

Chapter 4: Mental Health

In any given year, one out of five children and adolescents has an emotional, behavioral or mental health disorder and at least one in ten has a serious disorder that disrupts daily functioning in home, school, or the community.¹¹ In New York State, approximately one million children and adolescents under the age of 18 have a treatable mental health disorder.

Yet most such disorders go untreated, often leading to lifelong problems for the child and family.¹² As these children grow to maturity, they are more prone to drop out of school, lose jobs, abuse drugs, fight with close family members, and even commit suicide. Early recognition and prompt access to treatment can prevent a downward spiral of school failure, poor employment and poverty in adulthood.

Since the 1980's, children's mental health policy in New York and the nation has focused on expanding service availability, especially non-traditional services like family support and respite. The state has also integrated fragmented services and pooled disparate funding streams to create "systems of care" for children with serious mental health disorders. Systems of care are intended to address the wide range of needs of children and families that are provided by different child-serving systems, including education, welfare, juvenile justice, primary health care and substance abuse.

In the 1990s, the federal government began issuing the first of what are now 70 system of care grants. New York has received five of these grants. In addition, the state developed its own programs to serve children with serious mental health disorders.

Because of these efforts, the range of community-based mental health services has increased and more children and youth with serious disorders are receiving care in the community. Further, families and children receiving these services have reported a high level of satisfaction. Over the past decade, considerable progress has been made in documenting effective treatments for children and adolescents, especially for young people with depression. Improved access to community services has also helped to reduce admissions and lengths of stay in out-of-home care for children with serious mental health disorders.

Despite these changes, most children and adolescents with mental health disorders do not have access to care and continue to be vulnerable to serious difficulties during their formative years. In 2005, the largest epidemiological study of its kind found that the age of onset for serious mental illness in adulthood occurs in early adolescence, yet identification and treatment are often delayed for years.¹³

Investment in mental health services for children and adolescents, especially those with serious mental health disorders, appears to have paid off in a modest reduction in both suicide rates and self-inflicted injuries for adolescents. However, most children and adolescents are still not receiving mental health services when needed and thousands continue to struggle to succeed in home, schools and their community. Their failure results in wasted human potential and inflicts large, though mostly hidden, costs on our society and economy.

FINDINGS

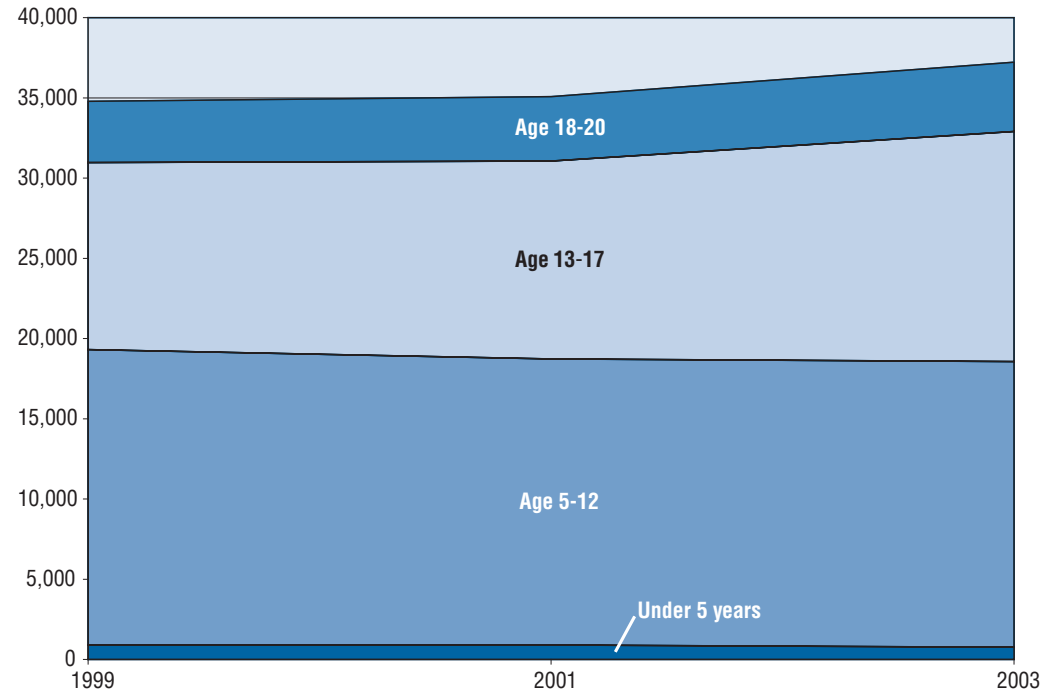
The number of teenagers (age 13-17) receiving mental health services has risen by almost one-quarter since 1999. However, utilization of services by children under the age of 12 has decreased since 1999.

