



Viewer-Submitted Awareness Day 2016 Q&A

Viewers around the country watched the live webcast of the Awareness Day 2016 national event on May 5. Many of them took advantage of the opportunity to submit questions to the event's guest panelists via social media and a web portal. Here are responses to the questions the panelists did not have time to answer during the live event.

1. *What advice would you give to families that are desperate to find help when they cannot find hope anymore?*

As a family raising a child, youth, or young adult with mental health challenges, it can become overwhelming and seem like there is no hope. In these times, it is extremely important for parents and caregivers to have support, advocacy, education, and assistance to meet the needs of their child and family. Family-run organizations are often the best place to find this support and assistance. These organizations employ family members whose children, youth, and young adults have behavioral health challenges. These family members have successfully navigated the process and systems to access care and support for their family. They can offer hope to other families by sharing their stories, knowledge, support, and understanding of what other families are experiencing.

Resources:

- National Directory of Family-Run, Youth-Guided Organizations for Children's Behavioral Health: familyorgdirectory.fmhi.usf.edu/index.cfm
- Family-Run Executive Director Leadership Association (FREDLA): www.fredla.org
- National Federation of Families for Children's Mental Health (FFCMH): www.ffcmh.org

2. *How can low-income families, especially those without health care coverage, get help for their children with mental health needs?*

Medicaid and the Children's Health Insurance Program provide health care coverage to approximately 60 million low-income people across the nation. Health and behavioral health care coverage through Medicaid varies from state to state depending on income and other eligibility requirements, such as the covered services the state has elected to provide as part of its Medicaid health plan. Income guidelines for Medicaid are informed by the [Federal Poverty Level](#) issued annually by the U.S. Department of Health and Human Services. Private insurance plans can also vary greatly in terms of the behavioral health benefits they cover and require clinical eligibility criteria for discrete services. Individuals with private or public insurance should contact their health plan directly to determine what types of services are available, eligibility criteria, and potential costs (such as copays or deductibles).

Through health care reform, some states have opted to expand access to Medicaid to more people.

For more information about Medicaid and a list of links to state agencies, please visit the [Centers for Medicare and Medicaid Services](#) website.

3. *What are signs of mental health issues for very young children?*

Early childhood mental health is defined by ZERO TO THREE as developing the capacity to:

- Form close and secure adult and peer relationships;
- Experience, regulate, and express emotions; and
- Explore the environment and learn.

The goal is for a young child to develop these abilities across a variety of life areas, including family, community, and culture.

Signs of issues for infants are often related to difficulties in their attachment patterns, regulation of their emotions, difficulties in sleep or feeding patterns, as well as other developmental gaps that may lead to social-emotional difficulties such as those related to development of language, motor, and cognitive skills. With preschool and school-aged children, it is common for similar difficulties to appear. The challenges usually appear in relationships with peers and adults in a variety of settings. While none of these issues by themselves are a certain indication of a mental health or social-emotional issue for a young child, they do warrant monitoring and follow-up with a health or mental health professional with expertise in early childhood.

The ZERO TO THREE website at www.zerotothree.org, as well as The Center on the Developing Child website at www.developingchild.harvard.edu, have additional information and research on the mental health and well-being of young children.

4. *What advice can you give the parent of a teenager who may have a mental health need but is resistant to seek help?*

It can be heartbreaking to see your teenager struggle with a mental health need and be unable to help. There are many reasons a child may be unwilling to seek help. They may not feel that they have a problem. They may feel that they are just doing what their peers are doing. Or they may resist treatment because of misperceptions about therapy or medication.

Your child's specific needs and abilities will influence your need as a parent to step in and take some measure of control. Try to enlist the help of someone your child might listen to, such as a teacher, coach, or friend. As adolescents are more comfortable with technology, texting may be a more acceptable way of communicating with your child. Realize that you cannot change some behaviors. You can, however, be supportive and firm in setting limits and offering opportunities to seek treatment. If you are concerned that your youth may be causing harm to herself/himself or others, contact SAMHSA's National Suicide Prevention Lifeline at 800-273-TALK (8255).

