Children's Mental Health

A Status Report and Call to Action

Robert Friedman, Ph.D.
Professor & Chair
Department of Child & Family Studies
Louis de la Parte Mental Health Institute

Children's Mental Health

- Scope/Seriousness of Problem
- Recognition of the Problem
- Vision and Values and Outcomes for the System
- Status of the System
- Suggested Directions

Seriousness of the Problem

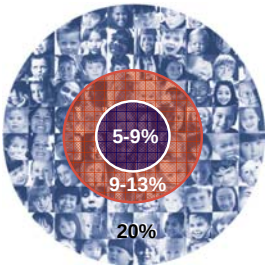
Prevalence of Serious Emotional Disturbance (SED)

Population Proportions (9 to 17 year-olds)

5-9% Youth with SED & extreme functional impairment

9-13% Youth with SED, with substantial functional impairment

20% Youth with any diagnosable disorder



"Recent evidence compiled by the World Health Organization indicates that by the year 2020, childhood neuropsychiatric disorders will rise by over 50% internationally to become one of the five most common causes of morbidity, mortality, and disability among children...no other illnesses damage so many children so seriously."

– Report of the National Advisory Mental Health Council's Workgroup on Child and Adolescent Mental Health Intervention Development and Deployment

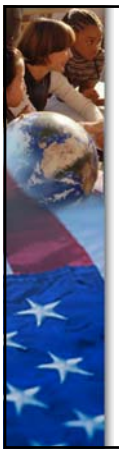
"Growing numbers of children are suffering needlessly because their emotional, behavioral, and developmental needs are not being met by those very institutions which were explicitly created to take care of them. It is time that we as a Nation took seriously the task of preventing mental health problems and treating mental illnesses in youth."

– Surgeon General David Satcher, 2000

Characteristics of Children with Serious Emotional Disturbances

- Frequently served in multiple systems
- Variety of diagnoses but most common are ADHD, Oppositional Disorder, and Conduct Disorder
- High rate of co-occurring disorders
- Deficits in intellectual and educational functioning

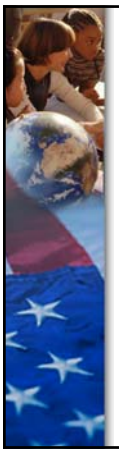
Continued…



Characteristics of Children with Serious Emotional Disturbances (continued)

- Deficits in social and adaptive behavior
- Frequently from low income families
- Have often been exposed to violence, and to losses of major people in their life

Continued…



Characteristics of Children with Serious Emotional Disturbances (continued)

"The major barrier to school readiness for children is often not the lack of appropriate cognitive skills but rather the absence of needed social and emotional skills."

– Florida Commission on Mental Health and Substance Abuse, 2001, p.8.

Continued…

Characteristics of Children with Serious Emotional Disturbances (continued)

Emotional disturbance is part of an inter-related set of problems that Lisbeth Schorr has called "rotten adolescent outcomes" – including poor school performance, delinquency, early pregnancy, substance abuse, and violence.

Continued…

Characteristics of Children with Serious Emotional Disturbances (continued)

- National Comorbidity Study shows that "it's clear a substantial part of the drug problem, and the more severe and prolonged drug problem, is in people starting out with emotional problems."
- Median age of onset for mental health disorder was 11 years old and for substance abuse was five to 10 years later.

Impact in Adulthood

"Early-onset psychiatric disorders have been associated with subsequent truncated educational attainment, higher risk of teenage childbearing, higher risk of early marriage, lower probability of later marriage, and lower family income."

