Child TRENDS

ADOLESCENT HEALTH HIGHLIGHT

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Access to Mental Health Care

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Approximately one in five adolescents has a diagnosable mental health disorder, making these disorders one of the leading causes of disability among this age group.[2,3] However, studies have found that most children and adolescents with mental health disorders do not seek out or receive the services that they need. Estimates suggest that between 60 and 90 percent of adolescents with mental health disorders fail to receive treatment.[1] Multiple challenges exist in trying to connect adolescents with mental health disorders to the services and treatments that can help them attain a better quality of life. This *Adolescent Health Highlight* describes barriers to treating adolescent mental health disorders; discusses the connection between insurance status and access to mental health treatment; and explains funding for adolescent mental health services.

Fast Facts

1. Approximately 20 percent of adolescents have mental health disorders; however, only a small number receive treatment.[1]
2. Evidence-based interventions—before adolescents develop a mental health disorder—offer the best opportunity to reduce the economic and health costs associated with these disorders.[2,3]
3. The mental health needs of adolescents are often first identified in schools, where students spend so much of their time.[4-6]
4. A severe shortage of trained providers hampers efforts to work with adolescents who have mental health disorders. [7]
5. Groups with the greatest need for mental health services include lesbian, gay, bisexual, and transgender adolescents;[8] adolescents overseen by the child welfare and juvenile justice systems;[9] and homeless adolescents.[10]

Barriers to treating adolescent mental health disorders

The societal stigma associated with mental health disorders may help explain why many adolescents do not seek treatment. Other barriers that can block adolescents from receiving mental health services include:

- Missed opportunities by parents, school officials, and medical providers to address the prevention and early identification of mental health disorders;
- Services that are poorly coordinated (e.g., among schools, primary health care providers, and other social services systems);
- Lack of health insurance or restrictions by insurers on coverage for particular services; and
- Shortages of providers with specific expertise in adolescent mental health.[7]

Proven and promising treatments *do* exist.[7] A comprehensive strategy includes interventions that strengthen the skills of adolescents and their families; screening for specific disorders; and promoting mental health through school-based programs, health providers, and community programs.[11]

Differences in access to mental health treatment by adolescent group

Although adolescents as a whole have been found to have inadequate access to mental health treatment, this situation is particularly true for certain, more vulnerable groups within the general adolescent population. Researchers have documented a number of disparities in access based on race/ethnicity, income, gender, age, geography, and sexual orientation. For example, various studies show that black children and adolescents are less likely than are their Hispanic or

white peers to receive outpatient treatment for depression;[12] that adolescent males ages 16 and 17 are among the least likely to receive services (when compared with males and females of that age and those ages 12-13 and 14-15);[12] and that geographic location affects the ability to access care, because states vary widely in the mental health services that are available to adolescents through public programs.[13]

Adolescent males ages 16 and 17 are among the least likely to receive mental health services.

Further, research shows that some groups of adolescents with particularly high needs for mental health services are often the least likely to receive these services. These groups include lesbian, gay, bisexual, or transgender (LGBT) adolescents; homeless adolescents; and adolescents served by state child welfare and juvenile justice systems. Evidence suggests that the forces of stress that LGBT adolescents can experience, especially rejection by their parents, put them at an increased risk for mental health disorders, as compared with national samples of all adolescents.[8,14,15] Among homeless adolescents, depression, suicidal behavior, and other mental health disorders are widespread, as noted in a recent federal government report.[10] Indeed, homelessness is associated with a number of risk factors that may contribute to mental health disorders—such as poverty, family violence and/or dissolution, and school problems—in addition to itself being a potential source of trauma. In a recent national survey of school district representatives, more than one in five reported "lack of mental health services" as a challenge to the district's efforts to educate homeless students.[16]

Adolescents in another vulnerable group—those under the care of state child welfare or juvenile justice authorities—have typically faced trying family circumstances, including abuse and exposure to other forms of family violence. As a result, high rates of mental health disorders have been found among children placed in foster care through the child welfare system.[17] In addition, rates of mental health disorders are much higher among adolescents in juvenile justice settings than they are among the general adolescent population.[9]

The link between insurance and adolescents' access to mental health treatment

Adolescents who lack health insurance are less likely to use mental health services than are those who have coverage.[18,19] For example, in 2002, among six- to 17-year-olds, 14 percent of uninsured youth with emotional or behavioral problems received mental health services, compared with 39 percent of all youth (See figure 1).[18] As it stands, a significant number of adolescents lack either public or private health insurance. In 2009, the most recent year for which data were available, more than one in ten 12- to 17-year-olds was uninsured—a total of 2.7 million adolescents.[20] Low-income adolescents who were uninsured were also found to be less likely to get mental health services than either low-income adolescents enrolled in Medicaid or the State Children's Health Insurance Program (SCHIP), or higher-income adolescents.[18,19]

