

SCREENING AND EARLY INTERVENTION FOR CHILDREN AND ADOLESCENTS IHS NOVEMBER 1, 2012

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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!

AndIt 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

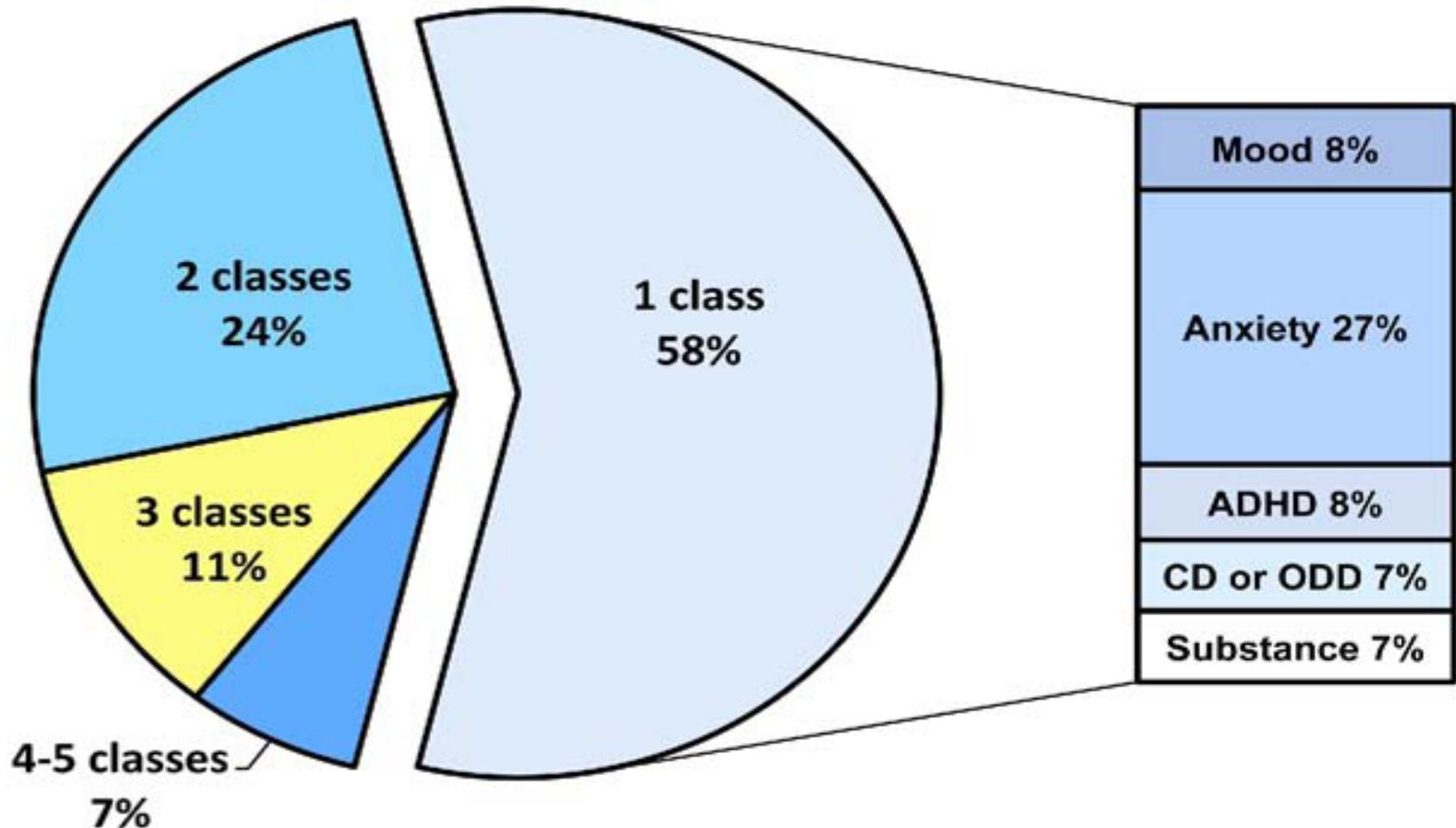
Anxiety Disorders 6 years old

Behavior Disorders 11 years old

Mood Disorders 13 years old

