

Mental Health/Substance Abuse

Trends

- Parents continue to use emergency rooms as the first line of care, creating stress on the system, even as fiscal stressors are contributing to closure of general hospital psychiatric units. There is a general over-reliance on inpatient care. Not seeking help until there is a crisis is part of the problem.
- The expanded evidence base (clinical trials of psychotropic drugs have yielded information about the efficacy of several antidepressants in children) has led to growth in the number of children receiving medical treatment for mental illness. Between 1985 and 1994 the number of visits to physicians that included the prescription of psychotropic medication increased by nearly 2.5 million. From 1994 through 1999 the number increased by nearly an additional million, to 4.5 million visits. From 1985 through 1999 the percentage of children's physician visits that included a mental health diagnosis nearly tripled. Virtually all of this increase consisted of visits at which psychotropic medications were prescribed.
- Evidence continues to show that specific community-based programs are effective in improving outcomes for children. These programs, which have mainly been designed as alternatives to inpatient treatment, include Multisystemic Therapy for conduct disorder, therapeutic foster care, and certain case management and wraparound service modes. Controlled studies show that these programs can generate impressive results in real-world settings. However, the success of these programs, which are typically formal, precisely defined in treatment manuals, and theoretically based, generally depend on fidelity to the details of the model. Finally, these evidence-based treatment modalities simply do not exist in most places.
- Wrap-around services provide extensive services to each child in all areas of functioning, in order to ensure that the child remains in a community setting. A care manager, the child and family, school personnel, community partners, and mental health clinicians all contribute to developing a plan for services to achieve the specified goals.
- In terms of funding priorities for substance abuse prevention, less has been allocated for school-based prevention and more for community coalitions; discretionary prevention programs are increasingly the target of budget cuts.
- Internet, cell phones, and internet social networks – all pose unique challenges and opportunities for communication strategies with young people.

- Black box warnings re: antidepressants result in reluctance to employ antidepressants in cases which they might be beneficial. (Friedman & Leon, 2007: New England Journal of Medicine)
- Growing focus on trauma as source of behavioral problems; more academic programs offering courses and trauma certification.
- (Massachusetts) Due to Rosie D. order, MA Department of Mental Health will continue to play a key role in state activities that respond to the Rosie D. lawsuit and that will culminate in significant expansion of intensive home and community-based mental health services for youth up to age 21 who are determined to have SED (severe emotional disturbance) and who are MassHealth enrollees.
- States are improving electronic record-keeping in the behavioral health field and can access data about demographics and service-level encounters. But these systems are not well integrated with community providers, and fail to include data about contract providers and/or private facilities.
- Medical schools across the nation are expanding content on childhood mental health for all specialties, but most specifically pediatrics, family practice, internal medicine and OBGYN.
- There is a growing recognition that primary care providers/pediatricians play a key role in identification and treatment of children's mental health problems, particularly the more common emotional issues and disturbances; programs need to extend the reach of what primary care providers can contribute. However, several studies have shown that primary care providers often misdiagnose mental health problems in children, missing illnesses in some children and over-diagnosing others.
- Continued concern about the social interaction and behaviors of preschoolers: in New York State, nearly 70,000 young children will be expelled from preschool for behavioral reasons; the expulsion rates for preschool children far exceed the rates for K-12.
- General treatment trends:
 - Increased use of medication in general, to address multiple needs, and for young children
 - Decrease in number and length of hospital stays
 - Increased support for in-home services
 - Support for evidence-based practices and family-centered therapy
 - Movement towards greater parity with other health services, in terms of copays for example
- As many as one in eight teens and one in 33 children have clinical depression.

- Nearly 4% of boys and more than 6% of girls have symptoms of post-traumatic stress disorder caused by violence they have endured or witnessed. (JCCP, 2003)
- About 13% of children between 9 and 17 years old have an anxiety disorder. (USSG, 1999)
- An estimated 1% of teenage girls in the United States develop anorexia nervosa, and up to 10% of those may die as a result. (AABA, 2001)
- Families with children constitute the fastest-growing segment of the homeless population – 41%, up from 34% in 2000. (NCH, 2003)