

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) 2019, there were 437 children and youth awaiting psychiatric inpatient admission, similar to FFY 2018 when there were 465 boarders. The average wait time for FFY 2019 was 3.3 days, up from 1.4 days in FFY 2018. In FFY 2019, an average of five children per day were ready to leave the psychiatric hospital (down from the FFY 2018 average of seven 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) 2019, 26% (31,394) of children under age 19 enrolled in Medicaid/RIte Care had a mental health diagnosis. Of those children with a mental health diagnosis, 23% were ages six and under, 38% were ages seven to 12, and 39% were ages 13 to 18. In addition, 42% were females and 58% were males.**¹⁹
- ◆ **In SFY 2019, 1,096 children under age 19 enrolled in Medicaid/RIte Care were hospitalized due a mental health related condition (up from 983 in SFY 2016), and 2,246 children had a mental health related emergency department visit (up from 1,690 in SFY 2016, a 33% increase). Ninety percent of those mental health-related emergency department visits did not result in a hospitalization.**²⁰
- ◆ **Sixty-two percent of all emergency department visits for children with a mental health primary diagnosis were enrolled in RIte Care/Medicaid and 33% 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 2019, 6,639 children under age 18 were treated at CMHOs, and 5,107 children were receiving treatment as of December 31, 2019.²³



Psychiatric Hospitals

Children Under Age 19 Treated at Rhode Island Psychiatric Hospitals, October 1, 2018 – September 30, 2019 (FFY 2019)

	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	737	24 days	116	30 days	460*	9 days
Residential	219	45 days**	36	268 days**	--	--
Partial Hospitalization	698	25 visits	110	25 visits	155	5 visits
Home-Based	0	NA	19	23 visits	--	--
Outpatient	1,384	***	87	***	207	NA

Source: Lifespan, 2018-2019 and Butler Hospital, 2018-2019. 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 2019). The average length of stay is based on discharges. *An additional 73 youth were treated in adult programs. *** Only total number treated with outpatient services by the Lifespan Physician Group is available.

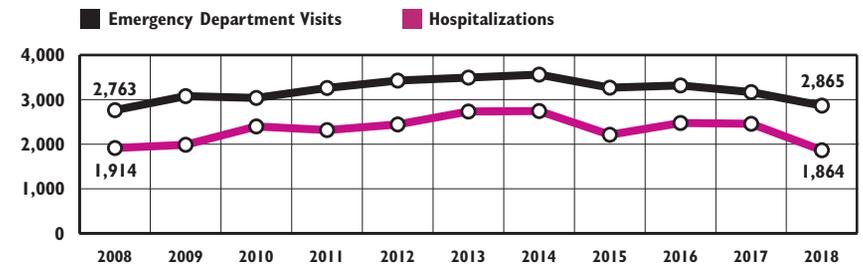
-- = Service not offered. NA = Data not available for this service.

◆ Bradley and Butler Hospitals specialize in providing psychiatric care to children and youth. 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 2019 in an inpatient setting were depressive disorders, anxiety disorders, adjustment disorders, schizophrenia, and bipolar disorders.^{24,25}

◆ Bradley Hospital has a Developmental Disabilities Program that offers specialized services to children and adolescents with serious emotional and behavioral problems and developmental disabilities. Lifespan School Solutions owns and operates six Bradley schools and seven community-based classrooms/public school partnerships for children with behavioral health problems and developmental disabilities. These programs had an average daily enrollment of 388 students in FFY 2019.²⁶



Emergency Care for Primary Diagnosis of Mental Disorder, Children Under Age 18, Rhode Island, 2008-2018*



Source: Rhode Island Department of Health, Hospital Discharge Database, 2008-2018. *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. As of 2018, data only includes Rhode Island resident children.

◆ In 2018, there were 2,865 emergency department visits and 1,864 hospitalizations of Rhode Island children with a primary diagnosis of mental disorder.²⁷



Suicide Among Rhode Island Children and Youth

◆ Children and youth with mental health conditions are at increased risk for suicide.²⁸ In 2019, 15% of Rhode Island high school students reported attempting suicide one or more times during the past year.²⁹ In Rhode Island between 2014 and 2018, there were 886 emergency department visits and 651 hospitalizations of youth ages 13 to 19 due to suicide attempts. Twenty-five children under age 20 died due to suicide in Rhode Island between 2014 and 2018.³⁰

References

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- ^{3,9} Murphey, D., Vaughn, B., & Barry, M. (2013). *Adolescent health highlight: Access to mental health care*. (Publication No. 2013-2). Washington, DC: Child Trends.
- ⁴ Smith, J. P. & Smith, G. C. (2010). Long-term economic costs of psychological problems during childhood. *Social Science & Medicine*, 71, 110-115.

(continued on page 178)