
PUBLIC POLICY BRIEF

Third in a Series of Policy Briefs on Mental Health and Families

"At any given moment, a person's mental status reflects the sum total of the individual's genetic inheritance and life experiences." Research provides clear evidence that both genetic and environmental factors work together to shape our mental health over the life course--and especially during childhood and adolescence.¹

Highlights From Recent Research

In any given year, approximately 1 in 10 young people suffer from mental disorders, yet fewer than 20% of those affected get the care that they need.^{1,2} Children of color are less likely to receive the services they need. The percentages of youth who do not receive the services they need are: Caucasian 69%, African American 78% and Hispanic 86%.²

The rate of suicide among adolescents has nearly tripled since 1960, making it one of the three leading causes of death for adolescents.^{1,3}

Childhood and adolescence are times of developmental changes and transitions that unfold at a faster pace than in later life. Young people need parents and other caring adults to assist in caring for--and teaching the youth to care for--their mental health needs.^{1,4,5,6,7}

69% of Caucasian youth, 78% of African American youth and 86% of Hispanic youth do not receive the mental health services they need.

When children or youth have mental health problems, they are not able to stay on course with their development. Developmental tasks of *children* include seeking greater autonomy, learning to become responsible, learning to delay gratification, and making friends and forming relationships within and outside of the family. Developmental tasks of *adolescents* include venturing from family into the community, forming more intimate relationships, and coping with social, sexual and academic pressures.^{1,5,6,8}

Childbearing by youth who are not ready to be parents is detrimental and leads to poorer outcomes for both the young parent and the baby. Lower educational attainment, poverty, antisocial behavior, depression and other mental health problems are just some of the difficulties typically experienced by these children and youth.⁹

Mental health problems are usually identifiable by watching a child or adolescent's behavior and can be thought of in two broad categories:

- *Internalizing behaviors* may include social isolation, excessive self-criticism, sadness, withdrawal, perfectionism, over-achievement, eating disorders or other self-injurious behaviors. These behaviors are often over-looked and not recognized as problematic.
- *Externalizing behaviors* are often referred to as "acting out" behaviors and typically include more aggressive actions. This type of behavior is more noticeable and socially unacceptable and, therefore, is responded to more frequently than the internalizing behaviors.^{1,7}

Family structure matters for children. Growing up with both biological parents in a low-conflict marriage generally leads to better outcomes for children. As of yet, research does not provide a proven approach to building strong and lasting marriages.⁹

Certain factors can protect or strengthen a child's mental health, while other factors seem to challenge or weaken it. Research shows that successful programs do the following:^{1,7,8}

Maximize protective factors to improve outcomes for kids

- high quality care and education
- secure attachment to a primary caregiver
- positive parent-child relationships
- good self-esteem
- good prenatal health care
- strong social supports
- effective parenting
- freedom from violence.^{1,7,8}

Minimize risk factors to improve outcomes for kids

- racial discrimination
- poverty
- child maltreatment
- ineffective parenting
- social isolation
- prenatal exposure to alcohol or other harmful chemicals.^{1,7,8}
- injustice
- substandard housing
- poor parental mental health
- insecure attachment

What Can Be Done?

Family and community members play an important role in promoting good mental health for children and adolescents.

Parents can identify and respond to the mental health needs of their children and should also attend to their own mental health and its impact on their children. Children do better when parents structure their own lives in a way that creates a healthy environment in which their children can grow and thrive--including delaying pregnancy until they are truly ready to be parents. Fathers who are active, nurturing and involved in their children's lives provide emotional security that leads to greater success for their children.^{5,6,10,12}

Family and community members play an important role in promoting good mental health for children and adolescents.

Teachers and care providers typically see children everyday and are likely to be aware when a child is struggling and in need of help. Communication with parents to share observations and perceptions should take place regularly in a supportive, non-judgmental atmosphere.^{1,6,11,13}

Providers of services such as health care, social services, juvenile justice, and education are called upon to coordinate their efforts in order to reduce duplication and fragmentation for the child and family. Most providers recognize how important this is, but agency policies, funding source requirements, poor channels of communication and unwillingness to collaborate may present obstacles that are difficult to overcome or work around.^{1,13}

Policy makers are vital in assuring that mental health services are available and accessible state-wide, are culturally responsive, adequately funded and of high

quality. A continuum of services is needed, including prevention and early intervention services, community-based care, a range of treatment options, and intensive services for those most in need. Policy makers at various levels have the opportunity to improve the system of care for children and youth by removing barriers to interagency collaboration and access to care.^{7,11,13}

Policy Recommendations

Culturally competent mental health consultants who are linked to schools, health care professionals and other service providers that work with families can help to ensure relevant and effective services.¹

