Children's Mental Health Partnership

Working together to reform Minnesota's Children's Mental Health System

Prevalence

An estimated 80,000 Minnesota children have a severe emotional disturbance that greatly impairs their functioning in home and/or at school.

- National prevalence rates estimate that five percent of children ages 5 through 8 and nine percent of children ages 9 through 17 have a *serious/severe* emotional disturbance. According to the Department of Human Services, applying these numbers to Minnesota's population yields the above estimate that six percent, or 72,000 Minnesota children, have a serious emotional disturbance. *Citizens League, 2001.* Six percent of the 2000 census figure is 77,213.
- In the U.S., 5% of all children suffer from "extreme functional impairment. *Surgeon General's Report on Mental Health, 1999*

Fewer than one of five children suffering from a severe emotional disturbance get the treatment they need.

- One in ten children and adolescents suffer from mental illness severe enough to cause some level of impairment; yet, in any given year, it is estimated that fewer than 1 in 5 of these children receives needed treatment. *U.S. Department of Health and Human Services. (2001) Surgeon General releases a National Action Agenda on Children's Mental Health.*
- 75-80% of children in need of treatment never receive mental health specialty services. *Surgeon General's Report on Mental Health, 1999*

In the schools

Children who do not receive needed mental health treatment are often unable to function in a regular classroom and must be placed in costly special education programs.

- Children with emotional and behavioral disorders are often placed in special education programs. The Department of Children, Families and Learning estimates that it costs roughly twice as much per student to educate a student in special education than in a regular classroom. *Minnesota Department of Children, Families and Learning, 2002.*

Nationally, only 22% of children with emotional and behavioral disorders who are in special education programs graduate.

- Nationally, only 22 percent of children with emotional and behavioral disorders who are in special education programs graduate. This is lower than the overall four-year graduation rate from special education programs of 45 percent. Those who do graduate often receive an inadequate education. *Citizen's League. "Meeting Every Child's Mental Health Needs: A Public Priority," January, 2001.*
- Almost half the students with mental disorders drop out of grades 9-12. American Psychiatric Association www.psych.org

Children with serious emotional disturbances are usually identified by the schools only after their problems become so serious that their regular teachers are unable to handle them.

- Children with mental health needs are usually identified by the schools only after their emotional or behavioral problems cannot be managed by their regular classroom teacher. The five largest categories of special education include: learning disabilities (LD), speech and language handicaps (SL), mental retardation (MR), and other health impaired (OHI) and emotional disturbances (ED). Fewer than 1% of children are found eligible in the school category of emotional disturbance. Compared to children in the two largest

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categories of special education (LD and SL) who are mostly mainstreamed (over 80%), fewer than half the children under the ED category are mainstreamed. *Steve Forness, Ed.D., University of California, Los Angeles* [*http://www.surgeongeneral.gov/topics/cmh/childreport.htm*](http://www.surgeongeneral.gov/topics/cmh/childreport.htm)

In 2001, 4,000 Minnesota children in kindergarten, first and second grades were suspended for behavior problems including threats and acts of violence. This is a red flag indicating serious emotional and social problems.

- 4,000 Minnesota children in Kindergarten, first and second grades were suspended for behavior problems including threats and acts of violence against peers and staff. The organization Ready4K says this is a red flag indicating serious emotional and social problems are developing during preschool years. *Ready 4 K, a grassroots educational coalition, 2002, "Why are we working on this?"*

Juvenile Justice

73% of students with behavior disorders who drop out are arrested within 5 years of leaving school.

- Among students with behavior disorders that drop out, 73% are arrested within 5 years of leaving school. This is up from 58% in 1994. *U.S. Dept. of Education*

Many children enter the juvenile justice system because of behavior that stems from an untreated mental disorder. Even when *excluding* conduct disorder, 60 percent of boys and two-thirds of girls had a diagnosable mental disorder.

- Nearly two-thirds of boys and three-quarters of girls age 10-18 in detention centers have a diagnosable psychiatric disorder. When excluding conduct disorder, 60 percent of boys and two-thirds of girls still had a diagnosable disorder. Twenty percent of girls in detention centers suffer from major depression. *Northwestern University study, Archives of General Psychiatry, December 2002, mentioned in "High proportion of detained youths have mental illness," Shari Roan, Pioneer Press, Jan. 16, 2003.*
- Nearly three quarters of the females and over two thirds of the males in the juvenile justice system had one or more psychiatric disorders. Nearly 20% of the sample had an affective disorder; rates were higher among females (27.5%). Comorbidity is common. For example, over two thirds of youth with an affective disorder also had substance abuse/dependence (alcohol, drug, or both). *Linda A. Teplin, Ph.D., Northwestern University Medical School* [*http://www.surgeongeneral.gov/topics/cmh/childreport.htm*](http://www.surgeongeneral.gov/topics/cmh/childreport.htm)

Suicide

Suicide is a leading cause of death for Minnesota children.