– From National Comorbidity Study

Recognition of the Problem in Recent Years

- Surgeon General's Report
- Surgeon General's Conference on Children's Mental Health
- NIMH Blueprint for Change
- Reports of State Mental Health Commissions
- Report on "Disintegrating Systems" by Bazelon Center
- The Child Mental Health Foundations and Agencies Network

Vision, Values, and Outcome

- The vision is for a system that:
  - Provides a comprehensive and individualized set of supports and services;
  - Involves partnerships between professionals and parents in all phases of service planning and delivery, and system development;
  - Builds on strengths of children and families as well as needs;
  - Responds effectively to the diversity of our population of children and families;

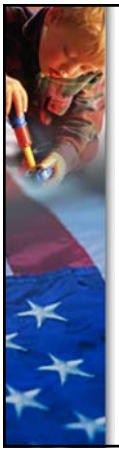
Continued…

Vision, Values, and Outcome (continued)

- The vision is for a system that:
  - Involves partnerships between the service sectors involved in the lives of children and families;
  - Builds on the best available research findings and a clear theory of change;
  - Includes ongoing systematic data collection to provide needed information to continually improve quality and effectiveness of system.

Outcome

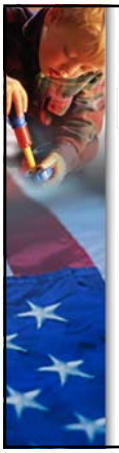
To support the development of children who live with their families, learn, work, and participate in their families, schools, and communities, and become independent adults with a high quality of life.



What is a System of Care?

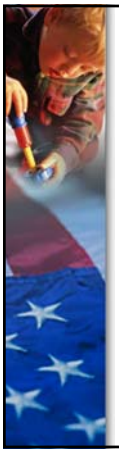
"A system of care is a comprehensive spectrum of mental health and other necessary services which are organized into a coordinated network to meet the multiple and changing needs of children and adolescents with severe emotional disturbances and their families."

– Stroul & Friedman, 1986



"The multiple problems associated with 'serious emotional disturbance' in children and adolescents are best addressed with a 'systems' approach in which multiple service sectors work in an organized collaborative way."

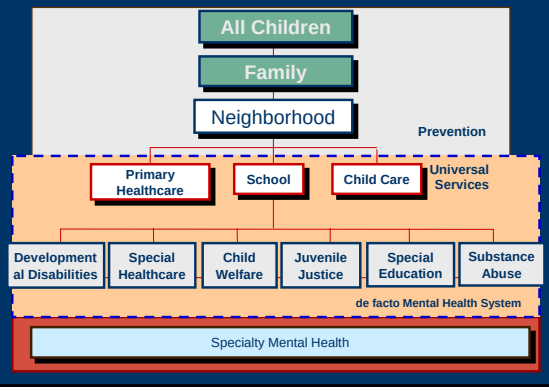
– Surgeon General's Report, 1999, p. 193



Systems of Care Have:

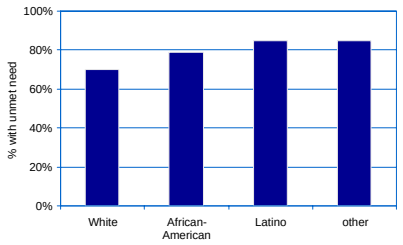
- Created a focus on children with serious emotional disturbance and their families;
- Created dramatic changes from status quo at practice and system level;
- Expanded the range of services with a particular focus on home and community-based services that can serve as alternatives to out-of-home placements.

de facto Mental Health System



Many Children in Need are Not Receiving Services

Unmet Need for Mental Health Services



Calculations based on data from the National Health Interview Study, Sturm et.al, 2000

Mental Health Funding Streams for Children and Families

MEDICAID
- Medicaid Inpatient
- Medicaid Outpatient
- Medicaid Rehab. Svcs.
- Medicaid EPSDT

