Undertreated and Undiagnosed Mental Health Hurts Children and Families

Overview:

For life-saving reasons, adults traveling by airplane are directed to place oxygen masks on themselves before helping children in their care. Since incapacitated adults are unable to assist their children, this safety instruction helps save lives. Similarly, parents struggling with mental illness and/or substance abuse cannot adequately help their children without first helping themselves.

Approximately one in five adults in the U.S. - 43.8 million, or 18.5 percent - experiences mental illness in a given year.¹ That equates to more than 2.7 million adults in Florida.

National data tells us that these adults are overwhelmingly parents.² Parents living with untreated mental illness are often unable to adequately care for their children. Mental illness is a disease and, if left untreated, can have a significant effect on children’s well-being.

Children are also undertreated for mental health issues.

Nationally, less than 20 percent of children and adolescents with diagnosable mental health issues receive the treatment they need.³ The rate of unmet need is higher for minorities- 88 percent of Latino children do not receive needed mental health care.⁴

In Florida during 2009-2013, treatment for depression among adolescents [aged 12-17] with MDE [Major Depressive Episode] was lower than the national percentage, with 69 percent of adolescents not receiving treatment for their depression.⁵

Mental health issues often coexist with substance abuse issues.

People who suffer from undiagnosed mental health disorders can use substances as a way of self-medicating the underlying issue. The National Alliance on Mental Illness (NAMI) reports that nationally over 50 percent of adults with substance abuse issues had a co-occurring mental illness.⁶ It is a cycle that feeds itself. NAMI states, “When a mental health problem goes untreated, the substance abuse problem usually gets worse as well. And when alcohol or drug abuse increases, mental health problems usually increase too”.⁷

¹National Alliance on Mental Illness, Mental Health by the Numbers, 2015
²Center for Mental Health Services Research University of Massachusetts, Families with Overlapping Needs, 2006
³U.S Department of Health & Human Services, Mental Health Myths and Facts, n.d
⁴Bazelon Center for Mental Health Law, Facts on Children’s Mental Health, 2004
⁵Substance Abuse and Mental Health Services Administration, Behavioral Health Barometer: Florida, 2014
⁶National Alliance on Mental Illness, Mental Health by the Numbers, 2015
⁷National Alliance on Mental Illness, Substance Abuse Services, n.d
Substance abuse treatment is one way those suffering with mental health disorders can identify the underlying issue and get the help they need. Unfortunately, in Florida only 43 percent of rehabilitation centers offer dual diagnosis (for substance abuse and mental illness) treatment.8

**Scope:**

One in five adults - more than 2.7 million in Florida - experiences mental illness in a given year.

Mothers and fathers living with mental illness experience the same obstacles other parents experience when attempting to balance their roles as employees, spouses and parents. However, the symptoms of mental illness may inhibit their ability to maintain a healthy home and impair their capacity to parent effectively.

Florida’s mental health system lags behind the nation. Access to services is difficult, and parents are often left untreated or undiagnosed.

Parents may recognize the need for services to keep their family from crisis, but access is often difficult. National studies indicate that fewer than half of caregivers with mental health needs receive treatment.9

The 2014 Behavioral Health Barometer from the Substance Abuse and Mental Health Services Administration (SAMHSA) found that Florida is below the national average with only 36 percent of adults (age 18 or older) with Any Mental Illness (AMI) receiving treatment/counseling from 2009-2013.10

According to the Florida Policy Institute, the proportion of uninsured individuals with severe mental health problems is the second largest in the country.11

The state ranks 49th in per capita mental health funding.12 This insufficiency has led to significant needs being unmet, with services either being inadequate or not reaching individuals at all. In a 2015 report, the state’s lead mental health agency calculated a vast $356 million in unmet need for services.13

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<thead>
<tr>
<th>Mental Health Access Barriers</th>
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<tr>
<td>• Parents lack insurance</td>
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<td>• Parents do not meet eligibility requirements</td>
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<tr>
<td>• Appropriate treatment services are not available</td>
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<td>• Services lack a “whole family” approach</td>
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<td>• Parents lack transportation</td>
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<td>• Parents may give up when seeking help becomes frustrating</td>
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**Impact:**

Parental mental illness can have a significant impact on a child’s well being.

