



Facts on Children's Mental Health

Mental disorders affect about one in five American children, yet only about a fifth of these children actually receive the mental health services they need. Fortunately, poor outcomes for children with mental health needs can be prevented with access to appropriate services.

Prevalence and Unmet Needs

- About one in five American children has a mental disorder.¹ About 5-9% of children ages 9 to 17 are affected by a serious emotional disturbance (SED)² that causes severe functional impairment.
- Anxiety disorders, mood disorders (e.g. depression), and disruptive disorders (e.g. attention deficit and hyperactivity disorder) are the most common mental disorders among children. Of these, research indicates that anxiety disorders are the most common, affecting about 13% of children aged 9-17. More than 6% of children are estimated to have some form of mood disorder, and 4% are estimated to have a disruptive disorder.³
- Despite the prevalence of mental disorders in the nation's children, 79% of children aged 6 to 17 with mental disorders do not receive mental health care.⁴ Uninsured children have a higher rate of unmet need than children with public or private insurance.⁵
- The nation has a long way to go in eliminating disparities in access to appropriate services. The rate of unmet needs is higher for minorities—88% of Latino children do not receive needed mental health care.⁶ And although Latino youths have the highest rate of suicide, they are also less likely than others to be identified by a primary care physician as having a mental disorder.⁷ Similarly, African American youths are more likely to be sent to the juvenile justice system for behavioral problems than placed in psychiatric care.⁸

Consequences of Failure to Meet Needs

- Without early and effective identification and interventions, childhood disorders can persist and lead to a downward spiral of school failure, poor employment opportunities, and poverty in adulthood.⁹
- Untreated mental illness may also increase a child's risk of coming into contact with the juvenile justice system—66% of boys and almost 75% of girls in juvenile detention have at least one mental disorder, according to one study.¹⁰
- Substance abuse is also linked to untreated mental illness—43% of children who use mental health services also have a substance abuse disorder.¹¹
- Children with mental disorders, particularly depression, are at a higher risk for suicide. An estimated 90% of children who commit suicide have a mental disorder, according to the Surgeon General.¹²

Effective Services

- Children are best served by early intervention, which can prevent them from being placed in more costly forms of treatment later on, such as inpatient treatment or residential treatment centers.¹³
- The “systems of care” approach is an effective way of serving children with mental health needs.¹⁴ To address the wide range of needs of children and families, coordinated services are provided by different child-serving systems, including education, child welfare, juvenile justice, primary health care and substance abuse. Systems of care are family-driven and tailored to meet the individual needs and build on the strengths of children and their families, providing a full complement of services, including respite care and round-the-clock crisis services. The system of care approach can reduce the need for out-of-home placements that can strain a family.
- When out-of-home treatment is necessary, therapeutic foster care, where a child is placed with specially trained foster parents, has proven effective. This method is less expensive and less restrictive than other types of out-of-home placement, and studies of children in therapeutic foster care show behavioral improvements and more successful transitions to less restrictive environments.¹⁵

Barriers to Meeting Needs

- More than just a problem for the uninsured, even children covered by private or public health plans have serious coverage gaps that prevent them from obtaining needed mental health services. For instance, private health plans sets limits on mental health coverage, such as on the number of visits or types of medications that can be prescribed.¹⁶
- Many states have recently made cuts in their Medicaid budgets, which may result in the loss of coverage for some children and reduce benefits for others.¹⁷ Medicaid is an important source of mental health care coverage, accounting for 20% coverage of all mental health care spending.¹⁸
- Stigma is a major obstacle. Parents, teachers and others may fear that, once identified, a mental health diagnosis will influence the way a child is treated. Parents may also fear that they will be blamed for their child’s mental disability.¹⁹ As a result, families may not seek services.

Recommendations

- Systems of care and other community-based mental health care programs should be expanded to provide children and families with a broad range of effective services tailored to their individual needs.
- Because early detection and intervention is important in addressing mental health problems in children, education campaigns should focus on screening for mental disorders.
- To ensure access to appropriate mental health services, insurance companies should provide parity in coverage with medical/surgical care for mental health services.
- Mental health programs and outreach efforts should be tailored to address the needs of minority populations. Cultural competency training is needed in all mental health programs, and education and training incentives should be offered to promote ethnic and racial diversity in the mental health workforce.

Notes

¹ U.S. Department of Health and Human Services. 1999. Mental Health: A Report of the Surgeon General. Washington, DC: Author. Retrieved February 26, 2004, from http://www.surgeongeneral.gov/Library/MentalHealth/chapter2/sec2_1.html.

² Ibid.

³ U.S. Department of Health and Human Services. 1999. Mental Health: A Report of the Surgeon General. Washington, DC: Author. Retrieved February 26, 2004, from <http://www.surgeongeneral.gov/Library/MentalHealth/chapter3/sec1.html>.

⁴ Katoaka, S.H., Zhang, L., & Wells, K.B. 2002. Unmet need for mental health care among U.S. children: Variation by ethnicity and insurance status. *American Journal of Psychiatry*, 159, 1548-1555.

⁵ Ibid.

⁶ Ibid.

⁷ Ibid.

⁸ U.S. Department of Health and Human Services. 2000. U.S. Public Health Service, Report of the Surgeon General's Conference on Children's Mental Health. Washington, DC: Author. Retrieved February 26, 2004, from <http://www.surgeongeneral.gov/topics/cmh/childreport.htm#pan2>.

⁹ President's New Freedom Commission on Mental Health. 2003

¹⁰ President's New Freedom Commission on Mental Health. 2003. Final Report to the President. Washington, DC: Author. Retrieved February 26, 2004, from <http://www.mentalhealthcommission.gov/reports/FinalReport/FullReport-03.htm>

¹¹ Substance Abuse and Mental Health Services Administration. 2002. Report to Congress on the prevention and treatment of co-occurring substance abuse disorders and mental disorders. Rockville, MD: Author. Retrieved February 26, 2004, from <http://www.samhsa.gov/reports/congress2002/chap1ucod.htm#3>.

¹² U.S. Department of Health and Human Services. 1999. Mental Health: A Report of the Surgeon General. Washington, DC: Author.

¹³ Ibid.

¹⁴ U.S. Department of Health and Human Services. 1999. Mental Health: A Report of the Surgeon General. Washington, DC: Author. Retrieved March 15, 2004, from http://www.surgeongeneral.gov/library/mentalhealth/chapter3/sec8_1.html#effectiveness.

¹⁵ U.S. Department of Health and Human Services. 1999. Mental Health: A Report of the Surgeon General. Washington, DC: Author. Retrieved February 26, 2004, from http://www.surgeongeneral.gov/Library/MentalHealth/chapter3/sec7_1.html.

¹⁶ Center on an Aging Society. 2003. Child and adolescent mental health services. Washington, DC: Georgetown University.

¹⁷ Ibid.

¹⁸ Ibid.

¹⁹ U.S. Department of Health and Human Services. 2000. U.S. Public Health Service, Report of the Surgeon General's Conference on Children's Mental Health. Washington, DC: Author. Retrieved February 26, 2004, from <http://www.surgeongeneral.gov/topics/cmh/childreport.htm#pro>.