

Chapter 1

Summary and Policy Implications

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INTRODUCTION

Mental health problems are a source of suffering for children, difficulties for their families, and great loss for society. Though such problems are sometimes tragic, an even greater tragedy may be that we currently know more about how to prevent and treat children's mental health problems than is reflected in the care available. This background paper was requested by the Senate Appropriations Committee through Senators Mark O. Hatfield and Daniel K. Inouye, who expressed special interest in learning the extent to which the mental health field has reached a consensus on the appropriate treatments and treatment settings for responding to the mental health needs of our Nation's children. It examines the nature of children's mental health problems, the mental health services available to aid disturbed children, and the Federal role in providing services.

The problems that affect children's mental health range from transient conditions in a child's environment to diagnosable mental illnesses. Mental health problems that meet the diagnostic criteria contained in the third edition of the American Psychiatric Association's *Diagnostic and Statistical Manual*, the "DSM-III,"¹ are identified in this background paper by the terms *mental disorders*, *diagnosable mental disorders*, and *DSM-III disorders*. Typically, the existence of a DSM-III disorder is necessary for obtaining third-party reimbursement for mental health services. Other terms like *mental health problems* and *disturbed children* refer in this background paper not only to DSM-III disorders, but also to children's mental health problems more generally—i.e., to disturbed self-esteem, developmental delays, and other sub-clinical problems that children may experience as a result of environmental stress. Currently, services for problems other than DSM-III disorders are seldom eligible for third-party payment.

¹At the time this background paper was being prepared, DSM-111 was being revised by the American Psychiatric Association. The new version will be known as DSM-III-R.

Interventions to prevent and treat children's mental health problems are as diverse as children's problems. This background paper considers several issues related to the provision of mental health services for children, emphasizing in particular, psychiatric hospitalization—the most restrictive and costly form of treatment.

Although serious policy questions remain concerning the provision of adequate, appropriate, and cost-effective mental health services to children, several conclusions can be drawn from this background paper:

- Many children do not receive the full range of necessary and appropriate services to treat their mental health problems effectively. However, the precise nature of the gap between what mental health services are being provided to children and what should be provided is not clear.
- A substantial theoretical and research base suggests that, in general, mental health interventions for children are helpful, although it is often not clear what intervention is best for particular children with particular problems. Most important for the focus of this paper, the effectiveness of psychiatric hospitalization for treating childhood mental disorders has not been studied systematically.
- Although there seem to be shortages in all forms of children's mental health care, there is a particular shortage of community-based services, case management, and coordination across child service systems—all of which are necessary to provide a comprehensive and coordinated system of mental health care throughout the country. Models for providing community-based continuums of mental health care exist, and preliminary evidence suggests that such continuums can be effective; these deserve careful and large-scale trials with systematic evaluation.

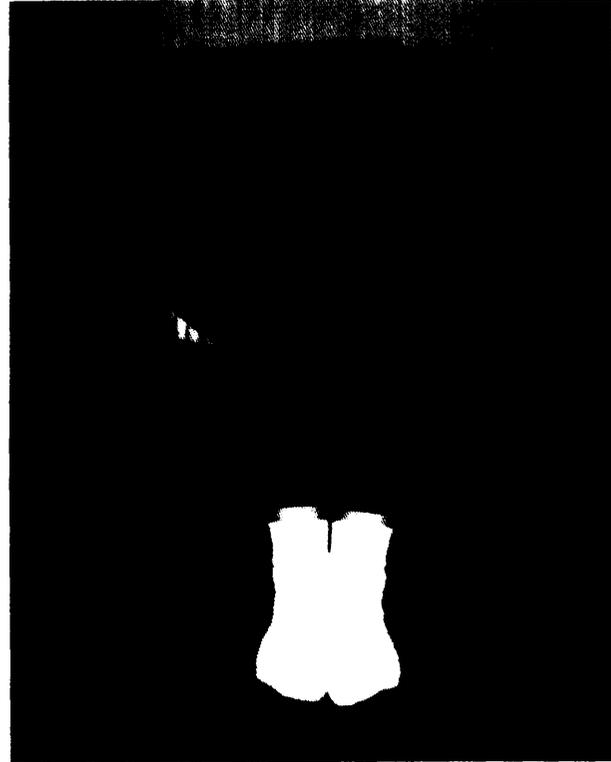
Available epidemiologic data indicate that at least 12 percent, or 7.5 million, of the Nation's approximately 63 million children suffer from emotional or other problems that warrant mental health treatment—and that figure may be as high as 15 percent, or 9.5 million children. These epidemiologic data, while not based on systematic, recent national studies, are widely accepted and give some indication of the magnitude of children's mental health care needs.