Children whose parents live with a mental illness are at an increased risk of developing social, emotional and/or behavioral problems. The environment in which children grow affects their development and emotional well-being as much as genetics.

Children often blame themselves for their parents’ difficulties, and experience anger, anxiety or guilt. They tend to isolate themselves from their friends as a direct result of the stigma associated with their parents’ mental illness. This also leads them to be at an increased risk for problems at school, substance abuse and limited peer interactions.

Children whose parents have mental health needs are at a greater risk of developing emotional and behavioral difficulties than children of parents who do not have mental health diagnoses.14

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8 Substance Abuse & Mental Health Services Administration, National Survey of Substance Abuse Treatment Services, 2014
9 Technical Assistance Partnership for Child and Family Mental Health, Supporting Parents With Mental Health Needs in Systems of Care, 2011
10 Substance Abuse and Mental Health Services Administration, Behavioral Health Barometer: Florida, 2014
11 Florida Policy Institute, Florida’s 2016-2017 Budget Increases Some Funding But Will Not Improve Quality of Life, 2016
12 Mike Hansen, Mental Health in Florida, 2014
13 Orlando Sentinel, Don’t Neglect Mental Health in Florida’s Budget: Where We Stand, 2016
14 Administration for Children & Families, National Survey of Child and Adolescent Well-Being, 2005
Children with undiagnosed mental health issues have poor outcomes.

Children with mental health problems have lower educational achievement than their peers, and are three times more likely to be expelled or suspended from school. Up to 44 percent of children with mental health issues drop out of high school.\textsuperscript{15}

Evidence suggests that children with mental health issues are also less likely to be successful in the child welfare system. They are less likely to be placed in permanent homes and more likely to experience placement changes than peers without mental health issues.\textsuperscript{16}

Over 65 percent of youth in the Florida juvenile justice system have a mental health or substance abuse issue.\textsuperscript{17} According to data collected by the Florida Department of Juvenile Justice using the Positive Achievement Change Tool (PACT) Assessment in 2013-2014, there were high levels of mental illness and substance abuse by youth at varying levels in the system. For example, at the point of commitment in the system, about 33 percent of youth had a history of mental health problems, about 24 percent were using alcohol and 53 percent were using drugs.\textsuperscript{18} However, research shows that girls’ mental health needs increase with deeper involvement in the juvenile justice system. Only 23 percent of First Coast girls had a diagnosed mental health problem while on probation, but 71 percent had a diagnosed mental illness at commitment.\textsuperscript{19}

Overall, children with untreated mental health issues are more likely to receive restrictive or costly services such as juvenile detention, residential treatment and emergency rooms.\textsuperscript{20}

Families experiencing mental health issues have high rates of involvement in the child welfare system.

Parents with mental health needs are at greater risk of repeated involvement with the child welfare system and ongoing family instability. Research confirms that trauma is more likely to occur in households with parents who have mental health illnesses, substance abuse issues or co-occurring issues.\textsuperscript{21}

A review of the Department of Children and Families’ (DCF) Critical Incident Rapid Response Team reports finds that almost 69 percent of caregivers had a mental health or substance abuse issue at the time of a child death. These reports occur when a child dies within 12 months of having a verified report of abuse or neglect.\textsuperscript{22}

According to DCF, data regarding the exact number of parents with mental illness in contact with the Department is unavailable. Mental illness is not an identified maltreatment in the department’s Maltreatment Index, therefore data is not available regarding the number of parents with a history of mental health issues.

Florida’s child welfare system is unequipped to address mental health in parents and children.

The current child welfare system takes a “Band-Aid Approach” to identifying the vast number of issues caused by mental illness and the array of services needed for successful, long-term recoveries.

Foster children in out-of-home care often are given psychotropic medications to treat behavioral and emotional issues, rather than other types of therapeutic care.

