

Screening to Improve Outcomes:

Early Identification and Treatment of Mental Illness Improves Outcomes for Adolescents

Screening: A First Step in Reducing the Burden of Mental Illness

- Approximately 20% of adolescents suffer from a mental disorder at some point, and 11% of adolescents suffer from mental illness severe enough to cause serious functional impairment.^I
- Just one-fifth 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}

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

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- 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% of at risk patients.^{IV}
 - By identifying adolescents suffering from mental illness early, we can improve outcomes, reduce disability due to mental illness, and prevent suicide.

Treatment is Effective

- Studies have shown that numerous, effective interventions for mental illness are available.

For example, the National Institute of Mental Health has found that 80% of people with depression can be treated successfully.

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

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- Overall, the treatment success rate for mental disorders ranges from 60% to 80%. This compares to a treatment success rate for heart disease that ranges from 41% to 52%.^V

Treatment Improves Outcomes

School Performance

- Three separate meta-analysis studies (studies analyzing aggregate data from other studies) have concluded that treatment for mental illness improves school performance for a significant number of children.^{VI}

For example, another study highlighted by the National Institute on Drug Abuse found that treatment measurably improved school outcomes. Grade point averages were measured before treatment, at the conclusion, and one year following the end of treatment:

- 1.77 GPA at start of treatment
- 2.56 GPA at conclusion
- 2.66 GPA at one year post-treatment^{VII}

Criminal Justice System Avoidance

- In a report to the Senate Appropriations Committee, the National Advisory Mental Health Council estimated that offering mental health treatment to all those in need would reduce involvement with the criminal justice system and the need for incarceration, reducing costs in those sectors by 50%.

- Treatments have been shown to significantly lower rates of arrest and institutionalization in later life.^{VIII}
- Interventions, such as multi-systemic therapy (MST), have also been shown to be effective in preventing re-offenses by those already in the juvenile justice system. Evaluations of MST provided to serious juvenile offenders 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^{IX}

Preventing Substance Abuse

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

Diagnosis and treatment of one disorder will likely reduce risk for the other, or at least improve its prognosis.

- National Institute on Drug Abuse

For example, a number of studies have shown that youth with untreated Attention Deficit Hyperactivity Disorder (ADHD) are at increased risk for substance abuse, while those who receive treatment are at reduced risk.^X

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

Improving Mental and Physical Health

- Mental disorders such as depression have been associated with higher rates of chronic disease. Although depression and anxiety may arise from the suffering and stress caused by chronic disease, treatment for depression has been shown to improve both physical and mental health.
- 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

- Studies have also shown a reciprocal relationship between obesity and depression in children.^{XII XIII} According to the CDC, advances in the recognition and treatment of depression will potentially foster improvements in mental and physical health.

Saving Lives

- Suicide rates can be reduced with effective treatment.

For example, 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.^{XIV} More recently, the program achieved a two year stretch with zero suicides.^{XV}

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

^{II} U.S. Department of Health and Human Services. (2000) U.S. Public Health Service, Report of the Surgeon General's Conference on Children's Mental Health: A National Action Agenda. Washington, DC.

^{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 National Advisory Mental Health Council. (1993). Health care reform for Americans with severe mental illnesses. *American Journal of Psychiatry*, 150(10): 1447-65.

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

^{VII} Liddle, H.A., et al. (2001) Multidimensional family therapy for adolescent drug abuse: Results of a randomized clinical trial. *American Journal of Drug and Alcohol Abuse* 27(4):651-687.

^{VIII} Satterfield, J. et al. (1987) Therapeutic Interventions to Prevent Delinquency in Hyperactive Boys, *Journal of the AACAP*, 26: 56-64.

^{IX} 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.

^X Wilens, T. et al. (2003). Does Stimulant Therapy of ADHD Beget Later Substance Abuse? *Pediatrics* 111(1):179-185.

^{XI} Galil, N. (2000) Depression and asthma in children. *Current Opinion in Pediatrics*, 12:331-5.

^{XII} McElroy, S. L. et al. (2004) Are mood disorders and obesity related? A review for the mental health professional. *Journal of Clinical Psychiatry*, 65:634-51.

^{XIII} Ternouth, A. et al. (2009) Childhood emotional problems and self-perceptions predict weight gain in a longitudinal regression model. *BMC Medicine*, 7:46.

^{XIV} Coffey, C. E. (2007) Building a System of Perfect Depression Care in Behavioral Health, *Joint Commission Journal on Quality and Patient Safety* 33(4):193-199.

^{XV} Hampton, T. (2010) Depression Care Effort Brings Dramatic Drop in Large HMO Population's Suicide Rate. *Journal of the American Medical Association* 303:1903-1905.