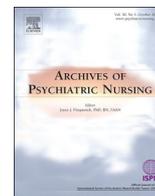


Contents lists available at [ScienceDirect](https://www.sciencedirect.com)

Archives of Psychiatric Nursing

journal homepage: www.elsevier.com/locate/apnu

U.S. policy for children's mental health

Sally Raphael

Consultant Health Policy, 408 Arrow Wood Court, Abingdon, MD 21009, United States of America



ARTICLE INFO

Keywords:

Children's mental health
Policy & legislation
Advocacy
Policy action steps

ABSTRACT

Policy work is demanding and sometimes complicated. There is very little current U.S. activity for children's mental health policy. A review of proposed legislation is not encouraging. This is not unusual. Children are not a voting constituency therefore, nurses must be advocates to ensure services and resources for those from infancy to teenage in need of mental healthcare through policy building and action coalitions.

The history of policy in general begins with public policy, then for this article, we explore mental health policy and finally child mental health policy covering infancy to teenage years. There are many major historic public policy documents that helped shape the modern approach to how policy is created. The Magna Carta and the U.S. Constitution for example show how the world changed toward modern ideals. The evolution of public policy is marked by expansion of the power of the people as well as government. Throughout history public policy leaders have contributed to the approaches now seen in modern government.

An example of Domestic Public Policy follows. At times, our public policy is so challenged that the U.S. Supreme Court must dictate the survival of the policy. That was the case with the Affordable Care Act signed into law in 2010. The Department of Health and Human Services notes that the Affordable Care Act created significant protections for consumers and small business owners so that they could better afford health insurance. At the same time, the act's policies also restricted the rights of states or private insurance companies to dictate certain requirements or limitations of health insurance offered in their areas (Swartz, 2015).

The History of Mental Health Policy in the United States began with Phillippe Pinel (1745–1826), regarded by many as the father of modern psychiatry with his strict nonviolent, nonmedical management of mental patients that came to be called moral treatment. Then, Benjamin Rush (1745–1813) named the “Father of American Psychiatry”, published the first textbook on the subject in the US: *Medical Inquiries and Observations upon the Diseases of the Mind* (1812) that influenced policy views. He was followed by Dorothea Dix (1802–1887), a social worker, who traveled to England where she met men and women who believed that the government should play a direct active role in social welfare (Swartz, 2015). She fought for *The Indigent Insane Bill* which was defeated by President Pierce but continued her advocacy

campaign, state by state, for the establishment of public asylums supported by state tax dollars. Her advocacy led to the founding of 32 hospitals in 18 states. Policies followed practices in the Era of the Asylum (1850s to 1950) and Deinstitutionalization in the late 1950s (J. Swartz, 2015).

The Historical Perspective on National Child Mental Health Policy is dismal. This country has never had a formalized child mental health policy, if one uses the definition of child mental health policy as the existence of governmental commitment to ensure the availability of appropriate mental health services to children (birth-twenty-one years) and their families. Over the past century, the field of children's mental health has borrowed policy from child welfare, juvenile justice, special education, and adult mental health, but attempts to form a comprehensive policy have been inadequate in scope and follow-through. The latest attempts at the creation of such a policy through the managed behavioral healthcare revolution and the federal government's Child and Adolescent Service System Program and Child Mental Health Services Initiative (Lourie & Hernandez, 2003) have been no more successful than past efforts in creating meaningful policy. Until a comprehensive policy is forged, children's mental health services will remain informal, incomplete, and piecemeal, making it difficult for children with mental health problems and their families to receive appropriate services (Lourie & Hernandez, 2003).

A few of the Nurse Leaders in Mental Health Policy in recent decades certainly include Hildagarde Peplau (1909–1999), Claire Fagin (1926–), Gracye Sills (1926–2016), Judith Krauss (1950–), and this author (1939–). There are also many others who have carried the advocacy banner through Professional Associations, Nursing Coalitions and local efforts.

