

Children's Mental Health

DEFINITION

Children's mental health is the percentage of Rhode Island children through age 21 enrolled in RIte Care or fee-for-service Medicaid who received a Medicaid-funded mental health service in Rhode Island during state fiscal year 2002 (July 1, 2001 – June 30, 2002).

SIGNIFICANCE

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.¹ One in five U.S. children ages 9 to 17 has a diagnosable mental or addictive disorder. One in ten children suffer significant functional impairments at home, at school and with peers as a result of their disorder.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 a parent with a mental health or substance abuse disorder; children exposed to alcohol, drugs, and tobacco during prenatal

development; and children born with low birth weight, difficult temperament, or an inherited predisposition to a mental disorder.^{3,4}

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 are treatable.⁵ The mental health status of children directly influences their behavior at home and at child care or school, their academic performance, and their ability to participate in community life.⁶ Parental mental health problems, substance abuse and maternal depression are common and have significant negative effects on children's social and emotional development.⁷

Access to health insurance that covers appropriate services is critical to effective mental health treatment.^{8,9} In Rhode Island, during state fiscal year 2002, 9% of children and youth who were enrolled in Medicaid (including RIte Care or fee-for-service Medicaid) received a Medicaid-funded mental health service.¹⁰ Both nationally and in Rhode Island, mental health systems tend to be crisis-driven with disproportionate spending on high-end hospital care and inadequate investment in prevention and in a continuum of community services.^{11,12,13}



Rhode Island's Community Mental Health Centers

- ◆ The eight Community Mental Health Centers (CMHCs) in Rhode Island are a primary source of mental health treatment services available in the state. During 2003, 7,593 children were treated at mental health centers.¹⁴ As of December 31, 2003, there were 3,249 children receiving services through the mental health centers.¹⁵
- ◆ The Rhode Island Child and Adolescent Service System (CASSP) is a statewide system that helps parents and communities plan services for children with emotional, behavioral and/or mental health challenges. CASSP services are carried out through eight Local Coordinating Councils (LCCs) managed by the community mental health centers.



Hospitals

- ◆ In fiscal year 2003, Bradley Hospital provided 11,705 outpatient psychiatric visits to children and 854 children were admitted to the hospital. An average of 40 families were served through Bradley's home-based program. An average of 183 students per day were served at Bradley's schools for children with mental illness and developmental disabilities. Bradley Hospital also serves children in partial hospital and residential treatment programs.¹⁶
- ◆ In calendar year 2003, Rhode Island Hospital provided 9,786 child psychiatry outpatient visits.¹⁷
- ◆ In 2003, Butler Hospital provided services to 756 children and youth age 18 and under. Of these 756 children, 636 were admitted to the hospital and the remaining 120 were in partial hospital or outpatient programs. Youth between ages 13 and 18 accounted for 78% of services provided.¹⁸



Early Childhood and School Settings

- ◆ Child care settings and schools are important sites for the identification of children with mental health needs and provide opportunities for early intervention.¹⁹
- ◆ In Rhode Island in 2003, child care providers reported expulsions of 75 children due to behavioral problems.²⁰ The Child Care Support Network assists child care providers serving children with special needs, particularly mental health and behavioral disorders, through technical assistance and consultation.²¹
- ◆ During the 2002-03 school year in Rhode Island there were 3,102 children enrolled in special education due to an emotional disturbance. There were 722 suspensions of children with an emotional disturbance.²²
- ◆ School-based mental health programs have been shown to reduce the need for disciplinary actions, increase attendance and improve child performance.²³ In Rhode Island in 2002-2003, school-based health centers provided 1,116 behavioral health services.²⁴



Youth at the Rhode Island Training School

- ◆ At the Rhode Island Training School for Youth on December 1, 2003, 46% of adjudicated youth were receiving special education services. This is more than twice the statewide rate of 21%.²⁵
- ◆ Three-quarters (74%) of the Training School youth with special education needs were receiving these services due to behavior disorders.²⁶
- ◆ Seventeen percent of youth at the Training School were receiving psychiatric services and 60% were receiving substance abuse treatment.²⁷

References

- ^{1,2,3,5,6} *Mental Health: A Report of the Surgeon General*. (1999). Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General.
- ⁴ National Research Council. (2000). *From Neurons to Neighborhoods*. Washington, DC: National Academy Press.
- ⁷ Knitzer, J. (2001). *Promoting Resilience: Helping Young Children and Parents Affected by Substance Abuse, Domestic Violence, and Depression in the Context of Welfare Reform*. New York, NY: National Center for Children in Poverty.
- ^{8,19,23} *Achieving the Promise: Transforming Mental Health Care in America*. (July 2003). Rockville, MD: The President's New Freedom Commission on Mental Health.
- ⁹ Knitzer, J. (January 2002). *Promoting the Emotional Well-Being of Children and Families: Building Services and Systems to Support the Healthy Emotional Development of Young Children*. New York, NY: National Center for Children in Poverty.
- ¹⁰ *Children's Mental Health Benchmarking Project, Third Year Report*. (July 2003). Boston, MA: Dougherty Management Associates, Inc., Commissioned by the Annie E. Casey Foundation and the Center for Health Care Strategies.
- ¹¹ Allen, M. (September, 2002). *The Well-Being of Our Nation: An Inter-Generational Vision of Effective Mental Health Services and Supports*. Washington, DC: National Council on Disability.
- ¹² *Toward an Organized System of Care for Rhode Island's Children, Youth and Families*. (October 21, 2002). The Report of the Rhode Island System of Care Task Force.
- ¹³ *Rhode Island Public Expenditure Council*. (January 2001). A Review of the Department of Children, Youth and Families. Providence, RI: Rhode Island Public Expenditure Council, Commissioned by Rhode Island Children's Policy Coalition.
- ^{14,15} Community Mental Health Centers, January to December 2003.
- ¹⁶ Bradley Hospital, Fiscal Year 2003.
- ¹⁷ Rhode Island Hospital, January to December 2003.
- ¹⁸ Butler Hospital, January to December 2003.
- ²⁰ Options for Working Parents, Providence, RI, December 2003.
- ²¹ Rhode Island Department of Health, October 2003.
- ^{22,25} Rhode Island Department of Elementary and Secondary Education, School Year 2002-2003.
- ²⁴ Rhode Island Department of Health, School Based Health Center Report, 2002-2003.
- ^{26,27} Rhode Island Training School for Youth, 2003