



The Issue:

MENTAL HEALTH AND SUBSTANCE ABUSE

Children's Bureau, Inc. Position:

We promote policies that ensure quality mental health, substance abuse treatment, and preventative services for children and families at-risk.

We support the following Legislative and/or Policy Initiatives:

- Support efforts to make quality mental health care accessible to all children and families.
- Support the right of children and their families to have significant input into their mental health treatment.
- Support parity in mental health coverage for all.
- Promote efforts to expand the full continuum of behavioral health services, including community based systems of care, (e.g. screening, treatment, rehabilitation and recovery) to all children, youth and families.
- Support available and accessible quality drug and alcohol treatment for all children and families.
- Increase drug and alcohol awareness in schools and communities.
- Support financial resources to assist families in accessing appropriate treatment.
- Support the Indiana Juvenile Mental Health Screening Assessment & Treatment Project to be sustained and supported at the state level.
- Support the implementation of recommendations outlined in the Commission on Disproportionality in Youth Services Report to ensure fair and equitable services for all children.
- Support the implementation of legislation that states that it is illegal to force, encourage, or even suggest that families must relinquish custody in order to gain access to care for their children.
- Support the development of a statewide plan to expand mental health services within the public school setting with funding and programs from various departments and agencies.
- Support the diversion of children and adolescents with persistent SED from the juvenile justice system into treatment.

Background Information:

Mental Health issues have a dramatic impact on the quality of life of thousands of Hoosier families. Mental illnesses are defined as medical conditions that disrupt an individual's ability to think, feel, and cope with life's challenges and interactions with others¹. It is estimated that 19.9 percent of Americans ages 18 and older had a mental illness diagnosis in 2009². This medical condition does not just plague adults, but millions of children across the country. Lifetime prevalence of mental health disorders for 13 to 18 year olds is 46.3 percent³. 13 percent of children ages 8 to 15 years old were found to have a diagnosable mental health disorder within the previous year³.

Mental disorders have been found to be the leading cause of disability for the 15-44 age group⁴. When these illnesses go untreated they can lead to school failure, family conflicts, drug abuse, violence and even suicide. Due to the dramatic impact mental health issues can have on an individual's functioning it is imperative that those affected are provided quality and affordable treatment to ensure success. Despite the prevalence and overwhelming impact of these disorders, 79 percent of children ages 6 to 17 with a diagnosed mental disorder do not receive mental health services⁵. 62 percent of all adults with a diagnosable mental disorder do not receive assistance³.

The results of untreated mental illness are devastating to families and the community. In 2006, 824 Hoosiers lost their life to suicide, which is almost always the result of an untreated mental illness⁶. In 2009, 17.2 percent of Indiana high school students reported seriously thinking about committing suicide⁷. Students battling serious mental illness also struggle in the educational system, with 56 percent of students with a serious mental illness and receiving special education services dropping out of school in the 2006-07 school year⁶.

Various barriers exist to families and children receiving services for mental health disorders, such as income, Managed Care systems, and stigma⁸. Effective mental health treatments can be very expensive and many individuals

rely on their health insurance coverage to assist in paying. However, due to mental health coverage limits and eligibility guidelines for public and private insurance, many adults and children are unable to cover the cost of the needed treatment and medication⁹. Indiana has made positive strides in supporting mental health services for children by including coverage for mental health services in the State Children's Health Insurance Program in 2009⁷. In many instances, as mental health services are not financially viable, children are being shifted to the Department of Corrections or child welfare system to address needs that would be more appropriately dealt with through mental health services. This is demonstrated in the fact that more than 80 percent of children in foster care have developmental, emotional, or behavioral problems⁵. 44 percent of adolescents who have been in foster care also report to being involved in delinquent activities which led to court charges⁵.

The Hoosier Assurance Program (HAP) is the main source of funding for mental health and addiction treatment in the state. This program is based on income eligibility and provides behavioral health care services. Under this program, 66,022 adults were treated for serious mental illness and 33,857 children were treated for serious emotional disturbance¹⁰. However, it has been estimated that 227,000 adults and 71,000 children between 9 and 17 have serious mental health issues in the state of Indiana⁶. This exemplifies the need to locate other supportive mechanisms to assist families in obtaining treatment and financing appropriate services.