It is also important that you take care of yourself and get support from others who have experienced similar situations. There are organizations in every state that offer support groups or telephone support to families caring for children with mental health needs.

Resources:

- [National Directory of Family-Run, Youth-Guided Organizations for Children’s Behavioral Health](#)
- [Family-Run Executive Director Leadership Association \(FREDLA\)](#)
- [National Federation of Families for Children’s Mental Health](#)
- [Child Mind Institute](#)
- [National Institute for Mental Health Fact Sheet](#)
- [SAMHSA: Treatment for Mental Disorders](#)
- [SAMHSA: Basic Facts About Mental Health](#)
- [National Alliance on Mental Illness \(NAMI\) Fact Sheet Library](#)
- [NAMI Getting the Right Start](#)
- [Youth M.O.V.E. National](#)

5. *If you are the parent in a community that is not talking about mental health, how can you start the conversation?*

Several organizations work nationally and locally on mental health policy, awareness, and advocacy and may be resources for community-focused strategies to raise awareness and begin the dialogue. The [National Alliance on Mental Illness](#) is one resource for communities. The [Family-Run Executive Director Leadership Association](#) also has a network of membership organizations across the country.

Additional resources include:

- [National Federation of Families for Children’s Mental Health](#)
- [Community Conversations](#)
- [Tips for Talking About Your Mental Health](#)

6. *Many young adults, especially those in college, face behavioral health issues while at school. How can college students find help for themselves and their friends on campus?*

Many colleges and universities have been focusing more on the behavioral health of students, and it is important for families, students, and peers to be informed of what resources are available on campus. Oftentimes, behavioral health services such as counseling are available through a campus health center, but it is important to find out exactly what is offered in terms of therapeutic intervention and academic support. For example, many college health centers only provide short-term, time-limited outpatient therapy. For long-term or more intensive treatment, many campuses would refer the student to services through his/her health insurance plan.

In addition, students who opt to disclose their mental health condition to the college are often able to access academic supports and accommodations through the campus disability resource center.

The National Alliance on Mental Illness (NAMI) conducted a national survey of college students with mental health issues, and the resulting report [College Students Speak: A Survey Report on Mental Health](#) provides a summary of student feedback on actions that facilitate access to care on campus. The challenge of living with a mental health issue and going to college is made clear by this respondent’s description: “A depressive episode made it impossible for me to go to classes and I did

not get help until it was too late and I was withdrawn and I could never afford the cost to go back because I lost my scholarship for being withdrawn.”

According to the NAMI report, student experiences with campus behavioral health and disability support services are varied. Overall, it is important for students, families, and friends to be prepared by reaching out to the appropriate contacts for current information about what is offered at a specific campus. By seeking out this information, everyone can be better prepared to manage a current or future mental health issue that could impact full participation in a higher education program. The good news is that many college campuses have student-led support and advocacy groups for students with behavioral health needs.

Below are a number of resources to help college students and their families:

- [College Guide for Students With Psychiatric Disabilities](#)
- [Critical Mental Health Resources for College Students](#)
- [Addressing Mental Health Problems on Campus](#)
- [Wellness Recovery Action Plan](#)
- [NAMI on Campus](#)
- [Active Minds](#)
- [Youth M.O.V.E. National](#)

7. *As a parent, what should I be asking about mental health services when I tour potential colleges with my child and what support can I give them while they are away from home?*

See response to above question #6, related to college campus resources.

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- [Addressing Mental Health Problems on Campus](#)
- [Wellness Recovery Action Plan](#)

8. *Are there some areas of the country where it is easier to get treatment for a child with behavioral health issues who urgently needs it?*

Access to behavioral health care can vary depending on factors such as where you live, health insurance status, health insurance benefits, and the network of available providers. For example, people who live in rural areas may find that behavioral health providers are located great distances from their homes, which can create challenges in accessing frequent and appropriate care. On the other hand, some rural communities have created plentiful behavioral health resources through innovative practices like telehealth.

Innovations in the field of telehealth have been changing the landscape of access to health and behavioral health care in recent years. Through advanced videoconferencing and telecommunications technologies, behavioral health systems are creating ways for behavioral health professionals to care for individual clients, especially in remote, rural, and frontier areas where

there may be a limited number of behavioral health professionals providing services. SAMHSA has supported training, technical assistance, and research related to [telehealth services in behavioral health settings](#).

