



**Mental Health Treatment** is one of twenty Maternal and Child Health (MCH) **National Performance Measures (NPMs)** for the Title V MCH Services Block Grant Program. This NPM is focused on increasing the percent of adolescents, ages 12 through 17, who receive needed mental health treatment or counseling.

The [What Works Evidence Accelerators](#) provide background information and a summary of effective strategies to advance each of the NPM topic areas. The strategies aim to increase access to and engagement with mental health services for adolescents through interventions in healthcare, school, community, and digital settings. They also promote awareness, early identification, integration of services, and coordination between key partners to ensure adolescents' mental health needs are addressed.

**Overview.** Mental health conditions in children and adolescents are characterized by symptoms including having difficulty thinking clearly, managing feelings, and controlling behaviors. These symptoms often lead to distress and trouble with daily activities such as learning, socializing, and maintaining self-care.<sup>1</sup> Some common mental health concerns among adolescents include behavior disorders, anxiety, depression, and attention-deficit/hyperactivity disorder (ADHD).<sup>2, 3</sup>

While up to 1 in 5 youth are affected by mental health disorders, it is estimated that only about half receive necessary treatment.<sup>4</sup> If a mental health condition remains untreated, it can negatively impact an adolescent's development, school performance, relationships, and long-term health outcomes.<sup>4</sup>

Despite the importance of mental health treatment, various barriers, including stigma, inadequate insurance coverage, insufficient services, and lack of awareness, continue to prevent children and adolescents from accessing appropriate care.<sup>4</sup> Furthermore, adolescents from racial and ethnic minority backgrounds and families with low income are less likely to receive treatment.<sup>4</sup>

In order to address these disparities, it is critical to focus on early identification of mental health conditions in adolescents, as well as providing timely, evidence-based treatment when needed.<sup>5</sup> Public health professionals, healthcare systems, schools, families, and communities all have important roles in promoting the mental well-being of adolescents through a comprehensive and coordinated approach.

**Data.** This NPM is measured through data collected from the [National Survey of Children's Health \(NSCH\)](#).

For [Mental Health Treatment](#), there are 17 evidence-based strategies from [MCHbest](#) and 5 field-based practices from [Innovation Hub](#) (see page 3)

[In 2022, 41.2% of adolescents](#), 12-17 years old, had a diagnosed mental/behavioral condition (depression, anxiety problems, or behavioral or conduct problems) and did not receive mental health treatment or counseling.<sup>6</sup> According to the 2022 [NSCH Indicator 4.4a](#), 30.8% of parents/caregivers reported it was "somewhat difficult" for their adolescent to get necessary mental health treatment or counseling, 17.7% reported it was "very difficult," and 4.9% reported that "it was not possible to obtain care."<sup>7</sup>

### Social Determinants of Health (SDOH).

Adolescents experience varying levels of accessibility to mental health services as a result of the social, economic, and environmental conditions in which they live. [SDOH](#) are linked to a lack of opportunity and resources to protect, improve, and maintain health.<sup>8,9</sup> For instance, despite the trend of more child psychiatrists over time, child psychiatrists were much less prevalent in low-income and less educated communities.<sup>10</sup> A multitude of factors such as access to health services, living conditions, residential segregation, family income, and social attitudes, contribute to inequities in access to mental healthcare, causing adolescents from marginalized backgrounds to be less likely to receive services compared to their more privileged peers.<sup>9</sup>

Strategies that address SDOH to promote equitable access to mental healthcare for adolescents include:

- Integrating mental health, trauma-informed care, and social-emotional learning in schools, child welfare, juvenile justice, and other systems.<sup>11</sup>
- Addressing gaps in insurance coverage and limiting out-of-pocket costs for low-income families to increase access to mental healthcare.<sup>12</sup>

- Offering new models of telepsychiatry to address adolescent mental health needs in mental healthcare “deserts” lacking providers.<sup>10, 13</sup>

