

FACT SHEET: Mental Illness in Virginia's Youth Population

Research has consistently highlighted that mental health disorders in children are often undetected and therefore remain untreated.ⁱ A major concern, as research and recent events have shown, is that children with untreated mental needs are at increased risk for suicidal behavior.ⁱⁱ For many, treatment needs are not recognized or caregivers are unable to access necessary care.

- 20% (10.8 million) of children and adolescents are experiencing a mental disorder.ⁱⁱⁱ
- 10% (5.4 million) experience mental illness severe enough to cause impairment at home, in school, and in the community; less than half will receive the treatment they need.^{iv}
- Unmet mental health care needs can have serious consequences for children and their families: strained social relationships, poor academic performance, and serious problems in adulthood. Longitudinal studies of children with mental disorders have documented an increased risk of dropping out of school, alcohol and drug use, and criminal activity later in life.^v
- Parental surveys indicate that nearly twice the percentage of poor children had parental reports of severe/definite difficulties as non-poor children (7% vs. 4%).^{vi}

A study by the National Institute of Mental Health from 2005 found that half of all lifetime cases of mental illness begin by age fourteen, yet treatment is usually delayed a decade.^{vii} Untreated mental illness may lead to more severe, more difficult to treat, and development of co-occurring mental illnesses. Success will require effective treatment dedicated to the youth population.

- Research has repeatedly shown that many syndromes currently defined as mental illness occur on a spectrum rather than in categories thus early intervention along a given severity continuum might reduce the prevalence of serious cases.^{viii}
- Studies have suggested that half of all adolescents receiving mental health services in the general population are reported as having a dual diagnosis^{ix}, a common self-medicating strategy.

Virginia Overview

National prevalence rates suggest that about 102,000 children and adolescents in Virginia have a serious emotional disturbance, and 65,000 of them are extremely impaired^x, demonstrating that Virginia shares similar trends with the nation. Unfortunately, Virginia has placed little emphasis in treatment and services: only 7% of mental health expenditures in Virginia go to children under the age of 18 years.^{xi} Virginia also lacks in-home and community-based services: 87 localities have no child psychiatrist.^{xii}

- In 2008 1,680 of Virginia's youth were on a waiting list for services at their local CSB.^{xiii}
- Of youth receiving CSB services, a 2008 report by the Inspector General indicated 6 of the state's 40 CSBs do not have a child and adolescent department.^{xiv}
- The Inspector General's report also found that more than half (58.8%) of youth clients in CSB treatment had mixed or only partial improvement after a year of services.^{xv}
- Without available and effective treatment youth with mental health issues may deteriorate to a point of crises, at which point crisis intervention is required. In 2005, about 5,000 children had crisis contacts with CSB emergency services.^{xvi}

Recent Developments in Children's and Adolescent Mental Health in Virginia

- In 1993 Virginia created the Comprehensive Services Act (CSA) designed to provide the Commonwealth youth with child-centered, family-focused, community-based and cost-effective treatment. This program pools fund and resources to best meet the needs of the youth and would effectively end the practice of custody relinquishment for treatment in Virginia if funded adequately. Mandated populations, such as foster care, received \$263.7 million in 2005 while non-mandated populations received only \$9.5 million.^{xvii}
- In 2001 the General Assembly created the Virginia Suicide Prevention Council on the guidance of Department of Health and Human Services and Department of Mental Health, Mental Retardation and Substance Abuse Services. The Council is tasked with educating and implementing prevention practices in the Commonwealth.
- In 2006 the Department of Assisted Services received a demonstration grant to design a program that will allow the state to offer home and community-based services to children who are Medicaid eligible who reside in a Psychiatric Residential Treatment facility. The program was designed to serve 100 children the first year and then increase to 300. Eight months into implementation, 4 children had been referred for services.^{xviii}
- In 2008, the General Assembly allocated \$5.8 million for children's mental health services for fiscal year 2009-2010, to be funded through Virginia's 40 community services boards.^{xix}

Next Steps and Needed Developments

- Children and adolescents with mental health disorders deserve better access to services and treatment. There are several approaches for addressing Virginia's shortcoming to serving this important population. The first is early detection and adequate services that can ameliorate the long-term effects of mental health disorders. This includes improved mechanisms for coordination of care, enhanced community-based resources, integrated funding, and family involvement in service planning for children. A critical element will be to address quality of care with availability and adequacy of treatment services.
- Virginia needs to develop and fund an array of effective community and home-based mental health services in an integrated "systems of care" approach to avoid the costly consequences of school failure, family disruption, justice system involvement, and residential care. Services include crisis stabilization, family support, respite, in-home, and psychiatric care.
- Schools are often the "front door" for children and adolescents with mental health needs. School-based mental health services require funding/training for school-based mental health screening, mental health clinicians in schools, and day treatment programs. Incorporating the school system can reduce suspension and expulsions that often lead to placement in costly residential treatment centers away from family and other community supports.

ⁱ Pastor, Reuben & Falkenstern. Parental Reports of Emotional Behavioral Difficulties and Mental Health Service Use among US School-Aged Children. SAMHSA Center for Mental Health Services.

ⁱⁱ *ibid*

ⁱⁱⁱ National Center for Mental Health and Juvenile Justice. Key Issues.

^{iv} *ibid*

^v Pastor, Reuben & Falkenstern. Parental Reports of Emotional Behavioral Difficulties and Mental Health Service Use among US School-Aged Children. SAMHSA Center for Mental Health Services.

^{vi} *ibid*

^{vii} National Institute of Mental Health. Press release June, 6, 2005. Mental Illness Exacts Heavy Toll, Beginning in Youth.

^{viii} Kessler, et. al. The Prevalence and Correlates of Serious Mental Illness (SMI) in the National Co-morbidity Survey Replications. DHHS Population Assessment Center.

^{ix} Pastor, Reuben & Falkenstern. Parental Reports of Emotional Behavioral Difficulties and Mental Health Service Use among US School-Aged Children. SAMHSA Center for Mental Health Services.

^x JLARC. (2007). Availability and Cost of Licensed Psychiatric Services in Virginia. Report of the Joint Legislative Audit and Review Commission to the Governor and the General Assembly.

^{xi} Ricks & Meyer. (2006). An Integrated Policy & Plan to Provide & Improve Access to Mental Health, Mental Retardation, and Substance Abuse Services for Children, Adolescents and Their Families. A presentation to the Joint Commission on Health Care.

^{xii} JLARC. (2007). Availability and Cost of Licensed Psychiatric Services in Virginia. Report of the Joint Legislative Audit and Review Commission to the Governor and the General Assembly.

^{xiii} Commonwealth of Virginia Community Mental Health Services Block Grant Application FY 2009. Virginia DMHMRSAS, August, 2009.

^{xiv} Steward. (2008). Review of Community Services Board Child and Adolescent Services. Office of the Inspector General.

^{xv} *ibid*

^{xvi} Bonnie. (2007). The Role of Comprehensive Mental Health Law Reform in System Transformation.

^{xvii} McGaughey. (2008). Comprehensive Services Act for At Risk Youth and Families. Office of Comprehensive Services for at Risk Youth and Families.

^{xviii} Virginia Medical Society. (2008). Help Spread the Word about Virginia's Children's Mental Health Program.

^{xix} Funding to Improve Virginia's Mental Health System will stay in the Budget. WDBJ7 News Report, February 20, 2008.