

Promoting mental health awareness and supporting the well-being of children, which includes bringing attention to the health disparities faced by minority populations such as Hispanics, Asian Americans, and African Americans in United States.

IN THE SENATE OF THE UNITED STATES
JUNE 15, 2015

PROPOSAL TO ADDRESS DISPARITIES

Recommendations:

Recognize that racial/ethnic children are underserved in our mental health system and provide them with the integrated care they need at the primary care level.

Background:

Many childhood mental disorders begin in childhood (e.g. attention-deficit/hyperactivity disorder [ADHD; 6.8%], behavioral disorder [3.5%], depression [2.1%] and anxiety [3.0%], Tourette syndrome [0.2%], autism spectrum disorders [1.1%], and substance use disorders [alcohol 4.2%, cigarette dependence 2.8%, illicit drug 4.7%]) and develop throughout adolescence. Early detection and treatment of mental disorders in children and adolescents have significant benefits including prevention of losses in critical development, avoidance of years of unnecessary suffering and positive academic and social development. Although cultural diversity is increasing in the United States, a significant portion of minorities are underserved in the current mental health care system; this is attributed to barriers such as limited English proficiency, residence, stigma, access to care, fragmented services, costs, and cultural understanding of health care services (Centers for Disease Control and Prevention, 2015).

Proposals

1. Mental health is a key component of a child's overall development. Since one in five children have a diagnosable mental disorder, it is imperative for primary care providers to integrated physical and mental health services. This promotes positive mental health, which enables children to learn, behave, handle emotions, thrive, and live successfully.
2. Mental health problems occur among today's youth at an early age (7 to 11 years), which may be serious enough to impair functioning at home, school, and in the community. Elementary school children may miss 18 to 22 days during the school year, high school students are more likely to drop out (44%), and about 14% receive low grades.
3. If left untreated, childhood mental health disorders may persist and lead to a downward spiral of school failure, limited employment opportunities, and poverty in adulthood. It is crucial for schoolteachers, administrators, psychologists, social workers, behavioral

therapist, and primary care providers collaborate to detect problems early and provide the child with the best course of action so that these issues do not become problematic as the child reaches adulthood. Thus, any adult working with children should be properly trained to identify those that may be struggling in that environment and understand the necessary measures to help the child.

4. **Objectives of Proposal.** To be eligible for funding, a mental health professional must train individuals in the categories described above to identify the following objectives, taking into consideration the age of the child:
 - Recognize the signs and symptoms of mental illness including signs of anxiety and depression
 - Timely referral to community mental health services in order to avoid costly subsequent behavioral health care
 - Enhance the effectiveness of mental health care services
5. **Distribution of Grants.** Medical insurance coverage is a barrier to mental care access; approximately 75-80% of children and youth require help with their mental health issues, but few are able to receive it. Access to high quality and culturally-sensitive care is greatly needed at the community level. Grants will be distributed on a case-to-case basis to community centers and health care providers servicing low-income children.
6. **Evaluation.** The entity that receives grant money will submit an evaluation to the Secretary in time containing information about the evaluation of activities carried out with the grant money.

IMPACT: Health care initiatives, such as prevention programs, present a unique opportunity to use innovative culturally and linguistically competent care. These health care practices will sharply reduce mental health disparities faced by minority populations in the United States, such as African-Americans, Hispanics, and Asian Americans.

Proposal Prepared on June 14, 2015 by Ms. J. Itty (for herself), Mr. Lopes of Dorney Park, and Ms. Jones submitted the following proposal, which was referred to the Committee on Policy Reform and presented on June 15, 2015.