

We Must Ease the Process for Children to Receive Mental Health Care

Imagine this: You have a child with a serious physical illness — leukemia, cystic fibrosis, or some other chronic illness. You are told that your child will need intensive treatment. This treatment is available, but in order for your child to be eligible to obtain funding for these services, you must first relinquish custody of your child to the state.



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Sounds impossible, right? Unless, that is, your child has a serious mental health problem. For families of children with mental illness, this scenario is quite common.

Private health insurance typically does not provide extended coverage for these conditions.

Public agency personnel may be sympathetic to the plight of these families but have limited options to offer. Much of the funding for residential treatment comes from local child protective service units and is intended primarily for children who have been abused. There is insufficient public funding for intensive services for children with mental illness, so parents find themselves seeking help from sources that were intended for other purposes. For neglected or abused children, removal from their families may be appropriate. For children who are mentally ill, it is almost always devastating to the child and parents.

Parents are told that demand for services exceeds supply, and priority must be given to wards of the state. If they want their child to receive the help their child desperately needs, they must relinquish custody. Though the custody-transfer process is presented as a bureaucratic requirement, this does not diminish the guilt or sense of loss experienced by parents confronted with the specter of giving up custody of their child.

While the custody relinquishment dilemma is sufficiently disturbing, there are many other indicators of our failing child mental health system. Well-designed epidemiological studies have indi-

cated that as many as one out of five children experience mental health problems and more than 25 percent of them have serious and persistent disabilities:

- Only 20-30 percent of children with mental health disorders receive treatment.

- Of these individuals, only 25 percent are served by qualified mental health providers.

- Primary-care physicians, many of whom acknowledge being inadequately prepared, are often the only ones available to see these children.

- More than 70 percent of children in the juvenile justice system have a diagnosable mental health disorder, and many remain in the system solely because they are waiting for community-based mental health treatment.

Why is there so much ambivalence in the way we respond to child mental health issues? Mental health is a complex phenomenon whose etiology cannot be reduced to a single source. Complexity by itself, however, cannot be blamed for our failure to confront our children's mental health issues. The pervasive stigma associated with mental illness and the public's misperception that mental illness and violence are synonymous also contribute to our reluctance to understand the issues.

What can be done to address the child mental health crisis?

- We need more resources to support research on the causes, treatment, and prevention of childhood mental illness.

- We need to promote constructive approaches to effective treatment and prevention.

- Additional funding is required to support responsive services, especially community-based alternatives to residential treatment.

- There is a work-force shortage of qualified personnel in child psychiatry, psychology, and nursing due, in part, to lack of compensation from private health insurance.

In the current political/economic climate, speedy resolution of resource-related challenges is unlikely. Unless we can persuade leaders at the local, state, and national levels to assume some responsibility for the well-being of these vulnerable youngsters, we are unlikely to succeed. Furthermore, until we can achieve this level of "buy-in" there is little hope that sufficient resources will be allocated to child mental health.

There is ample evidence that localities whose leaders accept responsibility for their youth by

working together to serve these children in their communities are more effective fiscally and therapeutically. The City of Hampton is seeing the positive impact of the community taking responsibility for young citizens. Nearly 20 years ago leaders from that community agreed to work collaboratively to provide comprehensive, community-based services for Hampton's at-risk youth. Their bold action recognized that home-grown solutions would enhance long-term productivity within this population, and generate additional revenue by keeping money for services within the city.

Today, Hampton is recognized nationally as a model for serving its youth. It rarely sends a child out of the community for services, and compared with the rest of the commonwealth, it has enjoyed a much slower rate of growth in annual expenses for servicing children with emotional and behavioral challenges.

The lessons of Hampton are clear. Government, community leaders, and concerned citizens need to understand the issues and challenges surrounding child mental health. This understanding will bring a clear sense of the benefits of mounting a collaborative and comprehensive response. They also need to understand the extensive human and economic costs of their failure to come together on behalf of children with mental illness.

Last year, in an act of bipartisan collaboration, Gov. Tim Kaine and Attorney General Bob McDonnell joined to create an alternative pathway for families to obtain needed services for their children with serious emotional and behavioral challenges without having to transfer custody. It is too early to know if sufficient funds will be allocated to ensure the success of this constructive effort. We can, however, acknowledge that their joint effort sets a good example for other state and local leaders.

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