

Children's Mental Health

DEFINITION

Children's mental health is the number of acute care hospitalizations of children under age 18 with a primary diagnosis of a mental disorder. Hospitalization is the most intensive type of treatment for mental disorders and represents only one type of treatment category on a broad continuum available to children with mental health concerns in Rhode Island.

SIGNIFICANCE

Mental health in childhood and adolescence is defined as the achievement of expected developmental, cognitive, social, and emotional milestones and the ability to use effective coping skills. Mental health influences children's health and behavior at home, in school, and in the community. Mental health conditions can impair daily functioning, prevent or affect academic achievement, increase involvement with the juvenile justice and child welfare systems, result in high treatment costs, diminish family incomes, and increase the risk for suicide. Children with mental health issues are also likely to have other chronic health conditions.^{1,2,3,4}

Mental health problems affect children of all backgrounds. Nationally, 10% of children under age five experience a significant mental health issue.⁵ In Rhode Island, one in five (19.0%) children ages six to 17 has a

diagnosable mental health problem; one in ten (9.8%) has significant functional impairment.⁶

Risk factors for childhood mental disorders include prenatal exposure to alcohol, physical and sexual abuse, adverse childhood experiences, toxic stress, genes or a family history of mental health issues, involvement with juvenile justice and child welfare systems, and living in poverty.^{7,8,9}

Mental health treatment systems tend to be fragmented and crisis-driven with disproportionate spending on high-end care and often lack adequate investments in prevention and community-based services.^{10,11,12} In Rhode Island, an estimated 36% of children ages three to 17 who needed mental health treatment or counseling had a problem obtaining needed care.¹³ In Federal Fiscal Year (FFY) 2018, there were 465 children and youth awaiting psychiatric inpatient admission, similar to FFY 2017 when there were 462 boarders. The average wait time for FFY 2018 was 1.4 days, down from 3.6 days in FFY 2017. In FFY 2018, an average of seven children per day were ready to leave the psychiatric hospital (down from the FFY 2017 average of eight kids per day), but were unable due to a lack of step-down availability or there being no other safe placement (including at home).^{14,15}

Infant and Early Childhood Mental Health

- ◆ **Infant mental health is the growing capacity of infants and toddlers to experience, regulate, and express emotions, form close and secure relationships with caregivers, and explore their environment to learn and thrive. Infant mental health is synonymous with healthy social and emotional development.**¹⁶
- ◆ **Infants need to form secure attachment with at least one caregiver. Infants who do not develop secure attachment are at risk for learning delays, relationship dysfunction, difficulty expressing emotions, and future mental health disorders.**¹⁷
- ◆ **Infants and toddlers can have specific mental health disorders related to development stage like Excessive Crying Disorder, or general disorders that manifest in certain ways among infants and toddlers like Social Phobia and Autism Spectrum Disorder.**¹⁸

Children with Medicaid and RIte Care with a Mental Health Diagnosis

- ◆ **In State Fiscal Year (SFY) 2018, 27% (33,407) of children under age 19 enrolled in Medicaid/RIte Care had a mental health diagnosis. Of those children with a mental health diagnosis, 21% were ages 6 and under, 37% were ages seven to 12, and 42% were ages 13 to 18. In addition, 42% were females and 58% were males.**¹⁹
- ◆ **In SFY 2018, 1,486 children under age 19 enrolled in Medicaid/RIte Care were hospitalized due to a mental health related condition (up from 983 in SFY 2016), and 2,649 children had a mental health related emergency department visit (up from 1,690 in SFY 2016, a 57% increase). Eighty-seven percent of those mental health-related emergency department visits did not result in a hospitalization.**²⁰
- ◆ **Sixty-three percent of all emergency department visits for children with a mental health primary diagnosis were enrolled in RIte Care/Medicaid and 32% had commercial insurance.**²¹

Rhode Island's Community Mental Health Organizations

◆ The six Community Mental Health Organizations (CMHOs) in Rhode Island are the primary source of public mental health treatment services available in the state for children and adults.²² During 2018, 4,520 children under age 18 were treated at CMHOs, and 4,099 children were receiving treatment as of December 31, 2018.²³

Psychiatric Hospitals

Children Under Age 19 Treated at Rhode Island Psychiatric Hospitals, October 1, 2017 – September 30, 2018 (FFY 2018)

