radiation, and releasing moisture into the atmosphere. A recent experiment showed that planting trees across half of the space available to support tree canopy—along streets and within parking lots and yards—could lower a community's summer afternoon temperatures by 5-10 degrees Fahrenheit.<sup>55</sup> Cooler temperatures and safe recreation zones foster play and social belonging, both boons to mental health. Studies show that these positive effects also deter crime in green neighborhoods, which can minimize the stress experienced by youth.

Green space refers to natural environments like nature reserves and urban parks that are designated for recreation or aesthetic appreciation.

Grenada's Chakchiuma Swamp serves as one compelling example of what is possible in our communities. In 2021, 300 acres of wetland were marked for clearing. Local artist Robin Whitfield rallied neighbors and philanthropists to save the Cypress swamp. In the three intervening years, Whitfield and volunteers have created over two miles of trails for exercise, exploration, arts, and community traditions. Whitfield frequently hosts art and science workshops that encourage participants to explore local flora and fauna, waterways, and art that makes use of native plants. Other participating workshop leaders have focused on biology, mycology, ornithology, and music. New community traditions include an annual Halloween trail transformation in which volunteers create a grove of fun tree faces to delight young and old alike.

Whitfield conveys the importance of these programs:

"I have guided youth through the swamp in boats and on foot - foraging for mushrooms, observing plant and animal life, painting forest compositions, climbing trees, building shelters and just laying back in hammocks. It always amazes me that no matter the activity, children of all ages are excited and lose any fear they thought they had within the first 5 minutes. After that curiosity takes over."

# COMMUNITY CONNECTION

**Dr. Bharath Kandula**

Parent of a Child Supported by MECIC Services

“



*There are some nice nearby places... I love nature. And there are beaches and parks I love to go to. And people are nice here. I like it.*

”

# EARLY CHILDHOOD

## children ages 0-5

Early childhood marks the most significant period of brain growth in a child's life. Not only does the brain double in size in the first year of life, but more than one million new neural connections are formed each second.<sup>56</sup> Early experiences have a substantial impact on brain development and growth. Exposure to strong, nurturing relationships and repeated positive experiences strengthen neural connections that promote healthy social and emotional adaptation.<sup>57</sup>

**By the age of 5, the brain will have grown to 90% of its adult size.**

Consistent relationships deeply impact the architecture of the brain in early childhood, supporting mental health and a child's ability to develop social-emotional skills like **maintaining eye contact**, **cooperating**, **smiling**, and more. These skills are built when an adult responds to a child's sounds or gestures with reciprocal attention in the form of eye contact, words, or touch. (This back and forth is sometimes called "serve and return.")<sup>58</sup> As young children participate in this volleying, they grow and exercise regions of the brain that regulate their emotions.

A child's development of social-emotional skills requires the presence of at least one caregiver who provides them with such nurturing interactions, as well as reliable routines and enriching environments. A structured routine eliminates confusion regarding daily activities and provides children with confidence in how to actively participate within their environment.

Positive relationships contribute to the development of a secure attachment style. As noted in the following graphic, a secure attachment style is foundational to children's mental health, resilience, and cultivation of social-emotional skills. The outcomes of disorganized and insecure attachment styles often result in mistrust of others, disengagement, and reduced self-esteem.



**Behaviors that may look like 'rage' such as screaming, biting, or hitting are often indications of delayed social-emotional development that makes it difficult for children to regulate their emotions or adequately express their needs.**

A child consistently exposed to negative interactions, or a lack of engagement may struggle to generate appropriate emotional and social responses, leading to a stressed state known as 'fight-or-flight.' Children can experience parental neglect as trauma; traumas encountered in childhood, like neglect, divorce, and substance abuse, are often referred to as "adverse childhood experiences" or "ACEs." ACEs can increase heart rate, heighten anxiety, and elicit inconsolable reactions (e.g., crying, screaming) and challenging behaviors (e.g., biting, hitting, yelling).<sup>59</sup> These children will likely find it difficult to cope with significant challenges.



As part of the Mississippi LIFT (PDG B-5) Program, MDHS is implementing a Quality Support System in 2025 featuring a badging system to emphasize the proficiencies of our child care centers so that families can more easily identify centers that meet their unique needs. Badges will help convey centers' unique strengths like multilingualism, inclusion, and, significantly, social-emotional support.<sup>60</sup> Stay tuned to the [MDHS website](#) for updates on this project.

Greater investment in quality early childcare is an investment in broader ACE prevention and early intervention.<sup>61</sup> Access to quality early child care ensures that children experience safe, stable, and nurturing relationships and environments. Early child care access also reduces the financial strain on parents and the likelihood of maternal depression, both of which are risk factors for child abuse and neglect.<sup>62</sup>

Ideas about ways to integrate social-emotional learning into everyday activities and routines are also available to caregivers via apps like Vroom™ (designed for parents) and trainings like Mind in the Making™ (designed for early childhood educators). These programs help parents and educators make the most of their time spent with children in their care.

It is important to note that though caregiver attention plays a crucial role in helping children exercise emotional regions of the brain, there are many reasons that a child may experience delayed social-emotional development; the important thing is to be able to identify such delays and provide the appropriate interventions.

Developmental screening performed by child care providers and pediatricians can give parents a clear picture of their child's development and link caregivers to critical support services. Early Intervention (EI) professionals are crucial to ensuring developmental screeners are easily accessible. However, the services provided through EI are more sparse in rural areas due to staff shortages. Further, Early Intervention service provision depends on developmental screenings conducted by a pediatrician, child care provider, or other professional.

Given the significant role of consistent, positive interaction with caring adults in a child's development, addressing the mental health needs of parents can enhance the quality and quantity of nurturing interactions a child experiences. One way to attend to the mental health of Mississippi mothers is to **establish a continuum of care for prenatal, interpregnancy, and postpartum care across the state.**

Nationally, most mothers see their provider 6 weeks postpartum, while the American College of Obstetrics and Gynecology recommends visiting a provider within 3 weeks of giving birth.<sup>64</sup> Other states like Minnesota have implemented a 2-3 week first-visit window with impressive results: Minnesota has the second lowest maternal mortality rate in the nation (12.3 deaths per 100,000 births). Mississippi has the second-highest maternal mortality rate in the nation at 39.1 deaths per 100,000 births.<sup>65</sup>

**Dr. Vivek H Murthey, Former Surgeon General, released an advisory statement in August 2024, noting that one in three parents reports experiencing high levels of stress, as compared to one in five non-parenting adults. High-stress levels can make parents more prone to irritability and frustration. This emotional dysregulation can affect their parenting, specifically in how they respond to their child, dysregulating the child and creating an emotional domino effect. Children are highly attuned to their caregivers, especially in early childhood, and high parental stress is often reflected in children's behaviors.**<sup>63</sup>



# MIDDLE CHILDHOOD

## children ages 6-12

Middle childhood spans from school entry to adolescence. During this phase, children *appear* to enter a slower stage of growth. Physically, they experience fewer changes than in early childhood or the teenage years. However, behind the scenes, **children at this stage are growing exponentially: in their independence!** Their autonomy is bolstered by improved motor skills and brain changes that allow for **enhanced planning**, **coordination**, and **emotional regulation**.

