



Children's Mental Health in D.C.: The Mismatch Between Need and Treatment

Child well-being is important for community and economic development in our city. Young children with strong mental health are prepared to develop crucial skills that help build the basis of a prosperous and sustainable society. When we ensure the healthy development of members of the next generation, they will pay that back through productivity and responsible citizenship.

Unfortunately, not all children in the District of Columbia get the healthy start they deserve, with too many lacking the services they need to stay mentally healthy. A critical challenge that city leaders need to address is an overall shortage of mental health services for children in low-income families and a severe shortage in some parts of the city in particular.

Prevalence of mental disorders among adolescents

The District has no history of collecting comprehensive data on the prevalence of general or specific mental health disorders among children. Using national data is one way to approximate local prevalence and need, and, according to the D.C. Department of Mental Health, the prevalence of mental health conditions in the District resembles patterns nationally.¹

The National Comorbidity Survey (NCS), using a nationally representative sample of adolescents (ages 13-18) in the U.S., found that approximately one in every four or five met criteria for a mental disorder with severe impairment across their lifetime.² For D.C., this estimate would translate into between 7,300 to 9,200 adolescents.³

According to the NCS, the most prevalent mental illnesses among children were anxiety disorders (32 percent), behavior disorders (19 percent), mood disorders

(14 percent) and substance use disorders (11 percent). The median age of onset of disorders was earliest for anxiety (age 6), followed by behavior (11), mood (13) and substance use (15).

Despite the early onset of some of these illnesses, few studies have reliably measured the prevalence of mental disorders in younger children.

Available mental health services for children in D.C.: Inadequate to need

According to national studies, most children needing mental health services do not receive them.⁴ This is also true in D.C., which numerous reports have documented:

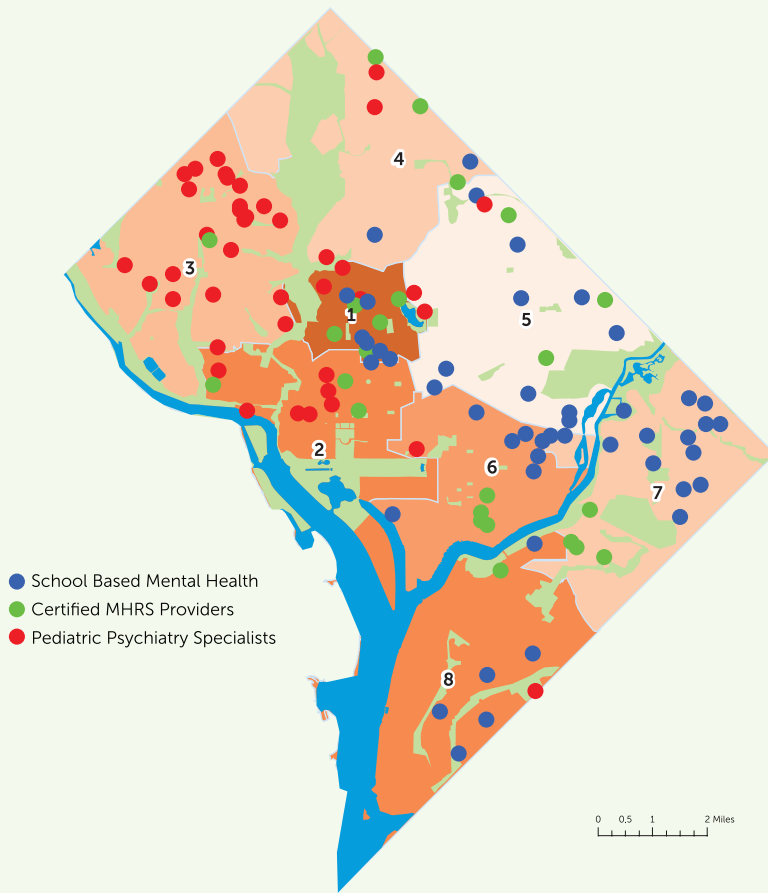
- Data suggest that at least half of D.C. children who are covered by Medicaid¹ do not receive the mental health treatment they need.⁵
- For D.C. children enrolled in Medicaid managed care organizations (MCOs), nearly all (88 percent) of those with a diagnosable mental health disorder did not receive treatment for it in fiscal year 2010.⁶
- While most D.C. children have health insurance and a medical home (as reported by their parents), they still have difficulty accessing mental health care and developmental assessments (along with dental care).⁷

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For more information, please contact Gwen Rubinstein, deputy director at DC Action for Children, at grubinstein@dckids.org.

