



Our Children's Mental Health Continuum: Hopes and Expectations

*Remember that children,
marriages, and flower
gardens reflect the kind of
care they get.*

H. Jackson Brown, Jr.

So How Are The Children?

- Student Survey 2016: 8,9, 11 grades
 - 22%, 23%, 28% felt hopeless several days in last 2 weeks
 - 7%, 8%, 10% felt hopeless more than half the days
 - 8% felt hopeless every day
 - 12% considered suicide during the last year
 - 4% attempted during the last year

So How Are The Children

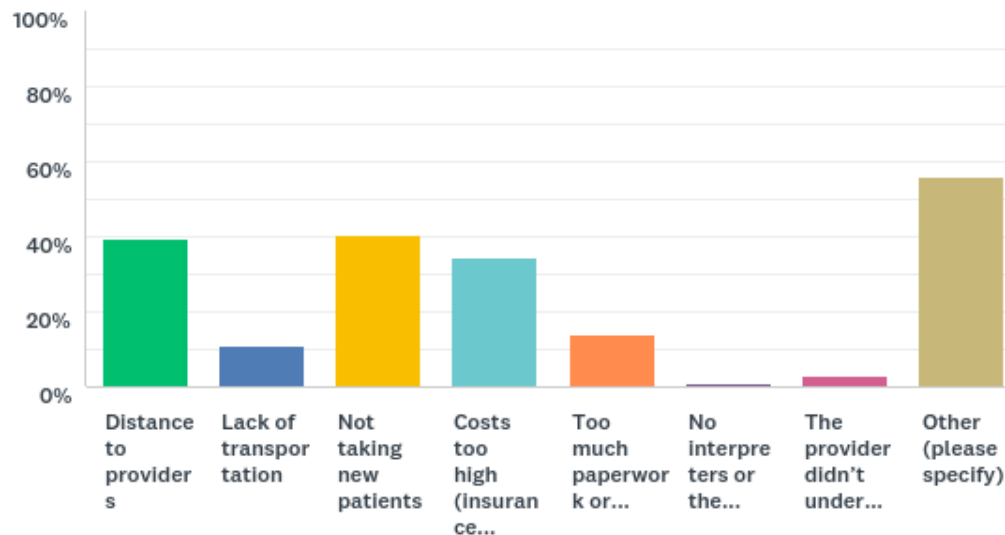
- 70,000 children live in high-poverty areas in MN
- 352,000 in single parent homes
- 104,000 in families where the head of the household doesn't have a high school diploma
- 292,000 children whose parent(s) lack secure employment
- 308,000 in families who have high burden for housing costs

So How Are The Children

- 9 % of Minnesota's school-age children and 5% of preschool children have a severe emotional disturbance, so about 109,000 children from birth to age 21 have a severe emotional disturbance
- 1 in 5 children overall have a mental illness
- An estimated 6,000 youth are homeless on any given night and 57% have significant mental health issues

What Are Barriers to Care

Q10 What has made it difficult for you/your child to get help? (Select all that apply)



What Are Barriers To Care

- Wouldn't treat until home life was settled
- Thought we were hypervigilant due to family history
- Not listening to parents, blaming us
- Time of appointments too difficult – losing job
- Long waits
- Provider turnover
- Not culturally competent

What Are The Barriers To Care

- For children, ages 0-17, a 56% increase in mental health Emergency Department visits in greater Minnesota and a 40% increase in the metro area.. Overall, the state went from 9,946 pediatric Emergency Department visits in 2007 to 19,368 visits in 2016.
 - Minnesota Hospital Association

What We Hear

- More than half (59%) had private insurance through their employer, with many others receiving their coverage through Medical Assistance.
- When important mental health services were not covered by insurance: respite care, in-home services, and PCAs.
- Other significant barriers to accessing treatment included long waiting times for 41% of respondents and the lack of workforce and providers for almost 65% of survey responses.

What We Hear

- A majority of the respondents were enrolled in school or some kind of education program, with 24% reporting that the youth receives special education. About 40% of respondents report that they are not satisfied with the education the youth is receiving. The problems identified in the survey include: difficulty implementing 504 plans, lack of adequate support personnel including social workers and counselors, and the need for more mental health providers in the schools.
- The most effective treatments according to survey respondents were therapy and in-home services. When asked what services they need but are not receiving, respondents emphasized respite care, need for more in-home services, and better insurance coverage.

