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## **Mental Health**

**Mental health is an essential part of a child's overall health that can affect physical health, academic achievement and interactions with others in school and programs.**<sup>1</sup> Many Hoosier children struggle with mental health issues that could be mediated or alleviated by receiving the appropriate services. In fact, research shows that half of all lifetime cases of mental illness begin by age 14.<sup>2</sup> However, 40 percent of children who need mental health services are not receiving these services.<sup>3</sup>

It is difficult to comprehensively count how many Indiana children need or receive mental health care because services are provided by a mix of specialists (psychiatrists, psychologists, social workers and others) in both the public and private sectors.<sup>4</sup> This issue brief provides an overview of data that is available about childhood mental health needs and services, as well as providing links to resources for individuals who may need to refer a child and his or her family to mental health services.

#### How Many Children Need Mental Health Services

An estimated one in five adolescents have a diagnosable mental health disorder.<sup>5</sup> Nationally, about 14.4 percent of children have minor emotional or behavioral difficulties, and an additional 5.3 percent have definite or severe difficulties. Youth struggle with a variety of different mental health issues, including depression, anxiety and behavior problems.

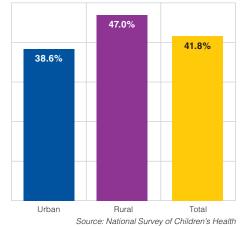
One study found that in Indiana 1 in 20 children have a behavior or conduct problem (5.3%), 4 percent have a problem with anxiety, and 3.1 percent have experienced depression. Additionally, youth who abuse substances such as alcohol or other drugs are served through the mental health system and often have co-occurring disorders.<sup>6</sup>

- According to the 2015 Indiana Youth Survey, 1 in 6 Indiana high school students (16.6%) used a drug other than alcohol or tobacco in the previous month, and one in 14 used a drug other than alcohol, tobacco or marijuana (7.1%).<sup>7</sup>
- In 2012, drug overdose was the underlying cause for 116 deaths of Hoosiers ages 15-24.<sup>8</sup>



In this brief, "mental health issues" include diagnosable disorders as well as behavioral or emotional problems that are severe enough to interfere with a child's daily functioning.

Percentage of Children Ages 2-17 Who Needed but Did Not Receive Mental Health Services in Past 12 Months, 2011/12



#### How Many Children Currently Receive Mental Health Services

Services for individuals who have mental health issues are provided through a variety of organizations, both nonprofit and for profit, and by professionals with various backgrounds and credentials, ranging from social work to psychiatry. Most commonly, mental health issues are handled through the private healthcare system, especially for those who have health insurance. Low-cost or sliding-scale treatment programs are available in many communities.

• Nearly one in eight Indiana children older than five received treatment or counseling from a mental health professional in the last year (12.0%).<sup>9</sup>



 In 2012, 835 teenagers (12-17) were admitted to treatment facilities in Indiana for drug use. More than half of these admissions were for marijuana use (61.1%).<sup>10</sup>

Young children also may suffer from mental health issues, such as toxic stress and attachment disorder. A nationally representative study found that about 16 percent of children ages 2-5 were diagnosed with a mental health problem, including a serious emotional disorder, anxiety disorder, disruptive behavior disorder, ADHD, or depression.<sup>11</sup> Toxic stress – the body's physiological reaction to environmental stress – can disturb brain development in young children, leading to emotional, behavioral, and physical problems later in life.<sup>12</sup> Attachment disorder, or the inability for young children to consistently connect with a parent or caregiver, limits children's ability to develop meaningful relationships.

The Division of Mental Health and Addictions (DMHA) provides funding to help support the delivery of services to individuals living at or below 200 percent of poverty or who are enrolled in Medicaid.



