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## Rhode Island KIDS COUNT to release new publication: *Children's Mental Health in Rhode Island*

*With a state of emergency declared for children's mental health in Rhode Island,  
KIDS COUNT calls for immediate action on behalf of all families*

**Providence, RI (October 20, 2022):** Rhode Island KIDS COUNT will release its newest publication, *Children's Mental Health in Rhode Island*, on Monday, October 24, 2022, from 3:30 p.m. – 5:00 p.m. at The Rhode Island Foundation. Featured speakers will include **Elizabeth Burke Bryant**, Executive Director of Rhode Island KIDS COUNT, and Rhode Island KIDS COUNT Policy Analysts **Kelsey Bala, MPH** and **Kaitlyn Rabb, MPH** who will share findings from the *Policy Brief*. Bala and Rabb are co-authors of the publication.

Reflections will be shared from the following panel: **Dr. Henry Sachs**, President of Bradley Hospital; **Dr. Patricia Flanagan**, Professor of Pediatrics at the Warren Alpert Medical School at Brown University and Clinical Director of Care Transformation Collaborative of RI/PCMH Kids; **Gigi DiBello**, Coordinator of Project AWARE at Woonsocket Education Department; **Susan Orban**, Coordinator of Washington County Coalition for Children; and **Wujuudat Balogun** and **Paris Khule**, Students and Members of Young Voices.

Mental health in childhood and adolescence is defined as reaching expected developmental, cognitive, social, and emotional milestones and the ability to use effective coping skills. Mental health influences children's physical health as well as their behavior at home, in school, and in the community. Mental health conditions can impair daily functioning, prevent or affect academic achievement, increase involvement with the juvenile justice and child welfare systems, result in high treatment costs, diminish family incomes, and increase the risk for suicide.

**Mental health conditions affect children of all backgrounds.** In Rhode Island, one in five (19%) children ages six to 17 has a diagnosable mental health problem and one in ten (10%) has significant functional impairment. **In 2021, only about one in five (22%) of Rhode Island high school students reported receiving the help they needed when feeling anxious or depressed, down from 33% in 2019.**

### **Children's Mental Health: A State of Emergency**

Nationally, children and youth were experiencing mental health challenges before the COVID-19 pandemic, but since the onset of the pandemic, the number of children experiencing mental health challenges has increased. During the pandemic, children experienced many changes in their daily lives, including school closures and virtual learning, isolation from their peers and caring adults, disruptions in their schedules, economic insecurity, increased stress and uncertainty, and the loss of parents, caregivers, and other loved ones.

**In April 2022, the Rhode Island Chapter of the American Academy of Pediatrics, the Rhode Island Council of Child and Adolescent Psychiatry, Hasbro Children’s Hospital, and Bradley Hospital declared a Rhode Island State of Emergency in Child and Adolescent Mental Health.**

“Our kids can’t wait,” said Elizabeth Burke Bryant, Executive Director of Rhode Island KIDS COUNT. “Rhode Island needs to create and invest in a seamless and coordinated behavioral health system of care for children and their families. This system needs to align with and strengthen current systems and provide the right care, at the right time, in the right place and support children as they grow and transition to adults.”

