UNDERSTANDING CHILDREN'S MENTAL HEALTH

> "We envision a future when everyone with a mental illness will recover, a future when mental illnesses can be prevented or cured, a future when mental illnesses are detected early, and a future when everyone with a mental illness at any stage of life has access to effective treatment and supports – essentials for living, working, learning, and participating fully in the community." – President's New Freedom Commission on Mental Health

CHILDREN AT RISK FOR MENTAL AND EMOTIONAL PROBLEMS

Creating public policies that support children and families by reducing risk factors is critical to improve the social, emotional, and mental well being of all children. Children who are at increased risk for developing mental and emotional problems include:

Children in Families Affected by Mental Illness, Domestic Violence, Sexual Abuse and Substance Abuse
► A key factor in the mental health of children is the mental health of their mothers. Children of depressed mothers show more behavioral and academic problems and have a greater likelihood of health problems than children whose mothers are not depressed.
► Children with a history of sexual abuse are three times more likely to receive mental health services.

Children in Child Welfare & Juvenile Justice Systems
► Foster care children represent an extremely high-risk population, with half of children in foster care identified as having problematic development and behavior problems (among children 0-6, 50-65% are identified as problematic).
► Foster care children are up to 15 times more likely to use mental health services than children not in foster care.
► As many as 60% of incarcerated youth have a diagnosable mental health disorder, 20% have a severe disorder, and as many as half have substance abuse problems.

Minority and Immigrant Children
► According to the Surgeon General's Report: Mental Health: Culture, Race & Ethnicity, minority children:
 ⊕ Have less access to mental health services,
 ⊕ Are less likely to receive needed mental health services,
 ⊕ Receive poorer quality of mental health care, and
 ⊕ Are underrepresented in mental health research.

► African American youth are overrepresented in educational classes for the severely emotionally disturbed and in arrests, detention, and the juvenile justice system.

Children Living in Poverty
► Economic hardship can cause stresses which impact parenting and increase rates of child maltreatment and mental disorders.
► Children living in families in the lowest socioeconomic strata are about two to three times more likely than those in the highest strata to have a mental disorder and to have higher levels of psychological distress.
► Poverty status has been associated with both dropping out of mental health services and shorter lengths of treatment.
► Minority children living in poverty are disproportionately at risk – 90% of African American youths entering the mental health system live in poverty.

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UNDERSTANDING CHILDREN'S MENTAL HEALTH

Mental health and mental illness are points on a continuum. Mental health is how we think, feel, and act as we face life's situations. It is how we look at ourselves, our lives and the people in our lives. It is how we handle stress, relate to others, and how we make choices.

Children may experience mental health problems of varying levels of intensity, severity, and impact from birth throughout childhood. Mentally healthy children enjoy a positive quality of life; function well at home, in school, and in their communities.

Mental health is essential to overall health. Therefore, to stay healthy, children need to be able to access mental health treatment with the same flexibility and urgency as treatment for other health problems – early and preventively.

> "Americans must understand and send this message: mental disability…is not a scandal – it is an illness. And like physical illness, it is treatable, especially when the treatment comes early." – President George W. Bush, President's New Freedom Commission on Mental Health

MENTAL HEALTH STATUS

Nationally:
► According to the President's New Freedom Commission on Mental Health, mental illnesses come with a devastatingly high financial cost.
 ⊕ In 1997, $71 billion was spent on treating mental illness.
 ⊕ Mental health expenditures are predominantly publicly funded at 57%, compared to 46% of overall health care expenditures.
 ⊕ However, between 1987 and 1997, mental health spending did not keep pace with general health care because of declines in private health spending under managed care and cutbacks in hospital expenditures.
► According to the Surgeon General's Report on Mental Health, it has been estimated that **one out of five** children in the US has a diagnosable mental, emotional, or behavioral disorder and **one of out ten** children have a "Serious Emotional Disturbance" (SED).
► Nearly 70% of children and adolescents who already suffer from a diagnosable mental illness and are in need of treatment are not receiving the mental health services they need. Of those children who do receive services, about 70% receive services in school-based settings.
► Several studies have found decreases in medical costs if mental health services are included in health insurance coverage as well as increases in medical services and costs if mental issues go untreated.
 ⊕ Studies conducted by Blue Cross and Blue Shield found that following outpatient mental health care, the monthly cost per patient for medical services dropped from $16.47 to $7.06, overall medical visits decreased by more than 54%, and psychiatric inpatient days decreased by 45%.
 ⊕ Research conducted by the Health Insurance Plan (HIP) in New York City, the Group Health Association in Washington, DC, the Kaiser-Permanente HMO in San Francisco, among others, found marked reductions in total medical costs, sometimes as much as 62%, when psychological services are included in health insurance coverage.
 ⊕ Further studies, including a Yale University study, found that reductions in availability of mental health services trigger increases in medical costs and increases in sick days.
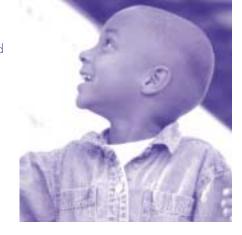
In Colorado:
► It is estimated that 6% of young children and 8 to10% of adolescents exhibit high levels of emotional and behavioral problems.
► A recent study sponsored by the Colorado Department of Human Services, Mental Health Services Division, found that approximately 68,000, or 9%, of Colorado children under age 21 and under 300% of Federal Poverty Level ($55,200 for a family of four) had an SED. Of these children, over 30,000 are not getting the services they need to treat their mental health disorders.
► Because of the problematic diagnostic criteria and difficulty in diagnosing children, it is estimated that there are many more children who may need help for a behavioral, emotional or mental health problem because they are not receiving services, do not meet the DSM-IV criteria, or have not been diagnosed.
► If mental health problems are not detected and treated early, they can lead to long-term adverse consequences, such as school failure, drug abuse, violence or suicide.
► Suicide is the 7th leading cause of death in Colorado, and the 2nd leading cause of death for people ages 10 to 34. Colorado ranks 43 out of 50 states in its teen suicide rate - the 8th worst suicide rate nationally.
► Research shows that most people who take their own lives have a diagnosable mental illness or a substance abuse disorder. Therefore, working to improve and enhance mental health coverage for children and understanding why Colorado has such high rates of suicide should be a focus for children's health in upcoming years.

