

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 suffers significant functional impairments at home, at school and with peers as a result of his or her 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 parents with mental health or substance abuse disorders; 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 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}



Hospitals

- ◆ Butler Hospital provides a wide range of psychiatric services for children and adolescents. In 2004, Butler Hospital treated 853 children age 18 and under; of these, 692 were admitted to the hospital and the remaining 161 were in partial hospital or outpatient programs. Youth between the ages of 13 and 18 accounted for 80% of services provided.¹⁴
- ◆ Rhode Island Hospital provided 6,546 child psychiatry outpatient visits in 2004. This was down from 9,786 in 2003 due to a decrease in the number of psychiatrists on staff.¹⁵
- ◆ Bradley Hospital, Rhode Island's largest psychiatric center for children, had 892 child and adolescent admissions and 75 Developmental Disabilities Program admissions in 2004. An average of 190 students per day were served at Bradley's three schools for children with mental illness and developmental disabilities in 2004.¹⁶

Children Under 18 Served at Bradley Hospital, 2004

	General Psychiatric Services	Developmental Disabilities Program
Inpatient	659	53
Residential	67	18
Partial Hospitalization	288	12
Home Based	0	60
Outpatient	1,229	231

Source: Lifespan, 2005. Data contain duplicated counts.



Rhode Island's Community Mental Health Centers

- ◆ The eight Community Mental Health Centers (CMHCs) in Rhode Island are the primary source of public mental health treatment services available in the state. During 2004, 7,533 children were treated at mental health centers and 3,424 children were receiving services as of December 31, 2004.¹⁷
- ◆ Of the children who received services through mental health centers in 2004, 21% presented with a primary diagnosis of attention deficit disorder, 19% with depressive disorders, 15% with conduct disorder and 10% with anxiety disorders. Forty-eight percent had diagnoses of serious mental illness.¹⁸



Children's Intensive Services

◆ Children and youth at the highest risk for out-of-home placement can remain at home in their community while receiving intensive, home-based psychotherapeutic and case management services offered by the Children's Intensive Services (CIS) program at the Rhode Island Department of Children, Youth and Families (DCYF). DCYF authorizes care at one of four levels of varying intensity and service duration based on the acuity and needs of the child and family.¹⁹

◆ Of the 1,244 children who were served by CIS during July, August and September 2004, 54% were between the ages of 12-18, 35% were ages 5-11, and 10% were ages 3-5. Over 60% had a behavior diagnosis (including attention deficit disorder, post traumatic stress disorder and conduct disorder); 30% had a mood disorder; and 20% had an adjustment disorder. (Children may have more than one disorder so the total percentage is greater than 100%.) Forty-nine children (12% of new admissions) received CIS services after an inpatient psychiatric hospitalization. Approximately 30% of the children were in the care of DCYF.²⁰



Home-Based Therapeutic Services

◆ The Home-Based Therapeutic Services (HBTS) Program run by the Rhode Island Department of Human Services provides intensive home and community services to children up to age 21 with severe behavioral health, developmental or physical disabilities. These services are provided by trained paraprofessionals following a prescribed treatment plan and under the supervision of licensed clinicians.²¹

◆ As of December 31, 2004, there were 412 children receiving HBTS services. Ten percent were under the age of five, 33% were between five and nine years of age, 39% were between 10 and 14, and 18% were between 15 and 21.²²

◆ There were 280 children on waiting lists for the HBTS program as of December 31, 2004.²³



Access to Mental Health Services

◆ There are waiting lists for many mental health services for children and families throughout Rhode Island. As of December 2004, the wait time for general outpatient services at Bradley Hospital was 8-12 weeks, the wait for residential services was 3-4 months, and the Developmental Disabilities Program's Medication Management Clinic had been closed to outside referrals for over one year.²⁴

◆ In 2004, approximately 356 children between the ages of 4 and 17 with a psychiatric diagnosis were "boarded" in emergency departments and/or medical floors at hospitals throughout Rhode Island due to the unavailability of an inpatient child psychiatric beds in the state.²⁵ While awaiting placement, children who are "boarded" must wait for appropriate treatment and may require constant monitoring by staff so that they do not injure themselves or others.

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 *Achieving the promise: Transforming mental health care in America.* (2003). Rockville, MD: The President's New Freedom Commission on Mental Health.

⁹ Knitzer, J. (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.* (2003). Boston, MA: Dougherty Management Associates, Inc., Commissioned by the Annie E. Casey Foundation and the Center for Health Care Strategies.

¹¹ Allen, M. (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.* (2002). The Report of the Rhode Island System of Care Task Force.

¹³ Rhode Island Public Expenditure Council. (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 Butler Hospital, January 2005.

¹⁵ Lifespan, January 2005.

¹⁶ Bradley School, February 2005.

^{17,18} Rhode Island Department of Mental Health, Retardation, and Hospitals. Division of Behavioral Healthcare Service, February 2005.

^{19,20} Rhode Island Department of Children, Youth and Families, February 2005.

^{21,22,23} Rhode Island Department of Human Services, February 2005.

^{24,25} Bradley Hospital, Access Center, February 2005.