MENTAL HEALTH
- MH General Revenue
- MH Medicaid Match
- MH Block Grant

EDUCATION
- ED General Revenue
- ED Medicaid Match
- Student Services

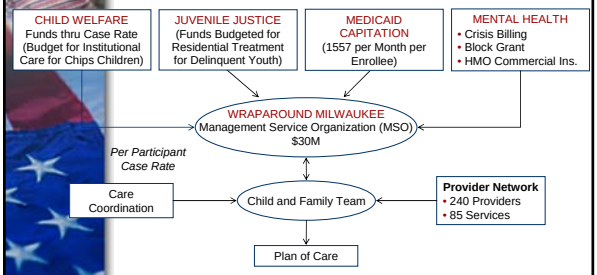
SUBSTANCE ABUSE
- SA General Revenue
- SA Medicaid Match
- SA Block Grant

CHILD WELFARE
- CW General Revenue
- CW Medicaid Match
- IV-E
- IV-B
- Adoption and Safe Families Act

OTHER
- TANF
- Children's Medical Services
- Mental Retardation/Developmental Disabilities
- Title XXI
- Local Funds

JUVENILE JUSTICE
- JJ General Revenue
- JJ Medicaid Match
- JJ Federal Grants

Wraparound Milwaukee Pooled Funds



Outcomes in Wraparound Milwaukee

- Large reduction in use of residential care and inpatient hospitalization;
- Improvement in behavior problems and overall functioning;
- High level of parent satisfaction;
- Reduction in cost per child served.

Lessons from Wraparound Milwaukee and Other Similar Systems

- Importance of:
  - Expanded range of services;
  - Expanded provider network;
  - Flexible funding;
  - Family choice;
  - Accountability;
  - Structure to support system of individualized care.

Where Are We with Systems of Care?

- Great expansion with federal, state and local funds;
- Much progress in developing the range of services, developing individualized and culturally competent care and involving families as partners;
- Despite progress, long way to go in providing access to services, improving practice, and bringing about necessary system changes;

Continued…

Where Are We with Systems of Care? (continued)

- Increased recognition of complexity and difficulty of implementing values and practices of systems of care;
- Increased focus on practice level and workforce development;
- Need for increased attention to developing theories of change, implementing ongoing internal evaluation and quality improvement procedures, and developing measures of system performance.

Evidence-Based Practices

There has been a tremendous increase in the development, implementation, and dissemination of evidence-based practices.

This is an important and positive step that complements the focus on developing effective value-based service delivery systems.

However, at this point many of the evidence-based interventions have not yet been tested in real-world practice settings or applied to the diverse populations of youngsters and families served in public mental health systems.

Where Are We?

- Much of what passes for research on evidence-based practice might more aptly be described as clinical treatment efficacy research
- The central problem is that treatments that have been validated in efficacy studies cannot be assumed to be effective when implemented under routine practice conditions

– Hoagwood et al., 2001

Effective Services

"The effectiveness of services, no matter what they are, may hinge less on the particular type of service than on how, when, and why families or caregivers are engaged in the delivery of care...it is becoming increasingly clear that family engagement is a key component not only of participation in care but also in the effective implementation of it."

– Burns, Hoagwood, & Mrazek, 1999

The very characteristics that are likely to make services effective – they are comprehensive, individualized, and flexible – make them more difficult to describe and evaluate.

– Schorr, 1995

Characteristics of Effective Programs

- Comprehensive, flexible, and responsive to the needs of participants
- View children in the context of broader ecologies – families, schools, neighborhoods, churches, and communities
- Link with other systems of support and intervention to ensure they can produce and sustain their impacts over time

– Greenberg, 2002

Continued

Characteristics of Effective Programs (continued)

- Operated by people with a commitment and intensity to their work and a clear sense of mission
- Based upon quality staff with effective models of training and ongoing technical assistance

– Greenberg, 2002

While progress has been made, there are enormous needs:

"Children and families are suffering because of missed opportunities for prevention and early identification, fragmented treatment services and low priorities for resources"

– Surgeon General

"The situation is particularly desperate in children's services."

– Bazelon Center

While progress has been made, there are enormous needs:

"The commission reports overall reflect a strong and consistent concern about the adequacy of the system in addressing the mental health needs of children and adolescents."