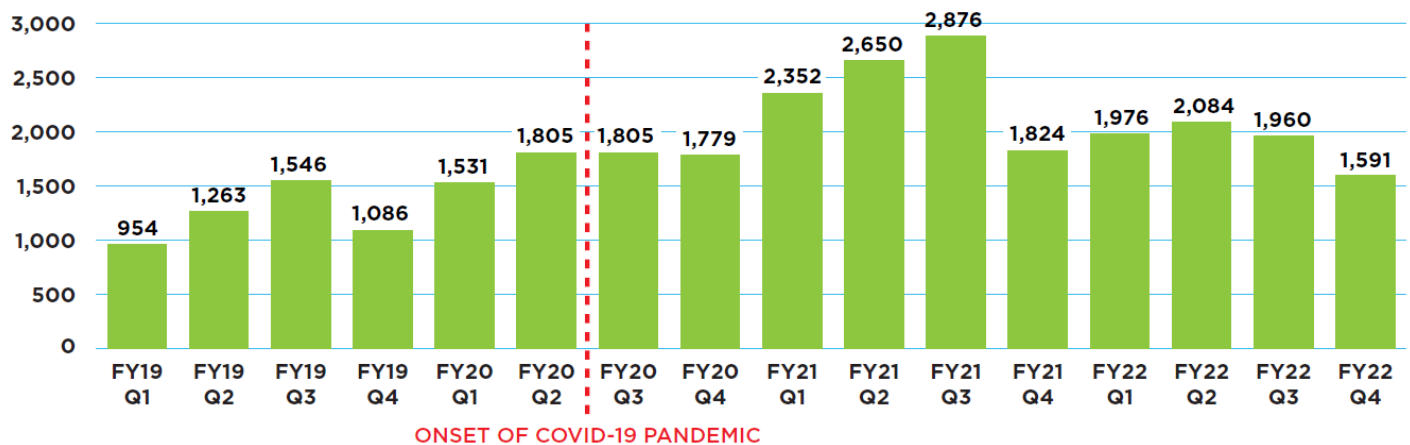
**Mental Health Workforce**

- There is limited mental health care capacity for children and youth in Rhode Island. Youth that need and want mental health services struggle to get adequate, timely, and affordable care. Inaccessibility is caused by insurance-related barriers, lack of clinicians, and extremely long waitlists. These challenges were exacerbated by the COVID-19 pandemic when some mental health programs closed temporarily.
- An even more critical issue is the severity of the ongoing workforce crisis that has left low levels of staffing across service agencies. Key reasons for this shortage include chronic underfunding, low reimbursement rates for mental health services (especially through Medicaid), low wages, and high demand of workers, which can lead to worker burnout and high turnover rates.
- A related issue is the need for a more diverse workforce that reflects the population and that has the linguistic skills and cultural competence to meet the needs of Rhode Island children, youth, and their families.

**Kids’ Link RI: Behavioral Health Triage and Referral**

Kids’ Link RI is a behavioral health triage service and referral network that is available 24 hours a day, seven days a week to help triage children and youth in need of mental health services and refer them to treatment providers. Families can reach Kids’ Link RI by calling 1-855-543-5465. Kids’ Link RI has been critical throughout COVID-19 and continues to support mental health needs.

**KIDS’ LINK CALLS, RHODE ISLAND, FY 2019 THROUGH FY 2022**



- In FY 2021, there were 9,702 calls to Kids’ Link RI, twice the number of the calls received in FY 2019 (4,849), prior to the onset of the COVID-19 pandemic. The number of calls peaked in FY 2021, but remain higher in FY 2022 than prior to the onset of the COVID-19 pandemic.

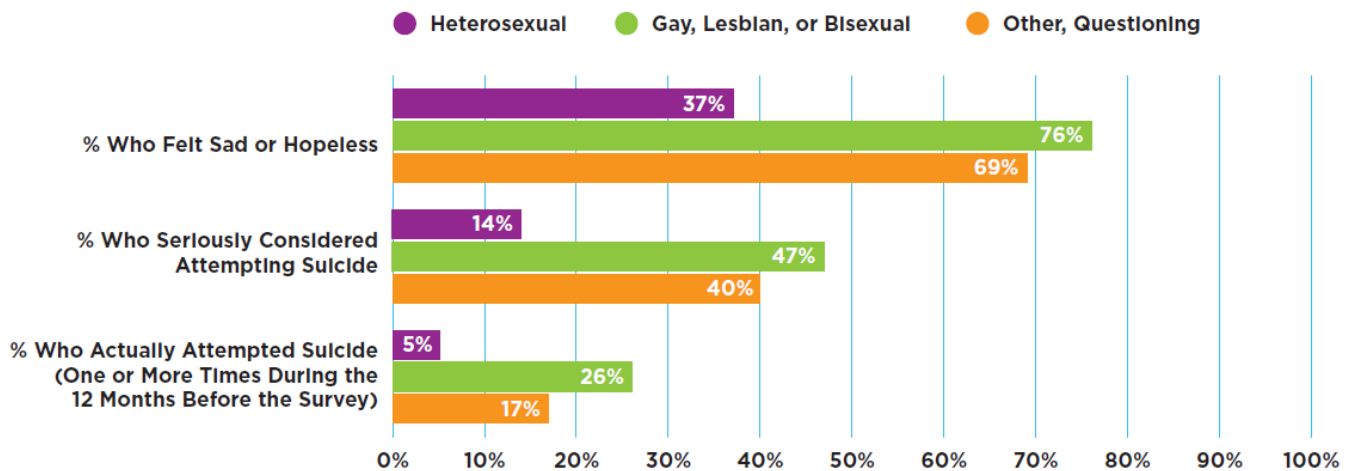
**Risk Factors for Mental Health Challenges**

