Screening and Early Intervention for Children and Adolescents IHS

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# Disclosures of Potential Conflicts

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Outline of Presentation

National policy and support for screening and early detection
Screening and early intervention models
Linking to suicide prevention models
Early detection and intervention for psychosis
Concluding comments
The Take Home Message
Finding Young People with Mental Health Issues Early and Treating Them 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.
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
Many Kids Have More Than One at a Time

- 1 class: 58%
- 2 classes: 24%
- 3 classes: 11%
- 4-5 classes: 7%

- Mood: 8%
- Anxiety: 27%
- ADHD: 8%
- CD or ODD: 7%
- Substance: 7%
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

The graph shows the incidence YLD rate per 1,000 population across different age groups. The categories include:
- Other
- Musculoskeletal
- Injuries
- Chronic respiratory
- Neurological & sense
- Mental disorders
- Cancer
- Cardiovascular

The incidence rate increases with age, with cardiovascular and cancer diagnoses showing a particularly steep rise as age advances.
Percentage of NM 4th Grade Students Scoring At or Above Proficient in Math, By Race/Ethnicity

Source: National Assessment of Educational Progress (NAEP), 1992-2011. Asian/Pacific Islander is not reported in all years because NAEP reporting standards have not been met. African American data is not reported in all years because NAEP reporting standards have not been met.
Percentage of NM 4th Grade Students Scoring At or Above Proficient in Reading, By Race/Ethnicity

Source: National Assessment of Educational Progress (NAEP), 1992-2011. Asian/Pacific Islander is not reported in all years because NAEP reporting standards have not been met. African American data is not reported in all years because NAEP reporting standards have not been met.
The Relationship Between Habitual Truancy And Risk Behaviors

Percent of Students Who Have Used Cocaine

Percent Students Habitually Truant

Percent of Students Who Have Had Sex

Percent Students Habitually Truant

Percent Students Who Have Considered Or Tried Suicide

Percent Students Habitually Truant

Correlation = .473
Significance = .013*
N = 27 APS Middle Schools

Correlation = .655
Significance = .000**
N = 27 APS Middle Schools

Correlation = .602
Significance = .000**
N = 27 APS Middle Schools
CDC YRBS 2011

http://www.cdc.gov/mmwr/pdf/ss/ss6104.pdf
CDC YRBS 2011

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

Source: NMDOH-IBIS: http://IBIS.health.state.nm.us/query/result/mort/MortCntyICD10/CrudeRate.html
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)
“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
TABLE 1: FOUR QUADRANTS OF CLINICAL INTEGRATION BASED ON PATIENT NEEDS

<table>
<thead>
<tr>
<th>QUADRANT I</th>
<th>QUADRANT II</th>
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<tbody>
<tr>
<td>Patients with low behavioral health and low physical health needs</td>
<td>Patients with high behavioral health and low physical health needs</td>
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<tr>
<td>Served in primary care setting</td>
<td>Served in primary care and specialty mental health settings</td>
</tr>
<tr>
<td>(Example: patients with moderate alcohol abuse and fibromyalgia)</td>
<td>(Example: patients with bipolar disorder and chronic pain)</td>
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<tr>
<td>Note: when mental health needs are stable, often mental health care can be transitioned back to primary care.</td>
<td>Note:</td>
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<th>QUADRANT III</th>
<th>QUADRANT IV</th>
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<tr>
<td>Patients with low behavioral health and high physical health needs</td>
<td>Patients with high behavioral health and high physical health needs</td>
</tr>
<tr>
<td>Served in primary care setting</td>
<td>Served in primary care and specialty mental health settings</td>
</tr>
<tr>
<td>(Example: patients with moderate depression and uncontrolled diabetes)</td>
<td>(Example: patients with schizophrenia and metabolic syndrome or hepatitis C)</td>
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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 Illness and Primary

• Almost one-quarter (24%) of pediatric primary care visits involve behavioral, emotional or developmental concerns.

• One-third of mental health visits by privately insured children are to a primary care physician rather than to a specialist.

• Pediatricians tend to under identify children with mental health problems, with detection being particularly low for mood and anxiety related symptoms.

• As many as 2 in 3 depressed youth are not identified by their primary care clinicians and do not receive any kind of care.

• Only a minority of children identified as having a mental health problem by their pediatrician will be referred to a mental health provider.

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.
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
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
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.
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
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.
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
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 was created in response to 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 inShiprock, 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

headspace
National Suicide Prevention Lifeline

Orygen Youth Health Research Centre

THE UNIVERSITY OF MELBOURNE
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”?
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)
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

It is only during this phase that 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
Initial Research Results:
Psychosis prevention studies:
1 year rates for conversion to psychosis

- Controls: 33.6%
- Experimental: 10.1%
Potential Impact of Early Intervention Strategies
LEO Study: Base-case results

One-year costs

- EI: £13,760
- Standard care: £29,369

Three-year costs (undiscounted)

- EI: £41,054
- Standard care: £88,106

Three-year costs (discounted at 3%)

- EI: £31,864
- Standard care: £77,724
Structured Interview for Prodromal Syndromes (SIPS) \textsuperscript{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 as an interview (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
Please answer all questions for past year.

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<tr>
<td>1</td>
<td>I think that I have felt that there are odd or unusual things going on that I can’t explain.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<td>2</td>
<td>I think that I might be able to predict the future.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<td>3</td>
<td>I may have felt that there could possibly be something interrupting or controlling my thoughts, feelings, or actions.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<td>4</td>
<td>I have had the experience of doing something differently because of my superstitions.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<td>5</td>
<td>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.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>6</td>
<td>I have thought that it might be possible that other people can read my mind, or that I can read others’ minds.</td>
<td>0</td>
<td></td>
<td></td>
<td>3</td>
<td>4</td>
<td>5</td>
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<td>7</td>
<td>I wonder if people may be planning to hurt me or even may be about to hurt me.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<td>8</td>
<td>I believe that I have special natural or supernatural gifts beyond my talents and natural strengths.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<td>9</td>
<td>I think I might feel like my mind is “playing tricks” on me.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>10</td>
<td>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.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>11</td>
<td>I think that I may hear my own thoughts being said out loud.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<td>12</td>
<td>I have been concerned that I might be “going crazy.”</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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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
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
The NIMH RAISE Early Treatment Program (ETP)
Recovery After an Initial Schizophrenia Episode
TOTAL IEPA MEMBERS PER YEAR
A 21st Century Youth Mental Health Service System is being built now.

$241.5m - up to 16 new EPPIC services.

$265.3m – 90 headspace centres.
HEADSTRONG and JIGSAW GALWAY
Early Assessment and Support Alliance counties, 2008

New program
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
For More Information On The EARLY Program:
Call: 1-888-NM-EARLY (1-888-663-2759)
Email: early@mrn.org
Web: www.earlyprogram.org
 www.preventmentalillness.org
 www.changemymind.org

Other websites:
www.preventmentalillness.org
www.schizophrenia.com/prev1.htm
www.iepa.org.au