**Health Equity.** There are significant gaps in mental health treatment access and outcomes among specific groups of adolescents. Marginalized youth, including those from racial and ethnic minority groups, immigrant populations, LGBTQIA+ communities, and low-income households, are less likely to receive needed mental health treatment.<sup>14</sup> Even when treated, youth from marginalized backgrounds often receive low quality care.<sup>15</sup> Inequities arise from barriers such as a lack of providers, long waiting lists, high costs, lack of insurance coverage, and challenges navigating complex systems of care.<sup>16</sup> It is critical to identify and address structural and systemic factors to promote health equity.<sup>3</sup>

Strategies to achieve accessible and high-quality mental health care for adolescents include:

- Investing in training and hiring mental health professionals from diverse backgrounds.<sup>11</sup>
- Tailoring outreach, mental health education, and treatment approaches to be culturally relevant and developmentally appropriate.<sup>11</sup>
- Reducing stigma through mental health education campaigns highlighting diverse youth stories.<sup>5</sup>

**Children and Youth with Special Health Care Needs (CYSHCN).** [CYSHCN](#) face unique barriers to accessing mental healthcare and are at higher risk for developing mental health problems compared to their peers.<sup>17</sup> Many adolescents with other types of developmental and learning disorders may also have emotional or behavioral concerns and need treatment.<sup>16</sup> Barriers can include difficulties communicating needs, sensory and cognitive issues, comorbid physical and developmental conditions, fragmented systems of care, and challenges transitioning to adult care.<sup>18</sup>

Promising strategies to improve mental healthcare for CYSHCN include early and continuous screening and the promotion of coordinated, comprehensive, and family-centered systems of mental health service.<sup>18</sup> Interdisciplinary teams can also focus on trauma-informed care and use parent and caregiver input to inform individualized treatment plans that are appropriate for each adolescent.<sup>19</sup>

**Key Resources.** Systematic reviews of school-based programs indicate that comprehensive mental health interventions with promotion, prevention, and treatment components are associated with better mental health outcomes among adolescents.<sup>20</sup> The literature also discusses the importance of integrating family members and youth with lived experiences into the design, implementation, and evaluation of mental health initiatives targeting adolescents.<sup>11</sup>

Access the [Established Evidence Database](#) for peer-reviewed research articles related to mental health treatment for adolescents.

Find [field-based resources](#) focused on addressing youth mental health treatment needs relevant to Title V programs in the [MCH Digital Library](#).

**Partnership and the Role of Title V.** Title V can enhance adolescent mental healthcare through:

**School-Based Services.** Title V agencies can support schools in expanding mental health services by:

- Providing training for teachers, counselors, and staff to recognize and respond to student mental health needs.<sup>5</sup>
- Sharing resources for evidence-based mental health promotion and prevention programs.<sup>21</sup>
- Assisting schools in establishing partnerships with community providers to increase counseling or therapy access.<sup>5</sup>

**Primary Care Integration.** Title V agencies can promote integration of mental health care into primary care settings by:

