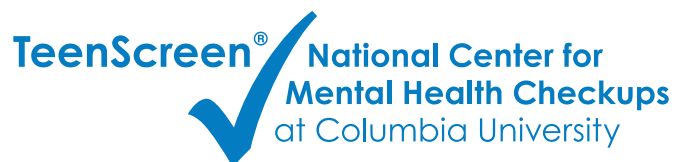

Adolescent Mental Health Checkups and Health Care Reform

**Policy Recommendations for Making Mental Health
Checkups a Standard of Care for Adolescents**



Executive Summary

Federal health policy is currently lagging in embracing life-saving and cost-saving tools for the early detection of mental illness in adolescents. Easy to use screening instruments that quickly and effectively identify teens suffering from underlying mental disorders exist and have proven successful in a range of primary care settings. Teens at risk of suicide and serious disability from mental illness can be identified and offered effective treatment options that can eliminate or curtail lifetime disability. Unfortunately, the implementation of these tools in the United States health care system is low and unevenly provided at best. A range of governmental advisory panels have recommended and health leaders — joined by the TeenScreen National Center for Mental Health Checkups, the Jed Foundation, Mental Health America, National Alliance on Mental Illness, Active Minds, Families USA, the American Foundation for Suicide Prevention, the Suicide Prevention Action Network USA and others — have called on Congress to include mental health checkups as part of a whole health assessment and as a standard of care for adolescents in health care reform.

Early Identification of Mental Illness

According to the National Institute of Mental Health, 50 percent of all lifetime mental health disorders start by age 14. Yet, most illnesses are not diagnosed for 10 years after the first symptoms appear.

Up to 10 percent of youth experience serious impairment that leaves them unable to function in school, at home or with peers. If not properly diagnosed and treated, these illnesses become a leading cause of school dropout, substance abuse, unemployment, incarceration, poor physical health, shortened life expectancy and suicide.

Unidentified and untreated mental illness is also a leading cause of high costs across health care, human services, and legal systems.

Incorporating mental health checkups into adolescent primary care is a necessary step for the efficient and effective delivery of comprehensive health care.


Mental health checkups ensure that symptoms of illness are detected early when treatment is most effective and costs are lowest.

The Policy Imperative

Almost 10 years ago, former U.S. Surgeon General David Satcher, M.D., issued the first public statement by a federal official calling for early identification of mental illness as a public health priority. Today, there is consensus on the need to include mental health checkups as part of adolescent primary care. These forces include:

- New data from the Institute of Medicine (IOM) quantifying the enormous cost of unidentified and under-treated mental illness to the health and human services systems.
- Leading institutions that influence federal policy, including the IOM and the U.S. Preventive Services Task Force (USPSTF), recommending mental health screening as a critical component of adolescent primary care.
- Easy to administer and accurate mental health screening tools, validated by scientific research, now available at little or no cost.

Mental health checkups are a needed tool for effective implementation of the recently enacted *Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act*, which calls for equal treatment of physical and mental illnesses.

This white paper was prepared by the TeenScreen National Center for Mental Health Checkups at Columbia University, a national policy and resource center devoted to increasing youth access to regular mental health checkups. Included are recommendations for how mental health checkups can be incorporated into health care reform and a summary of health policy and research on the impact of unidentified mental illness. Information about current medical practice and the recommended approach for early detection is also provided. 

If you would like to learn more about the TeenScreen National Center for Mental Health Checkups at Columbia University, please contact:

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The Recommendations of the TeenScreen National Center for Mental Health Checkups at Columbia University

Delayed identification of mental illness leads to disability, poor quality of life and higher costs to the health care, human services, and legal systems. Recent findings from the Institute of Medicine (IOM), U.S. Preventive Services Task Force (USPSTF), American Academy of Pediatrics (AAP) and American Academy of Child and Adolescent Psychiatry (AACAP) support the use of regular mental health checkups to effectively detect and treat mental illness in adolescents. Despite this widespread support, it is estimated that fewer than one-third of primary care providers routinely screen their adolescent patients for mental illness.^{1,2} Below are recommendations from the National Center on how to improve upon this rate of implementation, making routine mental health checkups for adolescents a standard of care in primary care settings.

Health Care Reform

In 2004, President George W. Bush signed the nation's first youth suicide prevention bill into law. Named in memory of former Senator Gordon H. Smith's (R-OR) son who died by suicide, the Garrett Lee Smith Memorial Act recognizes that youth suicide is a public health crisis linked to underlying mental illness. It authorized funding for youth suicide prevention programs, including mental health screening programs.

