Child and Adolescent Mental Health: Recommendations for Improvement by State Mental Health Commissions

Robert M. Friedman, Ph.D.
Professor and Chair
Department of Child and Family Studies
Louis de la Parte Florida Mental Health Institute
University of South Florida

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University of South Florida
USF

Background

Between June, 1997, and October, 2001, commissions in 13 states issued reports on the status of mental health in their state, and needed improvements. (List of reports is attached – Table 1). The National Association of State Mental Health Program Directors and Louis de la Parte Florida Mental Health Institute convened a meeting in St. Petersburg, FL, on January 28-29, 2002, to review the findings from these commission reports for the purpose of identifying their primary policy implications both at the federal and state level of government.

This brief manuscript specifically focuses on the findings and recommendations with regard to children and adolescents, and their families. Of the 13 states, three issued separate reports on children (California, Florida, and Kentucky) while an additional two had subcommittees that focused on children (Montana and Tennessee). In California the study of child and adolescent mental health was actually a separate undertaking of a statewide commission, rather than being one component of an overall review of the mental health system. In contrast to the very heavy emphasis on children in these five states, three states devoted almost their entire report to adults (Arizona, Indiana, and Virginia). It may be indicative of a growing interest in child and adolescent mental health that all five states that had a strong focus on children completed their reports in the past two years, while the three states with minimal focus on children completed their reports in 1999. The remaining five states included sections in their reports on children but neither published a separate report nor had a separate children's committee (Connecticut, Nevada, Ohio, West Virginia, and Wisconsin).

The purpose of this report is to identify and summarize the themes that appeared most consistently in the reports. This was done through a review of the content of each of the reports.

Major Themes

The most important central conclusion drawn from the reports is a serious dissatisfaction in most states with the adequacy of efforts to address the mental health needs of children and adolescents, and their families. This conclusion comes through very strongly despite the fact that virtually every state identified areas of progress, and particular efforts of which it was especially proud. One example of the dissatisfaction is Ohio, where the Commission indicated that, "Access to mental health services for children with a mental, emotional or behavioral disorder is substandard. Services are not provided early enough, where children and youth need them, or in sufficient supply. Worse, only a fraction of children and youth with a mental illness and severe impairment get the services they need." In California, this dissatisfaction is expressed even more strongly. "The present system fails more children than it serves. It is broken to the point of needing replacement. A new categorical program—an infusion of more money alone—will not cure this system" (p. 75).

In response to this, Commission reports consistently called 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. There was a clear recognition that progress would be limited unless the mental health agency had effective partnerships with other child-serving sectors;

- ***An increased emphasis on prevention***, based on models of risk and protective factors, and a better balance between prevention/early intervention, and services for children with serious emotional disorders and their families;

- ***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. These calls

for examining funding policies were frequently accompanied by calls for increased funding overall, in addition;

- ***Greater attention to planning, accountability, and responsibility***. There was a pervasive concern that while multiple public and private entities had important roles to play in meeting the mental health needs of children and families, there was an absence of overall comprehensive planning, accountability was as fragmented as the rest of the system, and as a consequence there was a sense that nobody was responsible at the system level;

- ***A review of governmental structures, with an intent of creating a strong coordinated voice*** for the needs of children and families specifically, for mental health overall, or for specific emphases, such as prevention. The Florida report, for example, called for the creation of a statewide "Coordinating Council for Mental Health and Substance Abuse," the California report recommended the appointment of a state "Secretary of Children's Services," as well as the establishment of county-level "Child and Family Services Boards," and Connecticut called for a prevention budget that cut across departmental lines;

- ***The creation of closer partnerships between the schools and mental health*** was a very strong emphasis in reports, and four states specifically identified a need for a greater focus on services for adolescents making a transition into adulthood;

- ***The improvement of quality of services through increased attention to professional training*** (in partnership with universities), to overall issues of recruitment and retention of professional staff, to greater use of evidence-based practices, and to the establishment of professional standards for organizations and individuals;

- ***Greater public education efforts*** both to reduce stigma and to increase support for child and adolescent mental health services.

Summary

Although 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, there is clearly variability in the level of seriousness with which this problem is perceived, and the nature of the recommendations. States like Kentucky and Montana, for example, focus primarily on increasing access to services, strengthening the overall range of services that are available, and modifying fiscal policies, while other states like California and Florida call for more significant reform.

It is interesting to note, in this regard, that the findings and recommendations from Commissions are partly a reflection of the composition of the Commission. In California, for example, where the call is for very significant change in state policy and in the structure of state government, the report was done by the Little Hoover Commission, an independent oversight group not made up of individuals with special interest or expertise in mental health. In addition, the Little Hoover Commission had also completed, in recent years, studies of several other child-serving systems, and offered its child and adolescent mental health recommendations in a context of having concluded that there were serious deficiencies in the other systems as well.

Although the Commission reports differ in their particular emphases, there is great consistency in the values, principles, and beliefs that are offered. The beliefs, for example, in the necessity of inter-agency collaboration, the importance of individualized, comprehensive, and culturally competent care, the role of funding in supporting such care, and the need for a strong family role at all levels of the system come through very strongly in the reports, overall. The challenge that pervades the reports is how to translate these values and beliefs into a responsible, accountable system structure at all levels of government in order to increase access to services, and effectiveness of services.

State Commissions and Reports

Arizona, November, 1999 – Task Force on Improving the Arizona Mental Health System: Executive Summary of Final Report.

California, October, 2001 – Young Hearts & Minds: Making a Commitment to Children's Mental Health, Little Hoover Commission.

Connecticut, July, 2000 – The Governor's Blue Ribbon Commission on Mental Health.

Florida, January, 2001 – The Florida Commission on Mental Health and Substance Abuse (also, Children's Workgroup Report).

Indiana, November, 1999 – Final Report of the Indiana Commission on Mental Health, Indiana Legislative Services Agency.

Kentucky, June, 2001 – The Kentucky Commission on Services & Supports for Individuals with Mental Illness, Alcohol and Other Drug Abuse Disorders, and Dual Diagnoses: A Report (also, Children's Work Group Report).

Montana, November, 2000 – Improving Public Mental Health Services in Montana: A Report on the Accomplishments of the mental Health Oversight Advisory Council (MHOAC).

Nevada, March, 2001 – Letter to the Honorable Kenny Guinn, Governor of the State of Nevada, from Frances Brown, Chair, Mental Health and Developmental Services Commission.

Ohio, January, 2001 – Changing Lives: Ohio's Action Agenda for Mental Health, Report of Ohio's Mental Health Commission.

Tennessee, January, 2000 – Title 33 Revision Commission – State of Tennessee Department of Mental Health & Mental Retardation.

Virginia, December, 1999 – Anderson Commission on Community Services and In-patient Care: Final Report to Governor James S. Gilmore, III

West Virginia, December, 1999 – The Commission on Mental Hygiene Reform: Final Report.

Wisconsin, April, 1997 – The Blue Ribbon Commission on Mental Health: Final Report.

Dr. Friedman can be reached at
the Department of Child & Family Studies,
Louis de la Parte Florida Mental Health Institute,
University of South Florida
13301 Bruce B. Downs Blvd., Tampa FL 33612-3807
Voice: 813-974-4640; E-mail: friedman@fmhi.usf.edu