Like estimates of children's mental health needs, information about mental health care utilization by children is somewhat dated. The most recent mental health care utilization data available show that less than 1 percent of the Nation's children, or 100,000 children, receive mental health treatment in a hospital or residential treatment center (RTC) in a given year, and perhaps only 5 percent, or 2 million children, receive mental health treatment in outpatient settings (see figure 1). Using these data, OTA estimates that from **70** to **80** percent of children in need may not be getting appropriate mental health services.

It is not always clear why children do not receive needed mental health services. Some children may not receive services because of the stigma attached to having a mental disorder. Other children may not receive services because the services are not available in their communities. Still others may not receive services because their families cannot afford them. Using the most recent data available (1977), OTA estimates that 14 million of the Nation's approximately 63 million children may not have any private health insurance. Furthermore, the insurance that is available for mental health problems is generally restricted to treating diagnosable mental disorders, is significantly less generous than insurance for other disorders, and covers outpatient care less generously than inpatient care.

To the extent that treatment decisions are based on service system or financial considerations, inappropriate mental health care may be given. Some children may be undertreated (e.g., be given outpatient treatment when they require hospital

¹The most recent year for which mental health service utilization data are available is 1980, or in some cases, 1981.

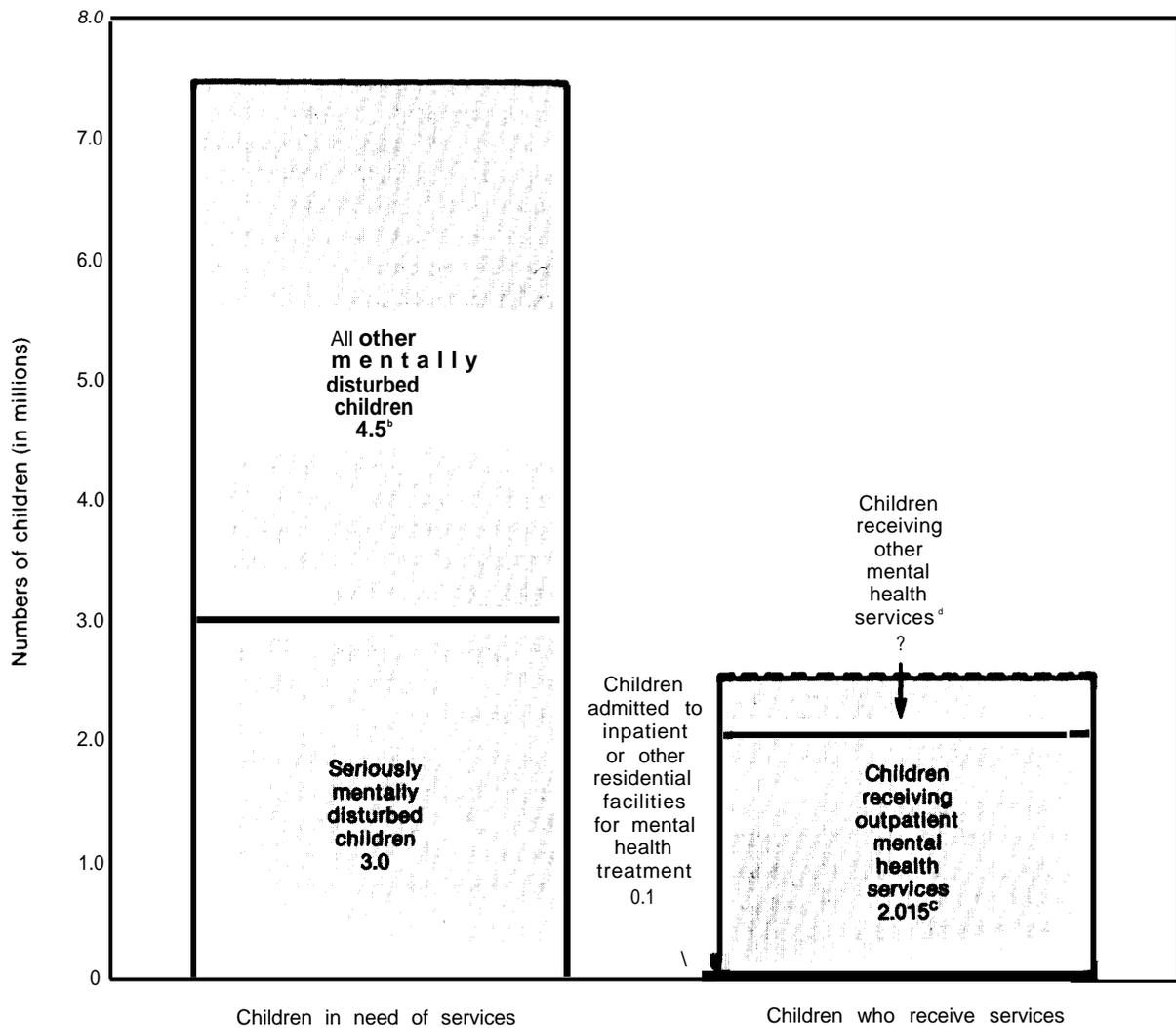


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or other residential care), and some children may be given overly intensive treatments (e.g., be treated in a psychiatric hospital when they could be treated without 24-hour medical supervision). Unfortunately, the data needed to understand precisely which children and problems should be treated in different settings have not been collected.

OTA's finding that many children with mental health problems do not receive needed care is, perhaps disappointingly, wholly consistent with the findings of commissions and study groups over the past half century. In recent years, as knowledge of the effects of children's mental health problems has grown, the urgency of addressing these problems has increased. Providing the most appropriate mental health services for children is a daunting task. The immensity of the difficulties, however, should not restrain specific efforts to improve current policy and practice.

