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TOP STORY

Mental health for Montana's children

The picture is mixed

JODI HAUSEN, Chronicle Staff Writer Jan 20, 2013



Adrian Sanchez-Gonzalez/Chronicle

When Louise Livingood's teenage son went from being happy to sad, she didn't know what to do.

The Three Forks High School student body president lost about 100 pounds, was struggling with schoolwork and was withdrawing from people.

“I got a sense that he had developed a self-loathing,” Livingood said. She worried he suffered from depression.

So she convinced him to see a doctor.

Having grown up with a “scary” mentally ill mother, who was hospitalized most of her life, Livingood prayed her son wasn’t mentally ill.

“I told God I could bear any cross, but not mental illness,” she said. “I lost my mother. I didn’t want to lose my beautiful boy.”

After waiting six months to see a child psychiatrist in Bozeman, her son was diagnosed with schizoaffective disorder.

Now 31, Livingood’s son lives on his own. He cannot work and needs help keeping up with his medications.

Access to mental health services in Montana has improved since then, but problems persist. Some programs are available only to people with limited financial resources. Health insurers may or may not cover mental health services. And even when finances aren’t an issue, services can be difficult to access. But expanding programs statewide and in Gallatin County are expected to help.

The need for services is clear

In 2010, nearly one quarter of the nation’s children were treated for emotional disorders, according to the Center for Health and Health Care in Schools.

Suicide is the third leading cause of death nationwide in children aged 10 to 24, resulting in about 4,600 deaths annually, the Centers for Disease Control reports.

Livingood feels fortunate she was able to get help for her son in the late 1990s, when resources for mentally ill children were limited.

It was around that time that resources in the Bozeman area were on the rise. And though more services are currently being introduced, families struggling with a mentally ill child continue to find gaps in service.

“The general thing to consider is that in the state, children’s programs are Medicaid-driven,” said Scott Malloy, director of Gallatin Mental Health. “So even if you have private insurance, there’s limited access to services. There’s not really a safety net for people who are uninsured or underinsured.”

Gwen Massey, Gallatin County’s chief juvenile probation officer, said the state has talented and knowledgeable providers.

“But we don’t always have funding to provide services for kids in Montana,” she said.

Gallatin County’s services

Sometimes services are difficult to attain.

A call to two of Bozeman’s three child psychiatrists last week proved that. They are so booked, a child in crisis will need to wait until March to see a doctor who could prescribe medications that might help.

Less than 1 percent of Bozeman’s children have a known emotional disturbance, said Chad Berg, Bozeman schools’ special education director. And though that number may seem small, those students need significant support.

That statistic also may not account for children who are receiving care outside school, he added.

There are myriad programs available for struggling families in Gallatin County through juvenile probation: A.W.A.R.E., Youth Dynamics, Big Sky Youth Empowerment and schools, to name a few.

Big Brothers Big Sisters and Thrive in Bozeman provide prevention through parenting classes, support and mentoring programs.

Five years ago, the Bozeman School District initiated Comprehensive School and Community Treatment Program services, composed of 12 teams of a therapist and behavior specialist working throughout the school district, Berg said.

The teams provide counseling and other services to kids in school, paid for primarily through Medicaid. However, families may also access income-based CSCT services.

And starting this week, Bozeman schools will have another tool to help kids who may need more than in-school counseling.

Starting Monday, the district will be contracting with Youth Dynamics to provide mental health treatment in an educational environment at its Babcock Street building. The treatment will be for kids who need more than CSCT provides but are not enough of a safety risk to require residential treatment.

Montana's Children's Mental Health Bureau is also moving forward with plans to expand a recently completed pilot project statewide.

Montana i-Home is designed to treat children ages 5 to 17 with serious emotional disturbances. The program provides services such as peer-to-peer support for youth and parents, in-home therapy, respite and crisis intervention.

