Prevention and Early Intervention for Severe Mental Disorders in Youth
November 29, 2012

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Disclosures of Potential Conflicts

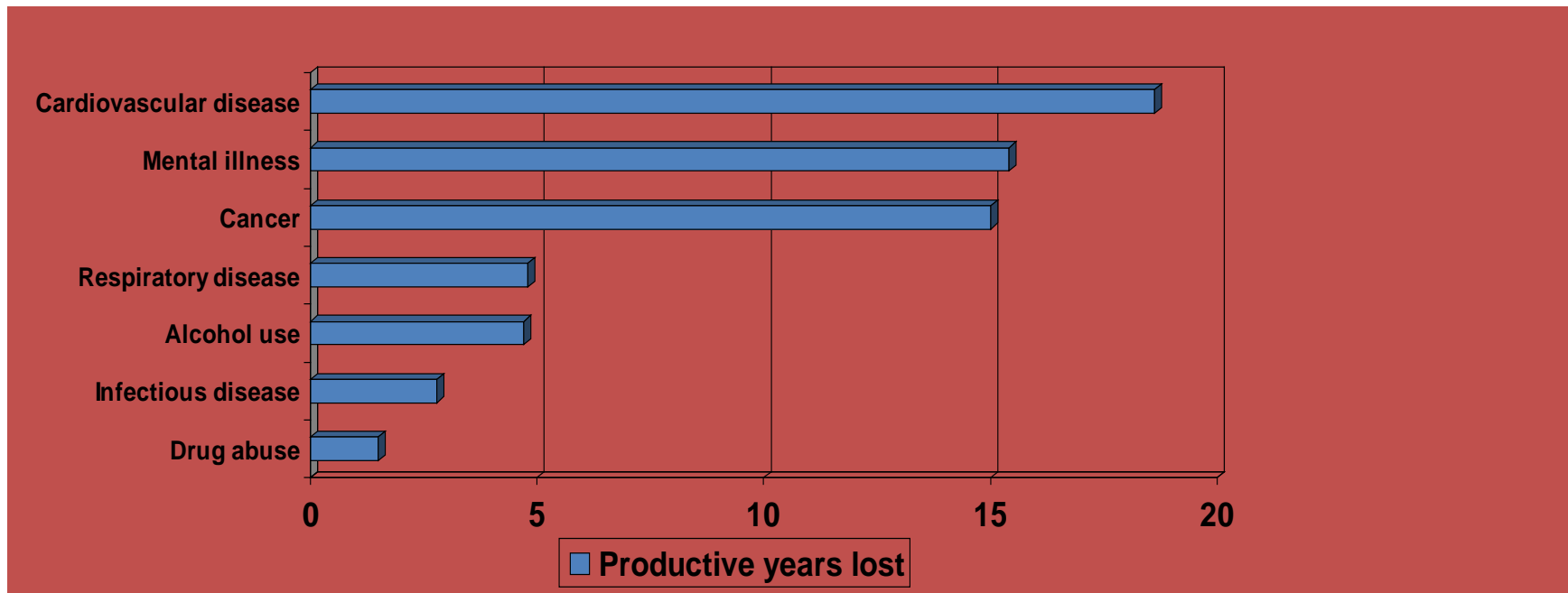| Source	Consultant	Advisory Board	Stock or Equity >$10,000	Speakers' Bureau	Research Support	Honorarium for this talk or meeting	Expenses related to this talk or meeting
Robert Wood Johnson Foundation (RWJ)					EDIPPP		
NIMH					RAISE		
RWJ LFP		X					
AACAP		Council					
New Mexico Behavioral Health Collab.	X						

Outline of Presentation

- National policy and support for screening and early detection

- Screening and early intervention models

- Early detection and intervention for psychosis

- Concluding comments

The Take Home Message

- **Finding Young People with Mental Health Issues Early and Providing Treatment is Also "Prevention"**

- **It Works!**

- **And ….It Saves Money!**

Mental Health is a Major Public Health Issue

- According to the World Health Organization, mental disorders will be the leading cause of disability in the world by 2020

	Productive years lost
Cardiovascular disease	~19
Mental illness	~15
Cancer	~15
Respiratory disease	~5
Alcohol use	~5
Infectious disease	~3
Drug abuse	~1.5

Half of all lifetime cases of mental illness start by age 14

Three fourths start by age 24

Many Adolescents Have a Mental Illness

- 22% of adolescents have a severe mental health problem at some point during their adolescence

Merikangas, K et al, JAACAP, 49:10, 980-989, Oct 2010

Mental Health Problems Start Early

Anxiety Disorders   **6 years old**

Behavior Disorders   **11 years old**

Mood Disorders   **13 years old**
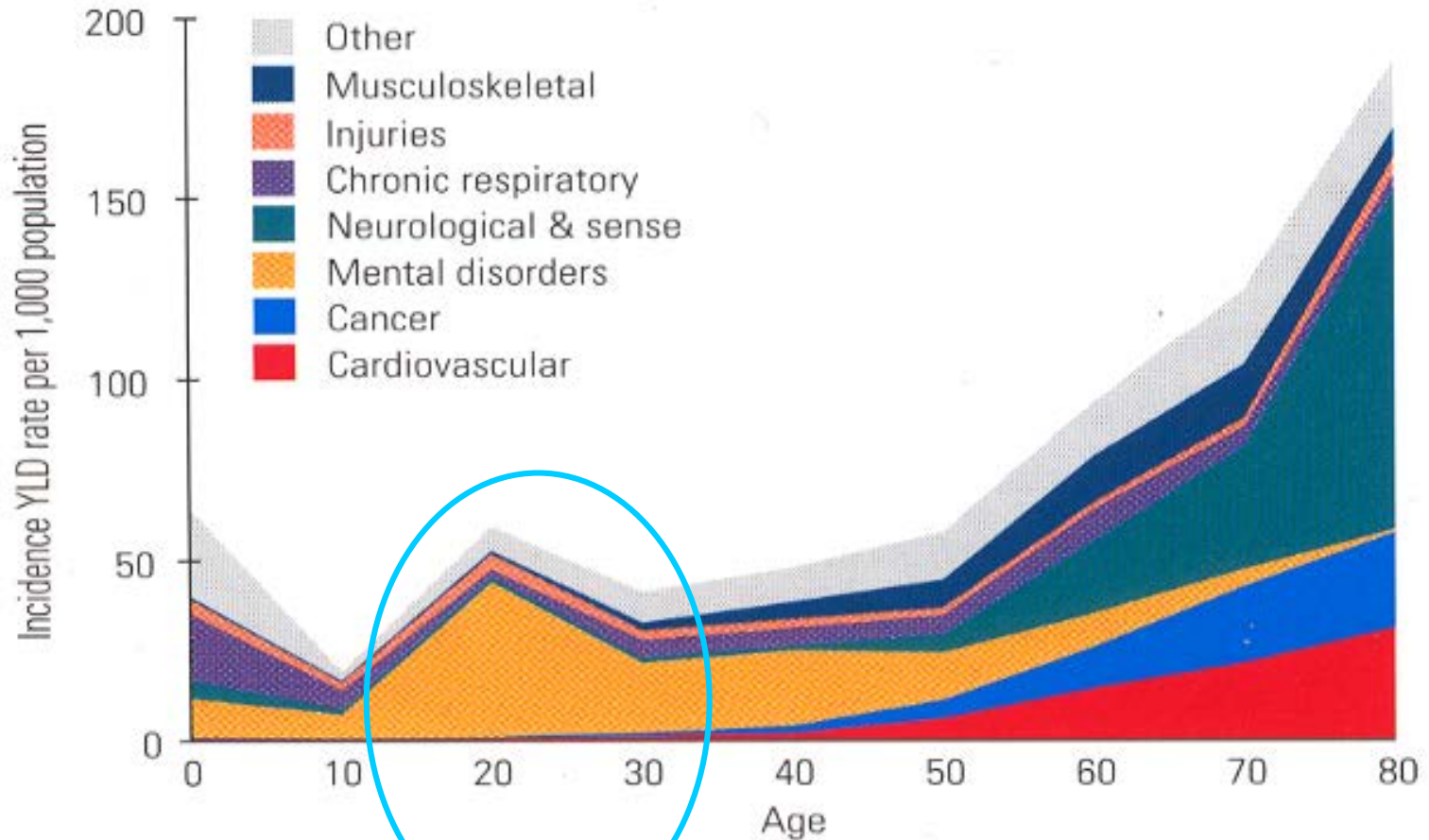
Substance Use Disorders   **15 years old**

The Cost of Child/Adolescent Mental Disorders

- **$247 billion** is the annual cost of mental disorders on the well-being of American youth and their families

Incidence of Disease across the Lifespan

Policy, Infrastructure, and Funding

"There is no mental health equivalent to the federal government's commitment to childhood immunization"

- Disease Prevention and Health Promotion approaches
- Where is the safety net?
- Assessment?
- Mental Illness as STDs
- Asthma, diabetes, and other childhood disorders

Goal 4. Early Mental Health Screening, Assessment, and Referral to Services Are Common Practice

- 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.

A Report on Prevention in Youth

• *"Preventing Mental, Emotional and Behavioral Disorders Among Young People: Progress and Possibilities."*

• Released by the Institute of
• Medicine 2009

"Interventions before the disorder occurs offer the greatest opportunity to avoid the substantial costs to individuals, families and societies that MEB disorders entail."

