

Connecticut Children's Mental Health Forum 2010

(Factors in children's mental health include, but are not limited to: mental illness, substance abuse, bullying, family challenges, trauma, violence, socioeconomic circumstances, stress, and others.)

Policy Statement:

Address the Crisis in Children's Mental Health

Connecticut voters will elect new leaders in state government in November 2010. Our leaders will face enormous challenges as a result of a multi-billion dollar budget deficit, stagnant economy and growing need for public structures that support vulnerable children and struggling working families. In particular, Connecticut's mental health systems for children and adolescents are in crisis.

Only one child in four who need mental health care receives it.

Therefore, over 120,000 children in CT are not receiving the mental health services that they need and deserve.

One in 14 Connecticut high school students have attempted suicide, and about one in four have experienced symptoms of depression.

This crisis affects children and families under the care of the Department of Children and Families (DCF), and those covered by both publicly funded health care and private insurance. It also impacts all taxpayers in Connecticut, who pay the costs of people on private insurance who must shift to state-funded services to get appropriate care, as well as the costs of over-utilizing expensive crisis services when more appropriate and cost effective interventions are not in place. There are enormous costs associated with these failures.

We can and must spend money smarter. There have been improvements in Connecticut children's mental health systems over the past few years. Today, our service system includes home and community-based services and supports, such as emergency mobile psychiatric services, enhanced care clinics, an increasing number of evidence-based interventions designed to improve mental health and strengthen families and heightened awareness of the impact of trauma. Unfortunately, too many children and families do not have timely access to needed services, and many have no access at all.

The decisions made by Connecticut's policymakers will have a significant impact on children and families from every community, ethnic group, and income level in our state.

For these reasons, a coalition of concerned advocates, providers, and parents have joined together to highlight and prioritize the issues faced by children with mental illnesses.

Specifically, these issues include:

- **Adequate coverage of mental health and substance abuse treatments for children who are privately insured.** Children with mental health needs are not effectively served through private insurance coverage. Thousands of children who are covered by insurance have no way of accessing mental health services. Most insurance does not cover the necessary home-and community-based services, restricts access to inpatient treatment, and often creates significant financial hardship and even bankruptcy for many families. The next governor and legislature must work together to address the lack of mental health coverage for children who are privately insured, and to require private insurance companies to cover medically necessary and appropriate mental health services and treatments for children.
- **Access to school-based mental health and substance abuse services.** Many experts agree that schools are an ideal setting for early detection and intervention for children with mental illnesses. Of those children who receive any mental health services, 70 to 80 percent receive that care in a school setting; public schools are de facto the largest provider of child mental health services in the U.S. However, funding

for school-based mental health services has decreased throughout Connecticut for several years. It is critical for Connecticut to expand its school-based mental health services and support coordinated relationships between school systems and community mental health providers. A number of Connecticut schools have implemented models in which educators and other school staff work with mental health professionals to identify and address mental illnesses in children. The state must work with local school boards to implement such systems in every school.

- **Enhanced linkage between the children's mental health system and primary care providers.** Pediatricians, like school professionals, are on the front lines of all children's health matters. They play a key role in early detection and treatment of mental illnesses in children, but unfortunately, coordination between pediatricians and mental health providers has been lacking. This is partly due to the inadequate number of child psychiatrists in Connecticut, also a nationwide problem. Pediatricians make important decisions regarding treatment and referral. Incentives are necessary to support the collaboration between primary care and child psychiatry, and would be better served by a system of collaboration with outpatient mental health providers, child guidance centers including Enhanced Care Clinics (ECCs), school-based programs, in-home programs, mobile crisis teams, partial hospitalization and inpatient programs on a regional basis. Connecticut must establish an integrated system of care for the physical and mental health care of children in our state.
- **Adequate transitioning of young adults from DCF to DMHAS.** Currently, DCF and the Department of Mental Health and Addiction Services (DMHAS) are required by departmental policies and a memorandum of understanding to create and execute transition plans for each young adult transitioning from the children's to the adult mental health system. However, in reality, these transition plans often are not followed or are nonexistent. As a result, numerous young adults with mental illnesses fall through the cracks in the system and are more likely to drop out of school, become homeless and unemployed, abuse drugs, attempt or contemplate suicide, or engage in criminal activity. Young adults and taxpayers pay the cost of poor transitions. For several years, advocates and concerned legislators have worked to hold these agencies accountable for timely transition planning and collaborative programming, and to develop statewide availability of specialized Young Adult Services. DCF and DMHAS must be held accountable to adhere to existing policies, and the state must create and expand programs to meet the complex needs of this age group.
- **Access to appropriate levels of care for children with serious and chronic mental health and substance abuse needs.** Access to rigorous inpatient treatment for chronic and persistent serious mental health problems is seriously lacking, and currently available only through admission to the DCF operated Riverview Hospital. In addition, children and youth with specialized treatment needs (e.g. severe psychiatric conditions and co-occurring special health care needs) have extremely limited access to in-state treatment programs and are routinely referred out of state. Connecticut currently has more children admitted to out-of-state treatment facilities than to in-state facilities. Placement in costly out-of-state facilities has potentially serious consequences, making it more difficult for parents to visit their children and interferes with effective discharge and transition planning back into the child's home community. The state must develop more treatment options for adolescents in Connecticut in need of intermediate and specialized care and increase access to services for children aged 12 to 21 years, with a goal of keeping all children within the state.

Connecticut policymakers will make critical decisions that impact the mental health of countless children and families throughout the state. It is therefore vital for concerned citizens to educate and work with candidates this fall to ensure that these decisions are made in the best interest of the children of Connecticut.