

Iowa Federation of Families for Children's Mental Health

Children's Mental Health News April 5, 2006

Iowa Federation of Families for Children's Mental Health is the statewide family advocacy organization that assists families who have children and youth with mental health issues. Our mission is to ensure all these children and families receive coordinated, individualized, strength-based care and supports. We provide families across the state of Iowa with written informational materials, Information and Referral services, many different types of trainings, and legislative advocacy. Most of all, we offer families a non-judgmental support system. Families, professionals and others may access our services by calling our toll-free number (888) 400-6302, or visiting our website at www.iffcmh.org.

Children's Mental Health Week

May 7-13,2006

Check out the Children's Mental Health Week poster at www.iffcmh.org it is on the home page

Help Iowa Federation of Families increase awareness on children's mental health

For more information and materials related to Iowa's Children's Mental Health Week go to www.iffcmh.org children's mental health week information is on the home page.

Iowa Federation of Families can assist communities with idea's and suggestions for simple local activities regarding Children's Mental Health Week.

If you want to do something in your local Iowa community and partner with Iowa Federation of Families for Children's Mental Health please call Lori at 319-462-2187 or 1-888-400-6302.

Save this Date: June 12, 2006

Dr. Ross Greene:

The Explosive Child Conference

Brochure and registration form are now available at www.iffcmh.org then go to calendar of events.

Conference Registration Fee's

Early Bird Special Single \$55 Team of 3 \$45 per Person

After March 15th Single \$65 Team of 3 \$55 per Person

CEU's Available for \$10.00

Participants attending the conference will be granted 0.6 CEUs or 6 contact hours as provided by the Des Moines Area Community College for the following:

Iowa Board Of Nursing Provider Number 22

Iowa Board of Social Work Provider #0095

Iowa Board of Behavioral Science (includes psychologists) Provider AS97-17

Also available for Foster and Adoptive Parents:

The Department of Human Services has approved this training for 6 credit hours of training **Certificates will be given at the conference.**

Dear Tom Cruise: Meet my daughter

This article was previously published in the February, 2006 issue of The School Administrator. It has been reproduced here with permission of the author and publisher. Iowa Federation got permission as follows to include this article in our newsletter It would be my pleasure to give you permission to use the article in your newsletter.

Thank you for the work you do.

Mort Sherman

Dear Tom Cruise:

I want you to meet my daughter. Rachel is a beautiful 22-year-old who has struggled for years with depression.

Yes, Mr. Cruise, she exercised. She took her vitamins. She did her homework. She had lots of friends. We talked to her and knew what was going on in her life. Yet, when she was 15 years old, Rachel tried to commit suicide.

A Shocking Discovery

Now why in the world would I address this letter to Tom Cruise and share this personal information with a national audience of educators? Because, as with my colleagues, I care about the health and welfare of the children of this country, because suicide is the third leading cause of death among the adolescents we serve and because I am tired of folks ignoring the reality of mental health issues.

When Rachel was first diagnosed with depression, we tried to do all the right things. She went to therapy and took her meds, and we worked hard to keep her life together. She was on her high school's basketball team and the softball team and sang in the school's leading choruses. Yet by January of her sophomore year, she was diagnosed as having an eating disorder, being clinically depressed and being suicidal.

Hearing these diagnoses was shocking to our family. I am a school district superintendent, my wife is a remarkable special education teacher, and we thought that all of our daughters were happy, engaged and active children. We certainly wondered what we had done wrong. We were convinced that all of this would pass quickly and we would get back our All-American daughter in just a few weeks.

Such was not the case. By the end of May, Rachel was on a 24-hour suicide watch. In June, she tried to take her life.

Yes, Mr. Cruise, she had taken her vitamins and did her exercise.

We almost lost a child.

A Dangerous Stigma

In the months and weeks that followed, we learned that we were not alone. Other families struggled with depressed children. Other families lost their children to suicide. We began to speak honestly and openly about our experience and about what we knew. We worked hard as a family to deal with these issues, and Rachel began to speak publicly about what she had gone through and what she was still dealing with every day of her life. Rachel continued her medications, went to regular sessions with her doctors and put into practice what she was learning through cognitive therapy.

We found out that mental health issues have a stigma about them that keeps families from getting help for their children. We learned that most school professionals are not well informed or trained well enough to know what to do for depressed children and their families. We have learned that schools have little in the way of curriculum, policy or practice to deal with mental health issues.

One of the most startling facts that we learned is that most children who are depressed do not get the help they need. At first we thought this might be a result of a shortage of mental health professionals or because there are financial obstacles to obtaining appropriate care.

What we have learned is that many families and schools follow the "Suck it up" mentality that we hear on late night talk shows or they follow narrow, uninformed and dangerous conventional wisdom.

