

The Toll of Adolescent Mental Illness

According to research cited by the National Institute of Mental Health (NIMH), half of all lifetime mental health disorders begin by age 14. The Institute of Medicine has reported that there is a window of opportunity of two to four years to address symptoms early and prevent the progression of the disease. Unfortunately, NIMH research indicates that most mental illnesses are not diagnosed for 10 years after the first symptoms appear, resulting in a needlessly heavy toll on both individuals and society.

The Personal Toll

Suicide

■ The most tragic consequence of mental illness is suicide – data from the Centers for Disease Control and Prevention (CDC) show that it is the third leading cause of death for youth aged 12 to 18.

Poor Health & Quality of Life

Mental health disorders in young people are associated with reduced quality of life and poorer overall health.

■ According to the World Health Organization (WHO), mental illness is the leading cause of disability for people between the ages of 15-44.

Children and adolescents who suffer from depression are more likely to suffer from physical health problems, including asthma and obesity, in adulthood (Goodwin et al. 2008, Pine et al. 2001).

■ As a mortality risk factor, the effect of depression is comparable in strength to smoking (Mykletun et al. 2009).

Substance Abuse

Mental health problems among young people are associated with increased risk-taking including elevated rates of smoking, and excess alcohol and drug use.

■ The National Survey on Drug Use and Health found that youth who report experiencing an episode of major depressive disorder are twice as likely to report illicit drug use – 40 percent versus 19 percent.

■ Approximately two-thirds of adolescents with substance use disorders have a comorbid psychiatric disorder, making psychiatric comorbidity the rule rather than the exception in patients with a substance use disorder.

Increased Risk of Entry into the Juvenile Justice System

■ Youth with mental illness enter the juvenile justice system at higher rates than other young people. Between 65 and 70 percent of youth in the juvenile justice system suffer from at least one diagnosable mental disorder; this compares to a prevalence rate of 20 percent in young people overall (Shufelt et al. 2006).

Reduced Educational Achievement

■ Youth with mental illness have the highest school dropout rate of any disability group. A 2006 US Department of Education Survey found that more than 50 percent of high school-age students with a mental illness drop out and only 42 percent of those who remain in school graduate with a diploma.

■ Students in grades 7-12 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 (Wagner et al. 1993).

Decreased Productivity

■ Individuals aged 16 to 54 with mental illness are less likely to be employed, and those who are employed receive lower wages (Marcotte et al. 2001).

The Societal Impact

■ The Institute of Medicine has estimated the annual quantifiable costs of mental, emotional and behavioral disorders among young people to be \$247 billion, only \$45 billion of which is attributed to mental health service costs. Direct costs accrue to the health care, juvenile justice, educational and social welfare systems, with additional losses stemming from reduced productivity.