Figure I.— Estimated Numbers of Children Who Need and Who Receive Mental Health Services, 1980^a

^aExcludes prevention.

^bThe President's Commission on Mental Health indicated in 1978 that as many as 15 percent of the Nation's children—which would translate to 9.5 million of the total 63.8 million children in 1980—were in need of mental health services (excluding prevention) (514). Gould, Wunsch-Hitzig, and Dohrenwend have since estimated that 11.8 percent—or 7.5 million—of the Nation's children have mental health disturbances (248). A number of factors account for differences in estimates of children in need of mental health services (see text).

^cExtrapolations from surveys of adults suggest that the number of children receiving outpatient mental health services could be as high as 4.02 million. A firmer estimate awaits the results of NIMH's epidemiologic catchment area survey for children (see text).

^dPartial hospitalization, etc.

SOURCES: Seriously mentally disturbed children in need of services: President's Commission on Mental Health, *Report to the President from the President's Commission on Mental Health*, Vol. 1 (Commission Report) (Washington, DC: U.S. Government Printing Office, 1978), and J. Knitzer, *Unclaimed Children* (Washington, DC: Children's Defense Fund, 1982).

Total number of mentally disturbed children in need of services: President's Commission on Mental Health, *Report to the President from the President's Commission on Mental Health*, Vol. 1 (Commission Report) (Washington, DC: U.S. Government Printing Office, 1978), and M. S. Gould, R. Wunsch-Hitzig, and B. Dohrenwend, "Estimating the Prevalence of Childhood Psychopathology: A Critical Review," *Journal of the American Academy of Child Psychiatry* 20:482, 1981.

Children receiving inpatient or other residential mental health services: U.S. Department of Health and Human Services, Public Health Service, Alcohol, Drug Abuse, and Mental Health Administration, National Institute of Mental Health, *Mental Health, United States, 1985*. C. A. Taube and S. A. Barrett (eds.), DHHS Pub. No. (ADM) 85-1378 (Rockville, MD: 1985).

Children receiving outpatient mental health services: Adapted from U.S. Department of Health and Human Services, Public Health Service, National Center for Health Statistics, *National Medical Care Utilization and Expenditure Survey, Data Report No. 5*, "Utilization and Expenditures for Ambulatory Mental Health Care During 1980," DHHS Pub. No. 84-20000 (Washington, DC: U.S. Government Printing Office June 1984).