During last spring's congressional hearings in Washington, D.C., in support of the

Presidential Commission's Report on Mental Health, we heard stories from other families across America. The tales were similar in so many ways. Families had to overcome stigma from their friends and even their relatives. Few supports in the community were available. Ken Duckworth, medical director for the National Alliance on Mental Illness, spoke about the amazing finding that some are experiencing: The head is not separate from the body.

When a child breaks a leg, we put a cast on it. When we have a headache, we take aspirin. When the flu season starts to break out, we all run for shots. So must it be for the mental health of our children.

Moving Ahead

The lessons we learn from Rachel are profound. She has taught us about strength, about what is important in life and about getting help and moving ahead. A little over a year ago, she was diagnosed as having an angiosarcoma in her left breast. Surgery and reconstruction have put her back on the road to physical health. We are convinced the cognitive skills she learned have helped her through this most recent challenge.

As educational leaders, we have the opportunity and the responsibility to lead the conversation forward in our schools and communities. I ask you to join our family in letting our children hear our daughter Rachel's message that they are not alone and that there is help.

Morton Sherman is superintendent of the Tenafly Public Schools, 500 Tenafly Road, Tenafly, NJ 07670. E-mail: msherman@tenafly.k12.nj.us

Protest against Scientology and Tom Cruise Run Newspapers

Ad space has been bought to protest the "advice on mental health" doled out by Tom Cruise and Scientology (see the ad copy here). This seems timely given Scientology's nationwide battle against the mental-health industry. To read the full article click on the link below if that does not work copy and paste the link into your internet browser.

<http://www.cultnews.com/index.php/2006/03/20/protest-against-scientology-and-tom-cruise-run-in-local-newspapers/>

Treating Moms Can Help Prevent Kids Depression

THE ASSOCIATED PRESS
March 26, 2006

CHICAGO - Treating a mother's depression can help prevent it and other disorders in her child, say researchers in a provocative study that may influence family health care.

It's the first time doctors have documented what might seem like common sense, but the results have potentially big public health implications, the study authors and other experts say.

"It's a very dramatic and important finding," said co-author Dr. A. John Rush, a psychiatry professor at the University of Texas Southwestern Medical Center.

Depression runs in families and has a strong genetic component, but environmental factors can trigger it. The study results indicate that for children of depressed mothers, that trigger

is sometimes their mothers' illness acting up, said lead author Myrna Weissman, a researcher at Columbia University and New York Psychiatric Institute.

Effective treatment for mothers could mean their children might avoid the need for prescription antidepressants, the researchers said.

"Depressed parents should be treated vigorously. It's a two-fer - the impact is not only on them but it's also on their children," Weissman said.

In the study, those children whose mothers' depression disappeared during three months of treatment were much less likely to be diagnosed with depression, anxiety or behavior problems than those whose mothers did not improve.

The results are "very plausible and very convincing and very useful," said Dr. Nada Stotland, vice president of the American Psychiatric Association and a psychiatry professor at Rush Medical College in Chicago.

"Our society gives a lot of lip service to how important mothers are but in fact we don't always appreciate just how profound their effects on their children are," said Stotland, who was not involved in the study.

While mothers often tend to put their own needs last, this research "is a good argument for them to take care of themselves first," she said. "It's a little like putting your own oxygen mask on first on the airplane. If you can't breathe, you can't help anybody."

The study appears in Wednesday's Journal of the American Medical Association and involved 114 depressed women assessed after three months of treatment. Of the 114 children participants, aged 11 to 12 on average, 68 had no psychiatric disorder when their mothers began treatment.

Thirty-eight women went into complete remission from depression during treatment, which for most was Forest Laboratories' antidepressant Celexa.

Forest supplied the drug and several study authors have financial ties to other antidepressant makers, but the study was funded by grants from the National Institute of Mental Health.

Among children with psychiatric problems, the remission rate was 33 percent after three months for those whose mothers recovered versus 12 percent among those whose mothers did not.

Among children without psychiatric problems at the outset, all whose mothers recovered also remained healthy, whereas 17 percent of those whose mothers remained depressed were diagnosed with psychiatric problems by the study's end.

Weissman said similar results likely would occur with different drugs and/or psychotherapy. She also believes findings would be similar with depressed fathers, although none were studied.

Dr. Peter Robbins, a Fairfax, Va., psychiatrist, said he's seen similar results in his pediatric practice, and not just with depression.

For example, children with attention deficit/hyperactivity disorder often have similarly afflicted parents. Getting treatment for the parents yields improvement in the children's symptoms, he said.

The study underscores "that taking care of the kid means taking care of the whole family," Robbins said.

Youth Inhalant Abuse Continues to Rise **Huffers Are Mostly White, Middle-Class**

An estimated 1.8 million children started using inhalants -- mostly everyday household products -- in the past three years and 30 percent of them were only 12 or 13 years old, according a report released during National Inhalants and Poisons Awareness Week.