While children seek out more autonomy and self-definition during this stage, it is essential for parents and mentors to actively engage with children to guide the various influences shaping their experiences. For example, as children grow more independent, they will typically show initiative in making snacks or simple meals; although they may no longer require parental assistance, adults can still influence kids by helping them establish healthy habits. Additionally, children in this age group are developing a clearer understanding of their potential strengths and weaknesses. Parents and mentors can help ensure children are exposed to a range of activities, arts, and athletics and encourage them throughout their struggles and successes.

Exposure to extracurriculars and community events begins to play a pivotal role in children's well-being at this age, as middle childhood is characterized by a transition from family-centered to peer-focused interactions. These children demonstrate increased independence from family, prioritize friendships, and seek acceptance among peers (though parents undoubtedly continue to shape children's development throughout every stage). These peer relationships teach critical social competencies like initiating interactions, managing conflicts, and coordinating activities effectively. Building on their newfound cognitive ability to understand their talents, children in this age group begin to solidify their identities and seek membership in groups that align with those identities.

One compelling program supporting parents to help kids cultivate skills and in-person connection through sports and activities is OSPREY, or "Old School Parents Raising Engaged Youth." Created by Mississippi natives Ben and Erin Napier, hosts of HGTV's "Home Town," OSPREY aims to help youth achieve social media-free childhoods until they graduate high school.<sup>66</sup> When parents delay their children's access to social media, parents can eliminate their child's exposure to online bullying. Moreover, say the Napiers, "children have longer attention spans to learn more, [their] emotional bandwidth isn't drained by superficial social media experiences, and they can focus on the activities, outlets, sports, and interests that may become their passion and vocation without judgment."





There is some evidence that excessive phone usage and social media exacerbate anxiety and bullying behaviors. To determine if limiting phone usage in schools could minimize adverse effects on the campus of Bentonville West High School in neighboring Arkansas, administrators created a pilot program prohibiting phone use in classes at the start of the 2023-2024 academic school year. The results? Verbal and physical offenses at the high school dropped by more than 50 percent. Eighty-six percent of teachers reported positive impacts.<sup>67</sup>

Thus, children at this stage can benefit considerably from the supportive connections found in friends, school, and community. See page 15 to read about the significant role that community green space can play in supporting connection, recreation, and health as youth begin to become more autonomous.

As children approach the end of this stage and enter middle school, they are more likely to encounter or enact bullying behaviors. "We see an uptick in bullying in middle school that tapers back off in high school," said Dr. Megan Stubbs-Richardson, an interpersonal violence researcher at Mississippi State University. Bullying is now inescapable for many young people, she relayed. "Those who are bullied in school are likely also bullied online, where vicious attacks can be anonymous." LGBTQ youth and racial and ethnic minorities are most likely to be bullied, "but it can happen to anyone," she added.

Young people who have experienced Adverse Childhood Experiences (ACEs) are much more likely to be bullied *and* to bully others than those without ACEs, reflecting or compounding issues faced at home.

### **Social Media is described as a "Safe Haven for Some, Lightning Rod for Others" by Michael Rich, MD, MPH in "The Mediatrician's Guide."**

**Nearly all teens in America spend time on the internet every day, and 46% use it "almost constantly." Pros of social media use for teens include:**

- enhancing connection to their friends,
- receiving support from others, and
- exploring their creativity.

**It is critical to acknowledge the integral part that the internet plays in our society. Youth, especially those in rural spaces, can find communities of like-minded people online. Further, internet and computer literacy have also become critical skills that are expected of young people entering the workplace. Social media usage is not all positive, though. Some of the negatives associated with social media use include:**

- enhanced risk for anxiety, depression, and other mental health outcomes,
- exposure to hate-based content, including racism, and
- increased risk for social comparison.<sup>68</sup>

**To mitigate these risks, Dr. Michael Rich encourages teens to create meaningful connections and move closer to each other by upgrading their connections. He suggests the following:**

- instead of tweeting, text.
- instead of texting, call or, better yet, video call.
- instead of calling, meet in person.<sup>69</sup>

# ADOLESCENCE

## children ages 13-19

Adolescence refers to the teenage transition from childhood to adulthood and the onset of puberty. As adolescents' hormones change, so do their bodies and brains.

During this phase, a child's 'emotional' brain develops faster than their 'logical' brain. Children's prefrontal cortex, responsible for planning, prioritizing, and impulse control, does not fully mature until the mid-20s.<sup>70</sup> These hormone-driven changes lead to greater risk-taking and impulsivity, driving adolescents to seek opportunities for independence as they prepare for adulthood.<sup>71</sup> Throughout this phase, adolescents can experience feelings of invincibility and may not always fully grasp the negative consequences of risky behaviors.

**Caring Connections** are one of the **Five Basic Psychological Needs of Adolescents** outlined by Dr. Ellen Galinsky in *The Breakthrough Years*.

