

Chapter 6

Treatment Settings

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INTRODUCTION

The settings in which mental health treatment for children is provided greatly influence the intensity of the treatment, the resources required, and the treatment experience of children and their families. This chapter describes treatment settings in the mental health service system: hospitals, residential treatment centers (RTCs), day treatment programs, and outpatient settings such as community mental health centers (CMHCs). Mental health services in non-mental-health settings, preventive services, and the integration of mental health and other services are described in chapter 7.

Following Wilson and Lyman (709), mental health settings can be conceptualized as forming a continuum from most to least intensive. At one end of the continuum is inpatient hospital treatment, which involves 24-hour-a-day care, often for extended periods of time. At the other end of the continuum is outpatient treatment which may involve only 1 or 2 hours a week, or less, sometimes for only a few weeks.

More intensive mental health treatment settings are designed to treat children with more severe problems. Such problems can be either acute, such as suicidal behavior, or chronic, such as infantile autism. In many cases, factors other than the severity of a child's mental problem may indicate the selection of a relatively intensive setting. More

intensive settings may be chosen, for example, when children's support systems are insufficient, their home environment is deleterious, or other treatment resources are lacking (457). More intensive settings are also chosen when children may be dangerous to themselves or others.

Intensive mental health treatment settings tend to be restrictive, and this fact necessitates special considerations. Federal legislation such as the Education for All Handicapped Children Act (Public Law 94-142) and judicial decisions such as *Willie M. v. Hunt* (see 50) have codified the principle that children should receive appropriate services in the "least restrictive setting" possible. No precise legal meaning of least restrictive setting is available (353), however, and available research does not allow a systematic evaluation of whether the principle is applied appropriately. Consequently, which mental health treatment setting offers appropriate care while still being least restrictive is a matter of clinical judgment influenced by the availability of resources. When optimal or even adequate treatment settings are not available or accessible, the quality of care or the principle of providing care in the least restrictive setting, or both, have to be compromised. Details on trends in the availability and utilization of mental health treatment facilities are provided in chapter 2.

PSYCHIATRIC HOSPITALIZATION

The most intensive and restrictive type of children's mental health treatment is psychiatric hospitalization. Children's psychiatric hospitalization takes place in various types of facilities—in free-standing psychiatric hospitals for people of all

ages (both State and county mental hospitals and private psychiatric hospitals), separate children's hospitals or units, chemical dependency units, and, most frequently, in psychiatric units of general hospitals.



Photo credit: Children's Center, San Antonio, Texas

Private psychiatric hospitals generally offer more treatment by psychiatrists than do other mental health settings.

Psychiatric hospitals—regardless of whether they are public or private—are medical facilities that must be licensed as hospitals according to State law (531). Many of these institutions are also accredited as hospitals by the Joint Commission on the Accreditation of Hospitals.

Psychiatric hospitals place disturbed children in an entirely new environment. For the period of a child's institutionalization, the hospital must provide not only for the child's psychiatric care, but also for his or her food, lodging, medical care, recreational needs and, in some cases, education. A host of interventions are used by treatment staff, depending on the hospital. Most hospitals offer individual psychotherapy, family therapy, and group therapy. In addition, medication is used as deemed appropriate. Milieu therapy is central to most psychiatric hospitals, since the 24-hour-a-day environment allows staff to structure the daily life of the ward (activities, interactions

with patients and staff, etc.) to help patients obtain emotional support, learn more adaptive behaviors, and so forth. Many hospital environments also incorporate behavioral interventions.

State and County Mental Hospitals

States and counties provide inpatient psychiatric care to children as part of the public mental health care system, so a substantial number of children's psychiatric beds are in public psychiatric hospitals. States and counties in which it has been recognized that children should be treated differently from adults have begun to open up separate psychiatric hospital programs solely for children. In 1983, there were 30 such facilities in the United States (667). Some child psychiatric inpatient units are an organizational component of CMHCs. Care is generally provided on a reduced-fee basis for those who cannot pay the standard charges, and public sources provide most of the revenues for State and county mental hospitals (667).

