Children’s Mental Health

DEFINITION

Children’s mental health is the number of acute care hospitalizations of children under age 18 with a primary diagnosis of a mental disorder. Hospitalization is the most intensive type of treatment for mental disorders and represents only one type of treatment category on a broad continuum available to children with mental health problems in Rhode Island.

SIGNIFICANCE

Mental health in childhood and adolescence is defined as the achievement of expected developmental, cognitive, social, and emotional milestones and the ability to have effective coping skills. Mental health status influences children’s health and behavior at home, in child care or school, and in the community. Mental health conditions can impair academic achievement, increase involvement with the juvenile justice and child welfare systems, result in high treatment costs, diminish family incomes, and increase the risk for suicide. Children with mental health issues are also likely to have other chronic health conditions.1,2,3,4

Behavioral health problems affect children of all backgrounds. In Rhode Island, one in five (19.0%) children ages six to 17 has a diagnosable mental health problem; one in ten (9.8%) has significant functional impairment.5

Children most at risk for mental disorders are those with prenatal exposure to alcohol, tobacco and other drugs; children born with low birthweight; those suffering abuse and neglect; children exposed to traumatic events or bullying; children of parents with a mental health disorder and/or an inherited predisposition to a mental disorder; and children living in poverty.5,6 Young people in the juvenile justice and child welfare systems experience mental health problems at higher rates than their peers.8

Mental health problems, whether arising from biological, environmental, and/or psycho-social causes, affect the physical functioning of the brain and can be prevented or treated in many cases.9 An estimated 34% of Rhode Island children who needed mental health treatment or counseling in the past 12 months did not receive it.10

Mental health treatment systems tend to be fragmented and crisis-driven with disproportionate spending on high-end hospital and residential care and often lack adequate investments in prevention and community-based services that would allow children to receive appropriate treatment levels of care in their own communities.11,12,13,14 Over the past two decades, Rhode Island has worked to build a preventive and home- and community-based system of care, but more progress is still needed.15,16,17,18,19

In 2012, there were 2,443 hospitalizations of children with a primary diagnosis of mental disorder at Bradley, Butler, Hasbro Children’s Hospital, Newport, and Memorial hospitals. This represents a 33% increase from 2002. This increase may be due to more children and youth being hospitalized for behavioral health problems, but it also has been partly attributed to the systemic problem of “pediatric boarders” and “stuck kids.”20,21

When a child or adolescent needs behavioral health treatment at an inpatient psychiatric hospital or in another placement in the community, but there is no appropriate placement available, they may wait for one day or more in emergency departments and/or be admitted to (“boarded at”) medical floors at acute care hospitals. “Boarders” must wait for appropriate treatment and may require constant monitoring by staff so that they do not injure themselves or others.22,23 In Federal Fiscal Year (FFY) 2013, 282 children and youth under age 18 with a psychiatric diagnosis were “boarded” for an average of two days at Hasbro Children’s Hospital or Rhode Island Hospital. This is a slight decrease from FFY 2012 (291), and a 27% reduction from FFY 2011, when there were 388 boarders.24

When a child or adolescent is ready to leave the psychiatric hospital and needs a “step-down placement” of lesser clinical intensity but there is none available or there is no other safe placement at a treatment program or at home, they are referred to as “stuck.” Bradley Hospital reported having an average of two stuck kids per day in FFY 2013, the same as in FFY 2012.25

Hospitalizations with Primary Diagnosis of Mental Disorder, Children Under Age 18, Rhode Island, 2002-2012*

Source: Rhode Island Department of Health, Hospital Discharge Database (HDD), 2002-2012. *Data are for hospitalizations, not number of children. Children may be hospitalized more than once. Mental disorders include ICD-9-CM codes 290-319, including alcohol/drug dependence, psychoses, anxiety and depressive, mood and personality disorders. Trend line is based on a new method of analyzing the HDD and is comparable to Factbooks since 2012. Data for 2010 (2,398) and 2011 (2,317) differ from previous Factbooks because of updated hospital records.
Rhode Island’s Community Mental Health Centers

- The seven Community Mental Health Centers (CMHCs) in Rhode Island are the primary source of public mental health treatment services available in the state for children and adults. During 2013, 7,186 children under age 18 were receiving treatment at Community Mental Health Centers (data for children being served in Newport is from 2012 due to technical reporting issues).

- Among the children who received services through Rhode Island CMHCs in 2013, 25% had a primary diagnosis of depressive-related disorders, 21% had attention deficit disorders, 14% had anxiety disorders, and 13% had conduct disorders.

Child and Adolescent Intensive Treatment Services (CAITS)

- The CAITS program, which is administered by the Rhode Island Executive Office of Health and Human Services as an in-plan benefit under Rite Care, aims to reduce inpatient psychiatric hospitalizations and residential treatment among Medicaid-eligible children and youth with moderate to severe emotional and/or behavioral disorders. CAITS provides up to 16 weeks of intensive, home- and community-based treatment via individual and/or family therapy, family training, and support worker services per year.

- In State Fiscal Year 2013 (July 1, 2012-June 30, 2013), 1,695 children and youth received services from ten CAITS provider agencies. About half (56%) of the youth served by CAITS were over age 12, while 38% were ages six to 11, and 6% were age five or younger.

Suicide Among Rhode Island Children and Youth

- Children and youth with mental health conditions are at increased risk for suicide. In 2013, 14% of Rhode Island high school students reported attempting suicide one or more times during the past year, up from 10% in 1997. In Rhode Island between 2008 and 2012, there were 943 emergency department visits and 396 hospitalizations of youth ages 13-19 due to suicide attempts. Twenty-five children under age 20 died due to suicide in Rhode Island between 2008 and 2012.


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