



Children's Mental Health: Facts for Policymakers

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Mental health is a key component in a child's healthy development. Children need to be healthy in order to learn, grow, and lead productive lives. There are effective treatments, services, and supports that can help children and youth with mental health problems and those at risk to thrive and live successfully. Most children and youth in need of mental health services do not receive them.

Children's Mental Health Problems are Widespread

Mental health problems occur commonly among today's youth¹ and begin at a young age.²

One in five children has a diagnosable mental disorder.³

- One in 10 youth has serious mental health problems that are severe enough to impair how they function at home, school, or in the community.⁴
- The onset of major mental illness may occur as early as 7 to 11 years old.⁵
- Factors that predict mental health problems can be identified in the early years.⁶

Children and youth from low-income⁷ households are at increased risk for mental health problems.

- 21% of low-income children and youth ages 6 through 17 have mental health problems.⁸
- 57% of these low-income children and youth come from households with incomes at or below the federal poverty level.⁹

A greater proportion of children and youth in the child welfare and juvenile justice systems have mental health problems than children and youth in the general population.

- 50% of children and youth in the child welfare system have mental health problems.¹⁰
- 67% to 70% of youth in the juvenile justice system have a diagnosable mental health disorder.¹¹

Mental Health System Inadequate to Meet Needs of Children and Youth

Most children and youth with mental health problems do not receive needed services.

- 75% to 80% of children and youth in need of mental health services do not receive them.¹²

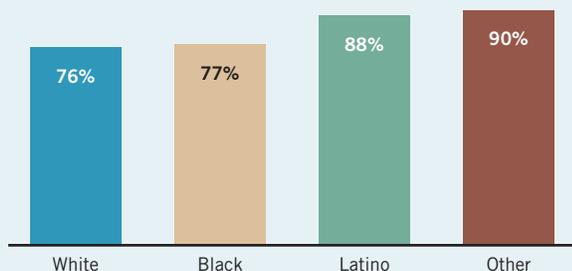
Mental health services and supports vary depending on the state in which a child or youth with mental health needs lives.

- There is a 30% difference between the states with the highest and lowest unmet need for mental health services (51% to 81%).¹³

Latino children and youth are less likely to receive services for their mental health problems than children and youth of other ethnic groups.

- 31% of white children and youth receive mental health services.¹⁴
- 13% of children from diverse racial and ethnic backgrounds receive mental health services.¹⁵
- 88% of Latino children have unmet mental health needs. (See Figure 1.)¹⁶

Figure 1: Unmet children's mental health needs, by race/ethnicity

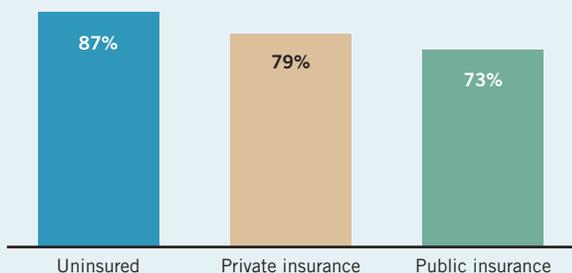


Source: Kataoka, S.; Zhang, L.; & Wells, K. (2002). Unmet need for mental health care among U.S. children: Variation by ethnicity and insurance status. *American Journal of Psychiatry*, 159(9), 1548-1555.

Even some children and youth with the most intense needs and some who are insured do not receive services.

- 85% of children and youth in need of mental health services in the child welfare system do not receive them.¹⁷
- 79% of children with private health insurance and 73% with public health insurance have unmet mental health needs. (See Figure 2.)¹⁸

Figure 2: Unmet mental health needs of U.S. children, by insurance status



Source: Kataoka, S.; Zhang, L.; & Wells, K. (2002). Unmet need for mental health care among U.S. children: Variation by ethnicity and insurance status. *American Journal of Psychiatry*, 159(9), 1548-1555.

A gap also exists between need and treatment for youth with substance use disorders that sometimes occur with mental health problems.

- Less than 10% of the over 1.4 million youth between 12 through 17 years of age who needed substance abuse treatment in 2004 received specialty facility-based substance abuse treatment.¹⁹

Most Children and Youth with Mental Health Problems Struggle to Succeed

Children and youth with mental health problems have lower educational achievement, greater involvement with the criminal justice system, and fewer stable and longer-term placements in the child welfare system than children with other disabilities. When treated, children and youth with mental health problems fare better at home, schools, and in their communities.

Preschool children face expulsion rates three times higher than children in kindergarten through 12th grade—a factor partly attributed to lack of attention to social-emotional needs.²⁰

- African-American preschoolers are 3 to 5 times more likely to be expelled than their white, Latino, or Asian-American peers.²¹

Children and youth in elementary school with mental health problems are more likely to be unhappy at school, be absent, or be suspended or expelled.

- In the course of the school year, they may miss as many as 18 to 22 days.²²
- Their rates of suspension and expulsion are three times higher than their peers.²³
- Among all students, African-American students are more likely to be suspended or expelled than their white peers (40% vs. 15%).²⁴

Youth in high school with mental health problems are more likely to fail or drop out of school.

- Up to 14% of them receive mostly Ds and Fs (compared to 7% for all children with disabilities).²⁵
- Up to 44% of them drop out of school.²⁶

Youth in the child welfare and juvenile justice systems with mental health issues do less well than others.

- Children with mental health issues in the child welfare system are less likely to be placed in permanent homes.²⁷
- They are also more likely to be placed out of home in order to access services.²⁸
- They are more likely to over rely on restrictive and/or costly services such as juvenile detention, residential treatment, and emergency rooms.²⁹

- Young adults leaving the child welfare system experience major mental health problems and drug and alcohol dependence at significantly higher rates than the general population.³⁰

Effective Public Policy Strategies to Enhance Mental Health for Children, Youth, and Their Families

- **Improve access to mental health consultation with a specific focus on young children.** Preschools with access to mental health consultation have lower expulsion rates.³¹
- **Coordinate services and hold child- and youth-serving systems accountable.** Robust service coordination in the child welfare system reduces gaps in access to services between African-American and white children and youth.³²
- **Provide mental health services and supports that meet the developmental needs of children.** Treatment and supports designed using a developmental framework are more likely to respond to the changing needs of children and youth.³³
- **Apply consistent use of effective treatments and supports.** A range of effective treatments exist to help children and youth with mental health problems to function well in home, school, and community settings.³⁴
- **Engage families and youth in their own treatment planning and decisions.** Family support and family-based treatment are critical to children and youth resilience. Youth and family engagement fosters treatment effectiveness.³⁵
- **Provide culturally and linguistically competent services.** Attention to providers' cultural and ethnic competence leads to improved mental health outcomes and greater adoption of evidence-based practices.³⁶
- **Implement concrete strategies to prevent and identify mental health problems and intervene early.** Empirically supported prevention and early intervention strategies support children and youth resilience and ability to succeed.³⁷

Endnotes

This fact sheet was prepared by Rachel Masi and Janice Cooper.

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3. Ibid.
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15. Ibid.
16. See Kataoka, Zhang, & Wells in Endnote 12.
17. See Burns et al., in Endnote 10.
18. See Kataoka, Zhang, & Wells in Endnote 12.

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