

CHILDREN'S MENTAL HEALTH

BRIEF

JAN 2016
Washington State

POSITION:

Partners for Our Children supports improved access and accountability for all children and their families who need mental/behavioral health services. Providing greater access, early identification and effective/appropriate treatment will help reduce the need for more expensive services, such as emergency rooms and juvenile detention, and better ensure success in school and life.

KEY FACTS

- It is estimated that 1 in 5 children are affected by behavioral and mental health disorders. Data broken down by gender, age, race and ethnicity is unavailable and/or difficult to access, but essential to have.
- Of the children who have behavioral/mental health issues, only roughly 20% receive the care they need.
- It has been reported that 50% of adults with mental health disorders experience emergence of their symptoms by age 14.
- The American Academy of Pediatrics recommends annual depression and substance abuse screening for children ages 11-21 using validated screening tools.
- While a number of children with behavioral/mental health issues qualify for services through the Regional Support Network (i.e. they meet the access to care standards), many don't and should be served through their Healthy Options (Medicaid Managed Care) plan.
- In the 4th quarter of 2015 there were 659,878 children being served through the Healthy Options plans. Of these, 5,491 received therapy (or roughly .8%). By comparison, in the 1st quarter of 2013, there were 569,715 children enrolled in HO plans and 4,721 received therapy (or .7%).
- On an annual basis in FY 2015, the percentage of children the HO plans provided therapy services to ranged from 1.0% to 2.8%
- The generally accepted percent of children who should be receiving mental health services is 12%.
- According to mental health experts, the State's current mental health system for children lacks (including but not limited to): an adequate provider network through the Healthy Options plans; payment rates that would better ensure the ability to establish an adequate provider networks; consistent tools/assessments for determining eligibility through the RSNs; sufficient child psychiatrists as well as effective intervention and treatment services; alternatives to hospitalization, such as step down care; treatment beds for parent initiated and civil commitments; and school counselors who can provide mental/behavioral health services.
- Many of the Health Options plans identify an array of services available to their members, including a 24-hour nurse helpline; parenting, medical and mental health advice; triage concerning behavioral issues; referrals to parent education and other necessary services; access to written/on line information; and more; however, knowledge and use of the services by families, primary care providers, youth and others appears to be limited.
- Changes, modifications, improvements with respect to the provision of children's mental health should be consistent with other integration/transformation work underway.
- Care coordination through a child's primary care provider is an effective model that should be implemented to the greatest degree possible, with the inclusion of an expanded role for the Partnership Access Line.

SOURCES

American Academy of Pediatrics: <https://www.aap.org/en-us/advocacy-and-policy/federal-advocacy/Pages/mentalhealth.aspx>

American Academy of Pediatrics Task Force on Mental Health <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Mental-Health/Pages/About-Us.aspx#sthash.RAMGnY4a.dpuf>

American Academy of Pediatrics Task Force on Mental Health <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Mental-Health/Pages/About-Us.aspx#sthash.RAMGnY4a.dpuf>

Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents: <https://brightfutures.aap.org/Pages/default.aspx>

The Case for Routine Mental Health Screening http://pediatrics.aappublications.org/content/125/Supplement_3/S133.full.pdf