During the past 20 years, the number of children treated as inpatients in State and county mental hospitals has declined considerably (724; also see ch. 2) as a result of the reinstitutionalization movement (405). In the vast majority of States, the number of psychiatric beds for children is quite small, and public psychiatric units

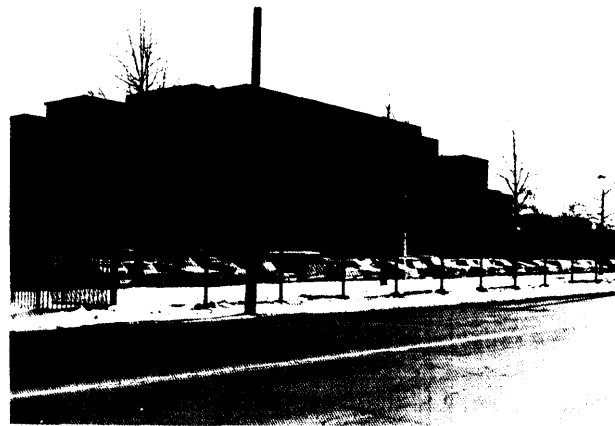


Photo credit Department of Health and Human Services, National Institute of Mental Health

The Dix Building is the child and adolescent treatment facility of St. Elizabeth's Hospital, the public mental hospital in Washington, DC.

are constrained by a lack of fiscal resources. Perhaps as a result, their staffs are less well-trained than the staffs at private facilities (see table 7).

Private Psychiatric Hospitals

Private psychiatric hospitals are owned and administered by various organizations, including private corporations, universities, and religious organizations. The majority are for profit (667). As noted in chapter 2, the mental health services that private hospitals are providing for children are increasing. Typically, private hospitals have more resources to devote to treatment than do public hospitals; consequently, private hospitals tend to provide more hours of ancillary treatment per week per patient, a higher staff-to-patient ratio, and a greater number and level of experience of professional treatment staff.

Private psychiatric hospitalization is the most expensive of the common forms of children's mental health treatment. As of 1986, daily charges were about \$375 for a child and about \$325 for an adolescent (457). This expense reflects not only the cost of 24-hour institutional care, but also the high cost of medically oriented services (245,587). Reduced-cost or charity treatment in private psychiatric hospitals is provided for only a few cases.

Children's Psychiatric Hospitals and Units

Children's psychiatric hospitals and units can be categorized by the duration of treatment they provide (161). Short-term, acute care psychiatric hospitals or units provide intensive treatment for children in crisis situations when their ability to function deteriorates substantially or they present a danger to themselves or others. Treatment generally lasts no more than 60 days. Short-term psychiatric children's hospital programs offer an alternative environment for disturbed children whose usual environments have rapidly become unable to contain and care for them (60,724). The intent is to treat the most severe and threatening symptoms, help children regain their ability to cope, and prepare them for more long-term, less intensive treatment in another setting.

Intermediate-term psychiatric hospitals for children represent the vast majority of children's inpatient psychiatric facilities. Intermediate-term facilities treat children for periods ranging from about 60 days to about 2 years. Interventions in such facilities are intended to help children make extensive changes in their functioning and often involve significant therapeutic intervention with families.

Table 7.— Distribution of Full-Time Equivalent Staff Positions in Psychiatric Hospitals and Residential Treatment Centers, 1982

Staff discipline	State and county mental hospitals ^a		Private psychiatric hospitals ^a		RTCs for emotionally disturbed children	
	Number	Percent	Number	Percent	Number	Percent
Patient care staff	124,164	65.30/0	24,088	63.1 ⁰⁰	16,311	72.50/0
Professional patient care staff	48,224	25.3	17,408	45.7	10,901	48.5
Psychiatrists	3,866	2.0	1,466	3.8	153	0.7
Other physicians	2,012	1.1	225	0.6	38	0.2
Psychologists (M.A. and above)	3,196	1.7	1,030	2.7	604	2.7
Social workers	6,276	3.3	1,774	4.7	2,100	9.3
Registered nurses	15,613	8.2	5,705	15.0	477	2.1
Other mental health professionals (B.A. and above)	9,179	4.8	5,629	14.8	6,948	30.9
Physical health professionals and assistants	8,082	4.2	1,579	4.1	581	2.6
Other mental health workers (less than B. A.)	75,940	40.0	6,680	17.4	5,410	24.0
Administrative, clerical, and maintenance staff	66,102	34.7	14,057	36.9	6,183	27.5
Total staff	190,266	100%	38,145	1000/0	22,494	100%