- When schools and community groups offer education about youth depression and suicide, parents and other caring adults are better equipped to respond when problems arise.^{1,13}
- Children or youth who are traumatized, exposed to violence, or experience abuse need timely and appropriate mental health screening and services. In order to respond appropriately, individuals in social services, law enforcement, schools, corrections and other systems that work with children and youth in crisis must have up-to-date information about mental health and youth.^{1,2}
- Policy makers are better equipped to make strong public policies when they take the time to learn about and base their policy decisions on well established research regarding risk and protective factors of child well-being.^{1,7,8,10}
- Across Minnesota, clinical providers and services are not available to meet the current level of mental health needs for children and youth. This is especially true for children and youth from culturally diverse backgrounds and those who live in rural areas. Without policies, services and funding in place, youth--and ultimately society--will continue to suffer the consequences of these unmet needs.^{1,4,13}
- Culturally competent mental health consultants who are linked to schools, health care professionals and other service providers that work with families can help to ensure relevant and effective services.⁴
- Intensive clinical services are lacking throughout the state. This situation is worsened in some areas where services are reduced or eliminated at the same time as the needs are increasing.¹⁰
- Parents and youth need to be involved in the design, development and evaluation of the mental health systems and services that are intended to serve them.^{3,5,6}
- Knowing when, how and where to obtain help can be a significant problem for families. Outreach, screening and education about mental health and child development--including how to access services--can improve the capacity of parents to respond to the needs of their children.^{1,4,13}
- Every child is a member of a complex human community, consisting of family, neighbors, health care providers, schools, child care providers, and others. When all of these individuals work together to promote a child's highest

possible functioning, the child, family and society all benefit.^{1,6}

- Complex issues such as the right to privacy, confidentiality, and a lack of time or interest, prevent genuine community collaboration. When services and systems are able to effectively collaborate, children, youth and families receive more coordinated and integrated services that reduce 'run around' and increase early identification for kids and families in need of support. Functional collaborations can be an efficient and effective means of service coordination, but require financial support to exist and sustain their efforts.^{1,10}

References, and for more information:

¹U.S. Dept. of Health and Human Services, Mental Health: A Report of the Surgeon General. Rockville, MD: Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999. <http://www.surgeongeneral.gov/library/mentalhealth>.

²RAND Health Publications, Research Highlights: Mental Health Care for Youth. www.rand.org/health. 2001.

³Minnesota Association for Children's Mental Health, Networker Newsletter. Minneapolis, MN. Spring 2001.

⁴U.S. Dept. of Health and Human Services, Early Childhood Mental Health Consultation. Rockville, MD: Substance Abuse and Mental Health Services Administration, Center for Mental Health Services. Copies available from: National TA Center for Children's Mental Health, Georgetown University Child Development Center. Ph: 202/687-5000

⁵National Mental Health Association, Mental Illness and the Family, Children's Mental Health. 1021 Prince Street, Alexandria, VA 22314. <http://www.nmha.org/infoctr/factsheets/72.cfm>

⁶Research and Training Center on Family Support and Children's Mental Health, Portland State University. Focal Point Newsletters and articles. 503/725-4175. <http://www.rtc.pdx.edu/>

⁷National Research Council and Institute of Medicine, From Neurons to Neighborhoods: The Science of Early Childhood Development. Committee on Integrating the Science of Early Childhood Development. Jack P. Shonkoff and Deborah A. Phillips, eds. Washington, DC: National Academy Press: 2000. http://books.nap.edu/catalog/9824.html?onpi_newsdoc100300

⁸Children, Youth and Family Consortium and the Suburban Ramsey County Collaborative, Early Childhood: A Good Beginning for a Better Tomorrow. Research findings and policy recommendation paper. 2002.

⁹K.A. Moore, et al. Marriage from a Child's Perspective: How Does Family Structure Affect Children, and What Can We Do about It? Child Trends Research Brief, Washington DC. June 2002. http://www.childtrends.org/r_marriagerb.asp

¹⁰University of Minnesota, Consortium Connections, Children, Youth and Family Consortium. "A Continuum of Children's Mental Health," vol. 9 no. 3, Fall 2000 and "Mental Health Over the Lifespan", vol. 11 no.1, Winter 2002. <http://www.cyfc.umn.edu/publications/connection/connections.html>

¹¹World Health Organization, World Health Report 2001, Mental Health: New Understanding, New Hope. 1211 Geneva 27, Switzerland. Email: whr@who.int; <http://www.who.int/whr/>

¹²University of Minnesota, Focusing in on Fathers: Seeds of Promise, Children, Youth and Family Consortium, <http://www.cyfc.umn.edu/publications/seeds/series1v3/volume3.html>

¹³U.S. Public Health Service, Report of the Surgeon General's Conference on Children's Mental Health: A National Action Agenda. Washington DC: 2000

For additional information, contact the Children, Youth and Family Consortium at (612) 625-7849. For links to on-line studies and resources, visit the Consortium's mental health website at:
<http://www.cyfc.umn.edu/policy/issues/health.html>