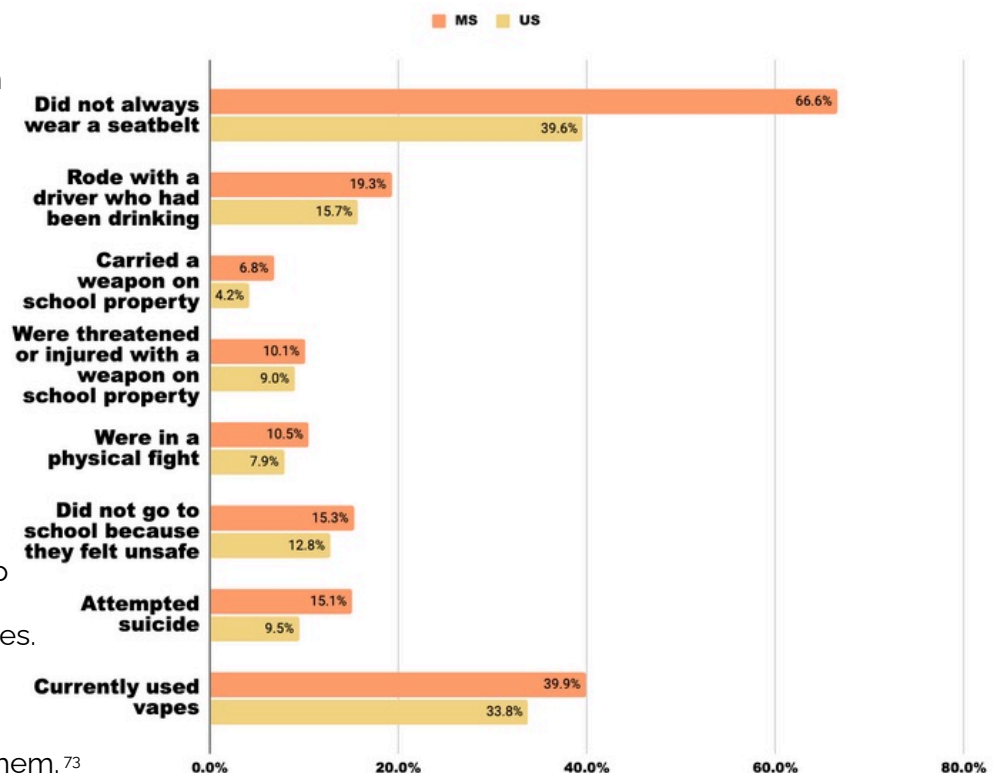
*"The need to belong involves feeling close, cared about, safe, and accepted for who you are. Support is feeling that you can rely on others for help, that they will be there for you when problems arise. When adolescents feel like they belong and are supported, they can feel connected (caring connections)."*<sup>74</sup>

While these behavioral changes need not be negative, Mississippi youth are significantly more likely than youth nationally to engage in certain risky behaviors, as shown in the chart on the right.<sup>72</sup>

Parents, grandparents, friends, mentors, teammates, and community members can play essential roles in curbing the riskiest behaviors. Preventing ACEs and increasing PCEs can influence participation in risky behavior.

As we explored earlier in "Mississippi's Children and Their Mental Health" and "Connection," a child having just one relationship with a trusted adult can minimize the impact of traumatic experiences. Youth are less likely to engage in risky behaviors if they feel that others are looking out for them or know that others are depend on them.<sup>73</sup>

**Risky Behaviors of Youth, Mississippi & United States (YRBS, 2023)**



Two productive ways to support youth's growing independence while bringing them into a network of trusted adults are **apprenticeship programs** and **outdoor programs** (like 4H). Through these programs, youth are able to connect with local ecosystems and businesses, experience more control of their surroundings and their future, and make meaningful connections with supportive adults and like-minded friends in their community.



# ACCESSING CURRENT MENTAL HEALTH RESOURCES

## Resources for Children and Youth in Crisis

Throughout their journey to adulthood, even the most mentally resilient children and youth can encounter unanticipated mental health crises. There are a variety of public and private resources in place for children who need mental health services. The programs listed in this section operate like an emergency roadside assistance program, responding to children in acute crises to ameliorate mental distress.

Mississippi is working to bolster these services and coordinate care across disparate organizations. In 2023, Mississippi established a legislative task force focused on mental health; those hearings supplied many of the resources and data found in this section. A full report of the findings and recommendations can be found at: [tinyurl.com/MSMHRReccs](https://tinyurl.com/MSMHRReccs)

### *The Mississippi Department of Mental Health*

The Mississippi Department of Mental Health (MDMH) provides services for Mississippians across the lifespan and coordinates community mental health programs in every county.

NAVIGATE is an internationally-recognized program for those experiencing first-episode psychosis. In FY 2024, NAVIGATE served 131 youth and young adults. Of those, 93% did not require hospitalization, and 67% were able to maintain employment and enroll in school or educational courses.

MAP (Making a Plan) Teams comprise local teams dedicated to providing support to children and youth with serious emotional disorders. Fifty-five MAP teams served 1,024 children and youth in FY 2024.

Wraparound Facilitation offers family-centered support for youth with complex mental health challenges. In FY 2024, 1,427 children and youth received Wraparound Facilitation. Only 1% of children and youth served by Wraparound Facilitation required a higher level of care.<sup>75</sup>

Mississippi State Hospital's Child and Adolescent beds aid children experiencing mental crises. They provide 22 beds, which served a total of 131 children and youth in 2023.<sup>76</sup> MDMH noted that some inpatient beds have had to be temporarily paused due to staffing issues; for example, in July 2024, Gulfport Specialized Treatment Facility had 48 total beds, but only 32 were active due to staff shortages.<sup>77</sup>

Intensive Community Support Services serve children and youth as they re-enter daily life after inpatient treatment. This service includes collaborating with local mental health and school professionals, and family support to provide continuous care to ease the transition. In FY 2024, 214 children and youth were served through this program. Of those, 197 were able to be maintained in their homes and communities through this supportive service.

In addition to these services, MDMH is working to implement a Certified Community Behavioral Health Clinic (CCBHC) model to further expand and increase the quality of services to align with national standards set by the Substance Abuse and Mental Health Services Administration (SAMHSA). The CCBHC model requires cross-agency partnership, such as with Early Intervention, Home Visiting Programs, WIC, and Head Start, to ensure that all children are able to access developmentally-appropriate family-centered services. Further, treatment and services are required to look at the whole child, not just their mental health concern. Environmental, educational, and relational issues must also be taken into account to provide wraparound care. Transitioning to this model is a step toward a comprehensive, coordinated system of care.

