

# Address the youth mental health crisis by expanding prevention efforts, treatment availability and crisis support.

## Recommendations

Fund and prioritize direct clinical mental health services in schools.

Increase availability of all levels of child and adolescent psychiatric treatment to appropriately address mental health concerns.

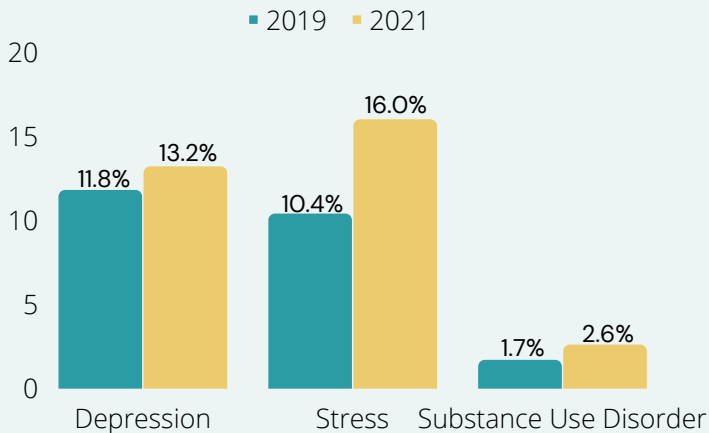
Ensure adequate funding and infrastructure is in place to address suicide hotline calls to the newly implemented 988 number.

Leverage federal funding for Medicaid reimbursement for all eligible students, not just those with IEPs.

**"Mental health is a key component of the person's ability to function well in their personal and social life as well as adopt strategies to cope with life events."**

In this regard, early childhood years are highly important, in light of the greater sensitivity and vulnerability of early brain development, which may have long-lasting effects on academic, social, emotional, and behavioral achievements in adulthood."- International Journal of Mental Health Systems<sup>4</sup>

### Tennessee parental concern regarding undiagnosed mental illness is increasing.<sup>5</sup>



**To meet the increasing demand for mental health services, Tennessee will need to invest in the next generation of clinicians.** The shortage of mental health providers, particularly pediatric mental health, is not unique to Tennessee. Other states have found loan repayment programs to be a successful incentive.

Many mental health conditions first arise in youth and adolescents.<sup>1</sup>

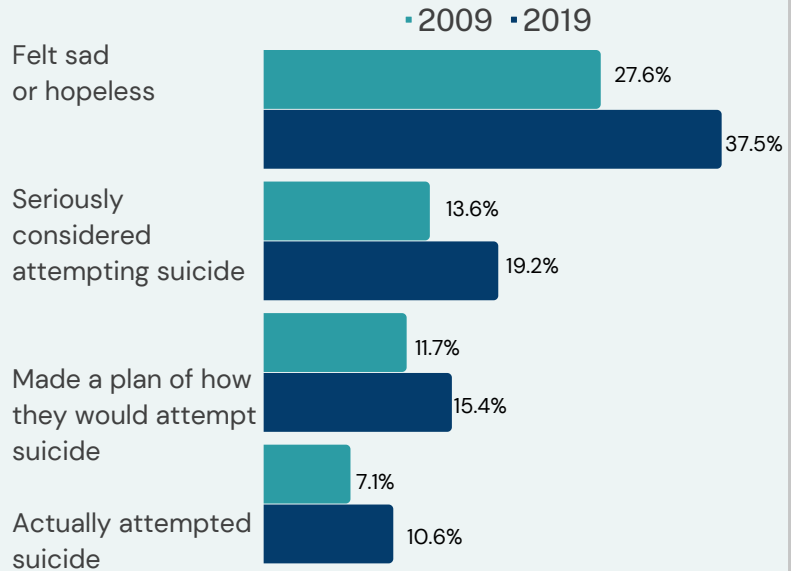
Half of all conditions begin by age 14

75 percent of all conditions begin by age 24

## 7 in 10

teens see depression and anxiety as a major problem among their peers.<sup>2</sup>

Depression and suicidal behaviors among Tennessee high schoolers have increased over the last decade.<sup>3</sup>



Although already on the rise, the pandemic has exacerbated mental health concerns among Tennessee youth.<sup>5</sup>



One in seven Tennessee parents reported their child had been diagnosed with anxiety in 2021. A 42 percent increase from one in 10 reported in 2019.

## Address the youth mental health crisis by expanding prevention efforts, treatment availability and crisis support.

Nationally, emergency departments have seen increasing rates of pediatric psychiatric patients. Data from 2007-2016, showed a **60 percent increase in emergency department visits for pediatric mental health disorders** while overall visits remained consistent.<sup>6</sup>

Another evaluation of ambulance data from 2011-2015 found a **53 percent increase in psychiatric emergency department visit in children 6-11 years old** and a 54 percent increase in those aged 12 - 17.<sup>6</sup>

This significant increase in pediatric psychiatric needs paired with a lack of treatment availability has led to a troubling trend of "Emergency Department (ED) Boarding" where children are forced to remain in emergency departments due to a lack of treatment beds to meet their unique needs.

The Joint Commission has outlined some of the significant challenges that arise from ED Boarding:<sup>7</sup>

- "Increases psychological stress on patients who may already be in depressed or psychotic states.
- Delays mental health treatment that could mitigate the need for a mental health inpatient stay.
- Consumes scarce ED resources and increases pressure on staff.
- Worsens ED crowding.
- Increases wait times for all patients in waiting rooms and adds to patient frustration.
- Increases use of ancillary support, such as security officers or safety attendants, especially if a psychiatric patient is agitated.
- Delays treatment for other ED patients – some of whom may have life-threatening conditions.
- Increases rates of patients who leave without being seen.
- Lengthens inpatient stays for those admitted.
- Has a significant financial impact on ED reimbursement."

**Tennessee falls behind, with the lowest rate in the nation, when it comes to treating youth with Severe Depression.**<sup>8</sup>

Youth with severe depression receive some consistent treatment (7-25+ visits in a year).<sup>8</sup>

in Tennessee  
**12.20%**

Nationally  
**27.20%**

As of March 2022, 17 states had taken advantage of the "Free Care" policy reversal began receiving federal Medicaid reimbursement for all students, not just those with an IEP. Many of those states are in the southeast, including Kentucky, Missouri, Arkansas, Louisiana, North Carolina, South Carolina, Georgia and Florida.<sup>9</sup>

Neighboring state, Kentucky, has found success expanding mental health services in schools through this policy change.

"In addition to Kentucky school districts being able to bill for services delivered to all Medicaid-enrolled students, **the state is using funds for school counselors and mental health services** mandated in the School Safety and Resiliency Act of 2019, which did not provide specific funding. **"Approval of this amendment is a game-changer,"** said Adam Meier, secretary of the Cabinet for Health and Family Services, when the SPA was approved in 2019. "This will provide additional resources to support increased access to mental health services for students using money already being spent by school districts."<sup>10</sup>

■ Baseline ■ 911 Diversions ■ New Volume

In the National Suicide Hotline Designation Act of 2020, 988 is designated as "the universal telephone number for reaching a national suicide prevention and mental health crisis hotline system operating through the National Suicide Prevention Lifeline."

**Moderate projections expect hotline calls to have a sixfold increase within 5 years.**<sup>11</sup>

