

Adolescent Mental Health Checkups: Recommendations to Realization

Inaugural Eric Trendell Health Policy Forum | June 4, 2009

Increasingly, mental health is being recognized as a key part of total health care, and leaders in the medical community and in Washington are focusing on the early identification of mental illness as an important part of health care and prevention. The Institute of Medicine (IOM) and U.S. Preventive Services Task Force (USPSTF) released major reports this spring that focus on adolescent mental health. These reports are spurring discussion around appropriate standards of care, methods of implementation, and changes to public policy.

On June 4, 2009, the TeenScreen National Center for Mental Health Checkups at Columbia University held the first Eric Trendell Health Policy Forum, **Adolescent Mental Health Checkups: Recommendations to Realization**. The forum convened experts in the fields of medicine, research, primary care, managed care, health policy, and advocacy to discuss the back-to-back recommendations from the IOM and USPSTF that all teens receive a mental health screen as part of routine medical care.

The Need For Mental Health Checkups

Fewer than one-third of primary care providers (PCPs) currently screen or ask their adolescent patients about mental health issues. At the forum, **Laurie Flynn, executive director of the TeenScreen National Center for Mental Health Checkups**, emphasized the missed opportunity for early identification, given that half of all mental illnesses start by age 14. Additionally, she pointed out the symptoms of mental illness often present 2 to 4 years before the onset of a full-blown disorder, leaving a lengthy window for prevention.

Flynn said the IOM and USPSTF recommendations will help to make mental health checkups in primary care a reality

“Mental health checkups can help identify untreated mental illness early and prevent serious consequences, such as long-term disability and suicide.”

Laurie Flynn, TeenScreen National Center for Mental Health Checkups

in physicians’ offices across the nation. Primary care is the appropriate place for checkups since more than 70 percent of adolescents see a physician at least once each year. Forty-five percent of all suicide victims visit their PCP in the month prior to their death, and 77 percent had contact with their PCP in the previous year. ■

National Health Advisors IOM and USPSTF Recommend Mental Health Screening

Institute of Medicine: Preventing Mental, Emotional, and Behavioral Disorders Among Young People

This forum focused on the recommendations of two national health care advisory organizations, the Institute of Medicine (IOM) and the U.S. Preventive Services Task Force (USPSTF). The IOM and National Research Council (NRC), as part of the National Academy of Sciences (NAS), provide independent, objective, evidence-based advice on health-related matters to policymakers, health professionals, the private sector, and the public.

In its 2009 report, *Preventing Mental, Emotional, and Behavioral Disorders Among Young People*, the IOM states that mental health screening in primary care settings offers the potential to intervene early and prevent fully developed disorders. The report highlights primary care as one of the most promising locations for adolescent mental health screening and states that a number of effective screening tools are already available for use in medical settings.



Rosemary Chalk, director of the NAS Board on Children, Youth, and Family, said the IOM recommends that screening incorporate: the use of a validated tool, response to community needs, availability of interventions, and parent endorsement. She added that mental health disorders generate about \$247 billion in annual costs to multiple sectors, such as education, justice, health care, and social welfare, as well as personal costs to both the individual who is affected and to family members. As such, Chalk recommended greater alignment of federal resources to make mental health and public prevention goals a priority.

“The prevention lens is pay now or pay later... If we don’t develop interventions during childhood and adolescence, we could pay tremendous costs down the road.”

Rosemary Chalk, IOM

U.S. Preventive Services Task Force: Screening and Treatment for Major Depressive Disorder in Children and Adolescents

The USPSTF is the leading independent panel of private-sector experts in prevention and primary care and conducts rigorous, impartial assessments of scientific evidence for the effectiveness of a broad range of services. Its recommendations are considered the “gold standard” for clinical preventive services.

| Grade | Grade Definition | Suggestion for Practice |
|----------|---|--------------------------------|
| B | The USPSTF recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that net benefit is moderate to substantial. | Offer or provide this service. |

In its recommendation statement, *Screening and Treatment for Major Depressive Disorder in Children and Adolescents*, the USPSTF stated that screening questionnaires developed for primary care accurately identify depression in adolescents and that available treatments are effective for this population. As a result, the Task Force recommended, with a B grade, that all adolescents age 12 to 18 receive an annual depression screen from their primary care provider. **Thomas DeWitt, M.D., F.A.A.P., USPSTF’s chair of Methodology**, told the audience that, in order for screening to be effective, “It must be reasonable, quick, accurate, and something physicians will use.” He urged those in Washington to consider the Task Force recommendations during conversations around health care legislation. 🇺🇸

Implementation: How To Screen in Primary Care Settings

Practical Experience

The TeenScreen National Center for Mental Health Check-ups at Columbia University has collaborated on primary care demonstration projects with major managed care companies. EmblemHealth in New York City, Kaiser Permanente in Colorado Springs, and ValueOptions are project partners. These projects have shown that mental health checkups are accepted by primary care providers (PCPs) and adaptable in a broad range of primary care and medical settings.