In addition, from a policy perspective, the concept of “behavioral health parity” has had a positive impact on the ability of insured individuals to access appropriate behavioral health care. Both the [Affordable Care Act of 2010 and the Mental Health Parity and Addiction Equity Act of 2008](#) have made considerable progress in mandating health insurance plans to offer behavioral health care coverage and ensure that behavioral health benefits are offered at the same level as standard health benefits.

9. *What can parents expect when they take their child to see a mental health professional, specifically a psychiatrist or psychologist?*

When seeking care from a mental health professional, parents and caregivers should be part of the entire process from assessment and treatment to progress monitoring and discharge planning. For very young children, the parent and mental health provider would likely work together to determine a child’s needs and develop a plan to meet those needs. In addition to information about the child’s behaviors and developmental milestones, the clinician will likely want to observe the child at play and/or interacting with the parent or caregiver to further inform the course of treatment.

For school-aged children and adolescents, the parent or caregiver would also be involved in the initial assessment, though the youth would also act as a key informant. The clinician may do a formal assessment with the child, which may occur one-on-one or may include the parent and child. The frequency of treatment, goals, and roles will be established in partnership with the mental health professional. The parent or caregiver may be requested to attend all sessions or may only participate as needed. It is important for parents and caregivers to be aware of the code of ethics for mental health professionals and the limitations set forth by confidentiality and informed consent and how those rules apply to a parent or caregiver’s access to information shared in therapeutic sessions.

10. *What are some examples of behavioral health challenges kids face that educators or other school-based mental health professionals might pick up on that parents would not?*

It is true that in a school setting, children with behavioral health challenges may show signs of needing help that educators or other school-based professionals can notice. Children and youth may exhibit a variety of behaviors that could indicate they are having difficulties and may need further evaluation by a health or behavioral health professional. To learn more, visit the resources below:

- [Association for Children’s Mental Health – Problems at School](#)
- [School-Based Supports](#)

11. *What type of training can law enforcement officers get to better equip them to serve youth with mental health needs?*

Crisis Intervention Training (CIT) is a well-known and evidence-based approach to community-based response to mental health crises that involves partnership between law enforcement, mental health

providers, hospitals, individuals with behavioral health disorders, and their families. A specialized training is available called [CIT for Youth](#), which helps community partners identify and intervene with children, youth, and their families experiencing a mental health crisis. The [national model for Crisis Intervention Training](#) (also known as “The Memphis Model”) was developed through a collaboration with NAMI, the University of Memphis CIT Center, CIT International, and the International Association of Police Chiefs.

The National Center for Mental Health and Juvenile Justice, a core partner of SAMHSA’s National Technical Assistance Network for Children’s Behavioral Health, offers CIT training in addition to Adolescent Mental Health Training for School Resource Officers (AMHTSRO). The AMHTSRO is a basic training on adolescent development, mental health conditions, crisis de-escalation, roles and responsibilities, and community mental health services for police who function in schools. It can also be used for school security staff. More information is available [here](#).

In the event you witness an individual with mental health challenges commit a crime or harm another person, you need to contact your local law enforcement agency. If you suspect you will need to do this, it can be helpful to meet with law enforcement in advance to share about the person’s mental health condition. There is also specialized training for law enforcement to be more equipped to support someone with mental health needs.

Additional resources on these topics:

SELF-HELP, PEER SUPPORT, AND CONSUMER GROUPS

SAMHSA Treatment Locator

- www.findtreatment.samhsa.gov/locator/link-focPeer

Mental Health First Aid

Mental Health First Aid is a training that helps participants identify when someone is experiencing a mental health crisis and is in need of assistance.

- www.mentalhealthfirstaid.org/cs

Mental Health Crisis Response Institute

- www.mentalhealthcrisis.org/lawenforcement.html

LAW ENFORCEMENT INTERACTION

- www.theiacp.org/portals/0/pdfs/ImprovingPoliceResponsetoPersonsWithMentalIllnessSummit.pdf

MENTAL HEALTH COURTS

Some communities have mental health courts that are specifically designed to address situations where a person with a mental health condition commits a crime. These courts handle the accountability, but also ensure that the individual gets access to the needed services and supports necessary to address their mental health condition.

