

Declaration of a Rhode Island State of Emergency in Child and Adolescent Mental Health

THE AMERICAN ACADEMY OF PEDIATRICS, RHODE ISLAND CHAPTER (RIAAP);
THE RHODE ISLAND COUNCIL OF CHILD AND ADOLESCENT PSYCHIATRY (RICCAP);
HASBRO CHILDREN'S HOSPITAL; BRADLEY HOSPITAL

As health professionals dedicated to the care of children and adolescents in Rhode Island, we have witnessed soaring rates of mental health challenges among children, adolescents, and their families over the course of the COVID-19 pandemic, exacerbating the situation that existed prior to the pandemic. Children and families across our state have experienced enormous adversity and disruption. The inequities that result from structural racism have contributed to disproportionate impacts on children from communities of color at the same time as racial and ethnic diversity has increased in Rhode Island and is projected to rise in the future.

This worsening crisis in child and adolescent mental health is inextricably tied to the stress brought on by COVID-19 and the ongoing struggle for racial justice and represents an acceleration of trends observed prior to 2020. Rates of childhood mental health concerns and suicide rose steadily between 2010 and 2020 and by 2018 suicide was the second leading cause of death for youth ages 10–24. According to the 2019 Rhode Island Youth Risk Behavior Survey, 15% of Rhode Island high school students reported attempting suicide one or more times in the 12 months before the survey was administered. The pandemic has intensified this crisis: we have witnessed dramatic increases in Emergency Department visits for all mental health emergencies including suspected suicide attempts.

The pandemic has struck at the safety and stability of families. More than 140,000 children in the United States lost a primary and/or secondary caregiver, with youth of color disproportionately impacted. We are caring for young people

with skyrocketing rates of depression, anxiety, trauma, and suicidality that will have lasting impacts on them, their families, and their communities. We must identify strategies to meet these challenges through innovation and action, focusing on state and local interventions designed to improve equitable access to care including mental health promotion, prevention, and treatment. Taking into account Rhode Island's specific existing resources and our state's unique strengths, we urge a particular focus and investment in community-based and community-responsive outpatient care designed to identify and treat youth earlier in their course of illness. This would reduce the burden on individual children and their families as well as the impact on our higher levels of care and schools by decreasing escalation to full-blown mental health crises.

The challenges facing children and adolescents are so widespread that we call on policymakers at all levels of state government, advocates for children and adolescents, and community stakeholders to join us in this declaration and advocate for the following:

- Increase state funding, including Medicaid rates, dedicated to ensuring that all families and children, from infancy through adolescence, can access evidence-based mental health screening, diagnosis, and treatment to appropriately address their mental health needs, with particular emphasis on meeting the needs of under-resourced populations.
- Fully fund and prioritize comprehensive, community-based systems of care that connect families in need of

outpatient behavioral health services and supports for their children with evidence-based interventions in their home, community or school as well as follow-up with families to overcome any barriers to engagement in care.

- Accelerate strategies to address longstanding workforce challenges in child mental health, including innovative training programs developed collaboratively by Rhode Island's existing healthcare professional programs, loan repayment and reduced/free tuition consistent with RI Promise grants, and intensified efforts to recruit and retain underrepresented populations into mental health professions as well as attention to the impact that the public health crisis has had on the well-being of health professionals.
- Increase implementation and sustainable funding of effective models of school-based mental health care with clinical strategies, including a mental health "warmline" for school staff to access care comparable with the existing PediPRN model for pediatricians, and models for payment.
- Accelerate and incentivize adoption of effective and financially sustainable models of integrated mental health care in primary care pediatrics, including clinical strategies and models for payment.
- Address the ongoing challenges of the acute care needs of children and adolescents, including shortage of beds and emergency room boarding, by expanding access to short-stay stabilization units and community-based response teams. ❖