

Gaps in mental health infrastructure for youth identified in many US communities

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Mental health facilities that provide outpatient specialty services for youth are a critical element of the mental health care infrastructure, especially for youth who are uninsured or publically insured.

In a Viewpoint article in the February 13 issue of *JAMA*, Janet Cummings, PhD, assistant professor of health policy and management at Emory's Rollins School of Public Health, presents data from the 2008 National Survey of <u>Mental Health Treatment</u> Facilities and examines the extent to which gaps exist in the mental <u>health treatment</u> system for youth.

Based on survey data from facilities that provide specialty <u>mental health</u> services, such as psychiatric hospitals, residential treatment centers, freestanding outpatient clinics or partial-care facilities, and multiservice mental health facilities, only 63 percent of U.S. counties have at least one mental health facility that provides outpatient treatment for youth. Less than half of U.S. counties have a mental health facility with special programs for youth with severe emotional disturbance. The gaps in infrastructure are even larger in rural communities, where less than half even have one mental health facility that provides outpatient care and only one-third has outpatient facilities with specific programs for youth with severe illness.

"These numbers are especially concerning because these facilities are a critical resource for the uninsured and publically insured, which accounts for almost half of our nation's youth," explains Cummings. "Given these



gaps in the mental health care infrastructure, policies need to be implemented that ensure specialty mental health treatment is available for all youth who need services – especially youth with the most severe <u>mental health problems</u>."

The article also suggests that current estimates of the infrastructure gaps could be worse than the estimates from the 2008 survey due to ongoing <u>budget cuts</u>. Between 2009 and 2012, states eliminated more than \$1.6 billion in general funds from their state mental health agency budgets, which adversely affected services and programs for both youth and adults with serious mental illness.

"The recent attention to <u>mental health care</u> access has ignited a more critical examination of the mental health treatment system for youth," explains Cummings. "These gaps in geographic access to <u>mental health</u> facilities are compounded by other problems such as provider shortages and stigma, which will ultimately require a comprehensive strategy from policymakers to yield meaningful improvements for this system."

Provided by Emory University

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