In Indiana, 50,823 children younger than 18 with a severe emotional disturbance (SED) were served by the DMHA in state fiscal year (SFY) 2014. Indiana's DMHA serves 30,762 individuals ages 0-12 (2.7 percent of the population in that age group) and 20,061 individuals ages 13-17 (4.4 percent of the population in that age group).<sup>13</sup>

#### **Services Received in Systems**

**Research has found that youth who are involved with the child welfare or juvenile justice systems have greater needs for mental health services than their peers.**<sup>14</sup> One national survey found that children with more severe emotional disturbances had higher rates of being arrested, dropping out of school, failing a grade and spending time in a juvenile correctional facility.<sup>15</sup> The following data points represent mental health needs in different Indiana systems of care.

- Since 2008, youth entering most juvenile detention centers in Indiana are screened for mental health needs. Of these youth, 70 percent scored a "caution" or "warning" level on at least one scale, and about 20 percent scored above the state cuttoff requiring immediate response.<sup>16</sup>
- In 2013, 2,914 juveniles were on probation as a result of a substance abuse offense (17.7% of all juveniles on probation).<sup>17</sup>
- Just fewer than half of all Indiana children declared as Children in Need of Services (CHINS) in SFY 2009 received mental health or addiction treatment covered by DMHA or Medicaid, 17.4 percent of whom received the services prior to their contact with the Department of Child Services.<sup>18</sup>



#### Signs and Symptoms & How to Handle Them in Your Program

Signs and symptoms of mental health distress vary by child age and developmental **maturity.** Sudden changes in thoughts and behaviors or the onset of several symptoms rather than just one may indicate a need for mental health services.<sup>19</sup>

The following is a generalized list of feelings, thoughts, behaviors and physical signs that may indicate a child could benefit from professional help regarding a mental health condition.<sup>20, 21, 22, 23</sup>



#### Feelings:

- Sadness or withdrawal lasting at least two weeks
- Severe mood swings
- Extreme highs and lows
- Intense worries or fears
- Strong anger



#### **Thoughts:**

- Strange thoughts (delusions)
- Seeing or hearing things that aren't there (hallucinations)
- Repeated thoughts of death
- Confused thinking
- A desire to badly hurt others



#### **Behaviors:**

- Drastic changes in behavior or personality
- Dangerous or out-of-control behavior
- Persistent aggression, temper tantrums or fighting
- Carrying a weapon
- Persistent disobedience or defiance of authority
- Truancy, theft, and/or vandalism
- Dramatic changes in eating or sleeping habits
- Trouble focusing or sitting still
- Using drugs or alcohol
- Social withdrawal; repeated refusal to go to school or to take part in normal activities
- Returning to behaviors more common in younger children, such as bed-wetting
- Decline in school performance
- Attempting suicide
- Persistent nightmares

#### **Physical:**

- A sudden loss of appetite
- Sudden weight loss or gain
- Persistent headaches and stomachaches
- Self-destructive behavior such as head-banging, cutting or burning themselves
- Racing heart or fast breathing in association with excessive fear or anxiety
- Hyperactivity or fidgeting
- Unexplained physical ailments

More information about symptoms that are specific to a particular mental illness can be found at www.mentalhealthamerica.net/mental-health-information.



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#### **How to Help**

#### Be attentive.

**Early intervention can greatly improve a child's wellbeing.** However, it may be difficult to tell the difference between typical behavior changes as a child develops and those associated with more serious problems. Many conditions are cyclical and periods of strong symptoms may come and go.<sup>24</sup>

Pay special attention when the behaviors or symptoms have any of the following attributes:<sup>25</sup>

- They exist across a variety of settings, such as at school, at home, or with peers.
- They significantly interfere with everyday life.
- They last more than two weeks at a time.
- They are a sudden and drastic change for the child.
- They are self-destructive.

#### Talk to the child.

#### In most situations, it is necessary to talk to a child or young adult to more accurately assess the situation.

When speaking with a child about mental health issues, speak in a straightforward manner and at a level that is appropriate to the child's age. Ensure the child is in an environment that is safe and comfortable and watch for social cues to indicate whether to slow down or back up during the conversation.

