

Children’s Mental Health Fact Sheet

CHILDREN’S BEHAVIORAL HEALTH PROBLEMS ARE WIDESPREAD AND REQUIRE ADDITIONAL STATE RESOURCES FOR PREVENTION AND TREATMENT

Mental, emotional and behavioral (MEB) health is a critical component of a child’s well-being. **Almost one in five young people have one or more MEB disorders,**¹ and one in 10 youth has mental health problems that are severe enough to impair how they function at home, school, or in the community.²

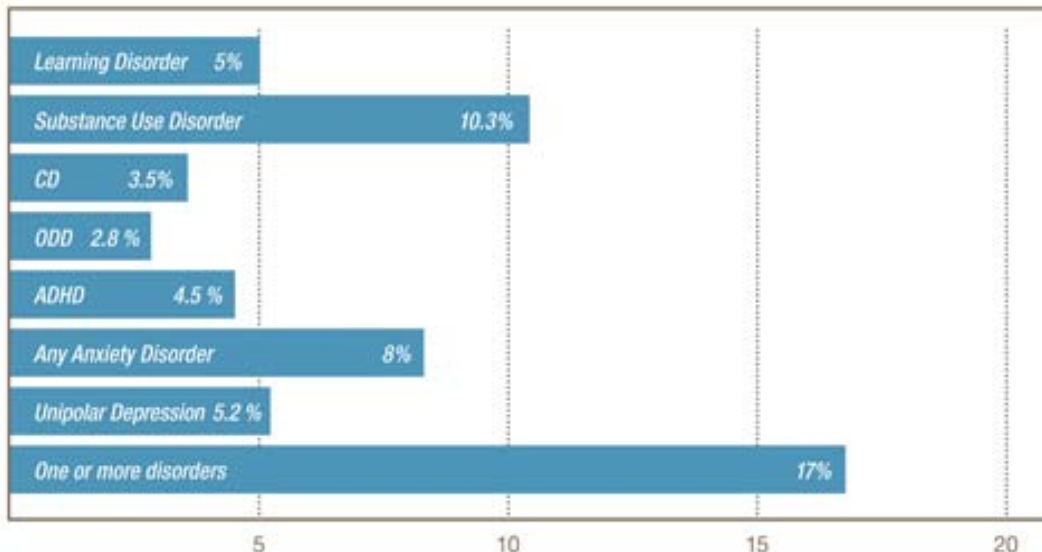
A greater proportion of children and youth in the child welfare and juvenile justice systems have mental health problems:

- 50% of children and youth in the child welfare system have mental health problems.³
- 67% to 70% of youth in the juvenile justice system have a diagnosable mental health disorder.⁴

Adverse events during childhood are linked to poorer health and greater disability in adulthood.⁵ Persons who experience four or more categories of childhood trauma (e.g., psychological, physical, or sexual abuse, witnessing violence, living with household members who have a mental illness or substance use disorder) have a:

- 4- to 12-fold increase risk for alcoholism, drug abuse, depression, and suicide attempts (more than two-thirds of all attempted suicides can be attributed to adverse childhood experiences),⁶
- 4-fold increase in chronic bronchitis or emphysema,⁷
- 2- to 4-fold increase in smoking,
- 1.4- to 1.6-fold increase in severe obesity, and
- nearly 2-fold increase in diabetes.

Prevalence Estimates of Mental, Emotional and Behavioral Disorders In Young People



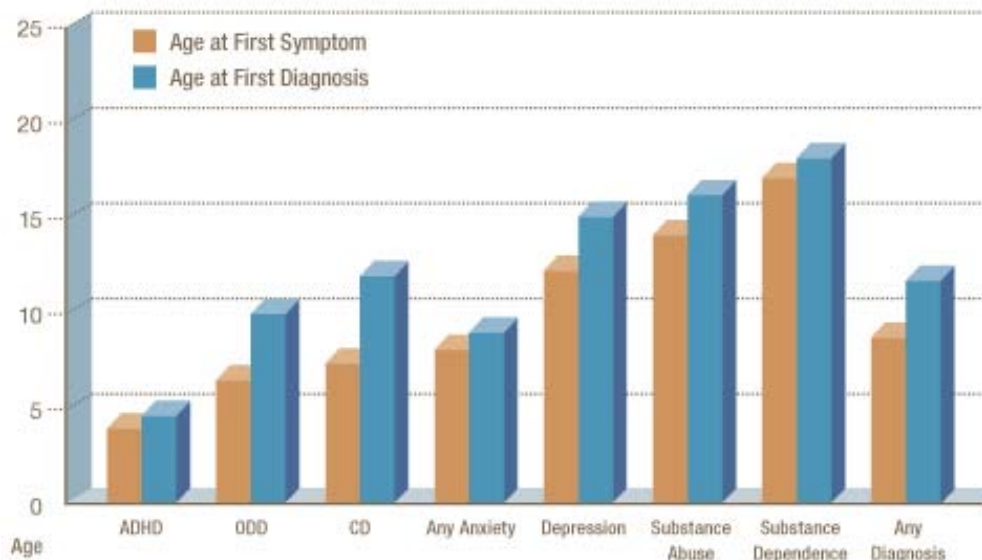
CD = Conduct Disorder; ODD = Oppositional Defiant Disorder; ADHD = Attention Deficit Hyperactivity Disorder
 Source: Preventing Mental, Emotional and Behavioral Disorders Among Young People, 2009. National Research Council and Institute of Medicine, of the National Academies.

