

# The Campaign for Mental Health Reform

## Early Detection of Mental Health Problems in Children and Adolescents

(November 18, 2004)

- Mental health problems in children and adolescents are real, and are distinguishable from normal adolescent behavior and development.
- Most of the symptoms and distress associated with childhood and adolescent mental health problems can be alleviated with timely and appropriate mental health treatment and supports.
- Detecting mental health problems early on is as appropriate as detecting hearing or vision problems. Just as pediatricians and other primary care physicians have an important role to play in assessing children's development and emotional health as a regular part of their check-ups, our schools have a role to play in detecting problems that interfere with learning and development.
- Emotional and behavioral problems in children and adolescents that go undetected and untreated frequently persist, often leading to school failure, poor employment opportunities, and poverty in adulthood. Early detection efforts enable health professionals to look for signs of emotional or behavioral problems at a stage at which intervention can prevent the problems from worsening.
- It is appropriate to screen schoolchildren for signs of significant mental health problems by way of standardized checklists and behavioral observation; such efforts to detect potential problems do NOT produce a diagnosis. Rather, they are a means of identifying, and alerting parents to, any signs of a problem that might interfere with a child's learning and development, and allowing the parents to consider whether to have the child undergo an assessment by a physician or psychologist.
- Any community initiating a school-based early-detection program should address such issues as (a) the scope of the program, (b) the professional qualifications of those individuals conducting the program, (c) procedures for notifying parents of the school's plans, (d) procedures for obtaining prior informed parental consent for any formal assessment and treatment recommended after initial detection of possible problems, (e) mechanisms to link families to treatment resources, as needed and desired, and (f) procedures for assuring confidentiality regarding each phase of the process.

### Campaign Partners:

American Psychiatric Association  
American Psychological Association  
CHADD - Children and Adults with Attention-Deficit/Hyperactivity Disorder  
Consumer Organizing and Networking Technical Assistance Center  
Depression and Bipolar Support Alliance  
Federation of Families for Children's Mental Health (FFCMH)  
United States Psychiatric Rehabilitation Association  
Judge David L. Bazelon Center for Mental Health Law  
National Alliance for the Mentally Ill  
National Association of County Behavioral Health Directors (NACBHD)  
National Association of State Mental Health Program Directors (NASMHPD)  
National Council for Community Behavioral Healthcare (NCCBH)  
National Empowerment Center (NEC)  
National Mental Health Association (NMHA)  
National Mental Health Consumers' Self-Help Clearinghouse  
Suicide Prevention Action Network USA (SPANUSA)

### Campaign Steering Committee:

Robert Bernstein, Ph.D., Executive Director, Judge David L. Bazelon Center for Mental Health Law  
Michael J. Fitzpatrick, MSW, Executive Director, National Alliance for the Mentally Ill  
Robert Glover, Ph.D., Exec. Dir., National Association of State Mental Health Program Directors  
Michael Faenza, MSSW, President and CEO, National Mental Health Association