A COLORADO PARENT SPEAKS OUT . . .

"About eight years ago, our teenage honor-student son began a descent into schizophrenia. After his first psychotic event, we spent time grieving for the child that we lost, for the loss of his bright and promising future. We spent a lot of time being confused about the plethora of agencies now involved in our lives and the limits of the job descriptions of those agencies. We spent many frustrating meetings with people asking why can't you do this, and shouldn't you do that, and what can we do together. Exhaustion set in. Frustration was at a peak level. We wrote letters to anyone who might be able to help my son - who might be able to influence policy and therefore influence his life. I am like any other parent. I work full time. I am a science teacher to both high school and junior high students. I live on the eastern plains of Colorado, four hours from many services and from where policymaking takes place. Even though my son is older, the demands and heart break is no less. He is now dually diagnosed with both schizophrenia and substance abuse. We fear homelessness, criminal activity and violent death for him. We also have two other children who need us. Even though my life is complicated, the best hope for my son lies in me learning as much as I can for his benefit, and in helping influence policy changes that might help him and others who can't or won't speak for themselves. That learning and influence happens within the mental health system and by working with policymakers to better understand what it is like for a child or adult, or family, to experience and live with a serious mental illness."

INFANT & EARLY CHILDHOOD MENTAL HEALTH

There is "no scientific basis for distinguishing between mental illness and other forms of illness...mental disorders are physical disorders. There is increasing recognition that mental disorders, whether arising from biological or psychosocial causes or both, affect the physical function of the brain, and are treatable." - Surgeon General David Satcher, MD, PhD

MENTAL HEALTH AFFECTS US ALL . . .

Children:
► Mental health affects the daily life of a young person's play, interaction with other children, communication, childcare, schoolwork, relationships and physical health.
► Mental health problems are real and painful, affecting how children think, feel and act.
► Mental health affects more than just those children who have been diagnosed with Severe Emotional Disturbances (SEDs), as many other children are affected but do not fit into specific diagnostic criteria.
► Mental health needs to be seen in the larger context of children's social environments, including family, youth, peers, and their physical and cultural surroundings.

Families, Businesses, Communities and Society:
► Mental health problems can disrupt life for families – creating family conflict and both financial and emotional difficulties in caring for an affected child.
► Mental health problems impact communities - affected children interact with other children in schools and childcare facilities, can be disruptive, and cause conflict or other disturbances for children and adults.
► Mental health problems can be very expensive to the healthcare system, businesses, and schools. It has been estimated that mental illness results in approximately $63 billion in lost productivity for adult mental illness. If efforts are made to address mental health problems early and preventively and to treat children appropriately and effectively, the long-term health benefits, as well as financial savings, are significant.

Serious Emotional Disturbance (SED), is a term used in Federal regulations referring to a disorder affecting a person from birth to 18 years of age who currently, or at any time during the past year, has had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet criteria in the Diagnostic and Statistical Manual (DSM–IV) that results in functional impairment, which interferes with or limits the child's role or functioning in family, school, or community activities. For example, a child's inability to build or maintain interpersonal relationships with peers and teachers.

What is Infant and Early Childhood Mental Health?
► Infant and early childhood mental health represents a wide range of concepts related to the psychological well being of children from birth to age 6.
► Mental health is shaped by how a parent responds to an infant's needs for food, shelter and comfort. Policies can be developed to support the establishment of positive conditions for families to support their children as they develop within their family, community and society.
► Mental illness results from a combination of biological and environmental factors.
  ✚ Mental health problems that result from environmental risk factors can be prevented.
  ✚ Children with a biological predisposition to mental health illness, if detected and treated early, can often lead healthy, happy and productive lives.

