



THE MEADOWS MENTAL HEALTH POLICY INSTITUTE

**Senate Select Committee on Violence in Schools and School Security
Children's Mental Health in the Wake of the Santa Fe Tragedy**

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Needs Among Texas Children and Adolescents

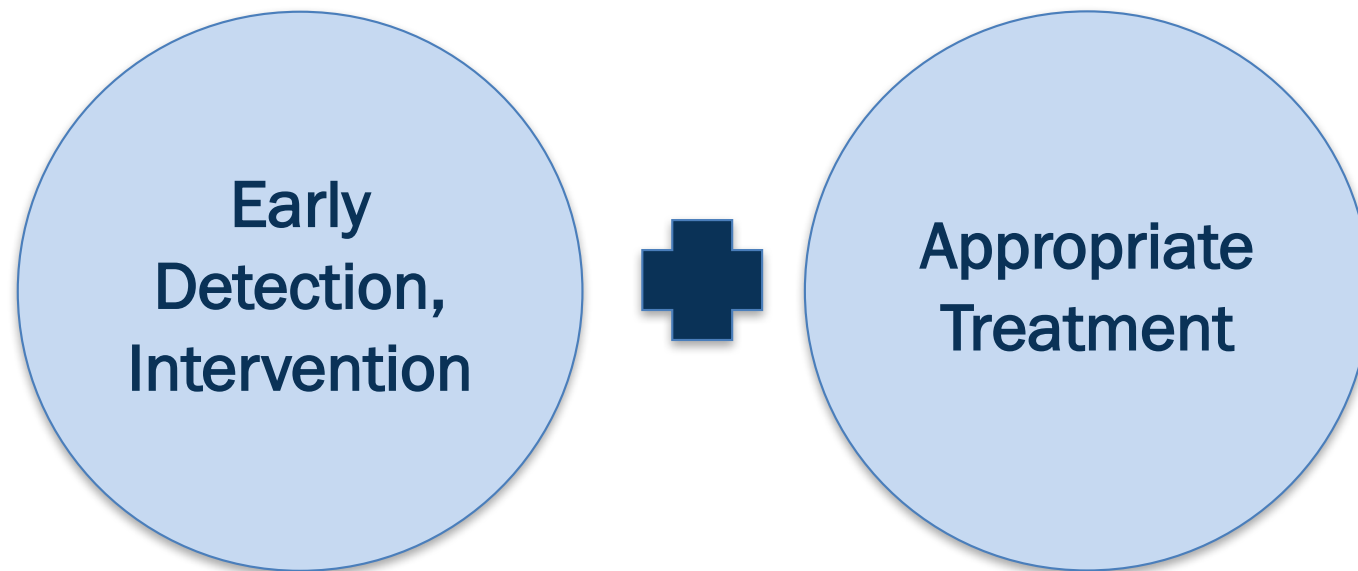
Mental Health Condition – Children and Youth	Age Range	Texas Prevalence
Total Population	6-17	4,900,000
Population in Poverty	6-17	2,300,000
All Behavioral Health Needs (Mild, Moderate, and Severe)	6-17	1,900,000
Mild	6-17	1,100,000
Moderate	6-17	430,000
Severe – Serious Emotional Disturbance (SED)	6-17	370,000
SED in Poverty	6-17	210,000
At Risk for Out-of-Home / Out-of-School Placement	6-17	20,000
Specific Disorders – Youth (unless otherwise noted)		
Depression	12-17	200,000
Bipolar Disorder	12-17	50,000
Post-Traumatic Stress Disorder	12-17	95,000
Schizophrenia	12-17	6,000
First Episode Psychosis (FEP) Incidence – New Cases per Year	12-17	900
Specific Disorders – Children Only		
All Anxiety Disorders – Children	6-11	270,000
Depression/All Mood Disorders – Children	6-11	25,000

The Link Between Violence and Mental Illness

- Mild to moderate mental illness is *not* a risk factor for violence; other factors drive violence (substance use, criminogenic risk).
- Severe mental illness drives slightly more risk.
(3 in 100 versus between 1 and 2 in 100)
- Specific subsets are at higher risk:
 - 20,000 children and youth with the most severe needs and the fewest economic and family resources
 - 900 youth with new psychotic disorders each year are at the highest risk (**15 times** more likely to commit *homicide* if untreated)

The Progression of Mental Health Conditions

- Half of all mental health conditions manifest by age 14; interventions work best at this early stage when symptoms are *less severe*, *more treatable*, and *more readily kept from escalating* to more dangerous conditions that increase risk.
- By young adulthood, **75% of lifetime cases have presented.**



The Ideal Mental Health System for Children

THREE KEY COMPONENTS:

- 1) Helping local schools **identify** needs and **link** to help:
 - **Early, before situations** become harder to treat; and
 - **Fast**, when a **severe** need arises and expertise is essential to maintain **safety** and **functioning**;
- 2) Helping pediatric primary care providers **find and treat mental illness early** when it is mild to moderate; and
- 3) Making **intensive treatment available** to children and youth with the most severe needs, *quickly, when needs emerge.*

1. Helping Local Schools Get Expert Evaluation

All schools need someone to coordinate identification and linkage (“liaisons”) – school counselors with dedicated time for mental health, school-based clinics, Communities in Schools, and others can fill this role.

- When a severe need arises, schools must be able to get expert evaluation on the scene *quickly*, and teachers and staff need rapid access to reliable advice and care.
- A few Texas schools have mental health experts on site, but that solution is not feasible for most schools and no single expert can answer every question.
- Telemedicine (such as TWITR) offers the infrastructure to fill the expertise gaps.

2. Leveraging Pediatric Primary Care Providers

75% of children with mental health issues who receive care, receive it in a primary care setting (family doctor, pediatrician).

- With the right early support, *most would not need a specialist.*

Nearly 30 states have implemented **Child Psychiatry Access Programs (CPAP)**.

A statewide system of regional children's behavioral health consultation and referral hubs located at academic medical centers.

Each hub can build over a few years to support the primary care needs of 900,000 children and youth.

Once fully operating, the cost is \$2 a year per child.

3. Making Intensive Treatment Available

About 20,000 children and youth each year need intensive treatment because of severe behavioral dysfunction.

- *They do not all need the same treatment.*
- **Highest risk of harming others:** About **900** Texas youth who first experience an episode of psychosis (FEP) each year.
- Psychosis is characterized by **hallucinations** and **delusions**.
 - Those with *untreated psychosis* are 15 times more likely to **commit homicide**. Effective treatment decreases the risk.
 - They also have a dramatically **elevated risk of suicide** and **other mortality**: 24 times the risk for their peers.
 - Today, treatment is delayed for seven years post-onset.

Treating Psychosis: Coordinated Specialty Care

Coordinated Specialty Care, a team-based approach (also known as FEP Care), starts *assertive and intensive treatment as soon after the initial psychosis as possible*.

Texas currently has **12 Coordinated Specialty Care** teams located at **10 community centers** across the state.

- Expected caseload for each team is **30**.
- Most are **age 18 or over** and served as adults.

Texas should at least expand **Coordinated Specialty Care programs** for all youth ages 14 - 18 (900 new cases a year).

- **Community centers** and **medical schools** should *collaborate to provide the care*, leveraging the expertise of each system.

TEXAS STATE
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MIND

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okay
to say

The truth is: mental illness affects more people than you may think, and we need to talk about it. It's Okay to say..." okaytosay.org
