

# Research Supporting the Integration of Mental Health Checkups Into Adolescent Health Care

## Overview

The importance of early detection through screening for mental illness has been well documented through medical research and by governmental entities. In March 2009, the U.S. Preventive Services Task Force published a report calling for annual depression screening by primary care providers for all teens ages 12–18.<sup>1</sup> A separate report published in 2009 by the Institute of Medicine and National Research Council also calls for evidence-based screening of adolescents and highlights primary care settings as a key location for screening.<sup>2</sup> Professional groups in the medical community, including the American Academy of Pediatrics, the Society for Adolescent Medicine, the American Medical Association and the American Academy of Family Physicians, also support early identification and screening for mental illness.<sup>3,4,5,6</sup>

This fact sheet highlights key research that supports the need for incorporating mental health checkups into primary healthcare for adolescents, and that demonstrates the feasibility and effectiveness of screening teens for mental health concerns in primary care settings.

## The Problem of Mental Illness

- 11 percent of our nation's youth suffer from a serious mental illness that causes significant impairment in their lives at home, in school and with peers.<sup>7</sup>
- Two-thirds of adolescents with mental disorders do not receive services for their illness.<sup>4,2</sup>
- Half of all life-time mental health disorders start by age 14.<sup>9</sup>
- 8 percent of adolescents (2 million youths aged 12 to 17) are estimated to experience a major depressive episode each year, with only one-third (34.7 percent) receiving treatment.<sup>8</sup>
- The first symptoms of mental illness typically occur two to four years before the onset of a full-blown disorder, leaving an important window of opportunity for prevention.<sup>2</sup>
- Untreated mental illness can lead to drug and alcohol abuse, violence, school failure, involvement in the criminal justice system, the loss of critical developmental years and suicide.
- Suicide is the third leading cause of death for youth ages 10–24.<sup>10</sup>
- 14 percent of U.S. high school students report thinking seriously about killing themselves and 7 percent report a prior suicide attempt.<sup>11</sup>
- Youth with higher levels of depressive symptoms have significantly higher prevalence of obesity, worse perception of health, spend more time in front of a computer, got along less well with parents and friends, had more problems

### KEY FACTS

- ▶ 11% of our nation's youth suffer from a serious mental illness.
- ▶ 80% of mentally ill youth are not identified and do not receive mental health services.
- ▶ Half of all life-time mental health disorders start by age 14.
- ▶ Suicide is the third leading cause of death for youth ages 10–24.

completing school work and had a significantly higher likelihood of having experimented with smoking as well as participating in a wide array of at-risk behaviors associated with alcohol and drugs.<sup>(12)</sup>

- At 45%, the main causes of disability worldwide for young people include major depression, alcohol use, schizophrenia, and bipolar disorder.<sup>(44)</sup>

## Mental Illness in Adolescent Primary Care

- Almost one-quarter (24 percent) of pediatric primary care visits involve behavioral, emotional or developmental concerns.<sup>13</sup>
- One-third of mental health visits by privately insured youth are to a primary care provider rather than to a specialist.<sup>14</sup>
- Youth with mental health problems and who experience higher levels of psychosocial distress are more frequent visitors to their primary care providers.<sup>15,16</sup>
- General practice physicians prescribe the majority of all antidepressants in use.<sup>17</sup>
- Chronic physical conditions are associated with an elevated risk for self-harm, suicidal thinking, and attempted suicide.<sup>(18)</sup>

## Missed Opportunities

- More than 70 percent of adolescents see a physician at least once each year, and more than 50 percent visit a physician for routine health care each year.<sup>19</sup>
- According to a survey of pediatricians and family physicians, only 23 percent routinely screen their adolescent patients for mental disorders.<sup>19</sup>
- Only 34 percent of youth report that their doctor has talked to them about their emotional health.<sup>20</sup>
- A minority of youth identified as having a mental health problem by their pediatrician are referred to a mental health provider.<sup>21</sup>
- As many as two in three depressed youth are not identified by their primary care providers and do not receive any kind of care.<sup>22</sup>
- Primary care providers identify anxiety at rates much lower than the actual prevalence for anxiety disorders.<sup>22</sup>
- As many as 83 percent of adolescents in primary care settings who had attempted suicide were not recognized as suicidal or as being a danger to themselves by their primary care physician, even when examined in the months prior to their suicide attempt.<sup>23</sup>
- An estimated 45 percent of suicide victims visit their primary care provider in the month prior to their death, and 77 percent had contact with their primary care provider in the previous year (all ages).<sup>24</sup>
- 90 percent of adolescent suicide victims have a psychiatric disorder, with 63 percent exhibiting symptoms identifiable by screening for at least a year before their death.<sup>25</sup>
- Since many adverse health behaviors that develop in adolescence continue into adulthood, the association of depressive symptoms with multiple risk behaviors and poor functioning suggest that early interventions are needed at an individual, school, community and primary care level.<sup>(12)</sup>
- A recent survey found that only 14% of all participants who regularly exceed drinking limits were asked and advised about their alcohol patterns at their physicians visit. Youth age 18 and 25 years were found most likely to exceed drinking limits, but were the least likely to be asked about it.<sup>(45)</sup>