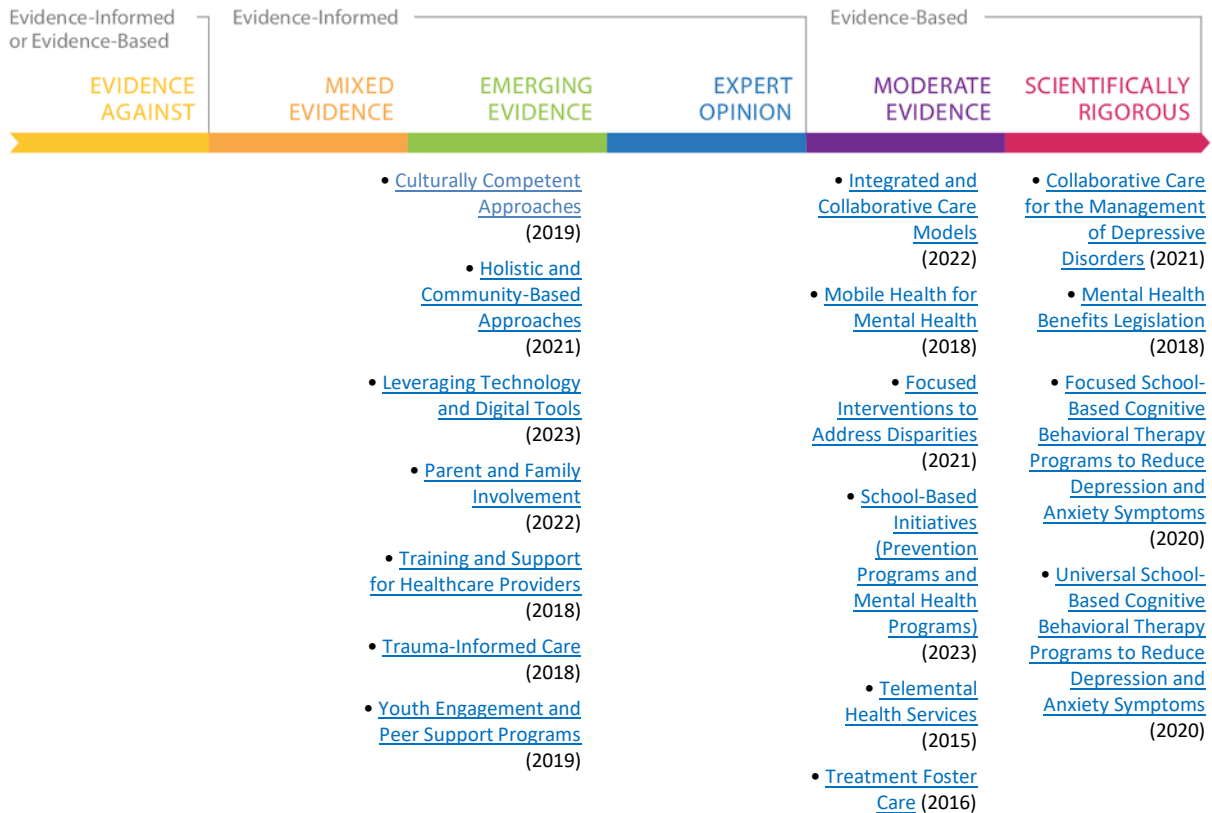
- Supporting practices to implement mental health screenings, care coordination, brief interventions, family-focused interventions, and referral networks.<sup>5, 11</sup>
- Building integrated teams with medical, mental health, educational, and social support for adolescents.<sup>11</sup>

**Awareness and De-stigmatization Initiatives.** Title V agencies can conduct mental health awareness and stigma reduction initiatives by:

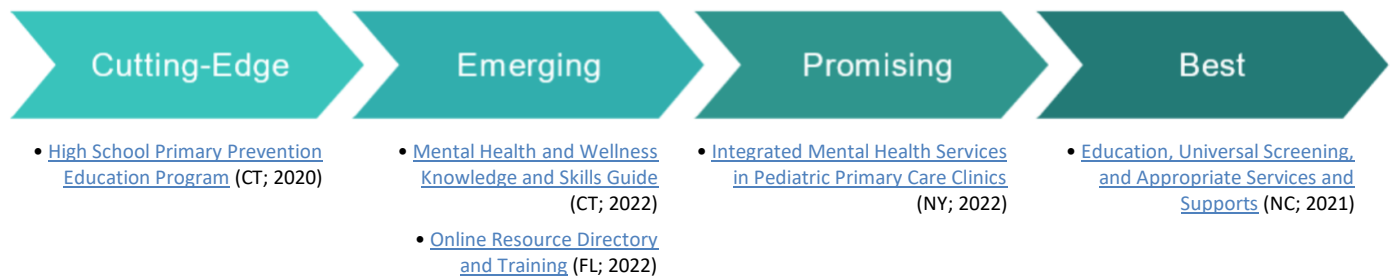
- Implementing youth-focused anti-stigma campaigns through social media.<sup>15</sup>
- Providing resources and education to help schools, communities, and families better understand, support, and respond to adolescent mental health.<sup>11</sup>

**Mental Health Treatment Strategies.** This page summarizes the latest strategies and practices that have emerged as potential approaches for increasing the percent of adolescents, ages 12 through 17, who receive needed mental health treatment or counseling. It provides a framework to identify, understand, and implement “what works” in creating new Evidence-based/informed Strategy Measures (ESMs). Use the links below to access strategy and practice details, approaches, supporting evidence, outcomes, and examples of how Title V agencies are either using these strategies directly or adopting components of the intervention that address this NPM.

