

Children's Mental Health Issues

Despite common misconceptions, children do develop mental illnesses. In Minnesota law they are referred to as having an emotional disturbance or a serious emotional disturbance. Without treatment and supports, these children often see little success in school or in their social life. Their families often struggle with finding services and supports and often pay a great deal out of pocket.

While more funding is needed for children's mental health services and for supports to families to keep children in the home, it is equally important that we fund those things that are effective. There is a burgeoning body of research that is informing how we treat children.

The Mental Health Legislative Network Supports:

- Funding the children's mental health collaborative to support school-based and school-linked mental health services (SF 863/HF 574)
- Requiring child foster care providers to receive training on mental health issues (SF 862/HF 573)
- Providing funding for the All Children Excel (ACE) program that works with children who are at risk of institutionalization in prisons or security hospitals (SF 492/HF737)
- Funding to implement the Columbia TeenScreen program, a research-based mental health screening program that requires parental consent (opt in) (SF 789/HF306)
- Convening a work group to determine if all the services provided under wraparound services for children with emotional disturbance or severe emotional disturbance are currently covered under Medical Assistance (SF 863/HF 574)
- Funding for evidence based practices that treat children who are living in a battered women's shelter, homeless shelter, transitional housing, or supported housing who have been exposed to domestic violence, community violence, or are refugees (SF 863/HF 574)
- Requiring the commissioner to reimburse counties for costs of funding respite care (SF 863/HF 574)
- Appropriating money to the commissioner of human services to develop and implement evidence based practice in children's mental health care (SF 863/HF 574)
- Clarifying that parents can enter into voluntary placement agreements when their child needs residential care.
- Creating a statewide uniform fee schedule across all public programs and payers so families clearly understand the costs of mental health services.
- Promoting the use of alternatives to the use of seclusion and restraints.
- Creating a pilot project to measure the impact of children's mental health needs on MFIP participants' ability to obtain and retain employment (SF480/HF613)
- Increase funding for individual and group skill training, psychotherapy, diagnostic and functional assessment, provider travel and other services as a component of CTSS by 33.7% (SF /HF974)
- Making it easier for children with poor mental health coverage to access MinnesotaCare (SF 863/HF 574)
- Requiring college students to have health coverage (HF 1044)

All these provisions are also contained in HF 196 and SF 148.

For more information contact:
National Alliance on Mental Illness of Minnesota (NAMI-MN) at 651-645-2948, or
Mental Health Association of Minnesota at 612-331-6840