

Mental Health Screening, Assessment and Treatment

About the Title V Block Grant

The federal Title V Maternal and Child Health (MCH) Block Grant helps states ensure the health of all mother and children. As part of Minnesota's Title V Block Grant activity requirements, the MDH conducts a statewide needs assessment every five years. The needs assessment provides guidance to Title V activities for the next five years by identifying priority issues. This fact sheet describes one of Minnesota's priority issues.

Seriousness of the Issue

Children under 18 years of age comprise about a quarter of Minnesota's population.¹ These children have a wide range of mental health needs:

- About 9% of school-age children and 5% of preschool children have a serious emotional disturbance.²
- According to the 2007 Minnesota Student Survey, 14% of 9th grade students reported feeling sad all or most of the time in the past month.³
- Nearly 1 in 10 Minnesota children age 20 and younger has a mental health diagnosis.⁴
- In 2007, 67% of children age 2-17 who needed mental health care received mental health treatment or counseling from a mental health professional in Minnesota, compared with 60% nationwide.⁵

Mental health disorders were the leading cause of hospitalization in Minnesota for children aged 5 to 14 years, and the second leading cause in children aged 15 to 19 years. These hospitalizations resulted in over \$100 million in expenditures for the combined age groups in 2007.⁶

Studies have shown that untreated mental health problems can develop into more serious psychosocial impairments as the child matures, placing them at risk for school failure, dropping out, and being placed in more restrictive settings (e.g., juvenile detention facilities and care and treatment centers).⁷

Disparities in socio-economic status and access to care are significant challenges for those who experience mental illness.

- Though the prevalence of mental illness is similar between racial/ethnic minorities and whites,⁸ minority populations are less likely to have access to appropriate mental health care.⁹
- Children below 200% of poverty report higher levels of behavioral and emotional problems compared to higher income youth.¹⁰
- The prevalence of mental illness in rural communities is similar to urban or suburban areas,¹¹ but many greater Minnesota counties have been identified as Health Professional Shortage Areas for Mental Health.¹² Minnesota has approximately 620 licensed psychiatrists. Of these, an estimated 93% practice in metropolitan area counties, 7% in micropolitan area counties and less than 1% have their principal practice site in rural counties.¹³

Evidence-Based Strategies

There are multiple evidence-based strategies that exist to promote child and adolescent mental health and detect concerns early.

- The United States Preventative Services Task Force recommends screening adolescents age 12-18 years for major depressive disorder when there are systems in place to ensure accurate diagnosis, treatment and follow-up.¹⁴
- The Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC: 0-3R) is an empirically researched diagnostic tool. DC: 0-3R helps professionals identify mental health and developmental conditions in infants and young children and apply diagnostic criteria to classify disorders and target interventions.¹⁵
- Mental health consultation in early childhood settings is a problem-solving and capacity-building intervention in which a collaborative relationship is formed between a professional consultant with mental health expertise and primary child care center staff.¹⁶
- There are numerous evidence-based parenting and child resilience programs and community-based therapeutic interventions that focus on shifting the balance between risk and protective factors. Examples of these programs currently



Maternal and Child Health Section
P.O. Box 64882
St. Paul, MN 55164-0882
(651) 201-3760
www.health.state.mn.us

taking place in MN include Incredible Years, Parent-Child Interaction Therapy (PCIT) and Functional Family Therapy. Cognitive behavioral therapy (CBT) is an evidence-based therapy for adolescent depression.¹⁷ Many school districts have also implemented evidence-based curricula to address the social and emotional health of students.