Due to the high number of families dealing with mental health issues that are also involved with the child welfare system, it is critical to implement a Systems of Care model to treatment. The multitude of barriers to accessing appropriate treatment directly impacts the ability of families and children to be reunified and achieve permanency. Systems of Care building on a family driven model that utilizes comprehensive services across sectors and supportive family partners has demonstrated success in overcoming barriers to treatment and positive outcomes for families¹¹.

The Commission on Disproportionality in Youth Services examined the disproportionate number of children of color who have an undiagnosed or misdiagnosed mental health challenge, but are underrepresented in accessing mental health services. Often times youth of color who have a diagnosable mental disorder are served through the juvenile justice, instead of receiving community based mental health services before behaviors escalate into a more punitive measure. It is essential that the state of Indiana remove any barriers for children of color to access services and to ensure that funding mechanisms allow for appropriate and quality services for all children.

Drug and Alcohol: Substance abuse is closely correlated with the presence of a mental health disorder for many individuals. It is estimated that almost 20 percent of individuals with a diagnosed mental health issue also have a substance use disorder². The abuse of drugs and alcohol impacts physical and mental health, the stability of the family, and creates opportunity for illegal behavior and activity. It is estimated that adults ages 18-25 have a 21.3 percent prevalence rate for addiction disorders, and adults age 26 and over have a prevalence rate of 6.7 percent for addiction disorders¹². In 2007, 453,000 Hoosiers were classified as having a dependence or abuse of alcohol or illicit drugs¹². 134,000 individuals who needed illicit drug use treatment and 349,000 needing alcohol use treatment from a specialty addiction facility did not receive services in 2007¹².

Many of those individuals who are addicted to alcohol or drugs are parents and these addictions have direct impact on their children's positive development. Approximately 11 percent of children live with at least one parent who has a substance abuse problem and is in need of treatment¹³. The misuse of substances may negatively impact the ability of parents in meeting their children's social, emotional, and physical needs both short and long term¹⁴. This inability to meet the needs of children can lead to involvement of Department of Child Services for child maltreatment. It has been estimated that

between 50 to 78 percent of parents involved in child welfare systems are abusing alcohol or drugs¹⁵. It has been shown that child welfare cases involving substance abuse by a parent resulted in the children exhibiting more severe challenges and longer time in out of home care due to the nature of substance use treatment and recovery¹⁶.

Parental substance abuse has been linked with an increase risk in substance use among their children¹⁷. Teen substance use and abuse has been a serious problem in Indiana leading to fatal car accidents, overdoses, etc. Nine out of ten Indiana youth say that alcohol is easy to obtain¹⁸. It is estimated that in year 2010, Hoosier tax payers pay over \$1.2 billion in underage drinking costs due to medical care, work loss, and pain and suffering expenses¹⁹. In 2010, Hoosier teens in grades 6th through 12th reported a decrease in the use of cigarettes⁷. Most other drug use remained relatively the same since the previous 5 years; with the two most prevalent substances being alcohol and marijuana⁷. However, prescription drug use is on the rise. In 2006, it was found that 7 percent of young people were using prescription drug use recreationally; however in 2010, this rate has more than doubled to 14.6 percent⁷.

Due to the impact of substance use on families and children, it is imperative that individuals have access to treatment and preventative services (i.e. Drug and Alcohol awareness information). The societal and family costs of substance use disorders due to loss of productivity, crime, medical care, and family discord can be mitigated by investment in comprehensive programming. Substance use treatment is often linked with the availability of health insurance, since millions of Americans lack comprehensive health care coverage poor, underinsured children and families should have options to access preventative and treatment services.

CBI Program Impact and Participation:

Many of CBI's families and children served are directly or indirectly impacted by mental health issues, including substance abuse. Programs such as Family Preservation and Integrated Services Pilot provide mental health counseling. Prevention programs such as NACS and Community Partners connect clients with available services in their community. Both children and families need ready access to treatment to impact functioning and achieve stability in their lives.