"The promise and potential lifetime benefits of preventing MEB disorders are greatest by focusing on young people…"

Prevention And Promotion (IOM)
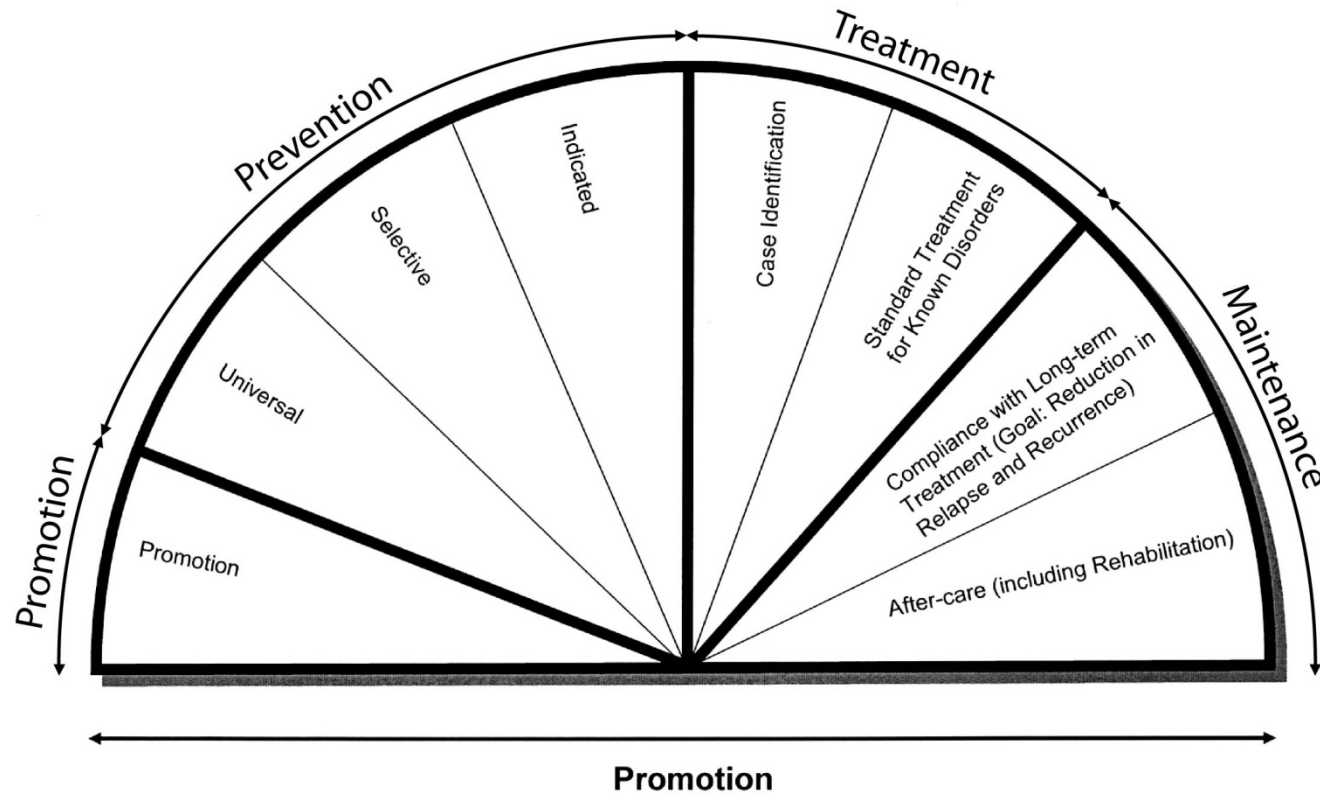
2010 SAMHSA Strategic Priority # 1.1

- **"Goal 1.1: Build emotional health, prevent or delay onset of, and mitigate symptoms and complications from substance abuse and mental illness."**

Mental Health Awareness and Education as Critical Promotion Steps

ONE IN FIVE YOUTH HAS A MENTAL HEALTH PROBLEM

IT COULD BE YOU.   IT COULD BE YOUR BEST FRIEND.

ONE OF THESE KIDS

HAS A BROKEN ARM.

ONE OF THESE KIDS

HAS DEPRESSION.

BOTH NEED URGENT TREATMENT.

SAD
TIRED
ANGRY
IRRITATED
HOPELESS
RISKY BEHAVIOR

KNOW THE POSSIBLE SIGNS OF DEPRESSION.

September 2010: Federal Requirement for Screening for Mental Health Issues

- The Affordable Care Act's New Rules on Preventive Care:
  - Requires health plans to cover wellness and preventive services without co-payment or cost to families
  - Includes screening and assessment of children and youth for behavioral health issues

25 Years Disparity in Life Expectancy for People with Serious Mental Illness

Higher medical costs associated with untreated depression for people with chronic illnesses such as diabetes, chronic pain, etc.

TABLE 1: FOUR QUADRANTS OF CLINICAL INTEGRATION BASED ON PATIENT NEEDS

	QUADRANT II	QUADRANT IV
BEHAVIORAL HEALTH RISK/COMPLEXITY → HIGH	Patients with high behavioral health and low physical health needs	Patients with high behavioral health and high physical health needs
	Served in primary care and specialty mental health settings	Served in primary care and specialty mental health settings
	(Example: patients with bipolar disorder and chronic pain) Note: when mental health needs are stable, often mental health care can be transitioned back to primary care.	(Example: patients with schizophrenia and metabolic syndrome or hepatitis C)
	QUADRANT I	**QUADRANT III**
	Patients with low behavioral health and low physical health needs	Patients with low behavioral health and high physical health needs
LOW ←	Served in primary care setting	Served in primary care setting
	(Example: patients with moderate alcohol abuse and fibromyalgia)	(Example: patients with moderate depression and uncontrolled diabetes)

LOW ←——————— PHYSICAL HEALTH RISK/COMPLEXITY ———————→ HIGH

Source: Adapted from Mauer 2006.

Screening Recommended and Reimbursed

- www.teenscreen.org "mental health checkup"
  - Pediatric Symptom Checklist
  - PHQ-9 for Teens
  - CRAFFT for substance abuse
  - www.schoolpsychiatry.org

Mental Health Checkup Procedures

- Screening can be conducted during well-child, sports physical and other visits.

- Screening questionnaire is completed by the teen and scored by a nurse or medical technician.

- PCPs review screening results and briefly evaluate teens who score positive.

- Teens who require a more complete evaluation or MH services are referred to a MH provider or treated by the PCP.

Steps in a Mental Health Checkup

11–18 Year Old Patients

↓

Screening Questionnaire Administration and Scoring

↓

Post-Screening Interview/Exam

→ **No Referral/Treatment**

↓

Parent Notification, Referral/Treatment
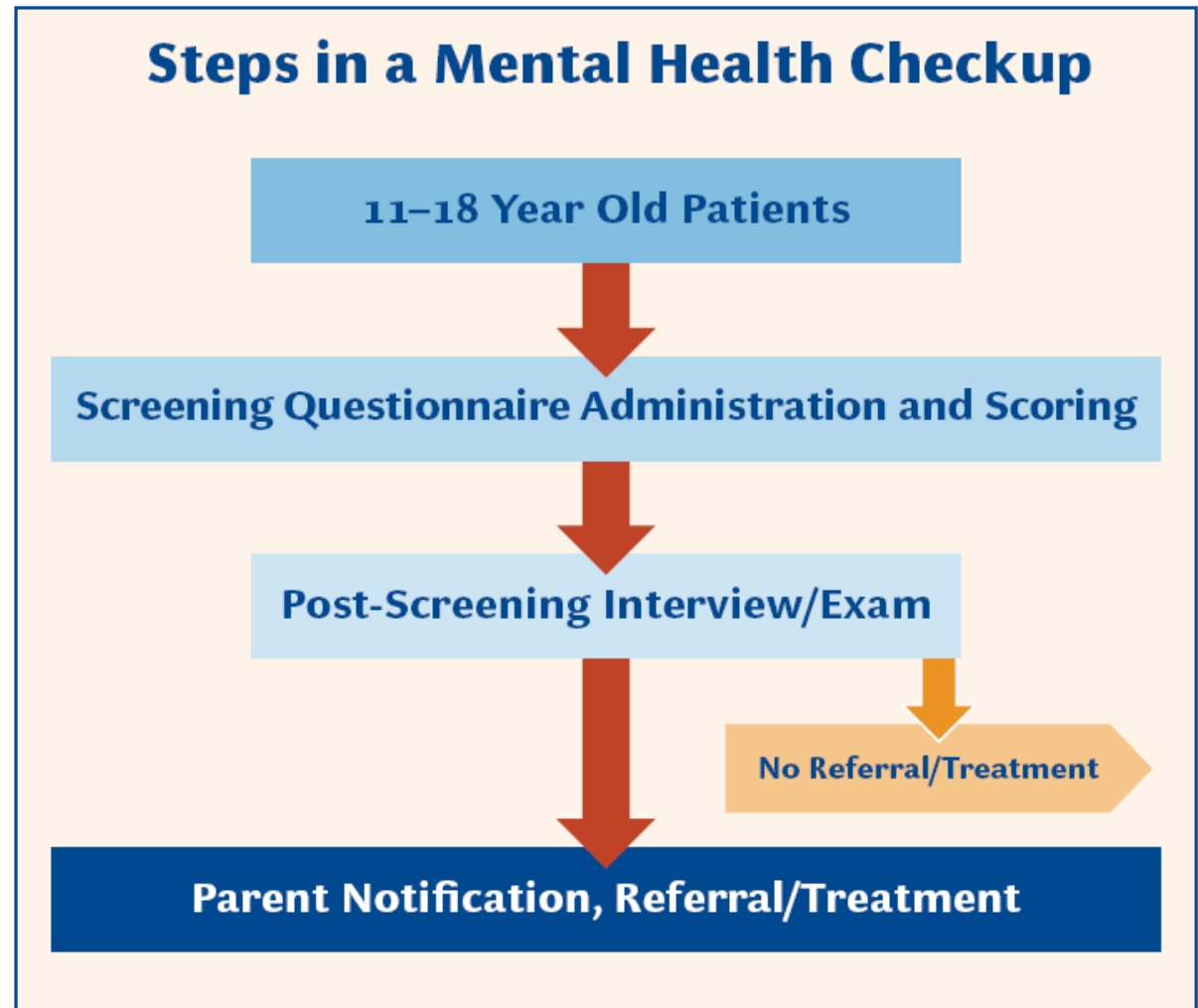
Pediatric Symptom Checklist-Youth

