

Insurance Coverage of Mental Health and Substance Abuse Services for Children and Adolescents: A Consensus Statement

ABBREVIATIONS. SCHIP, State Children's Health Insurance Program; CPT, Current Procedural Terminology.

Mental health needs of children and adolescents are increasing while access to behavioral health, mental health, and substance abuse services is decreasing. Such services include preventive interventions, early identification, assessment and diagnosis, case management, outpatient treatment, hospitalization, home-based treatment, comprehensive drug and alcohol treatment, and residential and hospital psychiatric treatment. In the past 20 years, the rate of psychosocial problems identified in children in primary care has increased from 7% to 18%.¹ It is currently estimated that at least 13 million children are in need of mental health or substance abuse services,² yet attempts to restrain health costs have resulted in decreased availability of mental health and substance abuse services for children and adolescents. This decrease is attributable to benefits packages that provide limited mental health services or carve out plans, in which behavioral health care may be carved out (not included) or contracted for separately, making mental health services more difficult to obtain. This decrease is occurring despite increasing evidence of the effectiveness of specific mental health and substance abuse services.³ In the general health care sector, primary care clinicians are being pressured to see more patients in less time and, therefore, have less time to address psychosocial issues.

Concern regarding the deterioration of clinical mental and behavioral health and substance abuse services for children and adolescents resulted in an unprecedented meeting of representatives from professional organizations who care for the mental health needs of children. These organizations reached consensus on the issues outlined in this statement.

To rectify the present shortage of mental health services, a commitment must be made to increase resources in both the private and public sectors. Without this increase, current and future needs will not be met. Although specific long-term economic benefits are difficult to calculate, children and adolescents who receive early intervention and care may avoid needing costly treatment in the future. In economic terms, immediate improvements in the mental

health of children and adolescents are reflected in increased parent work productivity, less parent absenteeism, and less use of general medical services. More importantly, in the long-term, preventive efforts and early treatment of behavioral problems and mental disorders in childhood result not only in changes in behavior but also in changes in the brain. The potential impact of early intervention on instances of violence and the number of incarcerated juveniles and young adults is great. Even a modest reduction in negative outcomes of youth will more than compensate for the increased health care costs at this time.⁴ Certainly, for children and families, the avoidance of problems and associated misery is a worthwhile goal in a humane society.

To improve mental health services, it is important to address 3 issues: access, coordination, and monitoring. These issues should be considered from the standpoint of needs for preventive interventions, direct mental health and substance abuse services, and coordinated multiservice care.

ACCESS

Traditional mental health care systems, which were limited at best, have recently been further disrupted by the change to a managed care system. In the past, primary care clinicians could refer patients with mental disorders to appropriate mental health clinicians. Parents and school personnel, when needed, could also obtain direct access to mental health clinicians. This arrangement increased the chances of the family obtaining the services needed and increased the likelihood of communication among professionals.

Many current behavioral health carve out programs make mental health services much more difficult for families to obtain. In many cases, clinicians and families must depend on external screening processes in which decisions for approval are based almost exclusively on preset guidelines for adults, not children. There is no direct contact between the referring physician and the professional provider during the referral process. It is difficult for families to obtain services because of obstacles, such as an absence of criteria for approving services that meet the needs of children, copayments that are higher for behavioral health services than those for other medical services, more limited yearly and lifetime caps, and limited panels of qualified mental health care professionals experienced in treating children.

Limiting the ability of primary care clinicians to provide preventive services further worsens the situation. Primary care clinicians do not receive ade-

The recommendations in this statement do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

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quate reimbursement for preventive efforts, such as addressing psychosocial problems, and they are pressured to see more patients in less time. As a result, they have less time to develop strong, ongoing relationships with families and are less likely to identify mental health and substance abuse problems.

The low number of qualified child mental health and substance abuse clinicians contracting with behavioral health management further limits access.⁵ Clinicians experience difficulties in establishing credentials on multiple professional panels. There are obstacles in obtaining approval for adequate levels and quantity of services to care appropriately for their patients. In addition, payment for services to children, adolescents, and their families is inadequate, and administrative practices are burdensome. These factors result in a decrease in available facilities and a disincentive for professionals and those in training to enter or remain in the field.

To address the issues, the following recommendations are proposed:

- Parity should be established between medical health services and mental and behavioral health and substance abuse services.
- The State Children's Health Insurance Program (SCHIP), which has provided additional resources for children's health care and has allowed for flexibility in the distribution of resources, should be supported and expanded to include coverage for mental and behavioral health and substance abuse services.
- The number of qualified child mental health and substance abuse clinicians should be increased through support for training programs, better recruitment into these programs, and job incentives.
- Managed care and behavioral health organizations should be required to provide adequate panels of culturally competent clinicians who are qualified to address child and adolescent mental and behavioral health and substance abuse needs.
- Competent, licensed providers with training and expertise in providing services to children should be equally included on panels, without limitations to specific disciplines.
- Professionals need to be accessible and available to families within a reasonable distance and time frame.
- Services provided by clinicians in alternative sites, such as schools, homes, and centers, must be reimbursed.
- Families and purchasers of health care plans need to be clearly informed about the adequacy of the health care coverage they are considering. The health plan should specifically identify mental health services provided to children, including child and adolescent psychopharmacology, child and adolescent psychological and neuropsychological assessments, child and adolescent psychotherapy, behavioral medicine (eg, pain management, chronic illness management, eating disorders), and substance abuse programs.
- The processes required for children and adolescents to receive mental and behavioral health and substance abuse services should be simplified,

shortened, and unified. For clinicians, this should include a universal credential verification process and a universal treatment authorization form. For families, it should include a simplified authorization and appeals process.