The current focus on health reform offers federal policy-makers a unique opportunity to build upon this legislation and secure a significant advance in the early detection of mental illness, avoid much long-term disability and reduce costs to the health care system and other social systems.

Recommendations

- Mental health checkups for adolescents should be a standard of care for health care visits in all public and private sector insurance programs.
- A checkup must include the use of an evidence-based screening questionnaire.
- Qualified health professionals should be reimbursed for time spent with patients to interpret screening results and assess any necessary referral or treatment plans.
- Mental health checkups should be included in any basic set of recommended preventive services.

Mental Health Parity

In 2008, Congress passed, and President Bush signed into law, the *Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act*. This was an historic step forward in addressing the inequities that exist in our nation's health care system. However, to truly see progress made, the intent of this Act must be effectively incorporated into health care reform.

Recommendations

- Congress must recognize the importance of equal coverage and access to mental health services in health reform legislation.
- Health plans participating in the proposed health exchange should be required to provide coverage of an annual mental health screen during the yearly well-child exam for 12–18 year olds.

EPSDT — Medicaid's Covered Annual Well-Child Exam

Medicaid's Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program requires a periodic health exam for youth through age 21. It is the public sector's equivalent of the annual well-child exam. While Congress clarified in the *Congressional Omnibus Budget Reconciliation Act of 1989* (OBRA '89) that this assessment included diagnostic services for mental illness, only a few states, such as Massachusetts, advocate the use of evidence-based screening questionnaires consistent with the USPSTF, IOM and AAP recommendations and guidelines. Most states, however, do not require any specific standard of care. Adherence to the Medicaid EPSDT mandate needs to be improved.

Recommendations

- The Centers for Medicare & Medicaid Services (CMS) should send a letter to state Medicaid directors reiterating that mental health screening is a required component of the EPSDT exam for youth age 12 to 18.
- CMS should require states to report on the number of mental health screens administered each year to help ensure that screening is being implemented in accordance with the federal EPSDT mandate.
- States should require Medicaid providers to offer and administer an annual mental health screen and should compensate providers for their time spent assessing at-risk youth. 🇺🇸

The Scope of Adolescent Mental Illness and the Cost of Delayed Diagnosis

According to the National Institute of Mental Health, 50 percent of all lifetime mental health disorders start by age 14. Yet because the early signs of mental illness often are missed, the average diagnosis usually occurs 10 years or more after the onset of symptoms. Missing early symptoms can result in disorders that create a lifetime of disability or tragically result in suicide. However, research now shows that there is a window of opportunity of 2 to 4 years between the first symptoms and the onset of a full-blown disorder, when treatment is most effective at reducing the severity of mental disorders. If mental health checkups were incorporated into the yearly well-child exam for adolescents, the identification of mental illness at its earliest stages would be greatly increased and the cost to the individual and society would be greatly reduced.

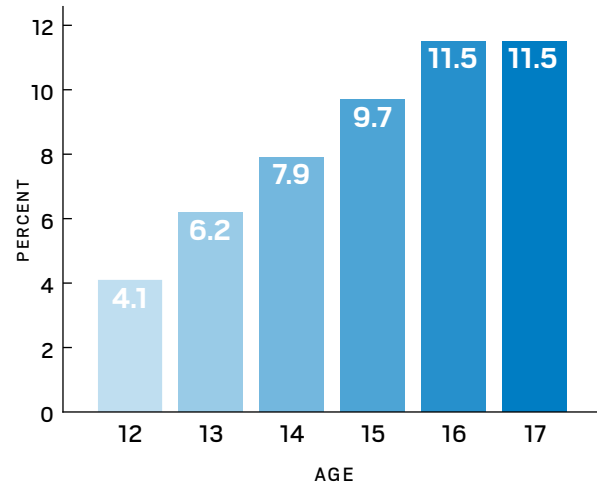
Undetected Mental Illness and Suicide Among Adolescents

At least one in 10 adolescents is affected by a mental disorder and up to 10 percent of all adolescents experience serious impairment that leaves them unable to function in school, at home or with peers.³ Yet, 80 percent of adolescents in need do not receive mental health evaluation or services.⁴ Additionally, over one million adolescents in the U.S. suffer from depression, but less than one-third receive help.⁵ Considering that 70 percent of adolescents see a physician at least once each year,⁶ primary care visits present the best opportunity to screen adolescents and improve the early identification of mental illness.

