

October 15, 2015

The Honorable Lamar Alexander
Chairman
Senate Health, Education, Labor & Pensions
Committee
Washington, D.C. 20510

The Honorable Patty Murray
Ranking Member
Senate Health, Education, Labor & Pensions
Committee
Washington, D.C. 20510

Dear Chairman Alexander and Ranking Member Murray:

As organizations dedicated to promoting the mental health and well-being of children and adolescents, we write to thank you for your leadership on mental health. Our organizations support the advancement of S. 1893, the Mental Health Awareness and Improvement Act, and we offer the following recommendations for inclusion in any future mental health legislation.

Families and children need access to mental health screening and assessment and a full array of evidence-based therapeutic services to appropriately address their mental and behavioral health needs. As many as 1 in 5 children in the U.S. will experience a diagnosable mental disorder, but only 20 to 25 percent of affected children receive treatment. There are countless more children who face mental and behavioral impairments that do not meet the criteria for a diagnosis whose needs are not being met by the current system. The human and economic toll of inadequately addressing childhood mental health problems is significant. Untreated mental health disorders lead to higher rates of family dysfunction, poor school performance and drop-outs, juvenile incarceration, substance abuse, unemployment and suicide. In 2012, more than 5,000 young people between the ages of 10 and 24 died by suicide.

As the committee considers mental health legislation, we recommend that the following areas be addressed in order to ensure that all children and adolescents receive high quality care and treatment for mental and behavioral health conditions.

1. Child and Adolescent Mental Health Workforce

To ensure timely and appropriate treatment of mental and behavioral health conditions among children and adolescents, a well-trained workforce in sufficient numbers and locations is essential. According to the American Academy of Child and Adolescent Psychiatry, there are only 8,300 practicing child and adolescent psychiatrists in the United States and over 15 million children and adolescents in need of their special expertise. Shortages of child and adolescent psychologists, social workers, and substance abuse counselors are widespread, as well. Severe maldistribution of these mental and behavioral health professionals impedes access, as do low rates of mental health provider participation in public and private insurance. As a result, the

vast majority of children and adolescents with mental health or substance abuse disorders fail to receive needed treatment. Longer lag times between symptom onset and treatment may not only result in poorer outcomes, but greater costs to patients and the health care system.

To address this national crisis, a coordinated federal effort is warranted. Such an effort should include consideration of existing loan repayment programs for opportunities to increase the pediatric subspecialty workforce. Funding for mental and behavioral health education and training programs is critically important to increasing the number of available providers. Additional investments in these critical workforce training programs are needed to train child psychologists, pediatricians, child and adolescent psychiatrists and other mental health professionals, including the Health Resources and Services Administration's Graduate Psychology Education Program and the Children's Hospitals Graduate Medical Education Program. It is essential that mental health services provided to children and adolescents are paid for. As part of any coordinated national strategy on increasing the trained workforce to provide mental health services to children and adolescents, consideration must be given to how payment amounts and methodologies affect the provision of these critical services.

2. Integration of Mental/Behavioral Health into Pediatric Primary Care

Research shows that the integration of mental health and primary care makes a difference for children and adolescents in terms of expanded access to mental health care, improved health and functional outcomes, increased satisfaction with care, and costs savings. For children, integrating mental health into primary care settings simply makes sense where feasible. It is a setting where families regularly access care for their children and where identification, initial assessment, and care of medical and mental and behavioral health conditions occur.

Key components of successful integrated care programs for children and adolescents include bi-directional training of primary care providers and mental/behavioral health specialists, use of care managers, consultation support from child and adolescent psychiatrists and other child and adolescent mental/behavioral health specialists, standardized methods for screening, use of evidence-based protocols, and organized linkages to child and adolescent mental/behavioral health providers and service systems for those with serious mental health conditions.

Behavioral health integration programs such as the Child Psychiatry Access Programs (CPAPs), operating in more than half of states, and Maryland's Behavioral Health Integration in Pediatric Primary Care Program are promising models for the integration of children's mental health into primary care, but they need stable funding. These programs provide training and consultation to pediatric primary care practices and offer assistance in connecting children with additional community and specialty mental and behavioral health resources. Currently, these integration programs are funded through a patchwork of short-term public and private grants. As you

consider ways to more effectively integrate mental and physical health, we hope you will look closely at these successful programs and find ways to support their long-term sustainability.

3. Early Identification and Intervention

Routine screening, early identification, and treatment of mental and behavioral health conditions in children and adolescents can greatly improve health outcomes. Roughly half of lifetime cases of mental illness begin by age 14, making early identification and intervention a key child and adolescent health issue. Beginning at birth with screening for and treatment of maternal depression, there are many early prevention opportunities that can alter the life course for children, recognizing the emotional well-being of children is directly linked to the emotional functioning of their caregivers. Screening for adverse childhood experiences, such as poverty, child abuse and neglect, and parental substance abuse, is also critically important because of the effects of toxic stress on the developing brains of children and adolescents. Early identification and intervention should be implemented not only in pediatric primary care settings but also through home visiting, child care, and school settings using evidence-based practices. Yet, health care professionals, child care workers, and teachers often lack specialized knowledge and age-appropriate referral sources to identify the early signs of mental health problems and to assist those with primary responsibilities for caring for young children. Family-centered interventions are often most effective, but insurance seldom recognizes them. Further, insurance seldom pays for early intervention (including screening) of emerging childhood mental health conditions that do not yet meet the full criteria of a mental health diagnosis.

Finally, early intervention pertains to prompt and multi-level intervention of major mental illness in children and adolescents following the successful national demonstration model for the prevention of psychosis. By reaching out to community members who regularly interact with youth, the program includes community education about the early signs of severe mental illness, rapid outreach, clinical assessment, and intensive multi-level individual and family-centered treatment that includes evidence-based mental health services and supported education and employment. We would encourage you to consider ways to support successful models for the early detection and intervention of major mental illness among children and adolescents.

Lastly, for too long the mental health system has been underfunded to meet the needs of children and adolescents. Federal resources available today for children's mental health are not adequately reaching the sizeable population in need. We would like to work with you and your Senate colleagues to ensure that spending levels and allocations for child and adolescent mental health are sufficient and Congress is able to make new investments in the mental health of children.

Thank you for your leadership on advancing mental health issues in the Health, Education, Labor and Pensions Committee. We look forward to continuing to work with you to ensure that children and adolescents receive the care they need to live healthy, productive lives. Should you have any questions or need additional information, please contact Tamar Magarik Haro with the American Academy of Pediatrics at (202) 724-3307 or tharo@aap.org.

Sincerely,

American Academy Pediatrics
American Association of Child & Adolescent Psychiatry
American Psychological Association
Association of Maternal & Child Health Programs
Children's Home Society of America
Children's Hospital Association
Family Voices
First Focus Campaign for Children
National Alliance to Advance Adolescent Health
National Association for Children's Behavioral Health
National Association of Pediatric Nurse Practitioners
National Federation of Families for Children's Mental Health
School-Based Health Alliance
School Social Work Association of America
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