

## Lack of Mental Health Care in Children

Mental illness is all around us, however it is not an openly discussed topic. Many people are unaware of the severity of mental health issues in the United States and around the world. As defined by the National Alliance of Mental Illness (the largest grassroots mental health organization), “mental illness refers to a wide range of conditions... [and] may affect and disrupt [one’s] ability to relate to others and function in daily life.” Examples of mental disorders include depression, eating disorders, anxiety disorders, and schizophrenia. According to the World Health Organization (WHO) (2001), a prominent agency dealing with international public health, mental disorders do not discriminate between people based on race, gender, or age. They are universal, not only do they affect industrialized areas and the rich, but they also rural areas and the poor. The WHO also stated that mental illness is the top cause of disability and disease worldwide. Another overwhelming fact: half of Americans are likely to contract a mental disorder during their lifetime; this comes from *Advances in Mental Health* (2014), a journal specialized in mental health issues.

Clearly, mental illness is a global problem. In *The Science of Genius* (2012), Dean Keith Simonton says, “Newton sometimes suffered from extreme paranoia, and Galileo... was often bedridden with depression.” This inspired me to research mental illness, not in adults, but in children, specifically focusing on the United States. In the beginning of my research, I found that there is a serious lack of mental health care services for children. This deficit led me to my research question: What are the major contributing factors for the lack of mental health care in the diagnosis and treatment of children in America, and how can this lack of care be improved? By using various scientific journals, credible magazine articles, and well-known newspapers, I

will evaluate this topic using a social and legal perspective, and provide recommendations to improve this issue.

### **Background**

The lack of mental health care services for children is staggering. Currently, 20% of children have mental health concerns, and almost half of all mental disorders occur before the age of 14 (WHO, n.d.). Attention-deficit/hyperactivity disorder (ADHD) is the most prevalent disorder in children, followed by mood disorders and major depressive disorders. Even though many children are affected by mental illnesses, recent data from the Centers for Disease Control, the leading public health institute in the U.S., shows that only half of these children receive treatment. The consequences involving untreated mental illness can include violence, health problems, failure to complete high school, substance abuse, and suicide (APA, n.d.). These consequences not only affect children, but also their parents, family members, community, and ultimately, the nation. Evidently, this is a major concern, so why is there an absence of quality mental health services?

### **Social Perspective**

When evaluating the lack of mental health care from a social aspect, stigma and discrimination are major issues. Mental health stigma (MHS) is the negative attitude and discrimination towards people with mental health issues. People experiencing this stigma “feel diminished, devalued and fearful because of the negative attitude society holds toward them” (Gluck, 2013). This feeling is shared by an overwhelming majority of those with mental disorders.

Stigma arrives from different factors. One is the separation between mental and physical health issues. Millions of people around the world have diabetes, high blood pressure, cancer,

which are all characterized as physical health issues. Similarly, millions of people have mental disorders such as autism, depression and post-traumatic stress disorder (PTSD). However, mental health issues are characterized separately from those of physical health. But, there is a strong link between mental health and physical health, as they often affect one another (Shim, 2013).

Unfortunately, this artificial separation causes people to think that those with mental issues are strange, and they treat them differently, which directly contributes to stigma (Davey, 2013).

Another cause of stigma is the public's perception of mental health issues. A common generalization is that "mental problems" are reserved for the old, sick, and crazy-not for children.

Contrary to this belief, mental health issues profoundly affect children. Corrigan, Druss, and Perlick (2014), in their extensive article for the *Psychological Science of the Public Interest*, noted that publicly, there are "stereotypes depicting people with mental illness as being dangerous, unpredictable, responsible for their illness, or generally incompetent." These stereotypes stem from the negative views of mental people portrayed in the media, on the news, and the overall lack of knowledge about mental illnesses. News pertaining to mental illness usually involves tragedy and death. An example would be the Sandy Hook Elementary shooting, in which Adam Lanza shot 27 people, including children and faculty members, before killing himself. Lanza suffered from a mental health disorder called Asperger's syndrome, a form of autism. Pessimistic news about people with mental health issues like this is portrayed often, thus people associate mental issues with violence and other unpleasant feelings. This is also heightened for children, who are easily influenced by television shows, movies, and music (Steele, 2013). Hence, people, especially children, have distorted impressions of mental health problems due to the frightful images linked to mentally ill individuals.

Moreover, the stigma involving children is worsened by the fact that children can be very cruel and unaccepting of others who are different. Because of their negative views on “mental people”, children with these mental problems are often discouraged from receiving treatment and admitting to themselves, their parents, and their doctors about these issues. Children try to hide any symptoms and keep their feelings to themselves. But, if children are in denial, it can impede any progress that could have been made through early treatment. According to Sickel, Nabors, and Seacat (2014), researchers for the journal, *Advances in Mental Health*, “early and consistent access to mental health treatment is the most effective antidote to curbing negative mental health trends.” Although early treatment is the key to helping children with mental health issues, the stigma involved with the mentally ill sharply diminishes the likelihood of seeking mental treatment.

The fact that only half of children in America with mental illnesses receive treatment implies that a significant issue is at hand, and stigma is a major contributing factor.