Unidentified mental illness robs teens of critical developmental years, preventing them from reaching their full potential as adults. The most tragic consequence of unidentified mental illness is suicide, the third leading cause of death for youth age 11 to 18 and the second leading cause of death for college-age students.⁷ Additionally, more than three million high school students each year seriously consider killing themselves, and almost 1.5 million make a suicide attempt.⁸

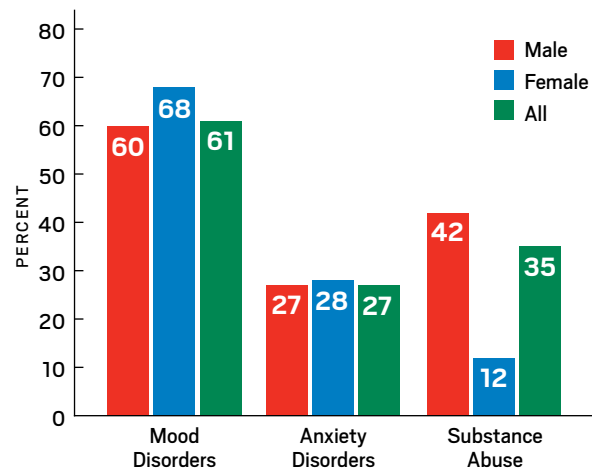
Ninety percent of teens who die by suicide are found to be suffering from an identifiable mental illness at their time of death, typically depression, anxiety or substance abuse,

Figure 1. Percentages of Youth Aged 12–17 Who Experienced a Past-Year Major Depressive Episode (MDE), By Age, 2004–2006



SAMHSA, NSDUH Report, 2008

Figure 2. Underlying Mental Disorders Contributing to Adolescent Suicide



Shaffer et al., 1996

all of which can be identified through regular mental health screening.⁹ Primary care-based screening offers a critical opportunity to prevent suicide. Fully 45 percent of all suicide victims have been shown to visit their primary care physician in the month prior to their death, and 77 percent have contact with their primary care physician in the year before their death.¹⁰

The Societal Burden of Mental Illness: In Health Care, Social Service and Legal Systems

Mental illness carries an enormous societal burden. In the U.S., mental illness is the leading cause of disability for people between the ages 15 and 44.¹¹ According to a 2009 report from the National Research Council (NRC) and Institute of Medicine (IOM), mental, emotional, and behavioral disorders among young people account for huge costs to the health care, child welfare, education, juvenile justice and criminal justice systems. The IOM estimates the annual mental health service costs for young people with mental, emotional and behavioral disorders to be \$45 billion each year and the overall costs across social systems and broad societal impacts to be \$247 billion.

One of the largest costs of unrecognized mental illness is high use of the health care system, beginning with the hospital emergency department. Over the past decade, child mental health related visits to hospital emergency departments have significantly increased, suggesting that emergency departments have become a substitute source of care for routine mental health problems. Teens who suffer from unrecognized mental illness, such as depression and anxiety are much more likely to be “high utilizers” of the emergency department, arriving in this setting four or more times per year.

Unidentified and under-treated mental illnesses are also associated with school failure, involvement in the criminal justice system and high rates of risk behaviors resulting in large system costs. The IOM estimates that

“Forty percent of the kids that come in for normal ER problems have a diagnosable mental health problem. These problems are prevalent, and they are expensive.”

Jacqueline Grupp-Phelan, M.D., M.P.H.
Research Director, Emergency Medicine
Cincinnati Children’s Hospital Medical Center

more than a quarter of total service costs for children who have mental, emotional and behavioral disorders are incurred in the school and juvenile justice systems. Junior high and high school students with mental illness fail more courses, earn lower grade point averages, miss more days of school and are retained at grade level more often than students with other disabilities.¹⁵ These youth also have the highest dropout rate of any disability group. Fully half of all high school-age students with a mental illness drop out before graduation.¹⁶ This leads to high rates of unemployment and under-employment, as well as higher rates of involvement with the criminal justice system.