ORGANIZATION OF THIS BACKGROUND PAPER

The remainder of this chapter summarizes this background paper and considers policy implications. The nine remaining chapters of this background paper provide additional detail on children's mental health problems and services. The chapters are organized in five sections (see figure 2).

Part I describes efforts to assess children's mental health problems. Chapter 2 links conclusions of past study commissions about the incidence and prevalence of mental and emotional problems in children to current estimates and notes the similarities between the current situation and what were identified as problems decades ago.

Part II reviews children's mental disorders and the interrelationships of children's mental health problems and environmental conditions. Chapter 3 presents mental disorders in terms of the diagnostic categories in DSM-III. Chapter 4 considers factors in a child's family and psychosocial environment that may cause or exacerbate certain mental health problems and that may need to be considered in designing services.

Part III focuses on various approaches to treating or preventing certain children's mental health problems. Chapter 5 describes the primary therapies: individual psychotherapy based on psychodynamic, behavioral, and cognitive models;

group therapy; family therapy; milieu therapy; crisis intervention; and psychopharmacological (drug) therapy. Chapter 6 describes mental health treatment settings, including hospital inpatient settings, RTCs, day treatment or partial hospitalization, and outpatient settings. Chapter 7 provides an overview of the mental health services provided to children involved in the educational, health care, child welfare, and juvenile justice systems. That chapter also describes programs aimed at preventing mental health problems and integrating mental health with other services.

Part IV examines the effectiveness of interventions used to treat and prevent children's mental health problems. Chapter 8 summarizes the research on effectiveness of the specific therapies discussed in chapter 5. Chapter 9 summarizes the research on effectiveness of treatment in mental health and other settings and the effectiveness of prevention programs. Efforts to integrate mental health and other services have not yet been evaluated.

Part V analyzes the present Federal policies aimed at alleviating children's mental health problems. Chapter 10 describes a number of Federal programs that have a direct or indirect effect on children's mental health.

