

## **Cumberland District Public Health Council Position Paper: Youth Mental Health**

### Purpose:

The purpose of this position paper is to inform organizations, communities, and decision makers of the Cumberland District Public Health Council's (CDPHC) concern and aspiration for improving the mental health of youth in Cumberland County. We recognize the vastness of this topic and look to outline some, but certainly not all, causes and actions that would efficiently deploy resources and improve mental health markers for middle and high school aged youth in Cumberland County.

### Priority Issue:

Beginning in 2018 the CDPHC collected feedback from council members and interested parties about the most pressing public health issues in Cumberland County. Information gathered through surveys and in-person meetings prioritized youth mental health as a top health concern for Cumberland County. Additional data tells us that in 2017, 25% of high school students reported symptoms of depression, up from 20% in 2009. Also in 2017, 13% of high school students in Cumberland County seriously considered suicide (MIYHS, 2009 & 2017).

### Youth Mental Health:

All communities want young people to have the opportunity to thrive. Positive mental health is essential for normal adolescent development and for young people to reach their potential. Youth populations who have experienced trauma, are part of the immigrant and refugee community and/or identify as LGBT can be at disproportionate risk for mental health problems compared to the general youth population. In 2017, 20% of high school students in Cumberland County reported experiencing 3 or more Adverse Childhood Experiences, or ACEs (MIYHS, 2017). According to American Academy of Pediatrics, exposure to stressful or traumatic experiences in childhood can negatively impact mental and physical health in adulthood including shorter life expectancy (AAP, 2014). When the mental health of young people is not cared for, the young people, their families, their communities, and the state all carry the burden. Undiagnosed and untreated mental health issues in adolescence can lead to larger chronic health problems later in life such as severe and persistent mental illness, substance use disorders, suicide, poorer health in general, as well as create a loss in productivity in the workforce. (Institute for Health Policy and Leadership, 2019).

### Influencing Factors:

In Cumberland County, the CDPHC has identified a lack of access to, and a shortage of mental health resources across all levels of care: inpatient, outpatient, within schools, amongst peers, and within families.

*Prevention:* Many schools lack social emotional learning (SEL) curriculums, a sufficient number of mental health providers, adequate training and professional development around mental health, peer-to-peer support programs and the integration of wellness activities into the school day. In Maine, the current student-to-counselor ratio in elementary and secondary levels is 321:1, exceeding the recommended ratio of 250 students per counselor (WAGM news, 2019).

*Treatment:* There is a lack of sufficient mental health outpatient, residential, home- and community-based services for young people. This results in children suffering from mental illness stuck in setting inappropriate to their level of needs such as in emergency departments, in-patient psychiatric units, youth detention, or sent out of State for treatment (OCFS, 2018). As of September 2019, almost 70 children with significant psychiatric needs were currently out of state for treatment. (Maine Children’s Alliance, 2019) Of all young people in residential youth detention in Maine, 50% had previously been in a psychiatric facility, and nearly 85% arrived there with at least three mental health diagnoses (U.S. Commission on Civil Rights, 2019). While there are young people in need of mental health services, there is a shortage of psychiatric providers and mental health services are reimbursed at lower rates than physical health services (National Council Medical Director Institute, 2017 & IHPL, 2018).

*Access:* There are long waiting lists, transportation shortages, lack of coordination between mental health providers, and no easy process to find existing resources that match a patient’s insurance status and are accepting new patients. Statewide, only 50% of children with mental health disorders receive treatment (Maine Shared Community Health Needs Assessment, 2018).

#### CDPHC Positions

1. **Prevention:** Increase preventative resources across all school districts in the state, such as mental health clinicians on staff, SEL and mental health curriculum and training for staff.

*Suggested Actions:*

- a. Provide psychological first aid training to all school districts (SAMHSA Mental Health First Aid)
  - b. Develop or support existing peer-to-peer youth support programs (like *Natural Helpers* or *Sources of Strength*)
  - c. Provide funding or resources for K-12 SEL curriculum in all school districts
2. **Treatment:** Increase the number of available mental health providers across the state.  
*Suggested Actions:*
    - a. Prioritize an increase in available residential and intensive outpatient services to expand the range of levels of treatment options available to youth
    - b. Expand funding for School Based Health Centers, with a focus on behavioral health services
    - c. Increase reimbursement rates for mental health services rendered in MaineCare in order to increase staff wages and benefits
    - d. Increase opportunities for workforce development by increasing the use of midlevel providers, team based care, and financial educational support for those interested in entering the behavioral health services field at all levels
  3. **Access:** Ensure all young people can access necessary treatment by improving coordination among mental and physical health service providers and increasing supports such as transportation to care and telehealth.

*Suggested Actions:*

- a. Create an online resource and/or improve 211 to keep track of providers’ availability and accepted insurance.
- b. Find alternatives to Logisticare for transportation.

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