- 35-item youth self-report questionnaire

- Designed to detect behavioral and psychosocial problems

- Questions cover internalizing, attention, externalizing problems

- Two additional questions regarding suicidal thinking and behavior added

- Takes 5 minutes to complete and score

- Validated and widely used

A Survey From Your Healthcare Provider

Name	Date		ID		
Please mark under the heading that best fits you or circle yes or no			Never 0	Sometimes 1	Often 2
1. Complain of aches or pains					
2. Spend more time alone					
3. Tire easily, little energy					
4. Fidgety, unable to sit still					
5. Have trouble with teacher					
6. Less interested in school					
7. Act as if driven by motor					
8. Daydream too much					
9. Distract easily					
10. Are afraid of new situations					
11. Feel sad, unhappy					
12. Are irritable, angry					
13. Feel hopeless					
14. Have trouble concentrating					
15. Less interested in friends					
16. Fight with other children					
17. Absent from school					
18. School grades dropping					
19. Down on yourself					
20. Visit doctor with doctor finding nothing wrong					
21. Have trouble sleeping					
22. Worry a lot					
23. Want to be with parent more than before					
24. Feel that you are bad					
25. Take unnecessary risks					
26. Get hurt frequently					
27. Seem to be having less fun					
28. Act younger than children your age					
29. Do not listen to rules					
30. Do not show feelings					
31. Do not understand other people's feelings					
32. Tease others					
33. Blame others for your troubles					
34. Take things that do not belong to you					
35. Refuse to share					
36. During the past three months, have you thought of killing yourself?				Yes	No
37. Have you ever tried to kill yourself?				Yes	No

FOR OFFICE USE ONLY TS _____

Cutoff Scores for Interpretation: I ≥ 5   E ≥ 7   A ≥ 7   Q 36 or Q 37=Y   TS ≥ 30

Plan for follow-up

☐ Annual Screening ☐ Return visit w/ PCP ☐ Referred to counselor ☐ Parent declined ☐ Already in treatment ☐ Referred to other professional

Source: Pediatric Symptom Checklist – Youth Report (PSC-Y)

Patient Health Questionnaire Depression Screen (PHQ-A)

- 9-item youth self-report questionnaire

- Designed to detect symptoms of depression in adolescents

- Two additional questions regarding suicidal thinking and behavior added

- Takes 5 minutes to complete and score

- Validated and widely used; one of the two depression screens recommended by USPSTF

PHQ-A Depression Screen

INSTRUCTIONS: This questionnaire will help in understanding problems that you may have with depression or your mood. Please make sure to circle YES or NO for each question unless the instructions tell you to skip over some questions.

During the *last 2 weeks*, have you had any of the following problems nearly every day?

1. Little interest or pleasure in doing things?	YES	NO
2. Feeling down, depressed, or hopeless?	YES	NO

If you answered YES to EITHER Question 1 or 2, please answer Questions 3-11.

3. Trouble falling or staying asleep or sleeping too much?	YES	NO
4. Feeling tired or having little energy?	YES	NO
5. Poor appetite or overeating?	YES	NO
6. Feeling bad about yourself or that you are a failure, or have let yourself or your family down?	YES	NO
7. Trouble concentrating on things, such as reading the newspaper or watching television?	YES	NO
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you were moving around a lot more than usual?	YES	NO
9. In the last 2 weeks, have you had thoughts that you would be better off dead, or of hurting yourself in some way?	YES	NO

If you answered NO to BOTH Questions 1 and 2, SKIP to Questions 10 and 11 below.

All Respondents Should Answer Questions 10 and 11.

10. During the past three months, have you thought of killing yourself?	YES	NO
11. Have you ever tried to kill yourself?	YES	NO

For Office Use Only

Q1, Q2 = Y _____   OR   Q1-Q9 = Y to 5 or more _____   OR   Q10-Q11 = Y _____

Post-Screening Interview

✓ Look to see if answers cluster by internal (anxiety/ depression); attention (ADHD); and/ or external (conduct/ oppositional defiant disorder)

✓ Explore symptoms that were endorsed on the screening questionnaire

✓ Inquire about suicidal thoughts and behaviors

✓ Assess level of impairment in day-to-day life at home, in school, and with peers

✓ Determine if further evaluation or treatment would be beneficial

✓ For patients who score negative on the screening questionnaire, briefly review the symptoms that were endorsed

Making a Referral

- ✓ Referral resources and instructions are customized for each health plan.

- ✓ Resources include an 800 number for the behavioral health plan with response from a licensed, master's level clinical care manager.

- ✓ Clinical care manager conducts a risk rating assessment, determines the appropriate level of care, and assist the family in obtaining a timely appointment with a mental health provider.

TeenScreen Primary Care
Quick Start Guide

Comprehensive resource for healthcare providers to assist with the implementation of mental health checkups in a primary care setting. Free copies provided to all participating PCPs.

Includes the following:

✓ Overview of TeenScreen Primary Care

✓ Screening Questionnaire Administration & Scoring Instructions

✓ Screening Questionnaire

✓ Interpreting the Screening Results

✓ Customized Referral Instructions

✓ Customized Coding and Reimbursement Information

Quick Start Guide for Mental Health Checkups

Incorporating Mental Health Screening Into Adolescent Office Visits

TeenScreen® National Center for Mental Health Checkups at Columbia University

TeenScreen ✓ Primary Care
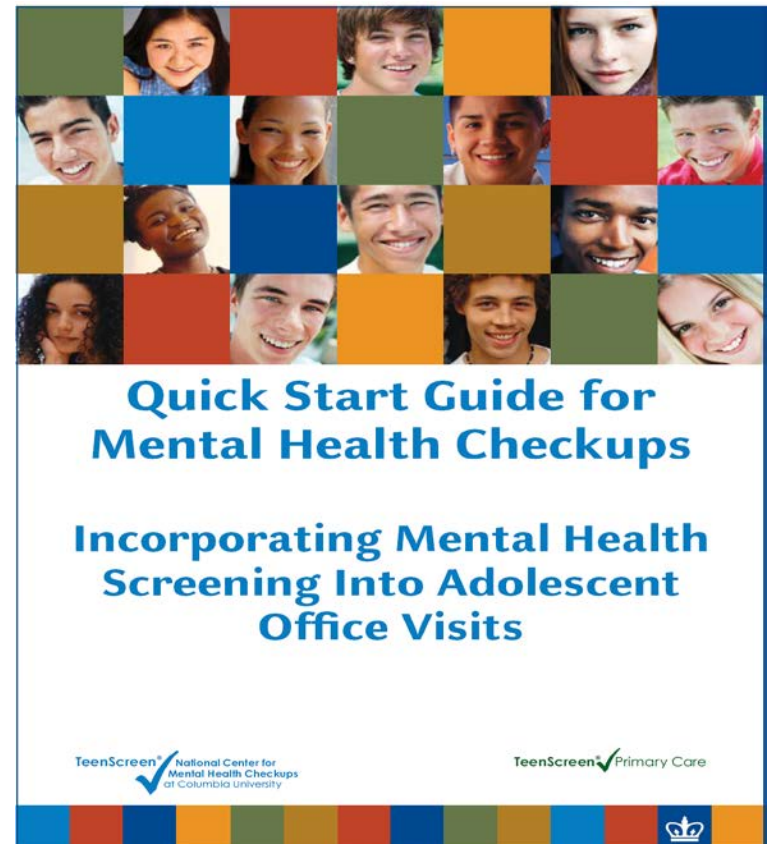
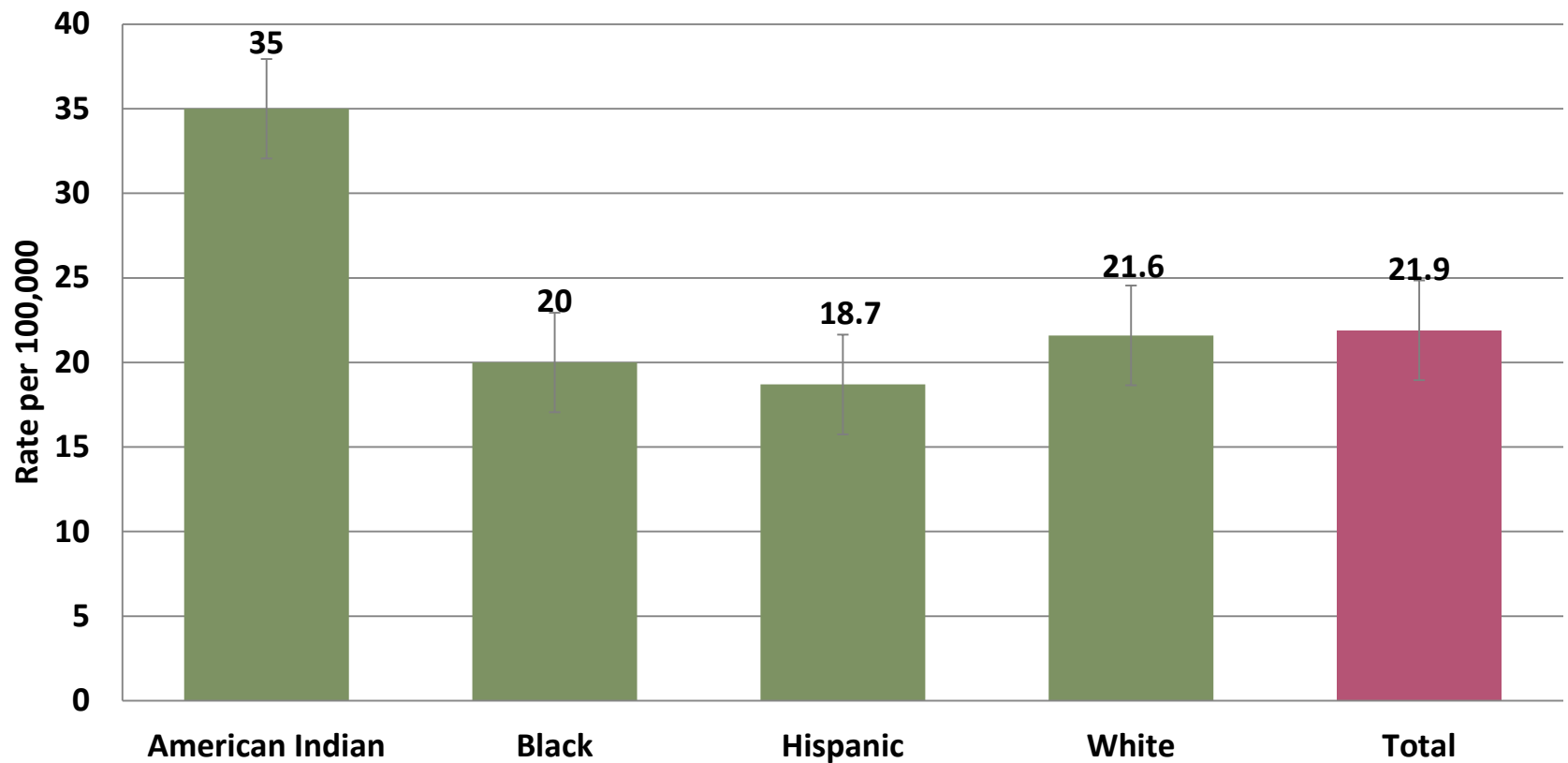www.schoolpsychiatry.org

