

Position paper

Financing Mental Health Services for Adolescents: A Position Paper of the Society for Adolescent Medicine

Mental health is essential for normal adolescent development. When adolescents' mental health is compromised, adolescents, their families, their communities, and society all bear a heavy burden. Mental health services are essential for adolescents having problems in this area. However, problems related to financing continue to limit many adolescents' access to mental health services in the United States [1].

Approximately 20% of children and adolescents have a diagnosable mental health disorder [1]. Mental health problems among adolescents are associated with significant emotional suffering, potential physical consequences and mortality, and high financial costs to society [2]. When left untreated, these conditions are associated with increased rates of academic underachievement, school dropout, and involvement with the juvenile justice system, strained family relationships, and significant health compromising behaviors such as unprotected sexual intercourse and substance use [3–6]. The financial burden of care for an adolescent with mental illness may exhaust a family's financial resources, forcing family members to take on multiple jobs, to incur substantial debt or, in some cases, to relinquish custody of their child in order to obtain the services necessary for continued care [7].

Treatment of mental health problems is most effective when problems are identified early and appropriate treatment begins without delay [8]. Despite the availability of effective treatments, only 24% of children and adolescents who need mental health services receive treatment [9]. The U.S. Surgeon General's report cited missed opportunities for prevention and early identification of mental health problems, fragmented services, insurance restrictions, and low priorities for resources as key obstacles impeding access of children and adolescents to the services necessary to treat mental health disorders [1]. Although many national organizations have highlighted the importance of financing mental health care, most do not provide detailed adolescent-specific information or recommendations on financial access to comprehensive mental health care for this population and do not address how issues of financial access to mental health care specifically affect the health and well-being of adolescents.

The Society for Adolescent Medicine endorses the following positions:

A comprehensive range of mental health services, including substance abuse treatment services, should be available and financially accessible to all adolescents regardless of age, race, ethnicity, family income, parent/guardian's employment status, pre-existing conditions, and health insurance status. At a minimum, these services should include those recommended by the Surgeon General's report [1], i.e.:

- Hospital and other 24-hour services (e.g., crisis residential services)
- Intensive community services (e.g., partial hospitalization)
- Ambulatory or outpatient services (e.g., focused forms of psychotherapy)
- Medical management (e.g., monitoring psychotropic medications)
- Case management
- Treatment interventions that are organized to support families and consider children and their caregivers as a basic unit (e.g., family therapy, home-based treatment)
- Integrated community networks of care
- Intensive psychosocial rehabilitation services
- Other intensive outreach approaches to the care of people with severe disorders

Financial support for adequate mental health services should be assured for all adolescents and should not be denied based on:

- Type of public (e.g., Early and Periodic Screening, Diagnosis, and Treatment [EPSDT], State Children's Health Insurance Program [SCHIP], etc.), private (e.g., Fee-for-service, Preferred Provider Organizations, Health Maintenance Organization, etc.), or safety net (e.g., community health center, school-based health center) program through which mental health services are being provided;

- Corporate size of employer through which family members obtain insurance; or
- Placement of the adolescent in state or federal programs, such as the juvenile justice system or child welfare agencies

Financial access to mental health services should be coordinated across the range of public sector agencies that serve adolescents, including public health, child welfare, juvenile justice, and educational agencies.

- Adolescents with mental health disorders who are transitioning from state custody back to the community should be screened to determine if they are eligible for Medicaid or SCHIP, and they should receive referrals for age-appropriate, community-based mental health services.
- Access to mental health services should not be conditioned on parents relinquishing custody to a public agency or court.

Comprehensive parity laws should be enacted that prohibit discrimination in all facets of health insurance coverage between physical and mental health and substance abuse services. Mental health parity laws must apply to the full range of mental health disorders that occur during adolescence. When financial limits are imposed, they need to be reasonable and adequate to accommodate patients requiring more intensive services. Financial coverage needs to be provided in a manner and amount that:

- Allows flexibility in the types of services provided, in order to address the needs of different adolescent populations and types of mental health disorders including substance abuse disorders;
- Covers the time-intensive and human resource-intensive treatments required for effectively managing mental health and substance abuse disorders;
- Permits access to medical services required for appropriate management of medical complications that may be associated with these disorders; and
- Allows treatment for adolescents in need of long-term, more resource-intensive, community-based or residential mental health treatment without requiring families to relinquish custody of their children to gain financial access to treatment.

The essential role of Medicaid and SCHIP in providing a mental health safety net for millions of poor and low-income adolescents and young adults should be protected and enhanced:

- Eligibility for health insurance coverage through public programs such as Medicaid and SCHIP should be expanded to include adolescents and young adults under age 25 years;
- Current benefits and eligibility levels should not be restricted or reduced;

- Cost sharing for beneficiaries should not be increased;
- The structure of Medicaid as an entitlement program should not be converted to one or more block grant programs;
- EPSDT periodicity schedules in every state should cover annual well-adolescent visits, screening services that include comprehensive assessments of both physical and mental health, and referrals of adolescents for necessary mental health services; and
- Non-Medicaid, state-designed SCHIP programs that do not include EPSDT should include annual comprehensive well-adolescent visits in their benefits packages and should cover the full continuum of outpatient and inpatient mental health and substance abuse services.

Alternative funding mechanisms (federal and/or state) should be in place to fill gaps in public and private health insurance coverage that limit financial access to adequate mental health services for all adolescents.

Funding should be maintained or increased to ensure the sustainability and financial viability of the range of safety net providers and programs that provide mental health services to adolescents. A reasonable share of federal and state block grant funding for the prevention and treatment of mental health disorders and substance abuse disorders should be targeted to programs serving adolescents.

Routine quality assurance measures should include indicators relevant for adolescents with mental health disorders to ensure adequate availability, quality, and utilization of mental health services for adolescents within private and public insurance programs.

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