

Children's Mental Health Services in Georgia May 2019

Brain development, from birth through age 25, is greatly affected by experiences – both positive and negative. Adversity, traumatic experiences and the stress that is associated with both, as well as undiagnosed or untreated behavioral health conditions such as autism, depression and anxiety, can lead to a lifetime of consequences, including the delayed or hindered ability to learn, substance abuse, or even suicide.

In 2019, Governor Brian Kemp allocated more than \$7 million in the FY19 amended state budget to expand [Project Apex](#), which supports mental health providers as they partner with schools to provide school-based behavioral health services, including direct student services, professional development for school staff, and opportunities for mental health promotion and awareness. This important investment continues to catapult forward the investments made in 2018 as a result of the [recommendations from the Commission on Children's Mental Health](#), which called for expansion of school-based behavioral health, crisis response, supported employment/education, telemedicine, workforce trauma training, and opioid and suicide prevention. While there has been an increased awareness, understanding, and funding of child and youth mental health systems, programs, and trainings, there is still much work to do. Consider this:

- Last year, the state saw a 45.6% jump in teens (6th through 12th grade) **attempting** suicide. Suicide is the #2 cause of death for our teens.ⁱ
- Approximately 1 in 10 children in Georgia, aged 12-17, experienced at least one major depressive episode in the past year.ⁱⁱ

More than 40% of children ages 3-17 have trouble accessing the mental health treatment and counseling they need. Many mental health services for children and youth are not consistently reimbursed by care management organizations (CMOs) or private insurers, nor are they consistently offered in communities. Compounding that are the challenges that exist around the distance families need to travel for ongoing therapies, pediatric and family behavioral health provider shortages, and lack of insurance coverage of particular services. While a number of therapies and services could be accessed via telemedicine, and potentially greater availability with recent state investments, poor broadband connectivity in rural areas further limits the potential to access these services.

The new [Georgia Behavioral Health Reform and Innovation Commission](#) will look at these types of issues. The Commission will conduct a full review and evaluation of the state's behavioral health system, including subcommittees on children and adolescents and workforce and system development. Additionally, the new [House Study Committee on Infant and Toddler Social and Emotional Health](#) will assess the full continuum of services – from promotion to prevention to treatment – that is needed to best support babies, young children, and the significant adults in their lives as well as evaluate the effects of adverse childhood experiences on infants and toddlers and invest in services specifically for those ages.

“Mental health issues happen more than you would think. We're seeing them younger and younger, I mean, down to pre-K age. A young student told me the other day, 'I want to die. I don't want to live anymore. I don't want to be here.' We had a student who tried to strangle himself in the school, [and that student is of elementary school age].”

–Effingham Co

Barriers to Healthcare for Georgia's Children

Every child in our state should have access to effective, coordinated, culturally competent, child- and family-centered, community-based mental health services and supports. Furthermore, all child and family serving providers (such as mental and physical health care clinicians, teachers, daycare workers, social workers, and juvenile judges) should be adequately trained in mental health awareness and trauma, in order to prevent and mitigate emotional trauma and behavioral health challenges.

To that end, Voices offers the following recommendations:

<p>SYSTEM REFORM EVALUATION AND STRATEGY</p>	<ul style="list-style-type: none"> • Continue to invest in and support the recommendations made by the 2017 Commission for Children’s Mental Health. • Invest in Georgia’s 2017-2019 System of Care State Plan and the Interagency Directors Team. • Ensure Georgia’s 2020-2023 System of Care State Plan includes goals, strategies and tactics to address the needs of children 0 through 4 years of age.
<p>WORKFORCE</p>	<ul style="list-style-type: none"> • Collect, analyze and report data on Georgia’s behavioral health workforce similar to the data collected, analyzed and reported on by the Georgia Board for Physician Workforce (GBPW).¹ • Improve systems and funding to increase and improve the capacity of the child and adolescent behavioral health workforce to meet the needs of all ages, per Voices’ Behavioral Health Workforce Report
<p>COVERAGE AND PAYMENT</p>	<ul style="list-style-type: none"> • Support insurance reimbursement of behavioral health services – at all levels – from preventative and early identification to more intense intervention and crisis response (and everything in between). • Improve access to and payment for interventions for children under the age of six by having Medicaid and private insurers adopt the national DC: 0-5 Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood.
<p>CAREGIVER SUPPORT</p>	<ul style="list-style-type: none"> • Support access to mental health and substance abuse treatment for all adults who interact with children, as their behavior may harm children in their presence.

These recommendations are a result of Voices for Georgia’s Children’s research on the gaps and assets of Georgia’s child-serving system – completed with input from our many partners, service providers, and families. For more information on the challenges and strengths of the child-serving system, and recommendations to address the challenges and expand the strengths, please check out:

- [The Whole Child Primer](#)
- [Barriers to Healthcare for Georgia’s Children](#)
- [Challenges for Children Podcast](#)
- [Episode 1: Lamar County](#)
- [Episode 2: Dougherty County](#)

ⁱ Georgia Student Health Survey 2.0, <https://www.gadoe.org/Curriculum-Instruction-and-Assessment/Curriculum-and-Instruction/GSHS-II/GSHS%20State%20Reports/2018/State%20Report%202018.pdf>

ⁱⁱ Nguyen, T., Hellebuyck, M., Halpern, M. & Fritze, D. Mental Health America, The State of Mental Health in America 2018. 2017 November 2, 2018]; Available from: <http://www.mentalhealthamerica.net/sites/default/files/2018%20The%20State%20of%20MH%20in%20America%20-%20FINAL.pdf>.

¹ While data is collected to inform workforce strategy for physicians, physician assistants, dentist, and advance practice registered nurses, no such data exists for mental and behavioral health clinicians (licensed psychologists, licensed clinical social workers, license professional counselors, licensed marriage and family therapists). Georgia lacks an accurate, comprehensive understanding of this workforce and is therefore challenged to make effective strategic funding or program investments to address workforce gaps.