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Dan River Region ranks low in kids' mental health services

By Tara Bozick

A children's advocacy group is calling on Virginia lawmakers to address deficiencies in the state's services for children with mental health disorders.

Voices for Virginia's Children is asking legislators and the governor to invest more funds to ensure access to basic services across the state. The group's recent report published in May showed a disparity of services from region to region.

In the report, Danville and Pittsylvania County ranked low, with fewer than 10 services of 39 services identified for a comprehensive care system.

"In the Danville-Pittsylvania area, fewer services means fewer options, longer waitlists and not as many options available close to home," said Margaret Nimmo Crowe, senior policy analyst for Voices for Virginia's Children.

Because care and funding is fragmented, Voices for Virginia's Children would like the state to develop a comprehensive plan, consolidating funds, so children can access needed services in a timely manner.

Additionally, the group would like to expand child psychiatry and crisis response services (both base services) by region across the state.

Between 85,129 and 104,046 Virginia children ages 9 to 17 struggle with serious emotional disturbance, according to 2008 estimates. Between 1,162 and 1,420 children in the Danville-Pittsylvania health district deal with serious mental health problems. Forty-one children were on waiting lists in Danville-Pittsylvania between January and April 2009.

Danville and Pittsylvania County have been using child psychiatry services through telemedicine because of the lack of a child psychiatrist.

Fortunately, Danville-Pittsylvania Community Services recently hired a full-time child and adolescent psychiatrist to start July 1, said Mindy Conley, DPCS director of behavioral health.

DPCS also provides traditional and play therapy, case management to link families to various community services, mental health support to teach life skills, intensive care coordination and counseling to children at W.W. Moore Juvenile Detention Home.

While DPCS provides 24-hour crisis services for all ages, it does not have a mobile crisis team, Conley said. Individuals in crisis are usually seen at the Hairston Street office, emergency room or at the juvenile detention facility.

The group's report estimated more than half of children incarcerated by the Department of Juvenile Justice have mental health disorders.

A crisis team helps prevent the hospitalization of a child, Crowe said. Additionally, if children had more access to services, they'd be less likely to go into crisis.

Lastly, Voices for Virginia's children would like to engage families in the care of children, including listening to child and family input on treatment.

Danville child psychologist Dr. Frank Russell, Ph.D., agreed that Danville "desperately" needed child psychiatry. If children didn't use telemedicine, they would have to travel out-of-town to see a psychiatrist, and many families didn't have the money or vehicles to do it.

Russell said he is the only local child psychologist, but said the area has many counselors.

He also agreed with the need for more funding and dealing with child mental health services in a comprehensive manner, including working with families.

Children in the area are dealing with systemic problems like poverty, lack of motivation and no jobs available for the parents, he said. He would like to see more help for the local kids who end up in juvenile detention or the legal system, as he agreed many are actually dealing with mental and behavioral problems.

Therapy sessions alone often aren't enough to address the problems.

"There needs to be more comprehensive services that work with the whole family and the environment," Russell said.