

Children's Mental Health



This document provides an update to information in the *Community Action Network Prescription for Wellness-Children's Mental Health Assessment* report released in April 2001 and "Frequently Asked Questions About Children's Mental Health" released in November 2002. All data included are the most current available.

Highlights:

Mental Health Disorders Are More Common in Young People than Many Realize

In the United States, studies show that at least one in five children and adolescents has a mental health disorder. At least one in 10, or about 6 million people, have a serious emotional disturbance.

www.mentalhealth.org/publications/allpubs/CA-0004/default.asp

For Travis County, the Texas Department of Mental Health and Mental Retardation, now a part of the Texas Department of State Health Services (DSHS), estimated that there would be approximately 42,450 children and adolescents under the age of 18 with or at risk of mental health disorders in 2005. <http://www.dshs.state.tx.us/mhreports/01-05RevisedMHChildPre-PriPopData.pdf> This is 20% of the estimated under 18 population, and an increase of 2,291 persons since this report was last issued in November 2002.

Impact of Mental Health Budget Cuts

Legislative changes made to the Children's Health Insurance program (CHIP) in 2003 first severely reduced and then partially restored the mental health component of the program, according to the Mental Health Association in Texas. The resulting impact, **due primarily to the imposition of asset-eliminating deductions for child care and child support**, was the termination of **CHIP coverage for approximately 49,000 children who were previously enrolled**. Estimates for 2005 by the Texas Health and Human Services Commission indicate a 1/3 drop in enrollment in CHIP (from 512,986 in June 2003 to around 317,000 in 2005.) In addition, it was expected that more parents would fail to renew their CHIP applications because the renewal changed from an annual renewal to every six months. The issue of coverage and enrollment for CHIP continues to be a significant concern for Travis County.

Overview

Children's mental health is determined by a cumulative interaction between:

- ◆ genetics
- ◆ prenatal health
- ◆ physiological development
- ◆ family member's health
- ◆ environmental safety
- ◆ economic, educational and social conditions
- ◆ a cumulative experience of the child's achievement

Mental health is critical at every stage of a child's life, from infancy through young adulthood. Many children and adolescents who are treated early and appropriately for mental health disorders do recover and/or learn to live with these disabilities.

<http://www.hhs.gov/surgeongeneral/topics/cmh/childreport.htm#sum>

National and international health organizations have expressed alarm at the increasing number of children and adolescents with mental health disorders. From evidence compiled by the World Health Organization (WHO), *The Report of the Surgeon General's Conference on Children's Mental Health: A National Action Agenda* states:

"By 2020, neuropsychiatric disorders in children will swell by 50 percent compared with other health-related problems, making them one of the five leading causes of childhood illness, disability and death".

Frequently Asked Questions about Children's Mental Health

Q: What is children's mental health?

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), mental health is how we think, feel, and act as we face life's situations. It is how we look at ourselves, our lives, and the people in our lives. It is how we evaluate options and make choices. Like our physical health, our mental health is important at every stage of life. Mental health ranges from good to not so good and even to poor. A person's mental health may move through the range.

Like adults, children and adolescents can have mental health disorders that interfere with the way they think, feel, and act. Sometimes children and adolescents need help in navigating developmental, social, and physical changes to prevent potential problems. If undetected and untreated, these disorders can lead to school failure, family conflicts, substance abuse, violence or suicide. Mental health disorders often limit current and future ability to be productive. In addition, these problems can be costly to families, the community and the health care system.

<http://mentalhealth.samhsa.gov/publications/allpubs/CA-0004/default.asp>

Q: What are the protective and risk factors associated with children's mental health?

Protective factors are factors that provide a foundation for good mental health. Some protective factors include:

- School skills
- School achievement
- Good coping skills
- Supportive, caring parents
- Secure and stable family
- Sense of belonging
- Caring community

Risk factors are those factors that can directly impact the child's ability to cope with stressful events and life changes. Some risk factors are:

- Heredity
- Abuse and neglect
- Inconsistent or harsh parenting
- Significant health history
- School difficulties
- Poverty
- Lack of support services

Source: National Association of School Psychologists, 2003 <http://www.nasponline.org/pdf/IntervCh1.pdf>

Q: What is the prevalence of children's mental health disorders?