RESOURCES FOR CHILDREN AND YOUTH IN CRISIS

**University of Mississippi Medical Center - Center for the Advancement of Youth**

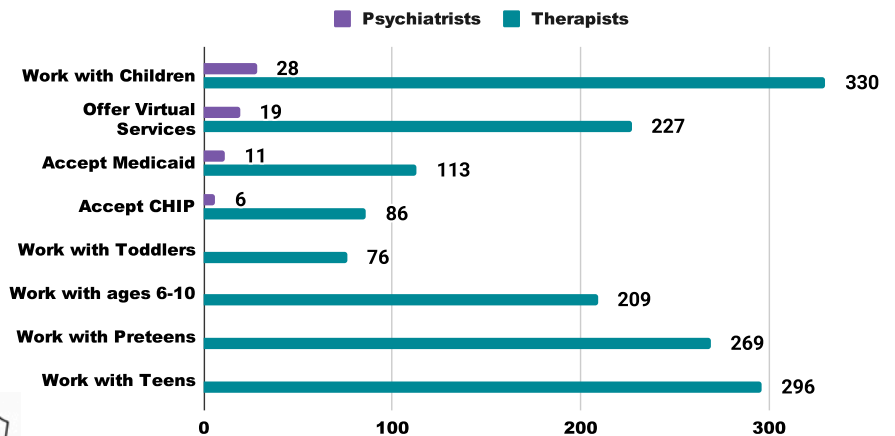
The Center for the Advancement of Youth (CAY) has a number of programs for treating and monitoring children's mental health. Located in Jackson, the Center has also increased its reach through telemental health for many of its services.

Child Access to Mental Health and Psychiatry (CHAMP) is expanding access to mental health diagnosis and treatment by providing pediatric mental health care consultations to primary care providers (PCPs) across the state. CHAMP assists providers in the identification, diagnosis, and management of developmental, behavioral, or psychiatric concerns in children ages 0-21. Since 2019, CHAMP has provided over 1,300 consultations to primary care providers and has registered 738 primary care providers across Mississippi (over 50% of the state's PCP workforce). Doctors consulting with CHAMP see decreased costs in their psychotropic medication claims, especially those involving stimulants; this is achieved by reducing the number of psychotropics prescribed and by decreasing the average cost to fill a prescription.<sup>78</sup>

**University of Mississippi - Clinic for Outreach and Personal Enrichment**

COPE provides free telemental health services to youth across Mississippi and in-person group counseling to youth in the municipalities of Jackson, Rosedale, and Greenwood. Between August 2022 and May 2023, COPE provided over 2,000 hours of free counseling.<sup>79</sup>

**Psychiatrist & Therapist Options for Children**

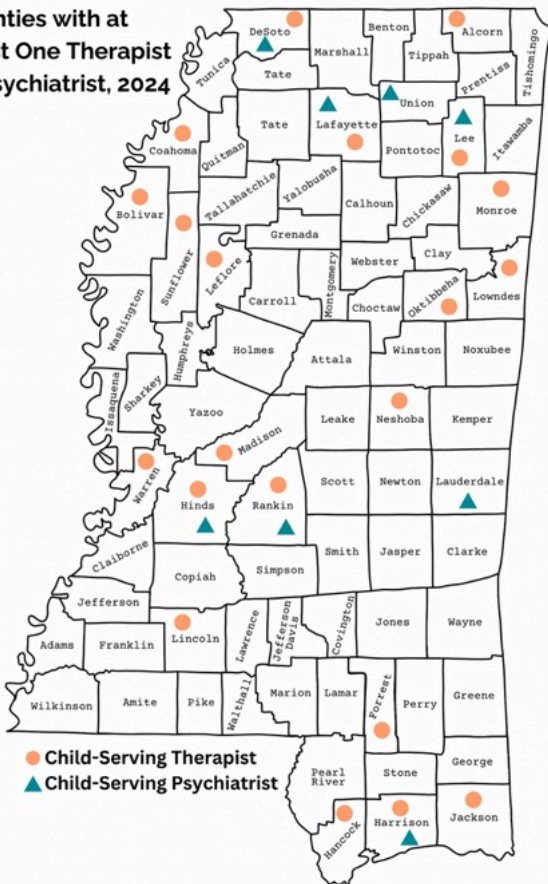


**Private Psychiatry & Therapy (0-18)**

As of September 2024, Mississippi had 28 psychiatrists who worked with children. Of those, 19 (68%) offered virtual services, 6 accepted CHIP, and 11 accepted Medicaid.<sup>80</sup> Mississippi also had 330 therapists who work with children. Of those, 227 (69%) offered virtual services, 86 accepted CHIP, and 113 accepted Medicaid.<sup>81</sup> On the left is a map showing the locations of child-serving therapists and psychiatrists available according to Psychology Today, and to the left is a map that shows the breakdown of those who work with children.<sup>82</sup>

Recent advances in telehealth have greatly increased access to these sparse mental health services, though Mississippi is still designated a Mental Health Professional Shortage Area.<sup>83</sup> The Child Mind Institute, a national child development research firm, devoted its 2020 Annual Report to telemental health care for children and described the many benefits of this option, including increased access to specialized treatments and greater reach for children and youth in rural communities. Without telemental health services, much of Mississippi would not have mental health coverage for children.

Counties with at Least One Therapist or Psychiatrist, 2024





# Resources for Mental Health Education and Training

In our state there are several programs that teach participants how to recognize and intervene when a child or youth is experiencing a mental health crisis. Training includes the following, though this should not be viewed as a comprehensive list.

Through House Bill 231, approved in 2023, MDMH will implement the Positive Action program in public schools to promote a culture of mental wellness among middle and high schoolers.<sup>84</sup> The rollout of this program is still in progress.

Through the University of Mississippi, the Youth Mental Health First Aid (YMHFA) program offers free mental health crisis intervention training to any group in the state whose work brings them into contact with youth, including parents, educators, and community and church leaders.<sup>85</sup>

The Trauma Informed Parenting & Professional Strategies (TIPPS) Program at Mississippi State University offers free training to support the well-being of all children in Mississippi. Trust-Based Relational Intervention (TBRI) training is available to anyone who works with children. This program focuses on cultivating trauma-informed relationships with children who have faced Adverse Childhood Experiences. All parents, including foster parents and grandparents, social workers, and nonprofit leaders engaged in working with system-involved children may particularly benefit from this training.

TBRI has also proven useful in the judicial system. The family court in Hancock County has mandated TBRI training for their staff under Judge Trent Favre.

Canopy Children's Solutions offers paid and free training and resources to educators, clinical professionals, parents, and even children in grades 9-12. These sources are created to enrich the lives of children and assist their support groups in cultivating an environment for the children to thrive.<sup>86</sup>

## Resources for Children and Youth Requiring Ongoing Services

This list includes services that can help families identify when a child or youth might need specialized and/or ongoing intervention. Such services may be targeted towards the child (such as speech-language therapy) or may involve observation and instruction meant to assist a child's caretakers (such as MECIC).

### *Early Intervention*

Early Intervention, housed within the Mississippi Department of Health, is charged with providing access to mental, emotional, speech, and physical therapeutic services to children ages 0-3. Interventionists are specially-trained professionals who coordinate with children's child care providers or parents to provide services in the child's most natural environment.