### **Legal Perspective**

In addition to the prevalence of stigma involved with mentally ill people, there are also legal issues associated, specifically involving health care insurance. Newacheck McManus, Fox, Hung, and Halfon (2000) conducted numerous studies on health care for children for *Pediatrics* journal and found “that health insurance coverage plays an important role in ensuring appropriate access to care for children with existing special health care need.” Although this journal is dated, it is still relevant when addressing health care concerns in children.

Emory Health Services (2013) reports that “policies need to be implemented that ensure specialty mental health treatment is available for all youth who need services-especially youth with the most severe mental health problems.” However there are barriers put in place by the

health insurance industry that prevents families from receiving the proper mental health care (Jain, 2014). Even though discrimination of people with mental health illnesses is illegal, insurance companies continue to provide minimal coverage to children with these problems. Often, insurance companies make the family pay more for deductibles and copayments, or provide little to no mental illness coverage. For those companies who offer services for kids, treatment that takes more time and money are not supported; therefore, adequate care is not usually provided. Doctors feel that insurance companies hinder the treatment of their patients (Pear, 2008). Long-established relationships between professional psychologists and young patients are needed for recovery, but they cannot be formed with the current barriers in insurance coverage.

Recent legislation has tried to fix this discriminatory action of insurance companies. Senators Paul Wellstone and Pete Domenici are advocates for mental health legislation and pushed Congress to pass the Mental Health Parity Act in 2008. This federal law “prevents group health care plans and health insurance issuers...from imposing less favorable [mental health] benefit limitations on those benefits than on medical/surgical benefits” (Centers for Medicare and Medicaid Services, n.d.). This means that mental health coverage should be equal to the coverage of other diseases. Furthermore, with the implementation of the Affordable Care Act of 2010, small groups and individual plans must cover mental disorders. Combined, these acts cover both public insurance companies offered through the government, and private companies as well.

Although many people view these laws as an improvement, there are still numerous limitations to them. Equality is only applied if insurances wish to include those benefits in the plan. If the insurance does not offer mental health coverage, the act does not apply. Therefore,

there is a loophole that significantly limits coverage. Moreover, Ellen Weber (2013), professor of law at the University of Maryland Francis King Carey School of Law, emphasizes that the complexity of the acts makes them difficult to enforce. There are many provisions and specific points involved with these acts. So, despite the fact that the government has taken essential steps in ensuring equality with mental health care insurance policies, there are still advances that need to be made to increase the access of these services and treatments to kids who desperately need them.

### Conclusion/Solutions

Although mental health care services have improved over the last few decades, there is still a critical gap that needs to be filled. According to the Surgeon General in 2001, fewer than 1 in 5 children received care for their psychiatric disorder(s); recent numbers show that this has increased to half of children receiving care (NIHM, 2014). Nevertheless, a notable number of children still do not receive treatment, and this is due to a culmination of factors, which include stigma and legal concerns. Now that the main obstructions in the lack of mental health care treatments and diagnosis in children have been identified, we can work together to solve this issue and provide quality care. Recommendations cover the range of problems involved with mental illness coverage in kids.

In 2001, the WHO conducted extensive and thorough research on the prevalence of mental illness for children and adults. Most of the data collected is still referenced by authors of this subject because of its reliability. In the report, the WHO says that “the single most important barrier to overcome in the community is the stigma and associated discrimination towards persons suffering from mental and behavioral disorders.” Thus, we must combat stigma by raising awareness of the prevalence of mental illness in children. Various advertisement

campaigns on television and the internet can aid in this movement as they will reach broad audiences, including kids and adults, and show them the need for acceptance of the mentally ill. Even though these campaigns may be expensive, they are useful tools in addressing stigma (WHO, 2001). Any costs associated will be offset by the benefits provided from these campaigns, (cheaper alternatives like infographics passed out in public places like schools are also available). Since people are heavily influenced by what they see and hear, these campaigns will create positive feelings to replace existing negative ones. The media being more sensitive to adults and kids with mental illness will help the general public reduce any stereotypes towards the mentally ill and help them better assimilate into society.

Legally, the government needs to enact “policies and programmes that promote... equality and non-discrimination (WHO, 2001).” Some progress has been made, but there is much needed room for improvement. Policy reform by the government should include specificity when involving children to make it accessible to all kids. Children need this added protection because mental illness is a great problem that can have lasting effects. Loopholes in the coverage need to be eliminated to truly gain equality of mental illnesses with other physical illnesses. All insurances should offer mental health coverage and promote services that are the best for the patient, instead of opting for the quickest and cheapest method. Also, clarity needs to be offered with the current Mental Health Parity Act and Affordable Care Act to make them easier to adhere to. The government needs to be stricter with regulating these insurance companies because violations are being overlooked and mental health does not gain much attention with lawmakers and enforcers.

“Childhood is considered an important time to prevent mental disorders, as many adult mental disorders have their antecedents in childhood” (Reder & Quan, 2004). If we fix the

disparity in mental health care in treatment and diagnosis for children, we can greatly reduce this problem to benefit children in the present and into the future.



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