**Substance Use Disorders 15 years
old**

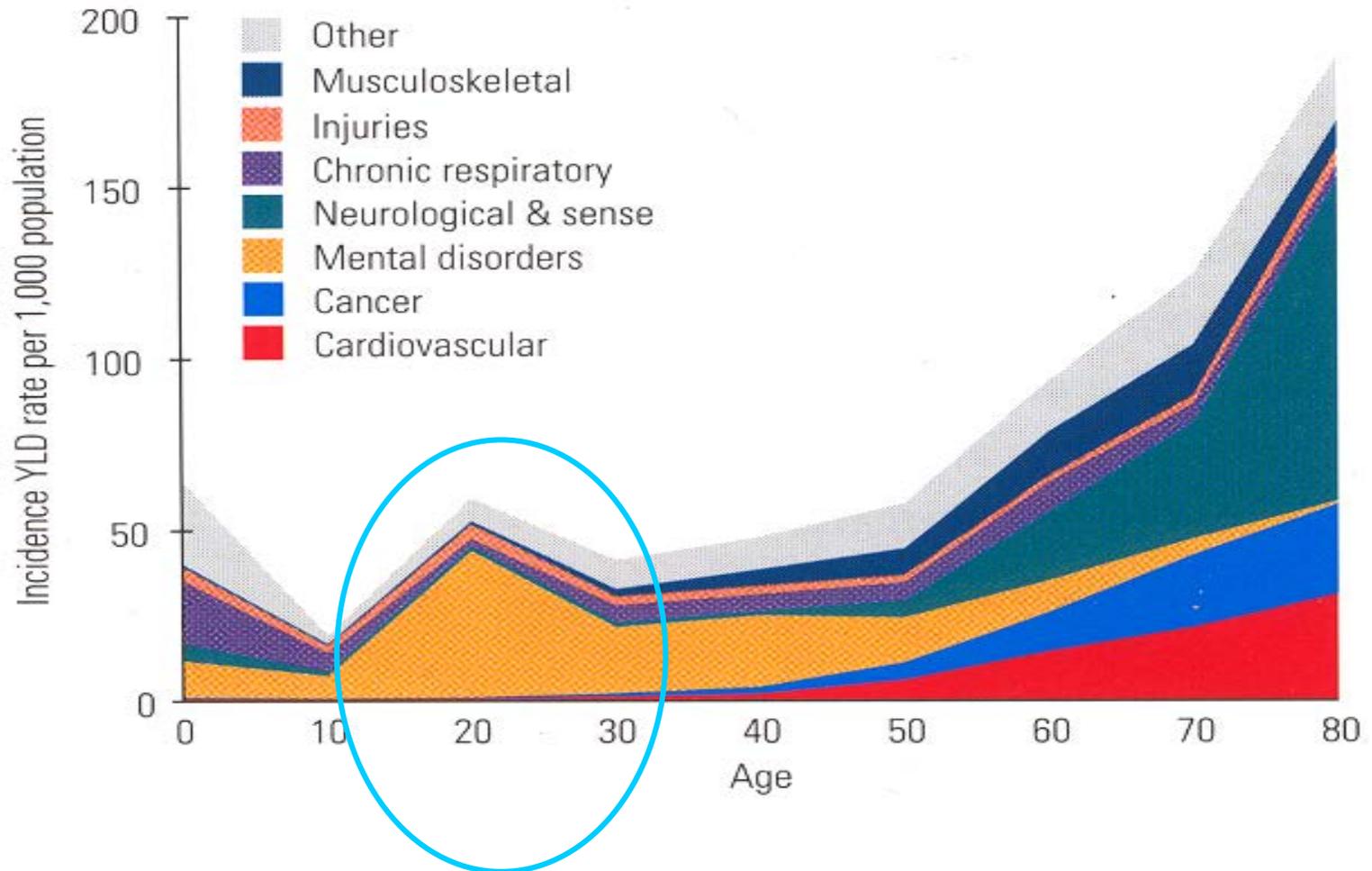
Many Kids Have More Than One at a Time



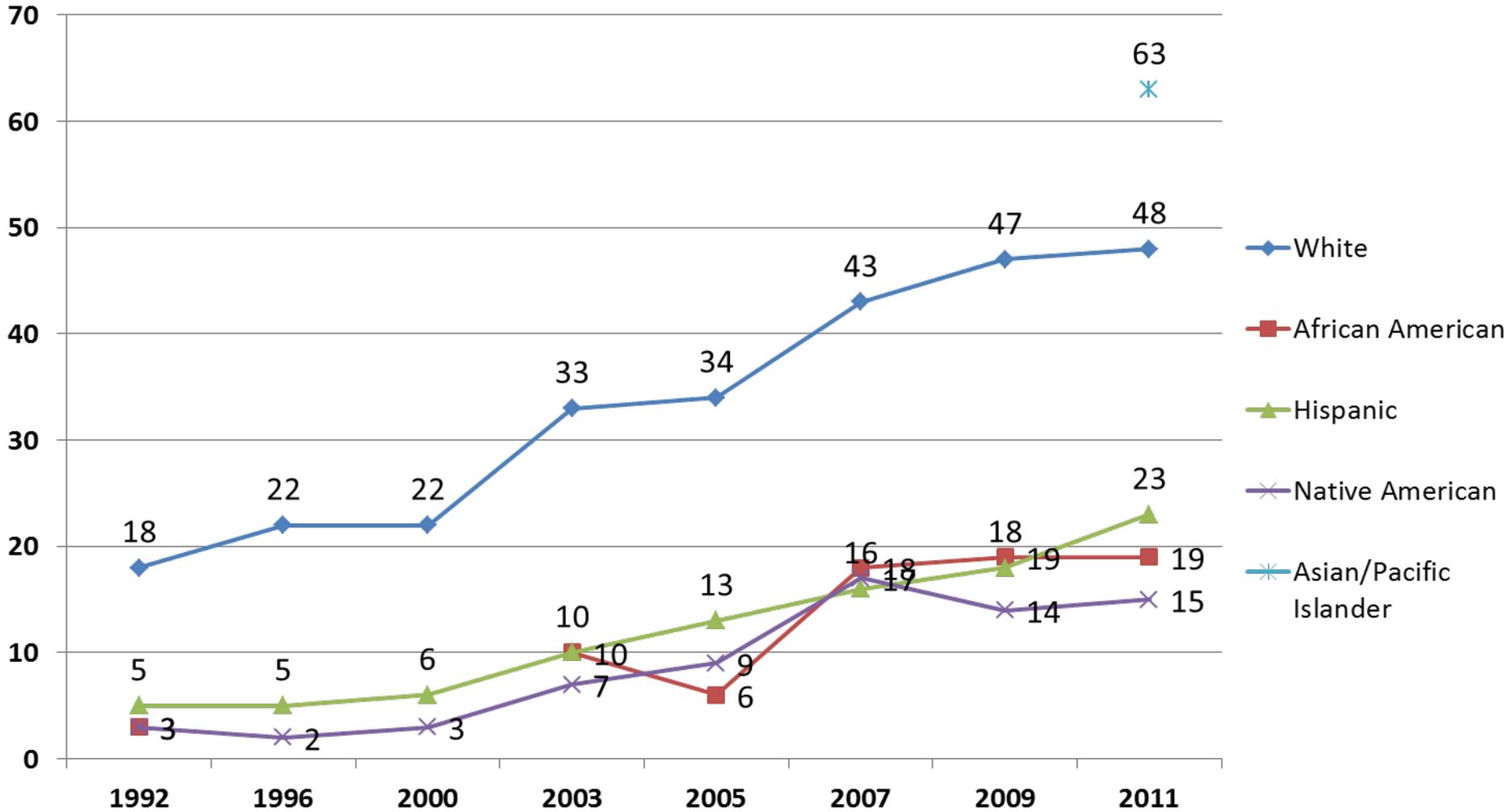
The Cost of Child/Adolescent Mental Disorders