One in five children and youth are believed to have a mental health disorder, but fewer than half of those obtained any mental health services. Children and youth who are uninsured or who have private insurance utilize less mental health care than do children covered by Medicaid or Child Health Plus.

Students classified as having an emotional disturbance are 75% more likely to drop out than graduate. About 32% graduate while 56% drop out. The record is far better for students with mental/developmental disabilities (49% graduation rate) and physical disabilities (67% graduation rate).

The rates of suicide and self-inflicted injuries have decreased over the past decade. The rate of self-inflicted injury hospitalizations among teens 15-19 years of age dropped by 27% from 1996 to 2003 (from 135 per 100,000 to 99 per 100,000), probably because of an increase in mental health services for children and youth. The teen suicide rate dropped from 6.7% in 1992 to 4% in 2003.

Number of Children by Age Receiving Mental Health Services



Definition: This chart shows the number of children, by age group, who received mental health services from all state- and locally-operated programs during a specified one week period in the years 1999, 2001 and 2003. The chart does not include data from private practice clinicians.

Significance: The number of children of all ages served in New York's publicly funded mental health system has increased modestly since 1999. For adolescents between the ages of 13 and 17, the number served has risen by almost one-quarter (23%) to 13,400. Meanwhile, the number of children 12 and under decreased slightly and children 18 and older held steady. These trends could reflect the increased

emphasis placed on serving children and adolescents with serious mental health disorders. A longer timeframe would show that the number of children under the age of 18 receiving mental health services has increased by nearly 40% since 1983.

Four out of five children served (79%) are classified as having a serious mental health disorder.¹⁴ Serious mental health disorders refer to the range of all diagnosable emotional, behavioral and mental disorders that severely disrupt daily functioning in home, school, or community.

Source: Patient Characteristics Survey, New York State Office of Mental Health.

Utilization of Mental Health Care by Insurance Status

Chart 1: Percent of Children and Adolescents Using Mental Health Services

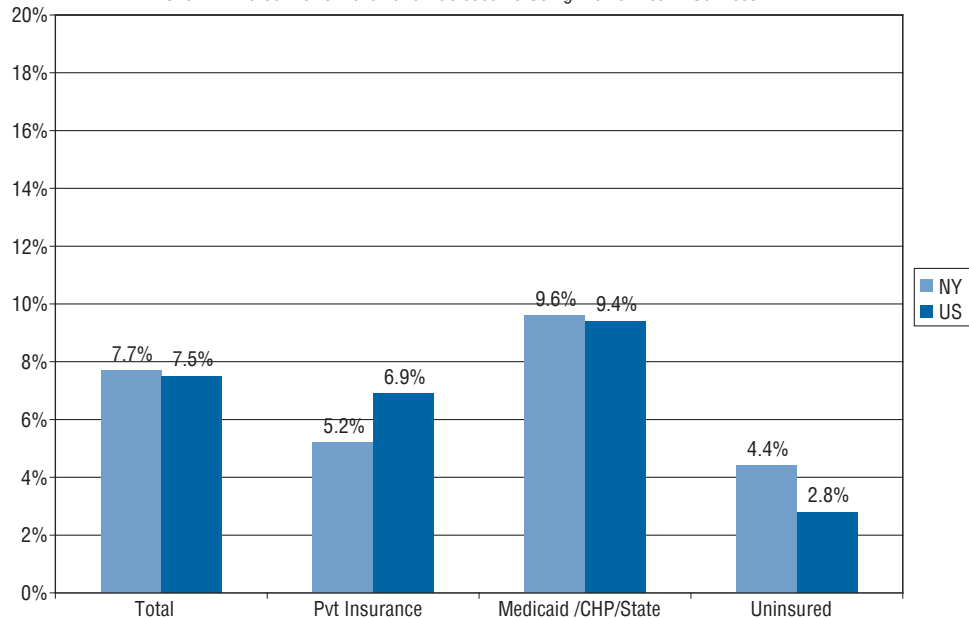
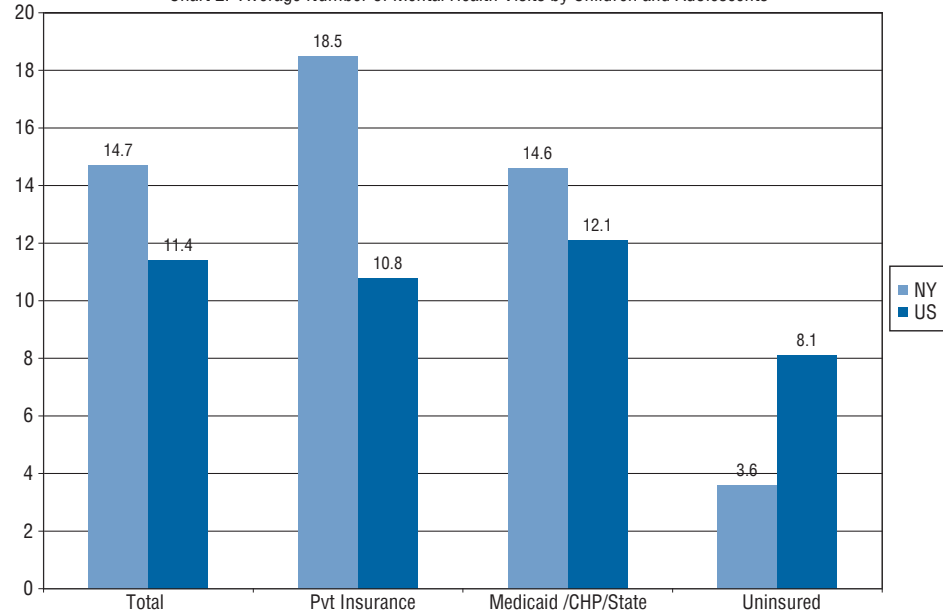


