

# Trends in Children's Mental Health Services Research Funding by the National Institute of Mental Health From 2005 to 2015: A 42% Reduction

Kimberly Eaton Hoagwood, PhD, Marc Atkins, PhD, Kelly Kelleher, MD, Robin Peth-Pierce, MPA, Serene Olin, PhD, Barbara Burns, PhD, John Landsverk, PhD, Sarah McCue Horwitz, PhD

**A**t a time when the prevalence of mental disorders in children and adolescents, particularly in those living at a low income, is increasing dramatically<sup>1</sup> and only 2% of children using publicly funded services receive evidence-based services,<sup>2</sup> it is timely to ask whether federal funding for research on the delivery of effective services, the structure of systems, and the development and implementation of effective interventions is keeping pace. It is even more critical to ask this question when faced with near-certain cuts<sup>3</sup> to programs that provide mental health services (e.g., Medicaid, Supplemental Security Income) and a safety net (e.g., Earned Income Tax Credit, Supplemental Nutrition Assistance Program) for many low-income families.<sup>4</sup> The absence of a national comprehensive cross-system mental health policy for children makes answers to these questions even more pressing.

The National Institute of Mental Health (NIMH) is the largest federal source of research support on psychiatric disorders, treatments, and delivery systems. For 4 decades, it has supported major studies on effective community-based services for severe mental illnesses, including assertive community treatments, supported housing, and illness self-management, to name a few.<sup>5-7</sup> Findings from this research led to the current national initiative to treat first-episode psychosis<sup>8-11</sup> with set-aside funds in every state supporting a comprehensive set of services for first-episode psychosis. This work has focused mostly on individuals older than 18 years.

From 1991 through 2001, funding for children's mental health research tripled,<sup>12,13</sup> yielding a set of research findings that improved the understanding of diagnosis, treatment, and packaging of services to children and adolescents at risk for, or with, mental health problems. During these investment years, studies of clinical efficacy and preventive interventions were funded, targeting parenting interventions, the epidemiology of service use and need, and the effectiveness of medication, psychosocial, and combined treatments for the major conditions of childhood. Specifically, the yield included significant findings on effective treatments and preventive approaches for the most common disorders in children: attention-deficit/hyperactivity disorder<sup>14,15</sup> (the Multimodal Treatment Study on ADHD and the Preschool Study on ADHD), anxiety<sup>16</sup> (Child and Adolescent Multimodal Study), depression<sup>17-19</sup> (Treatment of Adolescent Depression and the Trial of Treatment-Resistant Depression in Adolescents), and common factors.<sup>20,21</sup> In addition, a strong body of research on preventive interventions emerged during this period.<sup>22-27</sup> Extensive reviews of the literature on child and family treatments (i.e., evidence-based treatments) enabled training institutes and policymakers to apply this work to clinical practice.<sup>28</sup>

Concurrently, methods for conducting surveys of mental disorders and service use in children and adolescents were fielded (Methods for the Epidemiology of Children and Adolescents), and those studies provided population estimates of psychiatric disorders, rates of service use, and unmet need for services.<sup>29,30</sup> Important service system studies also were conducted, including the Fort Bragg<sup>31</sup> and Stark County System of Care<sup>32</sup> studies. The system-of-care movement promoted coordinated community-based care for children with serious psychiatric disorders.<sup>33</sup> Studies established the effectiveness of packaged services, such as Multidimensional Treatment Foster Care,<sup>34</sup> Multisystemic Therapy,<sup>35-38</sup> and Multiple Family Groups.<sup>39,40</sup> Since 2002, some of this work has launched implementation studies to scale these effective interventions.<sup>41-43</sup>

The breadth and substance of this research provided a strong foundation for what could be the next generation of services research: how to structure, manage, pay for, and support delivery systems within communities so that effective treatments and services are available. This next critical step requires a strong scientific basis. Its salience is reinforced by proposed changes to the Affordable Care Act, which have been endorsed by the 2 houses of Congress.<sup>44</sup> Furthermore, the current health care context places attendant demands on local and state health care authorities and provider systems for services that are brief, effective, and cost-effective and for systems that attend to accountability and outcomes. This is the public health agenda for children's services research.

Given the urgent need for data to inform restructuring of health and mental health services, it is timely to examine trends in funding from the NIMH for children's services research. Prior analyses showed that NIMH funding for the Division of Services and Intervention Research, where the children's mental health services research portfolio is housed, decreased 16.7% from 2005 to 2014; during the same interval, NIMH funding for neuroscience and basic behavioral research increased 28%.<sup>45,46</sup> This was during a period when the NIMH budget remained fairly flat. The question is, How did child and adolescent mental health services research fare during approximately that same period? And is the NIMH's investment keeping pace with the public health needs of children with mental disorders?

To address this question, we examined data on NIMH funding for child and adolescent mental health services research over 10 years, from 2005 through 2015. Data on NIMH funding for child mental health services and intervention research were extracted from the National Institutes of Health (NIH) Research Portfolio Online Reporting Tools (RePORT) website, commonly known as RePORTER, which provides a central point of access to reports, data, and analyses of NIH research.

Search terms used included (adolescent or adolescence or youth or teenage or child or children or childhood or pediatric or infant or toddler or parent or parenting) and (services research or intervention research or implementation research) not AIDS not HIV or family support. This search was limited to project abstracts, project title, or project terms, where the NIMH was identified as the administrative or funding institute, in fiscal years 2005 through 2015.