^aAdult and children's facilities combined

SOURCE: National Institute of Mental Health, Alcohol, Drug Abuse, and Mental Health Administration, Public Health Service, U.S. Department of Health and Human Services, *Mental Health, United States, 1985*, C. A. Taube and S. A. Barrett (eds.) (Rockville, MD: 1985)

Long-term children's psychiatric hospital units, treating children 2 years or longer, are the least common. Children in long-term facilities are considered chronically disturbed with limited capacity for independence and for maintaining relationships. Many of these children cannot be placed in the community.

Chemical Dependency Units

Chemical dependency units can be either public or private, and can be either freestanding or part of a general hospital. Such units specialize in treating substance abuse and dependence, ranging from alcoholism and alcohol abuse to dependence on use of illicit drugs such as heroin and cocaine. Substance abuse is a DSM-III disorder (see ch. 3), and many private insurers offer reimbursement for its treatment in psychiatric inpatient units. Treatment in some units is especially adapted to the problems of adolescents and/or the types of substances abused by adolescents (709).

General Hospitals With Inpatient Psychiatric Services

General hospitals offer a substantial amount of children's mental health care. Many general hos-

pitals have established separate psychiatric units with treatment programs resembling those of freestanding psychiatric hospitals (60). Psychiatric units in general hospitals tend more often than psychiatric hospitals to focus on short-term, acute care, lasting from a few days to a few weeks or months. In comparison with psychiatric hospitals, psychiatric units of general hospitals also tend to have a somewhat greater proportion of psychiatric patients who have a concomitant medical problem or a psychophysiological disorder, since the general hospital can provide both psychiatric and medical care (60).

Under some conditions, general hospitals admit psychiatric patients to medical wards. In such cases, one or two psychiatric patients may be placed in rooms with medical patients. It is difficult to determine the frequency of such treatment. Critics argue that this form of hospitalization allows assessment of psychiatric problems at best (161) and is probably appropriate only in crisis situations when other resources are not available.

RESIDENTIAL TREATMENT CENTERS

RTC's, as the term is used in this background paper and elsewhere, are 24-hour care settings that provide a mental health treatment program for mentally disturbed children but are not licensed as hospitals (531).

RTC's range from highly structured institutions that follow something resembling a medical model and function somewhat like psychiatric hospitals to less medically oriented institutions that are sometimes hard to distinguish from halfway houses, group homes, and foster care homes (531). In comparison to RTC's, psychiatric hospitals tend to have a greater mix of professionals and greater involvement by psychiatrists and psychiatric nurses (see table 7). Furthermore, psychiatric hospitals may often admit certain children whom RTC's might not admit—in particular, children

who are highly aggressive, suicidal, or overtly psychotic (with delusions or hallucinations) (60, 411,724). It is becoming more common for hospitals and RTC's to be operated by the same organization and to exist side by side on the same grounds (see ch. 10)

The size of RTC's, in terms of numbers of patients, ranges from a few children to hundreds. According to 1981 data, about 75 percent of the under-21-year-old patients treated by RTC's are adolescents 12 to 17 years old; approximately 19 percent are 6 to 11 years old; less than 1 percent are 5 years of age or less (724).

The intensity of treatment provided in RTC's ranges from the provision of virtually every service possible to only custodial care. Like psychiatric



Photo credit: Horizon, a division of Shadow Mountain Institute

RTCs are 24-hour-care settings that provide a mental health treatment program for mentally disturbed children but are not licensed as psychiatric hospitals.

hospitals, RTCs place disturbed children in an entirely new environment and are responsible for all aspects of care. RTCs employ most of the therapies discussed in chapter 5. Milieu therapy is also central to RTC treatment.

