

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.¹ One in five children ages six to 17 in Rhode Island has a diagnosable mental or addictive disorder; one in 10 has significant functional impairment.² Nationally, an estimated four out of five children who need mental health treatment do not get it.³

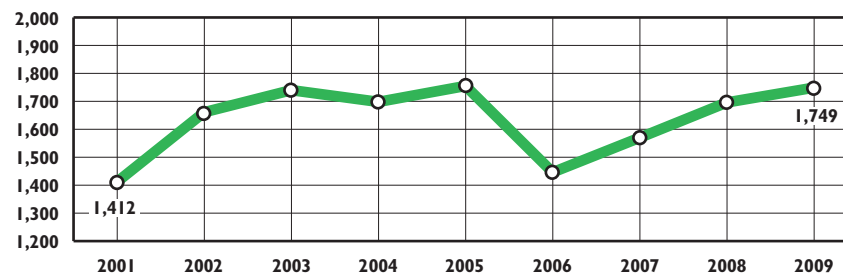
Behavioral health problems affect children of all backgrounds. Children most at risk for mental disorders are those with prenatal exposure to alcohol, tobacco and other drugs; children born with low birthweight, difficult temperament or an inherited predisposition to a mental disorder; those suffering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

and children living in poverty.^{4,5} Young people in the juvenile justice and child welfare systems experience mental health problems at higher rates than children and youth in general.⁶

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.⁷ Schools serve as the *de facto* mental health system for many children and adolescents in the U.S.; 70-80% of children who receive mental health services receive them in a school setting.⁸

In both the U.S. and 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.^{9,10,11,12} In recent years, states have focused on expanding capacity for home-based and community-based prevention and treatment services that better meet the needs of children, youth and families.^{13,14,15,16}

Hospitalizations With Primary Diagnosis of Mental Disorder, Children Under Age 18, Rhode Island, 2001-2009*



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 alcohol and drug dependence, psychoses, anxiety and depressive, mood and personality disorders.

- ◆ In 2009, there were 1,749 hospitalizations of children with a primary diagnosis of 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.¹⁷
- ◆ 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. Between October 1, 2009 and September 30, 2010, 2,150 children and youth age 18 and under received outpatient treatment at Bradley Hospital, and 34 received outpatient treatment at Butler Hospital.^{18,19}
- ◆ When an inpatient psychiatric bed or other needed service is not available, children and youth are "boarded" in the emergency department or on medical floors at acute care hospitals. 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.^{20,21}
- ◆ In 2010, 403 children and youth under age 18 with a psychiatric diagnosis were "boarded" for an average of two days at Hasbro Children's Hospital, a considerable increase from the 122 children boarded in 2009. Factors involved in this increase include reduced capacity at step-down and other community-based alternatives to hospitalizations and increased referrals to hospital emergency departments for behavioral health issues.^{22,23}

Psychiatric Hospitals

Children Under Age 19 Treated at Rhode Island Psychiatric Hospitals, October 1, 2009 – September 30, 2010 (FFY 2010)

	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	896	12 days	68	52 days	524	8 days	104	26 days
Residential	25	168 days	11	31 days	--	--	--	--
Partial Hospitalization	370	13 days	13	14 days	98	5 days	--	--
Home-Based	--	--	45	168 days	--	--	--	--
Outpatient	1,213	3 visits	101	1 visit	34	NA	--	--

Source: Lifespan, 2011 and Butler Hospital, 2011. Programs can have overlapping enrollment. Number treated is based on the hospital census (i.e., the number of patients seen in any program during FFY 2010). The average length of stay is based on discharges.

-- = 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 Federal Fiscal Year 2010, 1,555 children and youth received inpatient psychiatric treatment at either Bradley Hospital or Butler Hospital. The most common diagnoses for young people treated in an inpatient setting were bipolar disorders (39%), depressive disorders (33%), anxiety disorders (11%) and adjustment disorders (9%).^{24,25}
- ◆ 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 three schools for children with behavioral health problems and developmental disabilities, which together had an average daily enrollment of 336 students in Federal Fiscal Year 2010.²⁶

References

^{1,5,7} *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 Kim, H. K., Viner-Brown, S. I. & Garcia, J. (2007). Children's mental health and family functioning in Rhode Island. *Pediatrics*, 119, S22-S28.

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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 2010, 7,513 children under age 18 were treated at Community Mental Health Centers, and 4,389 children were receiving services as of December 31, 2010.²⁷

◆ Among the children who received services through Rhode Island CMHCs in 2010, 24% presented with a primary diagnosis of depressive-related disorders, 20% with attention deficit disorders, 12% with conduct disorders and 12% with anxiety disorders.²⁸

Child and Adolescent Intensive Treatment Services (CAITS)

◆ The CAITS program, which is administered by the Rhode Island Department of 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.²⁹

◆ CAITS replaced the Children's Intensive Services (CIS) program, which had been administered by the Rhode Island Department of Children, Youth and Families, and which allowed children and youth to receive services for two to three years, with an average length of treatment of six months.³⁰

◆ In State Fiscal Year 2010 (July 1, 2009-June 30, 2010), 1,729 children and youth received services from eleven CAITS provider agencies, down 46% from the 3,189 children served by CIS in SFY 2007.^{31,32}

Kid's Link Emergency Services Hotline

◆ The Rhode Island Department of Children, Youth and Families (DCYF) launched the Kid's Link Emergency Services hotline in 2007 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.³³ In 2010, there were 883 phone calls to Kid's Link, 304 of which were requests for evaluations.³⁴