SUMMARY AND POLICY IMPLICATIONS

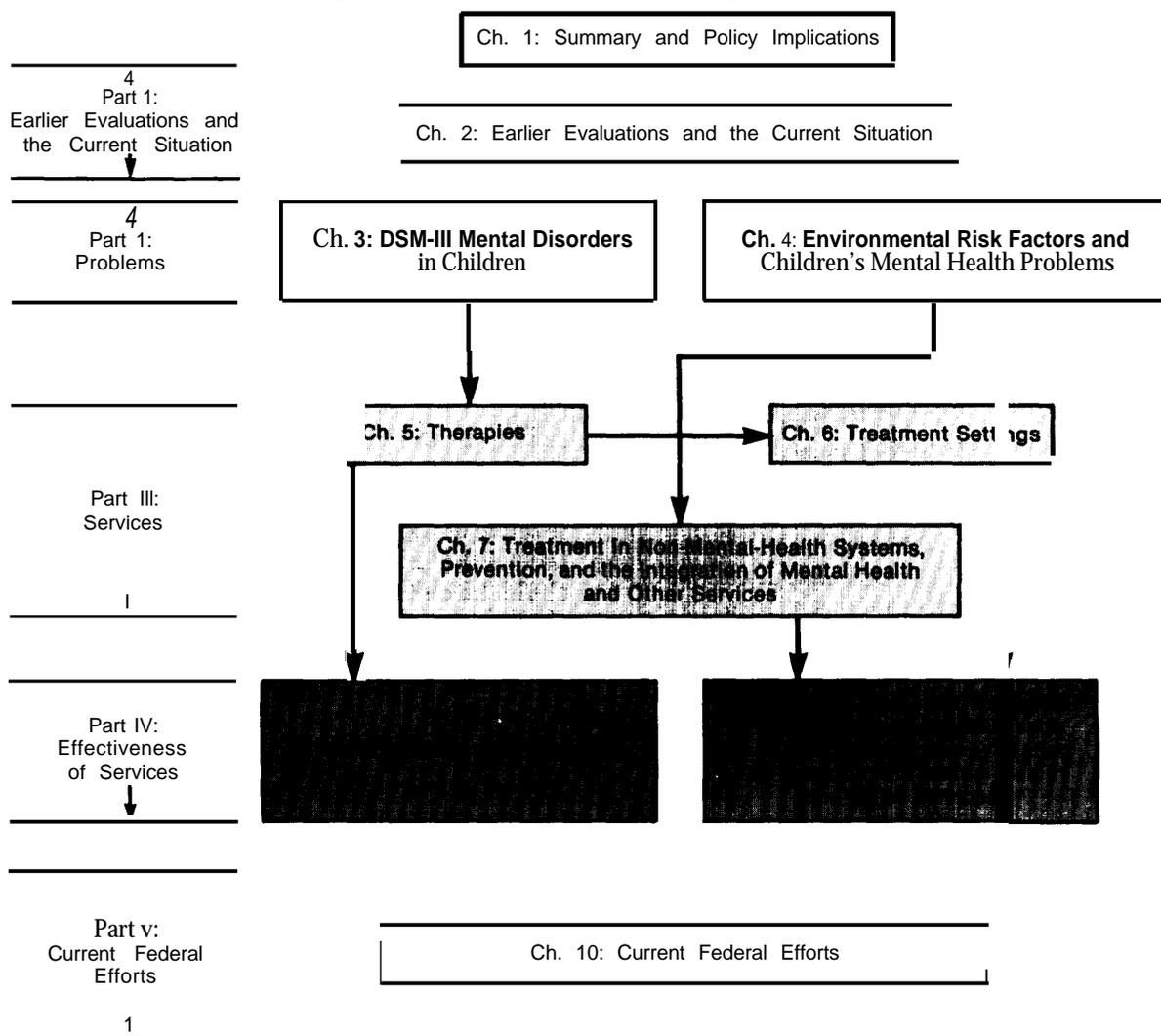
Children's Mental Health Problems

At least 7.5 million children in the United States—representing approximately 12 percent of the Nation's 63 million children under 18—are believed to suffer from a mental health problem severe enough to require mental health treatment. The actual number of children suffering from mental disorders that meet the diagnostic criteria of DSM-III is unknown, but a fairly precise estimate will be possible with the conduct of a National Institute of Mental Health (NIMH) epidemiologic survey of children similar to that completed recently for adults. In addition to children who have

diagnosable mental disorders, some children are at risk for mental suffering and disability because of environmental risk factors such as poverty, inadequate care, parental alcoholism, or divorce. These children may also benefit from mental health services.

Mental health problems of children are in many respects unlike those of adults and are much more difficult to identify. Distinguishing between normal aspects of a child's development and mental health problems that may worsen if not treated is a difficult task for parents, teachers, physicians, and mental health care professionals.

Figure 2.—Organization of This Background Paper



SOURCE: Office of Technology Assessment, 1986

According to DSM-III, children may be afflicted by so-called childhood-onset mental disorders (meaning the disorder is usually manifest first in childhood) or by other disorders whose onset is not restricted to childhood. DSM-III groups mental disorders that have their onset in childhood by the area of functioning that is most impaired:

- intellectual disorders (mental retardation);
- developmental disorders (pervasive and specific developmental disorders);
- behavior disorders (attention deficit disorder and conduct disorder);

- emotional disorders (anxiety disorders, other emotional disorders of childhood or adolescence); and
- psychophysiological disorders (stereotyped movement disorders, eating disorders, and other disorders with physical manifestations).

Other mental disorders that affect children, but which more commonly begin in adulthood, include organic mental disorders; substance use disorders; schizophrenic disorders; affective disorders such as major depression; adjustment disorders; and a number of other disorders.

This background paper does not consider intellectual or developmental childhood-onset disorders except as they interrelate with other problems requiring mental health services. This exclusion reflects in part the specific wording of the request from the Senate Appropriations Committee and in part the fact that the causes, treatment, and treatment goals in the case of intellectual/developmental disorders differ from those associated with other mental disorders.

For the most part, the causes of mental disorders are unknown. However, some environmental factors, particularly psychosocial ones, pose significant risks for children's mental health.