\$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

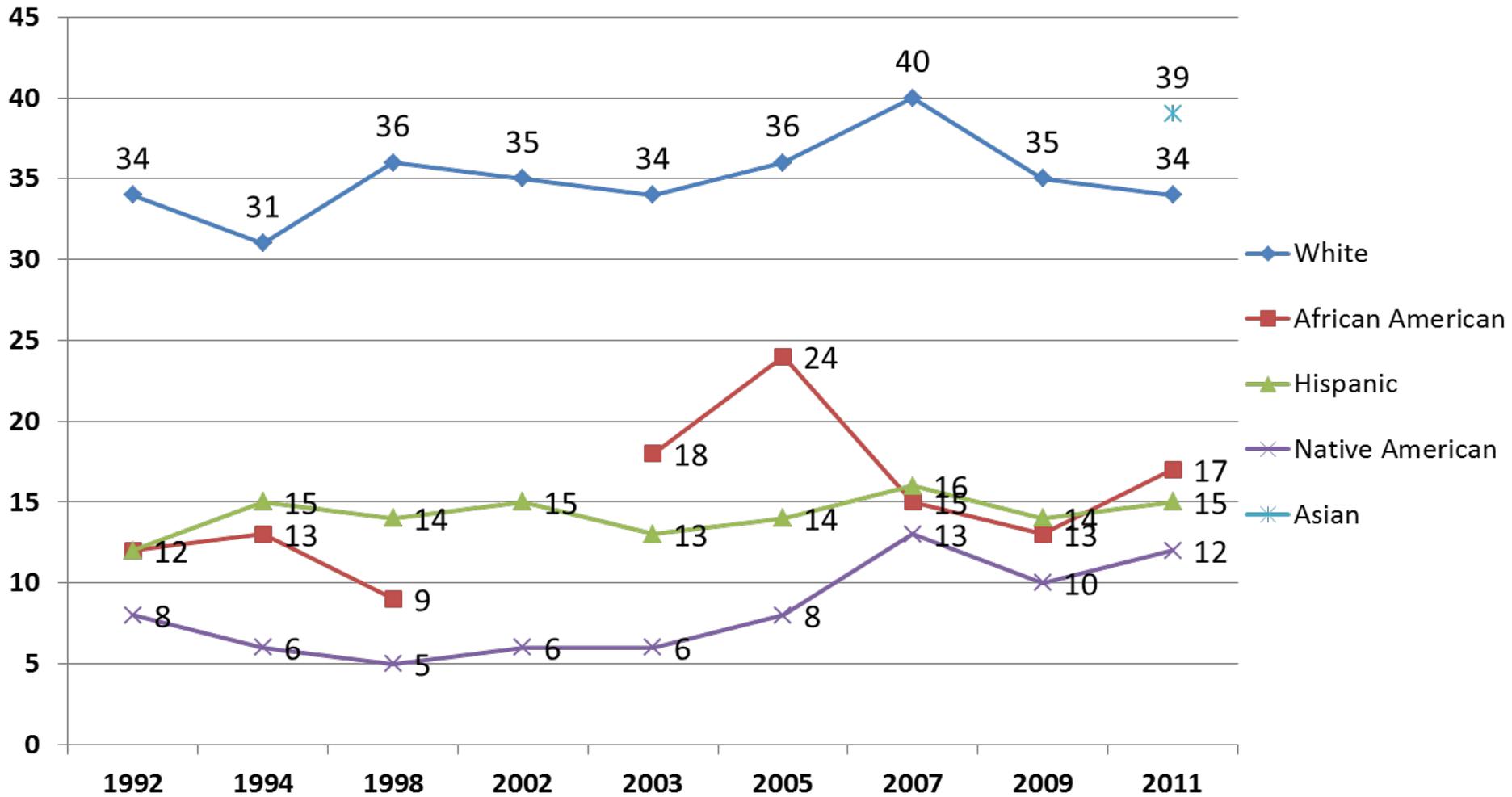


Percentage of NM 4th Grade Students Scoring At or Above Proficient in Math, By Race/Ethnicity



