Oregon Mental Health Archive

Mental health help fails kids, report claims

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Springfield parent Lisa Brown understands too well the problems cited by a national foundation in its report issued Thursday criticizing Oregon's care for children with mental illness.

Brown, whose 12-year-old-son, **Dale Nash**, is mentally ill, helped with the report by taking part in a focus group to discuss the Oregon system's shortcomings.

And the problems cited by researchers – difficulties for families in having their children diagnosed and in accessing mental health care – were exactly the experiences Brown and her son have faced.

"He was 10 years old before I got somebody to figure out what was wrong with him. If it's another 10 years before I figure out what he's entitled to, he's going to be over 20 years old," said Brown, whose son has been diagnosed with depression and with Asperger's syndrome, which is sometimes considered to be a form of autism.

The report was produced by the Bazelon Center for Mental Health Law in Washington, D.C. It was based on focus groups last April involving 45 families with 46 mentally ill children. Sixteen of those children were enrolled in Lane County mental health provider Lane Care. The others were in Portland and Medford.

A similar study is in the works in New York state.

The report said both states have comprehensive federally funded mental health benefits coverage for children with serious disorders. Oregon's programs are primarily run through the Oregon Health Plan.

"Parents generally found services covered under the Oregon Health Plan to be helpful to their children – when they were able to obtain them," the report said.

A big problem cited in the study was that despite the availability of early intervention for very young children, most children on the Oregon Health Plan aren't recognized as having mental health disorders.

"Parents instead were often blamed for their child's problems, and their insights into the seriousness of their children's disorders were often ignored," the report said.

As children approach their teen-age years, they are more likely to have been diagnosed with mental illness. But by then, parents reported few services to help teens develop skills needed to live independently when they become adults.

The report assessed three county-based mental -health systems. Lane Care was criticized by parents in the focus group.

"Parents in Lane Care appeared to have the greatest difficulty in finding the necessary array of mental health services for their children," the report said. Parents cited delays of three to six months in getting counseling, said waits of three months to see psychiatrists were typical, and reported delays of up to a year for residential services.

The report said that "parents were told by some Lane Care providers to let their child commit a crime, and then contact the police in order to get the child prioritized for mental health services."

Bruce Abel, Lane Care manager, said he has heard from frustrated parents, and understands why they are critical of what they perceive as inadequate mental health care.

"They are frustrated, and I think what the parents are saying is true," he said. "But what Bazelon is saying about Lane County and the comparison of what's happening here to what happens elsewhere is not accurate."

Abel said that while he knows some parents have received advice that a child's incarceration will quickly put them in contact with mental health providers, he was adamant that Lane Care has not made such suggestions.

Abel said the report's sole reliance on focus-group discussions gives an incomplete picture based more on the perceptions of a handful of families than would a systematic analysis by mental health professionals.

Brown said the Bazelon report findings reflected her own experience as a parent.

She said she realized when her son Dale was still very young that his behavior and emotional difficulties were signs that something was wrong.

"But I couldn't prove it, and without having additional health insurance for him, I couldn't do anything," she said. "You have to jump through hoops to get a psychiatrist to look at them. It's really hard."

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The only diagnosis Dale received through a school was the commonly identified attention deficit/hyperactivity disorder. Throughout preschool and the elementary grades, Dale's behavior led to problems with other children and teachers.

He was "kicked out" of several after-school programs, said Brown, a single parent who works outside the home. But she was never able to locate a medical or mental health professional to diagnose him with problems so he could receive treatment, Brown said.

Finally, when her son was 10, Brown told a hospital appointment scheduler that her son had made threatening statements. Given the sensitivity to youth violence brought on by **Kip Kinkel**'s shooting rampage at Thurston High School, Brown said, this seemed to compel the scheduler to find a slot for Dale to be evaluated by a psychiatrist.

From there, he ended up spending 13 days in a Portland inpatient unit for mental illness and was eventually diagnosed with mental illness and a developmental disability.

He now qualifies for disability coverage from the federal government. And Brown's income is low enough that her son receives coverage under the Oregon Health Plan.

Maureen Breckenridge, executive director of the Oregon Family Support Network, which released the report at a news conference, said the issue wasn't that the state was underfunding mental health needs. She said that parents such as Brown are able to get help once they qualify for the Oregon Health Plan or other programs.

"It's not the money. It's the services," she said.

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