

Position Statement 43: The Federal Role in Services that Address the Health and Wellness of Children, Youth, and Families

Policy

With the recent understanding that prevention and promotion programs can be effective in reducing the prevalence of mental health and substance use conditions in American society,⁽¹⁾ it is important for the federal government to support comprehensive prevention, promotion, and early intervention⁽²⁾ activities to address the behavioral health needs of young people and their families. In addition to increasing the behavioral health interventions needed to improve child welfare and education,⁽³⁾ reflecting the growing intergovernmental partnership to improve young people's opportunities throughout the United States, behavioral health promotion and services and prevention of mental health and substance use conditions should be fully integrated with federal health care reform under the Affordable Care Act. Prevention and timely treatment can be effective in alleviating the distress experienced by young people and their families in coping with mental health and substance use conditions.⁽⁴⁾

The federal role must be shared among many federal agencies, including the Departments of Health and Human Services, Education, Labor, and Justice. Among other things, federal programs have stimulated great improvements in nutrition, literacy, school-based programs, youth development, immunization, substance abuse treatment and prevention, education, delinquency prevention, primary and behavioral healthcare, early childhood development, housing, employment and training. Mental Health America (MHA) urges Congress to spare these programs from cuts to the extent possible.

Background

A nurturing, supportive family unit, whether traditional or non-traditional, offers young people an environment conducive to healthy development and emotional well-being. However, as the United States recovers gradually from the Great Recession of 2008, many families face unprecedented challenges to their health, wellness, economic stability, housing, safety, and transportation. These issues, combined with limited access to social services, put many young people at risk for the development of general or behavioral health problems. Without support, young people with mental health and substance use conditions are particularly vulnerable to developing problems at home, in school, with their peers, and within the broader community.

These factors can test the fortitude and resiliency of any family, and for those experiencing behavioral health crises, these challenges can, at times, seem insurmountable. For lgbtqqiap teens (a more comprehensive acronym than lgbt which stands for lesbian, gay, bisexual, transgender, queer, questioning, intersex, ally, and pansexual) and young people and families of color, the challenges are even more difficult. Stresses and confusion are pronounced in young people who

are coming to terms with a stigmatized sexual orientation and considering coming out. Studies show a strong correlation between gay, lesbian or bisexual sexual identity and the risk of suicide.⁽⁵⁾

According to the Institutes of Medicine, families of color often have unequal access to health care treatment.⁽⁶⁾ Disparities in health care have become more significant as the ethnic demographics of the United States have continued to evolve. Issues of sexual orientation, color, race and ethnicity pose a challenge for the federal government to lead, in partnership with the states, efforts to develop and implement culturally and linguistically competent programs that promote the health, safety and wellness of young people and their families and deal directly with the stresses of homophobia and racism that continue to plague American society.

Federal agencies increasingly support initiatives to improve cross-agency collaboration, and the implementation of the Affordable Care Act has required new levels of cooperation.⁽⁷⁾ MHA applauds these efforts as well as the increased recognition of health promotion and wellness as a priority area of focus as the need to manage medical interventions becomes more and more pressing. MHA believes that interagency collaboration and service integration are essential elements to address the health and well-being of young people and their families, particularly individuals with multiple needs requiring the attention of several agencies.

Call to Action

MHA supports federal leadership in the following areas:

- Bringing greater visibility to the behavioral health and wellness needs of America's young people and their families;
- Including families as partners in the design, development, planning, and evaluation of services developed or promoted by federal agencies;
- Educating the general public about the mental health conditions that affect young people, suicide prevention, maternal depression, strategies for recovery, and effective mental health and substance abuse services;
- Supporting wellness, prevention, promotion and early identification programs;
- Integrating behavioral health promotion and services with federal health care reform under the Affordable Care Act.
- Promoting inter- and intra-agency coordination, collaboration, service integration, and the development of comprehensive national cross-agency initiatives to improve the behavioral health and wellness of America's young people and their families;
- Financing initiatives that allow states and communities to develop and implement community-based, culturally and linguistically competent primary and behavioral health, substance abuse, prevention, promotion and treatment services for all young people and families;
- Building the capacity of states and communities to achieve health and wellness for young people and their families through knowledge dissemination, technical assistance, web-based technology, and targeted discretionary grant programs, including an expanded mental health block grant program;

