

MODULE 1 – BRIEF OVERVIEW

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In this section, we will provide a brief overview of child and adolescent behavioral health-- specifically, how the needs of children and adolescents differ from the needs of adults, the epidemiology of behavioral-health problems in children and adolescents, and issues in service utilization.

Children and adolescents and adults have very different health-care needs, particularly with respect to mental-health and substance-abuse services. Children and adolescents are continually growing, changing, and developing-- physically, emotionally, mentally, as well as socially. The assessment and diagnosis of problems in children and adolescents must be made within the context of what is culturally appropriate for the child or adolescent and his or her family.

In addition, unlike most adults, children and adolescents spend a significant percent of their time during the week in some sort of an educational environment. It makes sense, then, that behavioral-health services should ideally be coordinated within the school setting. However, this is often not the case.

In addition, historically, most children have been dependent upon adults for protection and promotion of their well-being, including the recognition of when to seek care for health and behavioral-health problems. Parental health insurance provides access to health and behavioral-health services. Thus children without parents or guardians or living in low-income families may have more difficulty accessing health and behavioral-health services. In addition, families with parents or guardians who, themselves, have mental-health or substance-abuse problems make seeking treatment even more difficult for their children.

According to the president's new Freedom Commission on Mental Health, up to one in four children and adolescents in the United States will have a behavioral-health disorder. The most prevalent disorders among children include attention deficit disorder, behavior disorders, affective disorders, and learning and developmental disorders. However, substance use and dependence problems and eating disorders also are common mental disorders diagnosed in children.

According to the results of the National Youth Risk Behavior Survey, nationwide, by age 13, 18% of adolescents have already smoked cigarettes, nearly 10% have tried marijuana, and nearly 28% have already tried alcohol, beyond a few sips. The World Health Organization estimates that, by year 2020, childhood neural psychiatric disorders will rise by over 50%, internationally, to become one of the five most common causes of morbidity, mortality, and disability among children. These are quite staggering figures that should alert us to the major public-health problems that children face, growing up in our society.

If mental illness is left untreated, children potentially face serious consequences, including damaged relationship with their family, lost educational opportunities, increased likelihood of substance use

and abuse, possible involvement with crime and the criminal-justice systems, and a potential threat to their own life. Furthermore, childhood mental illnesses include conduct disorder, anxiety disorders, and depression. They persist into adulthood.

Children with behavioral-health problems are treated in numerous organizational and service-delivery settings, with treatment paid for by a variety of funding mechanisms. Because of the historic fragmentation of behavioral-health services, a comprehensive approach to serving the behavioral-health needs of children and adolescents has been slow to evolve. In addition, children may be served, simultaneously, in several different delivery systems or may be referred from one system to another.

Children receive behavioral-health and substance-abuse treatment in general health-care delivery settings, in the educational system, the juvenile-justice systems, in religious organizations, in military health systems, and in mental-health and substance-use service settings. Unfortunately, most children-- approximately 70 to 80% of children with the greatest need for behavioral-health services-- do not receive treatment in any formal health-care setting. The most likely explanation for the underutilization of behavioral-health services by children and adolescents include fragmentation of providers and service-delivery systems, stigma attached to involvement with behavioral-health services, and costs associated with behavioral-health treatment.

So I hear someone asking, so, where does policy fit into the entire area of child and adolescent behavioral-health services? Consider that the environment in which children, adolescents, and their families live plays an important role in the development of social, emotional, and cognitive skills. Intervention strategies which implement programs and initiatives at early ages benefit children throughout their lives.

From our perspective, there are two crucial service-delivery issues to address. The first is how best to organize and pay for children's mental-health services, particularly since different communities present different challenges for children and their families. The second is the creation of models to effectively integrate and coordinate a continuum of care for mental-health services with primary health care. So, where does policy fit into the entire area of child and adolescent behavioral-health services and delivery? That's a good question.