EARLY DETECTION AND INTERVENTION ARE CRITICAL

The onset of major mental illness may occur as early as 7 to 11 years old.⁸

- Research supported by the National Institute of Mental Health indicates that half of adults with MEB disorders were first diagnosed by age 14 and three fourths were diagnosed by age 24.⁹
- Factors that predict mental health problems can be identified in the early years, with children and youth from low-income households at increased risk for mental health problems.^{10,11}

Age at Onset of First Symptoms of MEB Disorder, by Age 21



Source: *Preventing Mental, Emotional and Behavioral Disorders Among Young People, 2009. National Research Council and Institute of Medicine, of the National Academies*

OBSTACLES TO ACCESS AND QUALITY IN MENTAL HEALTH CARE

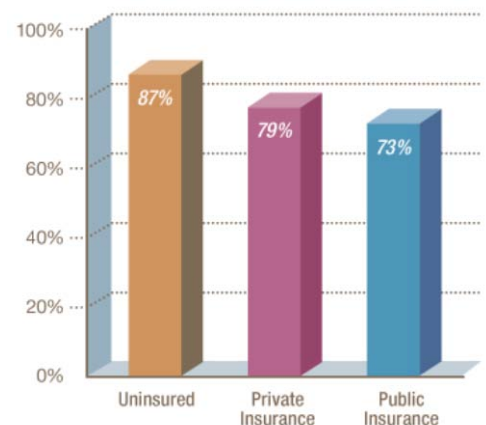
Several federal commissions and workgroups have documented the need for improved and expanded mental health services for children and youth.^{12,13}

- It is estimated that less than 1 in 5 of these children receive the appropriate needed treatment.¹⁴
- Only 15% of youths who had difficulties had parents that actively talked to a health care provider or school staff about their child's emotional or behavioral difficulties.¹⁵

Financial support for quality services to prevent and treat mental health problems of youth is inadequate.

- Many child mental health services are not covered by managed care, across public and private payers: 73% of children with public insurance and 79% of children with private insurance have unmet mental health needs.
- In 2007, only 12.5 percent of 12 to 17 year olds received treatment or counseling for problems with behavior or emotional disturbances in specialty mental health settings (which include inpatient and outpatient care).¹⁶

Unmet Mental Health Needs of U.S. Children by Insurance Status



Source : Katoka, S; Zhang, L.; & Wells, K. (2002). Unmet need for mental health care among U.S. Children: Variation by ethnicity and insurance status. *American Journal of Psychiatry*. 159 (9), 1548-1555.

EFFECTIVE TREATMENT AND PREVENTION EXISTS

Clear windows of opportunity exist to prevent MEB disorders and related problems before they occur. An intervention before a severe disorder manifests itself is possible and offers the best opportunity to protect young people from a lifetime of negative outcomes and minimizes the financial impact of untreated mental illness on state budgets. **Effective prevention includes strengthening families by targeting problems, strengthening individuals by building resilience and skills, preventing specific disorders by screening individuals at risk, promoting mental health in schools and promoting mental health through health care and community programs.** The key to most approaches is to identify risks (biological, psychological and social factors) that may increase a child's risk of MEB disorders.¹⁷

Interventions by Developmental Phase

Prior to Conception	Prenatal	Infancy	Early Childhood	Childhood	Early Adolescence	Adolescence	Young Adult
Pregnancy ← Prevention →	Prenatal ← Care →						
	← Home Visiting →						
		← Early Childhood Interventions →					
		← Parenting Skills Training →					
		← Social and Behavioral Skills Training →			Classroom based Curriculum to Prevent Substance Abuse, Aggressive Behavior or Risky Sex ← →		
				← Prevention of Depression →			
					← Prevention of Schizophrenia →		
← Prevention Focused on Specific Family Adversities (Bereavement, Divorce, Parental Psychopathology, Parental Substance Use, Parental Incarceration) →							
← Community Interventions →							

Source: Committee on Prevention of Mental Disorders and Substance Abuse Among Children, Youth and Young Adults, 2009. http://www.nap.edu/catalog.php?record_id=12480#toc

For more information, please contact Chris Loftis, Director of State Policy, National Council for Community Behavioral Healthcare, at ChrisL@thenationalcouncil.org or 202.684.7457 ext 234.