- Expanding research on prevention and promotion, the efficacy of treatment and service delivery methods, and evaluation of promising practices;
- Giving attention to practices that show promise in meeting the needs of specific populations (rural/urban, race/culture, age/developmental stage) of young people and families;
- Encouraging and supporting state efforts to collect data on the mental health needs of young people in federally-assisted child-serving systems (child welfare, juvenile justice, education, primary health, behavioral health, substance abuse, child care, and Head Start);
- Disseminating best practices to all communities, not just those receiving federal grants, including rural and under-served areas as well as communities of color;
- Prioritizing prevention, early identification, and early intervention for families with children at risk of developing emotional or behavioral disorders; and
- Addressing policy barriers, regulatory conflicts, and funding mechanisms that inhibit creative and flexible service delivery to young people and families;

Despite these efforts, more must be done to address the evolving sexual diversity and changing ethnic demographics of the United States. MHA urges that the following additional strategies be implemented:

- Establishing policies to provide increased consistency and equity of care for lgbtqi youth and young people and families of color;
- Establishing policies that eliminate cultural and linguistic barriers to accessing services; and
- Designing and implementing behavioral health workforce training programs that address the diverse developmental, cultural, and linguistic needs of young people and families.

Effective Period

The Mental Health America Board of Directors approved this policy on June 12, 2011. It is reviewed as required by the Mental Health America Public Policy Committee.

Expiration: December 31, 2016

1. See MHA Position Statement 48, Prevention of Mental Health and Substance Use Disorders in Young People, <http://www.nmha.org/go/about-us/what-we-believe/position-statements/p-48-prevention-in-young-people/position-statement-48-prevention-of-mental-health-and-substance-use-disorders-in-young-people>.
2. See MHA Position Statement 41, Early Identification of Mental Health Issues in Young People, <http://www.nmha.org/go/position-statements/41>.
3. See MHA Position Statement 45, Discipline and Positive Behavior Support in Schools, <http://www.nmha.org/go/position-statements/45>.
4. See MHA Position Statement 42, Services for Children with Mental Health Conditions and Their Families, <http://www.nmha.org/go/position-statements/42>. "Mental health conditions" includes, without limitation, the federal term "severe emotional disorders."
5. See, e.g., Fergusson, D.M., Horwood, L.J., & Beautrais, A.L., "Is Sexual Orientation Related to Mental Health Problems and Suicidality in Young People?," *Arch Gen Psychiatry* 1999 Oct.; 56(10):876-80 (1999), <http://archpsyc.ama->

assn.org/cgi/content/full/56/10/876. Gay, lesbian, and bisexual young people were at increased risks of major depression (odds ratio [OR], 4.0; 95% confidence interval [CI], 1.8-9.3), generalized anxiety disorder (OR, 2.8; 95% CI, 1.2-6.5), conduct disorder (OR, 3.8; 95% CI, 1.7-8.7), nicotine dependence (OR, 5.0; 95% CI, 2.3-10.9), other substance abuse and/or dependence (OR, 1.9; 95% CI, 0.9-4.2), multiple disorders (OR, 5.9; 95% CI, 2.4-14.8), suicidal ideation (OR, 5.4; 95% CI, 2.4-12.2), and suicide attempts (OR, 6.2; 95% CI, 2.7-14.3).

6. Institute of Medicine, *Unequal Treatment: What Healthcare Providers Need to Know about Racial and Ethnic Disparities in Healthcare* (2002), <http://www.google.com/search?sourceid=chrome&ie=UTF-8&q=Unequal+Treatment%3A+What+Healthcare+Providers+need+to+Know+About+Racial+and+Ethnic+Disparities+in+Healthcare> (pdf).
7. See MHA Position Statement 71, Health Care Reform, <http://www.nmha.org/go/about-us/what-we-believe/position-statements/position-statement-71-health-care-reform/position-statement-71-health-care-reform>.