

A Brief Review of Children's Mental Health Policy

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Before the 1980's, children's mental health services were delivered either in long-term care residential treatment or inpatient hospitals or through outpatient treatment public or private providers. There were some early efforts to assist larger groups of children and these efforts were not always focused on mental health.

1964- Head Start established (PL88-452) the first national attempt to intervene with young children.

1967- The Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program (PL90-248) was established as part of Medicaid to provide young children with assessment and treatment for physical and mental health problems.

1968- The Handicapped Children's Early Education Assistance Program (PL90-538) was the first special education program directed at children with disabilities.

1975-The Individuals with Disabilities Education Act (IDEA) (PL94-142) gave parents rights to be involved with their children's individualized education plan.

1982 –The Child and Adolescent Service System Program (CASSP) was designed to assist states in developing a continuum of mental health care for children. It set forth a number of principles that still guide current services. These “system of care” principles included: a) attention to individual needs, preferences, and the cultural characteristics of the child and family; b) a “strengths-based” perspective; c) involvement of families in

their children's care and treatment; d) agency co-ordination and collaboration in management and service delivery; e) use of the least restrictive alternative.

1985- The Education of the Handicapped Act (PL98-199) provided funds for services for disabled children ages 0 to 5 and their families (renamed the Individuals with Disabilities Education Act in 1991).

1987 – The Education for All Handicapped Children Act (PL94-142) required that children with mental disorders would be whenever possible schooled in their home community, mainstreamed into regular classrooms with support, and placed in self-contained classes only if necessary.

1990- The Individuals with Disabilities Education Act (IDEA) replaced PL94-142 while keeping many of its stipulations. Children with mental health disorders could be classified as emotionally disturbed (ED) or as Other Health Impaired (OHI). IDEA was revised in 1997. Some children with mental health disorders may not be covered under IDEA.

1992- The Comprehensive Community Mental Health Services for Children and their Families Program built upon CASSP and developed 67 local systems-of-care across the nation. By 1999, more than 40,000 children and their families had received services from sites funded under this initiative.

2000- The Children's Health Act authorized the Substance Abuse and Mental Health Services Administration, gave funds to programs that focus on behavioral and biological aspects of psychological trauma, and funds integrated child welfare and mental health services for children in the child welfare system.

2001- In February of 2001, the New Freedom Initiative was launched. The intention was to move mental health services to a recovery-based model and promote full access to community life for persons, including children, who had disabilities. The effort built on the 1990 American with Disabilities Act which provided protections against discrimination. In April 2002 the New Freedom Commission on Mental Health was charged with conducting a study of the challenges and gaps in services and making recommendations. The Commission met for one year, studying the literature and taking comments from more than 2,300 mental health consumers, family members, and stakeholders.

A Task Force was set to develop a national public education initiative for parents, providers, and policy-makers about the importance of the first years of life in developing a healthy foundation for social, emotional, and cognitive development. They were asked to propose a comprehensive approach at Federal and State levels to assess children identified to be at risk for mental disorders and to eliminate barriers in treatment and intervention for this population. A review group is also considering how children with serious emotional disturbance and their families can be supported and how children at risk for serious emotional disturbance can be identified and linked to appropriate services.

SAMHSA and the National Institutes of Health (NIH) have begun a formal “Science-to-Services” agenda to develop and expand evidence-based practice in the field. They will identify evidence-based and promising practices that warrant further research, those ready for field implementation, and those that can and should be funded at the State and local levels.

2003- The Keeping Children and Families Safe Act of 2003 (PL 36) required States to develop provisions and procedures for referral of children under age 3 who are involved in a substantiated case of child abuse and neglect to early intervention services funded under Part C of the Individuals with Disabilities Education Improvement Act.

2004- The reauthorization of the IDEA details specific requirements for State early intervention programs (EIPs) that include services for children in foster care. The 2004 IDEA also requires the establishment of a State Interagency Coordinating Council that includes representatives from the State child welfare agency responsible for foster care.

2008- The Fostering Connections to Success and Increasing Adoptions Act (H.R. 6893) will help children and youth in foster care by promoting permanent families for them through relative guardianship and adoption and by improving education and health care.

In November, 2008, the National Center for Children in Poverty released a report, *Unclaimed Children Revisited: The Status of Children's Mental Health Policy in the United States* (Cooper et al., 2008). The study sought to answer how current child mental health policies across the United States respond to the needs of children and youth with mental health problems, those at risk, and their families. The authors found that states are struggling to respond to the needs of children with mental health conditions. States are moving towards a developmentally-appropriate public health framework, but progress is slow. While states have incorporated "system of care" principles into service delivery systems, only a few states have embedded the principles within regulatory or legislative structures.

There is some progress in promoting evidence-based practice and there are “significant strides” in efforts to be family- and youth-responsive. Systems that are culturally- and linguistically-competent appeared unsystematic and lack institutionalization. States report two overreaching barriers- fiscal constraints and lack of service capacity. The authors conclude that while the majority of states are taking tangible steps to improve mental health delivery systems for children and youth, the efforts are often limited in scope and depth.

The National Center for Children in Poverty (2006) assembled a publication, “Children’s Mental Health: Facts for Policymakers.” The publication notes that one in five children has a diagnosable mental health disorder and one in ten youth are seriously impaired by a mental health disorder. However, 75 to 80% of these children do not obtain mental health services. Most children and youth with mental health problems struggle to succeed.