prevent and treat cases in which the brain does not function correctly.² Originally, the factors contributing to mental illness were thought to be social-environmental. Examples of social-environmental factors are safety, violence, and social disorder.³ However, during the Decade of the Brain, emotional or cognitive illnesses were more often identified as being the main factors contributing to mental illnesses and/or mental disorders. Under this new paradigm, focus shifted to the symptoms of mental disturbances, as opposed to their causes, and a need to treat mental disorders pharmacologically was highlighted, instead of via talk therapy or behavioral changes.⁴

In 1989 President Bush signed a presidential declaration officially designating the 1990s as the States to observe it as such.⁵ In this way the government supported the idea that mental disorders are a biomedical issue and should be managed and treated with drug intervention. The governmental agency that provides funding for and conducts research on mental illness, the National Institute of Mental Health (NIMH), supported trials for the Diagnostic and Statistical Manual of Mental Disorders (DSM-III), which solidified the vision of mental illness as a brain disease. In the wake of DSM-III, which was published in 1980, the NIMH began prioritizing research on genetics, brain dysfunction, and chemical imbalances as leading factors of mental illness, and began placing less emphasis on the need for research on social, economic, and familial factors.⁶ As a -Im0 g0 G[As)-9()6(a)5(-Im0 g0 G[As)-q0.0

One of the main reasons that behavioral therapy is less common than medication prescription is due to the fact that in many states, behavior therapy is not covered by health insurance.¹⁴ This is in violation of the Mental Health Parity and Addiction Equity Act (MHPAEA) of 2008, which dictates that group health plans and issuers of health insurance ensure that financial requirements, such as co-pays, and treatment limitations, like limits on the amount of times one may visit, in regard to mental health or substance abuse disorder benefits are no more restrictive than the requirements or limitations applied to all medical and surgical benefits.¹⁵ Though the law requires parity, no discrimination of coverage based on mental health or substance abuse disorders do it legally. Some plans have limited coverage via restrictive benefit designs that discourage enrollment by individuals that are seen to be

impose special limitations on mental health and substance abuse disorder benefits due to concern that utilization and costs would not be sustainable.¹⁷ Thus, behavioral therapy is not always covered in the way that the law mandates, making it cheaper and more sustainable for families or individuals to treat mental health disorders such as ADHD with prescription drugs.

Notably, of the approximately 500,000 children in foster care in the United States, up to 80% suffer from significant mental health issues, compared to about 20% of the general population.¹⁸ This leads to children in foster care being prescribed medications at much higher rates than children not in foster care. Additionally, children covered by Medicaid receive antipsychotic medicines at rates significantly higher than children whose parents have private insurance. This suggests a correlation between higher rates of prescription drug medication usage and low-income households, but does not imply causation; children in low-income households take prescription drugs more often, but the research does not suggest that this is directly related to their socio-economic status.

Child ADHD Diagnosis in the U.S.

The median age of a child when diagnosed with ADHD is seven years old. As of 2011, almost a third of children (30.7%) diagnosed with ADHD received a diagnosis before the age of six, and more than three quarters (76.1%) received a diagnosis by the age of nine, as seen in Figure 2. Behavioral ratings checklists, a checklist used to rate appearances of ADHD behavioral symptoms, are one method used to diagnose ADHD, and are employed as a part of the diagnosis process for nine out of ten children. Additionally, 30% of children have undergone

¹⁴ Ibid.

¹⁵

http://www.dol.gov/ebsa/mentalhealthparity/.

Mental Health Parity and Addiction Equity Act of 2008; Technical Amendment to External Review for Multi-State Federal Register 78, no. 219 (November 13, 2013): 68254,

http://www.dol.gov/ebsa/pdf/parityeducationreport.pdf.

¹⁷ Ibid. ¹⁸

National Resource Center for Family-Centered Practice and Permanency Planning, April 2008, retrieved February 14, 2016, <u>http://www.hunter.cuny.edu/socwork/nrcfcpp/downloads/information_packets/Mental_Health.pdf</u>.

State Responses

Some state-government departments have decided it is important to learn more about the disease and modes of treatment, and have introduced legislation to expand knowledge about ADHD. In 2015 a bill was introduced in Minnesota that would require the Minnesota Department of Health to gather data and report information surrounding the treatment of ADHD