### *Mississippi Early Childhood Inclusion Center (MECIC)*

The Mississippi Early Childhood Inclusion Center (MECIC) at the University of Southern Mississippi, funded by the Mississippi Department of Human Services, offers professional development centered on best practices for educating young children with disabilities within early childhood environments. Participants can earn contact hours at no cost. This professional development is available for directors, as well as for infant, toddler, and preschool providers. Furthermore, MECIC operates two on-site Resource and Referral Centers located in Hattiesburg and Gulfport to serve families of children with disabilities and developmental delays.

RESOURCES FOR CHILDREN AND YOUTH REQUIRING ONGOING SERVICES

### Specialized Therapies (0-18)

In addition to mental health care, children with existing mental, emotional, developmental, or behavioral health challenges may benefit from specialized therapies such as occupational, speech-language, or physical therapy.

The reasons for overlap between mental health needs and specialized needs are varied and complex, but one leading reason is the anxiety experienced when one cannot communicate with others or navigate daily life as easily as others.<sup>87, 88</sup> While Mississippi has providers for these therapies, they are often clustered around high population centers. Like many resources in Mississippi, access greatly varies by geography.<sup>89</sup> The chart above shows that there are fewer than 100 specialized

therapists on the MSDH list of recommended occupational, speech language, and physical therapists.<sup>90</sup>

Therapy Type	Number of Providers
Occupational	66
Speech-Language	71



#### Occupational Therapy (OT):

Pediatric occupational therapy practitioners work with children and families to identify developmentally appropriate goals to aid children in the acquisition of meaningful skills and meeting developmental milestones to participate in daily life experiences.<sup>91</sup>

#### Speech-Language Therapy (SLPT):

Speech-Language Pathologists provide therapy focusing on communication and cognition. Therapeutic services include activities that strive to improve language disorders, swallowing, and other speech-related impairments.<sup>92</sup>

## COMMUNITY CONNECTION

**BethAnne Mitchell**

Resource and Referral Training Specialist, Mississippi Early Childhood Inclusion Center

“ So the goal of MECIC is to support providers, educators, families, and children with disabilities...It looks different for every single person that walks through our doors at MECIC but the goal is to support them in whatever way possible. ”





## On behalf of THE CHILDREN'S FOUNDATION OF MISSISSIPPI (CFM), we WOULD LIKE TO EXPRESS OUR SINCERE THANKS TO THE FOLLOWING:

- Laure Bell for the 2025 Mississippi Legislature Calendar, through which excerpts of the Databook are shared with Mississippi legislators.
- Research partners: Elucidata, LLC: Audrey Reid, Shelby Gann, & Dr. Leslie Joblin
- Special thanks to the CFM team, Maribeth Kitchings, Bailey Shelton, and Janez Young for their incredible teamwork with the publication of the 2025 Mississippi KIDS COUNT Factbook.

### Children's Foundation Of Mississippi Board of Directors

Dave Dennis, Chair	President/CEO	Specialty Contractors
Mary Currier, MD	Professor of Preventive Medicine State Health Officer (Retired)	University of Mississippi Medical Center Mississippi State Department of Health
Carla J. Evers, PhD	Superintendent	Pass Christian School District
Judge John Hudson, JD	Retired	Adams County Youth Court
Ralph Jackson	Vice-President & Community Affairs Officer	BankPlus
Patti Marshall, JD	Assistant Attorney General (Retired)	Mississippi Attorney General's Office
Dr. Karen Norwood-Bailey	Director of Human Resources	Bailey Education Group, LLC
Cynthia Minton-Walker	Director of Advisory & Advocacy	Global Investment For Tomorrow (GIFT CONNECT)
Sammy Moon	Retired	Mississippi Alliance of Nonprofits and Philanthropy
Justice Randy Pierce, JD	Retired	Supreme Court

### Mississippi Kids Count Advisory Board Members

Patti Marshall, JD, Chair	Assistant Attorney General (Retired)	Mississippi Attorney General's Office
Mike Clayborne	Executive Director	CREATE Foundation
Portia Espy, PhD	Executive Director	Mississippi Urban League
Lloyd Gray	Executive Director	Phil Hardin Foundation
The Hon. John N. Hudson, JD	Jurist-in-Residence	Mississippi Supreme Court
Sanford Johnson	Executive Director	TEACH Plus
Sammy Moon	Retired	Mississippi Alliance of Nonprofits and Philanthropy
DD Sidhu, MD, FAAP	CEO & Medical Director	University of Tennessee Medical Sciences & Desoto Children's Clinic

\*Note: J. Edward Hill, Family Residence Program, Director (Retired), North Mississippi Health Services Emeritus Member (2020)

