

Screening to Improve Outcomes

Early Identification and Treatment of Mental Illness Improves Outcomes for Adolescents

Adolescent mental illness is under-identified

■ Approximately 20 percent of adolescents suffer from a mental disorder at some point, and 11 percent of adolescents suffer from mental illness severe enough to cause serious functional impairment.ⁱ

■ Just one-third of all adolescents with mental illness are identified and receive services – this is a missed opportunity to prevent suffering and disability.ⁱⁱ

■ There is a window of opportunity of two to four years, between the first symptoms and the onset of a full-blown diagnosable disorder, when treatment is most effective at reducing the severity of specific disorders.ⁱⁱⁱ

■ Yet, according to the National Institute of Mental Health, it regularly takes more than ten years from the first onset of symptoms of mental illness to diagnosis in the United States.

Screening improves prevention and early identification of mental illness

■ Screening for mental illness with an evidence-based tool in primary care settings has proven effective and is significantly more accurate than the informal interview method – which has been shown to miss about 50 percent of at-risk patients.^{iv}

They [screenings] offer the potential to intervene early and, in some cases, to prevent fully developed mental, emotional and behavioral disorders.

- The National Academies, Institute of Medicine, 2009

■ According to the World Health Organization, early intervention in adolescence can reduce or eliminate the manifestations of some mental disorders and allow youth who would otherwise require specialized, intensive services to be integrated into mainstream educational and health services.^v

■ The U.S. Preventive Services Task Force recommends annual screening for depression for youth ages 12 to 18, when systems are in place to ensure accurate diagnosis, psychotherapy, and follow-up. This recommendation was based on a review of the evidence and the task force's findings that:

- adolescent depression is associated with serious long-term morbidities and risk of suicide;
- screening questionnaires can effectively identify depression in adolescents; and
- effective treatments are available.

Screening improves rates of access to early intervention for at-risk youth

■ A 2009 study of behavioral risk screening in the primary care setting found that youth who were screened were more likely to access medical and behavioral health services, especially among youth who screened positive for depression or suicidal thoughts.^{vi}

■ Among youth who were screened for mental illness in a school-based suicide prevention program for urban, African-American adolescents, 60 percent of those who were flagged as in need of further evaluation had at least one appointment with a mental health services provider, and 70 percent accessed a provider within 6 months.^{vii}

■ Early intervention does not always require referral to mental health services. A significant number of pediatricians and other primary care providers regularly manage mild to moderate mental health disorders within their practice, i.e., without referring patients to specialty mental health providers.^{viii}

Effective treatments are available

■ Overall, the treatment success rate for mental disorders ranges from 60 to 80 percent. This compares to a treatment success rate for heart disease that ranges from 41 to 52 percent.^{ix}



Tens of thousands of studies have demonstrated that mental disorders can be successfully treated and that primary care-led service systems result in good health outcomes.

- World Health Organization, 2005

■ The National Institute of Mental Health has found that 80 percent of people with depression can be treated successfully.

Treatment improves multiple outcomes

Overall Health Status

■ While the causal relationship between physical and mental illness is not fully understood, mental illness can be seen to contribute to the onset of physical illness.^X

■ A study of depression and asthma in children concluded that “early assessment and intervention to address depressive disorders improves treatment adherence and outcomes and may also decrease mortality.”^{XI}

The promotion of mental health would likely result in reducing a considerable proportion of the burden of chronic disease.

- Centers for Disease Control and Prevention, 2005

■ Studies have shown a reciprocal relationship between obesity and depression in children.^{XII}

■ In patients suffering from both depression and diabetes, mental health treatment has been shown to result in improved glycemic control, particularly in youth.^{XIII}

■ Suicide rates can be reduced by effective treatment. The Perfect Depression Care Initiative in the Behavioral Health Services Division of the Henry Ford Health System has reduced the average annual suicide rate in their patient population by 75 percent – from approximately 89 per 100,000 in 2000 to 22 per 100,000 in 2005. More recently, the program achieved a two year stretch with zero suicides.

