

# 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 by secure attachments, satisfying social relationships and effective coping skills. One in five children ages nine to 17 in the U.S. has a diagnosable mental or addictive disorder; one in ten has a significant functional impairment.<sup>1</sup> An estimated one-third of children who need mental health treatment do not get it.<sup>2</sup>

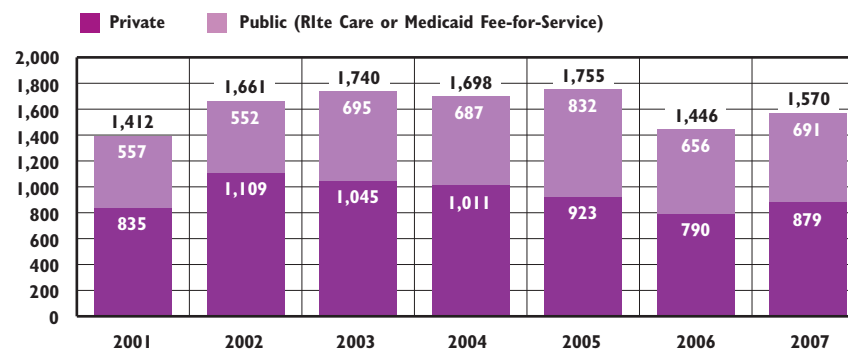
Behavioral health problems affect children of all backgrounds. Children most at risk for mental disorders are those with prenatal exposure to alcohol, tobacco and other drugs; children born with low birth weight, difficult temperament or an inherited predisposition to a mental disorder; children living in poverty; those suffering abuse and neglect; children exposed to traumatic events; and

children of parents with a mental health disorder.<sup>3</sup> Young people in the juvenile justice and child welfare systems experience mental health problems at higher rates than children and youth in general.<sup>4</sup>

Mental health problems, whether arising from biological or psycho-social causes or both, affect the physical functioning of the brain and can be prevented or treated in many cases. The mental health status of children 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 disorders, such as substance abuse and maternal depression, can have significant negative effects on children's social-emotional development.<sup>5,6</sup>

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 community-based services that would allow children to receive treatment at appropriate levels of care in their own communities.<sup>7,8,9,10</sup> Over the past several years, Rhode Island has been building capacity and investing in more preventive and home- and community-based treatment options for children and youth.<sup>11,12,13</sup>

**Hospitalizations with Primary Diagnosis of Mental Disorder, Children under Age 18, By Insurance Type, Rhode Island, 2001-2007\***



Source: Rhode Island Hospital Discharge Data, RI Department of Health and Medicaid Data Archive, RI Department of Human Services. \*These data represent hospitalizations, not number of children; children or adolescents 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.

- ◆ In 2007, there were 1,570 hospitalizations of children with a primary diagnosis of a mental disorder at the following hospitals: Bradley, Butler, Kent, Landmark, Newport, Memorial, Miriam, Rhode Island (including Hasbro Children's Hospital), Roger Williams, Saint Joseph, South County, and Westerly Hospitals.<sup>14</sup>
- ◆ Children and adolescents receive a range of behavioral health treatment services at hospitals in Rhode Island, ranging from inpatient treatment at a psychiatric hospital or a general acute care hospital to outpatient treatment services. For example, Hasbro Children's Hospital, a division of Rhode Island Hospital, provided 7,555 outpatient psychiatry visits to 1,773 children and youth under age 19 in 2008.<sup>15</sup>
- ◆ When a bed at a psychiatric hospital is not available, children and youth are "boarded" in the emergency department or on medical floors at acute care hospitals.<sup>16</sup> These children and youth must wait for appropriate treatment and may require constant monitoring by staff so that they do not injure themselves or others. In 2008, 219 children between the ages of four and 17 years with a psychiatric diagnosis were "boarded" at Hasbro Children's Hospital due to the unavailability of an inpatient psychiatric bed in the state, up from 137 in 2007. The average period for which these young people were boarded in 2008 was two days.<sup>17,18</sup>

## Psychiatric Hospitals

### Children under Age 19 Treated at Rhode Island Psychiatric Hospitals, 2008

	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	778	17 days	61	96 days	628	11 days	68	24 days
Residential	57	141 days	18	299 days	--	--	--	--
Partial Hospitalization	328	20 days	16	19 days	92	6.1 days	--	--
Outpatient	1,502	5 visits	41	6 visits	69	NA	--	--

Source: Lifespan and Butler Hospital, 2008. Programs can have overlapping enrollment. Partial hospitalizations are those in which a young person lives at home but receives intensive ongoing treatment at a hospital.

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

- ◆ The two hospitals in Rhode Island that specialize in providing psychiatric care to children and youth are Bradley Hospital and Butler Hospital.
- ◆ Inpatient treatment at a psychiatric hospital is the most intensive type of behavioral health care. In 2008, there were 1,446 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 (29%), childhood/adolescent disorders (24%), bipolar disorders (19%), anxiety disorders (12%), and adjustment disorders (10%).<sup>19,20</sup>
- ◆ 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 developmental disabilities. Bradley also operates four schools for children with behavioral health problems and developmental disabilities, which together had an average daily enrollment of 218 students in 2008.<sup>21</sup>

#### References

- <sup>1,3,5</sup> *Mental health: A report of the Surgeon General*. (1999). Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General.
- <sup>2</sup> *Covering health issues: A sourcebook for journalists, Chapter 11-Mental Health*. (2006). Washington, DC: Alliance for Health Reform.
- <sup>4</sup> *Children's mental health: Facts for policymakers*. (2006). New York, NY: National Center for Children in Poverty.
- <sup>6</sup> 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 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 2008, 8,197 children under age 18 were treated at community mental health centers, and 3,851 children were receiving services as of December 31, 2008.<sup>22</sup>
- ◆ Among the children who received services through Rhode Island CMHCs in 2008, 21% presented with a primary diagnoses of attention deficit disorders, 21% with depressive disorders, 12% with conduct disorders and 11% with anxiety disorders.<sup>23</sup>

## Child and Adolescent Intensive Treatment Services (CAITS)

- ◆ The CAITS program (formerly the Children's Intensive Services (CIS) program) aims to reduce the likelihood of inpatient psychiatric hospitalization or residential treatment among Medicaid-eligible young people with moderate to severe emotional and/or behavioral disorders. Up to 16 weeks of intensive, home- and community-based treatment via individual and/or family therapy, family training and support worker services are available per year, based on the needs of the child. Now administered by the Rhode Island Department of Human Services (formerly by the Rhode Island Department of Children, Youth and Families), CAITS will become an in-plan benefit for RIte Care members in 2009.<sup>24</sup>
- ◆ Of the 3,083 children and youth who were served by the ten CAITS provider agencies in State Fiscal Year 2008, 52% were over age 12, 36% were between the ages of six and 11 and 12% were under age six. Sixty-one percent (61%) of children and youth who received CAITS services were male and 39% were female.<sup>25</sup>

## Kid's Link Emergency Services Hotline

- ◆ In 2007, the Rhode Island Department of Children, Youth and Families (DCYF) launched the Kid's Link Emergency Services hotline to help parents and caregivers determine the best place to go for behavioral health treatment for children and youth experiencing mental health problems or crises.<sup>26</sup> In 2008, there were 1,299 phone calls to Kid's Link, resulting in 442 evaluations by mental health professionals.<sup>27</sup>