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Alabama Public Radio airs series on mental health in schools

Mental Health in Schools: A Hidden Crisis Affecting Millions of Students

Part One in an NPR Ed series on mental health in schools.

Aug. 31, 2016

You might call it a silent epidemic.

Up to one in five kids living in the U.S. shows signs or symptoms of a mental health disorder in a given year.

So in a school classroom of 25 students, five of them may be struggling with the same issues many adults deal with: depression, anxiety, substance abuse.

And yet most children – nearly 80 percent – who need mental health services won't get them.

Whether treated or not, the children do go to school. And the problems they face can tie into major problems found in schools: chronic absence, low achievement, disruptive behavior and dropping out.

Experts say schools could play a role in identifying students with problems and helping them succeed. Yet it's a role many schools are not prepared for.

Educators face the simple fact that, often because of a lack of resources, there just aren't enough people to tackle the job. And the ones who are working on it are often drowning in huge caseloads. Kids in need can fall through the cracks.

[Listen to the broadcast or read the transcript here.](#)



A 911 call for mental health reform

[al.com](#)

The fog of madness creeps in on little cat feet. But unlike the fog in Carl Sandburg's poem it does not move on. The mist leaves behind silent slayers – depression that has no floor or mania that has no ceiling. Delusions can quietly take over every thought.

One in five Americans suffer from mental illness, according to the National Alliance on Mental Illness. That's more than 40 million people. An estimated 17 million children have some form of mental health problems, as do 1 in 5 college students and 1 in 5 veterans who served in Iraq and Afghanistan.

Alabama is not alone in trying to deal with the problem of how to treat them. The issue, long a taboo subject, is gaining attention in the state and in the nation. *Al.com* launched a multi-part series and this week Democratic presidential nominee Hillary Clinton announced a multi-stage plan for action.

Clinton has long tried to include mental conditions on an equal insurance footing with physical illness. And the federal government has taken many steps in that direction. But there remains a gap between

continued on page 3

WHAT'S UP AROUND THE STATE...

Birmingham



BIRMINGHAM PSYCHIATRIC SOCIETY



For More information about the Birmingham Psychiatric Society, contact BPS President Paul O'Leary,

MD, at dr.paul@me.com.

Central Alabama

For More information about the Central Alabama Society, contact Linda Teel at (334) 288-9009 ext. 207 or linda.teel@mpa1040.com.



Mobile



For more information about the Mobile Bay Psychiatric Society, contact James Hart, DO, at

jimfb@icloud.com.

Tuscaloosa


If you live in the Tuscaloosa area and would like to get connected with your fellow colleagues, check out the Tuscaloosa



Chapter of APPA. Contact Thaddeus Ulzen, MD, at tulzen@cchs.ua.edu for more information. 

Alabama Medicaid budget gets much needed funding

On Sept. 7, the Alabama Legislature passed the "BP Oil Bill" ending the special session and allocating \$190 million over the next two years to the Alabama Medicaid Agency. The \$85 million allocation will, by and large, fill this coming year's budget shortfall, and \$105 million will go toward Medicaid's Fiscal Year 2018 (October 1, 2017 - September 30, 2018) budget.

The legislature's ultimate decision was to use the state's share of the settlement over the 2010 Gulf oil spill to pay debts, free money for Medicaid and provide funding for road projects in Mobile and Baldwin counties, which bore the brunt of the disaster. 

Most states report Medicaid covers children's key mental health services but gaps remain

Columbia University's Mailman School of Public Health

August 31, 2016 – A national study by researchers at the National Center for Children in Poverty (NCCP), Columbia University Mailman School of Public Health shows an uneven picture of states' use of Medicaid to help families with young children gain access to mental health services.

A large number – as many as 46 states – use Medicaid to cover several important mental health services for low-income young children, including screening for social-emotional problems and mental health treatment in home, community and pediatric settings. But other key services were covered by far fewer states.

