



# Women's, Children's, & Family Health



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## Child and Adolescent Mental Health in Alaska

According to the Global Burden of Disease, a study commissioned by the World Health Organization and the World Bank, four of the ten leading causes of disability are related to mental health. Furthermore, mental health disorders account for over 15% of the burden of disease in the United States, more than the disease burden caused by all cancers.<sup>1</sup>

Nationally, 1 in 5 children have a diagnosable mental, emotional, or behavioral disorder; and up to 1 in 10 may suffer from a serious emotional disturbance. However, 70% do not receive mental health services.<sup>2</sup>

In Alaska, given the level of adolescent suicide, substance abuse, domestic violence, child abuse and neglect, and children living in custodial arrangements, there has been increasing concern for the mental health status of children and adolescents and the availability and accessibility of mental health services in the State.<sup>3,4,5</sup>

### Seriousness

#### Healthy People 2010 Targets and National Data

Indicator	Alaska 2003†	Nation 2003*	Healthy People 2010 Goals*
Percent of adolescents in grades 9 through 12 that attempted suicide requiring medical attention	2.1%	2.9%	1%

- The percent of Alaskan high school students that attempted suicide requiring medical attention was twice as high as the Healthy People 2010 (HP2010) goal; however, results were similar to the US as a whole.

The following Healthy People and Healthy Alaskans 2010 goals related to child and adolescent mental health are developmental: increase the number of persons seen in primary health care who receive mental health screening and assessment; increase the proportion of children with mental health problems who receive treatment; increase the proportion of juvenile justice facilities that screen new admissions for mental health problems; increase the proportion of persons with co-occurring substance abuse and mental health disorders who receive treatment for both disorders. At this time, targets have not been set and data sources have either not been identified or there is currently no system in place to collect data.

### Severity

The Center for Mental Health Services (CMHS) estimates that nationally, 1 in 33 children and 1 in 8 adolescents may have depression. Furthermore, once a child experiences an episode of depression they are at high risk of having another episode within the next five years.<sup>6</sup>

In Alaska, the most common primary diagnoses of children receiving mental health services through the Division of Behavioral Health, financed through Medicaid, during

Fiscal Year 2001 were: Attention Deficit Hyperactivity Disorder (ADHD), Adjustment Disorders, Conduct Disorder, Depression, and Post Traumatic Stress Disorder.<sup>5</sup> Many children have multiple diagnoses. Mental health disorders can contribute to poor school performance, drug use, unemployment, antisocial and criminal behavior, and self-destructive behavior, including suicide.

During 2001-2003, 49 Alaskan teens ages 15-19 committed suicide – a rate of 31 per 100,000 population.

### Urgency

- In Alaska, a recent unpublished analysis of Medicaid billing claims from 1998-2002 found that each year approximately 10% (5,700) of the Medicaid-eligible children ages 0-14 years had billing claims for mental disorders, including 1.2% (100) of infants less than one year of age, 5.6% (945) of children 1-4 years of age, 11% (2,045) of children 5-9 years of age, and 16% (2,609) of children 10-14 years of age.
- Over a one-day count of Alaska's juvenile justice population completed during 2002, 40% of youth served by the Division of Juvenile Justice had at least one diagnosis of a mental disorder classified by the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV). Within this group 42% had a co-occurring substance abuse disorder.<sup>5</sup>
- During 1999, an estimated 15,000 Alaskan adolescents ages 5-18 years had severe emotional disturbances; however, only one-third (36.6%) received treatment.

### Disparities

Children with developmental disabilities are at an especially high risk of having co-occurring mental health disorders. Some recent studies have shown that between 30-50% of children with developmental disabilities also have mental health disorders.<sup>7</sup> Specific disabilities have even higher rates associated with mental health disorders,

such as autism, Fetal Alcohol Spectrum Disorders, Down syndrome and Prader-Willi syndrome.

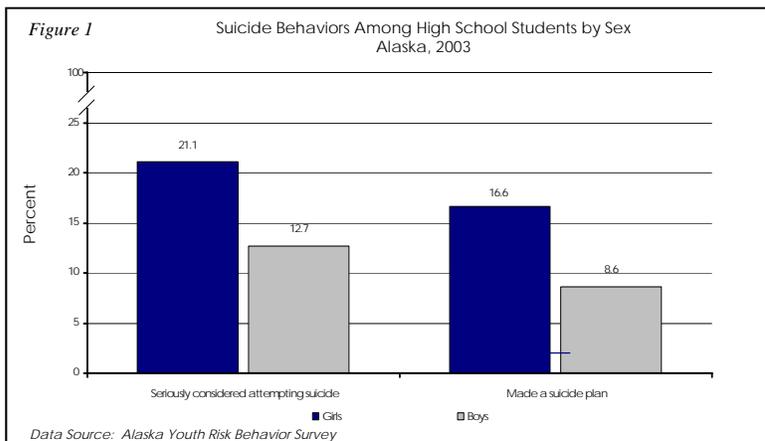
According to the Surgeon General's Report on Mental Health, disparities exist with respect to mental health care of racial and ethnic minorities when compared with whites. Minorities have less access to mental health services, are less likely to receive care, and their treatment is often of poorer quality. In addition, minorities are underrepresented in mental health research.<sup>2</sup> In Washington, Alaska Native and Hispanic youth with depression were 60-70% less likely than white youth to have received an antidepressant or a mental health specialty visit.<sup>8</sup>

American Indian and Alaskan Natives have the highest rate of suicide in the nation in the 15-24 year old age group and Alaska Native teens have one of the highest suicide rates ever documented.<sup>9</sup>

- Alaska Native teens are more likely to commit suicide than non-Natives. During 1991-1999 the average suicide rate for Alaska Native male teens (ages 15-19) was 6 times higher than for non-Native males in the same age group – 187.1 and 30.5 per 100,000 population, respectively.<sup>3</sup>
- In Alaska, over 175 rural villages, which are predominantly Alaska Native, have no local mental health services.