Chart 2: Average Number of Mental Health Visits by Children and Adolescents



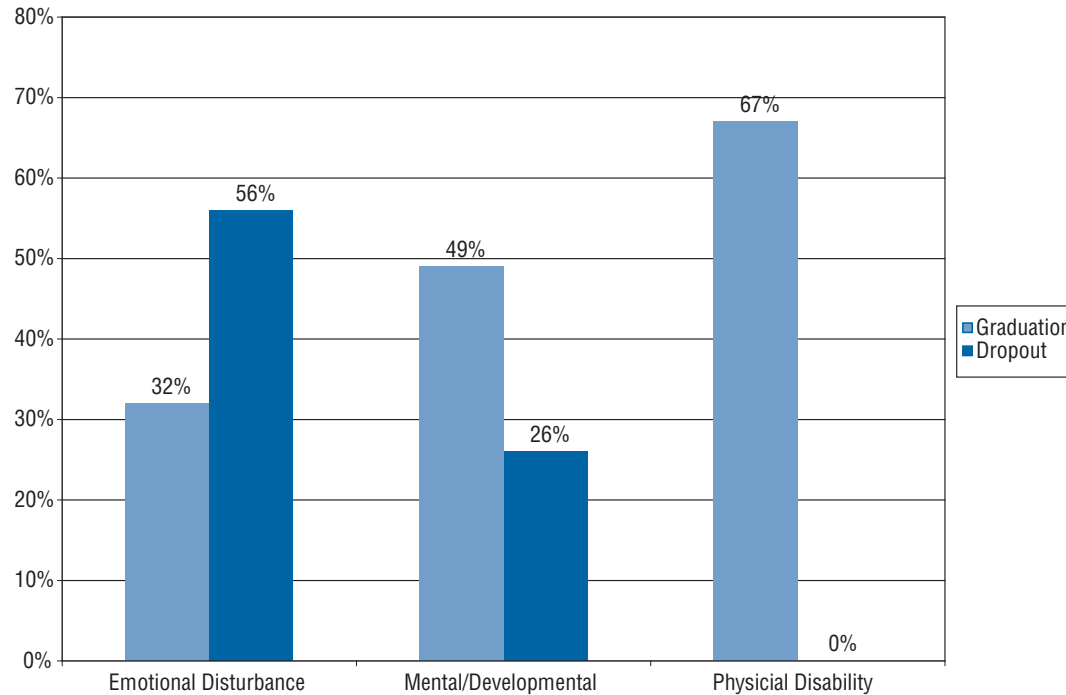
Definition: Chart 1 shows the percent of respondents to the 2002 National Survey of America’s Families (NSAF) conducted by the Urban Institute who reported that their child under the age of 17 had a mental health visit within the past 12 months by insurance status. Chart 2 shows the average number of visits respondents reported in the past 12 months.¹⁵ Both charts compare the total overall response to responses by insurance status. The NSAF is one of only a few surveys to provide reliable estimates on measures of child and family well-being for selected states and the nation as a whole.¹⁶