\textsuperscript{15}National Center for Children in Poverty, Children’s Mental Health: What Every Policymaker Should Know, 2010
\textsuperscript{16}National Center for Children in Poverty, Children’s Mental Health: What Every Policymaker Should Know, 2010
\textsuperscript{17}Florida Department of Juvenile Justice, Health Services, 2012
\textsuperscript{18}Florida Department of Juvenile Justice, PACT Profile, 2013-2014
\textsuperscript{19}Delores Barr Weaver Policy Center, Girls’ Juvenile Justice Trends on the First Coast Fact Sheet, 2016
\textsuperscript{20}National Center for Children in Poverty, Children’s Mental Health: What Every Policymaker Should Know, 2010
\textsuperscript{21}Center for Mental Health Services Research University of Massachusetts, Families with Overlapping Needs, 2006
\textsuperscript{22}The Children’s Campaign, Critical Incident Rapid Response Team Reports Dashboard, 2016
According to the Office of Child Welfare Data Reporting Unit, there are 2,569 Florida children age 0-17 in out-of-home care with one or more prescriptions for psychotropic medication. This number represents 11.21 percent of children in out-of-home care.23

When a child is removed from their family to out-of-home care, a “case management model” is used to address the issues facing the family. Florida statutes require the case plan to include:

- the parental act/behavior that put the child at risk;
- parental tasks and services to address the negative behavior;
- a description of the child’s identified needs while in care; and
- the date the compliance period expires, which can’t be more than 12 months from initial removal.

The task/service portion for the parents includes the type of services or treatment, date by which the parents must complete each task and measurable objectives and timeframes. This results in the child welfare system taking the role of a case manager, and the outcome of parents and children being reunified resting on the completion of a checklist of to-do items.

Unlike a treatment-based model, the case management model does not address the underlying causes that bring the family into the system. Parents suffering with mental health and/or substance abuse issues can’t be expected to change behavior and stick to the change in 12 months or less when research shows us that good outcomes are contingent on adequate length of treatment.

According to the National Institute on Drug Abuse (NIDA), outcomes for residential or outpatient treatment programs are more successful when an individual participates for 90 days or more. NIDA recommends even longer-term treatment to maintain sobriety.24 The duration of mental health treatment varies greatly depending on the type of treatment that best fits the individual and issue they are suffering from. Most treatments range from a minimum of 12 weeks to 16 weeks, but continued interactions are suggested as new issues arise.25

Moving the child welfare system from case management to a treatment-based model will provide the support families need to stay out of crisis.

In order to maintain an effective child welfare system and impact the long-term safety and well-being of children, treatment programs for families need to be comprehensive, addressing the needs of the entire family. The child welfare system’s current case management model is often too short-term to address the complex issues faced by many families.

24Recovery.org, Understanding Addiction Treatment Program Lengths, n.d
25National Alliance on Mental Illness, Choosing the Right Treatment: What Families Need to Know About Evidence-Based Practices, 2007
Quality services need to be available and accessible to parents and children prior to the family being in crisis, while in the child welfare system and after the family leaves DCF supervision. Child safety must be paramount. However, for families without safety risks whose core issue is mental health or substance abuse, intensive in-home services can keep these families together.

Restrictive funding streams impede the ability of community-based care organizations to provide services based on the individual needs of the child and family. Fiscal policies should drive the capacity and quality of services provided for children and their families based on individualized mental health needs.

Parents need the ability to recover from substance abuse and mental health issues with support from the system—especially due to the “two steps forward, one step back” nature of recovery.

In addition, children suffering with mental health issues need high quality, long-term services to avoid negative outcomes, and to discontinue the cycle of abuse for generations to come.

Ways to Address Parental Mental Illness in Communities

Co-location: Families’ needs may be better met when child and adult mental health providers, or mental health and child welfare workers, are located under one roof or organizational structure. Family engagement is facilitated when treatment services are co-located in child welfare agencies and/or in child and adult mental health agencies.

Cross-training: Community-based care providers benefit from practice model trainings that individualize services and recognize the strengths and needs of all family members.

Identification of strength and goals: By partnering with parents and family members in identifying strengths and developing goals, community-based care providers create an environment in which families are respected and less likely to feel blamed and resist treatment.