Estimated Prevalence of Common Mental Health Diagnoses/ Children and Adolescents

Common Disorders	National Prevalence	Travis County Estimate
Anxiety Disorders	13% of children aged 9-17	13,291
Major Depression	3-8% of children and adolescents	5,788-15,436
Attention Deficit/Hyperactivity Disorder	3-7% of all children	6,121-14,281
Learning Disorders	2-8% of all children	4,080-16,321
Conduct Disorders	2 to10% of all children and adolescents	4,080-20,402
Autism Spectrum Disorders ¹	3-7 per 1000 children	612-1,428
Schizophrenia ²	1 in 10,000 children	20.4

<http://academic.csuohio.edu/eingersoll/chprev.htm>; <http://www.jhsph.edu/CADDE/Facts/autism.html>

¹ Autism Spectrum Disorders refer to a complex group of related disorders marked by impaired communication and socialization and by a limited range of interests. They include: Autistic Disorder, Asperger's Disorder, and Pervasive Developmental Disorder Not Otherwise Specified (PDD-NOS). (National Association of School Psychologists, 2004)

² Occurrence increases in adolescents. (Ingersoll, R. E., & Previts, S. B. (in press). The prevalence children's mental disorders. In E. Welfel & R. E. Ingersoll The Mental Health Desk Reference: A Source Book for Counselors. New York: Wiley.

Frequently Asked Questions about Children's Mental Health

Q: What trends are we seeing for youth with mental health disorders?

- It is projected that the Texas Youth population (ages 18 years and under) will increase from 6.5 million in 2004 to 7.6 million in 2015 http://www.hhsc.state.tx.us/research/dssi/PopStats/ProjectionsTX_AgeGrpsChild.html
- Travis County statistics reflected an under age 18 population of 228,983 (27%) in 2003. <http://www.caction.org/reports/ACS2003TravisCountyAgeStatistics.pdf>
- Poverty is one of the risk factors for mental health disorders, and the American Community Survey for Travis County shows an overall increase in poverty rate since 2000. It further indicates that more than **15% of Travis County residents in the related children under 18 age group were living in poverty.** <http://www.caction.org/reports/ACS2003TravisCountyNarrativeFinal.pdf>
- **Untreated mental health problems put young people on a trajectory toward jail rather than college. Approximately half of youth in the juvenile justice system have at least one mental disorder.** (Juvenile Probation Commission, 2003; and Criminal Justice Policy Council, 2003)
- Major disparities in mental health services exist for minority groups. **Minority populations are underserved in the current mental health system and disproportionately impacted.** (Final Report, The President's New Freedom Commission on Mental Health, July 2003) <http://www.mentalhealthcommission.gov/reports/FinalReport/toc.html>
- Currently, more than 46% of the Travis County population is minority, and population trends indicate that Travis County may be moving toward a "majority-minority" status. (American Community Survey, Travis County, Texas, 2000-2003 Comparison, December 2004) <http://www.caction.org/reports/ACS2003TravisCountyNarrativeFinal.pdf>

Q. Are mental health services being accessed by all that need them?

- According to the U.S. Census Bureau (Current Population Survey, 2002) **Texas ranks #1 in the U.S. with percent of uninsured children**, while the Texas Institute for Health Policy Research (2002) reported that there were **an estimated 23,198 Travis County children under age 19 who are uninsured.**
- Due to the large number of uninsured and underinsured families, it is not easy for these families to find affordable mental health services. Although the community has a number of public and non-profit mental health providers, surveys of these agencies indicate that the demand for low cost or no cost services often exceeds their capacity to provide timely access to treatment. (Child and Youth Mental Health Planning Partnership, CYMHPP) Many non-profits experience year round waiting lists due to lack of funding.
- Of the one in five children and adolescents who actually receive needed treatment, the National Association of School Psychologists reports "between 70 and 80 percent were seen by providers working within the education sector" (mostly guidance counselors and school psychologists). <http://www.nasponline.org/publications/cq28287Bridges.html> It should be noted, however, that schools are limited in the type of services they provide and **there remains a significant gap in needed services, e.g., psychiatric assessments, family services, etc.**

Q: What is the suicide rate among children and adolescents?