During the conversation, listen attentively and remain respectful and understanding of the child's feelings. Provide support and guidance through the conversation and following interactions.<sup>26</sup> The following list of questions may help start a conversation with a child about mental health:<sup>27</sup>

- Can you tell me more about what is happening? How you are feeling?
- · Have you had feelings like this in the past?
- I'm here to listen. How can I help you feel better?
- Do you feel like you want to talk to someone else about your problem?
- I'm worried about your safety. Can you tell me if you have thoughts about harming yourself or others?

#### Talk to the child's parents.

#### If, through observation and conversation, you suspect that a child may benefit from mental health services, speak with the child's parents about how to access services. Remember that only a mental health professional can diagnose a child. Encourage parents to learn more about their child's symptoms and speak with the child's doctor or a mental health care provider about their concerns.<sup>28</sup>

#### Make referrals to services.

### **Parents may not know where to go to get services for a child with a mental health care need.** A good first step is to encourage parents to talk to the child's school about special education services provided under the Individuals with Disabilities Education Act (IDEA) or to the child's pediatrician.



### If a child is in crisis, seek help immediately.

Dial 911 for immediate assistance if a child poses a threat to him/herself or others.

For non-emergency referrals in most Indiana communities, dial 211.

For a list of mental health providers by Indiana county, visit the Indiana Division of Mental Health and Addiction website: <u>http://www.in.gov/fssa/dmha/2578.htm</u>.

#### **Resources**

The following is a list of other services that individuals serving children, youth or parents may find useful in assessing and intervening on behalf of children with mental healthcare needs:

#### **Referral Services**

#### Indiana Family and Social Services Administration, Division of Mental Health and Addiction

Provides information and services for mental health care, including substance abuse, finding local providers, and treatment options. <u>http://www.in.gov/fssa/dmha/index.htm</u>

#### The Substance Abuse and Mental Health Services Administration (SAMHSA)

A national agency with a mission to reduce the impact of substance abuse and mental illness in America that provides treatment services locators, the national suicide lifeline, and treatment referral routing. <u>www.samhsa.gov</u>

- Treatment Referral Helpline at 1-800-662-HELP (4357).
- Suicide prevention lifeline: 1-800-273-TALK (8255) or <u>www.suicidepreventionlifeline.org</u>
- Behavioral Health Treatment Locator allows users to find alcohol and drug abuse treatment and mental health treatment facilities by address, city, or zip code. https://findtreatment.samhsa.gov/

#### Indiana 211 Connect2Help

A free and confidential service that helps Hoosiers across Indiana find the local resources they need including: mental health services, shelter, support groups, medical transportation, and more.

http://www.connect2help211.org/ or dial 2-1-1

#### Indiana Council of Community Mental Health Centers, Inc.

The Indiana Council of Community Mental Health Centers supports certified community mental health providers in Indiana through advocacy efforts, providing resources, and continuing education. Provides a list of resources on organizations, policies, issues and information for mental health organizations. http://www.iccmhc.org/resources

#### The Centers for Disease Control and Prevention.

• Learn the Signs. Act Early. Resources to track the development of a child from birth to five years including free materials, trainings (with CEU credits available), and tools for specific for families, early childhood educators and healthcare providers

 Developmental Screening Factsheet explains developmental delays, the importance of developmental screenings and the screening process in both English and Spanish. <u>http://fvindiana.org/Files/CDC\_Dev\_Screen\_Factsheet.pdf</u>

#### **Training or Toolkits**

#### Indiana Association for Infant and Toddler Mental Health

Fact sheets for early intervention providers to help others understand infant mental health topics and how they can support infant and toddler social emotional development. Each sheet is designed to address common questions and encourages early intervention providers to refer when there are additional questions.