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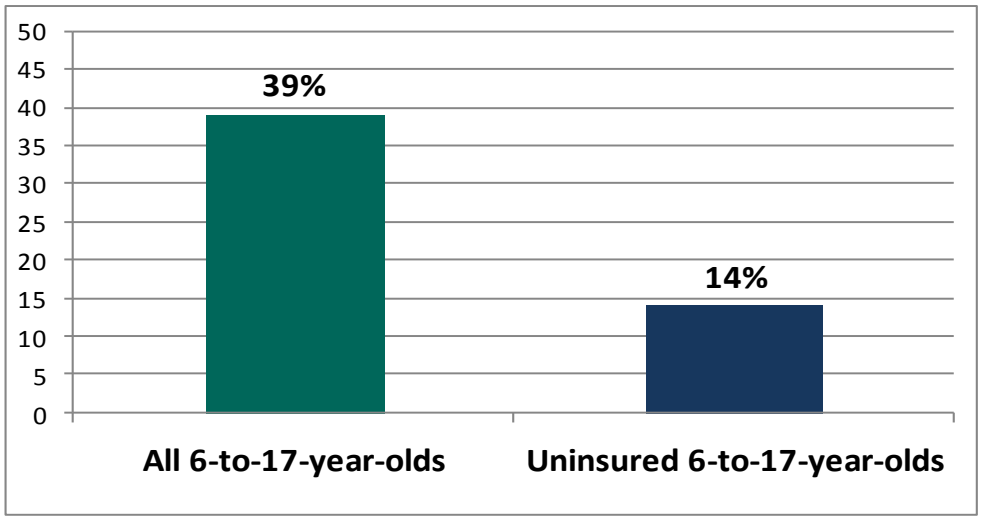
Typical providers of mental health services for adolescents

Parents, other family members, and friends can all play a role in encouraging adolescents who are experiencing emotional distress to seek help. Mental health services for adolescents are provided by a mix of specialists (psychiatrists, psychologists, social workers, and others) in the public and private sectors. In general, this system is crisis–oriented, particularly as reflected in reimbursement policies, and designed for treating severe and persistent mental illnesses. It is less structured to address prevention and health promotion, early identification of difficulties, and timely, effective treatment.[7,13]

School health centers are often helpful in identifying the mental health care needs of adolescents, partly because adolescents spend much of their time in school, and partly because these centers are accessible to students in low-income and underserved racial and ethnic minority groups, who are more likely to be without health insurance.[20,21] However, few school mental health professionals have the ability, on their own, to provide intensive care.[21]

Primary care providers may lack the time in their practices, as well as the specific expertise, to identify and manage mental health disorders.

FIGURE 1: Percent receiving mental health services among 6- to 17-year-olds with emotional or behavioral problems by insurance status, 2002



Source: Howell, E. (2004). *Access to children's mental health services under Medicaid and SCHIP*. The Urban Institute.

Primary care providers (pediatricians and others) are often the gatekeepers for identifying mental health disorders in adolescents. However, these providers may lack the time in their practices, as well as the specific expertise, to identify and manage these disorders. Moreover, systems for coordinating care between primary providers and mental health professionals vary considerably in their effectiveness.

Funding sources of mental health services for adolescents

Publicly funded insurance pays for a large portion of adolescents' mental health care. Coverage for children through Medicaid and SCHIP expanded recently through the Children's Health Insurance Program Reauthorization Act of 2009, which encouraged states to simplify enrollment and renewal procedures.[22] The Affordable Care Act of 2010 will further improve access to behavioral health treatment for adolescents and young adults—for example, by extending Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services to all young people covered by Medicaid by 2013, and by requiring state Health Insurance Exchanges' "essential benefit package" to include mental health and substance abuse services by 2014.[23] However, many states have limitations on the mental health services that adolescents can receive.[2] For example, as of a 2007 review, SCHIP programs in 25 states had limits on either outpatient or inpatient mental health services.[24]

The Affordable Care Act of 2010 will further improve access to behavioral health treatment for adolescents and young adults.

Private insurers also provide access to mental health care for adolescents. Having health insurance coverage, however, is not the same as receiving treatment. Managed care plans may separate specialty services (including mental health care), requiring people to use a different network of providers for these services than they use for physical health care. This network may or may not include many experts in adolescent mental health. Often, these plans

also do not cover case-management services. Federal legislation on mental health parity (the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008) has made strides in improving access to mental health services. "Parity," as defined in the legislation, means that if group health plans choose to offer mental health benefits at all, they must not make those benefits less generous or accessible than the benefits available for medical/surgical needs. These rules apply to plans provided by employers with 50 or more workers.[25]

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Resources

The Child Trends DataBank includes brief summaries of well-being indicators, including several that are related to access to mental health care:

- Health Care Coverage: http://childtrendsdatabank.org/?q=node/116
- Children with Special Health Care Needs: http://childtrendsdatabank.org/?q=node/331

Other selected resources include:

- The Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 was enacted as a means to increase access to mental health services across the United States.
- The Health Resources and Services Administration's Maternal and Child Health Division provides information on the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program, which includes mental health screenings and is available to all children and adolescents covered by Medicaid http://mchb.hrsa.gov/epsdt/overview.html.
- The Substance Abuse and Mental Health Services Administration (SAMHSA) provides the Mental Health Services Locator, an online, map-based program that visitors can use to find facilities in their vicinity http://store.samhsa.gov/mhlocator.
- Healthcare.gov provides prevention goals and guidelines for several key indicators of adolescent mental health, including screening for depression and decreasing the rate of suicide attempts. For more information http://www.healthcare.gov/prevention/nphpphc/strategy/mental-emotional-well-being.pdf.

Multiple challenges exist in trying to connect adolescents with mental health disorders to the services and treatments that can help them attain a better quality of life.

Adolescent health professionals can direct adolescents and their families to a number of resources. Often, the adolescent's primary health care provider is a good place to start; school counselors are another resource. Low-income families may be eligible for services provided by community mental health centers. Adolescents (or anyone) in suicidal crisis or emotional distress can call the National Suicide Prevention Lifeline at 1-800-273-TALK; calls made to this 24-hour hotline are routed to the caller's nearest crisis center.

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