# REFERENCES

## Mississippi's Children and Their Mental Health

- [1] CDC (2024, October). *About children's mental health*. Children's Mental Health. <https://www.cdc.gov/children-mental-health/about/index.html>
- [2] American Psychological Association. (2022, May). Children's mental health. American Psychological Association. <https://www.apa.org/topics/children/mental-health>
- [3] CDC (2024, October). About children's mental health. Children's Mental Health. <https://www.cdc.gov/children-mental-health/about/index.html>
- [4] Durlak, J. A., Weissberg, R. P., Dymnicki, A. B., Taylor, R. D., & Schellinger, K. B. (2011). The impact of enhancing students' social and emotional learning: A meta-analysis of school-based universal interventions. *Child Development*, 82(1), 405-432.
- [5] Almlund, M., Duckworth, A., Heckman, J.J., & Kautz, T. (2011). "Personality Psychology and Economics". In E. Hanushek, S. Machin, and L. Woessman, eds., *Handbook of the Economics of Education*, Amsterdam: Elsevier. pp. 1-181.
- [6] Bethell, C., Jones, J., Gombojav, N., Linkenbach, J., & Sege, R. (2019). Positive childhood experiences and adult mental and relational health in a statewide sample. *JAMA Pediatrics*, 173(11). <https://doi.org/10.1001/jamapediatrics.2019.3007>
- [7] Cleveland, M., Hanna, Courtney, Walker, S., & Buttross, S. (2021). *Adverse Childhood Experiences in Mississippi: Recommendations for a Brighter Future*.
- [8] NSCH 2022 23: Children with mental, emotional, developmental or behavioral problems, Mississippi vs. Nationwide, Child has 1 or more reported MEDB problems, and/or qualifies on CSHCN Screener emotional, behavioral or developmental criteria x Adverse childhood experiences. [Childhealthdata.org](https://www.childhealthdata.org/browse/survey/results?q=10526&r=26&r2=1&g=1133); CAHMI - Data Resource Center for Child and Adolescent Health.
- [9] NSCH 2022 23: Children with mental, emotional, developmental or behavioral problems, Mississippi vs. Nationwide, Child has 1 or more reported MEDB problems, and/or qualifies on CSHCN Screener emotional, behavioral or developmental criteria x Adverse childhood experiences. [Childhealthdata.org](https://www.childhealthdata.org/browse/survey/results?q=10526&r=26&r2=1&g=1133); CAHMI - Data Resource Center for Child and Adolescent Health.
- [10] Mississippi IDEA Part C Early Intervention Task Force. (2023). In MSDH Resources (pp.1-89). <https://msdh.ms.gov/page/resources/20111.pdf>
- [11] Personal communication with Dr. Dustin Sarver, University of Mississippi Medical Center, Center for the Advancement of Youth (November 4, 2024).
- [12] NSCH 2022 23: Children with mental, emotional, developmental or behavioral problems, Mississippi vs. Nationwide, Child has 1 or more reported MEDB problems, and/or qualifies on CSHCN Screener emotional, behavioral or developmental criteria x Adverse childhood experiences. [Childhealthdata.org](https://www.childhealthdata.org/browse/survey/results?q=10526&r=26&r2=1&g=1133); CAHMI - Data Resource Center for Child and Adolescent Health.
- [13] Abdi, F., & Sanders, M. (2022). Bridging the Mental Health Care Gap for Black Children Requires a Focus on Racial Equity and Access - Child Trends. [ChildTrends](https://www.childtrends.org/publications/bridging-the-mental-health-care-gap-for-black-children-requires-a-focus-on-racial-equity-and-access).
- [14] NSCH 2022 23: Percent of children who have a personal doctor or nurse, Nationwide vs. Mississippi, Have a personal doctor or nurse x Race/ethnicity of child. [Childhealthdata.org](https://www.childhealthdata.org/browse/survey/results?q=11317&r=1&r2=26&g=1154); CAHMI - Data Resource Center for Child and Adolescent Health.
- [15] De Rossi, P., Pretelli, I., Menghini, D., D'Aiello, B., Di Vara, S., & Vicari, S. (2022). Gender-Related Clinical Characteristics in Children and Adolescents with ADHD. *Journal of Clinical Medicine*, 11(2), 385. <https://doi.org/10.3390/jcm11020385>



- [16] Fairman, K. A., Peckham, A. M., & Sclar, D. A. (2017). Diagnosis and Treatment of ADHD in the United States: Update by Gender and Race. *Journal of Attention Disorders*, 24(1), 10–19. <https://doi.org/10.1177/1087054716688534>
- [17] Wood-Downie, H., Wong, B., Kovshoff, H., Mandy, W., Hull, L., & Hadwin, J. A. (2020). Sex/Gender Differences in Camouflaging in Children and Adolescents with Autism. *Journal of Autism and Developmental Disorders*, 51(4). <https://doi.org/10.1007/s10803-020-04615-z>
- [18] NSCH 2022 23: Children with mental, emotional, developmental or behavioral problems, Mississippi vs. Nationwide, Child has 1 or more reported MEDB problems, and/or qualifies on CSHCN Screener emotional, behavioral or developmental criteria x Adverse childhood experiences. Childhealthdata.org; CAHMI - Data Resource Center for Child and Adolescent Health. <https://www.childhealthdata.org/browse/survey/results?q=10526&r=26&r2=1&g=1133>
- [19] CDC WONDER. (n.d.). Wonder.cdc.gov. <https://wonder.cdc.gov>
- [20] Apanco, M. (2023, March 29). Teen pregnancy and mental health. Hennepin Healthcare. <https://www.hennepinhealthcare.org/blog/teen-pregnancy-and-mental-health/>
- [21] Mississippi PRAMS Program. (n.d.). Postpartum Depression Among Mississippi Women in 2020. In *MSDH*. Retrieved January 16, 2025, from <https://msdh.ms.gov/page/resources/20203.pdf>
- [22] McGonigal, K. (2012, August 3). *Is Your Mind Separate From Your Body?* Psychology Today. <https://www.psychologytoday.com/ca/blog/the-science-willpower/201208/is-your-mind-separate-your-body>
- [23] NSCH 2022 23: One or more preventive care visits during past 12 months, Mississippi vs. Nationwide. Childhealthdata.org; CAHMI - Data Resource Center for Child and Adolescent Health. <https://www.childhealthdata.org/browse/survey/results?q=10568&r=26&r2=1>
- [24] NSCH 2022 23: Difficulties making or keeping friends, Mississippi vs. Nationwide, No difficulty x Age groups, 6-17 years. Childhealthdata.org; CAHMI - Data Resource Center for Child and Adolescent Health. <https://www.childhealthdata.org/browse/survey/results?q=10528&r=26&r2=1&g=1111>
- [25] NSCH 2022 23: Participation in organized activities outside of school, Mississippi vs. Nationwide, Child participated in one or more extracurricular activities x Age groups, 6-17 years. Childhealthdata.org; CAHMI - Data Resource Center for Child and Adolescent Health. <https://www.childhealthdata.org/browse/survey/results?q=10733&r=26&r2=1&g=1111>
- [26] Twenge, J. M. (2023). *Generations*. Atria Books.
- [27] *Youth Online: High School YRBS - Mississippi 2019 Results | DASH | CDC*. (n.d.). [Nccd.cdc.gov](https://nccd.cdc.gov/youthonline/App/Results.aspx?LID=MS)
- [28] Youth Risk Behavior Survey | CDC. (n.d.). [Yrbs-explorer.services.cdc.gov](https://yrbs-explorer.services.cdc.gov/)
- [29] Saunders, H. (2024, July 29). 988 Suicide & Crisis Lifeline: Two Years After Launch | KFF. KFF. <https://www.kff.org/mental-health/issue-brief/988-suicide-crisis-lifeline-two-years-after-launch/>
- [30] FY 2023 ANNUAL REPORT. (n.d.). <https://www.dmh.ms.gov/wp-content/uploads/2024/01/2023-Annual-Report-02.pdf>

## Supporting Mental Wellness

- [31] Muscaritoli M. (2021). *The Impact of Nutrients on Mental Health and Well-Being: Insights From the Literature*. *Frontiers in Nutrition*.
- [32] Grajek M, et al. (2022). *Nutrition and mental health: A review of current knowledge about the impact of diet on mental health*. *Frontiers in Nutrition*.
- [33] Rucklidge, J. J., & Kaplan, B. J. (2016). *Nutrition and Mental Health*. *Clinical Psychological Science*, 4(6), 1082–1084.