U.S. Preventive Services Task Force Report on Depression Screening in Adolescents (Pediatrics 2009; 123; 1223-1228)

- Screen adolescents 12-18 for major depressive disorders in multiple settings, including primary care and schools.

- Ensure systems are in place for accurate diagnosis, psychotherapy, and follow-up.

- There are now effective depression screens and treatments for adolescents.

- There is NOT currently sufficient evidence to support these recommendations for children.

CDC YRBS 2011

Legend:
- Total National-All Youth
- Total National Native American Youth

Categories: Considered suicide, Made a suicide plan, Attempted, Attempted treated

http://www.cdc.gov/mmwr/pdf/ss/ss6104.pdf Page 72, Table 25
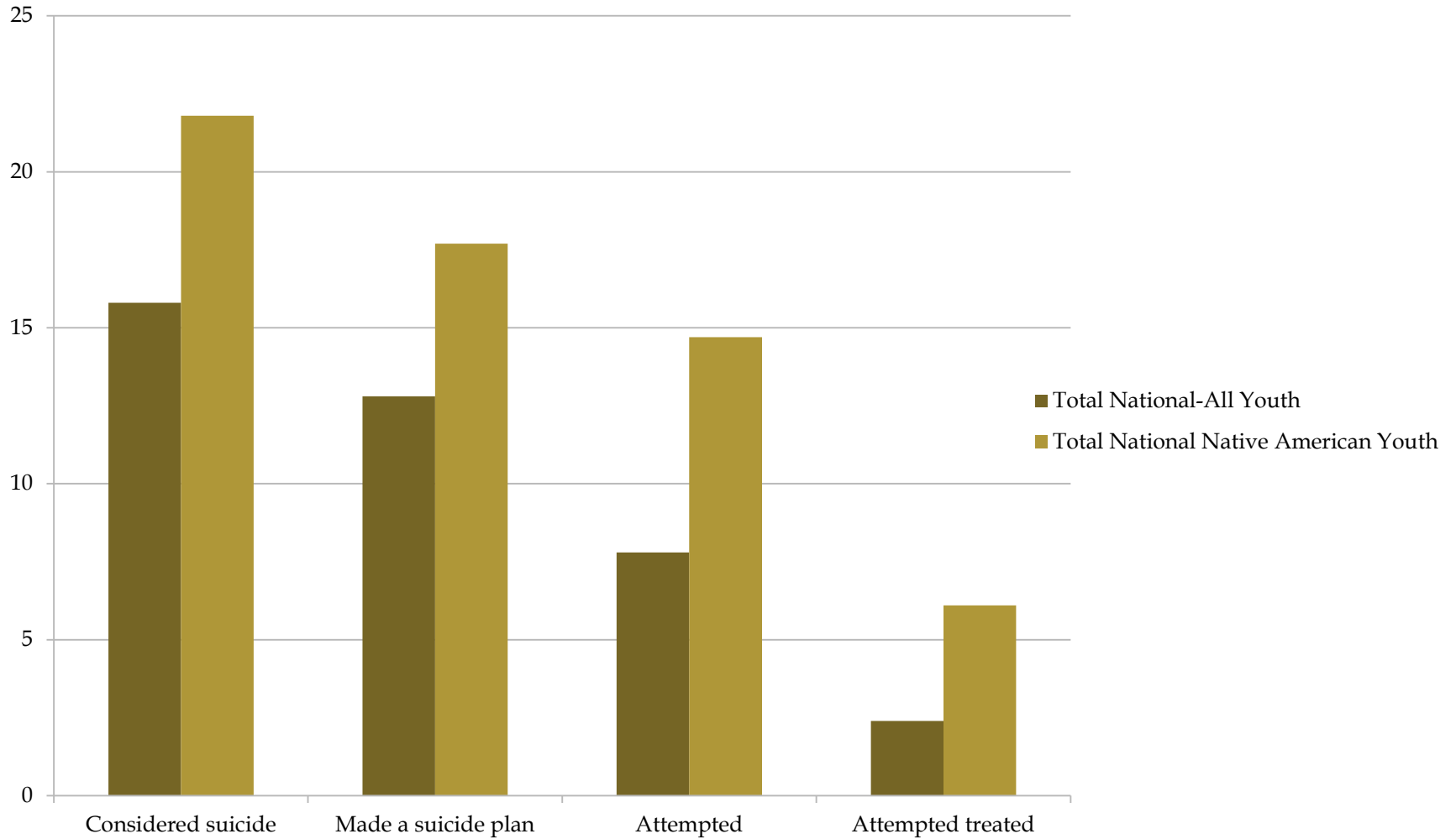
Suicide rates among NM youth 15-24 years by race/ethnicity, 2007-2011

Garrett Lee Smith Suicide (or MSPI?) Prevention Models

- Linked to school or SBHC or community BH site

- Provide for suicide prevention coordinator for education and training across school and district

- Screening or early intervention models linked to on site behavioral health provider

- Televideo, telephone backup for training, consultation, case support and systems support

www.honoringnativelife.org

Honoring Native Life

Search this site

Home
Resources for Youth
New Mexico Tribal and State Resources
  Educational Tools and Materials
  New Mexico Library
  Resources Within New Mexico
  Community-Based Resources in New Mexico
Getting Help
National Resources
  Educational Tools and Resources
  National Library
  Other Links
Creating a Community Coalition
Community Partners
Contact Us
Sitemap

If you or someone you know
is in suicidal crisis, call
1-800-273-TALK (8255).
National Suicide Prevention Lifeline

Purpose of the website:

This website serves as a clearinghouse for tools and other resources for Native American communities within the state of New Mexico. We are a resource for Native communities who are working to decrease the risk of suicides and developing appropriate responses to decrease future risk if a suicide actually occurs.

The Native American Suicide Prevention Clearinghouse

The Native American Suicide Prevention Clearinghouse came about with the passage of Senate Bill 417, sponsored by New Mexico Senator Lynda Lovejoy. The bill was passed unanimously in both houses of the New Mexico legislature. On March 31, 2011, Governor Martinez signed SB 417 in Shiprock, New Mexico.

Currently, the Native American Suicide Prevention Clearinghouse has not received an appropriation for full implementation, but we are able to host this website to assist Native communities in their suicide prevention efforts.

The **Center for Rural and Community Behavioral Health** located at the University of New Mexico provides community oriented services to underserved populations, engages in rural training and workforce development and strengthens the behavioral health services research capacity in New Mexico.

The National Suicide Prevention Lifeline
The Native American Suicide Prevention Clearinghouse is not

Early Psychosis Programs

Young people outgrow many things, but not severe mental illness. Most cases develop after 12 and begin with the following warning signs:

- A drop in performance at school, work, or home
- Increasing social withdrawal and isolation
- Significant changes in behavior or thinking
- A change in how one thinks, feels, hears, or experiences the world

If you or your child show most of these symptoms, seek help as soon as possible. Treatment is available, and early intervention may prevent an illness.

For more information, call 1-877-880-3377..

What if it's not "just a phase"?.

The **PIER** Program
"an ounce of prevention"

Maine Medical Center

The MaineHealth® Family

Why Focus on Psychotic Disorders?

