

Latest Findings **IN** Children's Mental Health

A COLLABORATION OF RUTGERS UNIVERSITY, U.S. DEPT OF HEALTH & HUMAN SERVICES AND THE ANNIE E. CASEY FOUNDATION

ABOUT THIS RESEARCH

Latest Findings in Children's Mental Health is a series of short, nonpartisan bulletins for policymakers, advocates, clinicians and the community of all those who care about the well being of children. It is the result of a public-private partnership among the organizations listed below.

The analyses in all issues of *Latest Findings* are based on the 1997 Client/Patient Sample Survey conducted by the U.S. Center for Mental Health Services (CMHS), which sampled more than 8,000 youth admitted and under care in approximately 1,600 community mental health facilities, including clinics, hospitals and community centers. This means that *Latest Findings'* estimates are conservative; they do not include children who consulted exclusively with private therapists and then paid for that treatment with personal funds or private insurance.

The 1997 survey is the first with a sample size large enough to calculate reliable national estimates of children of different ages receiving mental health services. It is the first ever to include youth in residential care programs. It is also the most recent; there are no comparable data for the years since 1997 and CMHS will not conduct another such survey until 2007.

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**A public-private partnership...translating
research into action for children's mental health**

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Nearly 66,000 Youth Live in U.S. Mental Health Programs

Some of the most vulnerable adolescents in the country—teenagers who are severely emotionally disturbed and often victims of abuse or neglect—are likely to be found not in psychiatric hospitals, but in residential care programs (RCPs). Compared to children in all mental health settings, adolescents in RCPs are among the most troubled: more of them experience problems with family (72%) and at school (57%), and suffer skill deficits (22%). They are aggressive (66%), involved in delinquent behavior (34%) and have substance use problems (31%); almost half are victims of abuse or neglect, and about one fifth experience post-traumatic stress.

The number of such children is comparatively small—approximately 66,000, only 5% of the 1.3 million U.S. children under 18 who received mental health services in 1997, the most recent year for which reliable data are available. (See *About This Research* at left.) But almost two-thirds have been referred to RCPs from the social service or juvenile justice systems—systems that also house troubled youth in group homes for extended periods, but which typically do not provide mental health services.

WHY THE FINDINGS ARE IMPORTANT

Children in RCPs are "system kids." They live in mental health facilities and often shuttle in and out of the juvenile justice and child welfare systems—separated from families and mainstream schools. Although their problems are usually severe and complex, most of these children could be helped to return successfully to their communities with timely, intensive care.

Current public policies—often at the state level—may undermine family and community connections. Without sufficient resources and a coherent agenda for their care, these youth are likely to stay in one public system or another, including those that don't offer mental health treatment.

HOW WE SHOULD RESPOND TO THESE FINDINGS

Public decision makers and providers need to consider residential care from the perspective of the children served. That means looking beyond traditional agency "silos" to ensure that any type of residential care facility—whether it is part of a state's mental health, juvenile justice or child welfare system—gives children the services they need to rejoin their communities and lead productive lives. To focus on only one "silo"—

children in the mental health system, for instance—significantly underestimates the total number of children who live in such arrangements; it also fails to address the sometimes conflicting policies that rotate such youth among agencies, a practice that in itself can hurt a child.

Children with severe emotional disturbances—regardless of the "silo" in which

they've been placed—need a range of diagnostic-appropriate services. These include quality RCPs and effective community-based alternatives, such as therapeutic foster homes.

Policymakers—particularly in the states—should develop financing mechanisms that support effective inter-agency coordination. Medicaid guidelines, for example, should provide incentives for programs that offer integrated, evidence-based, child- and family-centered services.

Caregivers, at the same time, must get involved in the policy process, bringing a human face to the issues by sharing with public decision makers their stories of individual "system kids" touched by policy decisions.

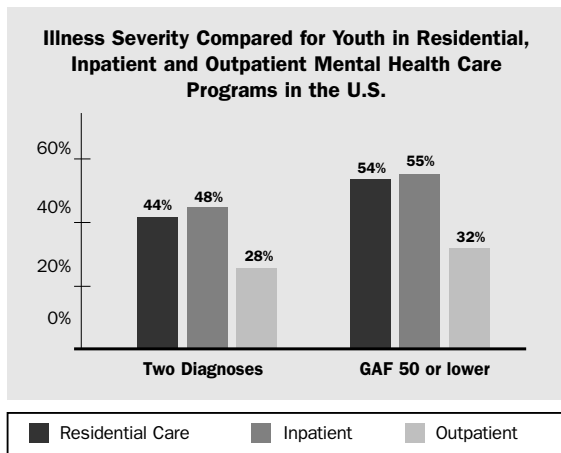
"This analysis identifies a neglected population of youth in a neglected part of the U.S. mental health service system. Policy makers and child advocates can use this information to shed light on the needs of these youth, and to develop effective strategies to improve their life chances."

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Answers to Key Policy Questions

Figure 1



Note: Youth in residential and inpatient mental health care programs do not significantly differ from each other; youth in residential and inpatient care programs significantly differ from youth in outpatient care. For "GAF" see "Glossary" at right.
Source: 1997 CPSS. See "About this Research."

