



Hot Topic:

Support Children's Mental Health

Congress must:

- Invest in prevention and early intervention for children's mental health.
- Expand and invest in the community-based mental and behavioral health service system.
- Ensure that commercial insurance plans cover the full range of effective children's mental and behavioral health services.
- Support the children's mental and behavioral health workforce.

Background

There is currently an emergency in children's mental health. Even before the COVID-19 pandemic, national data showed increases in mental health symptoms for youth, with demonstrated increases in depression, suicidality, and youth psychiatric visits to emergency departments in the decade preceding the pandemic. Notably, children of color and children who live in poverty are more likely to be impacted by mental health concerns, while Native American/Alaska Native adolescents had the highest suicide rates compared to those of other races/ethnicities.

At the same time, there is a significant lack of mental and behavioral health services for children and youth across the nation, and even where they do exist, these services can be difficult to access due to lack of providers, insurance barriers, and long wait times. There is also a lack of services that treat the whole family; emerging best practices indicate that it is more effective to address the family's interrelated needs in conjunction with the needs of the individual through a whole-family approach, particularly for families with intergenerational trauma. However, adult services tend to provide focus on the individual adult but do not recognize that they are also parents with children, while on the child serving side, most programs focus heavily or exclusively on either the child or the caregiver.

Child Welfare and Mental Health

These concerns are more pronounced for children involved in the child welfare system, as it can be difficult for caregivers and child welfare agencies alike to access the services needed for children and youth in their care. Mental and behavioral health is the largest unmet health need for children and teens in foster care, with up to 80% having significant mental health issues compared to approximately 18-22% of the general population.

There are several factors that contribute to this high level of need. Children and youth in foster care categorically have experienced abuse and neglect, which has been demonstrated to lead to poorer mental health outcomes. Many of these children and youth also have experienced community violence and intergenerational trauma. Being separated from one's family also can be a source of trauma, even when separation is necessary to maintain children's safety. Finally, when families are unable to access mental and behavioral health services in the community, they are advised to go to the child welfare system to access the services, as child welfare is required by law to provide for them. Too often, the challenges of being unable to access necessary services exhaust the parents or caregivers, leading them to give up custody of their children. Some states have legislation in place that requires families to go to the child welfare agency to access out-of-home residential treatment services, sometimes even in the absence of child maltreatment.

Policy Opportunities

To reduce family separation and reduce the use of foster care, we must create a mental health system provides sufficient care for all children and families, including those with child welfare involvement. There are several policies and investments that Congress can enact that would move us in the direction of CWLA's vision, that there exists a robust array of children's mental and behavioral health services that are accessible when and where they are needed.

Support prevention and early intervention for children and families.

Research shows that prevention and early intervention services can mitigate and sometimes prevent mental and behavioral health conditions. Unfortunately, as currently structured, the Community Mental Health Block Grant (MHBG) funds for children and youth are limited to use only for those who are experiencing a serious emotional disturbance (SED). *Congress should expand the MHBG to include a new set-aside of at least 5% in additional funds for prevention and early intervention in the MHBG* to help states to more proactively address children's mental and behavioral health, while continuing to allow them flexibility to determine which programs and interventions are most needed in their communities.

Expand and invest in the community-based mental and behavioral health service system.

It is critical that the behavioral health system in each state be held responsible for the provision and funding of sufficient numbers of quality services to meet the mental health and behavioral health needs of all children, adults, and families in the state, including those with child welfare involvement. The behavioral health system is best equipped to provide these services; when it fails to do so, the child welfare system becomes the de facto behavioral health system because it is required to ensure the children in foster care receive the mental health and behavioral health services they need. In order for the behavioral health system to meet this mandate, there must be sufficient mental health and behavioral health prevention, community-based services that include early identification and treatment services, 24/7 respite and crisis intervention services, intensive in-home treatment services and the right range of residential treatment interventions. *Congress must invest in the full array of services offered by behavioral health system, address barriers to accessing existing services and fully fund the expansion of options available, including culturally responsive and family-centered services.*

Ensure that commercial insurance plans cover the full range of effective children's mental and behavioral health services.

Although children in foster care are Medicaid eligible, a majority of children in the United States (54%) are covered by private insurance. Private insurance plans do not cover community-based mental and behavioral health services for children and families to the same extent as Medicaid, often imposing strict time limits on the few services they do cover. Because of this unequal coverage, families are either forced to seek out public insurance or forgo care until the concerns result in a crisis. This coverage gap exacerbates the difficulties that families face in accessing the supports they need and pushes families to child welfare's door. *Congress must ensure parity between public insurance and private insurance coverage of mental and behavioral health services for children and their families.*

Support the children's mental and behavioral health workforce.

The American Academy of Child and Adolescent Psychiatry's (AACAP) workforce maps illustrate a severe national shortage of child and adolescent psychiatrists. Psychiatrists represent one part of the children's behavioral health workforce and there is a severe shortage of professionals across disciplines. The need for a more professional, well-trained, staffed, encouraged, and supported children's behavioral health workforce is evident, but recruitment and retention of well-qualified professionals is a continuous challenge. We need a multi-pronged, ongoing, and long-term strategy to address the mental and behavioral health workforce shortage. This would be beneficial not just to children and families in child welfare but the entire population of children, youth, and families experiencing increasing mental health challenges. *Congress must expand student loan forgiveness, enact and enforce better Medicaid reimbursement rates, support training and the integration of training between professions, and invest in efforts by HHS, the Department of Education and the Department of Labor to recruit qualified individuals from underrepresented populations into mental health professions.*

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