- There should be no exclusions for diagnostic categories, chronic disorders, and preexisting conditions (chronic illness and developmental disabilities).
- Reimbursements need to compensate clinicians adequately for the services provided.
- Administrative practices need to be revised to reduce the practitioner's administrative burden.

COORDINATION

Although coordination of care is critical in all types of health care treatment, it is particularly important for mental health services. Many sectors of a community, including schools, social services, and the justice system, are involved with children and adolescents with mental health and substance abuse problems. For services to be effective and efficient and meet family needs, service professionals must communicate and coordinate with each other. At a time when all sectors are attempting to cut costs, there is a tendency to try to shift responsibilities from one sector to another. As a result, divisions of responsibilities are not always clear. Often, families are caught in the middle and receive no information or conflicting information as to who can best address the child's needs. This lack of organization often results in agencies working inefficiently and sometimes with different purposes. Nowhere is this more evident than with children who have severe and multiple conditions that require coordinated, multiple services.

To address the issues, the following recommendations are proposed:

- Families must be centrally involved in the coordination of care for their children and adolescents. Services provided that address family issues should be reimbursed adequately.⁶
- A seamless system of care must be established within and across sectors that includes mechanisms to promote communications and referrals among professionals such that children and families receive appropriate services regardless of how and where they seek help and irrespective of the nature of their problems.⁷
- Clinicians must be compensated for case management and coordination efforts (ie, compensation of counseling Current Procedural Terminology [CPT] codes and consultation CPT codes). Contracts should include compensation for interpretive and indirect services, such as staff conferences, consultation between clinicians, and contacts with professionals in other sectors, such as schools and law enforcement.
- Mechanisms for apportionment of costs and reimbursements must be established for complex cases that involve multiple agencies.

MONITORING

For economic competition to work to improve health services, families and purchasers of health care plans need to be informed about the quality of the services provided. This issue has always been complex, because quality includes the availability of a spectrum of qualified services, the quality and appropriateness of care provided, and the responsiveness of services to concerns raised by professionals or families. As direct recipients of services, families need information about the services provided and guidelines by which to evaluate this information. Families need mechanisms to communicate their comments and experiences to those who purchase health care plans, most commonly their employers. The purchasers also need uniform and accurate information about plans that provide health care services. As programs have multiplied and diversified, it has become difficult for all to determine the quality of services offered and for appropriate regulatory agencies to hold them accountable.

To address the issues, the following recommendations are proposed:

- Clinician professional organizations and provider plans should be encouraged to better define and use evidence-based care in mental and behavioral health and substance abuse services for children, adolescents, and families. Empirically supported assessments and treatments should include level of care criteria, best practices, and monitoring of incremental expectations for progress. Research on quality of care and outcomes effectiveness should also be enhanced by these groups.
- Public and private sectors should develop mechanisms for system accountability in the cost-effectiveness of service calculations, including consideration of administrative costs.
- Mechanisms to provide user-friendly information to families and purchasers regarding the availability, adequacy, and quality of mental and behavioral health and substance abuse services must be developed.
- Simplified and timely internal and independent external appeals processes should be developed by health plans and mental health care management programs. Families should be included on such panels.

The decreasing availability of health care services to meet the mental health needs of children and adolescents is a serious and worsening problem. Ac-

tion must be taken to curb this decrease. Issues that negatively impact the access, coordination, and monitoring of such services must be addressed. Improvements in these services will have a positive impact not only on the health and well-being of children and adolescents but on society as well.

PARTICIPATING ORGANIZATIONS

Academy for Eating Disorders
American Academy of Child and Adolescent Psychiatry
American Academy of Pediatrics
American Psychiatric Association
American Psychological Association
Family Voices
International Society of Psychiatric-Mental Health Nurses
Society for Developmental and Behavioral Pediatrics

ENDORING ORGANIZATIONS

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American Academy of Child and Adolescent Psychiatry
American Academy of Pediatrics
American Psychiatric Association
American Psychological Association
American Society of Addiction Medicine
Family Voices
International Society of Psychiatric-Mental Health Nurses
National Association of Pediatric Nurse Associates and Practitioners
National Association of Psychiatric Health Systems
National Association of School Psychologists
National Mental Health Association
Society for Developmental and Behavioral Pediatrics

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