Question 1: What are the demographic characteristics of youth in RCPs? A total of 65,949 youth are in residential care. Of these, 42,015 are in residential treatment centers while another 23,934 are in other residential programs. The majority of youth in residential care are adolescent white boys. Seventy-five percent of all residential care clients are between 13 and 17 years old and almost a quarter are 6 to 12 years old. There are more boys (61%) than girls, and more White (65%) than Black (21%), or Hispanic (12%) youth. This is in sharp contrast to youth in group homes operated by social service or juvenile justice systems who tend to be Black or Hispanic.

Question 2: What are the illness profiles of children in RCPs?

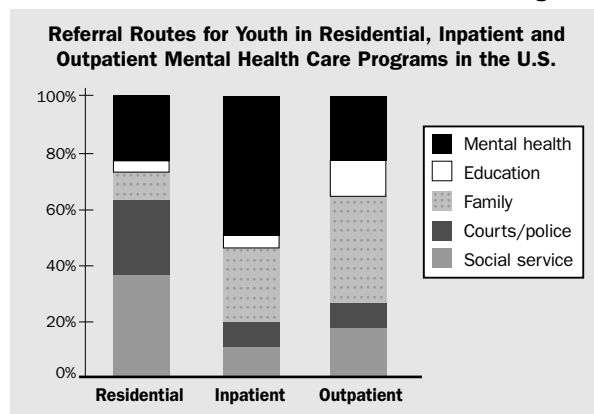
Youth in RCPs are just as severely ill as those in psychiatric hospitals. (See Figure 1.) In both settings, more than 40% have two psychiatric diagnoses; more than half receive psychotropic medication, and more than half have GAF scores of 50 or below. (See "Global Assessment of Functioning" in *What We Mean: A Glossary of Terms*.) However, youth in RCPs have different psychiatric diagnoses. About one third of the hospital patients have a principal diagnosis of depression while youth in residential settings have diagnoses ranging from depression (13%), and conduct

disorder (23%), to anxiety disorder (9%).

Given this range of diagnoses and problem severity, regulators must ensure that RCPs adopt "best practices" for treatment. But this in itself can be difficult since RCPs are regulated by several bodies, including state agencies, federal Medicaid guidelines and the standards of independent national accrediting bodies such as the Commission on Accreditation of Rehabilitation Facilities and the Joint Commission on Accreditation of Healthcare Organizations. Standards and policies can vary widely among states, and may result in regional inequities in services.

Question 3: Who takes care of youth in RCPs? Unlike youth receiving mental health services in other treatment settings, children in RCPs tend to live outside of traditional families before entering care; they come from group homes (17%), juvenile detention centers (13%) and foster homes (8%). They are referred for treatment by social service agencies (37%) or the courts (27%) rather than families (9%) or schools (3%). (See Figure 2.) Their treatment is paid for by Medicaid (30%) or other public insurance (54%)—another dimension that distinguishes them from their peers in other treatment settings, where private insurance or personal resources pay for 51% of inpatient care and close to 40% of outpatient services.

Figure 2



Note: Youth in residential mental health care programs differ from youth in inpatient and outpatient programs on social service, courts/police and family referral routes; they do not significantly differ from youth in inpatient programs on education referral routes or from youth in outpatient programs on mental health referral routes.
Source: 1997 CPSS. See "About this Research."

A range of policies can keep teens in RCPs out of their homes and rotating for years among multiple, youth-serving systems. State policies, for instance, often force parents to relinquish custody of their children to child welfare or juvenile justice systems in order to secure mental health services for them, according to a recent U.S. General Accounting Office study, (www.gao.gov/new.items/d03397.pdf). The failure of private insurance to cover most residential care treatment adds more pressure on parents to relinquish custody. The upshot: states become surrogate parents and vulnerable teens become "system kids."

What We Mean: A Glossary of Terms

Global Assessment of Functioning (GAF)—A standardized diagnostic tool used to determine the severity of emotional disturbances. A score of 50 or below means that such children have a "moderate degree of interference in functioning in most social areas or severe impairment of functioning in one area," such as suicidal preoccupations, anxiety attacks or refusal to attend school.

Inpatient Care Program—A licensed psychiatric hospital or a separate psychiatric service in a general hospital that provides assigned professional staff for 24-hour psychiatric care.

Outpatient Care Program—A mental health clinic or other agency that provides individual counseling, group therapy and other mental health services, not overnight, for youth who live outside of the facility. A psychiatrist generally assumes medical responsibility for everyone in the program.

Residential Care Program (RCP)—A facility with around-the-clock staffing in which youth live, typically for a period of months not days, and receive mental health services. RCPs include formal residential treatment centers that are independent or owned by a larger organization, plus supportive residential programs operated by general or psychiatric hospitals or other mental health organizations. The programs are not licensed as psychiatric hospitals, but are generally licensed by the state and directed by mental health professionals who have at least a master's degree.

Source: U.S. Department of Health and Human Services Center for Mental Health Services, 1997 Client/Patient Sample Survey.