RESEARCHERS: 1 IN 5 AMERICAN KIDS HAS A MENTAL HEALTH DISORDER
Those from military families at even greater risk for emotional-behavioral problems
May 6 is Children’s Mental Health Awareness Day

New York City – One in five American children have a diagnosable mental health disorder and kids in military families have an even higher incidence of emotional and behavioral problems, say researchers at the National Center for Children in Poverty (NCCP).

In a new brief, “Children’s Mental Health: What Every Policymaker Should Know,” NCCP – part of Columbia University’s Mailman School of Public Health – lays out the mental health picture for America’s children (aged birth to 18) and concludes that the country’s system for children who need mental health services simply isn’t sufficient to handle the volume or adequately meet the specific needs of this most vulnerable segment of our population.

“We found that the delivery of public mental health for children and youth remains largely ineffective,” says Shannon Stagman, a researcher at NCCP. “And even among those children and youth who are able to access mental health services, quality of care is often deficient.”

Janice L. Cooper, PhD, interim director of NCCP, and co-author of the brief with Ms. Stagman, points to some of the issues that compound the problem: “We don’t have enough providers, and many of them do not use and do not have the supports they need to use effective, evidence-based, or empirically supported practices. And, our financing mechanisms still do not support effective strategies.”

Among the often-surprising findings of the synthesis of research in the NCCP brief:

- The onset of major mental illness may occur as early as 7 years old.
- Roughly half of all lifetime mental health disorders start by the mid-teens.
- Children and youth in low-income households, those in the child welfare and juvenile justice systems, and those in military families are at increased risk for mental health problems.
- Children and youth in military families tend to have higher rates of mental health problems than those in the general population, and those mental health problems are especially pronounced during a parent’s deployment. Parental deployment negatively affects children’s school performance, and can lead to poor functioning including sadness and depression and adverse behaviors, such as lashing out in anger and disrespecting authority figures.
- Sixty-seven to 70 percent of youth in the juvenile justice system have a diagnosable mental health disorder.
Preschool children face expulsion rates three times higher than children in kindergarten through 12th grade, due in part to lack of attention to their social-emotional needs.

African-American preschoolers are three to five times more likely to be expelled than their white, Hispanic/Latino, or Asian-American peers. (Much of this related to behavioral problems)

In the course of the school year, children with mental health problems may miss more than 20 days (10 days is considered enough to hinder a child’s success).

Over 10 percent of high school dropouts were attributable to mental health disorders.

Only 29 percent of youth expressing thoughts about suicide in the prior year received mental health services.

Children and youth from diverse racial and ethnic groups and from families who face language barriers are often less likely to receive services for their mental health problems than white children and youth.

Hispanic/Latino and African-American children in urban areas receive less mental health care than their white peers.

Among children in the child welfare system, African-Americans have less access to counseling than white children.

In the child welfare system, both privately insured and uninsured children are less likely to receive needed mental health counseling than those with public insurance.

Says Cooper: “When as much as 80 percent of children and youth in need of mental health services may not be receiving them, we have a serious problem. This does not bode well for our ability to prevent some mental health conditions and avert unnecessary despite our vast knowledge base about what works. As America rolls out health care reform, we need a comprehensive approach that builds a strong infrastructure that includes, among other things, provider training and retention, adequate reimbursement, strong information technology systems, and robust family involvement in policy.” To see the full brief, access: http://www.nccp.org/publications/pub_929.html.