According to the National Institute of Mental Health, teen girls are more likely to develop depression than teen boys.<sup>10</sup> Data from the 2003 Alaska Youth Risk Behavior Survey (YRBS) indicated that high school females grades 9 through 12 were more likely than their male counterparts to have suicidal thoughts and make suicide plans.<sup>11</sup>

- Compared to males, Alaskan high school females were nearly 2 times as likely to report having made a suicide plan and 1.7 times as likely to report having seriously considered attempting suicide during 2003.<sup>11</sup> (Figure 1)



### Economic Loss

Little research has been done to estimate the economic burden of mental illness in children and adolescents. The lack of research is due, in part, to the multiple systems through which mental health services may be delivered—health care, mental health, juvenile justice, child welfare, and education. No single system exists to capture data from these multiple provider sources. Also, indirect costs such as lost future wages and lower educational level attainment are difficult to estimate.

In one study, Medicaid was identified as the primary funding source of mental health services for children with severe emotional disturbance.<sup>12</sup> On average, children with behavioral disorders have yearly health expenditures similar to children with physical disabilities (\$1492 vs. \$1245) but greater than other children (\$834).<sup>13</sup> During 1997, total national expenditures for mental health and substance abuse were \$82 billion, of which 13% was for persons less than 18 years of age.<sup>14</sup>

### Interventions & Recommendations

When children experience mental health disorders, they and their families need access to a comprehensive array of services, often called a system of care. This system includes prevention, early intervention, screening, assessment, and a spectrum of treatment options ranging from in-home and outpatient services, to inpatient hospital care. Furthermore, families need access to information about best practices and training on strategies for helping their child succeed in school, in the community and at home.

Families of children with special health care needs often require specific behavioral strategies tailored to their developmental differences. For example, children with autism sometimes benefit from applied behavioral analysis. Positive behavior support is a specific way of looking at behavior as communication and is an especially effective intervention tool for children with communication or developmental delays.

Training and intervention in positive behavior support is available in Alaska. The Individuals with Disabilities Education Act requires functional behavioral analysis, a component of positive behavior support, for some children in special education.

The Division of Mental Health and Developmental Disabilities (DMHDD) administers a program that provides outpatient, residential, and local inpatient services administered by 32 local non-profit and 24 specialty service providers. Early intervention services assist with identification of children at risk of developing serious mental health disorders. High priority goals for the State are to increase the number of youth screened for mental health disorders in primary care settings, ensuring that all youth in state custody receive mental health screening, and increasing education of front-line providers.

Recent state efforts related to children include establishing the Infant Toddler Behavioral Health Committee and hiring a children's behavioral health coordinator in the Division of Public Health. The state has also sponsored a statewide Behavioral Health Initiative for primary caregivers and providers of young children. Additional issues to address include intake screening of children at Juvenile Justice and expanding the number of mental health counselors in rural villages.

### *Intervention Effectiveness*

The majority of mental health disorders have unknown etiologies and so are not preventable. Interventions thus focus on early identification, removing barriers to care, and delivering appropriate treatment. Prevention and intervention services have the potential to reduce the economic burden of mental illness by improving developmental outcomes, which in turn leads to more productive adulthood. Furthermore, several studies have demonstrated that when barriers such as cost are removed, the use of mental health services dramatically increases.

### **Capacity**

#### Propriety

Increasingly, mental health is considered a public health concern. Efforts undertaken by the Women's Children's and Family Health (WCFH) Section should be well-coordinated with the existing efforts underway in the Alaska Department of Health and Social Services (see Resources). Parts of surveillance and data analysis could legitimately fall within WCFH. However, the vast majority of issues related to mental health will fall within the jurisdiction of Department of Mental Health and Developmental Disabilities.

#### Economic Feasibility

The Alaska Department of Health and Social Services and the Alaska Mental Health Trust Authority are in the early stages of implementing a comprehensive children's mental health program, called Bring the Kids Home. The intent of this effort is to create a wider array of services and expertise in Alaska so that children with serious emotional difficulties do not have to leave the state in order to receive appropriate treatment. These activities encompass workforce development, home and community based services, care coordination and evaluation/data collection. Funding for the five-year, Bring the Kids Home initiative will commence during July 2005.

#### Acceptability

The State of Alaska is dedicated to decreasing the number of children receiving mental health services out-of-state, and there is general, wide support for this initiative at all levels of government, and among families.

#### Resources

Bring the Kids Home (see Economic Feasibility).

#### Legality

Not an issue.

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