

PROMOTING MENTAL HEALTH

FOR CHILDREN AND ADOLESCENTS



Key Takeaways

- America has an urgent and growing mental health ¹ crisis, further intensified by the COVID-19 pandemic.
- Children and adolescents faced significant mental health needs even before the pandemic, which have been intensified as a result of school closures, isolation, loss of social interaction, and other pandemic-related effects.
- Health insurance providers are addressing the mental health needs of children and adolescents with a range of innovative and collaborative approaches.
- Policymakers can improve access to mental health for this population by expanding the mental health clinician workforce; promoting telehealth and digital tools; advancing integration with primary care; supporting early intervention and school-based services; and providing funding for the full continuum of services, including crisis response services, among other actions.

The Urgent Need for Mental Health Services

Mental health and substance use disorder (SUD) treatment, collectively referred to as behavioral health, are an important part of every person's overall health and well-being. Yet even prior to the pandemic, the demand for mental health services outstripped the workforce and facility capacity. According to the Centers for Disease Control and Prevention (CDC), before the COVID-19 pandemic, children and adolescents already experienced an unprecedented rise in mental health conditions without a corresponding increase in treatment. One in 5 children experienced a mental, emotional, or behavioral disorder, yet only 20% of these children received care from a mental health provider.² The national shortage of mental health professionals is a key contributor to this gap. An estimated 149 million Americans, or 45% of the U.S. population, live in a mental health professional shortage area.³ Other reasons for people not getting treatment include not knowing where to go for treatment and concerns over cost.⁴

The COVID-19 pandemic has intensified the demand for mental health and SUD care and has further highlighted the need for better access to quality care. The nation's youth, in particular, have experienced major life disruptions as a result of the pandemic, including isolation, school closures, loss of social interaction, and loss of parents and caregivers. For example, from April 2020 to June 2021, approximately 140,000 children experienced the death of a parent or caregiver, and this was 1.1 to 4.5 times higher for children in racial and ethnic minority groups.⁵ At the same time, mental health emergency department visits increased 24% for children aged 5-11 and 31% for youth aged 12-17 in 2020.⁶ Suicide is now the second leading cause of death for children ages 10-14 and youth ages 15-24.⁷ In addition, there has been an increase in long-term eating disorders, exacerbated by the stress of the pandemic.⁸ Yet, too often when adolescents go to the emergency department for a mental health concern like eating disorders or passive suicidal ideation, they may be forced to wait for transfer to an inpatient facility due to lack of available beds.⁹

Compounding the health and societal costs of untreated mental health conditions, estimates suggest that the economic impact of serious mental illness is \$317.6 billion each year when including loss of earnings, health care expenditures, and disability benefits.¹⁰ Yet preventive mental health programs that promote emotional well-being and resilience are underfunded. In addition to dire reports on the pandemic's toll on youth from the [U.S. Surgeon General](#) and the [CDC](#), the American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry, and the Children's Hospital Association declared child and adolescent mental health a [national emergency](#) in the Fall of 2021.

1 Throughout this brief, references to mental health include substance use disorder treatment.

2 <https://www.cdc.gov/childrensmentalhealth/access.html>

3 <https://data.hrsa.gov/topics/health-workforce/shortage-areas>

4 <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2792128>

5 <https://publications.aap.org/pediatrics/article/148/6/e2021053760/183446/COVID-19-Associated-Orphanhood-and-Caregiver-Death>

6 <https://www.cdc.gov/mmwr/volumes/69/wr/mm6945a3.htm>

7 https://publications.aap.org/pediatrics/article/145/Supplement_2/S195/34394/Primary-and-Secondary-Prevention-of-Youth-Suicide

8 <https://www.cdc.gov/mmwr/volumes/71/wr/mm7108e2.htm>

9 <https://www.statnews.com/2021/06/01/children-mental-health-pediatric-residency/>

10 <https://smiadviser.org/wp-content/uploads/2021/01/Serious-Mental-Illness-Cost-to-Society.jpg>

Mental Health and Treatment in the Pediatric Population

Many parents who have concerns about their child's mental health may first seek care from a primary care provider such as a pediatrician or family physician. It can be difficult for primary care doctors to diagnose mental health issues in children due to the complexities of symptoms and ability of young patients to communicate effectively. Most practitioners ask the family and/or the child's schoolteachers to provide information as well, and depending on the practitioner's assessment, they may make a referral to a mental health provider specializing in caring for children. Clinicians typically rely on the Diagnostic and Statistical Manual of Mental Disorders to aid in diagnosis.¹¹

