



GOAL 4

Early Mental Health Screening, Assessment, and Referral to Services Are Common Practice.

RECOMMENDATIONS

- 4.1 Promote the mental health of young children.
- 4.2 Improve and expand school mental health programs.
- 4.3 Screen for co-occurring mental and substance use disorders and link with integrated treatment strategies.
- 4.4 Screen for mental disorders in primary health care, across the life span, and connect to treatment and supports.

Understanding the Goal

Early Assessment and Treatment Are Critical Across the Life Span

For consumers of all ages, early detection, assessment, and linkage with treatment and supports can prevent mental health problems from compounding and poor life outcomes from accumulating. Early intervention can have a significant impact on the lives of children and adults who experience mental health problems.

Emerging research indicates that intervening early can interrupt the negative course of some mental illnesses and may, in some cases, lessen long-term disability. New understanding of the brain indicates that early identification and intervention can sharply improve outcomes and that longer periods of abnormal thoughts and behavior have cumulative effects and can limit capacity for recovery.¹¹⁵

If Untreated, Childhood Disorders Can Lead to a Downward Spiral

Early childhood is a critical period for the onset of emotional and behavioral impairments.¹¹⁵ In 1997, the latest data available, nearly 120,000 preschoolers under the age of six — or 1 out of 200 — received mental health services.¹¹⁶ Each year, young children are expelled from preschools and childcare facilities for severely disruptive behaviors and emotional disorders.

Since children develop rapidly, delivering mental health services and supports early and swiftly is necessary to avoid permanent consequences and to ensure that children are ready for school. Emerging neuroscience highlights the ability of environmental factors to shape brain development and related behavior. Consequently, early detection, assessment, and links with treatment and supports can prevent mental health problems from worsening.

Without intervention, child and adolescent disorders frequently continue into adulthood. For example, research shows that when children with co-existing depression and conduct disorders become adults, they tend to use more health care services and have higher health care costs than other adults.¹¹⁷ If the system does not appropriately screen and treat them early, these childhood disorders may persist and lead to a downward spiral of school failure, poor employment opportunities, and poverty in adulthood. No other illnesses damage so many children so seriously.¹¹⁸

One of the many factors that can affect the emotional health of young children is the mental health status of their parents. For example, depression among young mothers has been shown to influence the mental health of their young children.^{119; 120} These findings are significant because mental disorders that occur before the age of six can interfere with critical emotional, cognitive, and physical development, and can predict a lifetime of problems in school, at home, and in the community.¹²¹

Schools Can Help Address Mental Health Problems

Currently, no agency or system is clearly responsible or accountable for young people with serious emotional disturbances. They are invariably involved with more than one specialized service system, including mental health, special education, child welfare, juvenile justice, substance abuse, and health.

The mission of public schools is to educate all students. However, children with serious emotional disturbances have the highest rates of school failure. Fifty percent of these students drop out of high school, compared to 30% of all students with disabilities.⁸¹ Schools are where children spend most of each day. While schools are primarily concerned with education, mental health is essential to learning as well as to social and emotional development. Because of this important interplay between emotional health and school success, schools must be partners in the mental health care of our children.

Schools are in a key position to identify mental health problems early and to provide a link to appropriate services. Every day more than 52 million students attend over 114,000 schools in the U.S. When combined with the six million adults working at those schools, almost one-fifth of the population passes through the Nation's schools on any given weekday.¹²² Clearly, strong school mental health programs can attend to the health and behavioral concerns of students, reduce unnecessary pain and suffering, and help ensure academic achievement.

The *No Child Left Behind Act of 2001*¹⁵⁴ is designed to help all children, including those with serious emotional disturbances reach their optimal potential and achievement. To fulfill the promise of this Act, schools must work to remove the emotional, behavioral, and academic barriers that interfere with student success in school. Consequently, it is critical to strengthen mental health programs in schools. This effort may involve:

- Working with parents, local providers, and local agencies to support screening, assessment, and early intervention;
- Ensuring that mental health services are part of school health centers;
- Ensuring that these services are Federally funded as health, mental health, and education programs;
- Building on a recommendation from the President's Commission on Excellence in Special Education¹⁵⁵ to implement empirically supported prevention and early intervention approaches at the school district, local school, classroom, and individual student levels; and
- Creating a State-level structure for school-based mental health services to provide consistent State-level leadership and collaboration between education, general health, and mental health systems.