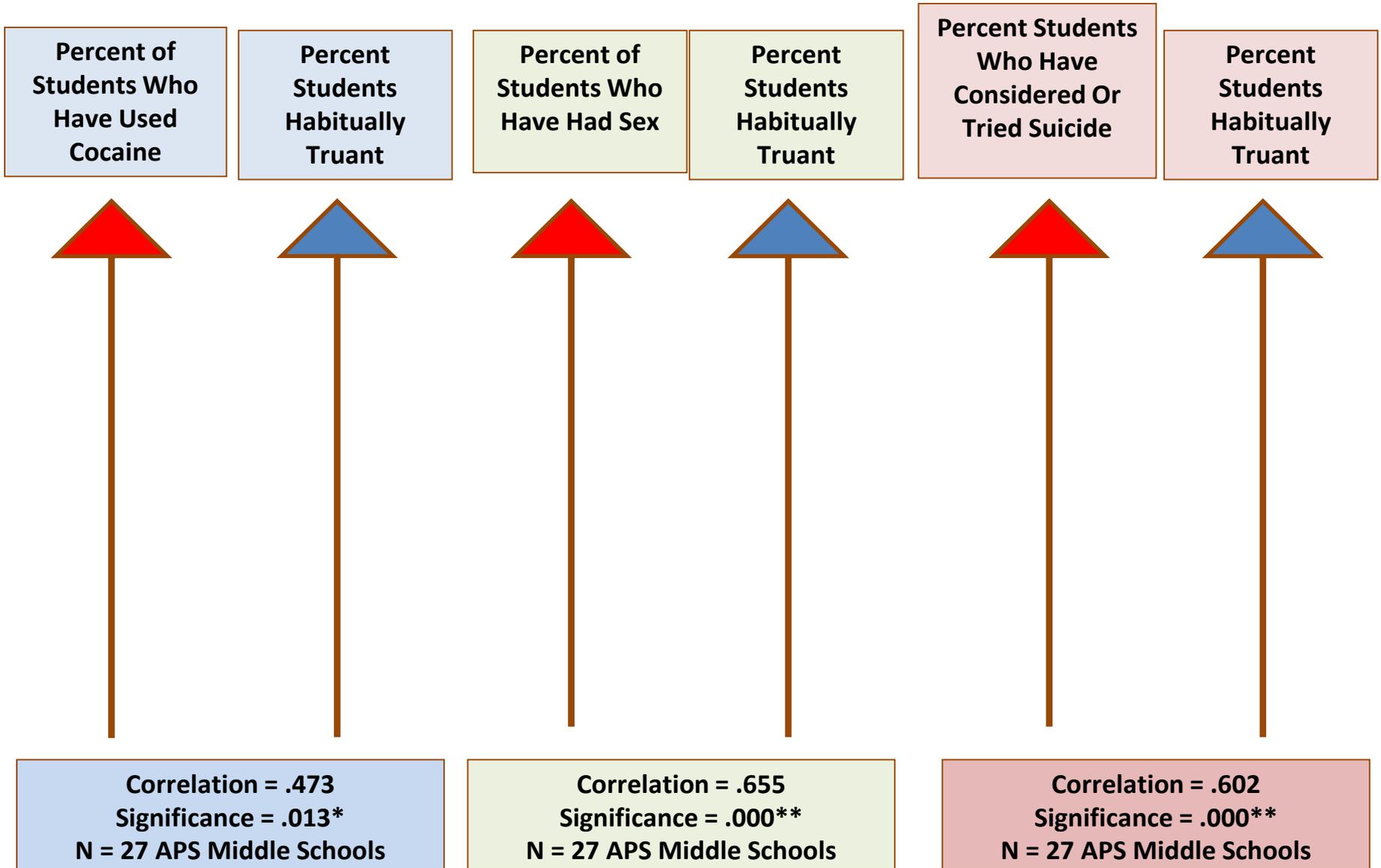
Source: National Assessment of Educational Progress (NAEP), 1992-2011. Asian/Pacific Islander is not reported in all years because NAEP reporting standards have not been met. African American data is not reported in all years because NAEP reporting standards have not been met.

