Improving Access to Mental Health Services for Youth in the United States

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In the wake of the recent school shooting in Newtown, Connecticut, a public dialogue emerged about the accessibility of mental health care in the United States. Policy makers have called for a more critical examination of the mental health treatment system, and advocates are rallying around federal legislation that would strengthen community-based mental health services—especially for children and adolescents.[1] Although the implementation of recent federal policies (ie, the Mental Health Parity and Addiction Equity Act and the Affordable Care Act) will expand insurance coverage for mental health disorders among many US children, these expansions will not improve access if communities lack a sufficient infrastructure to serve those in need of care.

Mental health facilities that provide outpatient specialty services comprise a critical element of the treatment infrastructure for patients with mental health problems, especially for youth who are living in poverty, are uninsured, or are publicly insured. To inform the current dialogue, we report data from the 2008 National Survey of Mental Health Treatment Facilities and examine the extent to which gaps exist in this infrastructure. The survey is a national, facility-level survey of entities that provide specialty mental health services, such as psychiatric hospitals, residential treatment centers, freestanding outpatient clinics or partial-care facilities, and multiservice mental health facilities.[2] A response rate of 74% was achieved from the 13 068 facilities surveyed. Findings based on restricting the sample of counties to those with complete facility-level data were similar to results presented in the Figure.

Based on these survey data, only 63% of US counties have at least 1 mental health facility that provides outpatient treatment for children and adolescents, and fewer than half of US counties have a mental health facility with any special programs for youth with severe emotional disturbance (Figure). These gaps in infrastructure are especially pronounced in rural communities; fewer than half of rural counties have a mental health facility that provides outpatient treatment for children and adolescents, and only one-third have an outpatient facility with programs specially designed for youth with severe emotional disturbance.

These data likely represent conservative estimates of the extent of the problem, because state funding for mental health services has been reduced since 2008. Between 2009 and 2012, states eliminated more than $1.6 billion in general funds from their state mental health agency budgets.[3] These budgetary reductions have resulted in decreased services for children and adults with serious mental illness and closures of community mental health programs, especially in states that have consistently reduced their budgets since 2009.[3]

These gaps in the mental health facility infrastructure are part of a larger problem of geographic access to mental health services for persons with limited financial resources. Although some youth may seek treatment from mental health clinicians in solo or small group practices, the accessibility of these services is limited for youth who are either uninsured or publically insured. For example, only 3% to 8% of patients are covered by Medicaid for care provided by psychiatrists in solo or group practice, respectively.[4]

Although services delivered through school-based mental health programs could help address geographic and financial barriers to the mental health care system, many school systems have also faced substantial budgetary reductions since the economic downturn[5]; these budgetary reductions have affected the availability of school-based mental health programs. Even if schools can offer mental health services, they may lack the resources and personnel necessary to provide comprehensive services for youth with severe emotional disturbance for whom medication, intensive psychotherapy services, or both may be indicated.

One option for addressing these gaps in geographic accessibility for low-income youth is to expand the capacity of primary care safety-net facilities such as federally qualified health centers or rural health clinics to provide mental health services for youth. Nearly three-fourths of counties have at least 1 of these clinics,[6] most of which offer some types of mental health services.[7] Rural commu-

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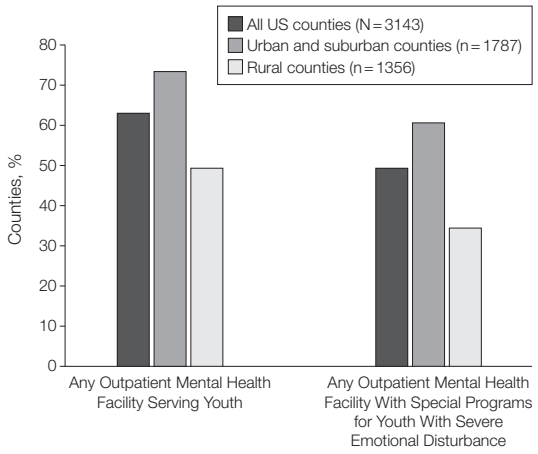
Figure. Percentage of US Counties With Outpatient Facilities Providing Mental Health Specialty Services to Youth



Adapted from data from the 2008 National Survey of Mental Health Treatment Facilities.[2]

nities in particular may have the capacity to support these primary care facilities, even if they do not have the capacity to support a specialty mental health treatment facility. However, these primary care safety-net facilities typically care for patients with less severe mental health disorders,[7] suggesting that they may require additional resources to be able to provide comprehensive services to youth with the most severe mental health problems. Telepsychiatry programs are one promising approach for providing specialty expertise for the treatment of complex patients in these primary care facilities.

In addition to expanding the number of facilities that can provide mental health services for children, efforts to improve access will also need to address the national shortage of mental health clinicians—especially those who specialize in providing services to youth. The Health Resources and Services Administration has designated more than four-fifths of US counties as partial or whole Mental Health Professional Shortage Areas.[6] Policy makers should work to ensure there is an adequate workforce to serve this population through mechanisms such as supplementary training grants and loan forgiveness programs.

These delivery system reforms are necessary but not sufficient to ensure access to needed mental health services for youth. Knowledge, attitudes, beliefs, and stigma about mental health problems and treatment greatly affect whether, when, and how youth access the treatment system.[8] Many youth do not receive treatment for mental health problems because they, their parents, or both do not perceive a need for services, do not believe treatment will be helpful, or are concerned about what others will think if they receive treatment. Educational outreach efforts about mental health problems and available treatment options are key tools for overcoming these gaps in knowledge and attitudes. School health curricula should be expanded to better address mental health problems and treatments.

Although the implementation of recent federal policies expands insurance coverage for mental health problems among many youth, the data presented here suggest large gaps in geographic access to mental health services for youth. These structural problems in access are compounded by ongoing shortages of mental health clinicians, lack of knowledge about mental health problems and available treatments, and stigma. The national dialogue that emerged from the Connecticut school shooting has provided an opportunity to address these challenges and achieve meaningful improvements in the mental health system that serves children. Improving access to mental health services for this vulnerable population will require an ongoing national dialogue, sustained commitment from policy makers, and a comprehensive approach that addresses the complex array of barriers to treatment that exist in the current system.

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