– Summary of state mental health commission reports (Friedman 2002)

State Mental Health Commission Reports Call for:

- A focus on the values and principles of systems of care including collaboration across service sectors, the support of a strong role for families, and the provision of individualized, comprehensive and culturally competent services.
- An increased emphasis on prevention, based on models of risk and protective factors.

Continued…

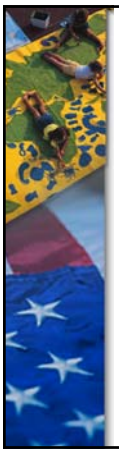
State Mental Health Commission Reports Call for: (continued)

- A re-examination of funding policies with an intent to create more flexibility in funding, to reduce categorical funding, and to expand the coverage offered under Medicaid.
- Greater attention to planning, accountability, and responsibility.
- A review of governmental structures with an intent of creating a strong coordinated voice for the needs of children and families.

Continued…

State Mental Health Commission Reports Call for: (continued)

- The creation of closer partnerships between the schools and mental health and a greater focus on services for adolescents making a transition into adulthood;
- The improvement of quality of services through increased attention to the recruitment, retention, and training of staff, the greater use of evidence based practices, the expansion of provider networks, and the establishment of professional standards.
- Greater public education efforts to reduce stigma and increase support for children's mental health.

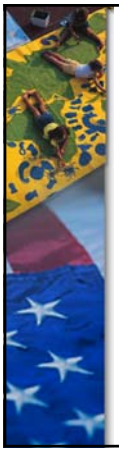


Suggested Directions

Capacity-Building:

- Through technical assistance to states and communities to help them develop and implement effective systems and services that are responsive to their local needs, that are consistent with the values of individualized care, partnership with families and cultural competence, and reduce the gap between what is known and what is done;

Continued…

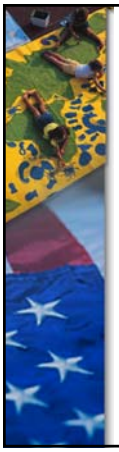


Suggested Directions (continued)

Capacity-Building:

- Through a range of research and evaluation efforts, including both quantitative and qualitative methods, with a strong emphasis on practical research of direct relevance to the needs of children, families, administrators, and policy-makers;

Continued…

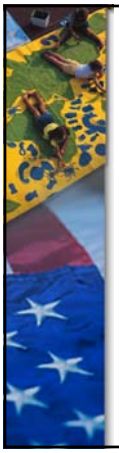


Suggested Directions (continued)

Capacity-Building:

- Through a broad knowledge development effort that recognizes that researchers, families, practitioners, and policy makers, all have much to learn from each other and capitalizes on opportunities to learn from innovative local and state initiatives;

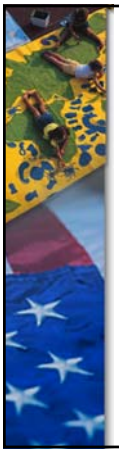
Continued…



Suggested Directions (continued)

- An emphasis on workforce development, focusing on university-based training, in-service training for professionals, and expanding provider networks;
- Increased emphasis on public health approaches, including prevention and early intervention, and public education. There is much to be learned from the fields of positive youth development, risk and resilience, and family support;

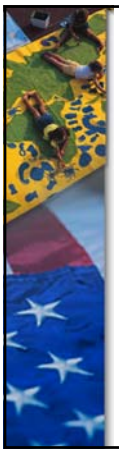
Continued…



Suggested Directions (continued)

- Increased collaboration at the federal level between the agencies responsible for different service sectors, including agencies responsible for financing;
- Promotion of more effective partnerships between the specialty mental health sector and non-specialty sectors, given the critical role that the non-specialty sectors play in identifying and serving children with mental health needs and their families;

Continued…



Suggested Directions (continued)

- Greater attention to planning, accountability, and responsibility for the overall health and well-being of children.