

Position Statement 42: Services For Children With Mental Health Conditions And Their Families

Policy

Mental Health America (“MHA”) is committed to the principle that mental health is an essential part of a child’s overall well-being and that a full array of services should be available to children with mental health conditions and their families. This includes mental health and substance use prevention, early identification, treatment, and long-term support, as needed, regardless of how he/she and his or her family enter the service delivery system.

MHA believes that treating the whole person through the integration of mental and primary health care, actively involving the family, and ensuring an array of culturally and linguistically appropriate services, saves lives, reduces negative health outcomes, and results in long-term cost savings. Most importantly, it improves the quality of life for both the child and his/her family. MHA also believes that effective mental health treatment must be child and family-centered.

Consistent with its mission to improve the mental health of all Americans, MHA urges decision makers at the federal, state, and local levels to safeguard access to quality services that are developmentally, culturally, and linguistically appropriate to meet the mental health needs of all children and families in this country.

MHA supports the following principles concerning the treatment of children’s mental health conditions:

- Mental health is central to the health and well being of children and their families. Children deserve the opportunity to have emotional and mental conditions identified early so they may receive proper services and supports to avoid losing years that are critical to their healthy development... years that can never be reclaimed.
- Early assessment should be conducted by qualified professionals to develop appropriate intervention strategies that are least restrictive and address problems before they escalate.
- All assessments must be conducted in a culturally and linguistically appropriate manner that involves the family at all levels of the decision making process. Services are more effective when they are culturally competent in approach and delivery. [1](#)
- When use of medication is deemed clinically appropriate, it should be part of an integrated and comprehensive treatment plan that uses a broader systemic, holistic approach. Treatment works best when it is carefully planned with the family and all service providers, including the school system, courts, child protection, health, case managers and the child mental health system.

Background

A focus on prevention and early intervention efforts could greatly reduce the number of children experiencing serious mental health condition. Providing resources early in the process will help contain escalating costs once the problem becomes severe, at which time more expensive services may be required. One way to ensure that our health system meets children's mental health needs is to move toward a community health system that balances health promotion, disease prevention, early detection and universal access to care. [2](#)

MHA is strongly invested in pursuing a position that ensures access to an array of treatment services for children and youth and the appropriate use of psychotropic medications as part of a larger treatment regime to address the children's mental health needs based on the following:

- Serious emotional and mental health conditions are real. Empirical research in neuroscience and the behavioral sciences is advancing our understanding of the etiology of these health conditions [3](#).
- Federal statistics show that one in ten children has a serious mental health condition, but only a third will receive any care at all—with even fewer receiving appropriate care [4](#).
- Half of all individuals who have a serious mental health condition during their lifetime report that the onset of problem occurred by age 14 years and three fourths by age 24 years [5](#).
- Although more research is needed, many child and adolescent psychiatrists report the substantial relief of psychiatric symptoms in children after the appropriate use of medication. There are multitudes of scientific studies that point to the efficacy of such medications when disorders are appropriately diagnosed and medications appropriately prescribed as part of an integrated and comprehensive treatment plan. In treating ADHD, for example, more than 200 studies show that medication can produce beneficial results. [6](#)
- Approximately fifty percent of students with a mental health condition 14 years or older drop out of school, the highest dropout rate for any disability group [7](#).
- Suicide remains a serious public health concern and is the third leading cause of death in young people between the ages of 10 and 24. More youth and young adults die from suicide than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia, influenza, and chronic lung disease combined [8](#).
- The state child welfare officials and county juvenile justice officials who responded to a GAO survey estimated that over 12,700 children entered the child welfare or juvenile justice systems in order to receive mental health services in fiscal year 2001. Of these children, about 3,700 entered the child welfare system. [9](#)
- Seventy percent of youth involved in state and local juvenile justice systems suffer from mental health conditions, with at least twenty percent experiencing symptoms so severe that their ability to function properly is significantly impaired [10](#).
- Schools offer an ideal foundation to address prevention, early-intervention, positive development, and regular communication with families. In many states, schools are major providers of mental health services. Children spend at least six hours in this environment and schools have a responsibility to see that all of children's health needs are met. [11](#)

Call to Action

MHA challenges decision-makers to:

- Dedicate resources to study and fund best and promising practices that are focused on prevention and early intervention for children and young adults with mental health conditions.
- Provide resources to develop, implement, and evaluate programs that focus on culturally and linguistically diverse populations to insure proper care for all children and families.
- Provide resources to conduct research specifically designed to assess the appropriateness of a use of medications with children
- Address the underlying ethical and medical problems associated with developing and testing medications, and specifically testing them for children;
- Require that appropriate and discrete labeling of medication for children be developed by the Food and Drug Administration (FDA); and
- Consider the broader issues related to meeting the mental health needs of children while recognizing the devastating impact and long term affect of the lack of quality mental health care for children and their families.

Effective Period

The MHA Board of Directors approved this policy on March 29, 2008. It is reviewed as required by the MHA Public Policy Committee.

Expiration: December 31, 2013

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3. U.S. Department of Health and Human Services. *Mental Health: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999.
4. U.S. Public Health Service, *Report of the Surgeon General's Conference on Children's Mental Health: A National Action Agenda*. Washington, DC: Department of Health and Human Services, 2000.
5. Kessler, Ronald C., Patricia Berglund, Olga Demler, Robert Jin, Kathleen R. Merikangas, and Ellen E. Walters. "Lifetime Prevalence and Age-of-Onset Distributions of DSM-IV Health conditions in the National Comorbidity Survey Replication." *Archives of General Psychiatry* 62 (2005): 593-602.
6. Pruitt, David. "Your Adolescent Emotional, Behavioral, and Cognitive Development from Early Adolescence through the Teen Years." 2000
7. U.S. Department of Education, *Twenty-third annual report to Congress on the implementation of the Individuals with Disabilities Education Act*, Washington, D.C., 2001.
8. National Adolescent Health Information Center. (2006). *Fact Sheet on Suicide: Adolescents & Young Adults*. San Francisco, CA: Author, University of California, San Francisco.
9. *CHILD WELFARE AND JUVENILE JUSTICE: Federal Agencies Could Play a Stronger Role in Helping States Reduce the Number of Children Placed Solely to Obtain Mental Health Services* (GAO-03-397, April 21, 2003)
10. Skowrya, Kathleen, and Joseph J. Cocozza. *A Blueprint for Change: Improving the System Response to Youth with Mental Health Needs in the Juvenile Justice System*. National Center for Mental Health and Juvenile Justice, Research and Program Brief (June 2006).

11. Rones, Michelle, and Kimberly Hoagwood. School-Based Mental Health Services: A Research Review M Rones, K Hoagwood - Clinical Child and Family Psychology Review, 2000 - Springer ... Vol. 3, No. 4, 2000