

# ***THE JOURNAL NEWS***

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## **ADDRESS CHILDREN'S MENTAL HEALTH NEEDS NOW!**

by

Michael B. Friedman, CSW

*The Journal News'* series on residential treatment raises some fundamental questions. Is residential treatment helpful to children and adolescents with serious emotional disturbances? Does it provide adequate treatment? Does it over-use medications? Is there adequate state oversight? Is there adequate funding?

These are critical questions, but they cannot be answered adequately without asking two more fundamental questions. What needs to be done to create an adequate system of care for children and adolescents with serious emotional disturbances? And when will New York State stop talking about developing a comprehensive system of care for kids and actually do it?

Residential treatment is merely one component of a system of care for seriously emotionally disturbed kids. Usually it is the treatment of last resort. When nothing else seems feasible, residential treatment (or a long stay in a psychiatric hospital) is the answer.

Is that because the kids in residential treatment or long-term hospitalization are "sicker" than seriously emotionally disturbed kids in the community? Usually not! The need for residential treatment reflects a concatenation of problems, including the youngster's emotional condition and behavior, the capacity of the family or foster care provider to deal with their child, and the availability of adequate mental health, educational, family support, and health services in the community.

Adequate care and treatment of youngsters with serious emotional disturbances must address all three variables. It must include good treatment and support services for the youngster, strong family support, and a broad range of community-based services designed as an alternative to residential treatment and other forms of institutionalization.

There's nothing new about these observations. New York State has been talking at least since the mid-70's about improving services for children and adolescents with serious emotional disturbances. And the fundamental themes have been the same.

- We need a comprehensive system of care for children and adolescents which includes a full range of services and supports, both community-based and institutional.
- The system should be designed so as to make as little use of institutional services as possible.
- We need more outpatient and community support services for these children and adolescents with serious emotional disturbances and their families and caretakers.

- Outpatient and community support services need to be reshaped so that they are more responsive to crises, available when and where needed rather than during sparsely scheduled office interviews, and flexible enough to respond to the unique needs of each child and family.
- Families and caretakers of youngsters with serious emotional disturbances need more support, including education about how to manage with their kids, respite, and mutual support networks.
- Local systems need to be in place to develop—for each individual child and family—either alternatives to residential treatment and long-term hospitalization or plans for rapid return to the community.
- Systems which serve children—child welfare, mental health, health, juvenile justice, the schools, etc.—need to work collaboratively.
- More research is needed to develop more effective forms of treatment and support.
- Providers throughout the system need to learn and use state-of-the-art practices.
- Adequate funding must be provided to support a system of care, and funding should be drawn from all child-serving systems using models which make it possible to pay for the services and supports that kids and their families need rather than being forced to steer funds through restrictive, “categorical” funding streams. (Residential treatment in New York State is a particular victim of categorical funding. Some residential treatment is funded through the child welfare system; some is funded through the mental health system; some is funded through the education system. And there are different rates for each. It makes no sense.)

New York State has undertaken several planning efforts in recent years to address children’s mental health needs. For example, the Department of Health has done work to develop more reasonable Medicaid rates for child welfare agencies. And The New York State Office of Mental Health (OMH) has recently released a *draft* strategic plan, which includes all of the themes noted above.

OMH has also developed some important initiatives to improve care in the community for children and adolescents with serious emotional disturbances. But the scope of these initiatives is miniscule compared to the need.

And there’s the rub. It is easier to talk about what needs to be done than to find the political will to provide the funding that is critical to move from words and promises to action and a real and effective system of care.

*(Michael B. Friedman is the Public Policy Consultant for the Mental Health Association of Westchester and the Mental Health Association of NYC.)*