https://iaitmh.org/resources/fact-sheets-for-providers

#### SAMHSA

- Youth Mental Health First Aid course and webinar can help teachers, school administration, coaches and faith leaders recognize early signs of mental illness and substance use, provide support in possible crises and refer young people to professional help. Course: <u>http://</u><u>www.mentalhealthfirstaid.org/cs/take-a-course/coursetypes/youth/ Webinar : <u>http://www.thenationalcouncil.</u> <u>org/webinars/using-youth-mental-health-first-aid-fostergrit/</u>
  </u>
- Tips for Talking With and Helping Children and Youth Cope After a Disaster or Traumatic Event: <u>http://store.</u> <u>samhsa.gov/shin/content/SMA12-4732/SMA12-4732.pdf</u>

#### **Indiana Prevention Resource Center**

Provides data, training, technical assistance, and resources on substance abuse prevention and treatment in Indiana. IPRC enable prevention and treatment professionals with evidence based programs, policies and practices. <u>http://www.drugs.indiana.edu/</u>

#### Technical Assistance Partnership for Child and Family Mental Health

Access an archive of resources on addressing the mental health needs of children, youth, and families, and the services and supports that meet those needs. http://www.tapartnership.org/content/mentalHealth/

#### National Technical Assistance Center for Children's Mental Health at Georgetown University

The TA Center is dedicated to improving behavioral health systems and services for children and their families all across the country. They offer workshops, webinars, and continuing education opportunities to address the mental health needs of children and their families. <u>http://gucchd.georgetown.edu/67211.html</u>

#### **Indiana Initiatives/Coalitions**

#### Children's Mental Health Initiative; Indiana Department of Child Services

This Initiative is designed to help families who are caring for a child, between 6-17 years old, who is diagnosed with at least 2 mental illnesses. The Children's Mental Health Initiative's objective is to allow families access to an array of services, without having to enter into the welfare or probation system. <u>http://www.in.gov/dcs/3401.htm</u>

#### Indiana's System of Care (INSOC); Indiana Family and Social Services Administration

Provides technical assistance, policy recommendations and resources to support communities in the

development and sustainability of their local care system. Maintains a list of available grant opportunities for mental health programs. <u>http://www.in.gov/fssa/dmha/2754.htm</u>

#### Indiana Association for Infant and Toddler Mental Health

To advance the conditions which provide an early start toward optimal mental health. All infants and toddlers are entitled to an opportunity to grow, learn and develop in a way that enhances their social and emotional health so that they may reach their maximum potential. https://iaitmh.org/

#### Mental Health America - Indiana (MHAI)

MHAI provides advocacy, legal services, employment services, peer learning, and educational fairs. It also connects families and caregivers for support. https://mhai.net/

#### **Family Voices Indiana**

Family Voices Indiana is a family-led organization that provides information, education, training, outreach, and peer support to families of children and youth with special health care needs and the professionals who serve them. http://fvindiana.org/

#### **IYI Resources**

**The latest data is at your fingertips with IYI's Data Center.** Search statistics and gather data to improve your program planning and grant writing or, request customized data. Go to www.iyi.org/data.

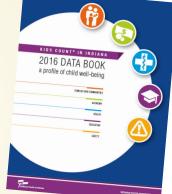
Get the most comprehensive overview of children's well-being in Indiana. **Download** the Kids Count in Indiana Data Book at <u>www.iyi.org/databook</u>.

Want in-depth information on youth? Check out the free resources at **IYI's Virginia Beall Ball Library.** We will mail you the library materials and include a postage paid return envelope. Go to www.iyi.org/library for details.

Have a quick question or want to bounce an idea around? **Contact Ask IYI** for free resources and tips: call 1-855-2ask-IYI or visit <u>www.iyi.org/ask</u>.

**Looking for training on youth issues?** IYI provides regional trainings and free webinars on youth development and nonprofit management. Go to <u>www.iyi.org/trainings</u> for details.

Need one-on-one assistance with planning, evaluating, or expanding your organization? Benefit from IYI's Consulting Services and receive professional help at affordable hourly rates – discounted far below market value. Go to <a href="https://www.iyi.org/consulting-services">www.iyi.org/consulting-services</a> for details.



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