Common mental health disorders in children and adolescents include anxiety, depression, attention-deficit/hyperactivity disorder (ADHD), and other behavioral disorders.¹² According to data from the National Survey of Children's Health, ADHD (9.8%) and anxiety (9.4%) were the most common mental disorders among U.S. children and adolescents aged 3–17 years.¹³ However, in general, there is an increased risk of developing depression for all age groups.¹⁴ For younger children, symptoms of depression can include decreased sleep and changes in sleep patterns, increased temper tantrums, separation anxiety, and a change in outgoing and social children becoming more reserved and withdrawn.¹⁵ Other physical manifestations may include changes in appetite leading to weight loss or weight gain, anorexia, headaches, abdominal pain, vomiting, and rashes.¹⁶ The United States Preventative Task Force (USPSTF) recently recommended screening for major depressive disorder (MDD) in asymptomatic adolescents ages 12 to 18 years.¹⁷

Two of the primary interventions for pediatric mental health disorders include cognitive-behavioral therapy (CBT) and prescription medications. A combination of CBT and medications has been shown to have a greater effect than either intervention by itself, especially for patients with

moderate to severe depression.¹⁸ Common medications used include a class of drugs called selective serotonin reuptake inhibitors (SSRI). This class of medications has been shown to be effective in treating depression and has a relatively high safety profile. Other classes of drugs include tricyclic antidepressants and benzodiazepines, but studies have shown a somewhat milder beneficial effect.¹⁹ Additionally, while pediatricians and family practitioners are generally comfortable prescribing SSRIs, they may be more reluctant to prescribe other classes of more complex drugs.²⁰



Health Insurance Providers' Commitment to Systemwide Improvement

Health insurance providers are committed to ensuring access to quality, affordable mental health care for children and adolescents and have implemented a variety of innovative and collaborative approaches to promoting and improving access. These efforts extend beyond compliance with the Mental Health Parity and Addiction Equity Act (MHPAEA), which requires offering mental health and SUD benefits on par with medical and surgical benefits. Health insurance provider initiatives include raising clinician and patient awareness of the importance of mental health and routine screening,

11 American Psychiatric Association. Diagnostic and statistical manual of mental disorders (DSM-5). 5th ed. Arlington, VA: American Psychiatric Association; 2013.

12 Perou R, Bitsko RH, Blumberg SJ, et al. Mental health surveillance among children—United States, 2005–2011. *MMWR Suppl* 2013;62.

13 https://www.cdc.gov/mmwr/volumes/71/su/su7102a1.htm?s_cid=su7102a1_w

14 <https://health.clevelandclinic.org/how-the-pandemic-has-affected-children/>

15 Ibid.

16 <https://childmind.org/article/anxiety-and-coping-with-coronavirus/>

17 <https://www.uspreventiveservicestaskforce.org/uspstf/draft-recommendation/screening-depression-suicide-risk-children-adolescents>

18 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5861496/>

19 <https://www.aafp.org/afp/2012/0901/p442.html>

20 <https://pubmed.ncbi.nlm.nih.gov/18724567/>

providing resources to support children and families at home and school, expanding access to tele-behavioral health, and investing in models of integrated, multi-disciplinary care teams to address both physical and mental health conditions in a holistic manner.

As a further extension of health insurance providers' commitment, in 2020 AHIP joined Psych Hub, a Mental Health Resource Hub created to address the need for improving quality and engaging online education for both patients and practitioners on timely and essential topics. Those topics include mental health, substance use, and suicide prevention. Psych Hub also makes information on mental health education and mental well-being resources readily accessible to patients, practitioners, and other stakeholders. A number of AHIP member health insurance providers serve on Psych Hub's Scientific Advisory Board, which identifies solutions to improve mental health care delivery. These solutions include establishing quality metrics to monitor care and integrating evidence-based practices throughout the continuum of care.

Many successful efforts are underway to improve access to quality care, but more work is needed and requires collaboration among stakeholders across the health care ecosystem. This issue brief includes several examples of innovative programs offered by health insurance providers and identifies areas where policymakers and other stakeholders can work together to improve access to quality mental health care for children and adolescents.



Health Insurance Provider Strategies to Improve Access to Mental Health for Children and Adolescents

Health insurance providers play a vital role in mental health and SUD care for youth. A holistic approach to pediatric health involves collaboration across key stakeholders and commitment of available community resources. Strategies implemented by health insurance providers include programs to promote integration of mental health with primary care, a focus on quality and measurement-based care, use of tele-behavioral health and digital technology, partnerships with schools and foster care, and education campaigns to reduce stigma, reduce suicidal ideation, and promote awareness of the importance of children's mental health.

Integration and Coordination with Pediatric Primary Care

In an integrated care model where mental health care is offered in a primary care setting (or vice versa), providers – physical and mental health – work in the same medical setting or group practice, or practice in separate settings, and collaborate on care plans, clinical pathways, guidelines and procedures, and share timely information about their patients to better coordinate their care. This close collaboration promotes coordinated follow-up to improve both physical and mental health outcomes for patients. The integration continuum includes models that emphasize coordinated care through screening and consultation, those that supplement that care coordination with care management and co-location, and models that are more fully integrated at the health home or system-level.

