OVERVIEW OF CHILDREN’S MENTAL HEALTH SERVICES

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MI Community Programs
Alabama Department of Mental Health
WHAT IS MENTAL HEALTH?

• Mental Health – the achievement of expected developmental cognitive, social, and emotional milestones

• Mental Disorder – Disturbances in thought, mood, and/or behavior that effect one’s functioning

• 1 in 5 or 20% of children experience signs & symptoms of a mental disorder at some time resulting in at least minimum impairment in functioning

• 1 in 10 have a Serious Emotional Disturbance resulting in significant functional impairment
By the Alabama Administrative Code, DMH is required to operate hospitals to serve those committed to the custody of DMH due to the severity of their mental illness.

At this time, DMH operates Bryce, Taylor Hardin, Harper, and the DMH Adolescent Unit at East Alabama Medical Center.

The Code also requires that if we contract with an agency we must certify them as well.

We also certify additional providers who provide out of home/residential care for children and adolescents when their mental health needs rise to that level.
DMH OVERVIEW

Three Areas of Services (MI/SA/ID)

MI Community Programs

• Less than 10% of DMH dedicated dollars spent on C&A services

• Why?
  • MI Division serves 100,000+ consumers.
  • Of this 25,000+ are C&A
  • C&A has partners for blended funding with DOE, DHR, DYS, etc.
DMH

• Started in the 1980s through a Federal Planning Grant.
• Mandated other State Agencies participate with planning – Child and Adolescent Task Force.
• Multiple Needs Child Legislation developed and continues to be a strong relationship
MENTAL HEALTH CONTINUUM OF CARE – SED SERVICES

Early Childhood
- MH (0-5)
- Mental Health Prevention

Outpatient
- Individual
- Group
- Family
- Psychiatric/Nursing
- Telepsychiatry
- Consultation
- Crisis

Outreach
- Respite
- Case Management
- In-Home Intervention

Meaningful Day
- Day Treatment
- School-Based Mental Health (SBMH) Collaboration
<table>
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<tr>
<th>310 Boards: Community Mental Health Centers</th>
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<tbody>
<tr>
<td>Altapointe Health Systems</td>
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<tr>
<td>Cahaba Mental Health Center</td>
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<tr>
<td>CED Mental Health Center</td>
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<tr>
<td>Highlands Health System</td>
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<tr>
<td>East Alabama Mental Health Center</td>
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<tr>
<td>Chilton-Shelby Mental Health Center</td>
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<td>East Central Alabama Mental Health Center</td>
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<td>Indian Rivers Mental Health Center</td>
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<td>JBS Mental Health Authority</td>
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<td>Mental Health Center of North Central Alabama</td>
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MENTAL HEALTH CONTINUUM OF CARE – SED SERVICES

Housing/Residential
- Short-term Evaluation Treatment STTEP (6-12 years)
- Group Home/Unlocked Residential
- Transitional Age Group Home
- Locked Residential

Psychiatric Stabilization
- Private Inpatient Acute (not DMH certified or contracted)
- DMH Unit at EAMC
# ADMH CERTIFIED LOCKED RESIDENTIAL PROGRAMS

<table>
<thead>
<tr>
<th>Residential with Attached Acute</th>
<th>Residential without Attached Acute</th>
<th>Specialty Residential</th>
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<tbody>
<tr>
<td>• BayPointe</td>
<td>• Sequel TSI New Beginnings</td>
<td>• HillCrest Phoenix</td>
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<tr>
<td>• Mtn. View</td>
<td>• Sequel TSI Courtland</td>
<td>• Sequel TSI Courtland</td>
</tr>
<tr>
<td>• Laurel Oaks***</td>
<td>• Brewer Porch Intensive Residential</td>
<td>• Sexually Inappropriate Behavior Track</td>
</tr>
<tr>
<td>• HillCrest</td>
<td></td>
<td>• Alabama Clinical Schools***</td>
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BARRIERS TO TREATMENT

Four out of five children needing mental health services do not receive....Why?

- Structural Barriers
  - Lack of availability of providers
  - Long waiting lists
  - Lack of insurance or inadequate insurance coverage
  - Inability to pay for services
  - Transportation problems
  - Inconvenient services
BARRIERS TO TREATMENT

• Perceptions of MH Problems
  • Parents, teachers, medical providers’ inability to identify child’s need for MH services
  • Denial of the severity of MH problem
  • Belief that problem can be handled without treatment
  • Cultural beliefs regarding MH

• Perceptions of MH Services
  • Lack of trust or negative experience with MH providers
  • Fear of being hospitalized
  • Lack of child’s desire to receive help; think they can handle alone
  • Stigma related to receiving help
  • Belief that no one can help
ADDITIONAL INFORMATION/RESOURCES

• National Alliance for the Mentally Ill
  • www.NAMI.org

• American Academy of Pediatrics
  • www.aap.org

• American Academy of Child and Adolescent Psychiatry
  • www.aacap.org

• National Institute of Mental Health
  • www.nimh.nih.gov

• Mental Health America
  • www.mentalhealthamerica.net

• U.S. National Library of Medicine (Medline Plus)
  • www.nlm.nih.gov

• Substance Abuse and Mental Health Services Administration
  (1-877-SAMHSA-7 → 1-877-726-4727)
  • www.samhsa.gov

• Centers for Disease Control and Prevention
  • www.cdc.gov

• The National Child Traumatic Stress Network
  • www.NCTSN.org
THANK YOU!

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