### KEY FACTS

- ▶ **Only 23% of pediatricians and physicians routinely screen their adolescent patients for mental disorders.**
- ▶ **Only 34% of youth report that their doctor has talked to them about their emotional health.**
- ▶ **As many as 2 in 3 depressed youth are not identified by their primary care providers and do not receive any kind of care.**
- ▶ **45% of suicide victims visit their primary care physician in the month prior to their death.**
- ▶ **90% of adolescent suicide victims have a psychiatric disorder, with 63% exhibiting symptoms identifiable by screening for at least a year before their death.**

## Mental Illness and Emergency Departments

- Over the past decade, child mental health related visits to hospital emergency departments (ED) have significantly

increased, suggesting that emergency departments have become a substitute source of care for routine mental health problems.<sup>26</sup>

- An estimated 1.5 million adolescents in the U.S. rely on the ED as their usual source of health care, particularly youth who are of low income and are underserved.<sup>27</sup>
- A chart review of 25 hospital emergency departments found that depression was among the top five diagnoses for adolescents 15–18 years old presenting to the ED.<sup>28</sup>
- Youth who attempt suicide or who visit the hospital emergency department because of suicidal behaviors or risks account for 11 percent of pediatric mental health related visits.<sup>29</sup>
- A study of adolescent mental health screening in a busy emergency department found that following the detection of previously untreated mental health problems through screening, a pediatric emergency department based brief motivational and barrier reducing intervention for adolescents may improve linkage to outpatient mental health services.<sup>43</sup>

## Effectiveness of Mental Health Checkups

- Mental health screening enhances identification and treatment of adolescents with debilitating mental disorders.<sup>30</sup>
- Research published in the *Journal of the American Medical Association* showed that screening is safe and does not cause participants to become depressed, suicidal or distressed.<sup>31</sup>
- As a result of screening in a primary care setting in one study, the total number of mental health referrals made by the participating practice represented an increase of almost 100 percent from referrals in the previous year.<sup>32</sup>
- When the Pediatric Symptom Checklist (PSC) was employed for mental health screening in one of several studies, referral rates rose to 12 percent from a baseline of 1.5 percent then returned to 2 percent when the PSC was no longer used. Half of the children who screened positive on the PSC had not been previously identified by their pediatrician as having psychosocial problems and more than half had never received psychological treatment.<sup>33</sup>
- When depression screening is conducted in an adult population and providers are given feedback with the results, depressed patients show significant clinical improvements after treatment.<sup>34</sup>
- Other studies implemented in primary care practices serving adult patients have demonstrated that by identifying and delivering effective treatments to depressed patients, use of inpatient and outpatient medical services can be decreased and cost reductions can be achieved.<sup>35,36,37</sup>

## Feasibility of Mental Health Checkups in Primary Care

- A 2007 study published in *Pediatrics* found that depression screening was feasible in primary care settings and accepted by patients, parents and providers.<sup>38</sup>
- Screening is acceptable to many parents and adolescents in a primary care setting, and does not disrupt the flow of patient care.<sup>39,40</sup>
- In a national survey of randomly selected primary care pediatricians, 90 percent of pediatricians felt responsible to identify adolescent depression with a significant proportion of primary care pediatricians noting that they would be willing to change how they identify and manage child and adolescent depression.<sup>41</sup>

### KEY FACTS

- ▶ Depression is among the top 5 diagnoses for adolescents 15–18 years old presenting to the Emergency Department.
- ▶ Mental health screening enhances identification and treatment of children and adolescents with debilitating mental disorders.
- ▶ Research published in *JAMA* showed that screening is safe and does not cause participants to become depressed, suicidal or distressed.
- ▶ By identifying and delivering effective treatments to depressed patients, use of inpatient and outpatient medical services can be decreased and cost reductions can be achieved.
- ▶ A 2007 study published in *Pediatrics* found that depression screening was feasible in primary care settings and accepted by patients, parents and providers.

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## For more information about TeenScreen Primary Care and the TeenScreen National Center for Mental Health Checkups at Columbia University:

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