According to a report from the Substance Abuse and Mental Health Services Administration, an average of 598,000 youth from age 12 to 17 initiated inhalant use in the past 12 months, using data from the National Survey on Drug Use and Health.

Of those who began to use inhalants, 30 percent were 12-13 years old, 39.2 percent were 14-15 years old and 30.8 percent were 16-17. SAMSHA's report said the majority of them were white from homes with incomes will above the poverty line.

"There is no bigger challenge today than being a parent. Children explore their world in ways we cannot begin to imagine," SAMHSA Administrator Charles Curie said. "These new data show that too many pre-teens and young teens are sniffing or inhaling common everyday household products with potentially disastrous even deadly results. We hope to use this opportunity to help raise awareness among parents about the potential for danger in their own homes."

"The intentional misuse of common, everyday household products continues to rise for our youngest children. The unintended consequences of these choices can plague a child for years and, in some instances, be fatal, even at first time experimentation. Now is the time to marshal our collective efforts to reduce and prevent inhalant experimentation and abuse -- our children's future may depend on it," said Harvey Weiss, National Inhalant Prevention Coalition executive director.

Dangerous and Deadly

"While overall drug use among young people has declined substantially over the past four years, we must not lose our focus. Inhalant abuse remains a dangerous and potentially deadly behavior that parents need to be aware of," said John Walters, Director of the White House Office of National Drug Control Policy, "Too many parents are not aware that inhalants are as popular among middle school students as marijuana. We encourage all parents to learn the signs of inhalant abuse and to monitor their teens."

"The problem of inhalant abuse remains particularly serious among 8th-graders, who may be unaware of the damage inhalants can cause," said Nora D. Volkow, M.D., Director of the National Institute on Drug Abuse. "Inhalants can harm the brain, liver, heart, kidneys, and lungs, and abuse of any drug during adolescence may interfere with brain development and increase the risk of addiction."

Categories of Inhalants

The report, Characteristics of Recent Adolescent Inhalant Initiates, indicates the most popular categories of inhalants as:

- Glue, shoe polish or toluene (30.3 percent)

- Gasoline or lighter fluid (24.9 percent)
- Nitrous oxide or "Whippets" (24.9 percent)
- Spray paints (23.4 percent)
- Correction fluid, degreaser or cleaning fluid (18.4 percent)
- Other aerosol sprays (18 percent)
- Amyl nitrite, "poppers", locker room deodorizers or "rush" (14.7 percent)
- Lacquer thinner or other paint solvents (11.7 percent).

The 14th annual National Inhalants and Poisons Awareness Week is March 19 through 25, 2005. National Inhalants Prevention Coalition information is [available on the web](#).

Source: [SAMSHA News Release](#).

New website for parents

A new website promoting Early Childhood resources to parents, families and caregivers. www.parents.earlychildhoodiowa.org. We hope this website will serve as a hub for the many online resources available to parents with young children.

This website provides information in the following categories: parenting, health and safety, child development, child care, preschool, healthy teeth, healthy eating and physical activity, community resources, 211 information and referral, learning to read and write, pregnancy, financial help and help me now.

In addition to clicking on the categories, an A-Z search is also available. You simply click on the letter of the alphabet and look for the word you want to know more about. The database will search for resources that include that in their information. www.parents.earlychildhoodiowa.org

Parity in mental health coverage poses little extra cost, study finds Limits set in federal law drive recurring debate

BY M. WILLIAM SALGANIK
MARCH 30, 2006

For years, mental health professionals and support groups have pushed insurers to provide the same benefit dollars, access to doctors and hospitalization coverage for mental health as they do for physical illness. And for years, opponents of behavioral-health parity have argued that loosening the often-stricter limits on mental health coverage would be too costly.

A study published today in the New England Journal of Medicine attempts to measure what that added cost would be - and estimates it at close to zero.

"The bottom line is that we found it was possible to achieve parity without any adverse impacts on cost and quality," said the study's lead author, Dr. Howard H. Goldman, a professor of psychiatry and director of mental health policy studies at the University of Maryland School of Medicine.

There were, however, two important qualifications to the no-cost conclusion. One is that HMO-like care management, added at the same time as parity, appeared to be an important element in controlling spending. The other is that while overall costs were steady, a reduction in co-payments and other out-of-pocket charges to patients means that insurance premiums might increase slightly.

The results add more fuel to a long-running debate in Congress and in state legislatures about how much mental health coverage should be required.

The national Mental Health Parity Act, passed in 1996, was set to expire in 2001 but has received four extensions, the most recent taking it through the end of this year. The law has substantial limitations, touching off debate each year, said Mila Kofman, who helped administer it as a Department of Labor official and now is a health policy researcher at Georgetown University.

