

NAMI Maryland Child and Adolescent (Youth) Position Paper

Issue:

The purpose of this paper is to outline those policies that are recommended and supported by NAMI MD in an effort to provide the most effective and comprehensive services to children and adolescents (and their families) who suffer from severe emotional disturbance or mental illness

Background:

Mental Health, like physical health, is necessary to the well being and ongoing development of successful children. While diagnosis in children is extremely difficult, serious mental illness and emotional disturbance occur in childhood and in adolescence, and impact the child's ability to function at home, at school and in the community. Ongoing research continues to assess the etiology of mental disturbances in children. It is no longer acceptable to "blame the parents" nor is it acceptable to think of the child as being symptomatic "to get attention" or as being of weak character or having low intelligence.

Mental illness in children is real and effective treatments are available. Psychotherapy, behavioral interventions, psychopharmacology and other interventions have been demonstrated to be effective for many childhood disorders (Mental Health: A Report of the Surgeon General, 1999). Untreated mental illness in children has devastating consequences to the child, the family, schools and the community and often leads to school failure and drop-out, involvement in the juvenile justice system or to self injurious behaviors or suicide. Early intervention and assessment is necessary to help children reach their potential and avoid loss of valuable, and irretrievable, years of development.

NAMI Maryland supports the following positions and recommendations to insure the mental health of children and adolescents:

Treatment services must be of high quality with ongoing oversight, outcome measurements and the use of the most up-to-date and evidence based practices.

- All treatment services for children and youth must be provided by culturally competent, licensed and/or credentialed staff who receive ongoing training and clinical supervision.
- Evidence-based practices should be used when available and relevant
- Treatment services and programs should be regulated and licensed by the state with ongoing and consistent monitoring and oversight.
- Services and programs will employ continuous quality improvement practices that use relevant data and feedback to improve services.
- Treatment outcomes must be evaluated by data representative of relevant and significant change in such areas as: improved school attendance and performance (including reduced suspensions and expulsions), reduced substance use, increase in participation in the community, reduction in dangerous or aggressive behaviors, reduced time in out-of-home placements, reduction in arrest rates and suicide related behaviors

Children, youth and families should have access to a continuum of flexible, well coordinated, holistic, responsive and comprehensive array of individualized treatment that is family and youth driven.

- A continuum of services must be available to all children throughout the state with serious emotional disturbances or mental illnesses regardless of ability to pay or point of entry, including hospital level of care, step-down programs (outpatient day treatment); residential, group homes, appropriate transition and discharge planning, 24 hour crisis intervention and mobile units and wrap around in-home services.

- Parents and caregivers should be involved in receiving services and should be able to receive respite services when necessary

Children whose needs cannot be met, or whose safety cannot be maintained by community supports, due to the severity of their illness, may need to be placed in a safe and structured treatment-focused residential, group or hospital setting

- Children in out-of-home placement will be placed as close to the family as possible, acknowledging the importance of ongoing familial and peer relationships.
- Out-of-home placements will be the “home away from home” for the child, and should include a proper education, “normalizing activities” and ongoing visits, phone calls and treatment input from parents.
- Parents will not be expected to relinquish custody of their children regardless of their ability to pay.
- Children shall be free from restraints or locked door seclusions except during an emergency where the child presents a danger to the life or safety of themselves or others.
- Children will not be prematurely discharged from hospitalizations or out-of-home placements. Discharge planning will be an active part of treatment and will include preparing for effective and comprehensive treatment post discharge

Early, assessment, intervention and treatment are essential in helping children to reach their potential.

- Pediatricians, primary care physicians and family practitioners and school personnel – including teachers, guidance counselors, security staff and school-based police officers - are often the first professionals to see signs of serious emotional disturbance or mental illness in children and should be trained to be aware of the psychiatric disorders that affect children, early signs of emotional difficulties, what types of medications are often prescribed and the possible impact and effects of those medications.
- School counselors and teachers will be trained in developing awareness of subtle and dramatic behavioral changes that might indicate emotional disturbance. They will be trained specifically in:
 - Referring children and parents for appropriate help.
 - The use of early screening tools – such as Teen Screen
 - Safely and empathically using positive behavioral interventions and a strength- based approach that encourage individual responsibility, build self-esteem and teach mental health skills.
- Public awareness campaigns aimed at school personnel, parents and students are supported as ways to provide education and awareness in early signs of mental disturbance.
- Perpetrators and victims of “bullying” in schools will be identified and referred for evaluation and treatment.

Children and youth may benefit from the carefully managed use of psychiatric medications

- Medication management, including ongoing assessment and monitoring, must be done by individuals trained in the use and side effects of psychiatric drugs..
- All pediatricians and mental health professionals should receive training in the benefits, side effects and proper use of psychiatric drugs.

Children under the age of 18 will not be allowed to refuse psychiatric treatment and medication.

Children and Youth with serious emotional disturbance or mental illness who are not able to be diverted from the Juvenile Justice System will receive appropriate treatment for their mental illness wherever they are living.

- All children entering the Juvenile Justice System will be screened by trained professionals for mental illness, suicide and substance abuse and will receive appropriate treatment services in appropriate facilities.
- All children in the juvenile justice system will be assessed academically and receive all necessary support services that will enable them to learn.

Approved by the NAMI Maryland Board of Directors on January 12, 2008.