What We Hear

- Workforce shortage, particularly culturally competent
- Narrow networks
- Huge fights with insurance companies
- Tension between day treatment & education
- Hospital beds far away, poor discharge planning
- County and insurance turning down residential
- Poor outcomes – school, juvenile justice, no friends, families emotionally & financially exhausted

PRTFs

Physical surroundings

- Warm colors, bright colors
- Lots of natural lighting
- Children's art, success stories – no cheesy motivational posters
- Space feels open
- Flexible seating and comfortable furnishings – sensory items?
- Sensory and calming rooms, private areas for family to meet with youth
- Private rooms 67% said it was important or very important and 79% said having a room mate was NOT important
- 56% indicated that single sex units were important/very important

Family Connections

- Parent/Family Support Groups
- Open and frequent feedback on treatment plans
- Ability to have input into treatment plans
- More visiting hours and phone calls
- Help with the stress of juggling work, child and other family obligations.
- Financial impact of treatment
- 86% said it was important to have a family visiting space

Treatment

- DBT
- Hands On-Activities for kids to be kids
- Trauma informed
- Skills group therapy
- Individual group therapy

Transition Planning

- Transition planning early in the treatment plan
- Help assist with setting up follow up appointments
- Parenting skills – what to expect when child returns home
- Detailed transition plan that connects youth back to community
- Provide resources for education, support, etc.
- Follow-up to see how things are going after discharge

Food

- Nutritious meals (not just sugar and simple carbs)
- Quality options for vegan, vegetarians and those with special dietary restrictions.
- Education on how food impact mood and behavior
- Family style eating, ability to interact during meal time
- Providing teaching opportunities to learn how to cook meals

Activities

- Outside Activities
- Yoga/Meditation
- Community Outings
- Art therapy
- Pet therapy
- Music therapy
- 60-minutes of vigorous activities
- 100% agreed access to quality education
- 96% indicated that physical exercise was very important or important

SOC

- Family Driven
- Youth Guided
- Culturally competent
- Take an opportunity to learn how to do it better and how to fund it

Moving Forward

- Too many studies, task forces and reports
- Just do it – build on what works

Visioning

- Community knowledgeable about signs and symptoms and what to do
- Early intervention
- Right service at the right time
- Insurance pays what it is supposed to at rates that are sustainable
- DHS is working with us
- End discrimination – it's not stigma
- Have good outcomes

2019 Session

- Early childhood MH consultation
- Child care for child-only MFIP moms
- Multigenerational
- More mother/baby programs
- MFIP increases
- School-linked – and redefine it (sustainability)
- School support personnel
- PBIS

2019 Session

- Reduce use of seclusion and restraints
- Online suicide prevention training
- School policies on dealing with suicides
- Mental health parity enforcement
- Measure networks differently – not miles but wait times
- CTSS on steroids
- In-reach that does discharge planning from hospitals

2019 Session

- Crisis homes
- Crisis respite care
- Respite care
- Address residential
- Differentiate PRTFs – allow to specialize
- Training on trauma, EBP, best practices
- Shelter linked MH
- Community college linked MH

2019 Session

- Crisis team training on children
- More inpatient beds
- First Episode programs
- Workforce issues – loan forgiveness, continuing ed on cultural competence, strategies for MH professionals when English not first language, Family Peer Specialists, pay for clinical trainees

2019 Session

- Address issues with the intersection of child protection and intensive children's mental health services
- Change requirements for respite care so children are not required to be on Targeted Case Management (TCM)
- View truancy as a school failure issue, not discipline issue and address mental health concerns

2019 Session

- Streamline current care and treatment education laws so that there are not barriers, especially transportation, to children and youth accessing the treatment that they need and so that they obtain the education needed to stay on track.
- Improve transition services for youth with mental illnesses between school and college or employment (TIP model).

2019 Session

- Support recommendations from the School Resource Officer (SRO) report, including mental health training for SROs
- Increase the number of school support personnel
- Support requiring alternatives to suspension especially for students in grades K-3
- Decrease the school to prison pipeline, including reliance on zero-tolerance policies and juvenile justice system referrals

So Now What

- Organize
- Contact candidates, including those running for Governor (gubernatorial candidate session in July)
- Encourage families to attend our classes and support groups so that they become empowered and join our movement
- Help us find families to testify

*The true meaning of life is
to plant trees
under whose shade
you do not expect to sit*