Why is Infant and Early Childhood Mental Health Important?
► Early childhood is a time of tremendous growth in size; brain development; and development of knowledge and behaviors that shape future life experiences.
► Early childhood sets the stage for a lifetime of emotional skills and competencies.
► Early childhood is a period when missed opportunities to establish positive health and healthcare conditions can initiate chronic dysfunction or disability and result in long term negative health and social consequences.
► Childhood is an important time to prevent mental disorders and to promote healthy development. The key to ensuring the healthy development of children is early diagnosis and treatment.

Strategies for Promoting Infant and Early Childhood Mental Health Include:
► Promoting **children's** emotional and behavioral well being, particularly those whose emotional development is compromised by poverty or other environmental risks;
► Helping **families** address the barriers they face in identifying mental health problems, finding community based services and supports, and receiving treatment for their children's mental health needs early and preventively;
► Expanding the competencies of **non-familial caregivers**, such as child care providers and others, to promote the emotional well being of young children and families; and
► Supporting **communities** to provide access to needed services and supports for children and their families.

RECOMMENDATIONS for Policymakers to Support Children's Healthy Social, Emotional, Behavioral and Mental Development

In order to ensure children's healthy development, it is critical to address both children's basic physical needs and mental health needs by creating stimulating, healthy environments for children. Policies should be created to protect children, enable families and communities to meet their needs, and coordinate systems to facilitate early and enhanced treatment.

For children, families and communities, policymakers should:

1. Recognize the importance of early brain development and support policies that create environments that promote optimal child development in the home, community, school and society.
2. Support families in meeting children's basic physical needs – including nutritious food, safe housing, plenty of sleep and exercise.

Because young children are dependent on parents and other caregivers, they require the special attention of policymakers. Policymakers should facilitate the healthy development of children by supporting families and communities to ensure that children develop – both physically and mentally – by seeking to address the disparities that limit some children's capacities to achieve success.

3. Acknowledge that certain risk factors increase the likelihood for children's mental and emotional problems and promote policies that strengthen protective factors and supports within communities. Despite the presence of risk factors, children may thrive if protective factors and supports within communities are available that foster healthy development and enable children to rebound from adversity, trauma, tragedy, threats or other stresses, known as "resilience."
4. Ensure that children have access to quality early childhood environments that maintain emotionally positive and cognitively enriching classrooms.
5. Ensure that children and families have access to appropriate, timely services that are individualized, effective, flexible, and incorporate evidence-based practice.
6. Ensure that services are socially and culturally appropriate.
7. Ensure that services are family driven – meaning that families are empowered to provide support and guidance when developing relationships with the mental health professionals, community resource representatives, teachers, and anyone else the family identifies as critical to the improvement of the child's healthy development.
8. Understand the barriers and fragmentation within communities that limit childrens' and families' access to appropriate and timely services.

9. Improve and expand school mental health programs.
10. Improve access to quality care in rural and geographically remote areas.

For systems, policymakers should:

1. Address mental health with the same urgency as physical health.
2. Promote the early diagnosis, intervention, and treatment of mental health problems.
3. Identify opportunities to develop enhanced diagnostic criteria to better identify and treat children earlier.
4. Support efforts to collect better data on children's mental health status, as well as mental health disparities, long-term effects of medications, trauma, and acute care.
5. Reduce bureaucratic barriers to flexible funding and coordinated streamlined care across all sectors.
6. Develop a comprehensive State Mental Health Plan and campaign to reduce the stigma of mental illness and seeking care.
7. Understand the connection between mental health and overall health and support efforts to integrate mental health services with other health and primary care services.
8. Ensure mental health services are connected to community supports - childcare facilities, schools, faith-based organizations, home and community based settings.

RISK FACTORS INCLUDE:

INDIVIDUAL	FAMILY	COMMUNITY
► genetic inheritance	► parental mental health problems	► community violence
► injury	► physical, emotional & sexual abuse	► discrimination
► poor nutrition	► stressful life events	► dangerous or poor quality childcare
► chronic illness	► economic stress	► lack of opportunity
► infection	► family conflict & violence	► lack of coordinated services & supports

PROTECTIVE FACTORS INCLUDE:

INDIVIDUAL	FAMILY	COMMUNITY
► outgoing temperament	► stable family environment	► age-relevant community resources
► good social skills	► positive involvement	► safe neighborhoods
► self efficacy	► secure attachment	► healthy social policies
► innate intelligence	► appropriate discipline	► supportive ties with non-familial adults
► good prenatal care & health	► encouragement	► strong links between family & community
		► high quality child care & schools