

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

Children and adolescents can experience a wide range of behavioral health problems. Mental health in childhood and adolescence is defined by the U.S. Surgeon General as the achievement of expected developmental cognitive, social and emotional milestones and by secure attachments, satisfying social relationships and effective coping skills. One in five U.S. children ages 9 to 17 has a diagnosable mental or addictive disorder. One in ten suffers significant functional impairments at home, at school or with peers as a result.¹ An estimated one-third of children who need mental health treatment do not get it.²

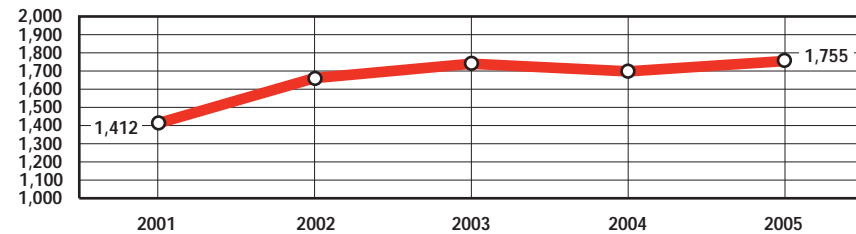
Mental health problems affect children of all backgrounds. Children most at risk for mental disorders and problems with social-emotional development include those experiencing poverty, deprivation, abuse and neglect,

unsatisfactory relationships, or exposure to traumatic events; children of parents with a mental health disorder; children exposed to alcohol, drugs and tobacco during prenatal development; and children born with low birthweight, difficult temperament or an inherited predisposition to a mental disorder.³

There is increasing recognition that mental health problems, whether arising from biological or psycho-social causes or both, affect the physical functioning of the brain and can be prevented and/or treated in many cases. The mental health status of children directly influences their behavior at home, child care or school, as well as their academic performance and their ability to participate in community life. Common parental mental health problems, such as substance abuse and maternal depression, can have significant negative effects on children's social and emotional development.^{4,5}

In the U.S. and in Rhode Island, mental health systems tend to be fragmented and crisis-driven with disproportionate spending on high-end hospital and residential care and inadequate investment in prevention and a continuum of community services that would allow children to receive treatment at appropriate levels of care in their own communities.^{6,7,8,9}

Hospitalizations with Primary Diagnosis of Mental Disorder, Children Under Age 18, Rhode Island, 2001-2005*



Source: Rhode Island Hospital Discharge Data Set, Rhode Island Department of Health, 2001-2005. * These data represent hospitalizations, not numbers of children; a child or adolescent with more than one hospitalization may be counted more than once. Mental disorders include ICD-9-CM codes 290-319, including psychoses, anxiety, depressive, mood, and personality disorders, and alcohol and drug dependence.

- ◆ The chart above includes all hospitalizations to children who were given a primary diagnosis of a mental disorder, and includes hospitalizations at Bradley, Butler, Kent, Landmark, Newport, Memorial, Miriam, Rhode Island (including Hasbro Children's Hospital), Roger Williams, Saint Joseph, South County, and Westerly Hospitals.¹⁰
- ◆ Children and adolescents receive a range of behavioral health treatment services at hospitals in Rhode Island. These treatment options can range from inpatient treatment at a psychiatric hospital or at a general acute care hospital, to partial hospitalization services, to outpatient treatment services. For example, Hasbro Children's Hospital, a division of Rhode Island Hospital, provided 7,653 outpatient psychiatry visits to 1,718 children and youth under age 19 in 2007. These totals are up from 5,352 visits for 1,449 children in 2006 due to the addition of clinicians on staff.¹¹
- ◆ When a bed at a psychiatric hospital is not available, children are "boarded" in the emergency department and/or medical floors at acute care hospitals. These children must wait for appropriate treatment and may require constant monitoring by staff so that they do not injure themselves or others. In 2007, 137 children under age 18 with a psychiatric diagnosis were "boarded" at Hasbro Children's Hospital due to the unavailability of an inpatient psychiatric bed in the state.¹²