Preventing Substance Abuse

■ According to the National Institute on Drug Abuse, research shows that mental disorders can increase vulnerability to subsequent drug abuse and that drug abuse constitutes a risk factor for subsequent mental disorders.

■ A 2002 Report to Congress by the Substance Abuse and Mental Health Services Administration (SAMHSA) concluded that treatment of younger children for depression, anxiety, and other problems may help prevent high-risk behaviors, including substance use.

School Performance

■ Meta-analysis studies have repeatedly concluded that treatment for mental illness improves school performance for a significant number of children.^{XIV}

■ A 2008 SAMHSA study of systems of care for youth with mental illness found that students’ attendance and grades improved with care, while expulsions and suspensions fell by 44%.

■ Social and emotional learning (SEL) programming in schools has been found to improve students’ test scores by 11 to 17 percentile points.^{XV}

Criminal Justice System Avoidance

■ Mental health treatments have been shown to significantly lower rates of arrest and institutionalization in later life.^{XVI}

■ Interventions, such as multi-systemic therapy (MST), have been shown to be effective in preventing re-offenses by those already in the juvenile justice system. Evaluations of MST have demonstrated:

- 25-70% reductions in long-term rates of re-arrest
- 47-64% reductions in out-of-home placements
- extensive improvements in family functioning
- decreased mental health problems for serious juvenile offenders^{XVII}

^I U.S. Department of Health and Human Services. (1999). Mental Health: A Report of the Surgeon General.

^{II} Merikangas, K.R. et al. (2011). Service utilization for lifetime mental disorders in U.S. adolescents: Results from the National Comorbidity Survey Adolescent Supplement. *Journal of the American Academy of Child and Adolescent Psychiatry* 50(1):32-45.

^{III} National Research Council and Institute of Medicine. (2009). Preventing Mental, Emotional and Behavioral Disorders Among Young People: Progress and Possibilities.

^{IV} Jellinek, M, Murphy J, Robinson, J, et al. (1988). Pediatric Symptom Checklist: Screening school-age children for psychosocial dysfunction. *Journal of Pediatrics* 12:201-209.

^V World Health Organization. (2005). Mental health policy and service guidance package: Child and adolescent mental health policies and plans. Geneva: WHO.

^{VI} Chisolm, D. et al. (2009). Adolescent behavioral risk screening and use of health services. *Adm Policy Metal Health* 36(6):374-380.

^{VII} Brown MM and Grumet JG. (2009). School-based suicide prevention with African American youth in an urban setting. *Professional Psychology: Research and Practice* 40(2): 111-117.

^{VIII} Williams, J et al. (2004). Diagnosis and treatment of behavioral health disorders in pediatric practice. *Pediatrics* 114(3):601-606.

^{IX} National Advisory Mental Health Council. (1993). Health care reform for Americans with severe mental illnesses. *American Journal of Psychiatry*, 150(10).

^X Mood disorders and medical illness: a major public health problem. (2003). *Society of Biological Psychiatry* 54:177-180.

^{XI} Galil, N. (200). Depression and asthma in children. *Current Opinion in Pediatrics* 12:331-335.

^{XII} Pine, D.S. et al. (2001). The association between childhood depression and adulthood body mass index. *Pediatrics* 107:1049-1056.

^{XIII} Lustman P.J. et al. (1998). Cognitive behavior therapy for depression in type 2 diabetes mellitus. A randomized, controlled trial. *Annals of Internal Medicine* 129:613-21.

^{XIV} Prout, H.T. (1986) A meta-analysis of school-based studies of psychotherapy. *Journal of School Psychology*, 24:285-292.

^{XV} Payton J. et al. (2008). The positive impact of social and emotional learning for kindergarten to eighth-grade students: Findings from three scientific reviews. Chicago, IL.

^{XVI} Satterfield, J. et.al. (1987) Therapeutic interventions to prevent delinquency in hyperactive boys, *Journal of the AACAP*, 26: 56-64.

^{XVII} Henggeler, S.W., et. al. (1998) Multisystemic Therapy: Blueprints for Violence Prevention, Book Six. Center for the Study and Prevention of Violence, Institute of Behavioral Science, University of Colorado.