

Child and Adolescent Mental and Behavioral Health Principles

While important, initial steps have been taken to address the youth mental health crisis in the U.S., the mental health of our nation's youth continues to deteriorate. The Child and Adolescent Mental Health Coalition (CAMH) looks forward to partnering with policymakers in the 118th Congress to address the following priority areas:

Prevention, Early Identification, and Early Intervention

- Almost three-quarters of lifelong mental illness cases begin by age 24.
- Congress should ensure new and existing federal investments in mental health are tailored to include prevention and early intervention services.

School-Based Mental Health

- School-based mental health services help ensure children receive screenings and care.
- Congress should increase resources and financing mechanisms available to schools for mental health services.

Integration of Mental and Behavioral Health into Pediatric Primary Care

- Primary care is where most families access care and where identification, initial assessment, and care of mental health conditions in children often occur.
- Congress should support models of co-location or integration of mental health providers in all pediatric primary care settings.

Child and Adolescent Mental and Behavioral Health Workforce

- There is a dire shortage of practitioners specializing in mental and behavioral health to care for infants, children, adolescents, and young adults.
- A nationwide cross-sector strategy to expand the supply, diversity, and distribution of the behavioral health workforce, along with appropriate payment for pediatric mental health services, must be developed and implemented.

Insurance Coverage and Payment

- Even when covered by Medicaid, CHIP, or private insurance, children's access to timely, quality mental health care is often limited by high costs.

- Barriers to care like carve-outs, same day billing restrictions, inadequate payment rates for mental and behavioral health services, and lack of payment for emerging conditions that do not yet have a diagnosis should be addressed.

Mental Health Parity

- There is a persistent need to improve oversight and compliance with the requirements of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act (MHPAEA).
- Congress should expand MHPAEA to children in Medicaid fee-for-service arrangements and ensure meaningful compliance and enforcement.

Telehealth

- Telehealth utilization has surged in the past few years, offering an efficient way to support youth in rural, underserved, and low-income communities who continue to face the most barriers to care.
- Congress should ensure that telehealth continues to be a part of a comprehensive set of care options available to children with mental and behavioral health needs.

Infants, Children, and Adolescents in Crisis

- Providers are witnessing an alarming number of children and adolescents in behavioral health crisis, with emergency departments seeing increases in suicidal ideation and self-harm.
- Congress should designate funding specifically intended to target youth crisis care needs, including consistent and sufficient funding for 988 and to support access to step-down programs.

Justice-Involved Youth

- The prevalence of mental health disorders among justice-involved youth ranges from 50%-75%.
- Congress should invest in incarceration diversion programs, including specialized mental health and substance use programs.