Many health insurance providers have implemented integrated care best practices that meet providers where they are in terms of readiness in their ability to integrate mental health care. A few best practices include:

- **Collaborative Care Model:** The Collaborative Care Model (CoCM) of integration includes care management support for patients receiving mental health treatment and psychiatric consultation.

- **Expanded and/or Integrated Care Management:** This approach relies on mental health and medical care managers coordinating and communicating across patients' multiple physical and mental health conditions with a special focus on care management specific to mental health conditions.
- **Value-Based Care (VBC):** This approach uses value-based payments to encourage providers to integrate care, measure/monitor performance and receive incentives for shared savings in meeting performance targets.

Health insurance provider approaches to integration rely on team-based care that includes primary care providers using validated mental health screening and assessment tools to identify patients in need of services, referral/consultation arrangements and partnerships with mental health specialists, care management by health care professionals trained to coordinate care across mental and physical conditions, education and training resources to support providers and family members, and quality measurement to assess effectiveness.

Integrated care models are increasingly being implemented in the adult population and, in more and more instances, are being expanded to the pediatric population. Additional implementation of integrated care models between child and adolescent primary care providers and mental health specialists is expected in the near future.

Blue Cross Blue Shield Michigan's CoCM Pilot:

BCBSM launched a CoCM pilot for the pediatric and adolescent population in September 2021 in more than 20 practices. An inter-generational approach will be key to its success, including time assessing family and guardian issues and coordination between multiple systems, schools, therapy providers and other community resources. BCBSM is working with a training specialist for pediatric cases and additional support is also provided for offices with high adolescent case load. BCBSM plans to expand its adolescent curriculum to more practices in 2022.

Elevance Health's Child Psychiatry Consultation Program:

Through Beacon Health Options, Elevance Health (formerly Anthem) has implemented the Massachusetts Child Psychiatry Access Program (MCPAP), which improves access to mental health care for children by connecting primary care providers with child psychiatrists. By promoting access to psychiatric consultations and referrals, the program encourages primary care providers to integrate behavioral health resources into their practices. It has resulted in specialized care coordination support for pediatric primary care providers in Massachusetts and numerous other states.

Focus on Measurement Based Care and Quality

An integral part of the CoCM and VBC models, measurement-based care – defined as the use of validated rating scales to track symptoms and functional outcomes in clinical settings -- has been shown to improve outcomes in mental health and SUD treatment. Examples of validated tools include the Patient Health Questionnaire-9 (PHQ-9) for depression and the General Anxiety Disorder-7 (GAD-7). Use of measurement-based care at the individual patient care level is the foundation of quality measurement at the population health level, which can then be leveraged in value-based care models that support integration of measurement-based care into clinical practice. But there are limited pediatric-specific quality measures compared to quality measures in general, and the gap is more significant for pediatric mental health measures. Moreover, where measures exist, they tend to track processes of care rather than provide meaningful information on outcomes that can be actively used to inform treatment.

Efforts by the Agency for Healthcare Research and Quality (AHRQ) and the National Quality Forum (NQF) dating back to 2009 resulted in metrics for Medicaid and the Children's Health Insurance Program (CHIP) and, in support of mental health-focused efforts, CMS identified a core set of 18 mental health quality measures for voluntary reporting by state Medicaid and CHIP agencies which is periodically updated.²¹ NCQA also has a subset of measures specific to mental health that address medication adherence, follow-up care after hospitalization and emergency room visits, and monitoring for children and adolescents on antipsychotics, among others.²² In addition, a number of health insurance providers participate in Medicaid value-based models that link payment to quality and value either through mental health-specific value based payment models or through models that cover a wider array of services.²³

21 <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2022-bh-core-set.pdf>

22 <https://www.ncqa.org/comment-letter/ncqa-supports-better-measurement-for-serious-mental-illness-and-emotional-disturbances/>

23 <https://www.chcs.org/media/behavioral-health-provider-participation-in-medicaid-value-based-payment-models-an-environmental-scan-and-policy-considerations.pdf>

To further the improvement and adoption of quality measures across public and private markets, the Core Quality Measure Collaborative (CQMC) was formed. [CQMC](#) is a partnership between CMS and AHIP and includes health insurance providers, primary care and specialty societies, consumer and employer groups, and other quality collaboratives. This broad-based coalition of health care leaders works to facilitate cross-payer measurement alignment through the development of core sets of measures to assess the quality of health care in the United States. The CQMC has identified both pediatric and mental health core measure sets that address areas such as: depression, ADHD, antipsychotic medications for serious mental illness, alcohol and tobacco use, opioid use disorder, and follow-up after hospitalization or an emergency room visit for mental illness.²⁴

Health insurance providers are also working through the CQMC to identify gap areas for future mental health and SUD measures, including in the areas of coordinated care, patient experience with psychiatric care, suicide risk, anxiety disorder, depression remission beyond 6 months, and opioid overdoses in emergency departments.