**Evidence-Based/Informed Strategies.** 17 strategies have emerged from studies in the scientific literature as being effective in advancing the NPM. They can be adopted or adapted to meet your program needs. More information on these strategies can be found in the MCH Evidence Center’s [MCHbest](#) database.



**Field-Based Practices.** 5 practices from state-/community-based programs have emerged as potential approaches for advancing the NPM for specific communities or populations. They can be used as models to meet your program needs. More information can be found in the Association of Maternal and Child Health Program’s (AMCHP’s) [Innovation Hub](#).



**Key Findings.** The following are key findings emerging from the literature:

1. Culturally relevant approaches are crucial for effectively tailoring mental health promotion efforts and interventions to the values, beliefs, strengths, and needs of Indigenous and minority adolescent populations.<sup>22, 23</sup>
2. Peer support programs significantly enhance Screening, Brief Intervention, and Referral to Treatment (SBIRT) for adolescents by creating a safe and relatable environment that promotes help-seeking behaviors and reduces stigma.<sup>24, 25</sup>
3. Integrated and collaborative care models that partner with healthcare professionals, school counselors, and community services can facilitate comprehensive and coordinated care for adolescents' mental health needs.<sup>26, 27</sup>
4. Leveraging technology, like phone apps and Internet-based therapy, can increase access to mental health services for adolescents, especially when in-person options are limited.<sup>28, 29</sup>
5. School-based interventions, including suicide prevention programs, mental health screening, early intervention services, and multi-tiered systems of support can be effective in improving access to care, help-seeking behaviors, and outcomes among adolescents.<sup>30, 31</sup>

### Discussion: Research, Practice, Partnership.

**Research.** Multiple strategies are emerging as potential approaches to advance this NPM, but they have not been studied with enough rigor to be included in the evidence-based continuum. Additional research is needed to verify outcomes, but initial studies have shown promise of these strategies in MCH settings:

- Trauma-informed approaches to mental health care that aim to recognize and respond to the impact of trauma on adolescents' well-being.<sup>32</sup>
- Drop-in centers offering accessible mental health services and assessment resources.<sup>33</sup>
- Early intervention initiatives targeting adolescents' mental health, such as youth-friendly centers and proactive identification programs.<sup>34</sup>
- Providing training and ongoing support for healthcare providers, including school nurses and social workers to enhance their abilities to recognize, manage, and support adolescents experiencing mental health challenges.<sup>35</sup>

- Peer-delivered family support programs and other initiatives that engage families in the mental health care of adolescents.<sup>36</sup>

**Practice.** The following tools can be used to advance this NPM by translating evidence to action:

- [The School Health Assessment and Performance Evaluation System \(SHAPE\)](#). This resource provides tools for schools, districts, states, and jurisdictions to assess and enhance the quality of their mental health systems, including resources for trauma responsiveness, quality assessment, and mental health screening.
- [The Child Mind Institute's School & Community Programs Training Portal](#). This tool offers evidence-based mental health training and curriculum specifically designed for educators, and mental health professionals.

**Partnership.** The following organizations focus efforts on advancing adolescent mental health treatment:

- [AIM Youth Mental Health](#). Provides training, resources, and practice-oriented solutions.
- [On Our Sleeves](#). Offers free educational resources, including guides, conversation starters, videos, and school curriculum to advance youth mental health.



### Frameworks and Tools for “What Works.”

Use this accelerator to strengthen current or new programs that align with multiple MCH frameworks across domains and settings. Access toolkits related to these frameworks for additional resources:

- [MCH Evidence Framework](#)
- [Blueprint for Change for CYSHCN](#)
- [Maternal Health Toolkit](#)
- [Life Course and Social Determinants Brief](#)

**Need More Help?** [Contact us for training and technical assistance](#) customized to your needs.

**Cite As.** Schlicht S, Le L, Watson K, Richards J. *Mental Health Treatment: What Works Evidence Accelerator. Summarizing Effective Strategies for MCH.* Strengthen the Evidence for MCH Programs. National Center for Education in Maternal and Child Health, Georgetown University, Washington DC. May 2024.