“We need to stop treating mental health differently than any other condition.”

Karen Smith-Hagman, R.N., EmblemHealth

Karen Smith-Hagman, R.N., M.S.N., vice president of Medical Operations for EmblemHealth New York, said that key recommendations, such as those released by the IOM and USPSTF, not only provide support for the coverage of services like mental health screening for adolescents, but also guide physician practice. Through their demonstration project, approximately 8,000 pediatricians have been made aware of the IOM and USPSTF guidelines in New York and have received screening tools and guidelines to use in their practice.

“When a child has a problem, the parents often ask ‘Why didn’t you say something?’ and the answer from the teen is typically, ‘Because you never asked.’”

Dr. John Genrich, Pediatrician

John Genrich, M.D., a pediatrician from Colorado, a state where suicide is the second leading cause of death for teens, said that before he started using an evidence-based mental health tool, his screening of adolescents was based on a “hunch” technique. He was not assessing his patients’ mental health in a systematic way.

Evidence-based screening has allowed him to make screening a standardized piece of a comprehensive health care visit and even saves time since he can more efficiently direct questions. Dr. Genrich said, “There should be turnkey standard operating procedures to make this happen in the doctor’s office. Initially, I didn’t appreciate how much mental health problems play a part in teens’ lives day-to-day. Screening allows you to understand patients on a different level.”

Referrals

The experience of panel members from EmblemHealth, Kaiser Permanente, and ValueOptions showed that an efficient system of referrals is one of the most important elements of a screening program to have in place and will assure the greatest success.

“The value of payers is to remove barriers for providers.”

Dr. Richard Spurlock, Kaiser Permanente


Rick Spurlock, M.D., M.B.A., medical director for Kaiser Permanente Southern Colorado, pointed out that the responsibility of the payer is to remove barriers for providers so they can deliver affordable patient care and improve community health. Payers can address the need for an easy referral process for teens who need additional evaluation. Smith-Hagman explained how EmblemHealth providers are able to call and receive immediate attention through the ValueOptions referral hotline, should a patient screen positive for behavioral health disorders.

“With parity and other legislation coming up, it is important to push that mental health is a primary concern.”

Dr. Christopher Dennis, ValueOptions

Christopher Dennis, M.D., M.B.A., ValueOptions vice president and regional medical and clinical director, noted that in order for mental health checkups to be effectively incorporated in primary care, reliable systems need to be in place, allowing physicians to easily and quickly refer a patient who has screened positive.

Reimbursement

Providing reimbursement codes and assistance so that PCPs may properly bill for mental health checkups is key to the success of administering mental health checkups in primary care. Dr. Spurlock said insurers like Kaiser Permanente and Emblem Health are working to ensure that PCPs are being reimbursed for the time spent screening. Dr. Dennis pointed out that, although reimbursement rates may vary from plan to plan, the availability of reimbursement validates the regular use of a mental health screen. A proper reimbursement plan aligns incentives for doctors and encourages insurers’ product lines to provide and communicate screening reimbursement codes to providers. 

Mental Illness and Suicide in Teens

11% of our nation’s adolescents suffer from a serious mental illness that causes significant impairment.¹

80% of mentally ill youth are not identified and do not receive mental health services.¹

Suicide is the **third leading cause** of death for adolescents.²

1. Report of the Surgeon General, 1999 2. CDC, National Center for Injury Prevention and Control, 2005

Prevention as Policy: Now Is the Time

The release of IOM and USPSTF reports are an encouraging step in standardizing federal and state screening requirements and influencing how elected officials view the broader spectrum of health care. When asked how their recommendations may influence upcoming health care legislation, Dr. DeWitt pointed out that, under Medicare, when the USPSTF recommends a service with an A or B grade, coverage is required. He hopes the same will soon be true for Medicaid, thus further setting the standard for making regular mental health checkups for adolescents a clear recommendation and requirement.

“We’re in the midst of health care reform and raising consciousness in this nation about important public health issues, so we’re very excited about the opportunity to use these reports for better — for the social good.”