Mental Health Policy is many times difficult to follow (Raphael, 2017). For children, it is non-existent and recently very detrimental as seen by the results of the “Zero Tolerance Policy” 2018 of the current

E-mail address: smraphel@gmail.com.

<https://doi.org/10.1016/j.apnu.2019.01.013>

Received 12 September 2018; Accepted 24 January 2019

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U.S. Administration. There was a time in the late 1990s, early 2000s, when Child Mental Health Policy was evident and relevant. There is a simple, straight forward reason for the neglect. Simply, children are not a voting constituency!!!

If we start with how things could and should be for children, David Satcher, U.S. Surgeon General (1999, 2000) pointed us in the right direction. We arrived at this current crisis situation through many channels. Increased Poverty, Stigma & Discrimination; Complex Mental Health Needs from addicted infants to conduct disordered Teens; the Absence & Exclusion of Community Services and Critical Shortage of Proficient Mental Health Specialists are just a few.

Health Policy originated as a basis for crafting legislation to meet an identified need or issue. The World Health Organization (WHO) (2018), United Nations (UN) (2014) are global examples of addressing mental health issues for all across the lifespan, including children and adolescents. Here in the U.S private sector non-governmental organizations (NGO's) such as Children's Defense Fund (CDF) (2018), Child Welfare League of America (CWLA) (2018a, 2018b) and Mental Health America (MHA) (2018) carry the weight of policy advocacy for children's health and mental health needs. The government agency that assists with minimal attention is Substance Abuse Mental Health Services Agency (SAMHSA) (2018).

What are the significant child mental health needs? Numbers of youth in need of mental health services has remained steady at one in five needing treatment for decades. Depression, suicides, violence, abuse, and anxiety disorders are prevalent. Proven treatment exists, but cannot be delivered because of too few qualified professionals to meet need, fewer resources available at local and state levels and with attention paid only in time of crisis e.g. school shootings (Cox & Rich, 2018).

For instance, violence in American schools with death tolls are repeated so often that the numbers and places become permanently linked. What those figures fail to capture, though, is the collateral damage of this uniquely American crisis. Beginning with Columbine in 1999, more than 187,000 students attending at least 193 primary or secondary schools have experienced a shooting on campus during school hours, according to a year-long Washington Post analysis (Cox & Rich, 2018). This means that the number of children who have been shaken by gunfire in the places they go to learn exceeds the population of Eugene, Oregon, or Fort Lauderdale, Florida. Many are never the same. While school shootings remain rare, representing a tiny fraction of the gun violence epidemic that, on average, leaves a child bleeding or dead every hour in the United States, many are affected (Cox & Rich, 2018).

In a recent Washington Post report Cox and Rich (2018) found an average of 10 school shootings per year since Columbine in 1999, with a low of five in 2002 and a high of 15 in 2014. Less than three months into 2018, there have been 11 shootings, already making this year among the worst on record. At least 130 children, educators, staff and family members have been killed in assaults during school hours, and another 254 have been injured. While few of those incidents happen on campuses, the ones that do have spread fear across the country, changing the culture of education and how kids grow up. Never fully escaping the effects of what happened to them on a particular day. The nightmares, always of being chased, linger for years. Even now, the images of children walking out of schools with their hands up is too much for those involved to bear. Every day, threats send classrooms into "lockdowns" that frighten students, even when they turn out to be false alarms. Thousands of schools conduct active-shooter drills in which those as young as 4 hid in darkened closets and bathrooms from imaginary murderers. There is no evidence of mental health policy being implemented into legislation around these issues. The clock is ticking and so much more is needed as youth with behavioral and mental stressors grow to teens and young adults.

