

The Youth Mental Health Crisis

Children and young people are facing a mental health crisis. Even prior to the COVID-19 pandemic, up to 20% of children (ages 3 to 17) were reported to have a mental, emotional, developmental, or behavioral disorder. In 2019, nearly 19% of high school students reported seriously considering suicide, and more than one-in-three children reported experiencing persistent feelings of sadness or hopelessness; these rates have been rising steadily over the past decade.

The COVID-19 pandemic has led to even more acute challenges. Young people are facing increased isolation, disruptions to routines, financial instability, and trauma: as of June 2021, over 140,000 children in the U.S. had lost a parent or grandparent caregiver to COVID-19, with Black, Latino, and American Indian/Alaska Native children disproportionately impacted. In October 2021, the American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry, and the Children’s Hospital Association declared a national emergency in child and adolescent mental health, citing “dramatic increases in Emergency Department visits for all mental health emergencies.” Just two months later, the U.S. Surgeon General issued a formal advisory calling attention to rising rates of suicide attempts among girls in the United States and rising rates of depression and anxiety among young people globally. Addressing this crisis requires urgent action from policymakers, providers, school systems, and other stakeholders.

18.8% of high school students reported seriously considering suicide in 2019

Medicaid and CHIP’s Role

Together, Medicaid and the Children’s Health Insurance Program (CHIP) provide coverage for almost half of our countries’ children and young people, representing a crucial access point for mental health services

Although Medicaid and CHIP are critical players in the youth mental health system, states report two key barriers to providing accessible, high-quality, and coordinated care:

- **Workforce shortages.** There is an acute shortage of providers specializing in children’s behavioral health and a lack of treatment options for children and young people with unique needs, which can lead to clinically inappropriate stays in hospitals or other settings.
- **Fragmentation across systems and programs.** States emphasize the unique care coordination needs of young people: caregiver or family involvement is essential, and young people are more likely to be involved in multiple systems (including the school system, child welfare, and the juvenile justice system). Ensuring that care is coordinated – and funding is braided – across these multiple systems can be incredibly complex.

Opportunities for Federal Action

- **Improve the system of care for children with co-occurring IDD and BH conditions and other young people with unique treatment challenges.** States report a lack of treatment options for young people with co-occurring intellectual or developmental disabilities and behavioral health conditions. Although this represents a small number of young people, the lack of options can result in clinically inappropriate stays in hospitals or other settings.
- **Support behavioral healthcare integration** into pediatric primary care and the school system. This could include allowing Medicaid and CHIP to fund training and electronic consultations for pediatricians and school-based providers, and allocating funds for interoperable electronic health records.
- **Present clear guidelines for braiding funding.** Children and young people often intersect with systems that are funded by different federal programs, including Medicaid/CHIP, the Substance Abuse and Mental Health Services Administration, and the Administration for Children and Families. Developing clear guidelines for braiding funding can help ensure that treatment is truly collaborative.
- **Address ongoing challenges implementing QRTPs.** Qualified residential treatment programs, which were created by the Family First Act, are a type of setting that provide behavioral health services to young people in foster care. States face challenges implementing this care model due to the “institutions for mental diseases” exclusion, which prohibits states from using federal Medicaid funds for facilities with more than 16 beds.
- **Address acute workforce shortages** by supporting sustainable enhancements to Medicaid reimbursement rates for providers who specialize in children’s behavioral health and funding scholarships, loan forgiveness programs, and training programs to build a stronger workforce.
- **Fund ongoing research into the safety and efficacy of telehealth for children’s behavioral health issues, while ensuring equitable access.** The COVID-19 pandemic has spurred the rapid uptake of telehealth for behavioral health treatment. There are additional considerations when providing telehealth to children, including issues of consent and challenges recognizing child abuse. Federal policymakers should support dedicated research into the safety and efficacy of telehealth for children. It is also crucial to ensure that families have equitable access to telehealth; Congress could allow Medicaid funds to be used for broadband and digital devices or create other funding programs.

Supporting State Innovation

Many states have already launched efforts to support the mental health of children and young people. [Pennsylvania’s Telephonic Psychiatric Consultation Service Program](#) increases the availability of child psychiatry consultation teams to primary care providers and other prescribers of psychotropic medications for children. [California is conducting a statewide effort to screen members for Adverse Childhood Experiences](#), and reimbursing Medicaid providers for conducting the trauma screening. [North Carolina developed an Early Childhood Action Plan](#) that outlines a cohesive vision and cross-agency plan to support the well-being of young people.

You can read more about state actions to support children and young people in [NAMD’s Medicaid Forward: Behavioral Health report](#).