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- ¹ New Freedom Commission on Mental Health. (2003). *Achieving the promise: Transforming mental health care in America. Final report* (DHHS Pub. No. SMA-03-3832). Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. <www.mentalhealthcommission.gov/reports/reports.htm>.
- ² National Center for Children in Poverty, Columbia University Mailman School of Public Health. (2006). *Children's Mental Health: Facts for Policymakers*.
- ³ Burns, B., Phillips, S., Wagner, H., Barth, R., Kolko, D., Campbell, Y., & Yandsverk, J. (2004). Mental health need and access to mental health services by youths involved with child welfare: A national survey. *Journal of the American Academy of Child and Adolescent Psychiatry*, 43, 960-970.
- ⁴ Skowrya, K.R. & Cocozza, J.J. (2006). *Blueprint for change: A comprehensive model for the identification and treatment of youth with mental health needs in contact with the juvenile justice system*. The National Center for Mental Health (NCMHJJ) and Policy Research Associates, Inc. <www.ncmhjj.com/Blueprint/pdfs/Blueprint.pdf>.
- ⁵ Anda, R.F., Brown, D.W., Felitti, V.J., Bremner, J.D., Dube, S.R., & Giles, W.H. (2007). Adverse childhood experiences and prescribed psychotropic medications in adults. *American Journal of Preventive Medicine*, 32, 289-394.
- ⁶ Felitti, V.J., *The Relationship of Adverse Childhood Experiences to Adult Health: Turning gold into lead. The Adverse Childhood Experiences Study*. <http://www.acestudy.org/files/Gold_into_Lead_-_Germany1-02_c_Graphs.pdf>.
- ⁷ Felitti, V.J., Anda, R.F., Nordenberg, D., Williamson, D., Spitz, A.M., Edwards, V., Koss, M.P., & Marks, J.S. (1998). Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, 14, 245-258.
- ⁸ Kessler, R.C., Beglund, P., Demler, O., Jin, R., & Walters, E.E. (2005). Lifetime prevalence and the age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62, 593-602.
- ⁹ National Institute of Mental Health. (2005). *Mental Illness Exact Health Toll, Beginning in Youth*. <<http://www.nimh.nih.gov/science-news/2005/mental-illness-exactsheavy-toll-beginning-in-youth.shtml>>.
- ¹⁰ The current federal poverty level for a family of 4 is \$20,000. Low-income families make up to twice that amount. For more information on measuring poverty, see NCCP's state profiles at <www.nccp.org> and the U.S. Department of Health and Human Services <www.aspe.hhs.gov/poverty/06poverty.shtml>.
- ¹¹ Knitzer, J. & Lefkowitz, J. (2006). *Helping the most vulnerable infants, toddlers, and their families (Pathways to Early School Success Issue Brief No. 1)*. National Center for Children in Poverty, Columbia University Mailman School of Public Health.
- ¹² Institute of Medicine of the National Academies (2006). *Improving the Quality of Health Care for Mental and Substance-Use Conditions, Quality Chasm Series*.
- ¹³ National Research Council and Institute of Medicine. (2009). *Preventing Mental, Emotional and Behavioral Disorders Among Young People: Progress and Possibilities*.
- ¹⁴ Report of the Surgeon General. (2001). "National Action Agenda for Children's Mental Health." <<http://www.surgeongeneral.gov/news/pressreleases/pressreleasechildren>>.
- ¹⁵ Simpson, G. et.al. Use of Mental Health Services in the Past 12 Month by Children Aged 4-17 Years: United States, 2005-2006. CDC National Center for Health Statistics. <<http://www.cdc.gov/nchs/data/databriefs/db08.htm>>.
- ¹⁶ Results from the 2007 National Survey on Drug Use and Health: National Findings. <<http://www.oas.samhsa.gov/NSDUH/2k7NSDUH/2k7results.cfm>>.
- ¹⁷ The National Academies. (2009). *Preventing Mental, Emotional and Behavioral Disorders Among Young People, Progress and Possibilities: Report Brief for Policymakers*.