## References

- <sup>1</sup> CDC. [Learn About Children’s Mental Health](#). CDC. Centers for Disease Control and Prevention. Published August 23, 2023.
- <sup>2</sup> CDC. [Children’s Mental Disorders](#). CDC. Centers for Disease Control and Prevention. Published March 8, 2023.
- <sup>3</sup> Bitsko RH, Claussen AH, Lichtstein J, Black LJ, Everett Jones S, et al. Surveillance of Children’s Mental Health – United States, 2013 – 2019 *MMWR*, 2022 / 71(Suppl-2);1–42.
- <sup>4</sup> Ghandour RM, Sherman LJ, Vladutiu CJ, et al. Prevalence and Treatment of Depression, Anxiety, and Conduct Problems in US Children. *J Pediatr*. 2019;206:256-267.e3.
- <sup>5</sup> Office of the Surgeon General. *Protecting Youth Mental Health: US Department of Health and Human Services*; 2021.
- <sup>6</sup> Child and Adolescent Health Measurement Initiative. [National Survey of Children’s Health \(NSCH\) data query](#). Child Health Data. 2022.
- <sup>7</sup> Child and Adolescent Health Measurement Initiative. [National Survey of Children’s Health \(NSCH\) data query](#). Child Health Data. 2022.
- <sup>8</sup> [Social Determinants of Health - Healthy People 2030](#). health.gov.
- <sup>9</sup> Centers for Disease Control and Prevention. [Social Determinants of Health | NCHHSTP Health Equity | CDC](#). NCHHSTP. February 7, 2024.
- <sup>10</sup> McBain, R. K., Kofner, A., et al. (2019). Growth and distribution of child psychiatrists in the United States: 2007–2016. *Pediatrics*, 144(6).
- <sup>11</sup> Substance Abuse and Mental Health Services Administration. [National Guidelines for Child and Youth Behavioral Health Crisis Care](#). Pub No. PEP22-01-02-001 Rockville, MD: Substance Abuse and Mental Health Services Administration, 2022.
- <sup>12</sup> The Commonwealth Fund. [Filling Gaps in Access to Mental Health Treatment for Teens and Young Adults](#). 2022.
- <sup>13</sup> Alicata DA, Cheng K. Project echo: child and adolescent mental health. *J Am Acad Child Adolesc Psychiatry*. 2018;57(10):S74–S75
- <sup>14</sup> Viswanathan M, Wallace I, et al. [Screening for Depression, Anxiety, and Suicide Risk in Children and Adolescents: An Evidence Review for the U.S. Preventive Services Task Force](#). Agency for Healthcare Research and Quality. 2022.
- <sup>15</sup> House TW. [Fact Sheet: Improving Access and Care for Youth Mental Health and Substance Use Conditions](#). The White House. 2021.
- <sup>16</sup> CDC. [Improving Access to Children’s Mental Health Care](#). 2022.
- <sup>17</sup> American Academy of Pediatrics. [Caring for Children and Youth With Special Health Care Needs During the COVID-19 Pandemic](#). 2022.
- <sup>18</sup> HRSA Maternal and Child Health Bureau. [Children and Youth with Special Health Care Needs \(CYSHCN\)](#). 2024.
- <sup>19</sup> Menschner C, Maul A. Key Ingredients for Successful Trauma-Informed Care Implementation.
- <sup>20</sup> Bains RM, Diallo AF. Mental Health Services in School-Based Health Centers: Systematic Review. *J Sch Nurs*. 2016;32(1):8-19.
- <sup>21</sup> *Fostering Healthy Mental, Emotional, and Behavioral Development in Children and Youth*. National Academies Press; 2019.
- <sup>22</sup> Etter M, Goose A, Nossal M, et al. Improving youth mental wellness services in an Indigenous context in Ulukhaktok, Northwest Territories: ACCESS Open Minds Project Early Intervention in Psychiatry. 2019;13(Suppl.1):35–41.