Under the auspices of the CQMC and independently as part of their value-based payment initiatives, health insurance providers are encouraging pediatric primary care and specialty providers to implement quality assessment and measurement-based care into their practice workflow and treatment of pediatric patients.

Magellan's Autism Connections is a collaboration between Magellan and Invo and is an innovative value-based care (VBC) model intended to define standards for Applied Behavior Analysis (ABA) treatment and measure progress against them. The model will help providers deliver better care, resulting in improved outcomes for children with Autism Spectrum Disorder (ASD) and those who care for them. To address these challenges, Magellan and Invo are reimagining the clinical model for ABA by offering an innovative solution that will emphasize efficacy, improve member engagement, drive data-informed decision-making and deliver stronger clinical outcomes. Providers benefit from an enhanced relationship with Magellan's clinical team who closely monitor data and adherence to defined clinical standards and quality metrics that will result in improved outcomes with increased member and provider satisfaction. The approach leverages Magellan's deep clinical expertise in ASD and its newly created alternative VBC payment model, combined with Invo's clinical care model that offers treatment strategies based on the age and learning profile of the child.

At **Point32Health**, providers who see children and adolescents routinely conduct behavioral health screenings by asking survey questions about sleep, energy, appetite, school performance, ability to make friends, mood, and behavior. Providers use surveys that are appropriate for the child's age and are selected from a list of approved, standardized behavioral health screening tools. Depending on the survey results, if there is a need for further assessment, providers can either offer the necessary behavioral health services themselves or offer referrals to a behavioral health specialist. Regular behavioral health screenings are especially important in growing children and teens as they learn coping strategies for new developmental challenges.

Use of Tele-Behavioral Health and Digital Technologies

Telehealth and other forms of digital care have proven to be valuable tools in helping to connect patients to care. Telehealth supports patients with both acute needs and those managing chronic conditions and plays a key role in mental health care, including in the pediatric/adolescent population. In fact, a recent study of telehealth use during the COVID-19 pandemic across various pediatric subspecialties found that mental health was one of the specialties with higher telehealth use, with telehealth comprising nearly 66% of total visits in the pediatric medical groups studied.²⁵ This finding mirrors those of other studies across populations, including a recent analysis that showed significant use of telehealth across a range of mental health conditions.²⁶

Health insurance providers have led the way in increasing access to telehealth for patients' mental health and SUD needs. Expanding telehealth networks and supporting providers interested in providing telehealth services are some of the many ways health insurance providers have embraced technology in mental health.

24 https://www.qualityforum.org/CQMC_Core_Sets.aspx

25 https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2790578?utm_source=For_The_Media&utm_medium=referral&utm_campaign=ftm_links&utm_term=033122

26 https://www.kff.org/coronavirus-covid-19/issue-brief/telehealth-has-played-an-outsized-role-meeting-mental-health-needs-during-the-covid-19-pandemic/?utm_source=STAT+Newsletters&utm_campaign=ac551f3b51-health_tech_COPY_01&utm_medium=email&utm_term=0_8cab1d7961-ac551f3b51-149597553

CareSource is collaborating with Clarigent Health to bring artificial intelligence to mental health providers in Ohio. Clarity, Clarigent Health's software tool, analyzes speech with artificial intelligence trained to identify patients at risk of suicide. Mental health providers in the Ohio Children's Alliance (OCA) and Ohio Behavioral Health Provider Network (OBHPN) can now be reimbursed through CareSource when using Clarity. Between the 2 networks, more than 265,000 families and youth will have access to the technology.

UPMC Health Plan provides support to parents as they build resilience with their children to cope with the stresses of the pandemic and beyond and has several digital resources to assist in addressing children, youth, and parent/guardian behavioral health needs and teach children the cognitive mental health techniques they need to excel.

RxWell is UPMC Health Plan's evidence-based mobile app for ages 16 and older to help members become emotionally and physically healthy by building better lifestyle habits. The app combines health coaching support with provider-endorsed techniques, including self-guided exercises and other tools to help members manage stress, anxiety, and depression and reach their health-related goals. Experts across the UPMC system developed RxWell's programs based on decades of scientific research on lifestyle improvement, digitally delivered cognitive behavioral therapy, and mindfulness practices. Currently there are seven programs to choose from based on a member's needs: Depression, Anxiety, Stress, Weight Management, Nutrition, Physical Activity, and Ready to Quit (tobacco cessation).

Additionally, telehealth services through **UPMC AnywhereCare** are a convenient and uncomplicated way to obtain a medical evaluation from home. Virtual counseling is an additional service that connects children with a licensed behavioral health professional for brief support at no cost. Members can connect with their counselor over live video straight from a smartphone, tablet or computer, or via telephone.

Partnerships with Schools

Parents and educators have struggled with the growing number of complex mental health needs of students who are stressed, anxious, depressed and, in some cases, experiencing more severe conditions. Delays in identification and treatment occur when teachers and family members are not trained to identify emerging conditions and lack the resources to address the situation.²⁷

If students get support and treatment early, it can help them thrive as children and adolescents, and it can help prevent reoccurring challenges as adults. Meeting students' needs at schools with a mental health support system can help children and adolescents develop a better understanding of their mental health and wellness, foster better life skills, offer peer support, and provide access to more intensive services for those in need.