- More than 13% of young Americans between 14 and 17 years of age considered suicide in 2000 and only 36% of them had received mental health treatment and counseling (Reuters News).
- According to the *2004 Fact Sheet on Suicide: Adolescents and Young Adults*, in 2001, suicide accounted for 11.7% of all deaths for the 10-24 age group. **This makes suicide the third leading cause of death for adolescents and young adults.** <http://nahic.ucsf.edu/downloads/Suicide.pdf>
- In Travis County, there were **13 suicides recorded in 2002 for adolescents and young adults between the ages of 15-24.** (Texas Department of Health, Epigram Data, 2002).

Q: What are the best ways to identify and treat children with mental health disorders?

In 2003, The President's New Freedom Commission on Mental Health, Subcommittee on Children and Families developed a policy brief (http://www.mentalhealthcommission.gov/subcommittee/children_family020703.doc), which describes a vision for children's mental health, which includes the following care standards:

Frequently Asked Questions about Children's Mental Health

Care Standards

- **Family Partnerships**-The family is the most important and lifelong resource in a child's life, as well as being legally and morally responsible for a child.
- **Comprehensive Services and Supports**-A broad array of services and supports should be available to children and their families to enable them to respond to biological, neurological, psychological, and social issues.
- **Cultural Competence**-Services and systems should be responsive to the cultural perspectives and racial, ethnic, cultural and linguistic characteristics of the diverse populations served.
- **Individualized Care**-Services should be individualized to each child and family, guided by a comprehensive, single plan of care for each child and family that addresses strengths, as well as problems and needs.
- **Evidenced-Based Practices**-When state-of-the-art, evidence-based interventions are available, families should be informed of them, and these interventions should be made available to children and families.
- **Coordination**-Services and systems should be coordinated at the service delivery level, and the agencies and programs that serve children should be linked with those serving adults.
- **Early Identification and Intervention**-Services and supports should emphasize early identification and intervention, as well as prevention of mental health problems, to maximize the likelihood of positive outcomes.
- **Accountability**-There should be a clear point of responsibility and accountability for children's mental health care at all levels.

Q: What is our community doing?

- There are a number of initiatives in place, such as Community Partners for Children and the Child and Youth Mental Health Planning Partnership, that are addressing the needs of children with mental health disorders, and adhere to the standards identified above. Child and family service agencies collaborate to unite and coordinate resources, offering a comprehensive array of services and supports that focus on the strengths of each child and embrace the values and culture of each family. As families work hand-in-hand with collaborating agencies, the Travis County community is strengthened and public funds are utilized to their greatest potential.

Q: What can a parent do to help?

- Be a positive role model
- Establish family rules
- Monitor your child's activities
- Encourage your child to express his/her feelings appropriately
- Do not be afraid to ask for help

Q: What can the community do to help?

Contact the United Way Capital Area's Volunteer Center at 211 or <http://www.unitedwaycapitalarea.org> to:

- mentor a child
- sponsor treatment for a child or parent
- be a peer mentor to a parent
- become involved in volunteerism with children

Additional Information

- To access this document or the 2001 CAN Prescription For Wellness, or current information regarding other health and human service issues refer to: www.caction.org. Hard copies are available at the Community Action Network offices, 1111 West 6th Street, Suite B220, Phone 512-414-8203.
- This FAQ was created and reviewed by members of the CAN Child and Youth Mental Health Planning Partnership.
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CAN Partners: Austin Area Human Services Association - Austin Area Inaterrreligious Ministries - Austin Area Research Organization - Austin ISD
Austin Travis County MHMR Center - Capital Metro - City of Austin - Community Justice Council - Greater Austin Chamber
Health Partnership 2010 - Higher Education Coalition - Travis County - United Way Capital Area - WorkSource