

# Child Behavioral Health

January 11, 2023

## KEY TAKEAWAYS

1. Rates of childhood mental challenges and suicide have been rising for years, an issue that has been exacerbated by the COVID-19 pandemic.
2. Texas has a severe shortage of child and adolescent psychiatric care providers, leaving many children untreated.
3. With American Rescue Plan funds expiring December 2023, renewed funds for Texas Child Mental Health Care Consortium (TCMHCC) programs will be critical to help bridge the gaps in child behavioral health care.

## BACKGROUND

Mental health disorders such as depression, anxiety, behavioral problems, and attention-deficit/hyperactivity disorder (ADHD) are much more common among children in the U.S. than they were previously thought to be.<sup>(1)</sup>

According to the Health Resources and Services Administration, between 2016 and 2020 there was a 29% increase in children ages 3-17 diagnosed with anxiety and 27% increase in those diagnosed with depression.<sup>(2)</sup> Additionally, 1 in 6 youth will experience a mental health disorder each year.<sup>(3)</sup> This equates to about 7.7 million children annually.

**50%** of all lifetime mental illness begins by age 14.<sup>(3)</sup>

**75%** of all lifetime mental illness begins by age 24.<sup>(3)</sup>

**2<sup>ND</sup>** Suicide is the second leading cause of death among people ages 10-14.<sup>(4)</sup>



Rates of childhood mental health challenges and suicide had been rising steadily for at least a decade prior to the pandemic and have risen further due, in large part, to the pandemic. Globally, symptoms of depression and anxiety doubled among youth within the first year of the pandemic compared to pre-pandemic estimates. Between January 2020 and February 2021:<sup>(5)</sup>



1 in 4 youth experienced depressive symptoms



1 in 5 youth experienced symptoms of anxiety

In addition to social isolation, disruptions to daily routine, food insecurity, and financial or housing instability, more than 140,000 children across the nation – disproportionately children of color – also experienced the loss of a caregiver.<sup>(6)</sup>

The toll of these experiences is demonstrated by the 24% and 31% increases in emergency department visits related to mental health emergencies between March and October 2020, among children ages 5-11 years and 12-17 years, respectively. In 2021, suicide attempts among girls ages 12-17 were 51% higher than they were in 2019.<sup>(6)</sup>

# PROBLEM

The American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry, and Children’s Hospital Association jointly declared a national state of emergency in children’s mental health in October of 2021. In December of 2021, the U.S. Surgeon General issued a public health advisory calling for a comprehensive, coordinated response to the needs of young people.<sup>(7, 8)</sup>

With more than 73 million Americans under the age of 18, mental health among youth is a growing concern that is garnering attention from clinicians, researchers, and community leaders. **Child mental and behavioral health is a topic of particular importance in the state of Texas, as 1 out of every 10 individuals under the age of 18 in the U.S. lives in Texas.**<sup>(9-11)</sup>

As diagnosis of these disorders increases, more Texas families will be seeking mental health care. **Seventy-one percent of Texas youth with mental health issues will go untreated, compared with the national average of 61.5%, due in part to a severe shortage of child and adolescent psychiatrists (CAPs) in the state.**<sup>(14)</sup>

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TEXAS RANKS  
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AMONG THE 50 STATES  
& WASHINGTON DC FOR  
**YOUTH ACCESS TO MENTAL HEALTH CARE**

## HIGH MENTAL HEALTH PREVALENCE IN TEXAS, LOW ACCESS TO TREATMENT

The American Academy of Child and Adolescent Psychiatry estimates that the country needs 47 CAPs per 100,000 children.<sup>(15)</sup> **In Texas, there are roughly 10 CAPs per 100,000 children, meaning the state is in severe shortage of child and adolescent psychiatric care providers.**<sup>(16)</sup> In addition, nearly 70% of psychiatrists nationwide are over the age of 50 and quickly approaching retirement age,<sup>(17)</sup> indicating a future shift in the workforce that further jeopardizes Texas children's access to mental health care.

**When children and youth do not receive the treatment they need for mental health issues, we see increases in the rates of:**