- Risk factors for childhood mental health conditions include environmental factors like prenatal exposure to toxins (including alcohol), physical or sexual abuse, adverse childhood experiences, toxic stress, genetic factors or a family history of mental health issues, involvement with juvenile justice and child welfare systems, and living in poverty. In addition to these factors, mental health and well-being is impacted by the social, economic, and physical environments of youth and their families.
- To both prevent mental health conditions and promote mental wellness these factors must be acknowledged and addressed throughout all stages of life. Exposure to risk factors for mental health disorders accumulate over time and contribute to social and economic inequities and consequently to inequitable mental and physical health outcomes.

### **Disparities in Mental Health**

- While rates of treatment are low for all children with mental health needs, Children of Color are significantly less likely to receive mental health care. When they do receive treatment, it is more likely to be inadequate due to the lack of a diverse and culturally and linguistically competent workforce. Racial and ethnic disparities in mental health treatment can be attributed to underlying determinants of mental health including poverty, ACEs, chronic stress, racism, and discrimination.
  - Children of Color are at an increased risk of elevated toxic stress that impacts long-term health due to pervasive, systemic racism. Racism's toxic legacy includes generational trauma and economic inequity.
- LGBTQ+ youth are more likely to have mental health conditions and suicidal ideation than their peers. LGBTQ+ youth who lost access to school-based services during the COVID-19 pandemic may have had increased youth mental health needs, due to lockdowns in environments where they might not have been supported or accepted.

### **MENTAL HEALTH STATUS OF YOUTH, BY SEXUAL ORIENTATION, 2021**



### **New Department of Health Data Show Mental Health Challenges Persist “Post Pandemic”:**

- The [2021 Youth Risk Behavior Survey \(YRBS\) survey results](#) indicate that 38% of students experienced feelings of sadness or hopelessness (up from 32% in 2019). But only 22% of students reported receiving the help they needed when feeling anxious or depressed, a decrease from 33% in 2019.
- Feelings of sadness and hopelessness varied across student demographic groups. Females (52%) were twice as likely as males (25%) to report these feelings. Additionally, students who identified as gay, lesbian,

or bisexual (66%) and other/questioning (62%) reported higher rates of sadness and hopelessness than students who identified as heterosexual (29%). Students who did not identify as heterosexual or cisgender also reported higher rates of bullying than students who identified as heterosexual or cisgender.

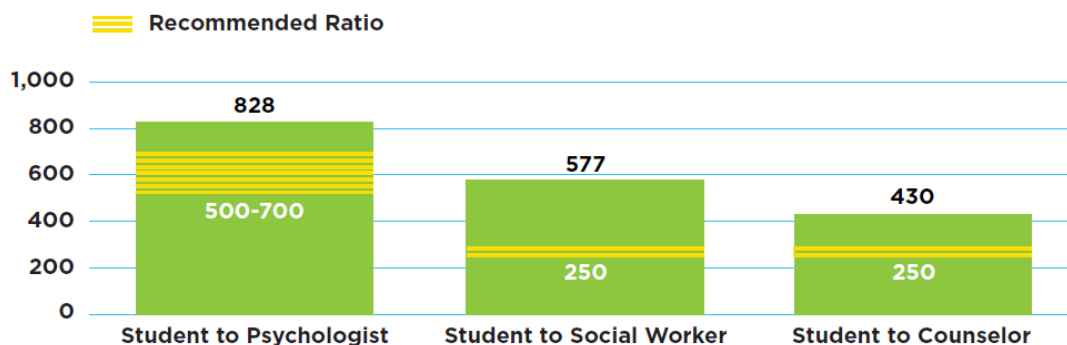
### **Primary Care Providers: A Frequent Entry Point to Care**