The length of stay in an RTC ranges from days to a year or more. Most RTCs, over 80 percent, treat children for a period ranging from several months to 2 years (724). The goal in these settings is to return children to the community after extensive efforts to increase their level of daily functioning. A smaller percentage of RTCs, less than 15 percent according to Young (724), treat children for more than 2 years on the average. RTCs that provide long-term care primarily serve severely disturbed children (e.g., those with infantile autism, more severe mental retardation, neurological disorders). In these settings, it is recognized that patients will not “recover” from their conditions, nor ever approach normal development.

DAY TREATMENT/PARTIAL HOSPITALIZATION

Some children do not need 24-hour treatment but do require more intensive treatment than 1 or 2 hours a week of therapy. Day treatment often

The goal in these RTCs is to enable severely disturbed children to attain the highest level of development possible, to allow these children to eventually return to the community.

One noteworthy model of RTC treatment (also extended to day treatment) is called Project-Re-ED, described originally as a “project for the re-education of emotionally disturbed children” (300). Although Re-ED programs are generally residential, much of their work is based on what Hobbs called “ecological strategies”—changing a child’s mental health problem by working both with the child *and* the family and community from which the child comes.

Re-ED programs approach children’s mental health problems as the result of unhealthy interaction between children and their environments and intervene accordingly. Approximately one-third of Re-ED staff work full-time with parents, teachers, and other community members to help them change their interactions with the child being treated at Re-ED. Staff may advise parents, for example, on strategies to help their children maintain self-centered, or collaborate with teachers in designing a program for a child who is returning to a school in the community. Almost all children in Re-ED programs return home for weekends to maintain their contact with family and community.

At Re-ED residences, “teacher-counselors” work to bolster children’s academic competence and emotional well-being. Academic progress is seen as a key step in reducing mental health problems and promoting the child’s return to the community. Re-ED also emphasizes milieu therapy, with one-on-one intervention between staff and child taking place mainly in the context of the milieu, and little or no individual therapy. The positive emotional experiences of daily life at a Re-ED program are thought to form a large part of the treatment.

is used as a followup to psychiatric hospitalization or RTC treatment, when a child may no longer need 24-hour care but is not yet ready to

cope with a regular classroom. Day treatment programs provide extended treatment, available for a number of hours daily, and can provide a range of therapies that are not available at clinics. Some programs provide treatment to children before or after regular school hours, while other programs provide education to children whose troubles prevent them from attending school.

Some day treatment programs are designed according to an educational model. These programs, sometimes called psychoeducational day treatment programs, operate more like schools than other day treatment centers but incorporate a therapeutic component within the educational program. Their curriculums in many cases are adapted from regular school curriculums, but include special approaches to address the almost universal learning problems of mentally disordered children. Like psychiatric hospitals and RTCs, day treatment centers offer the kind of ex-

tensive daily environment in which milieu therapy can be done. Model day treatment programs also include mental health components involving individual therapy, group therapies, family therapy, vocational counseling, and other vocational programs. They also provide other educational and recreational activities designed to further the development of adolescents in a less treatment-oriented fashion.

Partial hospitalization is the use of a psychiatric hospital setting for less than 24-hour-a-day care for given patients. For example, some children might need the treatment offered in the hospital setting during the day but be able to return home in the evening. The treatment program for those children would be identical to the daytime treatment program of the inpatient children. In effect, this is day treatment applied in a psychiatric hospital setting.

OUTPATIENT SETTINGS

Outpatient treatment settings are by far the most prevalent settings used for children's mental health treatment. CMHC outpatient departments, private outpatient clinics, and private mental health practices are described below. Most of the treatment modalities discussed in chapter 5, from individual psychotherapy to group and family therapy, can be provided in these settings.

CMHC Outpatient Departments

Initially established by the Federal Government through the Community Mental Health Centers Act of 1963, CMHCs were intended to provide comprehensive mental health services to all the residents of a catchment area regardless of their ability to pay. The mental health services provided by CMHCs include treatment, prevention, and consultation and education services, but outpatient treatment is by far the most common.

CMHC care is provided to adults (619), but most centers also provide some children's services. Some CMHCs have incorporated previously established child guidance clinics, while others have established new child treatment services.