These high costs make a compelling case for early identification of mental illness through regular mental health screening. According to the IOM, screening for early indicators of mental illness offers the potential to intervene early and, in some cases, prevent fully developed mental disorders. If mental disorders can be prevented or delayed, a much larger benefit can be obtained for those at-risk, and significant cost savings can be realized in a range of service systems. 🇺🇸

Figure 3: Key Federal Reports Calling for Adolescent Mental Health Checkups

1999

Mental Health: A Report of the Surgeon General

2000

Report of the Surgeon General’s Conference on Children’s Mental Health: A National Action Agenda

2003

New Freedom Commission: *Achieving the Promise: Transforming Mental Health Care in America. Final Report*

2008

Institute of Medicine and National Research Council: *Adolescent Health Services: Missing Opportunities*

2009

Institute of Medicine and National Research Council: *Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities*

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

The Consensus for Mental Health Checkups

The importance of early detection through screening and treatment of mental illness has been well documented through medical research and by governmental entities.

Over the last 20 years, scientists, federal health policy panels, and the medical and public health communities have worked on parallel paths to make mental health screening and assessment a standard of care for adolescent health care visits.

In 1999 and again in 2000, U.S. Surgeon General David Satcher, M.D., highlighted screening as an effective method of suicide prevention. Also in 2000, the U.S. Public Health Service recommended that early indicators of mental illness be identified in a range of settings including the health care system.

In 2002, the President's New Freedom Commission on Mental Health was formed to improve coordination and services for Americans suffering from mental illness. A key recommendation from the Commission's 2003 report, *Achieving the Promise: Transforming Mental Health Care in America*, was the implementation of early identification efforts and engagement of primary care physicians in providing first line detection of mental illness in youth.

Earlier this year, the National Research Council (NRC) and Institute of Medicine (IOM), as well as the U.S. Preventive Services Task Force (USPSTF) recommended the inclusion of mental health checkups for adolescents in primary care.^{17,18} These recommendations were endorsed by the American Academy of Pediatrics (AAP) and the American Academy of Child and Adolescent Psychiatry (AACAP).¹⁹

Government Advisory Panels and Professional Societies Call for Screening

The IOM was founded in 1970 as a component of the National Academy of Sciences and provides 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 screening in primary

“Depression in adolescents has a significant impact on both mental and physical health, and adolescents with depression have more hospitalizations for psychiatric and medical issues than adolescents who are not depressed. It is important that adolescents are diagnosed and treated for clinical depression in order to improve their health and quality of life...”

Ned Calonge, M.D., M.P.H., Chair, U.S. Preventive Services Task Force

care settings offers the potential to intervene early and prevent fully developed disorders. According to the IOM, physicians who use their judgment in the absence of evidence-based screening tools identify fewer than 50 percent of teens at risk. Additionally, only an estimated one-third of physicians currently inquire about mental health during the regular adolescent health exam.²⁰ It is believed that only a fraction of these inquiries involve the use of evidence-based screening tools.

The IOM/NRC report also concludes that interventions made before the onset of full-blown disorders offer the greatest opportunity to avoid substantial costs to individuals, families, and the health care and other social systems. They also point out that validated screening tools are available at little or no cost and that primary care offices, schools and other community locations are important settings for screening.

Immediately following the IOM/NRC report, the USPSTF called upon doctors in primary care settings to screen all adolescents age 12 to 18 annually for Major Depressive Disorder.²¹ 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.

Incorporating Mental Health Checkups Into Primary Care

Today, mental health checkups can be readily incorporated into primary care and other medical settings as the new standard of care. Almost 90 percent of pediatricians already agree that they are responsible for the identification of their patients' psychosocial problems, and accurate screening tools and effective treatments are already available to assist them.

Effective Screening Methods

Beginning in the 1990s, validated screening questionnaires proven to accurately assess potential mental health disorders — much like a blood pressure test can identify possible cardiovascular health risks — became widely available at little or no cost.

Numerous questionnaires have been evaluated and found to accurately identify symptoms of mental illness and current mental disorders in diverse adolescent populations. According to research, youth respond honestly to sensitive questions about their mental health on screening questionnaires. This method of assessment has also been shown to be more effective than observation or non-structured interview or assessment.

The screening questionnaire most widely used in primary care settings is the Pediatric Symptom Checklist Youth Report (PSC-Y), which is a 35-item youth self-completion screen designed to detect behavioral and psychosocial problems. The PSC-Y can be completed and scored in less than five minutes and can be administered in a private area of the medical office by a nurse, medical technician or other office staff.

Adolescents who score positive on a mental health screening questionnaire are evaluated by their primary care provider (PCP) to determine if the symptoms endorsed on the questionnaire are significant, causing impairment and warrant further attention. If the PCP determines that mental health services are needed, the adolescent's parents are then notified, and the adolescent is either referred for mental health services or offered follow up or treatment by the PCP.