While funding for these services remains an ongoing challenge, Medicaid can help by bringing federal matching funds that supplement state dollars and expand state resources. In addition, many health insurance providers have taken action to provide support to school-based services, including through funding, providing educational resources, and facilitating access to virtual screenings for pediatric through college-age youth.



²⁷ <https://www.adolescenthealth.org/Advocacy/Advocacy-Activities/2019/Child-and-Adolescent-Mental-Health-Principles.aspx>

Blue Shield of California is helping increase access, awareness, and advocacy for mental health support for California youth through its BlueSky Initiative. Launched in 2019, the **BlueSky Initiative** boosts access to mental health support for youth in two ways: funding school and community programs, and providing educational resources for educators and parents. BlueSky's program includes providing access to clinicians in middle and high schools, training educators to spot signs of mental health issues, empowering students with culturally affirming mental health support resources, and supporting career development for professionals pursuing careers in mental health. In just a few years, BlueSky has increased access to mental health across 20 middle and high schools in California — conducting nearly 8,000 individual, family and group sessions.

Security Health Plan and Marshfield Medical Center-Rice Lake are investing in a mental health program from the Turtle Lake School District. **School Pulse** is an anonymous, interactive program that works to improve the mental health of students. The program provides social and emotional support to students through their cell phones and helps promote mental wellness and decrease suicide rates in young people. The School Pulse program uses texting to check in with students about their mental health 3 times a week, all year long. Students who wish to participate in the program will receive real-time help through open, anonymous communication through a platform that works just like texting.

Collaborations with Foster Care

Children in foster care are particularly vulnerable to mental health conditions due to high rates of trauma from adverse childhood experiences (ACE). Of youth covered by Medicaid, those in foster care have a higher rate of diagnosed mental health disorders²⁸ and children in foster care are almost 4 times more likely to contemplate suicide than their peers who have not been in foster care.²⁹ Additionally, children in foster care are prescribed psychotropic medications at a rate of 4 times higher than the general Medicaid child population.³⁰ As for most mental health issues, patients experiencing trauma respond best to early diagnosis and individualized treatment and counseling.

Many health insurance providers are working with child welfare agencies to provide training and support to youth in foster care, their families, and the caseworkers, advocates, and others involved in the foster care system.

Centene's Foster Care & Child Welfare training team from Centene Advanced Behavioral Health trains foster/kinship parents, providers, child welfare caseworkers and advocates, judges, law enforcement, educators, and others involved in child welfare and the foster care/adoption system, on specialized initiatives for children. Courses are offered in partnership with Centene's state health plans to provide appropriate, cost-effective, and coordinated care specifically aimed at the needs of this population such as covered benefits and clinical topics including a focus on trauma's impact on emotional and physical development.

Amerigroup Georgia works collaboratively with providers to reduce psychotropic medication prescriptions for children in foster care. Psychotropic medications can be an important treatment option for children with serious emotional disturbance, but overuse of these drugs in children can be dangerous. The health insurance provider designed a program to change prescribing patterns – engaging providers through data sharing, training, and consultation. The program targets inappropriate prescribing or usage and intervenes to improve decision-making and care delivery for children in foster care.

28 https://pediatrics.aappublications.org/content/146/1_MeetingAbstract/508.2

29 <https://youth.gov/youth-topics/youth-suicide-prevention/increased-risk-groups>

30 https://www.chcs.org/media/Medicaid-BH-Care-Use-for-Children-in-Foster-Care_Fact-Sheet.pdf

Education and Stigma Reduction

Education and awareness of mental health and SUD issues has never been more important. While our nation's youth may be more willing to talk about and address mental health issues, there is still a significant need for education and awareness building to help youth and those around them recognize and act on mental health issues at an early stage.

Health insurance providers are committed to raising awareness of mental health and SUD issues with people of all ages and have tailored numerous programs specifically to reach children and adolescents. These programs typically focus on issues like cyberbullying, depression, substance use, and suicide prevention. By providing children, adolescents, their families, caregivers, and educators who interact with young people with the skills and training to identify problems early, these programs help to normalize and address mental health issues.

Aetna, in partnership with **Psych Hub**, has launched an **Adolescent Treatment Training Series** to provide many of its mental health practitioners access to no-cost, evidence-based resources to identify and treat adolescents and young adults at risk of suicide. To further engage and support adolescent mental health, Aetna and Psych Hub will soon launch a limited, joint podcast series titled, Real Talk with Gen Z, in which youth and young adults lead candid conversations with some of the nation's leading mental health organizations. The conversations will focus on the specific experiences of LGBTQ+ and BIPOC youth and mental health challenges such as loneliness and isolation.