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Figure 1: Pediatric Psychiatrists and Mental Health Providers by Ward



Source: RAND Corporation, 2009 (Ward Boundaries, 2002)

Shortage of mental health providersⁱⁱ

Among the reasons for the mismatch between need and available treatment for mental health services for D.C. children is an inadequate supply of mental health professionals for the services needed. Numerous reports have noted these service gaps.

Recent findings include:

- In MCOs, no network providers exist for certain pediatric specialists in behavioral and developmental health.⁸
- Referrals to specialists, even if available, are challenging. One primary mental health service provider reports that the average wait time for an initial outpatient appointment is 10 weeks.⁹

- The Department of Mental Health has reported (and continues to report) shortages in numerous clinical specialties, such as psychiatrists, social workers (masters level and above) and registered nurses in community mental health programs.¹⁰

The city does not even have baseline information about the number of active MCO mental health providers. A recent survey found that online provider directories are outdated, with more than half of listed providers no longer employed or in business.¹¹ The Department of Health Care Finance (DHCF) is not meeting its requirement to monitor MCO contract performance on measures of network adequacy (including annual GeoAccess maps), produce quarterly reports identifying

ⁱAccording to D.C. KIDS COUNT, about 60 percent of children in D.C. were publicly insured through Medicaid/CHIP in 2010.

ⁱⁱOf course, quality is another issue. On the Department of Mental Health's 2011 Core Services Agency Provider Scorecard, no agencies providing children's mental health services received the highest rating, and only one received the second highest rating.

providers accepting new patients and release annual measures of public transportation travel time between providers and enrollees.

Low reimbursement rates also contribute to the shortage of mental health practitioners who are willing to serve children on Medicaid.

The role of place

Another critical issue is place, specifically the difference between where children live and where services are located. D.C. children should have access to needed, appropriate and high-quality mental health services no matter their ZIP code.

Yet the distribution of pediatric mental health specialists is uneven across the city. Services east of the Anacostia River are particularly scarce,¹² despite the fact that more than one-third (39 percent) of D.C. children live in Wards 7 and 8.¹³ Anacostia is the only area of the city with census tracts designated by the federal government as mental health professions shortage areas.¹⁴

Data mapped by the RAND Corporation¹⁵ (see Figure 1) on the location of pediatric psychiatrists and mental health providers also show great disparities. Ward 8 had only eight providers (six of which were school-based and only one of which was a pediatric psychiatry specialist) for more than 20,000 children under the age of 18, while Ward 3 had more than 20 providers (almost all of which were pediatric psychiatry specialists) for about 10,000 children.

Steps for starting to address these challenges

Keeping these factors in mind, District leaders should take steps to:

- **Develop a shared baseline of data on child and youth mental health.**

Agencies, programs and providers in the District should define and consistently collect a comprehensive set of indicators on child and youth mental health, including prevalence, treatment

access and treatment outcomes. Legislation enacted this year¹⁶ requires a comprehensive youth behavioral health epidemiology report every five years – which should be a good start, as long as the effort includes younger children, as well. The data should be shared appropriately to ensure that all agencies – public and private – involved in funding and providing services to children and adolescents can make better, more informed decisions about their care.

- **Develop shared baseline of data on the availability of mental health services for children and youth.**

City leaders, service funders and service providers need more timely information about the adequacy of mental health providers, provider networks and services throughout the city. The data should be used to help identify where and how to expand the child and adolescent mental health workforce throughout the city, but particularly in areas with identified shortages, such as Wards 7 and 8.

- **Hold MCOs and other public and private insurers accountable for required reporting of how they are serving children and youth needing mental health services.**

Better public accountability and better enforcement of MCO contract performance (for example, on measures of network adequacy, including public transportation travel time) are needed and could be used to ensure that city leaders – and the public – understand better why children are not getting the mental health services they need.

- **Consider how to support providers to locate in underserved areas of the city.**

Incentives or subsidies could help ensure better distribution of child mental health specialty providers in areas of the city where services are needed but relatively less available.

DC Action for Children

Shaping Policy for DC's Youngest Citizens



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3. Based on DC Action for Children's KIDS COUNT analysis of 2010 Census data, approximately 36,900 children between the ages of 13 and 18 live in the District of Columbia.
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