Darcy Gruttadaro, J.D., NAMI

Darcy Gruttadaro, J.D., director of the Child and Adolescent Action Center at National Alliance on Mental Illness (NAMI), highlighted successes of mental health on the federal landscape in the past decade as a precursor to national health care reform. Gruttadaro cited the Surgeon General’s Report of 1999, the development of the President’s New Freedom Commission on Mental Health, and last year’s passage of *The Paul Wellstone Mental Health and Addiction Equity Act of 2008 (MHPAEA)* as laying the groundwork and providing momentum for federal leadership in the early identification of mental illness. Validation from top advisory agencies, such as the IOM and USPSTF, normalizes mental health checkups as a standard part of health care, she explained.

These reports provide policy makers with an opportunity to incorporate prevention and early identification with broad-

based support and evidence of effectiveness. *The Wellstone Domenici Parity and Equity Act*, passed by Congress in fall 2008, calls for integration of mental health treatment into the mainstream at a very basic level. However, these reports urge the federal government to go one step further and implement mental health screening in a standard and coordinated manner. After eight years of restricted Medicaid growth, the new leadership in Washington has indicated a focus on prevention services, including mental health screening.

“I think that for the first time in health reform you’re going to see a large amount of conversation about prevention, and certainly mental health screening is going to play a big part in that.”

Catherine Finley, Capitol Counsel

An equal responsibility should be shared by the Centers for Medicare and Medicaid (CMS) and state-level agencies to improve coverage for adolescents under Medicaid, pointed out Catherine Finley, principal at Capitol Counsel. Under state and Medicaid mandates, she explained, the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program, Medicaid’s well-child visit, requires that mental health screening for young people be administered as a standard of care, but it is often not enforced. The IOM and USPSTF reports will help to bolster the requirement that these checkups are included in EPSDT visits. 🇺🇸

Brandon’s Story

Brandon is 15 years old. He visited his pediatrician, Dr. John Genrich, annually and never exhibited outward signs of depression or high-risk behavior. Brandon came in for a regular visit where he was given a mental health screen as part of his adolescent health exam. Upon reviewing the screening questionnaire, Dr. Genrich noted that Brandon answered affirmatively that he considered committing suicide in the last three months.

Dr. Genrich spoke to Brandon, who was very emotional, but was relieved that someone asked him these questions. Brandon’s mother was informed and further evaluation was completed. He was referred to and began seeing a behavioral health specialist. Brandon is one of many teens who has benefited from mental health screening in primary care.

A Systems Approach: Reduced Burden, Improved Outcomes

Lloyd Sederer, M.D., medical director for the New York State Office of Mental Health, related his experience in implementing a New York City-wide adult depression screening initiative and spoke about how these lessons can apply to adolescent mental health checkups. Like teen mental illness, the impetus behind their project was the fact that depression exhibits a high prevalence, yet it can be identified and treated early.

Dr. Sederer urged providers not to wait for all systems to be in place before implementing screening. He said early identification must begin now, helping to reduce long-term burden on the health care system.

The release of the IOM and USPSTF reports provide a key source of support for mental health advocates in reducing the trauma and cost of adolescent mental illness. Dr. Sederer explained that recommendations from influential advisory boards serve as a reminder that mental health is an issue of public health; the integration of mental health and preventive measures can drive early intervention, improve school outcomes, and decrease co-morbidity among adolescents.

The forum panelists provided great insight into the current state of adolescent mental health and next steps for the integration of screening in primary care. They agreed that the health care landscape is primed to embrace measures of prevention and early identification.

Panelists were hopeful for the ability of screening to enhance early intervention and help more adolescents get the services they need. As Gruttadaro stated, “When we know we’re not identifying 80 percent of kids, we have to be asking these questions in primary care, because we’re just not reaching the kids we need to be reaching.” 🇺🇸

This forum was the first Eric Trendell Health Policy Forum, held in honor of Eric Trendell, a college student who died by suicide in 2002. A gift from his family’s estate helped to support the forum.

The TeenScreen National Center for Mental Health Checkups at Columbia University is a non-profit, privately funded mental health initiative. The mission of the National Center is to expand and improve early detection of mental illness by mainstreaming mental health checkups as a routine procedure in adolescent health care, schools, and other youth-serving settings. The National Center offers youth mental health checkups through two major national efforts, TeenScreen Primary Care and TeenScreen Schools and Communities. Voluntary screening is provided in more than 500 sites in 43 states through the National Center’s efforts. The National Center is an affiliate of the Columbia University Division of Child and Adolescent Psychiatry.



1775 Broadway, Suite 610 | New York, NY 10019 | 1-866-TEENSCREEN (1-866-833-6727)

E-mail: TeenScreenInfo@childpsych.columbia.edu | www.teenscreen.org