March 11, 2009

The White House
1600 Pennsylvania Avenue, NW
Washington, DC 20500

Dear President Obama:

As you and your colleagues begin to address health care reform, the undersigned organizations would like to urge your support for improving and enhancing the children’s mental health system. Over 25 years ago Jane Knitzer, Ed.D., in the report *Unclaimed Children: The Failure of Public Responsibility to Children in Need of Mental Health Services*, documented policy and program disconnects that meant children and youth with mental health needs and their families did not get the services they needed.

Last year, a follow-up report by Janice Cooper, Ph.D., titled *Unclaimed Children Revisited* illustrated how states are still struggling to respond appropriately to the needs of children and youth with mental health conditions, HIV/AIDS, and other disabilities. It also underscored the critical need to address the needs of children and youth at risk for those conditions. While it is clear that some progress has been made, the needs of children, youth, and families will not adequately be addressed without a comprehensive set of children’s mental health policies at the national level, and a focused strategy for attaining the same.

The report’s overarching goal is to provide guidance that will offer policy recommendations to move current care-delivery systems toward the vision of a comprehensive public health framework for children and adolescents’ mental health.

**The undersigned organizations recommend:**

**Family-centered Infant and Early Childhood Mental Health Services.** There is an explosion of knowledge that calls attention to the importance of early relationships in setting the stage for a child’s social and emotional development and mental health. There is a need to support state efforts to infuse early childhood mental health services into early childhood settings, including child care and home visiting programs, as well as to address widespread parental depression that can have life long negative consequences for the children.

**A Comprehensive Financing Strategy.** Develop and implement a comprehensive financing strategy that supports a public health focus to mental health. Place empirically-supported family-based treatment and supports at the center of financing children’s mental health care.

**Applying a Public Health Approach to Children’s Mental Health.** Incorporate a public health approach to children’s mental health services, which provide age and
developmentally appropriate comprehensive services and on-going supports, and incorporate strategies of prevention, early intervention, and positive behavioral interventions and supports.

**Enhancing Service Delivery to Transition Age Youth.** Transition youth with serious mental illness (SMI) encounter numerous obstacles as they transition from school and child welfare systems to their adult lives. Efforts to address the needs of this population require the provision of crucial programming to prepare them to address their own housing and independent living needs, increased collaboration across systems providing services to these young adults to facilitate access, and access to health insurance and social services for youth with mental health conditions up to age 25.

**Eliminating Disparities in Mental Health Status and Mental Health Care.** Overall, mental health services meet the needs of only 13 percent of minority children. Despite the fact that minorities are less likely to receive mental health services, when they do access services, those services tend to be ineffective and of low quality. Eliminating disparities in mental health status and mental health care and increasing the cultural competence of service programs and providers is essential to improving mental health services to racial and ethnic minority children because when a program is developed with consideration of the culture of the community being served, there is an increase in service utilization and decrease in early termination of treatment.

**Investing in Health Professions Training and Education.** Increase and enhance mental and behavioral health workforce education and training. As documented in the report of the Annapolis Coalition on the Behavioral Health Workforce (2007): There is substantial and alarming evidence that the current workforce lacks adequate support to function effectively and is largely unable to deliver care of proven effectiveness in partnership with the people who need services. The improvement of care and the transformation of systems of care depend entirely on a workforce that is adequate in size and effectively trained and supported.

Too few resources have been expended to develop and implement a comprehensive framework for addressing the needs of children and youth with mental health conditions, HIV/AIDS, and other disabilities. We have an opportunity to improve the trajectory of children’s mental health policy, and improve the overall health, education, and future employability of children and adolescents in our country. Thank you for your thoughtful consideration and continued efforts on this important issue.

In closing, we would like to thank you for your consideration of this serious matter and to offer our assistance in addressing these critical issues impacting children and adolescents with mental health conditions, HIV/AIDS, and other disabilities. Please contact Daniel E. Dawes, J.D., at the American Psychological Association’s Public Interest Government Relations Office at (202) 682-5110 or ddawes@apa.org, if you would like any additional information.

Sincerely,
Academic Pediatric Association
AIDS Action Baltimore
AIDS Action Council
AIDS Alabama
Alliance for Children and Families
American Academy of Child and Adolescent Psychiatry
American Academy of Pediatrics
American Association for Marriage and Family Therapy
American Association of Pastoral Counselors
American Association of People with Disabilities
American Counselors Association
American Dance Therapy Association
American Group Psychotherapy Association
American Humane Association
American Mental Health Counselors Association
American Psychiatric Association
American Psychological Association
American Society for Adolescent Psychiatry
amfAR, The Foundation for AIDS Research
Asian and Pacific Islander American Health Forum
Association for Ambulatory Behavioral Healthcare
Bazelon Center for Mental Health Law
Black Women's Health Imperative
CANN – Community Access National Network
Center for Health Justice
Center for School Mental Health
Child Welfare League of America
Children’s Defense Fund
Clinic for Education, Treatment and Prevention of Addiction (CETPA)
Clinical Social Work Association
Community HIV/AIDS Mobilization Project (CHAMP)
Council for Children with Behavioral Disorders
Council of Administrators of Special Education, Inc.
Depression and Bipolar Support Alliance
Eating Disorders Coalition
First Focus
Foster Family-based Treatment Association
L.A. Gay and Lesbian Center
Learning Disabilities Association of America
Mental Health America
NAMI
National Association for Children’s Behavioral Health
National Association of People With AIDS (NAPWA)
National Association of School Psychologists
National Association of State Mental Health Program Directors (NASMHPD)
National Association of Social Workers
National Center for Children in Poverty
National Council for Community Behavioral Healthcare
National Council of Jewish Women
National Minority AIDS Council
School Social Work Association of America
SIECUS
Society for Research in Child Development
Society of Professors of Child and Adolescent Psychiatry
The Carter Center
Therapeutic Communities of America
Trust for America’s Health
United Neighborhood Centers of America
U.S. Psychiatric Rehabilitation Association (USPRA)
Zero to Three