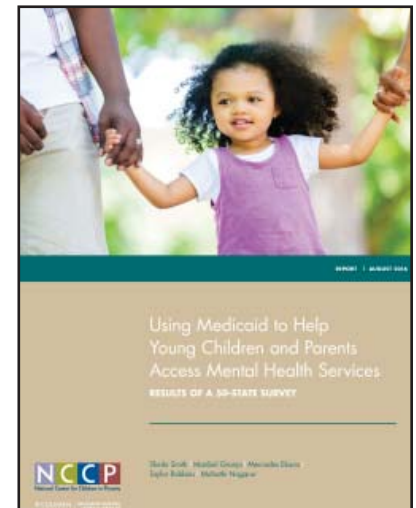
Read the study: [*Using Medicaid to Help Young Children and Parents Access Mental Health Services*](#).

Only 12 states provide Medicaid coverage for parenting programs that address young children's mental health needs, while nine states pay for maternal depression screening under the child's Medicaid during a well-child visit.

"States paying for maternal depression screening under the child's Medicaid are wisely investing in children's healthy development by helping their mothers obtain screening and referrals for depression," said Sheila Smith, PhD, NCCP's Early Childhood Director and lead author. "Young children's behavioral health and development greatly depend on their mother's mental health, and early support for children's behavioral health is critical to later school success."

The researchers conducted telephone interviews with an administrator identified through contacts with each state's Medicaid Director's office. In total, 49 states and the District of Columbia participated in the survey which asked about coverage of key Medicaid services for young children (age 0-6) and maternal depression screening as well as policies related to eligibility and quality.

The survey also found that the majority of states placed few restrictions on the delivery of mental health services to young children. Most states do not limit the number of treatment visits or the type of treatment models that are used. Smith noted that a lack of restrictions on the number of treatment visits can help children obtain needed amounts of treatment. But the restrictions imposed by the few states that require providers to use



Decisions involving mentally ill handled case-by-case by north Alabama police

DecaturDaily.com

The following is an excerpt from a Sept. 6 Decatur Daily article.

[Read the full article here.](#)

Hardly a day goes by that local law enforcement officers aren't faced with decisions about how they will respond to a situation involving a person who is mentally ill.

"Law enforcement by its very nature is reactive," Morgan County Sheriff Ana Franklin said. "We, for the most part, respond to calls and make arrests after crimes are committed.

"But it shouldn't be that way with the mental health system," she continued. "Treatment should be proactive."

The reality, however, is north Alabama

police officers and sheriff's deputies more and more often are reacting to crimes involving the mentally ill, who often can't find or get access to such help.

In Athens recently, officers chose not to charge but instead assist a man who initiated a bank robbery in hopes of getting help with his mental illness.

"It's hard to arrest a guy who's on a walker robbing a bank and saying, 'I need help,'" Chief Floyd Johnson said, "especially when he even tells her to keep the money and call the police."

The elderly man on Aug. 26 went to Regions Bank on U.S. 72 and told the teller "this is a hold-up," but said to police when they arrived that he didn't know how else to get psychiatric help, according to police reports.

"If the guy had a gun, took the money and left the bank being a threat, we would've looked at that quite a bit differently," the chief said.

A day earlier, a psychiatric patient who drove off in an ambulance parked outside Decatur Morgan Hospital after refusing treatment was arrested and charged with a felony.

"You have to look at things on a case-by-case basis, and you have to consider the safety of the public," Decatur Police Department Lt. Proncey Robertson said. "When you have the hospital saying somebody is mentally ill but a victim saying they want the person prosecuted, you have to make a decision.

In law enforcement, we have to be a representative for the victims."

The woman, Bobby Garrison, on Friday remained in Morgan County Jail on a first-degree theft charge with bail set at \$2,500.

People who get treatment often aren't being cared for long enough by the Alabama Department of Mental Health to recover, the sheriff said.

"The average stay on an involuntary psych commitment is 10 days," she said. "That's not truly long enough to get people ready to be in society again; it's only enough that they can make it for a little while. But, for every person who's getting treatment, there is another or two or more who are waiting for that bed."