Significance: According to the Surgeon General, at least 20% of children and adolescents have a mental health disorder, but less than 10% of children in this survey obtained any mental health services.

Children who have private insurance or no insurance are more likely to go without access to mental health services. These findings are consistent with other studies indicating that the majority of children and adolescents with mental health disorders do not receive treatment. The average number of visits is higher in New York for everyone except for the uninsured.

Source: *New York Profile of the 2002 National Survey of America’s Families*, United Hospital Fund of New York.

Graduation and Dropout Rates Among Students with Disabilities

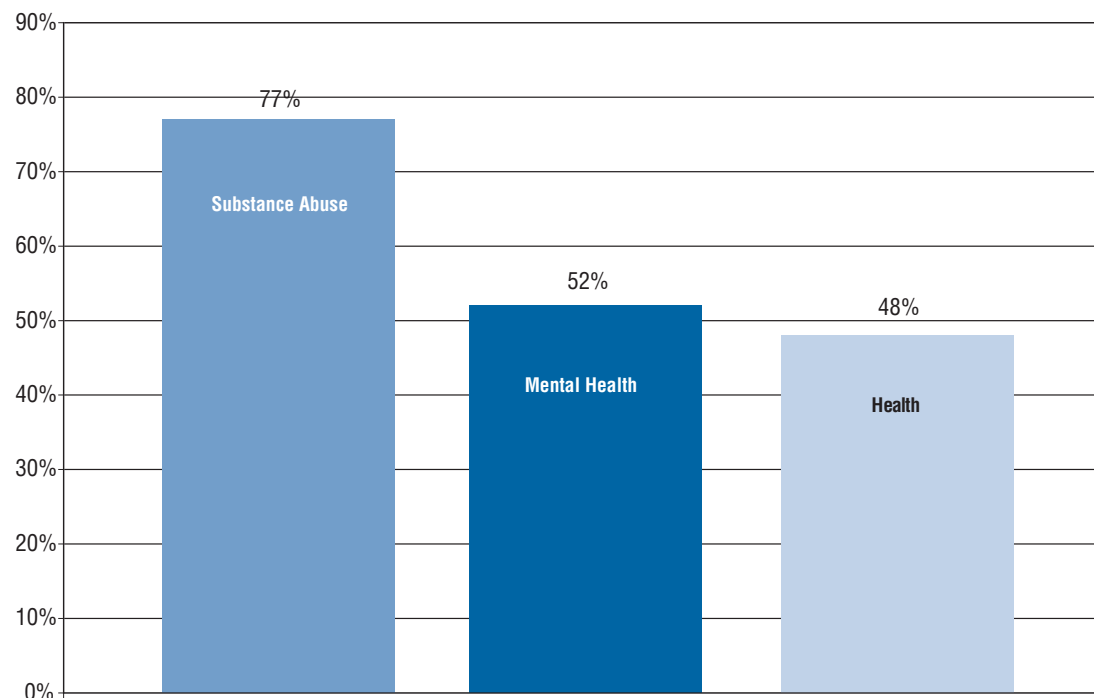


Definition: This chart shows the share of New York students between the ages of 14 and 22 with disabilities who graduated or dropped out in 2003. Students may also leave special education by moving into regular education or reaching the maximum age and receiving a certificate. *Emotional Disturbance* is defined in the Individuals with Disabilities Education Act and includes students with emotional and behavioral problems that adversely affect their educational performance. *Mental/Developmental* includes students classified as having autism, mental retardation, learning disabilities, speech or language impairments. *Physical Disability* includes students with hearing, vision, orthopedic and other health impairments including traumatic brain injury.

Significance: More than half of all emotionally disturbed students drop out before graduating from high school. Over 40,000 students in New York’s public schools are classified as having an emotional disturbance, and these students are at high risk of academic failure. The individual and social costs of failure to achieve positive outcomes in school and beyond can last a lifetime. One study found that almost three-quarters (73%) of school dropouts classified as emotionally disturbed had been arrested 3-5 years after leaving school.¹⁷

Source: The U.S. Department of Education, Office of Special Education Programs.

