

Screening Kids For Mental Health Critical

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The shootings in Newtown, Chicago and other communities raised concerns about mental health relative to those committing such crimes, but the discussion has missed a critically important point. Screening for early warning signs and providing accessible mental health services and supports as early as possible has lifelong, multi-generational consequences for children and their families.

As an educator and a lawyer, our observations increasingly suggest that the futures of children, if not their lives, will continue to be destroyed if we do not take advantage of a vital opportunity to adequately address their mental health.

That is why we propose the following multi-disciplinary approach to identifying and addressing children's mental and developmental health while promoting early intervention and access to services.

First — Connecticut should adopt the "Massachusetts model," using the existing requirements of federal Medicaid law to require pediatric and family medicine providers to incorporate a basic mental health screening at all well child visits, beginning in the preschool years. The existing Medicaid reimbursement system must be revamped to accommodate and pay a meaningful amount for these screenings (whether in a private practice or hospital clinic) — and these providers must be supported through innovative initiatives such as medical homes, which oversee and guide a patient's care, and other multidisciplinary models to bolster and support at-risk children.

Second — Strengthen Connecticut's system for ensuring that abused and neglected babies and toddlers receive timely access to early intervention services from the existing Birth to Three program. This includes requiring an automatic referral for birth-to-three screenings and evaluations for children who have an open case with the Department of Children and Families and a substantiation of abuse or neglect; and requiring effective data tracking to report on the efficacy of early intervention services.

This proposal and the belief that we must take action for change for children as young as infancy is rooted not only in years of professional experience, training and on the ground advocacy, but in the findings of our recent report, "Blind Spot: Unidentified Risk Factors to Children's Mental Health." This details an investigation of school records of adolescents with emotional and behavioral disorders and mental illness.

These school records told stories of adolescents with mental health problems that surfaced years earlier. Most were described by kindergarten teachers as engaged and motivated to learn; but by their teen years, depression, anxiety disorders, post-traumatic stress disorders, and suicidal and self-injurious behaviors threatened to overwhelm their potential for success.

The chronologies that emerged from a welter of report cards, school calendars and notes to parents had documented multiple, clearly identifiable risk factors to academic, social and emotional development. Cases of prenatal exposure to drugs, lead poisoning, histories of head trauma, complicated and stressful family circumstances, parental loss, abuse and domestic violence emerged.

Many records suggested long-term academic struggles — poor or failing grades, social promotions and retentions, disciplinary reports and suspensions, and poor performance on state math and reading exams. Language and learning disabilities further complicated and impaired performance in the classroom and crippled the dreams and aspirations of children and their parents.

Special education can be a salvation for some; however, educational, behavioral and social outcomes for students with emotional disorders continue to be the worst of any disability group. Even when students are identified as meeting criteria for special education, access to appropriate and necessary services continues to be a problem. Without the necessary supports their behavior can deteriorate, followed by suspensions from school and involvement with the juvenile justice system. We must do better.

Our failure, as parents, educators, and community members, to recognize and respond to risks that threaten the mental health of all our children, should be an immediate priority — one that deserves at least as much of our time, dedication and resources as solutions that address only the tools of tragedy, without also mandating preventive services and supports that nurture and protect the social and emotional well-being of children and families.

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