Aetna has also expanded its **Caring Contacts** program, which has shown up to a 70 percent reduction of repeat suicide attempts in adults, to adolescents who have been discharged from an inpatient stay after a suicide attempt, sending them a care bag with comfort items and inspirational messages.

Kaiser Permanente launched its **Presence of Mind** platform in May 2020, in which Kaiser Permanente teamed up with American esports organization Cloud9. Together, the organizations created a first-of-its-kind mental health initiative that reaches 14 to 25-year-olds with positive mental health messages in places where they spend a lot of their time: online gaming and e-sports platforms. Presence of Mind was created to reduce stigma around mental health and encourage teens and young adults to prioritize their well-being. It does this in several ways, including mental health training for Cloud9 staff and athletes on the live stream service, Twitch.

Recommendations for Improving Access to Pediatric/Adolescent Mental Health

In response to the pediatric mental health crisis that has been exacerbated by the COVID-19 pandemic, the U.S. Surgeon General issued an Advisory in December 2021. The Advisory calls for a swift coordinated response to address the crisis and provides recommendations to improve pediatric mental health.³¹ Additionally, the Biden Administration announced a national strategy to improve access and care for youth mental health and SUD conditions which outlines the actions the Administration has taken to tackle the crisis and identifies areas for future action.³²

Examples of these actions include launching the Connecting Kids to Coverage program, which serves as an outreach and enrollment service that contacts families with children and teens eligible for Medicaid and CHIP with an emphasis on mental health. The Administration is also calling for state reporting on quality-of-care measures for children enrolled in Medicaid and CHIP that include mental health and will be mandatory for states in 2024.

The American Rescue Plan Act (ARPA) which became federal law in March 2021, included funding for community-based youth mental health and SUD care, including programs to promote integrating care for mental health needs into pediatric primary care settings, reduce the risk of youth suicide, improve access to services for traumatized children, and increase access to and the quality of community services through Certified Community Behavioral Health Clinics (CCBHC).

31 <https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf>

32 <https://www.whitehouse.gov/briefing-room/statements-releases/2021/10/19/fact-sheet-improving-access-and-care-for-youth-mental-health-and-substance-use-conditions/>



Workforce and Capacity

It is widely recognized that we need more mental health clinicians to meet the growing demand for services, particularly those best equipped to care for children and adolescents. For example, the number of child psychiatrists is widely perceived to be insufficient to meet current and future demand. Only 4,000 out of more than 100,000 U.S. clinical psychologists are child and adolescent clinicians, according to APA data.³³ Policies that provide incentives for individuals to enter the mental health field and specialize in pediatric mental health include the following:

- Support federal and state funding for loan repayment programs for providers who enter the mental health field and specialize in children’s mental health care, especially in underserved areas.
- Expand the eligible provider types for National Health Service Corp (NHSC) scholarships to include those that specialize in children’s mental health care, and include requirements that individuals who receive funding from NHSC should participate in Medicare and Medicaid.
- Increase pipeline programs, including more mentorship for middle, high school, and college level students interested in entering the mental health field and specializing in children’s mental health care.
- Increase the number of graduate medical education slots allotted to providers who specialize in children’s mental health care and, in particular, invest in the Children’s Hospitals Graduate Medical Education to strengthen the pediatric workforce and improve access to care for all children.
- Incorporate integrated mental health care delivery and team-based care into general medical education.
- Support standards/consistency in training for peer support specialties, recovery coaches and other non-licensed professionals.
- Support tele-behavioral health as a means of supplementing pediatric mental health provider network capacity by:
 - Allowing for flexibility relative to originating sites, provider types, service types and geography.
 - Supporting multi-state licensure rules.
 - Supporting investments in broadband internet access across the country.
- Support hub-and-spoke models (e.g., Project ECHO) to maximize pediatric mental health resources.

Additionally, the Bipartisan Safer Communities Act, gun safety legislation that became law in June 2022, includes mental health reforms such as investments in school programs, pediatric mental health grants, and expansion of CCBHCs.

Investments have been made throughout The Department of Health and Human Services (HHS), the Office of National Drug Control Policy (ONDCP), CDC, the Substance Abuse and Mental Health Services Administration (SAMHSA), and the Department of Education across a range of initiatives to improve access to mental health services for youth. For example, the HHS Office of Population Affairs has created resources on mental health and well-being support and intervention, specific conditions such as eating disorders, healthy relationships, mental health screening (MyHealthfinder), depression, anxiety and trauma and a suicide prevention hotline. These materials are focused on specific populations, conditions, screening/assessment, and outreach while providing information to help reduce stigma.

However, more can be done that requires multi-stakeholder engagement to address the significant challenges facing access to and quality of mental health care for the nation’s youth. These challenges include the shortage of the existing mental health workforce and other capacity limitations, the state of quality measurement for mental health and SUD conditions, and the need for additional resources and support along the continuum of access points and systems, such as schools, health care, foster care, and crisis response.

