

PROMOTING

Children's Mental Health

The problem has been well documented: approximately one in five children and adolescents experiences a mental health disorder in any given year, and 1 in 10 of all youth experiences a mental illness that severely disrupts his or her daily functioning. Yet more than two-thirds who need mental health services do not receive them (HHS 1999). Numerous barriers prevent access to care, including fragmented service delivery systems, mental health workforce shortages, inadequate coverage of mental health services by public and private insurance plans, and stigma associated with mental health disorders. The consequences of untreated mental illness are quite considerable and include poor educational attainment, dysfunctional social relationships, and increased health care costs.

While untreated mental illness can set an individual on a devastating path, early intervention or prevention can correct the course. Such efforts can have positive effects on a child's development, health outcomes, school readiness, and health care costs. Since mental health problems are often detected during primary care visits, pediatric providers need to be armed with the tools to screen, diagnose, and treat conditions or refer children to the appropriate provider. These providers face a specific set of challenges: identifying the patients who need behavioral health services, deciding whether to treat or refer the patient, and choosing a specialist to whom the patient can be referred.

SUPPORTING PROVIDERS

Many tools are available to support primary care providers in identifying children with mental health disorders. The American Academy of Pediatrics (AAP), in collaboration with the Maternal and Child Health Bureau (MCHB) and the Georgetown University National Center for Education in Maternal and Child Health, has developed a training module for providers entitled *Bright Futures in Practice: Mental Health*. The module helps providers understand the major developmental milestones in childhood and provides screening questions, tips for preventing behavioral health problems, and tools for families.

The Child Health and Development Institute of Connecticut, a subsidiary of the Children's Fund of Connecticut, works toward the goal of improving statewide practices and policies for children's mental health. The institute envisions a system that is accessible to all children and is comprehensive, effective, and community based. The institute has developed several pilot

ADDRESSING DISPARITIES IN MENTAL HEALTH CARE

While racial and ethnic minorities have similar prevalence rates of mental illness, they are much more likely to receive a misdiagnosis and poorer quality treatment as well as experience greater barriers to access and insurance than white children. As a result, minority groups bear a disproportionately high burden of disability related to mental health disorders.

Source: U.S. Department of Health and Human Services 2001

programs to address the need to identify and promote effective behavioral health screening, interventions, and referral methods in the primary care setting. One pilot program at Connecticut Children's Medical Center employs a full-time behavioral health clinician who is on site within the pediatric practice. The pediatricians also have access to telephone consultation with child and adolescent psychiatrists.

Often, reimbursement concerns present a barrier to increasing provider participation in behavioral health screening. The second phase of The Commonwealth Fund's Assuring Better Child Health and Development (ABCD II) initiative works with states to improve developmental outcomes and children's readiness to learn and to prevent the need for more expensive care later in life. The program's approach is twofold:

- to create models of service delivery and financing that promote quality services supporting children's healthy mental development for Medicaid-eligible children up to age 3, and
- to develop policies and programs that assure that health plans, pediatric providers, and parents have the knowledge and skills needed to support a young child's healthy mental development.

Improvements to reimbursement policies include how much the program pays for a service as well as how payment is structured. The most frequently reported reimbursement policy improvement among the ABCD II states relates to clarifying that providers can bill for these developmental screens as long as they use a formal and valid screening instrument. For example, Washington state offered enhanced reimbursement to Medicaid providers who, when caring for children in foster

care, used the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) screening forms developed under their ABCD II project. Several state Medicaid agencies will also reimburse for parental depression screenings as a risk assessment for the child.

Minnesota's ABCD II project Great Start Minnesota has pursued a number of strategies to achieve its goal including introducing mental health screening of parents, expanding early childhood mental health screenings to local Head Start agencies, testing a new Medicaid benefit for at-risk children who do not meet current diagnostic criteria, and allowing providers to bill for the use of a standardized developmental screening tool. In addition, in 2007 Minnesota's Medicaid agency will pay a financial incentive to contracted health plans for increasing the use of mental health screening tools for children under 21 years of age (Kaye et al. 2006). Great Start counts the following among its accomplishments: enhancing the EPSDT provider training manual to address mental health in early childhood; collaborating with Head Start to develop culturally competent screening tools in Spanish, Hmong, and Somali; and influencing Minnesota's state legislature to enact legislation requiring new mothers and fathers to receive postpartum depression education.

PROVIDING MENTAL HEALTH CARE SERVICES IN SCHOOLS

Schools are also an important provider of early intervention services. One model, Columbia University's TeenScreen Program, has been implemented at sites in 41 states nationwide. TeenScreen identifies and connects kids suffering from mental illness or who may be at risk for suicidal behavior with treatment providers in their area. The program is flexible in its application and has been successfully developed in a variety of settings, including juvenile detention facilities, high schools, juvenile shelters, and youth drop-in centers. Screening requires parental consent, and the results are confidential.

Health foundations are big supporters of school-based mental health services. In 2007 Robert Wood Johnson Foundation committed \$4.5 million to Caring Across Communities, a program that addresses the needs of underserved children by supporting school-connected mental health services. The program focuses on vulnerable populations, particularly immigrant and refugee children who may face cultural and language barriers when seeking mental health services. One grantee, the New York University School of Medicine, aims to provide mental health services based on a culturally competent, evidence-based continuum of care model from universal prevention to individualized treatment for 1,500 first grade students in five public schools that serve primarily Afro-Caribbean families. A school-based team of mental health professionals, paraprofessionals, and first grade teachers will receive training to identify children who may be at risk for a mental health disorder.

The Health Foundation of Greater Cincinnati provided a two-year, \$171,067 grant to the schools of Clermont County, Ohio to expand availability of school-based mental health

services. Throughout the grant period, the number of school-based services increased by reallocating funding streams and shifting service delivery toward the needs of children. Project directors found that providing consultation and training to school professionals has been quite important in order to allow educators to become more familiar with behavioral health issues. Training for all levels of school personnel is being developed.

ENLISTING PARENTS AND FAMILIES

Parents have an important role to play in the detection and prevention of children's mental health disorders. Many parents, however, do not know the signs that might indicate a mental health problem, especially in very young children. Educating parents and families about what to look for as a child develops is crucial to addressing issues early.

Family Voices is a national grassroots network of families and friends that advocates for family-centered, community-based, comprehensive health care services for all children and youth with special health care needs, including mental health problems such as depression or attention deficit disorders. The organization promotes the inclusion of all families as decisionmakers at all levels of health care and supports essential partnerships between families and professionals. Family Voices developed Bright Futures for Families, based on AAP's Bright Futures guidelines, to provide families with easy-to-understand child health and development information and materials. The materials also help families form relationships with pediatric providers and assume more responsibility for personal health care.

Foster children have a wide range of health needs and are at increased risk for mental health disorders. As a part of its special Mental Health Initiative, The California Endowment provided support to the Sacramento-based agency River Oak Center for Children. The center developed the program Building Blocks Early Intervention Foster Support to provide training and support to foster parents and engage them in the process of identifying mental health issues. The program focused on areas to promote foster parents' involvement in their children's mental health care, including collaborating with other systems serving foster children (such as medical care providers, day care providers, and schools), providing family-centered care, and ensuring culturally competent care.

SOURCES

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