Children's Defense Fund
Mental Health Fact Sheet

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Ensuring that all children, particularly the most vulnerable children with mental health problems, have access to comprehensive, affordable health coverage is not only smart and cost-effective, but it can play an important role in their overall health and well-being.

Mental health problems affect millions of children. Emotional, behavioral, and mental disorders affect children and families in all of our communities.

- One in ten children has a mental illness serious enough to impair how they function at home, at school, and with peers.[1]
- In 2007, more than 1 in 4 high school students reported feelings of depression that were severe enough to impair their daily activities.[2]
- Major mental health problems may occur in children as young as 7 to 11 years old, and even younger.[3]
- Children with mental disorders, particularly depression, are at higher risk for suicide. According to the Surgeon General, almost 90% of children who commit suicide have a mental disorder.[4] Among adolescents ages 15 to 24, suicide is the third leading cause of death, after auto accidents and homicides.[5]

Low-income* children and children in child welfare or juvenile justice systems are disproportionately affected by serious emotional disorders.

- One in five low-income children ages 6 to 17 have mental health problems.[6]
- According to a report by the Urban Institute, children in foster care have higher levels of behavioral and emotional problems and are more likely to have a mental health condition.[7]
- More than 500,000 children live in foster care, and 50 percent of children in the child welfare system have mental health issues.[8]
- Almost 70 percent of children in state and local juvenile justice system have a diagnosable mental health disorder, with at least one in five experiencing symptoms so severe that their ability to function is significantly impaired.[9][10]

Many children with mental health problems do not get the early care they need, leading to less effective treatments and significant consequences for children and families. When mental health problems are identified, children and their families must have access in their own communities to the treatment services and supports that they need.

- Despite high rates of mental illness in children, 4 out of 5 children ages 6 to 17 who have mental health problems do not receive any help.[11][12]
- Minority children have high rates of unmet mental health needs. 88 percent of Latino children have unmet mental health needs.[13] In addition, although Latino children have the highest rate of suicide, they are less likely than others to be identified by a primary care physician as having a mental disorder.[14] African American children are more likely to be sent to the juvenile justice system for behavioral problems than placed in psychiatric care.[15]
- Children in the child welfare system experience unique challenges. 85 percent of children in need of mental health services in the child welfare system do not receive them.[16] Children with mental health issues in the child welfare system are less likely to be placed in permanent homes. They are also more likely to be placed out of their home environments in order to access needed services.[17] [18]
- Despite significantly high rates of mental illness in the juvenile justice system, the U.S. Department of Justive has found that juvenile facilities fail to adequately address mental health needs for children.[19]
- According to regional data, youth in the juvenile justice system often receive inadequate, and often inappropriate, care and treatment. In addition, children in juvenile detention facilities are often detained for

*Income<200% of federal poverty level.

prolonged periods of time due to lack of availability of appropriate community-based mental health treatment centers.[20]

- Children in the juvenile justice and child welfare systems are more likely to rely on restrictive and costly services such as juvenile detention, residential treatment, and emergency rooms.[21][22]
- Uninsured children have higher rates of unmet needs than children with private or public insurance. 87 percent of uninsured children have unmet mental health needs.[23]
- Though uninsured children are significantly affected, even children covered by private or public health insurance plans have coverage gaps or limits of type and extent of treatment that prevent them from obtaining needed mental health services.[24]

Unmet mental health needs are a significant source of medical costs for families and for our country.

- The estimated annual cost for treating mental health problems in children is $8.9 billion.[25]
- Lack of available and affordable mental health services often leaves parents believing that their best alternative is to place their children in the custody of the child welfare or juvenile justice system in hopes of getting them mental health treatment. Residential and other specialized out-of-home care can cost over $250,000 a year for one child.
- Early mental health screening and intervention cost much less than inpatient treatment and residential treatment centers. Although residential treatment centers are used by a small number of children (8 percent), nearly one-fourth of national expenditures for children's mental health treatment is devoted to care in these settings.[26]

Untreated mental illness interferes with children's daily activities and education, contributing to substantial indirect costs of mental health problems. Symptoms of mental health problems can affect children's ability to learn, engage fully in school, and interact with their peers, preventing them from reaching their full potential.

- According to a national report, nearly half (48.3 percent) of children ages 12 to 17 who had experienced a major depressive episode in the past year had severe impairment that prevented them from engaging in daily activities for more than 58 days that year.[27]
- Children in elementary school with mental health problems are more likely to miss school than their peers – in one school year, children with mental health needs may miss as many as 18 to 22 days.[28]
- Chronic absenteeism exacts a high price from children, who have difficulty making up the work they missed and require special help in school, and from their parents, who must often take time off work during these absences to care for their children. Parental loss of work contributes significant indirect costs to the nation each year in lost productivity.[29]
- Almost 25 percent of adolescents who required mental health assistance reported having problems at school.[30]
- Preschool children are three times more likely to be expelled than older children (kindergarten through twelfth grade), and these expulsion rates are often attributed to lack of attention to behavioral and emotional needs.[31]
- Children in elementary school with mental health problems are three times more likely to be suspended or expelled than their peers.[32]
- Up to 14 percent of adolescents in high school with mental health issues receive mostly Ds and Fs in school.[33]
- Almost 50 percent of adolescents in high school with mental health problems drop out of school.[34]

Children with mental health problems who have access to quality health care and comprehensive age-appropriate mental health screens and assessments have improved health and development. Recognizing the importance of prevention, emphasizing early detection, and receiving proper treatment are important to managing mental health problems. Intervening early avoids more complex and expensive problems later in life.

- Factors that predict mental health problems can be identified during early years of childhood.[35][36]
- Treating mental health problems early reduces disability for children, before mental illness becomes more severe.[37]
- Preschools that have access to mental health consultation have lower expulsion rates.[38]
- Early detection and intervention strategies for mental health issues improve children's resilience and ability to succeed in life.[39]
- Children living with major depression who receive combined behavioral therapy and medication have significantly better outcomes and marked decrease in suicidal thinking compared with children who do not receive such comprehensive treatment.[40]

- In Washington state, treatments like functional family therapy and multi-disciplinary therapy for children in the juvenile justice system reduce costs, crime, and re-offending rates. In addition, such proven and cost-effective treatments allow children to return safely to their homes, schools, and communities.[41]
- According to a study by the National Institute of Mental Health, preschoolers at high risk for mental health problems showed less oppositional behavior, less aggressive behavior, and were less likely to require special education services 3 years after enrolling in a comprehensive, school-based mental health program.[42]

Poor health in childhood can cast long shadows later in life; consequently, good health at birth and throughout childhood is essential for children with mental health needs and for the adults and workers they will become. *All* children must have access to comprehensive, affordable, and accessible health coverage that meets their needs.

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