Legislative examples

The current 115th Congress, 2017–2019 thus far has considered at some level 1027 health bills—7 signed into law; 211 Mental Health Bills—8 signed into law, 12 Child Mental Health bills—1 signed into law. The two Child Health successes are S. 782 *Protect Our Children Act of 2017* signed into law November 2, 2017 and *CHIP Reauthorization*, signed by the President January 16, 2018. The following list of Bills has been introduced, most in 2017, none have moved beyond introduction except *H.R. 3192: CHIP Mental Health Parity Act* which is awaiting Senate Hearing. Still in the first introduction phase are:

- S. 2253: CHIP Mental Health Parity Act S. 1370: Mental Health in Schools Act of 2017
- H.R. 3192: CHIP Mental Health Parity Act S. 439: Timely Mental Health for Foster Youth Act
- S.3337: Mental Health Services of 2018
- S. 2732: Defending Access to Mental Health Care Act

The above Bills can be followed at Govtrack.us.com for future actions.

Earlier 2015–2016 Congressional legislation affecting the children of America includes:

- ✓ H.R.35 21st Century Cures Act, Dec 13, 2016
- ✓ S. 2680/H.R. 2646 *Helping Families in Mental Health Crisis Act of 2016* with focus on authorizing programs to advance screening & early intervention, especially to keep children in school; Prioritizing community-based services for reduction in incarceration & homelessness; Supporting meaningful parity guidance and oversight; Preserving SAMHSA, adding funding for Mental Health Services; and Growing the Behavioral Health Workforce.
- ✓ H.R. 1859 *Ensuring Children's Access to Specialty Care Act of 2015*
- ✓ S. 993/H.R. 1854 *Comprehensive Justice and Mental Health Act of 2015*
- ✓ S. 1138 *Reclassification to Ensure Smarter and Equal Treatment (RESET) Act of 2015*
- ✓ H.R. 927 *Keeping All Students Safe Act of 2015*
- ✓ S. 473 *Saving Our Next Generation Act of 2015*

There are State level examples of child centered actions and policy implementations:

1. Massachusetts: Children's Mental Health Campaign. Retrieved August 27, 2018 from (<https://childrensmentalhealthcampaign.org/>)
2. American Academy of Pediatrics: Community Pediatric Funded Projects. 59 in U.S. in 2017 (AAP, 2001).
3. Maryland Behavioral Health Integration in Pediatric Primary Care Wraparound. Retrieved August 27, 2018 from (<http://www.mdbhipp.org/>)
4. Children's Mental Health Coalition. Retrieved August 27, 2018 from (https://health.gov.ie/wp-content/uploads/2014/04/childrens_mental_health_coalition.pdf)

Can we nurses get beyond discussion and craft actions to help our needy deprived children? The key considerations are: How best to correct the wasteland of care and resources? What are we going to do? Who should we be partnering with? Where will resources come from to obtain or continue resources? All critical questions to be answered. Some suggestions for a beginning point for the Policy Process are, 1. Do Your Research, 2. Compile Documentation, 3. Recruit Sponsors of Legislation and 4. Campaign for Passage & FUNDING. Here is an action plan.

CREATE A BOX

Define the Issue

Identify Collaborators

Build Grassroots Plan

Find a Sponsor/Legislator

Mount an Information Campaign

Short Words Win

Numbers/Stories Sell

✓ Step 1

Identify Collaborators, local businesses, schools, law enforcement interested parties. Build a coalition to support a cause, any cause. Come up with a short purpose statement one sentence, Frame your goal in realistic terms, Tells who the target audience is, Come up with a name for your coalition—Short and not duplicative, Come up with who would join, Think about if it is an individual or organizational based?

✓ Step 2

Build a community grass roots impact plan. Start local and move out and up the chain. Form Coalitions for establishing Child Community Mental Health Services or maintain access.

✓ Step 3

Start knocking on politicians/legislators' doors

✓ Step 4

Present facts to any and all who will listen. The more the issue is narrowly focused the better.

✓ Step 5

Reach out for media opportunities and to professional associations.