Number of Youth Admitted to Juvenile Justice Facilities and Their Top Three Service Needs

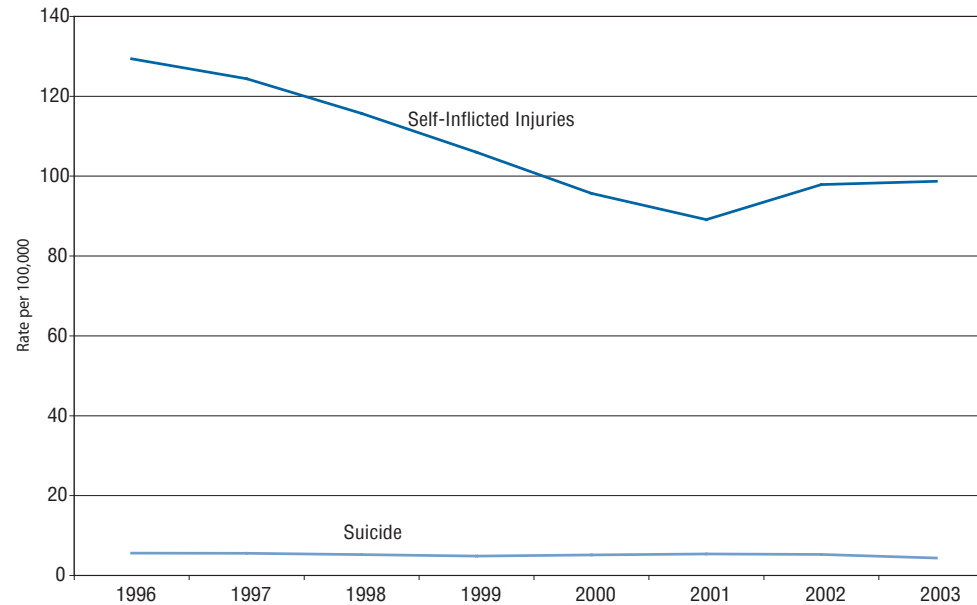


Definition: This chart shows the percent of children and adolescents placed in juvenile justice facilities in 2004 by family or adult courts and the top three service needs identified for those youth upon their entry. Screening is not performed for every youth in custody and some youth may be identified as having more than one service need upon admission.

Significance: Mental health and substance abuse needs have been the top two service needs of youth upon admission to juvenile justice facilities since 1995. Substance abuse and mental health disorders are strongly associated. Youth with mental health disorders are two to four times more likely than their peers without mental disorders to develop substance abuse disorders.¹⁸

Source: 2004 Annual Report, New York State Office of Children and Family Services (OCFS).

Self-inflicted Injury and Suicide Rates for Youth Ages 15-19



Definition: This chart shows average hospitalization rate resulting from self-inflicted injury for youth ages 15-19 and compares it to the suicide rate for youth between the ages 15 and 19. A three-year moving average was used for the self-inflicted injury rate due to small sample size.

Significance: Self-inflicted injury hospitalizations are an important indicator of suicide attempts and mental health status. Like completed suicides, suicide attempts are relatively rare among young children and peak between 16 and 18 years of age.¹⁹ However, self-inflicted injuries are costly to the health care system and result in hospitalization and sometimes permanent disability. In New York State, the self-inflicted injury rate for youth ages 15-19 is more than double that of the general population.

Suicide has been the third leading cause of death, after unintentional injuries and homicide, among those ages 15 -19 in New York and the nation for over twenty years. These numbers are widely believed to be underreported because of the stigma associated with suicide.

90% of adolescents who die by suicide have a diagnosed mental health disorder and the majority of youth who die by suicide do not receive treatment for that disorder.²⁰ The suicide rate rose from 5.3 per 100,000 in 1983 to 6.7 in 1992, falling again to 4.0 in 2003. This small decline has been attributed to more widely administered and more effective mental health treatment.²¹

Source: Self-inflicted injury data source: NYS Department of Health; Public Information Group; Statewide Planning and Research Cooperative System.

Suicide data source: Office of Statistics and Programming, National Center for Injury Prevention and Control, U.S. Centers for Disease Control.