- **75%**
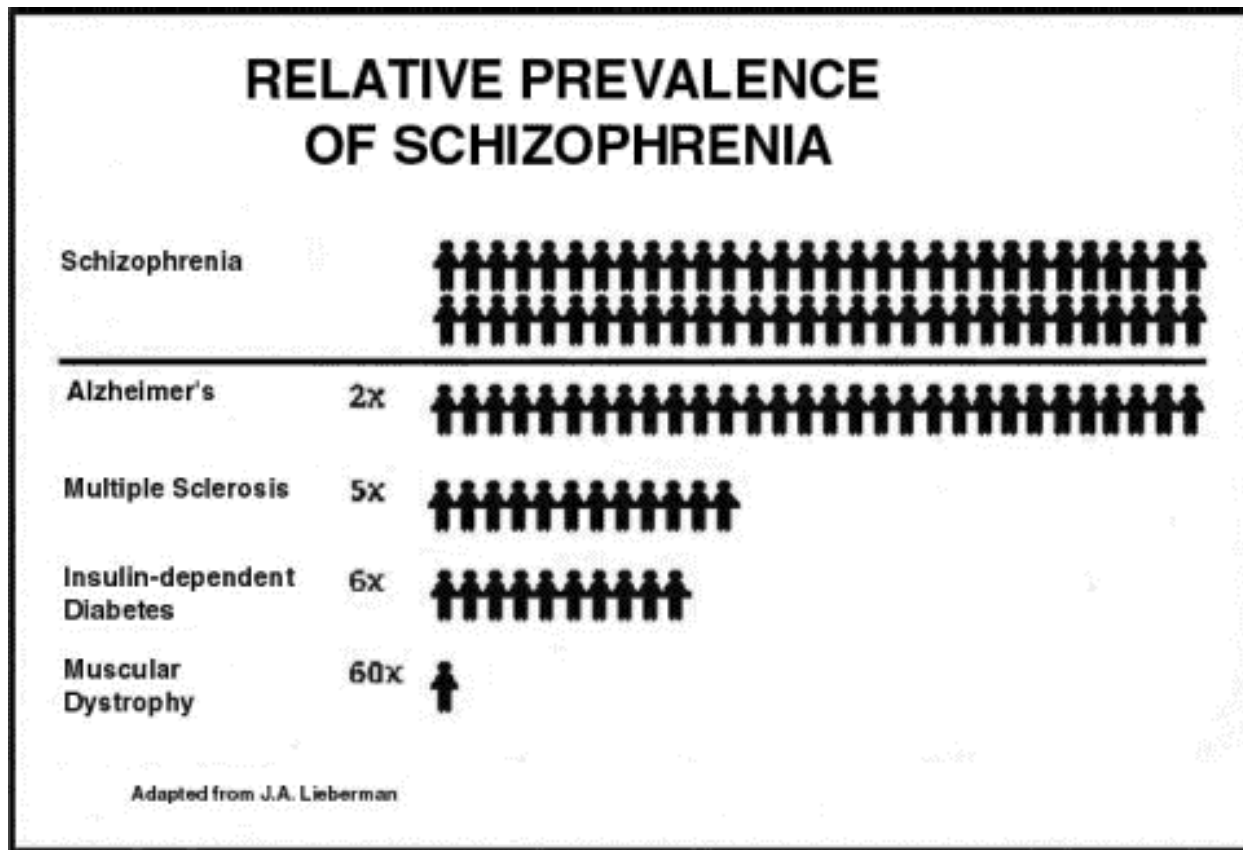- Proportion of people who have a psychotic episode & schizophrenia and then develop disability

- **$10 million**
- Lifetime costs for each new schizophrenia case

- **10%**
- Proportion of people with schizophrenia who are gainfully employed

Psychosis is Far More Common than Insulin-Dependent Diabetes (5x more common for Schizophrenia alone)

RELATIVE PREVALENCE OF SCHIZOPHRENIA

Schizophrenia		🚹🚹🚹🚹🚹🚹🚹🚹🚹🚹
Alzheimer's	2x	🚹🚹🚹🚹🚹🚹🚹🚹🚹🚹
Multiple Sclerosis	5x	🚹🚹🚹🚹🚹
Insulin-dependent Diabetes	6x	🚹🚹🚹🚹
Muscular Dystrophy	60x	🚹

Adapted from J.A. Lieberman

The Prodromal Phase

- Encompasses the period of early symptoms or changes in functioning that precede psychosis

- Symptoms generally arise gradually but are new and uncharacteristic of the person

- The person retains awareness that something is not normal and thus is more amenable to help

- Some believe during this phase prevention is possible

Early Psychosis Symptoms

"I'd say I started having paranoid feelings about a year ago. If I really think, things started to happen little by little, but they gradually got worse. I didn't notice because I thought the way I felt was right. And my parents didn't notice because it was so gradual."

Boydell et al, Psych Rehab J, 2006;30:54-60

Duration of Untreated Psychosis (DUP) and Outcome

Shorter DUP is associated with:

- Better response to anti-psychotics

- Greater decrease in both positive and negative symptom severity

- Decreased frequency of relapse

- More time at school or work
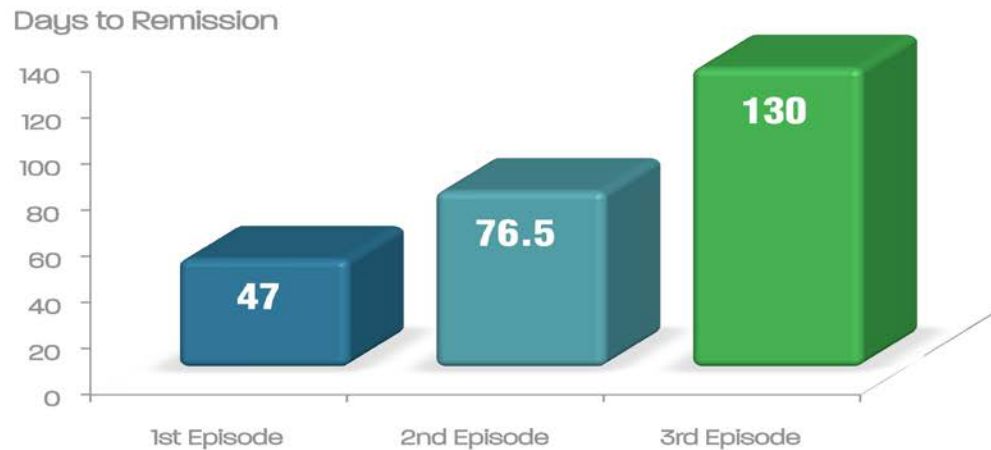
- Overall improved treatment response over time

Perkins et al, AJP 2005; 162:1785-1804

Why Focus on Psychosis

Functioning as an Effect of Number of Psychotic Episodes
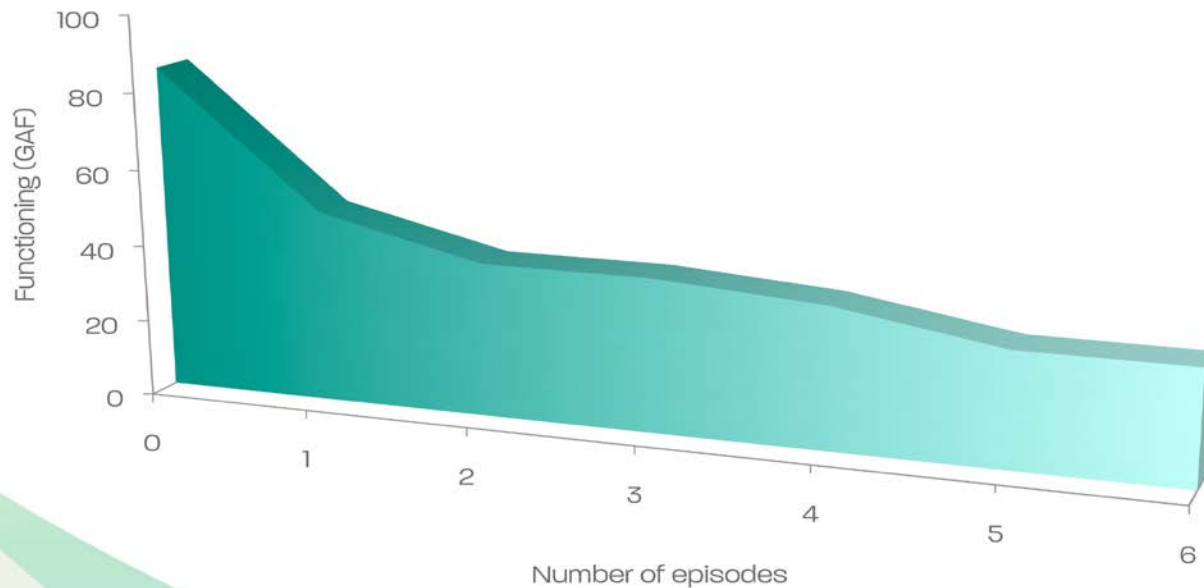
Why Focus on Psychosis