- Pediatricians and primary care providers have a crucial role in addressing child and adolescent mental health needs, including promoting positive mental well-being. These providers are often the first point of contact between families and mental health services, identify early signs of mental health disorders, and can provide referrals to specialized services.
- Primary care providers must navigate a complex and overtaxed system to connect their patients with the proper specialized mental health services. Improving pediatric provider mental health competency, including by integrating mental health care into primary care pediatrics, is key to providing families with mental health promotion, prevention, and treatment.

### **Meeting Kids Where They Are: School-Based Mental Health Support**

- Because children and youth spend a large part of their days in schools, their experiences during the school day can greatly impact their mental health. A healthy school climate helps promote and protect youth mental well-being and school-based mental health resources, including school-based mental health professionals, play a vital role in creating and sustaining positive school experiences and can improve health outcomes for youth.
- Beyond promoting mental wellness for all students, schools can also provide intervention and treatment for students with additional mental health needs. School-based mental health services are delivered by trained mental health professionals who are employed by schools, such as school psychologists, school counselors, school social workers, and school nurses. Providing mental health services in schools removes access barriers for students. Schools can provide these school-based services as well as refer youth to more intensive resources in the community when needed.

### **STUDENT-TO-MENTAL HEALTH PROFESSIONAL RATIO IN SCHOOLS, RHODE ISLAND, 2017-2018**



- Rhode Island is above the recommended student-to-mental health professional ratio in schools, in all categories.

### **Recent Progress in Addressing Children's Mental Health Needs**

- ***Infant and Early Childhood Mental Wellness Act:*** In 2022, the Rhode Island General Assembly passed the *Infant and Early Childhood Mental Wellness Act* that requires the state to create a plan to use Medicaid to help improve early identification and treatment of mental health challenges in young children. Prevention

and early identification and treatment of mental health challenges in young children could reduce expulsions from child care and preschool and suspensions in the early grades.

- **Trauma Informed Schools Act:** The *Trauma-Informed Schools Act* creates a universal approach designed to help students who have experienced trauma; however, the strategies and practices will benefit all children by creating positive school climates. This legislation that passed during the 2022 session, requires that all administrators, teachers, and staff in every Rhode Island public school receive trauma-informed training. These trainings include restorative practices, social-emotional learning, and positive disciplinary practices -- effective approaches for addressing student trauma and helping to create positive student-teacher relationships, improve students' sense of belonging, build safe schools, and improve academic outcomes.
- **9-8-8: National Crisis Intervention:** In 2020, Congress implemented a three-digit dialing code that operates through the **National Suicide Prevention Lifeline**. The new 9-8-8 dialing code was created to provide a more efficient way to access crisis call centers and expand their network. In July 2022, 9-8-8 became available nationally in multiple languages for calls and by texting for English language users. 9-8-8 is a free, 24/7, confidential service designed to meet the growing need of mental health crisis service and suicide prevention.
  - In Rhode Island, \$1.9 million in federal funding was allocated to support the 9-8-8 implementation and the coordination of call centers. Effective implementation of 9-8-8 will reduce the stigma associated with mental health, and benefit children, adolescents, and families across Rhode Island.

### **Recommendations**

- The *Policy Brief* includes comprehensive recommendations to address children, youth, and family mental health needs in Rhode Island. Please see page 11 of the publication for the full list of recommendations.

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*Rhode Island KIDS COUNT is a statewide children's policy organization that works to improve the health, economic well-being, safety, education, and development of Rhode Island children with a core focus on equity.*