- In Minnesota, suicide is the second leading cause of death for 15- to 34-year-olds and the third leading cause of death for 10- to 14-year-olds. State and county health data (including cause of deaths by county), is available at: http://www.health.state.mn.us/stats.html *Minnesota Department of Health*
- For the year 2000 (most recent available data), the suicide rate for Minnesota children age 10 to 14 is 1.3/100,000 *(MN Center for Health Statistics, MDH)* and the national rate for children age 10 to 14 is 1.5/100,000 *(American Association of Suicidology)*, indicating the MN rate was below the national rate in 2000.

19% of girls and 15% of boys in 12th grade in Minnesota have thought about committing suicide during the past year.

- In 1998, the *Minnesota Student Survey* found that 19 percent of girls and 15 percent of boys in the 12th grade had thought about committing suicide in the past year.

4% of girls and 3% of boys in 12th grade in Minnesota indicated they had attempted suicide during the past year (1998).

- Four percent of girls and three percent of boys had actually attempted suicide in the past year. *Minnesota Student Survey, 1998.*

Health Care/Hospitalization

In Minnesota, mental disorders are the leading cause of hospitalization for 5-14 year olds.

- In 2001, mental disorders were the leading cause of hospitalization for 5-14 year-olds (2,172 children and youth) in Minnesota. For Minnesotans age 15-44, mental disorders were the second leading cause of hospitalization. Mental disorders ranked among the top ten leading causes of hospitalization for every age group. *Minnesota Dept. of Health, 2003.*

In 2001, 2,051 Minnesota children and youth age 5-14 were treated in emergency rooms for a mental disorder.

- Another 2,051 children and youth ages 5 - 14 were treated (not admitted) in emergency departments with a mental disorder listed as the cause for treatment. For Minnesotans age 15-44, mental disorders were the second leading cause of hospitalization. Mental disorders ranked among the top ten leading causes of hospitalization for every age group. *Minnesota Dept. of Health, 2003.*

Primary care physicians usually fail to identify mental disorders in children.

- Studies indicate that less than 30 percent of children with substantial dysfunction are recognized by primary care clinicians. Nationally, referral rates of children seen by pediatricians to mental health services range from 1-4%. Often recognition depends on parental complaint or school report of overt behavioral problems or less overt dysfunction (such as secondary and childhood depression, or family factors such as divorce). *Jellinek, M. "Approach to the Behavior Problems of Children and Adolescents." In T.A. Stern, J.B. Herman, P.L. Slavin (Eds.) The MGH Guide to Psychiatry in Primary Care. 1998.*
- Physicians who solely rely on clinical judgment fail to identify children with mental health problems. When the Child Behavior Checklist was used to identify the prevalence of psychiatric disorders in children ages 7 to 11 years visiting a primary care physician, 24% of the children were noted to have evidence of mental health problems. However, only 3.6% of the children had received a mental health referral from their primary care physician. Another study used the Child Behavior Checklist to identify the prevalence of psychiatric disorders in children ages 7 to 11 years visiting a pediatrician. 25% of the children had evidence of mental health problems, yet the pediatricians only identified 17% of the children identified by CBCL. *"Why do we wait? A mental health report," Minnesota Office of the Ombudsman for Mental Health and Mental Retardation. 1999.*

Untreated mental illness in young children interferes with crucial emotional, cognitive and physical development.

- When mental illness develops before the age of six and remains untreated, it interferes with crucial emotional, cognitive and physical development, presaging a lifetime of problems in school, at home and on the job. Moreover, children's development is rapid. Treatment must be delivered quickly to avoid permanent consequences. *Pottick, N.*

Answers to Key Policy Questions, Institute for health, health care policy and aging research, Rutgers. 2002.

It costs less to treat a child's mental health problems early than to wait until they need crisis services.

- Scientific evidence indicates that the appropriate identification and treatment of mental disorders in childhood can reduce symptoms of child psychopathology, improve adaptive functioning, and sometimes serve as a buffer to further long-term impairment. Ringeisen H., Oliver KA. and Menvielle E. in *Pediatric Drugs. Vol 4(11) (pp 697-703), 2002.*

The demand for emergency and inpatient psychiatric services for Minnesota children and adolescents has risen dramatically, while the number of licensed mental health beds has decreased.