“For 90 percent of my patients who don't need to be referred on [for mental health services], it takes one minute to do this evaluation. It is already part of our EPSDT/Medicaid contract that we are supposed to evaluate these patients.”

James McGhee, M.D., M.P.H.
Pediatrician
Henderson, Nevada

Demonstrating Whole Health Checkups in Practice

Since 2005, the TeenScreen National Center for Mental Health Checkups at Columbia University (National Center) has been working with partners from across the country to implement research studies and demonstration projects for mental health checkups in primary care. These projects have shown that mental health checkups are accepted by PCPs and adaptable in a broad range of primary care and medical settings.

ValueOptions/ Kaiser Permanente/ EmblemHealth (Colorado, New York)

TeenScreen is working with ValueOptions and two of the managed care organizations that contract with it to make mental health screening for youth available through pediatric primary care providers. GHI/HIP/EmblemHealth in New York and Kaiser Permanente in Southern Colorado are participating in the TeenScreen-ValueOptions program. Mental health screening is offered during primary care visits to patients age 11 through 18. Youth who are identified as being at-risk and in need of further evaluation or treatment are referred to a ValueOptions provider. Both Kaiser Permanente and EmblemHealth reimburse providers for screening.



Aurora Health Center (Wisconsin)

Since 2005, TeenScreen has partnered with the Aurora Health Center in Fond du Lac, Wisconsin to study their implementation of mental health checkups in a pediatric primary care practice. A retrospective chart review was recently conducted of all 11 to 18-year-olds presenting for a well-child visit, a sports physical or a visit related to an acute problem pertaining to mental health who were offered voluntary mental health screening. Preliminary findings indicate that 44 percent of eligible adolescents were screened. Of those screened, 13 percent of adolescents screened positive for possible mental health problems. Screening for mental health problems increased the proportion of referrals to mental health providers from one percent to seven percent.



Don Steward, M.D., senior pediatrician at Aurora Health Center, says, “The TeenScreen Program has opened a new opportunity to communicate with our patients and their parents. Screening has allowed us to prioritize our patients’ mental health and well-being and to identify youth who may be suffering in silence from a mental illness. It has been remarkably successful.”

Clinical Directors Network (New York)

Clinical Directors Network (CDN) is a nonprofit network of primary care clinicians in Community/Migrant Health Centers that provide primary and preventive health care services for poor, minority and underserved populations. TeenScreen is working with CDN to test the feasibility of implementing routine, voluntary youth mental health screening at Sunset Park Family Health Care, a federally qualified health center in Brooklyn, New York. The purpose of this study is to determine the proportion of adolescents between the ages of 11 and 17 who complete a routine examination and are found through screening to be at risk for mental illness. Effectiveness of referral for mental health services will also be compared between patients who are referred to on-site services versus those who are referred to mental health professionals within the community.



Clark County Children’s Mental Health Consortium and the Nevada Office of Suicide Prevention (Nevada)

TeenScreen is partnering with the Clark County Children’s Mental Health Consortium and the Nevada Office of Suicide Prevention to pilot the use of mental health screening during annual well-child and Medicaid EPSDT exams. Seven pediatric practices and clinics are participating in the pilot and evaluating the feasibility and effectiveness of TeenScreen’s primary care screening materials in their well-child exams with youth between the ages of 11 and 18. The Nevada State Health Division supports the pilot and plans to use its results and recommendations to set new standards for the state’s Medicaid program.



Cincinnati Children’s Hospital Medical Center (Ohio)

TeenScreen is collaborating with the Cincinnati Children’s Hospital Medical Center (CCHMC) to conduct a study of mental health screening in their pediatric emergency department (ED), the nation’s busiest with 100,000 child and adolescent visits each year. The purpose of this study is to determine the proportion of adolescents who present to the ED for non-acute and non-psychiatric reasons who also have an underlying mental disorder. Five hundred youth age 11 to 18 will be enrolled in the study. Compliance with referrals for mental health services have been shown to be poor when made in the ED. A secondary focus of the study will be to determine if brief assessment and engagement in the ED, coupled with facilitated referrals and short-term case management, results in referral adherence. 🇺🇸




Reimbursement

“To support primary care clinician involvement in mental health care, payment for assessment and treatment of mental health problems must be adequate and comparable with payment for services addressing other medical illnesses.”

