

Mental Health/Substance Abuse

Issues

- Children receiving special education “emotional disturbance” services have the worst educational outcomes among all students with disabilities.
- Coordination between mental health and primary care systems is generally very poor.
- One child in five (1 in 5) in the U.S. has a diagnosable mental disorder. (US Surgeon General Report, 1999)
- One child in ten (1 in 10) has a serious emotional disturbance that causes substantial impairment in functioning at home, at school, and/or in the community at large. (US Surgeon General Report, 1999)
- Increasing numbers of very young children are being referred to treatment agencies for help with social-emotional disturbances.
- At least one-third (1/3) of the children being served by the U.S. mental health system are diagnosed with two or more psychiatric disorders.
- Increasing numbers of youth are identified with co-occurring mental health and substance abuse disorders.
- Increasing numbers of children are being recognized with co-occurring developmental disabilities and mental health disorders.
- In rural areas, the mental health needs of children appear similar to those in non rural areas, but rates of service access and utilization are very uneven.
- Only 20% of children who have an emotional disturbance receive treatment from a mental health specialist.
- Only 30% of children age 14 and older with emotional disturbance graduate with a standard high school diploma.
- Schools are the major entry point to the mental health system for children and youth; mental health and general healthcare systems are the second most common entry point.
- Suicide is the third leading cause of death for 15- to 25-year olds.
- 60-90% of teenagers who appear in juvenile court have a substance abuse problem.

- 50-75% of youth involved with the juvenile justice system are estimated to have mental health needs. [These needs are often not identified prior to involvement with the juvenile justice system.]
- In child welfare, 39-80% of children are estimated to have mental health needs. This population experiences disproportionate amount of mental illness as adults.
- Problem of "stuck kids" - children with mental illness deemed well enough to leave hospital psychiatric units but stuck in them for lack of treatment programs outside. In Massachusetts, number of stuck kids increased by 50% from 2005-2007.
- Significant shortages in the field of child and adolescent psychology hamper efforts to provide adequate services. In the year 2000 there was a projected need for 30,000 child psychiatrists, but currently there are 6,300, many of whom do not work in public systems. Shortage extends to psychologists and social workers too.
- Shortage of pediatric psychiatrists partially attributable to longer training (medical school + psychiatry residency + pediatric psychiatry residency) with lower pay than other specializations.
- In 2003 there were 88,500 licensed psychologists in the U.S., but many are not trained to work with children who have serious disorders.
- 90% of states report difficulty in recruiting and retaining child welfare workers and there is a 30-40% annual turnover rate nationally.
- Enrollment of nurses in graduate psychiatry training is declining.
- All sectors of this service system are challenged by the difficulty in recruiting and retaining a qualified workforce, particularly to serve cultural and linguistically diverse populations.
- Inpatient placement is generally problematic, particularly with multiple or complex diagnoses. Wait lists and turnaways are reported.
- Few dollars for professional development and capacity building are available to service providers. (Stakeholder Interviews)
- Reimbursements to providers have not kept pace with inflation or with salaries outside human services field, and have not covered the significant costs associated with information technology and quality improvement. As a result of these issues, access to care may be delayed, and outcomes for individuals served through the system less than optimal.
- Irrational, inconsistent, unsustainable, and inefficient reimbursement for outpatient clinic care, particularly in New York.
- Need to combat stigma experienced by mental health clients, stigma that can keep them from seeking help.

- Children exposed to violence (domestic, crime) are more likely to suffer emotional problems.
- Parents of children with mental health problems often have mental or emotional problems of their own.
- Poor parental involvement/engagement in substance abuse prevention initiatives is cited as a primary contributor to their ineffectiveness.
- Medicaid's benefit for mental health care is subject to arbitrary federal policy (e.g., Home and Community Based Services waivers like the successful NYS CARES program for individuals with a developmental disability are not available for adults with a mental illness).
- Room for improvement in terms of coordination of care. NYS has historically emphasized setting-specific treatment services, and does not achieve adequate levels of rehabilitation, less expensive self-help and involvement of families, care coordination and care management. In New York State, much progress has been made in the development of models of collaboration across children's systems; however, a great deal of fragmentation and duplication still remains.
- Providers would like to see payers reimburse for "collaterals" (*i.e.*, the meetings, phone consults, paperwork, and other activities required to coordinate care).
- Dropout from mental health treatment is a significant issue for children and adolescents. Premature termination of care can have adverse effects on the mental health of young people, can undermine the treatment process, and result in long-term impacts on those receiving services, their families, and the community.
- One study found that 92% of children with serious emotional disturbances received mental health services from two or more systems, and 19%, from four or more. This multiplicity of services is associated with poor coordination, duplication, and service redundancy.
- Need for allocation of greater resources toward formulation and identification of evidence-based community treatment models geared toward seriously ill children that are readily applicable to "existing service systems". [Glied and Cuellar: *Health Affairs*, 22. No.5 (2003)].