

## Massachusetts Children's Mental Health Services – A Legislative Initiative

The legislative/budgetary process currently underway in Massachusetts is considering new and potentially innovative legislation that would effect the availability and delivery of mental health services for children. A bill, known as *An Act Relative to Children's Mental Health* (H.4276) is up for consideration. It would provide significant changes in mental health services for Massachusetts's children, about 100,000 of which are in need of mental health services. For specific information about the bill and legislative efforts to accomplish passage and funding of the bill's particulars, please visit the Children's Mental Health Campaign page of the Health Care for All website at: <http://www.hcfama.org>. To get to the specifics for children's mental health, follow this link: Advocacy & Policy >> Children's Health >> Children's Mental Health. There you will find all the legislative details along with several downloadable PDF files that explain the provisions of the bill. It is imperative that all legislators be lobbied to support this landmark legislation.

As a clinical social worker and national seminar presenter on topics specific to Child & Adolescent Mental Health, (go to: <http://www.garryearles.com>) I have the benefit of hearing from both mental health professionals as well as educational personnel around the country about the overwhelming frustrations in providing services to this population.

Managed care, for many, has been a disaster as services are rendered based on "medical necessity," which often means what the insurance carrier willing to pay for and how much. Mental health services, unfortunately, are not on a parity with "physical health" services, despite the fact that mental health disorders are primarily brain-based Issues, clearly a physical organ, just like one's lungs or appendix. Mental health services, across the board, are very limited and often require up front pre-authorization. Even then, the number of therapy sessions is quite limited and require significant amounts of paperwork by the therapist. It can easily be said that mental health services are at the bottom of the managed care barrel and that worse, child & adolescent mental health services are at the bottom of the mental health barrel..

School districts across the country have become, in my opinion, the de facto mental health clinic annexes. They now deliver the bulk of child & adolescent mental health services under the guise of providing equal opportunity education for all. A child challenged, for example, by Attention Deficit Hyperactivity Disorder (ADHD) or Early Onset Childhood Bi-Polar Disorder (EOCBiPD) has to be educated. The difficulty is that such a child's mental health condition must first be addressed before educational imperatives can be accomplished. Sadly, educational personnel, including those with even advanced degrees in special education, are not trained clinicians and are therefore poorly equipped to handle these types of individuals. Let's be clear. It is not their fault. They are educators, not mental health professionals. And yet, a significant portion of every school's special education budget concerns itself with mental health issues. Locally, for example, the Gill-Montague School District is reputed to have one of the highest percentages of students, if not the highest, with mental health issues in the state. Ironically, they are, as are most school districts, woefully prepared to deal with these students.

While one may wonder why it is then that schools are providing such services instead of mental health clinics, consider this. Children and adolescents require a different kind of service than adults. One must realize that traditional mental health therapy was designed

by adults, for adults. Not to say that these kids can't benefit from a traditional "50 Minute Hour" of therapy once a week, it's just that such a service is inadequate. These kids do much better in longer, intensive one-on-one sessions or in a group setting such as they find in a classroom. Such interactions allow for a more psycho-educational-recreational approach to treatment. Suffice to say that the office environment is too stodgy and formal. Many adults are intimidated by the mental health system so you can imagine how a kid feels. Accordingly, while it strains local school resources around the country, these kids are best helped through the schools as that is where they spend the bulk of their day. There they can be afforded continual support and guidance throughout the day. They can also benefit from assistance by their peers.

The harsh reality, though, is that we need to find ways to help school personnel help these kids. Often schools have limited clinical resources to meet the demands. And, as previously stated, school personnel are not mental health "treaters." The pending legislation attempts to address some of these shortcomings.

A child with a mental health disorder is affected by many adults such as a therapist, doctor, school teacher, etc. Currently, managed care will not pay for these individuals to collaborate (consult with each other) to insure that all are on the "same page" in their approach to treatment. As a result, services are fragmented. A provision in H.4276 will address this predicament regarding reimbursement for collaborative services. Inherent in this provision is that school districts will be able to avail themselves of compensated clinical consultants on behalf of their students.

Other primary provisions of the bill would provide for early screenings and identification through pediatrician's offices and in childcare and preschool settings and for coverage to be extended through age 20 to insure continuity of care.

There are a lot more issues concerning child & adolescent mental health conditions. I hope to continue to write about these issues. In the interim, please take the time to familiarize yourself with this pending legislation. And, be sure to write, email or personally call your local legislators to garner their support for this important legislation. (Go to: [http://www.mass.gov/legis/city\\_town.htm](http://www.mass.gov/legis/city_town.htm) for an alphabetical list of legislators by town).

On behalf of all of us, children and adults alike, who are challenged by various neuro-biological/developmental disorders, I thank you for your consideration and for your attention to this matter.

Garry L. Earles, L.I.C.S.W. is a Licensed Independent Clinical Social Worker in Franklin County. With a national reputation as a seminar presenter on child & adolescent mental health disorders such as ADHD, Obsessive Compulsive Disorder, Early Onset Bi-Polar Disorder, Tourette Syndrome, etc., he has trained thousands of mental health professionals and educational personnel. He also provides direct therapeutic services to clients as well as phone consultations. He is available for public speaking engagements. For more information, please visit: <http://www.garryearles.com>.

This article and all others by this author that appear here or elsewhere are ©2008 by Garry L. Earles & *Bridging The Chasm*