For More Information Contact:

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<http://www.childrens-bureau.org/corp/adv/index.php>

¹ National Alliance for on Mental Illness. (2011). *Mental illnesses*. Retrieved from, http://www.nami.org/template.cfm?section=about_mental_illness

² Substance Abuse and Mental Health Services Administration. (2010, November). *National survey reveals 45.1 million adults in the US experienced mental illness in the past year*. Retrieved from, <http://www.samhsa.gov/newsroom/advisories/1011180411.aspx>

³ National Institute of Mental Health. (2011). *Any disorder among children*. Retrieved from, http://mentalhealth.gov/statistics/1ANYDIS_CHILD.shtml

⁴ National Institute of Mental Health. (2006). *The numbers count: Mental disorders in america*. Retrieved from, <http://www.nimh.nih.gov/health/publications/the-numbers-count-mental-disorders-in-america/index.shtml>

⁵ Bazelon Center for Mental Health Law. (2007). *Facts on children's mental health*. Retrieved from, <http://www.bazelon.org/issues/children/factsheets/children-fact%20sheet%20final.pdf>

⁶ National Alliance on Mental Illness. (2011). *State statistics: Indiana*. Retrieved from, <http://www.nami.org/ContentManagement/ContentDisplay.cfm?ContentFileID=93492>

⁷ Indiana Youth Institute. (2010). *Kids count in Indiana: 2010 databook*. Retrieved from, <http://iyi.org/resources/pdf/2010-Kids-Count-in-Indiana-Data-Book.pdf>

⁸ Center for Disease Control and Prevention. (2006). *Eliminate disparities in mental health*. Retrieved from, <http://www.cdc.gov/omhd/AMH/factsheets/mental.htm>

⁹ Bazelon Center for Mental Health Law. (2004). *Fast facts on insurance coverage and access to services for children with serious mental health needs*. Retrieved from, <http://www.bazelon.org/issues/insurance/factsheets/children.pdf>

¹⁰ Indiana Department of Mental Health and Addictions. (2010). *2009 Community mental health services block grant report*. Retrieved from, <http://www.in.gov/fssa/dmha/2675.htm>

¹¹ Friesen, B., Katz-Leavy, J., & Nicholson, J. (2011). *Supporting Parents With Mental Health Needs in Systems of Care*. Washington, DC: Technical Assistance Partnership for Child and Family Mental Health.

¹² Substance Abuse and Mental Health Administration. (2011). *2007 state estimates of substance use and mental illness: Indiana*. Retrieved from, <http://oas.samhsa.gov/2k7/State/Indiana.htm>

¹³ US Department of Health and Human Services. (No Date). *Children of substance abusers*. Retrieved from, <https://ncadistore.samhsa.gov/catalog/facts.aspx?topic=17>

¹⁴ Social Care Institute for Excellence. (2005). *Parenting capacity and substance misuse*. Retrieved from, <http://www.scie.org.uk/publications/briefings/briefing06/index.asp>

¹⁵ Children and Family Research Center. (2002). *Parental substance abuse and child maltreatment: Literature review*. Retrieved from, <http://www.cfrc.illinois.edu/LRpdfs/ParentalSAMaltx.LR.pdf>

¹⁶ Child Welfare Information Gateway. (2009). *Parental substance use and child welfare system*. Retrieved from, <http://www.childwelfare.gov/pubs/factsheets/parentalsubabuse.cfm>

¹⁷ National Survey on Drug Use and Health. (2005). *Mother's serious mental illness and substance use among youths*. Retrieved from, <http://www.drugabusestatistics.samhsa.gov/2k5/motherSMI/motherSMI.htm>

¹⁸ Coalition to Reduce Underage Drinking. (2005). *Underage drinking*.

¹⁹ Underage Drinking Training Enforcement Center. (2011). *Underage drinking in Indiana*. Retrieved from, <http://www.udetc.org/factsheets/IN.pdf>