Effects of Multiple Relapses

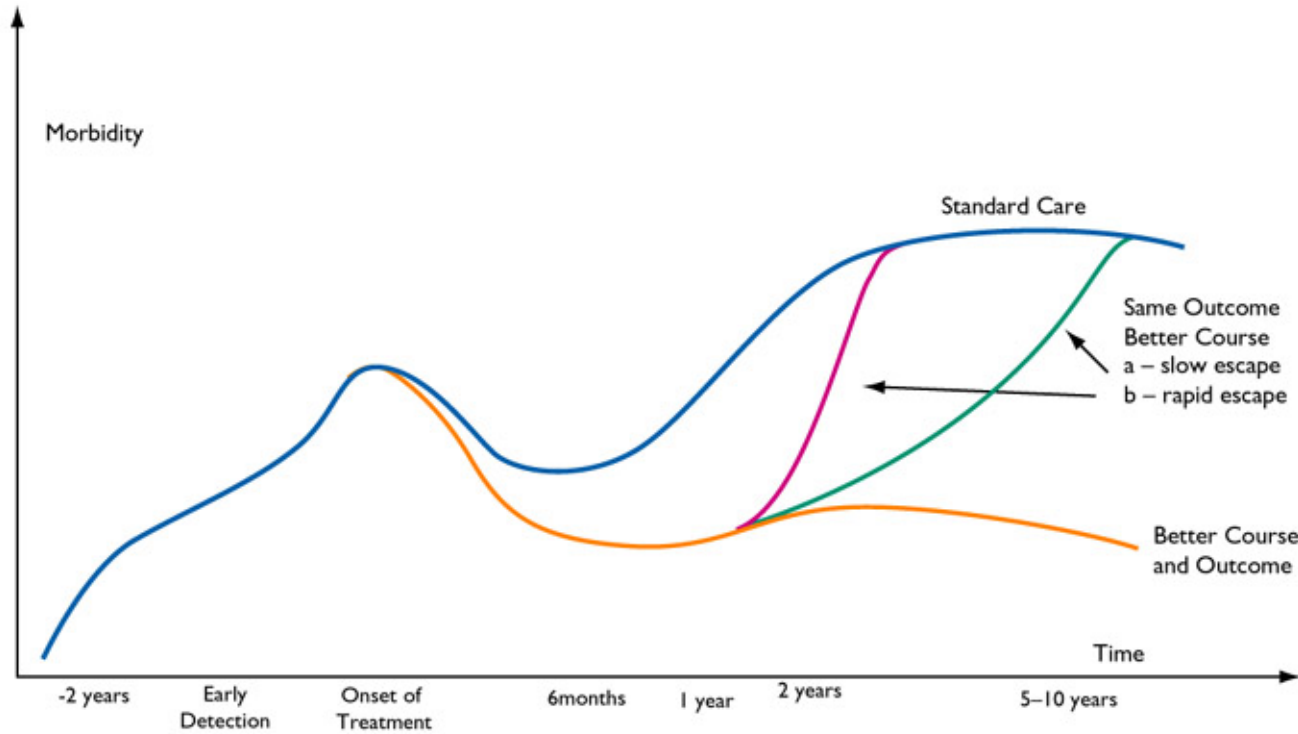Days to Remission

	1st Episode	2nd Episode	3rd Episode
	47	76.5	130

Adapted from Lieberman, J., et al., J Clin, Psychiatry, 1996; 57: 5-9

PIER TRAINING INSTITUTE
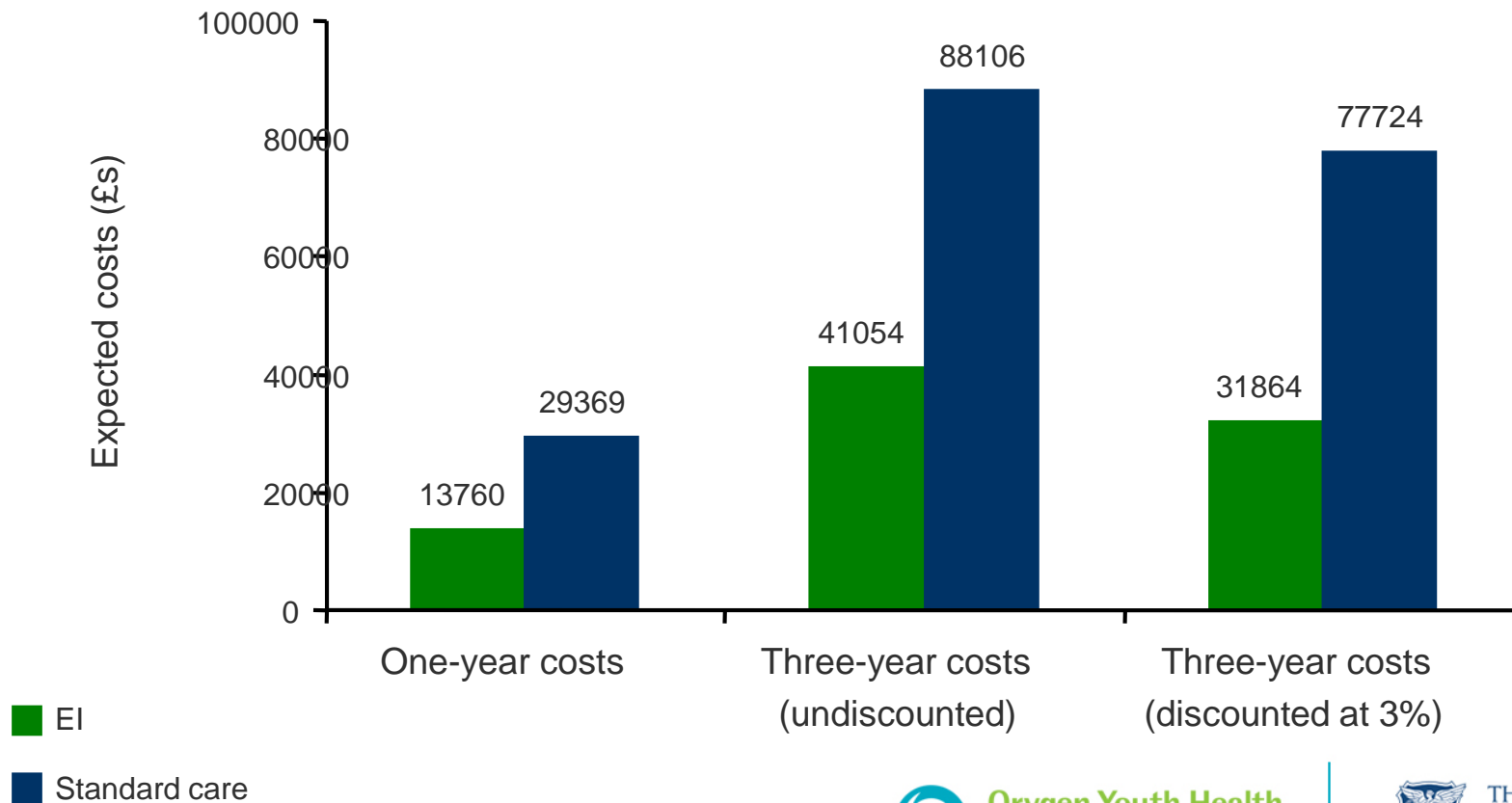Advancing innovations in mental health practice

Initial Research Results:
Psychosis prevention studies:
1 year rates for conversion to psychosis
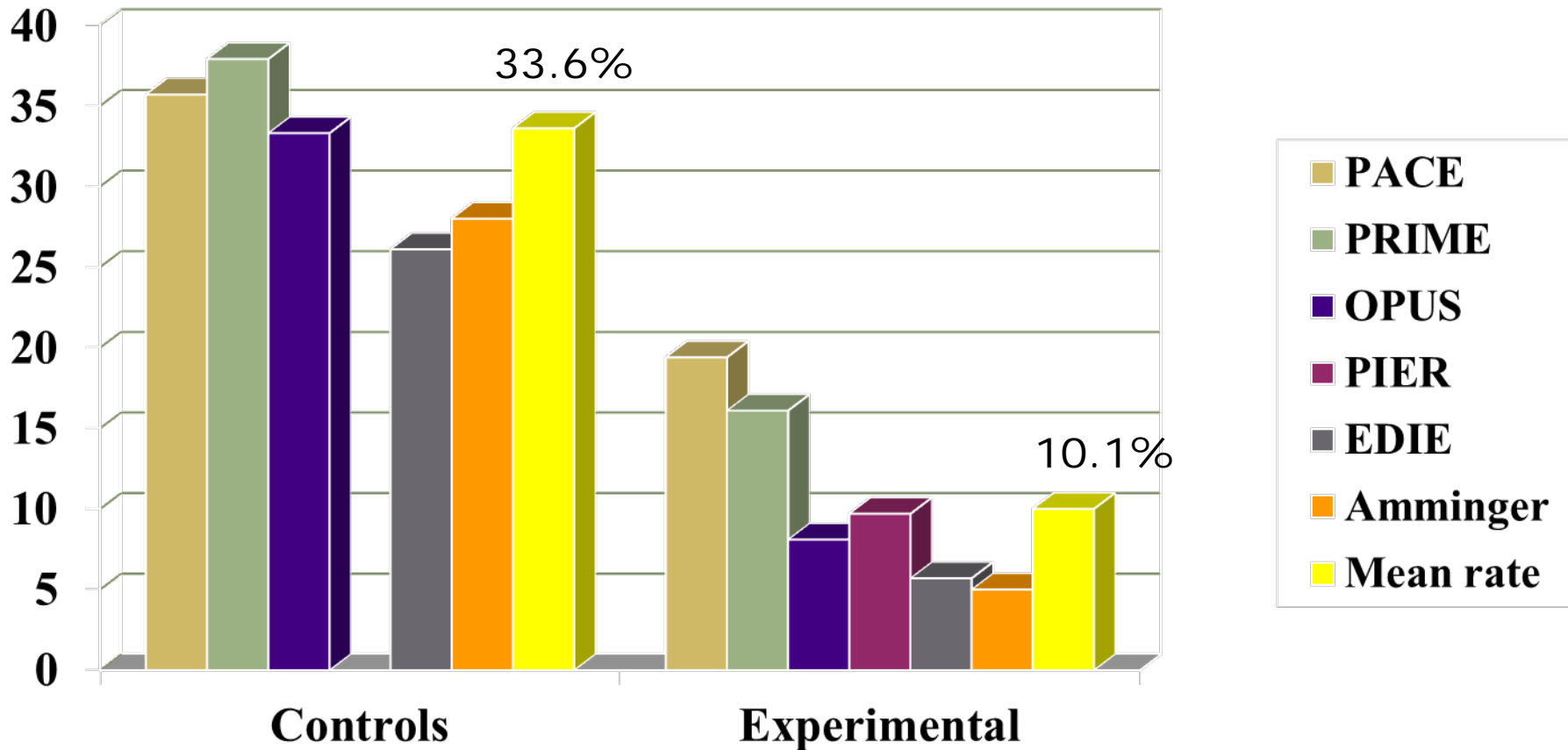
Potential Impact of Early Intervention Strategies

EARLY Collaborators

■ Collaboration between The Mind Research Network and the UNM Department of Psychiatry

■ Community Advisory Board

■ Other EDIPPP sites include
   ▫ Portland, ME
   ▫ Salem, OR
   ▫ Queens, NY
   ▫ Sacramento, CA
   ▫ Ypsilanti, MI

Structured Interview for Prodromal Syndromes (SIPS)