That, Franklin said, is why more proactive and long-term treatment is needed to keep mentally ill people out of county jails and away from confrontations with local police.

The increase in law enforcement interaction with mentally ill inmates is in part a result of the closing of mental health treatment facilities across the state and locally, including most recently the shuttering of North Alabama Regional Hospital. Local and state funding for such facilities has been cut or eliminated, in part to save on expenses. Access to counseling and other preventive treatment also is declining.

[Read the full article here.](#) 


Mental health reform continued

treating the mind and other organs, such as the heart, though both require much care.

Included in Clinton's proposal are many issues facing Alabama, such as:

- Early diagnosis and intervention.
- Enforcement of parity laws that put mental health on an equal footing with physical health.
- Training for law enforcement officers who face confrontations with the mentally ill.
- Making treatment a priority over jail by utilizing Medicare and Medicaid to provide a team of a primary doctor, care manager and mental health specialist.
- More funding for community health centers.
- Invest in brain and behavioral research and develop safe and effective treatments.


Clinton did not say how the plan would be funded. But even so, she said that in her first year in office she would convene a White House conference on mental illness.

Making the issue a national priority would be a giant step, no matter what your politics may be. 

Children's mental health continued

treatments found to be effective in research may benefit children by promoting high quality practices.

More in-depth discussions with administrators in selected states identified several promising policies and initiatives. These include a new "at-risk" code in Oregon that allows young children to receive Medicaid-covered mental health services before they have a full-blown mental health disorder; Medicaid coverage in Oregon and Michigan for evidence-based parenting programs that can help parents learn parenting practices that promote a positive parent-child relationship and address challenging child behavior; and extensive training and support for pediatricians in Minnesota who want to conduct maternal depression screening during well-child visits and respond appropriately when the screen indicates that the mother needs further evaluation and support.

"Policymakers and advocates can use the findings to examine actual services in their states and explore options for improving access and effectiveness through their Medicaid programs" observed Smith. 

SAVE *the* DATE

Coming Attractions

2016 APPA Fall Conference

October 8 | Embassy Suites Hotel | Tuscaloosa
Reserve your room by calling (800) 362-2779

2017 APPA Spring Conference

April 21-22 | Montgomery Renaissance Hotel and Spa

2017 APPA Fall Conference (Tentative)

October 14 | Ross Bridge Resort, Birmingham

2018 APPA Spring Conference

April 20-21 | Embassy Suites, Montgomery

News Briefs

Research examines difficulty of finding psychiatrists in the US

The *Washington Post* “Wonkblog” reported that despite efforts to make healthcare more accessible to Americans over the last decade, research indicates even those with healthcare coverage have trouble finding psychiatrists. A study led found that from 2003 to 2013, “adult primary-care physicians increased by 9.5 percent and the number of neurologists increased by 35.7 percent,” but the number of psychiatrists fell by 0.2 percent. Another study conducted by the same researchers revealed that most physicians accept private and public insurance, but just 50 percent of psychiatrists do so. The article said this is due to the fact that psychiatrists “are much in demand and can therefore often keep their practices full on a cash-only basis.”


The APA has a tool to help patients find and connect with psychiatrists – the “Find a Psychiatrist” database is considered a benefit to both members and individuals seeking mental health services. The searchable database allows individuals seeking psychiatric care to locate psychiatrists practicing in their area.

Psychiatrists must opt-in before they are included in the database. Join the database by visiting <http://apps.psychiatry.org/optinfap/Login.aspx>.

Brush up on primary care skills through new APA course

Part on-demand, part live virtual engagement, the APA Learning Center’s new intensive course format debuts this month with “Primary Care Skills for Psychiatrists.” The six-week, highly interactive course covers an in-depth overview of common primary care issues seen in patients with mental illness, such as diabetes and hypertension. [Register today](#) and join your peers in live discussion boards, virtual office hours with course faculty, pre-recorded seminars, and much more.