Current Resources and Capacity

Several efforts are taking place at the state level to address mental health screening, assessment, and treatment. In 2008, the MN MCH Advisory Task Force released the *Infant, Child, and Adolescent Mental Health Summary Workgroup Report*. The purpose of the report was to “identify action steps that could help strengthen a public health approach to children’s mental health in Minnesota”.¹⁸ The workgroup identified strategies to promote healthy behaviors by: supporting a public health model of mental health; collaborating with partners to promote mental health; increasing access to mental health assessments and services for children, adolescents and their families; and strengthening capacity and infrastructure within the state to support mental health promotion and wellness.¹⁹

MDH has a number of programs that address mental health. MDH has one mental health/suicide prevention coordinator who provides technical assistance, information and training in mental health and suicide prevention and monitors existing suicide prevention grants when they are available. The Office of Emergency Preparedness maintains relationships with local service providers who can respond to mental health concerns that may result from traumatic events. MDH also works to promote mental health through the Family Home Visiting program, C&TC, the Adolescent Health program and other initiatives that strengthen overall health and wellbeing.²⁰

The Department of Human Services (DHS) provides training on mental health screening, assessment and treatment. Mental health professionals and other service providers participate and implement strategies at the local level.²¹ DHS also oversees the children’s mental health crisis response system, through which children and youth in crisis can receive intensive face-to-face, short-term mental health services to help the child return to a baseline level of functioning.²² Additionally, the Governor’s Mental Health Initiative of 2007 included funding for infrastructure initiatives such as school-based mental health services for uninsured and under-insured children and the ability

to provide respite care for families of children with severe emotional disturbance.²³

Children’s Mental Health Collaboratives were established through state legislation to address the needs of children with or at risk for severe emotional disturbances by providing integrated and coordinated services with input from key community partners (including public health) and families. Similarly, Family Services Collaboratives were established to improve outreach and early identification of children with or at risk for severe emotional disturbances, coordinate assessments and services across agencies, and integrate funding and resources.²⁴

Several interagency committees address early intervention, education and mental health services for children.²⁵ One example is the MN Interagency Developmental Screening Task Force which monitors the quality and effectiveness of developmental and social-emotional screening.²⁶ MN is a part of the national project Assuring Better Child Health and Development (ABCD II) through which states examine models of services delivery to improve identification, referral and follow-up for mental health issues in Medicaid-eligible children 0 to 3 years of age and foster collaboration between health and mental health providers.²⁷

The University of MN offers a certificate program for professionals and students working in the areas of mental health, health, education and early care on Infant and Early Childhood Mental Health (IECMH). This program arms graduates with knowledge and skills to promote and support the mental health development of young children 0-5 years of age.²⁸

Community partners in MN have promoted the use of standardized developmental and mental health screening instruments across a diverse population. These partners have created audio versions of the Ages and Stages Questionnaire: Social Emotional (ASQ:SE) and Pediatric Symptom Checklist (PSC) and are standardizing the new ASQ 3 with Somali and Hmong populations, as well as creating audio Versions.

¹ U.S. Census Bureau, Population Estimates for July 1, 2006.

² Department of Human Services “Children’s mental health: Transforming services, supports to better meet children’s needs”. March 2007 fact sheet.

³ Minnesota Departments of Education, Health, Human Services & Public Safety. “Minnesota Student Survey 1992-2007 Trends: Behaviors, attitudes and perceptions of Minnesota’s 6th, 9th and 12th graders”. 2007.

⁴ Minnesota Council of Health Plans. “Minnesota’s Mental Health”. February 2008.

⁵ Child and Adolescent Health Measurement Initiative. *2007 National Survey of Children’s Health*, Data Resource Center for Child and Adolescent Health website. Retrieved 8/13/09 from www.nschdata.org.

⁶ “Five Leading Causes of Hospitalization in Minnesota 2007” Minnesota Hospital Association.

⁷ Minnesota Department of Education. “Minnesota’s Self-Improvement Plan”. February 2002.

⁸ U.S. Department of Health and Human Services, Office of the Surgeon General, SAMHSA. “Mental Health: Culture, Race, Ethnicity 0- A Supplement to Mental Health: A Report of the Surgeon General”. 2001.

⁹ Minnesota Department of Education. “Minnesota’s Self-Improvement Plan”. February 2002.

¹⁰ Snapshots of America’s Families II, Urban Institute. October 2000. Data from the National Survey of America’s Families, 1999.

¹¹ Rural Health Advisory Committee’s Report on Mental Health and Primary Care. Minnesota Department of Health, Office of Rural Health and Primary Care. January 2005.