The data were adjusted using the NIH Biomedical Research and Development Price Index (BRDPI).<sup>47</sup> The BRDPI measures changes in the weighted average of the prices of all inputs (e.g., personnel services, various supplies, and equipment) purchased with the NIH budget to support research. The weights used to construct the index reflect the actual pattern (or the proportion) of total NIH expenditures on each of the types of inputs purchased. Each year of data (except 2015) was multiplied by the appropriate BRDPI measure to calculate the values in 2015 dollars.

As presented in Figure 1, NIMH funding for child and adolescent services and intervention research decreased 42%, from \$52,218,771 to \$30,219,846, in 2015 (all numbers in 2015 dollars). When examining the decrease compared with the highest funding level in 2015 dollars (2007), there was an even more dramatic decrease of 50%. In addition, funding for child and adolescent mental health services and intervention research in fiscal year 2015 composed only 2.1% of the total NIMH budget authority, or \$30,219,846 of a total fiscal year 2015 enacted budget of \$1,433,651,000.<sup>48</sup>

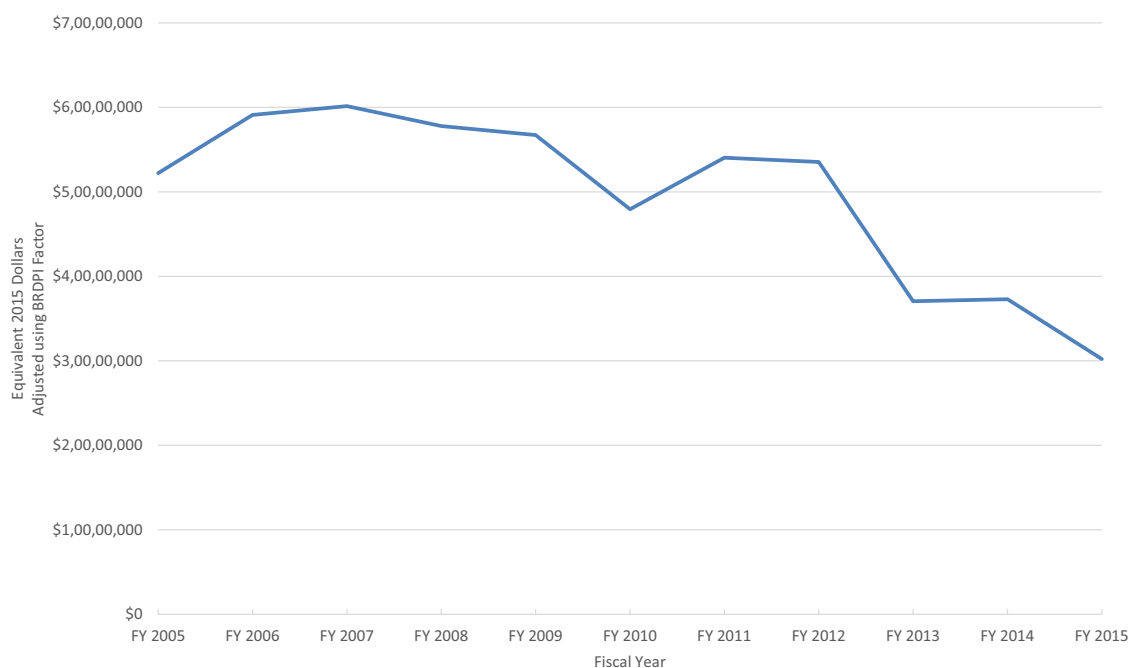
During a time when children's mental health needs are increasing, evidence-based services are difficult to access, and major cuts to programs that support at-risk children and families are proposed (i.e., Medicaid, Supplementary Security Income), the urgency of having a strong research base to guide and prioritize children's mental health services could not be greater. Adult mental health services have benefited from the strong scientific backing of 4 decades of investment. Children's services research

findings during the 1990s and early 2000s provided a strong foundation on which to base the next generation of service and system research. To be useful to policy and practice, its focus should be on system integration, quality improvement, and implementation of evidence-based practices in communities. There is a growing acceptance of evidence-based practices among state policymakers, community leaders, and families,<sup>49</sup> and an associated awareness of organizational factors associated with successful implementation in community settings.<sup>50</sup> However, the severe decrease (42% overall) in funding for children's services research undercuts the very knowledge base that is specifically positioned to inform providers and policymakers at this critical juncture and to help children develop and thrive. Furthermore, it comes at a time when health care systems are undergoing significant restructuring, thus further jeopardizing services for children. Now is not a time for research retrenchment. Although other NIH institutes support research that might overlap with children's mental health services (e.g., the National Institute on Drug Abuse for the treatment of substance use disorders and the Eunice Kennedy Shriver National Institute of Child Health and Human Development for services within the child welfare system), the NIMH is uniquely positioned and legislatively mandated to support rigorous services research that advances the delivery of high-quality care for children with common and serious mental health problems.

Crafting a national research portfolio requires simultaneously balancing short- and long-term goals. The NIMH made an explicit decision to invest in basic neuroscience in part because of concerns about the inadequacy of the diagnostic classification systems and limited understanding of the etiology of mental illness. This investment could well pay off in the future. However, at least 20% of children now suffer from mental health problems. They cannot be ignored. A balanced portfolio is necessary.

The marked decrease in funding for children's mental health services research, accompanied by decreased funding for mental health services, threatens to leave an entire generation of children behind. *Unclaimed*

**FIGURE 1** National Institute of Mental Health child and adolescent mental health services and intervention research funding for fiscal years (FY) 2005 through 2015. Note: BRDPI = Biomedical Research and Development Price Index.



Download English Version:

<https://daneshyari.com/en/article/6795548>

Download Persian Version:

<https://daneshyari.com/article/6795548>

[Daneshyari.com](https://daneshyari.com)