- The demand for emergency and inpatient psychiatric services for children and adolescents raised 49-68% (depending on age group) in Minnesota from 1997 to 2001, while the number of licensed mental health beds decreased by 15 percent. *"The Shortage of Psychiatrist and of Inpatient Psychiatry Bed Capacity, Minnesota Psychiatric Society Task Force Report September 2002*

Minnesota kids in mental health crisis sometimes wait without treatment for 24 hours or more in Metro emergency rooms.

- Minnesota kids in mental health crisis sometimes wait without treatment for 24 hours or more in Metro emergency rooms. *Majeski, Tom. Youth Mental Health in Crisis. St Paul Pioneer Press, May 27, 2002.*
- In 2000, 651 patients could not be admitted to Allina's behavioral health system, (which makes up 2/3 of the adolescent behavioral health beds in the Twin Cities) because of lack of space. In 2001 this number soared to 2,028. *Majeski, Tom. Youth Mental Health in Crisis. St Paul Pioneer Press, May 27, 2002.*
- Abbott Northwestern's child/adolescent psychiatric unit turns away 2-10 patients per week during winter. *Minnesota Psychiatric Association Task Force Report, 2002*
- Patients may be discharged while still believed to be a danger to themselves or others because of the lack of space to provide the long-term type of care needed. *Majeski, Tom. Youth Mental Health in Crisis. St Paul Pioneer Press, May 27, 2002.*

There is a serious lack of child psychiatrists in Minnesota.

- A 2002 study found that waiting times for psychiatrist appointments can be as long as six months, especially for child psychiatrists. Additionally, many doctors are completely closed to new patients. *"The Shortage of Psychiatrist and of Inpatient Psychiatry Bed Capacity, Minnesota Psychiatric Society Task Force Report September 2002*
- Minnesota has a shortage of psychiatrists – about 33 percent fewer psychiatrists per capita than the national average. Minnesota has 10 psychiatrists per 100,000 populations vs. 16 psychiatrists per 100,000 in USA…Child psychiatrists per 100,000 are 4.6 in MN and 6.73 in USA… *"The Shortage of Psychiatrist and of Inpatient Psychiatry Bed Capacity, Minnesota Psychiatric Society Task Force Report September 2002.*
- There are only 31 doctors listing their specialty as child psychiatry on the Minnesota Medical Association roster. The Minnesota Society of Child and Adolescent Psychiatry lists only 93 members. *"The Shortage of Psychiatrist and of Inpatient Psychiatry Bed Capacity, Minnesota Psychiatric Society Task Force Report September 2002.*

Despite evidence showing the effectiveness of early intervention, only 3% of Minnesota's public sector spending on children's mental health services went towards early identification and intervention.

- Of the $137 million Minnesota's public sector spent on children's mental health services in 1998, only three percent went to early identification and intervention. *Citizen's League. "Meeting Every Child's Mental Health Needs: A Public Priority," January, 2001.*

Effectiveness of treatment

Treatment of major depression is as effective for children as it is for adults.

- A recent study led by Dr. Graham Emslie of the University of Texas Southwestern Medical Center concludes that treatment of major depression is as effective for children as it is for adults. *American Medical Association, Archives of General Psychiatry, November 15, 1997.*

Research has shown that comprehensive community-based services for children and adolescents can cut hospital admissions and inpatient bed days and reduce the amount of time spent in detention.

- Comprehensive community-based services for children and adolescents cut state hospital admissions and inpatient bed days by between 39 and 79 percent, and reduced average days of detention by 40 percent. *SAMHSA Cost of Addictive and Mental Disorders and Effectiveness of Treatment, 1995.*

Medication and psychosocial treatments are effective in alleviating symptoms of ADHD.

- Studies (primarily short term, approximately 3 months), including randomized clinical trials, have established the efficacy of stimulants and psychosocial treatments for alleviating the symptoms of ADHD and associated aggressiveness and have indicated that stimulants are more effective than psychosocial therapies in treating these symptoms. *http://odp.od.nih.gov/consensus/cons/110/110_statement.htm*

For children with anxiety and depressive disorders and for those with severe or multiple pathologies, length of intensive psychoanalytic treatment is positively correlated with better outcomes.

- For children with anxiety and depressive disorders and for those with severe or multiple pathologies, intensive psychoanalytic treatment at 4-5 times per week is more efficacious than 1-3 time per week therapy, and treatment length is positively correlated with better outcomes. *Fonagy P & Target M: Predictors of outcome in child psychoanalysis: a retrospective study of 763 cases at the Anna Freud Centre. J Am Psychoanal Assoc 44:27-77, 1996 and Target M & Fonagy P: Efficacy of psychoanalysis for children with emotional disorders. J Am Acad Child Adolesc Psychiatry 33:1134-1144, 1994*

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