- [34] McGraw, K., Moore, S., Fuller, A., & Bates, G. (2008). Family, peer and school connectedness in final year secondary school students. *Australian Psychologist*, 43(1), 27–37;; Bagwell, C. L., & Bukowski, W. M. (2018). Friendship in childhood and adolescence: Features, effects, and processes.
- [35] Güroğlu, Berna. The power of friendship: The developmental significance of friendships from a neuroscience perspective. In W. M. Bukowski, B. Laursen, & K. H. Rubin (Eds.), *Handbook of peer interactions, relationships, and groups* (2nd ed., pp. 371–390). The Guilford Press.
- [36] Berndt, T. J. (2004). Children's friendships: Shifts over a half-century in perspectives on their development and their effects. *Merrill-Palmer Quarterly*, 50(3), 206–223.
- [37] Van Harmelen, A.-L., Kievit, R., Ioannidis, K., Neufeld, S., Jones, P., Bullmore, E., Dolan, R., Fonagy, P., & Goodyer, I. (2017). Adolescent friendships predict later resilient functioning across psychosocial domains in a healthy community cohort. *Psychological Medicine*, 47(13), 2312–2322.
- [38] Fancourt D., Finn S., What is the evidence of the role of the arts in improving health and well-being? World Health Organization (2019).
- [39] Bernat, Debra H., and Michael D. Resnick. "Connectedness in the lives of adolescents." (2009).
- [40] NSCH 2022 23: Percent of adolescents who have one or more adults outside the home who they can rely on for advice or guidance, Mississippi vs. Nationwide, Have adult mentor outside of household x Percent of poverty level. (2022). [Childhealthdata.org](https://www.childhealthdata.org/); CAHMI - Data Resource Center for Child and Adolescent Health. <https://www.childhealthdata.org/browse/survey/results?q=11314&r=26&r2=1&g=1163>
- [41, 42] Sharifi-Rad M, et al. 2020. Lifestyle, Oxidative Stress, and Antioxidants: Back and Forth in the Pathophysiology of Chronic Diseases. *Front Physiology*.
- [43] Selhub, Eva. 2022. Nutritional Psychology: Your Brain on Food. Harvard Health Blog.
- [44, 45] Rucklidge, J. J., & Kaplan, B. J. (2016). Nutrition and Mental Health. *Clinical Psychological Science*, 4(6), 1082–1084. <https://doi.org/10.1177/2167702616641050>
- [46] Ríos-Hernández A, Alda JA, Farran-Codina A, Ferreira-García E, Izquierdo-Pulido M. The Mediterranean Diet and ADHD in Children and Adolescents. *Pediatrics*. 2017
- [47] Clay, R. (2017). The link between food and mental health. American Psychological Association. Access Community Health. (2024). Access Community Health. <https://www.accessfhs.com/farmacy>
- [48] Towe-Goodman N, McArthur KL, Willoughby M, et al. Green Space and Internalizing or Externalizing Symptoms Among Children. *JAMA Netw Open*. 2024
- [49] Wells, N. M., & Evans, G. W. (2003). Nearby nature: A buffer of life stress among rural children. *Environment and Behavior*, 35(3), 311–330.
- [50] Wells, N. M., & Evans, G. W. (2003). Nearby nature: A buffer of life stress among rural children. *Environment and Behavior*, 35(3), 311–330.
- [51] Mitchell, Richard. "Is physical activity in natural environments better for mental health than physical activity in other environments?." *Social science & medicine* 91 (2013): 130-134.
- [52, 53] Barton J, Rogerson M. The importance of greenspace for mental health. *BJPsych Int*. 2017 Nov 1;14(4):79-81.
- [54] Stone, Brian. (2024). Ancient Rome had ways to counter the urban heat island effect. *Discover Magazine*.
- [55] The science of early brain development can inform investments in early childhood. (n.d.). In Harvard Center (pp. 1–2). Retrieved January 16, 2025, from <https://harvardcenter.wpenginepowered.com/wp-content/uploads/2007/03/InBrief-The-Science-of-Early-Childhood-Development2.pdf>



## Early Childhood

- [56] Why 0-3?. ZERO TO THREE. (2024, May 9). <https://www.zerotothree.org/why-0-3/>
- [57] Harvard University. (2021). Serve and Return. In [harvard.edu](https://developingchild.harvard.edu/science/key-concepts/serve-and-return/).  
<https://developingchild.harvard.edu/science/key-concepts/serve-and-return/>
- [58] The impact of early adversity on children's development. (n.d.). In Harvard Center (pp. 1–2). Retrieved January 16, 2025, from <https://harvardcenter.wpenginepowered.com/wp-content/uploads/2015/05/inbrief-adversity-1.pdf>
- [59] FFY CCDF State Plan 2025-2027: The paperwork reduction act of 1995. (n.d.). In MDHS (pp. 1–208). Retrieved January 16, 2025, from <https://www.mdhs.ms.gov/wp-content/uploads/2024/05/2025-2027-CCDF-State-Plan-5-28-2024.pdf>
- [60, 61] CDC. (2024a, September 6). Policy Approaches to Preventing ACEs. Injury Center. <https://www.cdc.gov/injury/budget-funding/policy-approaches-to-preventing-aces.html>
- [62] Rutherford HJ, Wallace NS, Laurent HK, Mayes LC. Emotion Regulation in Parenthood. *Dev Rev.* 2015 Jun 1;36:1-14. doi: 10.1016/j.dr.2014.12.008. PMID: 26085709; PMCID: PMC4465117.
- [63] Ramos, D. (2022, February). What to Expect at a Postpartum Checkup—And Why the Visit Matters. [Www.acog.org](https://www.acog.org/womens-health/experts-and-stories/the-latest/what-to-expect-at-a-postpartum-checkup-and-why-the-visit-matters). <https://www.acog.org/womens-health/experts-and-stories/the-latest/what-to-expect-at-a-postpartum-checkup-and-why-the-visit-matters>
- [64] Maternal deaths and mortality rates: Each state, the District of Columbia, United States. (n.d.). In CDC (pp. 1–2). Retrieved January 16, 2025, from <https://www.cdc.gov/nchs/maternal-mortality/mmr-2018-2022-state-data.pdf>