The idea is to keep children at home and in their communities rather than sending them to a residential facility in Helena, Butte or Billings.

“The hope is that working with a comprehensive service will help them not have to go to a higher level of care and improve graduation rates,” said Zoe Barnard, CSCT program manager for the state.

Though i-Home is currently available primarily to Medicaid-eligible children, the hope is that it will be expanded to others someday.

Wraparound services help

Tina Dunkel said her son “doesn’t follow the social norms.”

The 16-year-old Belgrade High student, who takes medication for attention deficit disorder, struggled in school and fell behind. About a year ago, he began getting into fights in school and with his mother — fights sometimes so out of control that Dunkel was forced to call police.

And though it might seem a hindrance to improvement, being placed on juvenile probation may just prove to be the key to overcoming his struggles.

The Wraparound program is fairly new to Montana and was recently funded in Gallatin County through juvenile probation. The program provides a facilitator who works with a team of people helping families determine what they need and assisting them in finding help.

When Dunkel and her son were introduced to Wraparound facilitator K.C. McLaughlin, things started to turn around, Dunkel said.

“The violent aspect was out of control,” she said. “Because I have a bad temper, and he has a bad temper” so arguments would escalate.

McLaughlin told the mother and son that the violence had to stop. She taught them to walk away and cool down when they were upset.

“At first it was really hard,” Dunkel said. “But within a month of K.C. being involved, the violence level was cut in half.”

McLaughlin is working with seven Gallatin County families. She's teaching them skills with the intent of keeping them together.

“We do with, not for” is her motto.

Like any parent, Dunkel has hopes for her son.

She took him last week to Dillon to attend Montana Youth Challenge, a military-style school run by the National Guard. She is optimistic he will catch up on academics while learning how to better handle anger.

Hope through change

Still, without adequate insurance or money to pay for services out-of-pocket, middle-income families can be shut out of many mental health programs, Malloy said.

Even if finances aren't an issue, many services just aren't available to people who aren't on Medicaid.

Despite a recent federal law requiring insurance to treat mental illness on par with other illnesses, some insurance policies simply do not cover mental illness at all.

Financing isn't the only hurdle to seeking help.

"One of the issues with mental health is the stigma and people reaching out for help," Malloy said. "We need a cultural shift in how we're doing mental health. But it takes time, talking about it to get it engrained in the culture. We're starting to see that happen here."

Livingood experienced the isolation that came with having a mentally ill child.

"A lot of people withdrew from the family," she said. "You end up losing a lot of your friends. That's why people are afraid."

Others fear they will be judged.

"There's that idea out there that a dysfunctional family was the cause of the illness," Livingood said. "But it's the other way around. Instead of dealing with the illness, parents are dealing with self-incrimination."

Jodi Hausen can be reached at jhausen@dailychronicle.com or 582-2630. Follow her on Twitter @JodiHausen.

National trends in children's mental health

- About 70 percent of youth involved in juvenile justice systems suffer from mental disorders.
- 74.2 million children under 17 received mental health services in 2010.
- About 11 percent of children between 9 and 17 experienced significant impairment and 5 percent suffered extreme symptoms in 2010.
- On average, a quarter of children in need of mental health care get the help they need.
- In the 2004-2005 school year, 45 percent of children with an emotional disorder dropped out of high school.
- In 2005-2006, 43 percent of children with an emotional disorder graduated from high school.
- Of the approximately 16 percent of children who receive mental health services, 70 to 80 percent of them get that care in a school setting.
- School nurses spend 33 percent of their time providing mental health services.
- Of children ages 12 to 17 who had a major depressive episode, 29.2 percent started using alcohol and 16.1 percent began using illicit drugs. About 14.5 percent of children in the same age range, but who had not experienced depression, reported alcohol-use while 6.9 percent reported using drugs.

Sources: The Center for Health and Health Care in Schools, U.S. Department of Education, National Alliance on Mental Illness, National High School Center