Early detection, assessment, and links with treatment and supports can prevent mental health problems from worsening.

Schools Should Have the Ability to Play a Larger Role in Mental Health Care for Children

Growing evidence shows that school mental health programs improve educational outcomes by decreasing absences, decreasing discipline referrals, and improving test scores.¹¹⁴ The key to improving academic achievement is to identify mental health problems early and, when needed, provide appropriate services or links to services. The extent, severity, and far-reaching consequences make it imperative that our Nation adopt a comprehensive, systematic approach to improving the mental health status of children.

Clearly, school mental health programs must provide any screening or treatment services with full attention to the confidentiality and privacy of children and families. The Columbia University TeenScreen® program provides a model for early intervention. (See *Figure 4.2*.)

The Commission recommends that Federal, State, and local child-serving agencies fully recognize and address the mental health needs of youth in the education system. They can work collaboratively with families to develop, evaluate, and disseminate effective approaches for providing mental health services and supports to youth in schools along a critical continuum of care. This continuum includes education and training, prevention, early identification, early intervention, and treatment.

Achieving the Goal

Early Detection Can Reduce Mental Health Problems

Early detection and treatment of mental disorders can result in a substantially shorter and less disabling course of illness.^{144, 145} As the mental health field becomes increasingly able to identify the early antecedents of mental illnesses at any age, interventions must be implemented, provided in multiple settings, and connected to treatment and supports.

Early interventions, such as the Nurse-Family Partnership (See *Figure 4.1*), and educational efforts can help a greater number of parents, the public, and providers learn about the importance of the first years of a child's life and how to establish a foundation for healthy social and emotional development.

Quality screening and early intervention should occur in readily accessible, low-stigma settings, such as primary health care facilities and schools, and in settings where a high level of risk for mental health problems exists, such as juvenile justice and child welfare.

FIGURE 4.2. MODEL PROGRAM: Screening Program for Youth

Program	Columbia University TeenScreen® Program
Goal	To ensure that all youth are offered a mental health check-up before graduating from high school. TeenScreen® identifies and refers for treatment those who are at risk for suicide or suffer from an untreated mental illness.
Features	All youngsters in a school, with parental consent, are given a computer-based questionnaire that screens them for mental illnesses and suicide risk. At no charge, the Columbia University TeenScreen® Program provides consultation, screening materials, software, training, and technical assistance to qualifying schools and communities. In return, TeenScreen® partners are expected to screen at least 200 youth per year and ensure that a licensed mental health professional is on-site to give immediate counseling and referral services for youth at greatest risk. The Columbia TeenScreen® Program is a not-for-profit organization funded solely by foundations. When the program identifies youth needing treatment, their care is paid for depending on the family's health coverage.
Outcomes	The computer-based questionnaire used by TeenScreen® is a valid and reliable screening instrument. ¹⁵¹ The vast majority of youth identified through the program as having already made a suicide attempt, or at risk for depression or suicidal thinking, are not in treatment. ¹⁵² A follow-up study found that screening in high school identified more than 60% of students who, four to six years later, continued to have long-term, recurrent problems with depression and suicidal attempts. ¹⁵³
Biggest challenge	To bridge the gap between schools and local providers of mental health services. Another challenge is to ensure, in times of fiscal austerity, that schools devote a health professional to screening and referral.
How other organizations can adopt	The Columbia University TeenScreen® Program is pilot-testing a shorter questionnaire, which will be less costly and time-consuming for the school to administer. It is also trying to adapt the program to primary care settings.
Website	www.teenscreen.org
Sites where implemented	69 sites (mostly middle schools and high schools) in 27 States