- <sup>23</sup> Morris, J., Wagner, E. F., & Martens, M. P. (2019). SACRED Connections: A Culturally Congruent Motivational Interviewing Intervention for Native American Youth. *Journal of Ethnographic & Cultural Diversity in Social Work*, 28(1-2), 1-20.
- <sup>24</sup> Winn LAP, Paquette KL, Donegan LRW, Wilkey CM, Ferreira KN. Enhancing adolescent SBIRT with a peer-delivered intervention: An implementation study. *Journal of Substance Abuse Treatment*. 2019;103:14-22.
- <sup>25</sup> Hart LM, Morgan AJ, et al. Teen Mental Health First Aid: 12-month outcomes from a cluster crossover randomized controlled trial evaluation of a program to help adolescents better support peers with a mental health problem. *BMC Pub Health*. 2022; 22(1):1159.
- <sup>26</sup> Stafford, J., Shah, A., & Calaminus, P. (2020). Collaborative learning system to improve access and flow across child and adolescent mental health services: A mixed-methods study. *BMJ Open Quality*, 9, e000832.
- <sup>27</sup> Parikh, M. R., O'Dell, S. M., et al. (2021). Integrated care is associated with increased behavioral health access and utilization for youth in crisis. *Families, systems & health*, 39(3), 426–433.
- <sup>28</sup> Stjerneklar, S., Hougaard, E., McLellan, L. F., & Thastum, M. (2019). A randomized controlled trial examining the efficacy of an internet-based cognitive behavioral therapy program for adolescents with anxiety disorders. *PLoS one*, 14(9), e0222485.
- <sup>29</sup> Cioffi, R., & Lubetzky, A. V. (2023). BOXVR Versus Guided YouTube Boxing for Stress, Anxiety, and Cognitive Performance in Adolescents: A Pilot Randomized Controlled Trial. *Games for Health Journal*, 12(3), 259.
- <sup>30</sup> Sekhar DL, Schaefer EW, Waxmonsky JG, Walker-Harding LR, Pattison KL, Molinari A, Rosen P, Kraschnewski JL. Screening in High Schools to Identify, Evaluate, and Lower Depression Among Adolescents: A Randomized Clinical Trial. *JAMA Netw Open*. 2021;4(10).
- <sup>31</sup> Freĵian, A. M., Kirchoff, S., et al. (2021). The effects of an adapted mental health literacy curriculum for secondary school students in Germany on mental health knowledge and help-seeking efficacy. *Frontiers in Psychiatry*, 12, 794846.
- <sup>32</sup> Pfeiffer, E., Sachser, C., Rohlmann, F., & Goldbeck, L. (2018). Effectiveness of a trauma-focused group intervention for young refugees: A randomized controlled trial. *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 59(11), 1171–1179.
- <sup>33</sup> Catanzano, M., Richardson, G., & Kroll, T. (2021). A stepped-care model of mental health service delivery for children and young people with long-term physical conditions: A pilot study. *Evidence-Based Mental Health*, 24(1), 25-32.
- <sup>34</sup> Kim, S. W., Kim, J. K., et al. (2021). Mindlink: A stigma-free youth-friendly community-based early-intervention centre in Korea. *Early Intervention in Psychiatry*, 15(5), 1389-1394.
- <sup>35</sup> Haddad, M., Pinfold, V., et al. (2018). The effect of a training programme on school nurses' knowledge, attitudes, and depression recognition skills: The QUEST cluster randomised controlled trial. *International Journal of Nursing Studies*, 83, 1-10.
- <sup>36</sup> Bearman SK, Jamison JM, Lopez MA, Baker NM, Sanchez JE. Testing the Impact of a Peer-Delivered Family Support Program: A Randomized Clinical Effectiveness Trial. *Psychiatric Services*. 2022.

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U02MC31613, MCH Advanced Education Policy, \$3.5 M. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.