## Middle Childhood

- [66] Osprey kids. (n.d.). Osprey. <https://ospreykids.com/>
- [67] Jones, D. (2024, October 28). Set the limit. *Arkansas Online*; <https://www.arkansasonline.com/news/2024/oct/28/set-the-limit/>
- [68, 69] Rich, M. and Barker, T. (2024). *The mediatrixian's guide: a joyful approach to raising healthy, smart, kind kids in a screen-saturated world*. Harper Horizon

## Adolescence

- [70] National Institute of Mental Health. (2023). The Teen brain: 7 Things to Know. National Institute of Mental Health. <https://www.nimh.nih.gov/health/publications/the-teen-brain-7-things-to-know>
- [71] Herting, M. M., & Sowell, E. R. (2017). Puberty and structural brain development in humans. *Frontiers in Neuroendocrinology*, 44(44), 122–137. <https://doi.org/10.1016/j.yfrne.2016.12.003>
- [72] CDC. (n.d.). Youth Risk Behavior Survey | CDC. [Yrbs-Explorer.services.cdc.gov](https://yrbs-explorer.services.cdc.gov/). <https://yrbs-explorer.services.cdc.gov/#/>
- [73] Bernat, D. H., & Resnick, M. D. (2009). Connectedness in the lives of adolescents. In R. J. DiClemente, J. Santelli, & R. A. Crosby (Eds.), *Adolescent health: Understanding and preventing risk behaviors* (pp. 375–389). Jossey-Bass/Wiley.
- [74] Galinsky, E. (2024). *The breakthrough years: a new scientific framework for raising thriving teens* (First edition.). Flatiron Books.

## Accessing Current Mental Health Resources

[75] Mississippi Department of Mental Health. (n.d.). FY 2023 ANNUAL REPORT. In Mississippi Department of Mental Health. Retrieved January 16, 2025, from <https://www.dmh.ms.gov/wp-content/uploads/2024/01/2023-Annual-Report-02.pdf>

[76, 77, 78, 80] Mississippi Legislative Task Force on Mental Health. July 17, 2024 Meeting. <https://www.youtube.com/watch?v=vUlqOYNHBRo>

[79] Joblin, Leslie. 2023. University counseling clinic expands reach of free services. Ole Miss News.

[81] Psychology Today. (2025). Find the Best Child Psychiatrists in Mississippi - Psychology Today. Psychologytoday.com. <https://www.psychologytoday.com/us/psychiatrists/mississippi?category=child-or-adolescent>

[82] Psychology Today. (2025b). Find Therapists and Psychologists in Mississippi - Psychology Today. Psychologytoday.com. <https://www.psychologytoday.com/us/therapists/mississippi?category=in-person&spec=5>

[83] Psychology Today. (2025c). Find Therapists and Psychologists in Mississippi - Psychology Today. Psychologytoday.com. <https://www.psychologytoday.com/us/therapists/mississippi>

[84] Health Resources and Services Administration. (2019). HPSA find. Data.HRSA.gov. <https://data.hrsa.gov/tools/shortage-area/hpsa-find>

[85] Youth Villages Mental Health Mississippi. (2019, October 22). Youth Villages – Mental Health Mississippi. Mental Health Mississippi – Youth Villages. <https://mentalhealthms.com/youth-villages/>

[86] Canopy Children's Solutions. (2019, October 11). Canopy Children's Solutions - Transforming Lives. Canopy Children's Solutions. <https://mycanopy.org/>

[87] Hancock, A., Northcott, S., Hobson, H., & Clarke, M. (2022). Speech, language and communication needs and mental health: the experiences of speech and language therapists and mental health professionals. *International Journal of Language & Communication Disorders*, 58(1). <https://doi.org/10.1111/1460-6984.12767>

[88] Staff, C. (2023, January 31). *Maximizing Student Success: How OT Can Address Mental Health Issues for School-Age Children*. Occupationaltherapy.com. <https://www.occupationaltherapy.com/articles/maximizing-student-success-ot-can-5574>

[89, 90] *Mississippi First Steps Early Intervention Program Directory of Early Intervention Service Providers*. (n.d.). Retrieved January 16, 2025, from <https://msdh.ms.gov/page/resources/4444.pdf>

[91] Beisbier, S., & Cahill, S. (2021). Occupational Therapy Interventions for Children and Youth Ages 5 to 21 Years. *American Journal of Occupational Therapy*, 75(4). <https://doi.org/10.5014/ajot.2021.754001>

[92, 93] Houtrow, A., & Murphy, N. (2019). Prescribing Physical, Occupational, and Speech Therapy Services for Children With Disabilities. *Pediatrics*, 143(4), e20190285. <https://doi.org/10.1542/peds.2019-0285>



**Mississippi KIDS COUNT, based at the Children's Foundation of Mississippi, is part of the national KIDS COUNT network of state-based organizations supported, in part, by the Annie E. Casey Foundation.**

### **About the Children's Foundation of Mississippi**

CFM is focused on improving the policies and systems that affect Mississippi children's well-being. We were founded in 2019 as a 501 (c) 3 to serve as a convener, facilitator, advocate, and catalyst for positive change. Since January 2020, the Children's Foundation has been home to Mississippi KIDS COUNT. The Children's Foundation produces the annual Mississippi KIDS COUNT Factbook and works in concert with the national KIDS COUNT Data Center. We recognize that for Mississippi to reach its potential, our children must first reach theirs.

### **About the Annie E. Casey Foundation**

A private philanthropy that creates a brighter future for the nation's children and youth by developing solutions to strengthen families, build paths to economic opportunity, and transform struggling communities into safer and healthier places to live, work, and grow. The Annie E. Casey Foundation's KIDS COUNT is a national and state effort to track the status of children in the United States. By providing policymakers and advocates with benchmarks on child well-being, the Foundation seeks to enrich local, state, and national discussions concerning ways to enable all children to succeed. Nationally, the Foundation produces KIDS COUNT publications on key areas of well-being, including the annual KIDS COUNT Data Book and periodic reports on critical child and family policy issues. The Foundation's KIDS COUNT Data Center — at [datacenter.kidscount.org](http://datacenter.kidscount.org) — provides the best available data on child well-being in the United States. Additionally, the Foundation funds the KIDS COUNT Network — which counts members from every state, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands — to provide a more detailed, local picture of how children are faring.



# CHILDREN'S FOUNDATION OF MISSISSIPPI

3000 Old Canton Rd. Suite 560  
Jackson, MS 39216  
601-982-9050  
@childrensfdnms  
childrensfoundationms.org