- www.csjusticecenter.org/mental-health-court-project

- www.bazelon.org/Where-We-Stand/Access-to-Services/Diversion-from-Incarceration-and-Reentry-/Mental-Health-Courts.aspx

12. Will the new DNA testing that is used to determine which medication is best for a child with mental illness be offered everywhere and become more affordable?

Several commercial pharmacogenetic test products have been introduced into the field of mental health. Most of these tests assess the individual's ability to metabolize a medication based on their unique genetic profile. These tests could eventually help identify the medication that is most effective for a particular person. However, more research is necessary at this point in time.

The field of pharmacogenetics involves using a patient's genetic makeup in combination with other clinical information to create a personalized medication regimen with greater efficacy and safety for the individual patient. Over the last decade, the number of clinical pharmacogenetic tests has steadily increased as understanding of the role of genes in drug response has grown. However, uptake of these tests has been slow, due in large part to the lack of robust evidence demonstrating clinical utility. While randomized controlled trials remain the gold standard for clinical evidence, very few have been performed in pharmacogenetics (Moaddeb & Haga, 2013).

- Some public and private insurance providers cover the costs of pharmacogenetic tests, but not all. The more that research shows these tests are scientifically sound, the more likely it is that insurers will include coverage.
- The following website from a reputable source provides helpful general information on pharmacogenetic tests:
www.mayoresearch.mayo.edu/center-for-individualized-medicine/drug-gene-testing.asp.
- We recommend that people become educated about the pros and cons of using psychotropic medications. For more information about this, please visit
www.aacap.orgC:\Users\cturvey\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\Z5IL4LJC\www.aacap.org.

Source:

Moaddeb, J., & Haga, S. B. (2013). Pharmacogenetic testing: Current evidence of clinical utility. *Therapeutic Advances in Drug Safety*, 4(4), 155–169. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3765014>

13. How does race impact access to mental health services and how does the lack of access play into higher arrest rates for youth of color with behavioral health challenges?

Research has long documented the existence of a number of disproportionalities and racial disparities in behavioral health and other service systems. Research concerning the prevalence of mental health problems among racial and ethnic groups shows little difference in rates of specific disorders, but there are differences in referral patterns, problem manifestations, applicability of assessment protocols, and diagnoses (Coard & Holden, 1998; Yeh et al., 2002). Accounting for disparities in behavioral health is a complex proposition. Research suggests that factors including institutional racism and bias in diagnosis and referral, as well as help-seeking behaviors intrinsic to diverse populations and environmental conditions within neighborhoods, lead to chronic stress (Jackson, Knight & Rafferty, 2010).

With regard to disproportionate rates of incarceration, African-Americans have been found to have higher rates when compared to their proportion within the general population. Current incarceration trends suggest that one of every three African-American males born today can expect to go to prison as compared to one in 17 white males (Mauer, 2011). As with behavioral health disparities, a number of complex factors are thought to have contributed to this current state of affairs, including “Zero Tolerance” and “Drug War” policies (Hartney & Vuong, 2009). Other factors that have been found to contribute to higher rates of arrest and incarceration among African-Americans include increased rates of suspension and/or juvenile detention among youth with severe emotional and/or behavioral health issues.

Sources:

Coard, S. I., & Holden, E. W. (1998). The effect of racial and ethnic diversity on the delivery of mental health services in pediatric primary care. *Journal of Clinical Psychology in Medical Settings*, 5, 275–294.

Hartney, C., & Vuong, L. (2009). Created equal: Racial and ethnic disparities in the US criminal justice system. Oakland, CA: National Council on Crime & Delinquency.

Jackson, Knight & Rafferty, 2010

Mauer, M. (2011). Addressing racial disparities in incarceration. *The Prison Journal, Supplement to 91*, 87S–101S. doi: 10.1177/0032885511415227

Yeh, M., et al., (2002). Referral sources, diagnoses, and service types of youth in public outpatient mental health care: A focus on ethnic minorities. *Journal of Behavioral Health Services & Research*, 29, 45–60.