Tips

- Short Words Win; If You Don't Repeat, You Can't Compete; Numbers Numb, Stories Sell (Romm, 2012).
- It is not about nursing, but *always* about health and the contributions nurses make to its transformation.
- Remember it is about the patient/person/client no matter the age
- Reframing helps get the ideas across. The ideas have to be in place in peoples' brains before the sound bite can make any sense (Lakoff, 2004).
- Take action, urge Senators Congressional Representatives to work for Child Mental Health Reform

There are few effective current trends in nursing child policy work? Some such as the National Commission on Children have been cancelled (National Commission, 1993). New nurse practitioners, community nurses and pediatric nurses are however, being introduced to

mental aspects of child care (NAPNAP, 2001). Nurse Leadership Strategies are important to make progress toward access to appropriate care (Mason, Gardner, Hopkins-Outlaw, & O'Grady, 2017; Nickitas, Middaugh, & Aires, 2016; Raphael & Sheehy, 2012). Actions to take are: to Support legislation & interdisciplinary efforts that bolster children's mental/behavioral well-being at local, state & federal levels (Children's Mental Health Coalition (CMHC), 2018). Also to advocate for financial, human & technological resources; Integrated community-based care & Government accountability.

In summary, there is a continuing crisis in Child Mental Health Care. Every day we learn of entrepreneurs who develop ideas into lucrative business in non-healthcare areas. We, as nurses are the most trusted care professional, have the skills, abilities and smarts to make a difference. Take a page out of American Academy of Nurses *Edge Runners Program* to get movement for Child Mental Health Policy and Legislation. Follow the nurse policy initiatives and who the current leaders are in advocacy roles through the American Academy of Nurses (aannet.org), The American Nurses Association (nursingworld.org), the Nursing Community Collation (NCC.org). Watch for web site information and calls for volunteers to serve on health and mental health boards, commissions or local community coalitions who will benefit from the voice of a nurse advocate for children. This work requires: Energy, Passion, Technology Savvy, Financial Resources and Numbers. The latter because data is the name of the modern game today, critical for legislation because it translates as constituent voices heard from!!!

As a footnote, recently we have a classic example of seriously detrimental Policy effecting infants, children and teens. For the first time in this author's 58 year career there is Policy that is toxic to the mental wellbeing of young children in the form of the President's *Zero Tolerance Policy* that separated the very young to teenage children from their parents May 2018 (Diaz, 2018). Time alone will measure the damage to these young ones from neglect, abandonment, PTSD and other atrocities. Globally there are policies against this, yet in America we witness this damaging policy, not law, forced on thousands of innocent ones. As nurses and caring professionals, we must do what we can to find a way to have voices heard that call for Humane, Sustaining Treatment of our young.

The nurse concerned with Child Mental Health holds to the following mantra and goal. "*The mentally sound child works well, plays well, feels well, loves well, copes well, hopes well*" (Anthony & Cohler, 1987).

References

- American Academy of Pediatrics [AAP] (2001). The new morbidity revisited: A renewed commitment to the psychosocial aspects of pediatric care [Committee on Psychosocial Aspects of Child and Family Health]. *Pediatrics*, 108(5), 1227–1230.
- Anthony, E. J., & Cohler, B. J. (1987). *The invulnerable child*. New York, NY: Guilford Press.
- Child Welfare League of America (CWLA) (2018a). Child mental health policy. Retrieved August 26, 2018 from <https://www.cwla.org/?s=child+mental+health+policy>.
- Child Welfare League of America (CWLA) (2018b). National blueprint for excellence in child welfare. Retrieved August 26, 2018 from <https://www.cwla.org/our-work/cwla-standards-of-excellence/national-blueprint-for-excellence-in-child-welfare/>.
- Children's Defense Fund (CDF) (2018). Policy priorities. Retrieved August, 26, 2018 from <http://www.childrensdefense.org/policy/>.
- Children's Mental Health Coalition (CMHC) (2018). Children's mental health coalition. Retrieved August 26, 2018 from https://health.gov.ie/wp-content/uploads/2014/04/childrens_mental_health_coalition.pdf.
- Cox, J. W., & Rich, S. *Scarred by school shootings*. (2018). Retrieved August 28, 2018 from https://www.washingtonpost.com/graphics/2018/local/us-school-shootings-history/?noredirect=on&utm_term=.ed4c3bc84b62 (Updated March 25, 2018).
- Diaz, D. (2018). HHS disputes losing track of unaccompanied minors: 'There are no lost children'. Retrieved August 28, 2018 from <https://www.cnn.com/2018/08/15/politics/health-and-human-services-senate-report-unaccompanied-minors/index.html>.
- Lakoff, G. (2004). *Don't think of an elephant! Know you values and frame the debate*. White River Junction, Vermont: Chelsea Green Pub.
- Lourie, I. S., & Hernandez, M. (2003). A historical perspective on national child mental health policy. *Journal of Emotional and Behavioral Disorders*, 11(1), 5–9.
- Mason, D. J., Gardner, D. B., Hopkins-Outlaw, F., & O'Grady, E. T. (2017). *Policy & politics in nursing and health care - E-book (policy and politics in nursing and health)* (7th edition, Kindle edition 2017).