Below are recommended actions that policymakers can take to address these challenges and begin the systemwide transformation necessary to improve mental health and SUD care for our nation’s youth.

33 <https://www.apa.org/monitor/2022/01/special-childrens-mental-health>

Integration and Coordination with Primary Care

Despite the promise of integration of mental health with primary care to improve both patient access and outcomes, studies continue to show that many pediatricians feel unprepared to prevent, identify or treat mental health conditions.³⁴ Provider adoption of the CoCM and use of the associated codes has been relatively low. Start-up costs, complexity, and the need for technical assistance are often cited as barriers to more widespread adoption. Moreover, many state Medicaid programs do not reimburse for the collaborative care codes, further challenging broader adoption and use. In addition, certified community behavioral health clinics (CCBHC), which provide an array of services for Medicaid enrollees with mental illness and substance use disorders while also integrating additional services to promote holistic care, need sustainable funding. Policies to support implementation of the CoCM and other integration strategies, such as value-based alternative payment models and CCBHCs, include:

- Support federal and state funding for start-up costs and technical assistance for providers to develop the capacity to integrate primary care and mental health/SUD care.
- Expand coverage of collaborative care codes in state Medicaid programs.
- Eliminate restrictions that prohibit state Medicaid programs from covering mental health and physical health services provided to the same enrollee on the same day.
- Expand the CCBHC demonstration and/or make the CCBHC enhanced Medicaid reimbursements permanent.
- Revise HIPAA, 42 CFR Part 2 and other federal and state laws and rules that hinder communication among providers and with plans to enhance coordination of care for patients with mental health/SUD conditions while continuing to prioritize the security and privacy of patient health information.

These policies will help support pediatricians and other primary care providers, as well as mental health practitioners working in CCBHCs, with additional education, training, and partnerships to meet the growing demand for care.

School-Based and Foster Care Services

Schools are an important access point for children who may have mental health issues. Having staff trained to identify potential issues helps direct children to appropriate treatment, but school psychologists are in short supply. For example, the [National Association of School Psychologists](#) (NASP) recommends a ratio of 1 school psychologist per 500 students, yet estimates show a current ratio of 1 school psychologist per 1,211 students.

Similarly, an emphasis on children in foster care targets resources to one of the most vulnerable populations frequently at risk for both mental and physical health conditions.

Recommendations to strengthen school-based services and services for children in foster care include:

- Support sufficient federal and state resources for use and expansion of school-based services that promote mental health and help reduce the prevalence and severity of mental health disorders in school.
 - Funding for schools should support evidence-based early interventions to prevent ACEs. Funding should also support additional school counselors and training on mental health issues, integration of telehealth to expand access to school-based mental health services, mental health literacy, and enhanced coordination with Medicaid, social services, and community partners. For example:
 - Youth Mental Health First Aid training for school staff and caregivers supports training for more teachers in more schools to identify potential mental health needs of students and connect them to necessary care.
 - Teen Mental Health First Aid (tMHFA) is a mental health education peer model that helps students identify, understand and respond to signs of mental health and substance use disorder among their friends.
 - Guidance and technical assistance should be given to school-based programs to optimize use of available Medicaid funds for school-based services.
- Revise FERPA and HIPAA rules that prevent collaboration and communication so that there is an integrated web of community supports.
- Provide continuity and uninterrupted Medicaid coverage for children in foster care.

³⁴ <https://pubmed.ncbi.nlm.nih.gov/31818865/>

Telehealth and Digital Technologies

Telehealth has been a lifeline for patients during the COVID-19 pandemic. While telehealth helps increase safe and convenient access to care, it can also result in disparities if people in rural areas or other vulnerable communities such as those of lower socioeconomic status do not have affordable access to broadband internet. Policies to promote use of telehealth should address potential disparities to make sure the benefits of telehealth can be realized by all.

Policies to address these issues include:

- Make the CONNECT for Health Act permanent to improve access to telehealth by promoting quality care and alternative payment models.
- Extend the flexibility enacted in the Coronavirus Aid, Relief, and Economic Security (CARES) Act, which allows commercial insurance providers to cover telehealth pre-deductible in consumer-directed health plans (CDHP).
- Provide increased federal and state funding for programs that improve digital health literacy and promote provider and patient education, especially in underserved areas.
- Support remote training, consultation and supervision programs like Project ECHO to connect primary care and mental health/SUD specialists.
- Support policies that allow insurance providers and other stakeholders the flexibility to innovate in virtual care.
- Allow providers to practice via telehealth across state lines through cross-state licensure (reciprocity), multi-state compacts, and preemption of state scope of practice laws that restrict cross-state practice.
- Streamline and enhance data sharing between medical/surgical and mental health providers for the purpose of coordinated and integrated care.
- Revise the CMS and ONC interoperability rules to encourage information sharing between clinicians and health insurance providers to support patient care, encourage care coordination, and reduce administrative burden, including requiring providers to share data with an individual's health plan.
- Include mental health clinicians in the Electronic Health Record Incentive Program.
- Explore the creation of a credible, independent organization to evaluate the clinical and economic evidence of digital therapeutics.