Reimbursement Recommendation from the American Academy of Pediatrics and the American Academy of Child and Adolescent Psychiatry, 2009

Based on findings from the National Center’s primary care demonstration programs, mental health checkups can easily be incorporated into the yearly well-child exam. However, current reimbursement policies, both in the public and private sector, remain a barrier to implementation and effective identification of mental illness.²³ At present, only some insurers provide reimbursement for administering and scoring a mental health screening questionnaire and a physician’s assessment of patients who score positive on the questionnaire. For example, under Medicaid’s EPSDT program, only Massachusetts requires a standardized mental health assessment using evidence-based screens; they reimburse doctors for this service at the rate of \$9.73 for each screening session.²⁴


Primary care providers (PCPs) should be compensated when they assess the mental health of an adolescent patient, just as they are compensated for services provided after a positive result for a physical health screen. However, access to annual mental health screenings for America’s youth will only become a reality when insurers begin to compensate PCPs for the time they spend with at-risk adolescents. Recognizing that approximately 20 percent of adolescents who are screened will score positive and require further assessment by their PCP, we must make this a national priority. Insurers should be required to reimburse PCPs for mental health assessment and treatment, and clear reimbursement policies and a method to share this information with health care providers must be developed. To do otherwise will continue to place adolescent mental health on a lower priority level than physical health. 

Conclusion

“Children and families are suffering because of missed opportunities for prevention and early identification...”

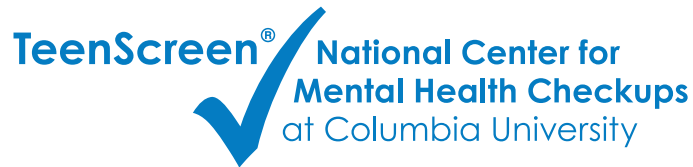
Dr. David Satcher, M.D., Ph.D.
U.S. Surgeon General, 1998–2001

Our nation stands at a crossroads. We can continue to ignore the impact of lifelong mental disorders, resulting in long term disability for millions, or we can choose to chart a new course by prioritizing early identification and treatment of mental illness. If we take this new course and begin to screen for warning signs in adolescence, we will identify those at risk when signs first appear and treatment is most effective, giving our youth the best chance at healthy and productive lives. According to the Institute of Medicine, doing so will improve the long term health of individuals and result in significant cost savings to America’s health care system and social safety net.

To achieve this goal, the TeenScreen National Center for Mental Health Checkups urges federal policy makers to require private health plans and State Medicaid programs to incorporate mental health screening into the yearly adolescent well-child exam and compensate providers for time spent assessing and treating patients. The National Center also calls for federally supported research to improve the efficiency and evaluate the impact of mental health checkups for all adolescents. Measuring and publicly reporting the success of mental health screening programs will drive improvement in the quality of evidence-based screening programs, while providing families and service providers with vital information for decision making and professional development. Taking these steps will help prevent disability and suicide, promote equity in treatment, and result in significant savings to the federal government due to the early detection and effective treatment of mental illnesses. 

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The TeenScreen National Center for Mental Health Checkups at Columbia University is a non-profit, privately funded mental health initiative committed to early identification of mental illness in adolescents and prevention of teen suicide. 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.

TeenScreen[®] Primary Care

TeenScreen Primary Care is an initiative of the National Center for Mental Health Checkups designed to assist health care professionals with integrating mental health checkups into routine health care for adolescent patients. TeenScreen Primary Care provides free evidence-based screening tools to medical providers to help them determine if their adolescent patients are suffering from depression, anxiety or other conditions and ascertain if they are at risk for suicide. TeenScreen Primary Care offers instruction on how to: administer a screen, score and interpret screening results, develop mental health referral networks, code and reimburse for screening, and prepare office staff to implement mental health checkups.

TeenScreen[®] Schools and Communities

TeenScreen Schools and Communities is a national mental health and suicide risk screening program for middle and high school age adolescents. This flagship program of the National Center for Mental Health Checkups assists communities throughout the country in developing locally operated and sustained screening programs. Screening can take place in schools, clinics, shelters and a variety of other youth-serving organizations and settings. TeenScreen Schools and Communities offers free program development and implementation materials, screening questionnaires, and technical assistance to communities that wish to implement their own screening programs using the TeenScreen Schools and Communities model.

Contact TeenScreen National Center for Mental Health Checkups:

1-877-TeenScreen (1-877-833-6727)

TeenScreenInfo@childpsych.columbia.edu | www.teenscreen.org

