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As Affordable Care Act Expands Coverage for Children’s Mental Health Services, New Report Exposes Barriers and Opportunities

George Washington University Study Reveals Promising Practices, Partnerships

WASHINGTON, DC, March 6, 2013 – With the Patient Protection and Affordable Care Act aiming to expand coverage for critical mental health services, a new study by children’s health policy experts at the George Washington University Center for Health and Health Care in Schools (CHHCS) shows that meaningful improvements will also require state and local governments to address the systemic impediments that lead to significant shortfalls in care.

“The children’s mental health system is as fragile as the at-risk youth it is intended to serve,” said Julia Graham Lear, PHD, a senior advisor and founder of CHHCS and the co-author of the study, Improving Access to Children’s Mental Health Care: Lessons from a Study of Eleven States. “The system is racked not only by chronic funding shortages but also by significant challenges and disconnects between the many institutions that serve children and families. This analysis, however, highlights ways in which policymakers, advocates and service providers must work together to elevate children’s mental health on the public agenda and seek comprehensive solutions to addressing this critical public health need,” she added.

While the Affordable Care Act creates a unique opportunity to expand mental health services for children, Donna Behrens, RN, MPH, associate director of CHHCS and lead author of the paper, comments that “the underdeveloped state of children’s mental health services across the United States imperils the potential success.” She adds, “Unlike children’s physical health services for which there is a robust private and publically funded functioning system, management and delivery of mental health services is much less well developed or coherent.”

Fewer than 10 percent of children identified as needing mental health services get them within three months of recommendation, and fewer than half of those diagnosed with a serious emotional disorder ever get treatment from an appropriate mental health clinician. “While lawsuits have driven some states to improve treatment services for young people, critical prevention programs and services are sporadic at best,” said Olga Acosta Price, PhD, study co-author and Director of CHHCS.

Bright Spots for Children’s Mental Health Services

With a grant from the Robert Wood Johnson Foundation, CHHCS researchers identified promising practices at the state level intended to increase access to children’s mental health programs and services. They interviewed 47 individuals from governors’ offices, state mental health agencies, education and health departments and child advocacy organizations in Arizona, Connecticut, Florida, Georgia, Massachusetts, Minnesota, New Mexico, North Carolina, Oregon, Texas and West - more -
Virginia to hone in on the most pressing challenges and promising strategies to improve mental health and well-being for America’s children.

Five of the eleven states offered bright spots of positive state strategies:

- West Virginia has implemented a statewide system that addresses prevention, early intervention and treatment and uses schools as an access point for reaching and serving children.

- Connecticut has demonstrated the value of making emergency psychiatric services available via schools.

- Massachusetts has expanded children’s access to mental health screenings through statewide health care reform.

- Minnesota is working to overcome professional shortages in rural areas through tele-psychiatry.

- North Carolina has demonstrated the power of partnerships between mental health professionals and physical health providers to elevate the need for children’s mental health services on the policy-making agenda.

**Prescription for Action**

Price noted the opportunities for schools and community mental health providers to work together in ensuring delivery of children’s mental health services. “Successful partnerships are developing among those addressing the needs of children with diagnosed illnesses and disorders and those who working to ensure meaningful, evidence-based prevention and early intervention programs for all children,” Price said.

Lear, who has deep expertise in school-based health programs to promote children’s well-being, recommends states assess where progress has been made and what partners are moving the agenda forward. In addition, state leaders need to explore which alliances prove enduring and effective and what confluence of events or interests can lead to overall success.

This study is the second in a series by CHHCS that reports on strategies to strengthen and sustain children’s mental health services and prevent the onset of problem behaviors. The first study, *Developing a Business Plan for Sustaining School Mental Health Services*, examines three case studies in which local communities partnered with state agencies to finance school-connected services.

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**About the Center for Health and Health Care in Schools**

The Center for Health and Health Care in Schools is a nonpartisan resource center at George Washington University’s School of Public Health and Health Services that builds on a 20-year commitment to achieve better health outcomes for children and adolescents through school-connected health programs and services. CHHCS’s web site, [www.healthinschools.org](http://www.healthinschools.org), provides up-to-date information for health professionals, educators and families to assist in promoting the health of children through school-connected programs.