



Child and Adolescent Mental Health: Meeting for Experts

September 29, 2010

Kaiser Family Foundation, Washington, D.C.

Participants:

Kristin Ptakowski, **American Academy of Child and Adolescent Psychiatry**; Tracy Todd, **American Association for Marriage and Family Therapy**, Matt Sturm, **American Psychiatric Association**; Clare Miller, **American Psychiatric Foundation, Partnership for Workplace Mental Health**; Mary Ann McCabe, Ph.D. and Katherine Nordal, Ph.D., **American Psychological Association**; Laurel Stine, **Bazon Center for Mental Health Law**; Sue Odegarden, **The Mayo Clinic**; David Shern, **Mental Health America**; Darcy Gruttadaro, **National Alliance on Mental Illness**; Patricia Johnston and Joy Midman, **National Association for Children's Behavioral Health**; Sharon Issurdatt, **National Association of Social Workers**; Michelle Dirst, **National Association of State Alcohol and Drug Abuse Directors**; Ron Finch, Amy Reagin Ford and Demian Kendall, **National Business Group on Health**; Charles Ingoglia, **National Council for Community Behavioral Healthcare**

Meeting Summary:

Participants met to address the issue of child and adolescent mental health and its relationship with business. The goals of the meeting were to:

- Discuss the business case for child and adolescent mental health treatment
- Introduce [*An Employer's Guide to Child and Adolescent Mental Health*](#) and corresponding recommendations

The discussion followed the 16 recommendations included in the [*Employer's Guide*](#) based on the common challenges of provider networks, coverage, supporting collaborative care, management of prescription medications, care coordination, collecting and analyzing data, improving work/life benefits, and organizational culture. The group discussed the following:

- ***Provider networks*** and the necessity of ensuring a comprehensive network of active, culturally-competent, and diverse providers. The possibility of sharing some of the more effective models that employers are developing was discussed as well as the emphasis placed on prescription treatment over mental and behavioral care.
- ***Coverage*** and reimbursement for mental health screening and treatment, provision of coverage for a full range of treatment options, and ensuring a network of providers proficient in evidence-based therapies. The group also examined the lack of effective evidence-based treatment for family counseling and the fact that many insurance providers may not cover it. It was generally agreed that parity in quality of service was an ultimate priority when discussing coverage.
- ***Supporting collaborative care*** and the recommendation to reimburse mental health providers for telephonic consultation with other providers, parents, and school mental health service providers was discussed at length, including methods of payment, provision of a case manager, monitoring of continuity, and how these practices would interact with modern HIPAA and FERPA laws.

- ***Management of prescription medications*** and adoption of a best-practice guideline for prescription of psychotropic drugs to children and adolescents that would cover diagnosis, treatment plans, and follow-up. Several facets of the issue were examined, including the common lack of a psychiatric evaluation prior to prescription, disparities between Caucasian and African-American use, and confusion on the part of patients over the functions and meanings of various mental health certifications.
- ***Care coordination*** and documentation of referrals and communication between the primary care physician and specialty care physician.
- ***Collecting and analyzing data*** and the possibility of developing a process for coordinating data collection between managed behavioral healthcare organizations (MBHOs), managed care organizations (MCOs) and the pharmacy benefits manager (PBM) to assess the value of mental health interventions, identify gaps in care and improve performance.
- ***Improving work-life benefits*** and instituting flexible leave/work programs and policies that can be implemented in the workplace to improve work-life balance, as well as the function and importance of employee assistance programs (EAPs).
- ***Organizational culture*** and a final recommendation of educating all levels of an organization about mental illness and framing mental disorders as diagnosable, medical problems.

The meeting concluded with a brief discussion on current trends and other various mental health themes, including mental health coverage through chronic disease examinations, lack of access to mental health care in rural areas, defining equity, and a change of focus from the cost of care to the value of health.

Next Steps:

The group agreed to maintain contact and possibly meet again in the future. [An Employer's Guide to Child and Adolescent Mental Health](#) is available on the [National Business Group on Health](#) website.