Quality and Value

Value-based purchasing (VBP) and alternative payment models (APM) can improve access to quality mental health care by encouraging prevention and early intervention to identify early signs and prevent mental health conditions from progressing. These models encourage more clinicians and facilities to collaborate, coordinate care, take responsibility for improving patient outcomes, and provide incentives for mental health providers to join payer networks.

Few existing VBP models are designed for mental health or for pediatric populations. As VBP relies on financial incentives tied to a clinical pathway or desired outcomes, the lack of valid metrics for quality of care in mental health has impeded progress in these payment models. Measures of quality in the mental health space trail behind those available for medical and surgical treatment. And where measures exist, it can be challenging to implement measurement-based care in a way that effectively informs treatment. Additional barriers exist that hinder information sharing necessary to promote whole-person and coordinated care.

Recommendations to address these challenges and advance value and quality-based payment and delivery models include:

- Incentivize use of standardized mental quality measures to inform clinical care.
- Expedite development of additional mental health measures, particularly those that address functional outcomes, avoidance of complications and readmissions, patient experience, and social determinants.
- Support federal and state resources to promote practice adoption of measurement-based care.
- Test and promote innovative payment models that support integration, quality, and value.
- Revise HIPAA, 42 CFR Part 2 and other federal and state laws and rules that hinder communication among providers and with plans to enhance coordination of care for patients with mental health/SUD conditions while continuing to prioritize the security and privacy of patient health information.
- Encourage the use of evidence-based digital health technology tools within value-based arrangements.

Crisis Response

Crisis services are an important part of the care continuum and typically include psychiatric urgent care, mobile crisis services, crisis stabilization, and crisis residential services. This continuum of crisis services is to prevent patients from spending unnecessary time in the emergency room or hospital and support patients in their treatment and recovery close to their home, school, work, and community.

Children, families, schools, and providers must be able to access a 24/7 crisis response system that is designed to meet the needs of patients in crisis. Any crisis response system for children and families must be equitable and accessible, trauma-informed, and culturally appropriate with staff that are trained in child development and family-centered approaches. The system should be able to transition children and families from crisis care to the next level of care that is most appropriate to meet their needs.

While not exclusive to children and adolescents, beginning in July 2022, a new three-digit dialing code (988) is in effect to route callers to the National Suicide Prevention Lifeline which will be implemented by states. Callers to the 988 Lifeline will be connected to trained counselors who are part of the existing National Suicide Prevention Lifeline network. These counselors will provide support and connect callers to resources. In addition, in May 2022, HHS launched a new confidential, toll-free hotline for expecting and new moms experiencing mental health challenges. Like the [988 Lifeline](#), counselors for the Maternal Mental Health Hotline are culturally trained and trauma-informed to offer brief interventions and referrals to community-based and telehealth providers. Individuals using the hotline will receive evidence-based information and referrals to support groups and other community resources.³⁵

It is important to note that while these dedicated lines are significant steps, they do not by themselves expand the capacity for care. Resources to staff these hotlines and receive referrals for needed care are in short supply.

Recommendations to address these challenges include:

- Support sufficient federal and state funding for the continuum of crisis response services (new 988 national crisis hotline, crisis stabilization, mobile crisis) and consider national standards/definitions for crisis services.
- Provide additional funding for 988 data sharing and coordination among crisis response entities.
- Incentivize state programs to cover services provided by mobile crisis teams.
- Ensure crisis response system is staffed to implement child development and family-centered approaches.

Working Together to Improve the Mental Health of All Children and Adolescents

Every American deserves access to effective and affordable mental health/SUD support and counseling as an important part of their overall health. The mental health needs of children and adolescents have become more critical since the pandemic. The health care system and patients need innovative collaborations and policy solutions with mental health and SUD professionals and communities. Transformative changes in the health care delivery system, such as payment for value, integration of mental health and medical services, cross discipline accountability for improving patient outcomes, and support for and navigation within the full continuum of mental health and SUD care options and access points, have the potential to influence and improve access and quality mental health across populations, including to children and adolescents.



³⁵ <https://www.hhs.gov/about/news/2022/05/06/hhs-launches-new-maternal-mental-health-hotline.html>

Related AHIP Resources:

- [A Vision for Improved Mental Health Care Access for Every American](#)
- [AHIP Board of Directors Statement of Commitment: Improving Access to and Quality of Mental Health and Addiction Support](#)
- [Health Insurance Providers Actions Concerning Mental Health](#)
- [Integrating Behavioral Health and Primary Care: Better Care and Health for the Whole Person](#)
- [Mental Health: How We Help the Growing Number of Struggling Youth](#)
- [Health Insurance Providers Facilitate Broad Access to Mental Health Support](#)

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