Children's Mental Health
Prevention, Early Intervention, and Treatment

Each year, 1 in 10 American children experiences a mental illness severe enough to cause some impairment in the child's ability to function in school, family, and community settings. By the year 2020, neuropsychiatric disorders among children (which include mental and behavioral disorders) are projected to become one of the top five causes of mortality, morbidity, and disability among children here and worldwide. Although mental illness can strike any child, children at elevated risk for mental health problems include those exposed to trauma and violence, those in the child welfare and foster care systems, and those who are homeless.

> The most common mental disorders affecting children are anxiety disorders, depressive disorders, attention-deficit disorder, and autism and other pervasive developmental disorders. Other mental disorders affecting significant numbers of children and youth or having a typical age of onset in childhood or adolescence include eating disorders, learning and communication disorders, schizophrenia, bipolar disorder, and tic disorders.

TREATMENT FOR CHILDHOOD MENTAL HEALTH PROBLEMS

Only 20 percent of children with serious emotional disturbance receive treatment in any given year. When needed treatment is not available, children's academic performance may suffer, and they are more likely to become involved in risky or delinquent behaviors. Lack of treatment for childhood mental disorders represents a lost opportunity. Emerging research on depression, for example, is showing that early treatment can prevent or reverse changes in the brain that are associated with recurrent episodes, but most children and youth suffering from depression do not receive treatment. Lack of treatment is particularly common among young children, whose mental health problems may be more difficult to identify, and among children with relatively mild mental disorders, whose problems are often attributed to other causes such as learning disabilities or behavior problems. The effects of untreated childhood mental disorders may extend well into adulthood.

Many systems and institutions play a role in children's mental health. Family members, primary care providers, child care providers, and school personnel are on the front lines when it comes to recognizing the signs of mental health problems in children. Child welfare agencies and juvenile justice systems also identify children with mental health problems and, ideally, ensure access to treatment. Children with mental health problems may receive treatment through their primary care providers or their schools, or from specialty mental health providers such as psychiatrists, psychologists, or licensed professional counselors.

Many families have difficulty accessing mental health services for their children because services are typically not well coordinated and families have few sources for the information and assistance needed to navigate complex and fragmented systems. Some children lack insurance coverage for mental health services or have coverage that is insufficient to meet their needs. In addition, many areas are experiencing an acute shortage of mental health professionals, with mental health professionals specially trained to work with children in particularly short supply. Stigma may also play a role in creating obstacles to treatment: families may be wary of disclosing their concerns to health providers or school personnel out of fear that their child will be stigmatized or treated poorly by providers or their peers.

OPPORTUNITIES FOR GRANTMAKERS

Grantmakers interested in improving children's mental health have a wide array of options available to them. The following illustrates some of the approaches available.

➤ **Prevention and Early Intervention Programs for Young Children** – Prevention and early intervention programs targeting preschool and school-age children can help identify children at risk for future mental health problems and prevent problems from progressing into serious long-term conditions. The Health Foundation of Central Massachusetts funded a project that increased the capacity of child care staff and families to respond appropriately to young children exhibiting challenging behaviors. The program also helped staff integrate children's mental wellness into the ongoing operation of the child care programs. A project funded by The Connecticut Health Foundation trained child care providers to help them better identify

children at risk and provided early assessment, intervention, and on-site mental health consultation with the families of identified children. The Rose Community Foundation targeted older children for prevention services, funding the development of a curriculum to help children exhibiting signs of trouble make successful transitions from one school year to the next.

➤ **Helping Schools Identify Children At Risk for Mental Health Problems** – Some grantmakers are focusing on expanding access to mental health services in schools. For example, The Alliance Healthcare Foundation provided a grant to support coordinated, intensive school- and home-based mental health counseling services for students and families in the San Diego area. The range of services included triage, referrals, case management, individual and group counseling, and parent and school staff training. Services were provided on-site at schools, as well as in students' homes. The program addressed the cultural needs of students and families by providing services in the languages and cultural contexts of the area's highly diverse student body. Grantmakers can also help train school personnel to recognize the symptoms of mental health problems and facilitate access to early intervention and treatment. The New York Community Trust, for example, developed a school-based education and outreach project that trained more than 1,000 school guidance counselors and, working with the city department of mental health, implemented one of the first school-based depression screening programs, reaching approximately 300 high school students.

➤ **Mental Health Services for Vulnerable Populations** – Grantmakers can target their resources to improving mental health services for populations at heightened risk for mental health problems. The California Wellness Foundation has made a major commitment to expanding access to primary and secondary prevention services for older teens transitioning to adulthood, with a focus on those in foster care or the juvenile justice system and on runaway/homeless youth. The Hogg Foundation for Mental Health and The Rapides Foundation both supported projects aimed at youth involved in the juvenile justice system, with the Hogg Foundation for Mental Health funding the development of a center that houses comprehensive psychological evaluation services for this population and The Rapides Foundation funding mental health assessment, treatment, and day program services for adolescents in the juvenile court system.

➤ **Building Service Capacity** – Grantmakers can make an important contribution to building the capacity of community service systems. The Assisi Foundation of Memphis funded the construction of an adolescent psychiatric intensive care facility for youth who would otherwise not have access to such services. Similarly, The Health Foundation of Greater Cincinnati funded the establishment of a residential facility for adolescent males who have conduct disorders, mental illness, and substance abuse issues. The Jenkins Foundation provided start-up support for a community/ hospital collaboration that provides access to emergency psychological services to children who have witnessed or experienced an act of trauma or violence, while the Hogg Foundation for Mental Health expanded access to mental health services by bringing telemedicine to children and families living in underserved areas of East Texas.

➤ **Supporting System Change** – Grantmakers can play a critical role in promoting change in local mental health service systems serving children and youth. In Washington, DC, several grantmakers supported a project to bring emotionally disturbed children in residential placements outside the District of Columbia back home. Grants from the Consumer Health Foundation, the Eugene and Agnes E. Meyer Foundation, and Kaiser Permanente – Mid-Atlantic States funded the behavioral health and wrap-around services necessary for these children to return to their homes and communities. Other examples of investments in system change include the Connecticut Health Foundation and the Blue Cross Blue Shield of Massachusetts Foundation. The Connecticut Health Foundation is speeding the development of family-centered local systems of care and addressing problems such as an insufficient supply of in-state residential placements for children with mental health needs and a lack of access to community-based services and evidence-based treatments for children who need mental health services. The Blue Cross Blue Shield of Massachusetts Foundation supported 15 community-based collaborations to improve access to mental health services for low-income and uninsured children. The collaborations are working to reduce fragmentation of services for children; improve support for their families; and train non-traditional providers in early identification, assessment, and referral of children with mental disorders.

SOURCES

U.S. Department of Health and Human Services, *Mental Health: A Report of the Surgeon General* (Rockville, MD: 1999).

U.S. Department of Health and Human Services, *Surgeon General's Conference on Children's Mental Health: Developing a National Action Agenda* (Rockville, MD: 2000).