¹² Minnesota Department of Health Office of Rural Health and Primary Care. Map of Mental Health HPSA Designations. 2008.

¹³ Minnesota Department of Health Office of Rural Health and Primary Care. Information on Minnesota’s health care workforce is collected through surveys professionals voluntarily complete when renewing their licenses. Aug 2009.

¹⁴ United States Preventative Services Task Force. “Major Depressive Disorder in Children and Adolescents”. March 2009. Retrieved 8/24/09 from <http://www.ahrq.gov/Clinic/uspstf/uspshdepr.htm>

¹⁵ Zero to Three. “DC 0-3” Retrieved 8/25/09 from http://www.zerotothree.org/site/PageServer?pagenam=ter_key_dc03_overview

¹⁶ Donahue, P.J., Falk, B. & Provet, A.G. (2007) Promoting Social-Emotional Development in Young Children: Mental Health Supports in Early Childhood Centers. Pp. 281-312. in *Social Emotional Health in Early Childhood: Building Bridges between Services and Systems*. DF Perry, RK Kaufmann, J. Knitzer (eds). PH Brookes Publishing, Baltimore and Cohen, E. and Kaufmann, R. (2005) Early Childhood Mental Health Consultation. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services. 2005 Series: *Promotion of Mental Health and Prevention of Mental and Behavioral Disorders*, Volume 1. Retrieved 8/25/09 from www.samhsa.gov.

¹⁷ SAMSHA’s National Registry of Evidence-based Programs and Practices. Retrieved 8/25/09 from http://www.nrepp.samhsa.gov/programfulldetails.asp?PR OGRAM_ID=92.

¹⁸ Minnesota Department of Health. “Infant, Child, and Adolescent Mental Health Workgroup Summary Report:” Retrieved 8/25/09 from <http://www.health.state.mn.us/divs/fh/mchatf/documents/mentalhealthwgreport109.pdf>

¹⁹ Minnesota Department of Health. “Infant, Child, and Adolescent Mental Health Workgroup Summary Report:” Retrieved 8/25/09 from <http://www.health.state.mn.us/divs/fh/mchatf/documents/mentalhealthwgreport109.pdf>

²⁰ Minnesota Department of Health. Mental Health and Suicide Prevention. Retrieved 8/25/09 from <http://www.health.state.mn.us/mentalhealth/index.html>

²¹ Minnesota Department of Human Services. Children’s Mental Health Training Information. Retrieved 8/25/09 from

http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&dID=105678

²² Minnesota Department of Human Services. MHCP Provider Manual. Retrieved 8/25/09 from http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&dDocName=id_058041&RevisionSelectionMethod=LatestReleased

²³ Minnesota Department of Human Services. Governor’s Mental Health Initiative 2007. Retrieved 8/25/09 from <http://edocs.dhs.state.mn.us/lfserver/Legacy/DHS-5154-ENG>

²⁴ Minnesota Department of Human Services. Children’s Mental Health and Family Services Collaboratives. Retrieved 8/31/09 from http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_001475

²⁵ Minnesota Department of Health. “Infant, Child, and Adolescent Mental Health Workgroup Summary Report:” Retrieved 8/25/09 from <http://www.health.state.mn.us/divs/fh/mchatf/documents/mentalhealthwgreport109.pdf>

²⁶ Minnesota Department of Health. “Developmental and Social-Emotional Screening of Young Children in Minnesota”. Retrieved 8/25/09 from <http://www.health.state.mn.us/divs/fh/mch/devscrn/revi ew.html>

²⁷ National Academy of State Health Policy. ABCD II. Retrieved 8/25/09 from http://www.nashp.org/_catdisp_page.cfm?LID=F4134DA0-737D-4F0B-8AC67E95A8C3035D.

²⁸ University of Minnesota. Center for Early Education and Development. Infant and Early Childhood Mental Health Certificate Program. Retrieved 8/25/09 from <http://www.cehd.umn.edu/CEED/profdev/certificateprograms/IECMH/default.html>