- Mental Health America (MHA) (2018). Policy initiatives. Retrieved August 26, 2018 from <http://www.mentalhealthamerica.net/>.
- National Association for Pediatric Nurse Practitioners (NAPNAP) (2001). Keep your children/yourself safe and secure [KySS] program: A national effort to reduce psychosocial morbidities in children and adolescents. Retrieved October 10, 2001 from www.Napnap.org/ProgramsAndInitiatives/KySS/AboutKySS.aspx.
- National Commission on Children (NCC) (1993). Just the facts: A summary of recent information on America's children and their families. Washington, DC: National Commission on Children. In accordance with Public Law 110-161 (2008), Sec. 611 (d) (1), the National Commission on Children and Disasters was terminated April 4, 2011 after delivery of 2010 Commission Report to the President and Congress. Retrieved August 29, 2018 from <https://cybercemetery.unt.edu/archive/nccd/20110427002908/http://www.childrenanddisasters.acf.hhs.gov/index.html>.
- Nickitas, D. M., Middaugh, D. J., & Aires, N. (2016). *Policy and politics for nurses and other health professionals* (2nd ed.). Burlington, MA: Jones & Bartlett Learning Books.
- Raphael, S. (August 2017). Policy in times of chaos. *Archives of Psychiatric Nursing*, 31(5), 327–328.
- Raphael, S., & Sheehy, K. (2012). Child and adolescent mental health policy. In E. Yearwood, G. Pearson, & J. Newland (Eds.). *Child & adolescent behavioral health: A resource for advance practice psychiatric and primary care practitioners in nursing*, chap 30 (pp. 522–531). (April 3, 2012).
- Romm, J. J. (2012). *Language Intelligence. Lesson on persuasion from Jesus, Shakespeare, Lincoln, and Lady Gaga*. North Charleston, S. C: CreateSpace.
- Substance Abuse Mental Health Services Agency (SAMHSA) (2018). Mental health policy. Retrieved August, 31, 2018 from https://www.samhsa.gov/search_results?k=Mental+health+policy.
- Swartz, J. (2015). Mental health policy - The history of mental health policy in the United States. American University online programs. Retrieved from August 27, 2018 <https://programs.online.american.edu/mpap/resource/the-evolution-of-public-policy>.
- United Nations (UN) (2014). *Mental health matters social inclusion of youth with mental health conditions*. New York, New York: Division for Social Policy and Development Department of Economic and Social Affairs, United Nations 2014.
- United States Public Health Service Office of the Surgeon General (USPHSOSG) (1999). *Mental Health: A report of the surgeon general*. Rockville, MD: USDHHS, U.S. Public Health Service.
- United States Public Health Service Office of the Surgeon General (USPHSOSG) (2000). *Children's mental health: A national action plan*. Rockville, MD: UDDHHS, U.S. Public Health Service.
- World Health Organization (WHO) (2018). Mental health: Strengthening our response. Geneva, Switzerland: Author, 30 March 2018. Retrieved August 27, 2018 from <http://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>.