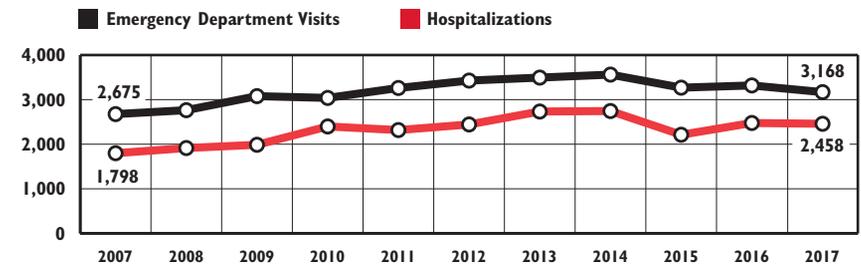
	BRADLEY HOSPITAL GENERAL PSYCHIATRIC SERVICES		BRADLEY HOSPITAL DEVELOPMENTAL DISABILITIES PROGRAM		BUTLER HOSPITAL ADOLESCENT PSYCHIATRIC SERVICES	
	# TREATED	AVERAGE LENGTH OF STAY	# TREATED	AVERAGE LENGTH OF STAY	# TREATED	AVERAGE LENGTH OF STAY
Inpatient	773	23 days	141	42 days	456*	9 days
Residential	188	48 days**	35	69 days**	--	--
Partial Hospitalization	727	22 visits	106	22 visits	175	6 visits
Home-Based	0	NA	20	26 visits	--	--
Outpatient	1,363	***	63	***	99	NA

Source: Lifespan, 2017-2018 and Butler Hospital, 2017-2018. Programs can have overlapping enrollment. Number treated is based on the hospital census (i.e., the number of patients seen in any program during FFY 2018). The average length of stay is based on discharges. *An additional 61 youth were treated in adult programs. **Residential average length of stay has dropped significantly compared to last year's 235 day average due to a new residential short-term stay facility. *** Only total number treated with outpatient services by the Lifespan Physician Group is available

-- = Service not offered. NA = Data not available for this service.

◆ The two hospitals in Rhode Island that specialize in providing psychiatric care to children and youth are Bradley Hospital and Butler Hospital. Inpatient treatment at a psychiatric hospital is the most intensive type of mental health care. The most common diagnoses for youth treated at Butler or Bradley Hospitals in FFY 2018 in an inpatient setting were depressive disorders, anxiety disorders, adjustment disorders, schizophrenia, and bipolar disorders.^{24,25}

Emergency Care for Primary Diagnosis of Mental Disorder, Children Under Age 18, Rhode Island, 2007-2017*



Source: Rhode Island Department of Health, Hospital Discharge Database, 2007-2017. *Data are for emergency department visits and hospitalizations, not children. Children may visit emergency department or be hospitalized more than once. Trend line is comparable to Factbooks since 2012. Note: Effective October 1, 2015, the International Classification of Disease (ICD) codes changed from the 9th classification to the 10th classification, which may impact comparability across the years.

◆ In 2017, there were 3,168 emergency department visits and 2,458 hospitalizations of Rhode Island children with a primary diagnosis of mental disorder. Between 2007 and 2017, emergency department visits increased 18% and hospitalizations increased 37%.²⁶

Suicide Among Rhode Island Children and Youth

◆ Children and youth with mental health conditions are at increased risk for suicide.²⁷ In 2017, 16% of Rhode Island high school students reported that they seriously considered attempting suicide, and 11% reported attempting suicide one or more times during the past year.²⁸ In Rhode Island between 2013 and 2017, there were 965 emergency department visits and 649 hospitalizations of youth ages 13-19 due to suicide attempts. Six children under age 20 died due to suicide in Rhode Island between 2013-2017.²⁹

References

¹ Centers for Disease Control and Prevention. (2013). Mental health surveillance among children: United States, 2005-2011. *Morbidity and Mortality Weekly Report*, 62(Suppl.2):1-35.

^{2,7,27} Murphey, D., Barry, M., & Vaughn, B. (2013). Adolescent health highlight: Mental health disorders. (Publication No. 2013-1). Washington, DC: Child Trends.

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