McGlashan, T., *et al, 2003*

- Measures Positive, Negative, Disorganized and General Symptoms
- Positive Symptoms measured include:
  - Unusual Thought Content/Delusional Ideas
  - Suspiciousness/Persecutory Ideas
  - Grandiose Ideas
  - Perceptual Abnormalities/Hallucinations
  - Disorganized Communications

PRIME Screen

- **Recommended to be completed <u>as an interview</u> (not a self-report)**
- **For use in clinical practice**
- **Helps put words to difficult concepts**
- **Gives clinicians a tool to ask basic screening questions**
- **Can be incorporated into other MH screening procedures, e.g., intakes**

The PRIME Screen

Please answer all questions for past year.	Definitely Disagree	Somewhat Disagree	Slightly Disagree	Not Sure	Slightly Agree	Somewhat Agree	Definitely Agree
1. I think that I have felt that there are odd or unusual things going on that I can't explain.	0	1	2	3	4	5	6
2. I think that I might be able to predict the future.	0	1	2	3	4	5	6
3. I may have felt that there could possibly be something interrupting or controlling my thoughts, feelings, or actions.	0	1	2	3	4	5	6
4. I have had the experience of doing something differently because of my superstitions.	0	1	2	3	4	5	6
5. I think that I may get confused at times whether something I experience or perceive may be real or may be just part of my imagination or dreams.	0	1	2	3	4	5	6
6. I have thought that it might be possible that other people can read my mind, or that I can read others' minds.	0	1	2	3	4	5	6
7. I wonder if people may be planning to hurt me or even may be about to hurt me.	0	1	2	3	4	5	6
8. I believe that I have special natural or supernatural gifts beyond my talents and natural strengths.	0	1	2	3	4	5	6
9. I think I might feel like my mind is "playing tricks" on me.	0	1	2	3	4	5	6
10. I have had the experience of hearing faint or clear sounds of people or a person mumbling or talking when there is no one near me.	0	1	2	3	4	5	6
11. I think that I may hear my own thoughts being said out loud.	0	1	2	3	4	5	6
12. I have been concerned that I might be "going crazy."	0	1	2	3	4	5	6

PRIME Screen

Scoring

Positive Score:

- 2 or more items scored at a "6"

OR

- 3 or more items scored at a "5"

Other Guidelines:

- For lower scores you may also want to prompt for duration and distress

RA1SE

A Research Project of the NIMH

Early Treatment Program

The NIMH RAISE
Early Treatment Program (ETP)

Recovery After an Initial
Schizophrenia Episode

RAISE EARLY TREATMENT PROGRAM SITES

RAISE ETP Study Methods

- Sites chosen: community mental health centers - not academic research centers
- Replicate real-world implementation barriers (billing, access, etc.)
- Groups were assigned randomly
  - 18 Navigate sites
  - 17 Community Care sites
- The study will compare the two groups
- The study will go on for almost 4 years
- People who join the study will be treated and assessed for at least 2 years
- Study stopped enrolling in December 2011

RAISE ETP Study Outcomes

- **Primary outcome measure: Quality of Life**
  - **Primary hypothesis:**

    NAVIGATE intervention will improve Quality of Life significantly more than Community Care
- **Other measured outcomes**
  - **Service utilization**
  - **Cost**
  - **Consumer perception**
  - **Prevention of relapse**
  - **Recovery**

RAISE ETP Study Participants

- **Sample size: 400**
  - **10 – 20 at each site**
- **Age 15-40**
- **One of these diagnoses is in the differential:**
  - **schizophreniform disorder**
  - **schizophrenia**
  - **schizoaffective disorder**
  - **psychotic disorder NOS**
  - **brief psychotic disorder**
- **Less than six months of lifetime treatment with antipsychotic medications**

# RAISE ETP Treatment Services

A comprehensive, recovery based approach:

1. **Pharmacological Treatment**

2. **Family Education Program (FEP)**

3. **Supported Employment and Education (SEE)**

4. **Individual Resiliency Training (IRT)**

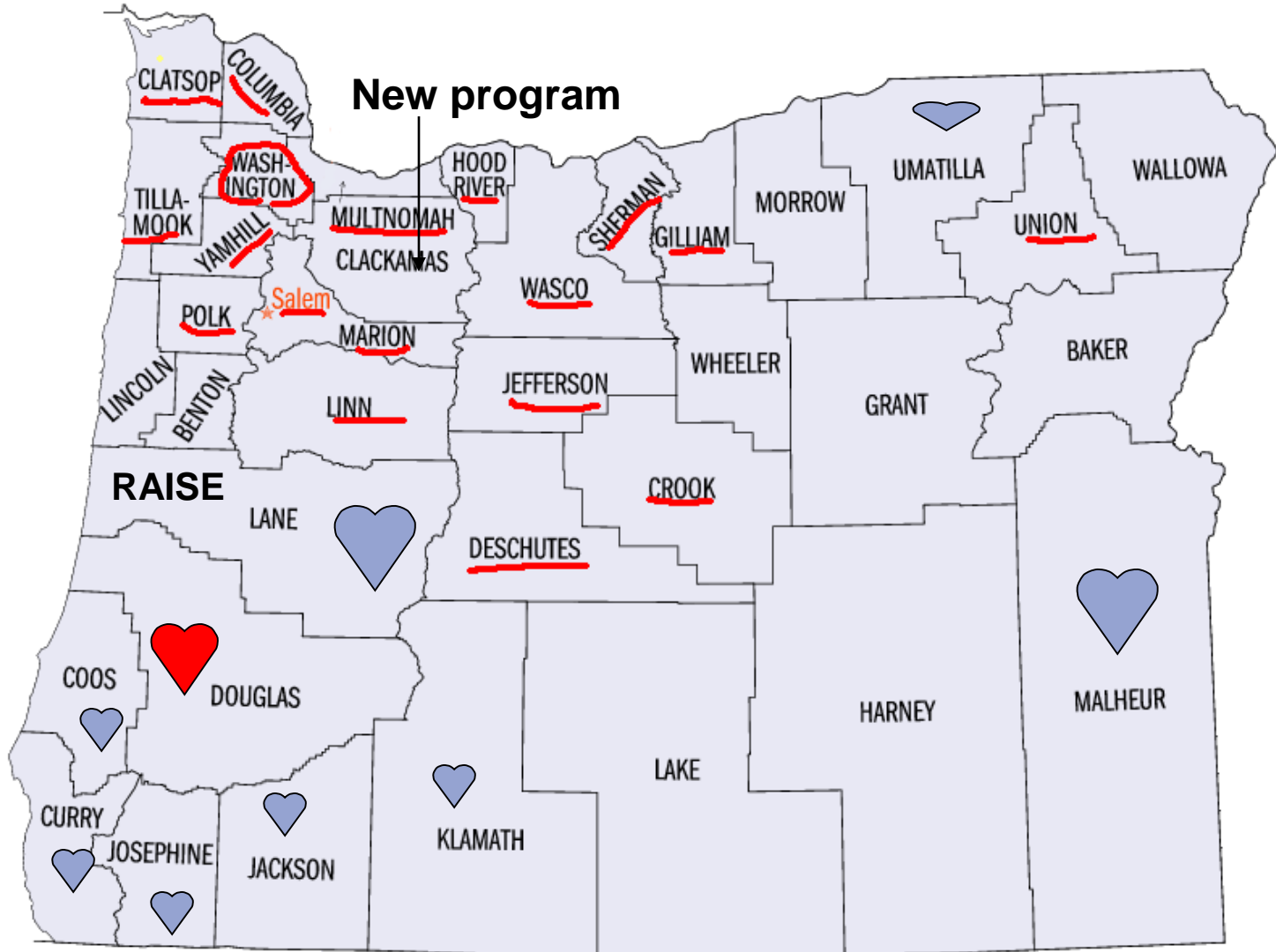# A 21st Century Youth Mental Health Service System is being built now.

$241.5m - up to 16 new EPPIC services.
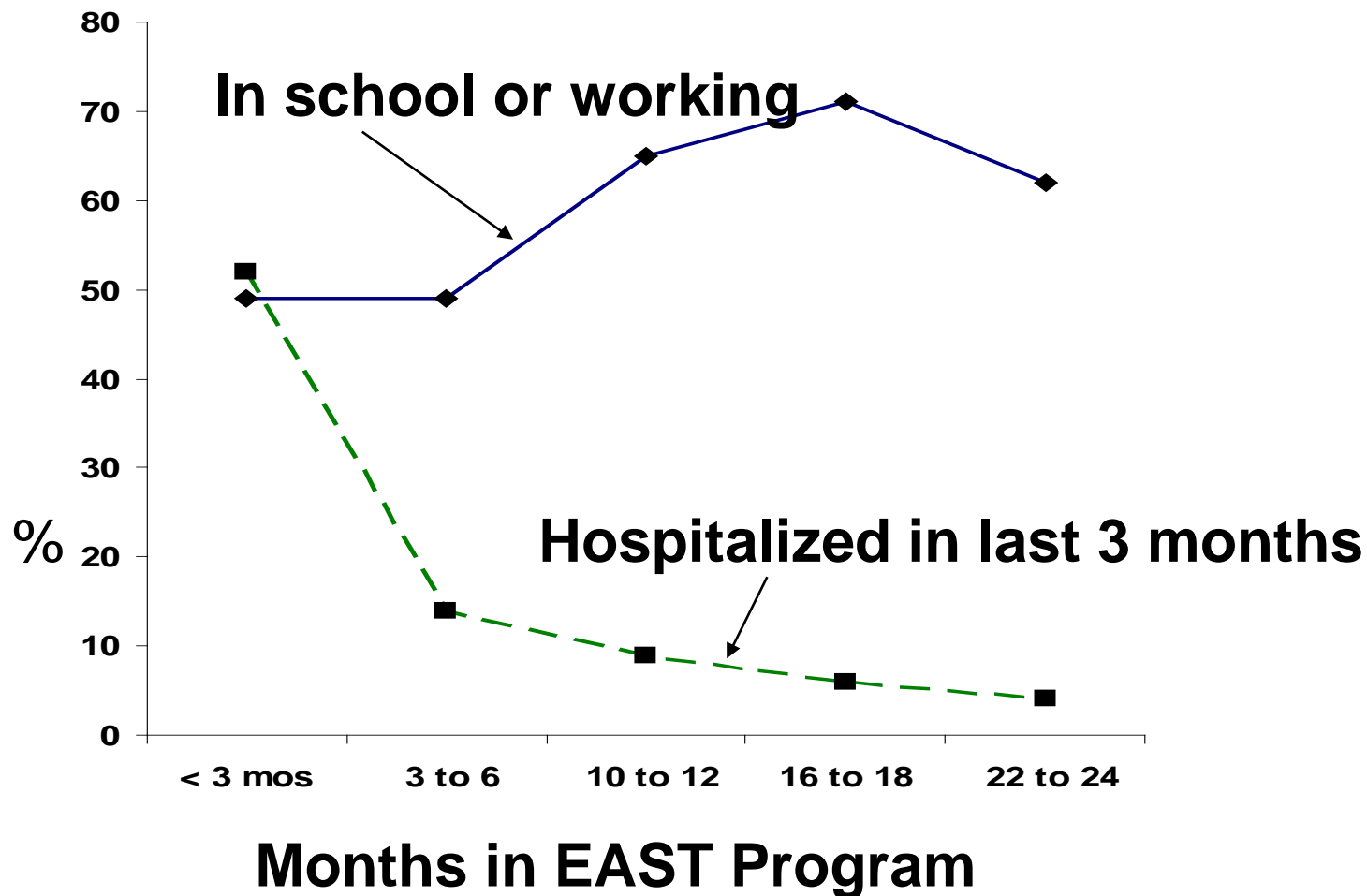
$265.3m – 90 headspace centers.