Psychiatric Hospitals

Children under Age 19 Treated at Rhode Island Psychiatric Hospitals, 2007

	Bradley Hospital General Psychiatric Services		Bradley Hospital Developmental Disabilities Program		Butler Hospital General Psychiatric Services		Butler Hospital Child Intensive Services Unit	
	# Treated	Average Length of Stay	# Treated	Average Length of Stay	# Treated	Average Length of Stay	# Treated	Average Length of Stay
Inpatient	743	18 days	78	79 days	682	11 days	49	41 days
Residential	65	125 days	18	179 days	--	--	--	--
Partial Hospitalization	291	20 days	12	29 days	64	5.6 days	--	--
Outpatient	1,284	5 visits	246	4 visits	66	NA	--	--

Source: Lifespan and Butler Hospital, 2007. Programs can have overlapping enrollment.

-- = Service not offered. NA=Data not available for this service.

◆ The two hospitals in Rhode Island that specialize in providing psychiatric care to pediatric populations are Bradley Hospital and Butler Hospital.

◆ Inpatient treatment at a psychiatric hospital is the most intensive type of behavioral health care. In 2007, there were 1,552 young people admitted for inpatient psychiatric treatment at either Bradley Hospital or Butler Hospital. Of young people treated in an inpatient setting, the primary diagnoses were depressive disorders (47%), adjustment disorders (10%), anxiety disorders (9%) and bipolar disorder (5%).^{13,14}

◆ Bradley Hospital has a Developmental Disabilities Program that offers highly specialized clinical services to children and adolescents who show signs of serious emotional and behavioral problems in addition to a developmental disability. Bradley also operates four schools for children with behavioral health problems and developmental disabilities, which together had an average daily enrollment of 215 students in 2007.¹⁵

References

^{1,3,4} *Mental health: A report of the Surgeon General*. (1999). Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General.

² Alliance for Health Reform. (2006). *Covering health issues: A sourcebook for journalists*. Washington, DC: Alliance for Health Reform.

⁵ Knitzer, J., Theberge, S. & Johnson, K. (2008). *Reducing maternal depression and its impact on young children: Toward a responsive early childhood policy framework*. New York, NY: National Center for Children in Poverty.

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Rhode Island's Community Mental Health Centers

◆ The 7 Community Mental Health Centers (CMHCs) in Rhode Island are the primary source of public mental health treatment services available in the state. During 2007, 7,729 children under age 18 were treated at community mental health centers and 4,138 children were receiving services as of December 31, 2007.¹⁶

◆ Of the children who received services through community mental health centers in 2007, 20% presented with a primary diagnosis of attention deficit disorder, 17% with depressive disorders, 13% with conduct disorder and 10% with anxiety disorder.¹⁷

Children's Intensive Services (CIS)

◆ The CIS program allows children and youth at highest risk for out-of-home placement due to behavioral health problems to remain at home in their community while receiving intensive, home-based psychotherapeutic and case management services.

◆ Of the 3,189 children who were served by the 10 CIS provider agencies in fiscal year 2007 (including 2,148 new admissions), 49% were over age 12, 37% were between the ages of 6 and 11 and 14% were under age 5. Nine percent of newly admitted children were referred to CIS after an inpatient psychiatric hospitalization, and 30% were involved with the Department of Children, Youth and Families at the time of admission.¹⁸

Kids Link Emergency Services Hotline

◆ In January 2007, the Rhode Island Department of Children, Youth and Families (DCYF) launched the Kids Link Emergency Services hotline, which helps parents and caregivers determine the best place to go for behavioral health treatment for children and youth experiencing mental health problems or crises.¹⁹

◆ In 2007, there were 1,600 phone calls to Kids Link, resulting in 551 evaluations by mental health professionals. Of the children and youth who were evaluated, 65% were ages 13 to 17 and 32% were ages 4 to 12. Two-thirds (66%) were not involved with DCYF at the time of evaluation, 27% were involved with DCYF and 7% had unknown involvement. More than half (60%) of the young persons evaluated were referred for mental health services located in community, 32% were referred for inpatient care at a psychiatric hospital and 8% were admitted to a community hospital until a placement at a psychiatric hospital could be obtained.²⁰