Residents and Fellows: New courses added to SET for Success

The *Supplemental Education and Training (SET) Program* helps residents and fellows build knowledge around the six ACGME core competencies and Psychiatry Milestones and learn about the business of medicine. Check out 60+ courses, FREE to residents and fellows! 

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Comments and letters to the
editor are welcome.

Tides of Change in Mental Health Care

October 8 • Tuscaloosa Embassy Suites

APPA 2016 Fall Conference Agenda – Saturday, Oct. 8

7:00 a.m. – 7:50 a.m.

Registration and Breakfast with Exhibitors

7:50 a.m. – 8:00 a.m.

Welcome

8:00 a.m. – 12:30 p.m.

Practice Managers Mini-Conference

Location: Psychiatry South, Tuscaloosa

8:00 a.m. – 9:30 a.m.

Changing the Culture in Public Schools

Edgar W. Finn, MD, Assistant Professor of Psychiatry; Program Director, Child and Adolescent Psychiatry Fellowship, University of South Alabama College of Medicine

Sandra Parker, MD, Associate Professor of Psychiatry; Vice Chair, Department of Psychiatry, University of South Alabama College of Medicine

9:30 a.m. – 9:50 a.m.

Morning Break with exhibitors

9:50 a.m. – 11:05 a.m.

From Monotherapy to Polypharmacy: An Update

Godehard Oepen, MD, PhD, DFAPA, Grayson & Associates

11:05 a.m. – 12:05 p.m.

Catching Chameleons: Diagnosing and Managing Mood Disorders During and After Pregnancy

Christina Talerico, MD, Child and Adolescent Psychiatry Fellow, University of South Alabama College of Medicine

12:05 a.m. – 12:25 p.m.

Lunch with exhibitors, Poster Awards and Presentations

12:25 p.m. – 1:40 p.m.

Adverse Childhood Events: Who Pays for It?

Tarak Vasavada, MD, Professor of Psychiatry, University of Alabama at Birmingham

1:40 p.m. – 2:40 p.m.

Agitation in the Patient with Dementia

W. Bogan Brooks III, MD, Assistant Professor of Psychiatry;

Director, Medical Student Psychiatry Clerkship, University of South Alabama College of Medicine

2:40 p.m. – 3:00 p.m.

Afternoon Break with exhibitors

3:00 p.m. – 5:00 p.m.

Risk Management when Prescribing Controlled Substances

Charles D. Cash, JD, LLM, Assistant Vice President, Professional Risk Management Services

5:00 p.m.

Evaluation/Adjourn

Objectives

- Acquire the knowledge and skills to implement principles of rational polypharmacy.
- Recognize how adverse events in childhood can affect adult patients and their risk for psychopathology.
- Summarize federal and state laws regarding controlled substances, societal pressures, and the changing practice of medicine in order to reduce potential liability.
- Compare various treatment options for patients with mood disorders during pregnancy and the post-partum period.
- Review effective treatment options for patients with agitation in the context of dementia.
- Develop effective models for integrated mental healthcare settings, utilizing the specific example of school-based mental health assessment and treatment.

Accreditation Statement

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Medical Association of the State of Alabama through the joint providership of the Medical Foundation of Alabama and the Alabama Psychiatric Physicians Association. The Medical Foundation of Alabama is accredited by the Medical Association of the State of Alabama to provide continuing medical education for physicians.

Designation Statement

The Medical Foundation of Alabama designates this live activity for a maximum of 8 *AMA PRA Category 1 Credits*[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

REGISTRATION

Register online at www.tinyurl.com/APPA2016FallConference or print a registration form at www.alabamapsych.org/physicians and mail to APPA Fall Conference, Attn. Jennifer Hayes, PO Box 1900, Montgomery, AL 36102-1900.

ACCOMMODATIONS

The room rate at the Embassy Suites Tuscaloosa for Friday, Oct. 7, is \$159. Call (800) 362-2779 with room code ALP or use the link from the APPA website: www.alabamapsych.org/physicians. Note: The APPA Room block closes Sept. 9. We urge you to book your room early.