TOTAL IEPA MEMBERS PER YEAR
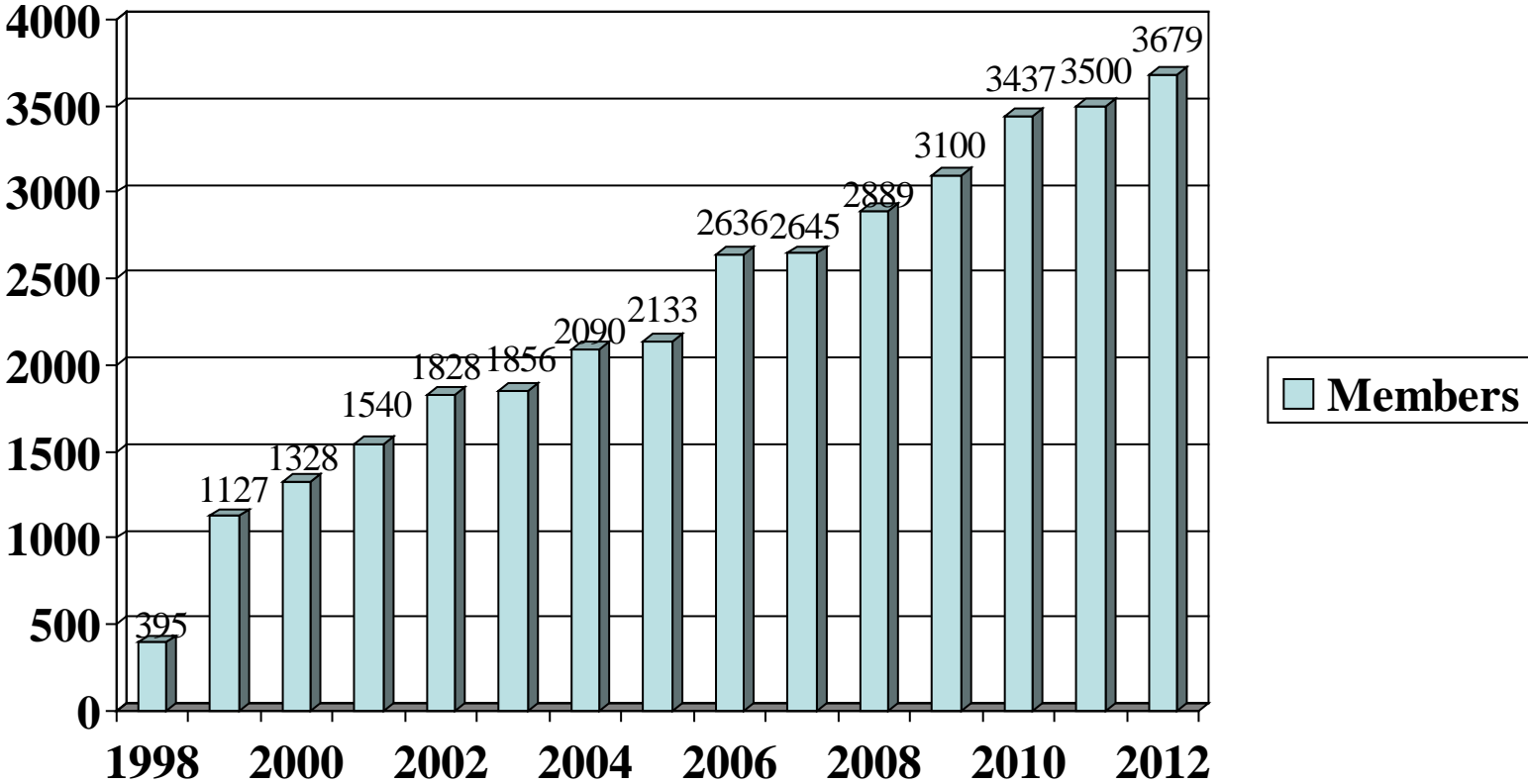
Early Assessment and Support Alliance counties, 2008

Vocational and Hospital Outcomes Prior to Service Enhancements

In school or working

Hospitalized in last 3 months

%

80
70
60
50
40
30
20
10
0

< 3 mos   3 to 6   10 to 12   16 to 18   22 to 24

Months in EAST Program

EASA Outcomes

- Fewer hospitalizations

- More people at work or in school

- Decrease in legal involvement

- Active ongoing family involvement in treatment.

- More self-sufficiency

- Overall cost savings

California Efforts

- Prop 63-Millionaire's Tax
    - Expanded Prevention-Early Intervention Focus
    - Sacramento County Roll out
    - PREP 5 County rollout
    - San Diego County, Santa Clara County, and others

UNM Early Psychosis Programs

Goal:

Provide a continuum of care for individuals in NM who are experiencing the early warning signs of psychosis or who are in their first episode of a psychotic disorder.

Spectrum of Risk
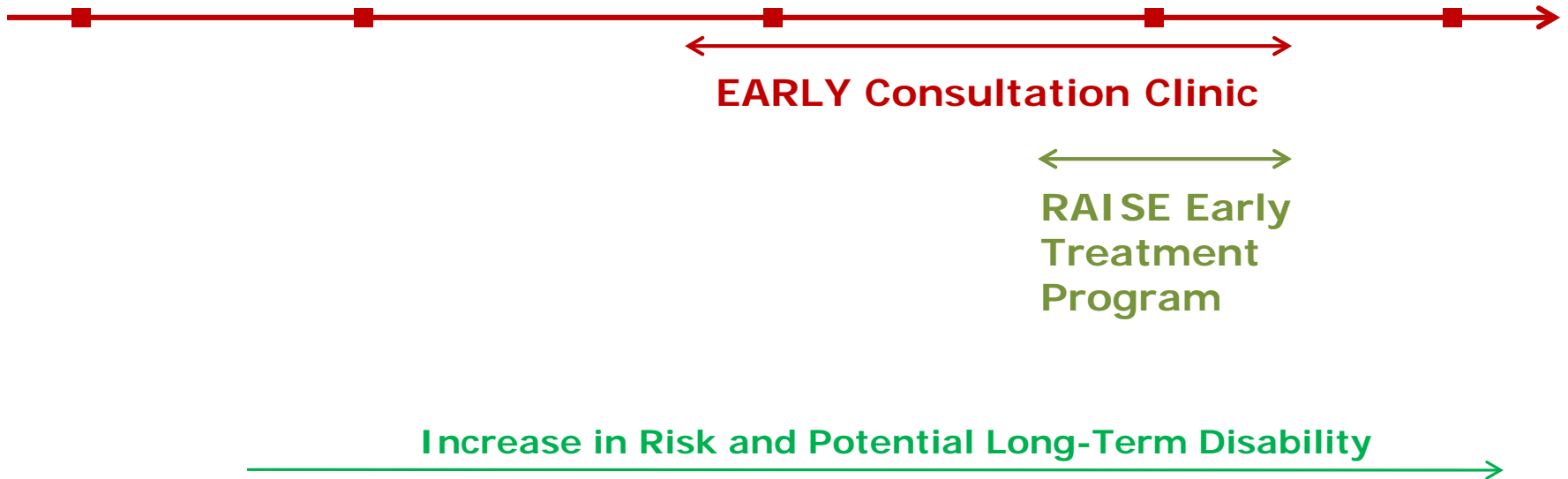
UNM Early Psychosis Programs

- **A consultation clinic for young people (generally middle to high school aged) from across the state who are experiencing early warning signs of psychosis.**

- **Young people will be seen for up to 3 sessions with our specially trained clinical team (Psychiatrists, Psychologists, Occupational Therapists and Psychotherapists) for evaluation and treatment recommendations.**

For More Information On
The EARLY or RAISE Programs:

- Call: 1-888-NM-EARLY (1-888-663-2759)
- Web: **www.earlyprogram.org**
- **www.raiseetp.org**
- **www.preventmentalillness.org**
- **www.changemymind.org**
- <u>Other websites:</u>
- www.schizophrenia.com/prev1.htm
- www.iepa.org.au