Environmental factors that pose risks to children's mental health include poverty; parental psychopathology (e.g., schizophrenia or alcoholism); maltreatment; a teenage parent; premature birth; parental divorce; and serious childhood physical illness. These factors rarely occur in isolation and frequently interact with other aspects of a child's family, educational, and social environment. Although environmental factors do not necessarily result in mental disorders that meet the diagnostic criteria of DSM-III, they can cause maladjustment and place a child at risk for later and potentially more serious problems.

The consequences of mental health problems in children can be mild and transitory or severe and longstanding. Children with the most severe problems may be unable to function in either their home or school environments and may be dangerous to either themselves or others. Unresolved problems can lead to other serious problems with family, schools, and the criminal justice system. Much of the interest in identifying children's mental health problems has as its focus the understanding and prevention of disorders so as to reduce the risk of future difficulties.

Children's Mental Health Services

Interventions to treat children's mental health problems are based on a variety of theories about human development and behavior. Therapies used with children include those which are psychodynamically based, behaviorally based, and cognitively based, as well as those involving psychoactive medications.

Within the mental health system, a wide range of settings has been developed to treat children's mental health problems. These settings—from psychiatric hospitals to outpatient mental health clinics—can be described as forming a continuum of intensiveness. Mental health authorities agree that it is desirable to provide treatment in the “least restrictive setting” possible. Severely disturbed children sometimes need intensive and restrictive service settings such as hospitals or RTCs. Typically, however, intensive settings such as these are needed only for relatively brief periods, with followup care in less restrictive environments such as community-based outpatient programs.

The choice of treatment and treatment setting for each mentally disturbed child is based on several factors. Certainly, the symptoms and the severity of the child's disorder are primary. Other factors that play a part in treatment decisions include the child's developmental status, the availability of family support, social and environmental conditions, the availability of financing for services, and the geographic availability of certain services.

Opportunities for preventing and treating children's mental health problems arise not only in the mental health system but within the educational, health care, child welfare, and juvenile justice systems. Models for providing mental health services in these settings have been developed. Programs to integrate mental health and other services at Federal, State, and local levels have also been developed. Such programs include individual case manager programs, with professionals to advocate for necessary and comprehensive treatment and to represent the child before all relevant programs so that services are coordinated.

Effectiveness of Mental Health Treatment and Preventive Services “

Clinical and policy decisions based on knowledge about the effectiveness and appropriateness of services, rather than on their availability, would be desirable, but drawing firm conclusions about the effectiveness of treatment, treatment settings, and preventive services for children's mental

health problems is difficult. The research base is limited and not methodologically rigorous.

Overall, however, OTA's analysis indicates that treatment is better than no treatment and that there is substantial evidence for the effectiveness of many specific treatments. Behavioral treatment, for example, is clearly effective for phobias and enuresis, and cognitive-behavioral therapy is effective for a range of disorders involving self-control (except aggressive behavior). Group therapy has been found to be effective with delinquent adolescents, and family therapy appears to be effective for children with conduct disorders and psychophysiological disorders. Psychopharmacological treatment, while not curative, has been found to have limited effectiveness with children with attention deficit disorder and hyperactivity (ADD-H), depression, or enuresis, and also in managing the behavior of children who are severely disturbed. Further, more rigorous research may demonstrate the usefulness of several other treatments for which there is preliminary evidence of effectiveness.

Questions about the effectiveness of mental health treatment in psychiatric hospitals and RTCs are difficult to answer because of the lack of systematic research. The lack of methodologically sound evidence for the effectiveness of mental health treatment provided through psychiatric hospitals and RTCs does not necessarily imply that these treatment settings are inappropriate—only that there is no solid evidence one way or the other. Whether or not some mentally disturbed children would be better off in alternative treatment settings is not known.

Available research on treatment settings does offer some evidence to support the potential effectiveness of a system of services ranging from outpatient community-based care to intensive residential-based care. The long-term effectiveness of psychiatric hospitalization and other forms of residential treatment, for example, appears to be related to the presence and quality of followup care. The effectiveness of day or night hospitalization appears to be related to the inclusion of the family in treatment plans.

Additional information about treatment effectiveness could be used to revise financial incen-

tives—both public and private—to promote the delivery of mental health care in the least restrictive setting possible for effective treatment, while permitting reimbursement for the range of services necessary. Thus, a more comprehensive and appropriate mental health treatment delivery system could be developed.

