

EARLY IDENTIFICATION AND INTERVENTIONS FOR CHILDREN WITH MENTAL HEALTH NEEDS

National PTA believes every child deserves the opportunity to grow into a happy and healthy adult, which includes mental, physical and overall well-being. Too often, however, mental health issues for children and young adults are misdiagnosed or never identified. National PTA supports robust federal, state and local policies that provide mental health services to all children, youth and their families so every child can reach their fullest potential. Furthermore, National PTA believes in greater outreach and education to parents, families and related groups so they can be advocates for their children and ensure their child's mental health needs are met under the letter of state and federal law.

According to the Centers of Disease Control and Prevention (CDC) up to one in five youth experience a mental health disorder, which is described as “serious deviations from expected cognitive, social and emotional development”¹—such as anxiety, attention-deficit/hyperactivity disorder, alcohol or substance abuse and depression. Research also shows that most mental health conditions will emerge or begin to manifest symptoms by age 14. The prevalence of mental health illness among children is a critical issue due to the effects on the child, their family and the community. Since youth spend a large amount of time in school settings, it is imperative that federal, state and local policies prioritize the use of school-based mental health interventions, services and personnel—especially at pre-kindergarten and elementary school levels—and ensure access to community-based services. Schools are uniquely situated to provide mental health prevention and intervention models and provide appropriate connections to mental health services and providers, as they have daily contact with students and families.

Furthermore, National PTA believes greater attention and resources should be provided for mental health early intervention and prevention services for non-school aged youth and their families. Early intervention and prevention can help to address a child's behavioral and mental needs before symptoms exacerbate into more detrimental social, emotional or academic behaviors or activities.

It is imperative that parents and families are part of any school-based or medical decision-making team that provides early intervention, preventive programs and/or mental health services. A strong and trusting relationship among the providers, school, school-based mental health professionals, school leadership, educators and parents is essential to support positive student mental, behavioral, interpersonal and academic outcomes. Studies have shown that

¹ Perou, R., Bitsko, R. H., Blumberg, S. J., Pastor, R., Ghandour, R. M., Gfroerer, J. C. ... Huang, L. N. (2013). Mental health surveillance among children – United States, 2005-2011. Retrieved from cdc.gov/mmwr/pdf/other/su6202.pdf

when mental health prevention and intervention programs are coordinated with families and communities, they are likely to be more effective than stand-alone programs.²

National PTA urges federal, state and local policymakers to prioritize mental health education, early intervention, prevention and access to school and community-based mental health personnel and services, so that all children can reach their fullest potential. The entire developmental span of youth—from birth to age 21—should be considered an entry point for diagnosis and treatment to ensure that every child has the opportunity for healthy development.

National PTA recommends:

- Any mental health intervention, prevention programs or services must include a strong family engagement component—including collaborative relationships with the family, school and community partners (physicians, early learning providers and caregivers and other related health providers)—as well as transparent and open communication and coordination between provider, school, parents and families.
- States and school districts provide the necessary resources to ensure adequate ratios (grounded in researched-based best practices) of school counselors, school psychologists, school social workers and school nurses, who are the most qualified professionals to provide school-based mental health services.
- States and school districts provide the necessary resources and support to ensure students can receive a proactive continuum of behavioral and mental health services.
- Federal, state and local policies prioritize outreach and education—including professional development for all school-based employees—in schools and communities regarding early childhood mental health and the recognition of youth mental health as a critical health issue.
- Federal, state and local policies promoting a continuum of care through school and community-based professional providers and services, beginning with early childhood mental health systems that include screening, diagnosis, treatment, referral and follow-up services through the age of 21, which is recognized and accepted by federal, state and private insurance programs.

² Power, T.J., Lavin, H.J., Mautone, J.A., & Blum, N.J. (2010). Partnering to achieve school success: A collaborative care model of early intervention for attention and behavior problems in urban contexts. In B. Doll, W. Pfohl, & J. Yoon (Eds.), *Handbook of youth prevention science* (pp. 375-392). New York, NY: Routledge.

- State use of Center for Medicaid and CHIP Services (CMCS) resources to help meet the needs of children under Early and Periodic Screening, Diagnostic and Treatment (EPSDT), a component of Medicaid, with respect to mental health services.
- Resources are specifically provided to build mental and behavioral health system capacity within schools and communities.
- States and localities adopt policies and/or practices that incentivize mental health practitioners and supervised interns to work in rural and inner-city schools and communities that serve under-represented populations.
- Federal legislation must maintain adequate access to mental health services and parity provisions, including those related to qualified and non-qualified treatment limitations.
- States and local communities—in partnership with professional and advocacy organizations—should provide greater consumer awareness around federal legislation, rules and guidance related to children’s health insurance programs and general health care provisions that impact mental and behavioral health.
- Federal and state policy must ensure that juvenile detention facilities provide appropriate, stable and safe placements and be adequately staffed and resourced to meet the mental health needs of detained and incarcerated youth.

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