
An Eric Trendell Health Policy Forum



About the Eric Trendell Health Policy Series

Eric Trendell was a college sophomore when he died by suicide on Memorial Day weekend in 2002; in hindsight his family believes his death may have been the result of a year of undiagnosed depression. Eric was an only child, and his parents, Tom and Kelly, decided to follow him on the fourth anniversary of his death. This forum is partly financed by a gift from the Trendell family estate.

The TeenScreen National Center for Mental Health Checkups at Columbia University is a non-profit, privately funded mental health initiative. 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 is an affiliate of the Columbia University Division of Child and Adolescent Psychiatry.

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***Bridging the Gap through Innovation:
Expanding Access to Adolescent Mental
Health Services***

An Eric Trendell Health Policy Forum

November 16, 2011
9:30 a.m. – 11 a.m.

U.S. Capitol Visitor Center
Room SVC 201-00,
Washington D.C.

Program Overview

Up to half of all visits to pediatricians now involve behavioral, emotional or developmental concerns, and an estimated one in five youth suffer from mental illness. Yet, many primary care providers express discomfort with their training and ability to treat pediatric mental disorders, and the shortage of child and adolescent mental health specialists often makes referral difficult. This forum will highlight innovative programs that are successfully bridging this gap and expanding access to care.

Key Statistics

- Approximately 20 percent of adolescents suffer from mental illness significant enough to impair functioning (Merikangas et al., 2010).
- Mental illness is the leading cause of disability in the United States for those 15 to 44 years of age (World Health Organization, 2004).
- According to the Institute of Medicine, there is a window of two to four years, between the first symptoms and the onset of a full blown mental disorder, when treatment is most effective.
- Between one-quarter and one-half of all pediatric primary care visits are estimated to involve behavioral, emotional or developmental concerns (Cooper et al., 2006; Cassidy and Jellinek, 1998).
- Today, only about one-third of all youth with a diagnosable mental disorder receive evaluation or treatment services (Merikangas et al., 2011).
- Just 12.7 percent of primary care clinicians report that child mental health services in their community are “very accessible” (Rushton et al., 2002).
- Pediatricians identify a lack of confidence in their training (65 percent) and ability (62 percent) to manage mental health problems as significant barriers to early identification and intervention (McCue Horowitz, et al. 2007).

Opening Remarks

The Honorable Scott Brown
U.S. Senator (Massachusetts)

The Honorable Tom Udall
U.S. Senator (New Mexico)

Panel Speakers

Greg V. Jensen, LCSW, ACSW
Vice President for Behavioral Health Services at Lone Star Circle of Care, a Behaviorally Enhanced Federally Qualified Health Center in Round Rock, Texas

Steven Adelsheim, MD
Director, Center for Rural and Community Behavioral Health and Professor of Psychiatry, Pediatrics, & Family/Community Medicine at the University of New Mexico, Department of Psychiatry

David Keller, MD
Clinical Associate Professor of Pediatrics and Senior Analyst, Center for Health Policy and Research at the University of Massachusetts Medical School

A. Seiji Hayashi, MD, MPH
Chief Medical Officer, Bureau of Primary Health Care at the Health Resources and Services Administration

Barbara Edwards
Director, Disabled and Elderly Health Programs Group, Center for Medicaid, CHIP and Survey and Certification at the Centers for Medicare and Medicaid Services

Moderator: **Laurie Flynn**
Executive Director, TeenScreen National Center at Columbia University