CMHCs use virtually all treatment modalities, including psychodynamic psychotherapy, behavior therapy, cognitive therapy, psychosocial interventions, parent guidance, family therapy, and psychopharmacological (drug) therapy. For the majority of children, more than one modality of treatment is provided simultaneously (363), usually including one or more interventions directly with the child plus work with important adults in the child's life.

Despite the intentions of the 1963 law, a network of CMHCs never developed as a nationwide mental health care system. Furthermore, according to some observers (619), the network that did develop slighted the needs of children for several years. Few CMHCs included children's services when they were established, and in those that did establish child services, the resources available for such services were often too low. The number of staff devoted to children was small, and the level of training of the staff in child mental health was poor (9,11, 55,514). The situation improved somewhat in the 1970s; according to a 1981 survey from the National Institute of Mental Health (NIMH), approximately 17 percent of the resources

of CMHCs were devoted to children's mental health care (665).

In 1981, direct Federal support for CMHCs was withdrawn. Federal funds began to be provided to CMHCs indirectly via the States through the block grant mechanism (see ch. 10).

Private Outpatient Clinics

In addition to CMHCs, many private clinics provide outpatient treatment to mentally disturbed children. The services that private clinics provide resemble CMHC outpatient services in many ways, although private clinics vary more in size, scope, and treatment philosophy. Unlike most CMHCs, private clinics do not have the responsibility to provide for all the mental health treatment needs of a given community. Many closely adhere to the philosophy of the individuals administering the clinic. Some private clinics are nonprofit and have sliding scales for payment (e.g., Family Service Association centers), while others provide services only at standard fees.

CONCLUSION

Mental health treatment settings that provide services to children are diverse, ranging from hospital and RTC settings to day treatment centers to outpatient settings. They can be arranged along a rough continuum according to their intensiveness. Even within a type of setting, settings vary in their form of administration (public versus private), cost, type of children served, duration of treatment, and philosophy of treatment.

The need for availability of a diversity of settings to treat the range of children's mental health problems has been repeatedly emphasized. For example, the President's Commission on Mental Health (514) recommended both an increase in the number of hospital and RTC facilities for seriously disturbed children and an expansion in the availability of community-based mental health care of all types (e.g., hospital, RTC, outpatient) for all children.

Some clinics were established as child guidance clinics prior to the development of CMHCs and have not been absorbed into CMHCs.

Private Mental Health Practices

Many mental health professionals provide outpatient child mental health care in private practice. The number of children seen by private practitioners is not known, but it is believed to be lower than the need. Private mental health care practitioners include psychiatrists, psychologists, clinical social workers, psychiatric nurses, and mental health counselors who have met State licensing standards. In form and method, private practice resembles outpatient treatment in organizational settings. However, private practitioners generally charge fees affordable only by families with middle incomes and above, and then often only with help from insurance. With widespread availability of health insurance, some private care is accessible to most families, but insurance policies vary greatly in their coverage of outpatient mental health care (374).

One factor contributing to the need for a diversity of mental health treatment settings is the desirability of providing appropriately intensive mental health treatment in the least restrictive setting possible. It is easier to strike a balance between intensiveness and restrictiveness when treatment settings are available that cover the range of these dimensions. For children who need more intensive treatment than can be provided in weekly office visits but who can still live at home, the most appropriate setting—if it is available—may be a day treatment program.

Another factor that underlies the need for multiple mental health treatment settings is the fact that many children, especially those who are severely disturbed, require either concurrent or consecutive treatment from more than one setting. For example, some children who go to an outpatient clinic once a week for psychotherapy to

address specific emotional issues might also benefit from participation in day treatment to learn daily living skills. Or children discharged from a psychiatric hospital may live, initially, in a less intensive RTC and later receive psychotherapy as an outpatient in the community.

The variety of mental health treatment settings described in this chapter does not imply that all children have access to the full range of possible settings. Although many different models have been developed, the number of settings available

is much more limited. The overall number of mental health treatment facilities is fairly small. Furthermore, access to some settings is limited by cost. Many families cannot afford the costs of treatment in private psychiatric hospitals or RTCs or through private practices. The number of treatment openings for children in public psychiatric hospitals, RTCs, and day treatment centers is severely limited, and the development of child outpatient treatment in CMHCs has not been comprehensive.