The effectiveness of prevention programs, whether developed primarily as a mental health intervention or designed as part of other service systems such as schools, is supported by several studies. Interventions to provide family support, for example, appear to have substantial potential to prevent and remedy a range of mental health problems and lead to better school achievement in children. Prevention programs in schools and preschools and pregnancy prevention programs for teenagers have also been found to be effective. Not only have many prevention programs led to positive changes in social, emotional, and academic measures, but such programs appear capable of preventing later governmental expenditures through the justice and welfare systems.

The important questions, rather than being about the *overall* effectiveness of children's mental health services, may be:

- what specific types of services are effective?
- under what conditions?
- for which children?
- at what developmental level?
- with which problems?
- under what environmental and family conditions?
- in what settings? and
- with what followup or concomitant parental, family, school, and other system; interventions?

Current Federal Efforts

State governments play the major role in providing and financing children's mental health services, although Federal Government and private sector roles are substantial. The Federal Government finances treatment for children's mental disorders primarily through the Alcohol, Drug Abuse, and Mental Health block grant, the Medicaid program, and the Civilian Health and Medical Pro-

gram of the Uniformed Services. These and other financing programs also influence financing policy in the private sector.

Federal involvement in health, welfare, nutrition, and social services for children is also considerable; and Federal programs in these areas probably have a major impact in preventing and alleviating mental health problems, although their actual impact is difficult to measure. However, the lack of cohesive policies toward children, and across service programs, may create difficulties for those who would move public policy toward the continuum of care that many observers conclude is needed to address children's mental health needs.

Past national studies have observed that few mental health policies and programs—public or private—appear to take into account the complexity of influences in children's lives. Fragmentation of treatment programs and support services has resulted. Currently, programs at the Federal, State, and local levels are attempting to promote integration of services across professional, agency, and geographic boundaries. The Federal Child and Adolescent Service System Program, for example, provides grants to States to improve coordination among service systems, thus improving access to appropriate mental health services. The State Comprehensive Mental Health Services Plan Act of 1986 will institute another grant program to assist States to develop comprehensive services for the chronically mentally ill of all ages.

The Federal Government is virtually the only source of training and research support in the mental health area. Despite Federal programs of student assistance, the number of trained professionals available to deliver children's mental health services remains far below all estimates of the need. Currently, about 15 percent of NIMH's training funds appears to be directed to training clinicians to treat children.

A major difficulty in development of this background paper and in designing more effective children's mental health programs was the lack of data on many treatment regimens and service systems. Although NIMH commits approximately 20 percent of its current research budget to children's issues, available dollars have not kept pace with

assessments of the funds necessary. Most mental health care interventions are appropriate for evaluation studies—and most could benefit from the information that research provides. In addition, basic information about the characteristics and utilization of the contemporary mental health service system is not available. The financial savings from a more comprehensive database are potentially enormous; the benefits to children and society of more effective programs are incalculable.

Conclusion

OTA's analysis suggests several needs in relation to children's mental health problems and services. Two needs are: a more informed estimate of the number of children who require mental health services, and a description of the availability and use of children's mental health services.

A more immediate need is for improved delivery of mental health services to children. Clearly, the mental health services currently available to children are inadequate, despite a substantial theoretical and research base suggesting that mental health interventions for children are effective.

The need for improved children's mental health services is not new; it has been highlighted by a number of past national studies and commissions. If the need is to be met, changes may be necessary in the way mental health services are conceptualized, financed, and provided. In an ideal system, an adequate range and number of preventive, treatment, and aftercare services would be available, particularly in the communities where children reside, so that families and others can be involved. Access to treatment on an outpatient basis, and before a child develops a diagnosable disorder, seems especially important. Access to treatment could be facilitated by reducing restrictions on mental health benefits,

OTA found that new efforts to coordinate services between the mental health system and other systems that children may come in contact with—the general health care, educational, social welfare, and juvenile justice systems—are encouraging to many mental health professionals. These new coordination programs may result in new efforts to detect and treat mental health problems.

Finally, additional information about the causes of mental health problems, the services available to prevent and treat them, the extent to which the services are used, and the effectiveness of a vari-

ety of promising approaches could greatly aid the development of a system that would match the mental health needs of children.