For example, she said, it exempts small employers, allows employers to opt out if mental health coverage would increase costs by more than 1 percent and allows insurers to limit the number of visits to a therapist as long as there isn't a dollar value attached.

The study published today tracked health plans in the federal employee benefit program, which imposed parity rules in 2001.

Costs and use of mental health care went up in the plans after parity was imposed, but no more than in a group of commercial plans that continued to operate without parity rules. By comparing not just before-and-after costs, but looking at a matched set of plans that didn't require parity, the study was designed to control for changes over time that aren't related to parity, such as the surge in mental health service usage that occurred after the Sept. 11, 2001, terrorist attacks.

'Compelling evidence'

"The compelling evidence presented suggests that in today's environment, parity in health insurance coverage is both economically feasible and socially desirable," says an accompanying editorial in the New England Journal of Medicine written by Sherry Glied and Alison Cuellar, health policy professors at Columbia University.

Most of the health plans studied switched mental-health benefits management to a form of health maintenance organization, called behavioral health care managers, when they began requiring parity. These managers seek to control costs by negotiating discounted rates with a network of therapists and hospitals, by reviewing treatment plans for medical necessity and efficiency and sometimes by steering patients from higher-cost to lower-cost therapies.

Of the seven plans studied, only one didn't contract with a mental health benefits manager - and that was the only one where use of services went up significantly more than the matched commercial plan.

While overall costs went up somewhat, out-of-pocket costs to patients dropped. That's because parity rules forced the insurers to reduce the costs they had imposed on mental health clients. For instance, before parity began, the seven insurers required patients to shoulder a 30 percent or 40 percent share of the costs for mental health hospitalizations, far more than the out-of-pocket costs charged for hospital stays for a matter of physical health, such as heart surgery.

Co-payments cut

Also, before parity, the plans limited the number of outpatient visits, generally to 25 a year, and asked patients for co-payments, typically \$25, for visits to therapists.

Under parity, the insurers cut co-payments to \$15 for outpatient visits, and dropped the hefty out-of-pocket charges for hospitalizations, limits on the number of therapist visits and caps on the number of days of hospitalization that were covered.

With insurers picking up more of the costs that patients had paid, premiums might increase a little,

but probably less than half of 1 percent, estimated Richard Frank, a health economist from Harvard who was a co-author of the study. That shift of cost represents "a good deal," he said, because it's better for everyone to pay a little than for a few people who get sick to have to pay thousands of dollars each. Under parity, Frank said, "The big winners are those who are hospitalized." The authors said they had only limited ability to measure whether parity affected the quality of care.

However, they reported, a look at one measure - whether patients received appropriate follow-up care for depression - found significant improvement in three of the seven plans after parity was instituted. The authors said they didn't measure depression follow-up in the nonparity plans.

"If people are going to have good coverage for cancer or heart disease, they should have good coverage for serious mental illness," said Dr. Steven S. Sharfstein, president of the American Psychiatric Association and chief executive officer of Sheppard Pratt Health System, which operates a Towson hospital and outpatient centers. Sharfstein participated in the design phase of the study, although he was not an author of the final report.

Those who oppose parity laws, however, remained unconvinced.

"The concern is more than just a cost issue," said Paul Dennett, vice president for health policy at American Benefits Council, a group that represents large employers and opposes parity. "It's much more driven by a concern that the federal government will begin to micromanage plan design."

Study 'very short'

Freedom to tailor benefits - for example, with varied co-payment levels on prescriptions or limits on the number of physical therapy sessions - is the best way to encourage employers to offer "the most affordable and comprehensive coverage they can," Dennett said.

Another critic of parity rules said the study tracked too short a period - two years before parity and two years after - to provide a definitive answer.

"It's a very, very short snapshot of a major policy change," said Robert E. Moffit, director of health policy at the Heritage Foundation, a conservative Washington think tank. When benefits are improved, he said, "usually, you don't get a change in utilization for a few years."

Frank said a two-year period was long enough to measure impact, and that this was confirmed in other studies, such as smaller-scale research on the imposition of parity for state workers in Massachusetts and Ohio.

Goldman said tighter limits on mental health benefits may have been "rational" when mental health therapies tended to be long and expensive, but are no longer justified as treatments have become more efficient. When he came to Sheppard Pratt 20 years ago, Sharfstein said, the average inpatient stay was 80 days; now it is less than 10.

About two-thirds of states have some kind of mental health coverage requirements, but these vary considerably in terms of what conditions are covered and which employers are exempted.

In Maryland

Maryland has "good parity legislation," Sharfstein said, but most large employers are exempt under state law.

A study for the Maryland Health Care Commission estimated that the mental health mandate costs, on average, \$34 a year for each family covered, or six-tenths of 1 percent of premiums, above the costs of benefits insurers would provide without the parity rules.

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106 South Booth

Anamosa, Iowa 52205

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