School Dropout



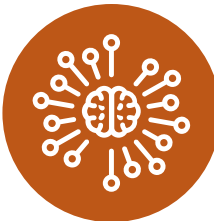
Teen Pregnancy



Accidents



Violence



Impulsivity



Encounters with juvenile justice system

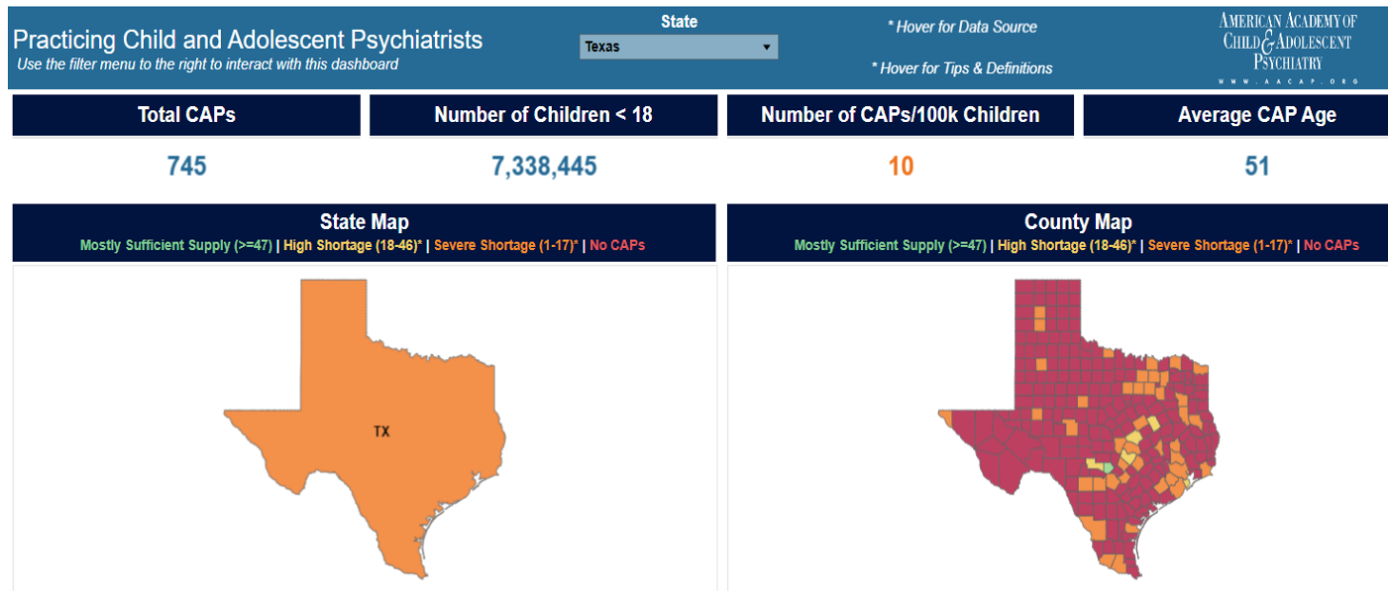


Substance Misuse



Suicidality

It is likely the shortage of CAPs in Texas will grow even worse as the population of Texas changes. The under-18 population in Texas increased by nearly 8% between 2010 and 2018. The growth of the under-18 population in Texas is expected to continue, with predictions that the rise in this population could be as high as 43% by 2050.<sup>(11)</sup>

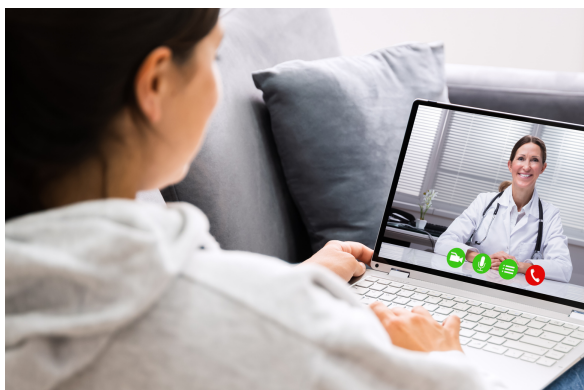


# SOLUTIONS

To address the mental health care needs of Texas youth and families, Senate Bill 11 was passed in 2019 during the 86th Texas Legislature,<sup>(18)</sup> establishing the Texas Child Mental Health Care Consortium (TCMHCC). The purpose of the TCMHCC is to foster collaboration among our state medical schools, promote and coordinate mental health research, and help address workforce issues.

### TCMHCC has five main initiatives:

- Child Psychiatry Access Network (CPAN)
- Texas Child Health Access Through Telemedicine (TCHAT)
- Community Psychiatry Workforce Expansion (CPWE)
- Child and Adolescent Psychiatry (CAP) Fellowship Program
- Research initiatives to improve the delivery of child and adolescent mental health services



The Texas Child Health Access Through Telemedicine (TCHAT) is a school-based program providing telehealth mental health assessments to adolescents.<sup>(19)</sup>

Through CPAN, primary care providers receive training on identifying and treating mental health issues in children. They also have access to free immediate consultations with CAPs. When consultations result in referrals, TCMHCC and CPAN provide care coordination with mutual patients, which often includes service delivery through their TCHAT program.<sup>(19)</sup>

Expanding the use of CPAN and TCHAT resources to more primary care providers and school districts will help bridge the gap between the increasing demand for children's mental health care and the lack of child psychiatrists in Texas.

TCMHCC's efforts to bolster the CAP workforce in the long term include the CPWE and CAP Fellowships, which provide training in community psychiatry and promote the expansion of the number of child and adolescent psychiatry training positions.

American Rescue Plan Act (ARPA) funds have played a major role in establishing the Texas Child Mental Health Care Consortium's work and its growth. With federal ARPA funds expiring at the end of 2023, TCMHCC's timely provision of effective mental health care for children in Texas will depend on renewed funds through the state budget.



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NEXT STEPS

Connect with our team for more information on how TX RPC can help you.

 [TXRPCNetwork@uth.tmc.edu](mailto:TXRPCNetwork@uth.tmc.edu)

 [go.uth.edu/TXRPCProject](https://go.uth.edu/TXRPCProject)

Explore our other health policy resources from public health experts on topics such as nutrition, food insecurity, mental health, and maternal and child health at [go.uth.edu/TXRPCResources](https://go.uth.edu/TXRPCResources) or scan the code.



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