Additional resources on these topics:

Addressing Racial Disparities in Incarceration

- www.sentencingproject.org/publications/addressing-racial-disparities-in-incarceration

In a special issue of The Prison Journal, Marc Mauer examines the causes and consequences of the extreme racial disparities in incarceration in the U.S. The article assesses effects on public safety and communities and offers recommendations for reform in policy and practice to reduce unwarranted disparities.

Juvenile Mental Health Court Evaluation

- www.ncmhjj.com/projects/current-projects/juvenile-mental-health-court-evaluation/#sthash.pbpguXqc.dpuf

The National Institute of Justice funded an evaluation to assess juvenile mental health courts as an alternative to case processing and disposition of youth with mental health needs in contact with the juvenile justice system.

Race, Trust, and Police Legitimacy

- www.nij.gov/topics/law-enforcement/legitimacy/pages/welcome.aspx

Research consistently shows that minorities are more likely than Caucasians to view law enforcement with suspicion and distrust. Minorities frequently report that police disproportionately single them out because of their race or ethnicity. This site provides resources on policing and public safety.

14. How do we address the off-labelling and risky prescribing of antipsychotics for children in foster care and Medicaid systems?

As indicated in the response to question 12, parents and youth should be educated about the pros and cons of using psychotropic medications, and should consult with their doctor to make this very personal decision. We recommend reviewing information from the American Academy of Child and Adolescent Psychiatry as a first step to become better informed.

Please find below a number of resources that address this topic:

- [KSOC-TV: The Role of Psychotropic Medication in Children’s Mental Health](#)
- [AACAP’s Resources on Psychiatric Medication](#)
- [Center for Health Care Strategies \(CHCS\) website on psychotropic medications](#)

The following resources about psychotropic medications can be found on the CHCS website:

- [Models of Agency Consent for Psychotropic Medications](#) (June 2014): An effective consent process for psychotropic medications is essential to ensuring that children and youth receive appropriate treatment and monitoring. This tool outlines the three models of agency consent by highlighting the methods used in New Jersey, Connecticut, and Illinois.

- [Data Definitions for Psychotropic Medication Oversight and Monitoring](#) (April 2014): To improve oversight and monitoring of psychotropic medication use, states should collect accurate data about prescribing patterns among Medicaid providers, which begins with establishing state-level consensus on what to monitor. This resource shares a set of common definitions and measures developed by six states participating in the Psychotropic Medication Quality Improvement Collaborative to assist states in their psychotropic medication monitoring and oversight efforts.
- [Clinical and Functional Well-Being Assessments](#) (December 2013): Child welfare case workers and clinicians need access to tools that support decision-making, service planning, and outcomes monitoring. This resource provides information about existing clinical and functional assessments that evaluate a child’s health and well-being.
- [Comparison Matrix: Telephonic Psychiatric Consultation Programs](#) (December 2013): Primary care providers are often charged with making treatment decisions for children with behavioral health needs; thus, many states have instituted psychiatric consultation programs that connect primary care providers with mental health clinicians who can help to determine the best treatment for a particular child. This matrix outlines telephonic psychiatric consultation programs from across the U.S., highlighting the background, funding, and structure of each.
- [Resources to Educate Youth, Families, Child Welfare Staff, and Providers about Psychotropic Medications](#) (December 2013): It is important for children, families, child welfare caseworkers, and clinicians to have a full understanding of the purpose, impact, and potential side effects of psychotropic medications. This resource highlights educational materials and training available to parents, foster parents, providers, and youth who are prescribed psychotropic medications.

The Administration for Children and Families at HHS also developed the following resources about psychotropic medications for youth and caregivers:

- www.acf.hhs.gov/blog/2012/08/managing-psychotropic-medications-for-children-and-youth-in-foster-care
- www.acf.hhs.gov/blog/2012/11/guide-empowers-foster-youth-to-make-decisions-about-mental-health-and
- www.childwelfare.gov/pubs/makinghealthychoices
- www.childwelfare.gov/pubs/mhc-caregivers