Percentage of NM 4th Grade Students Scoring At or Above Proficient in Reading, By Race/Ethnicity

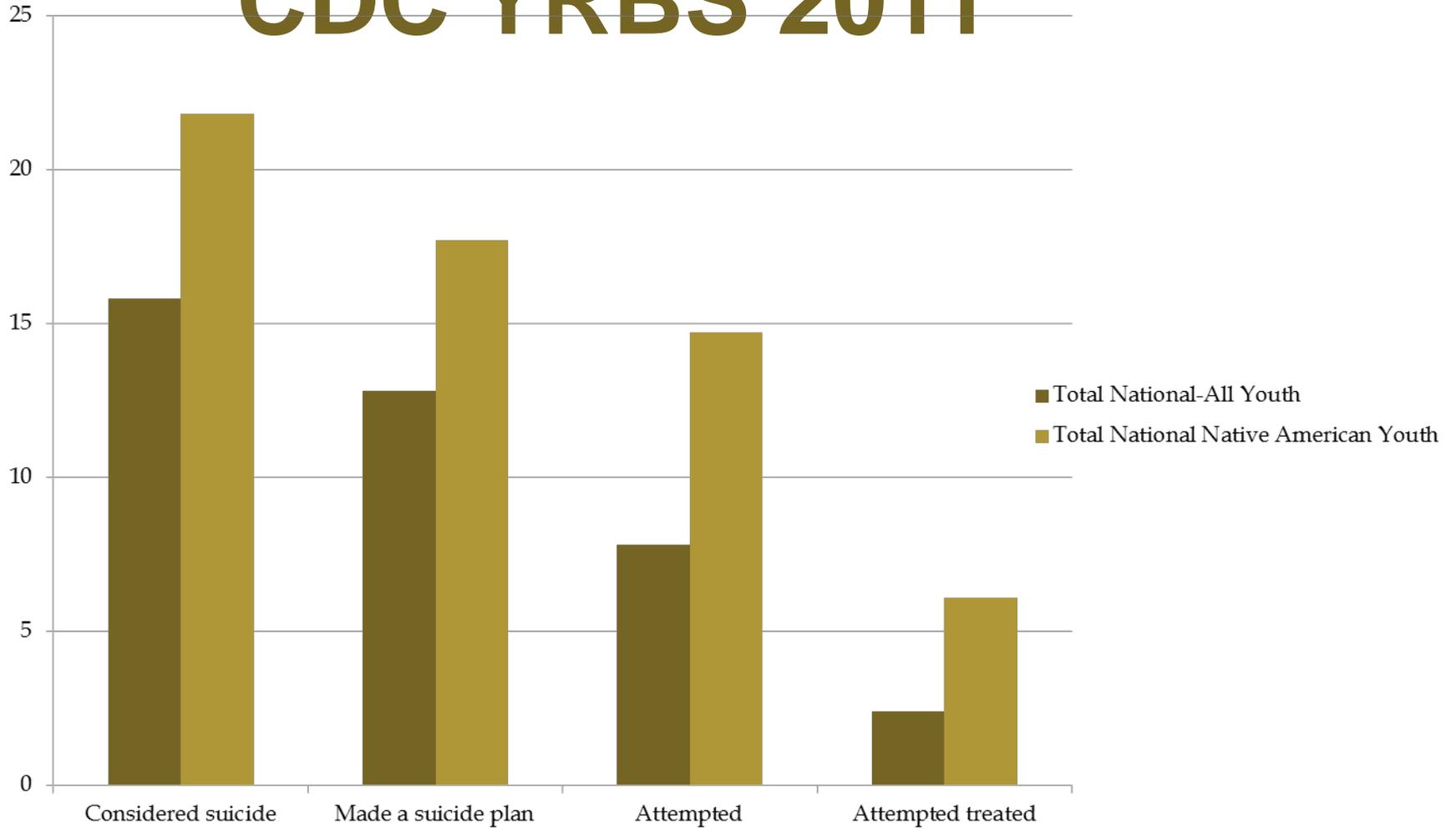


Source: National Assessment of Educational Progress (NAEP), 1992-2011. Asian/Pacific Islander is not reported in all years because NAEP reporting standards have not been met. African American data is not reported in all years because NAEP reporting standards have not been met.

The Relationship Between Habitual Truancy And Risk Behaviors

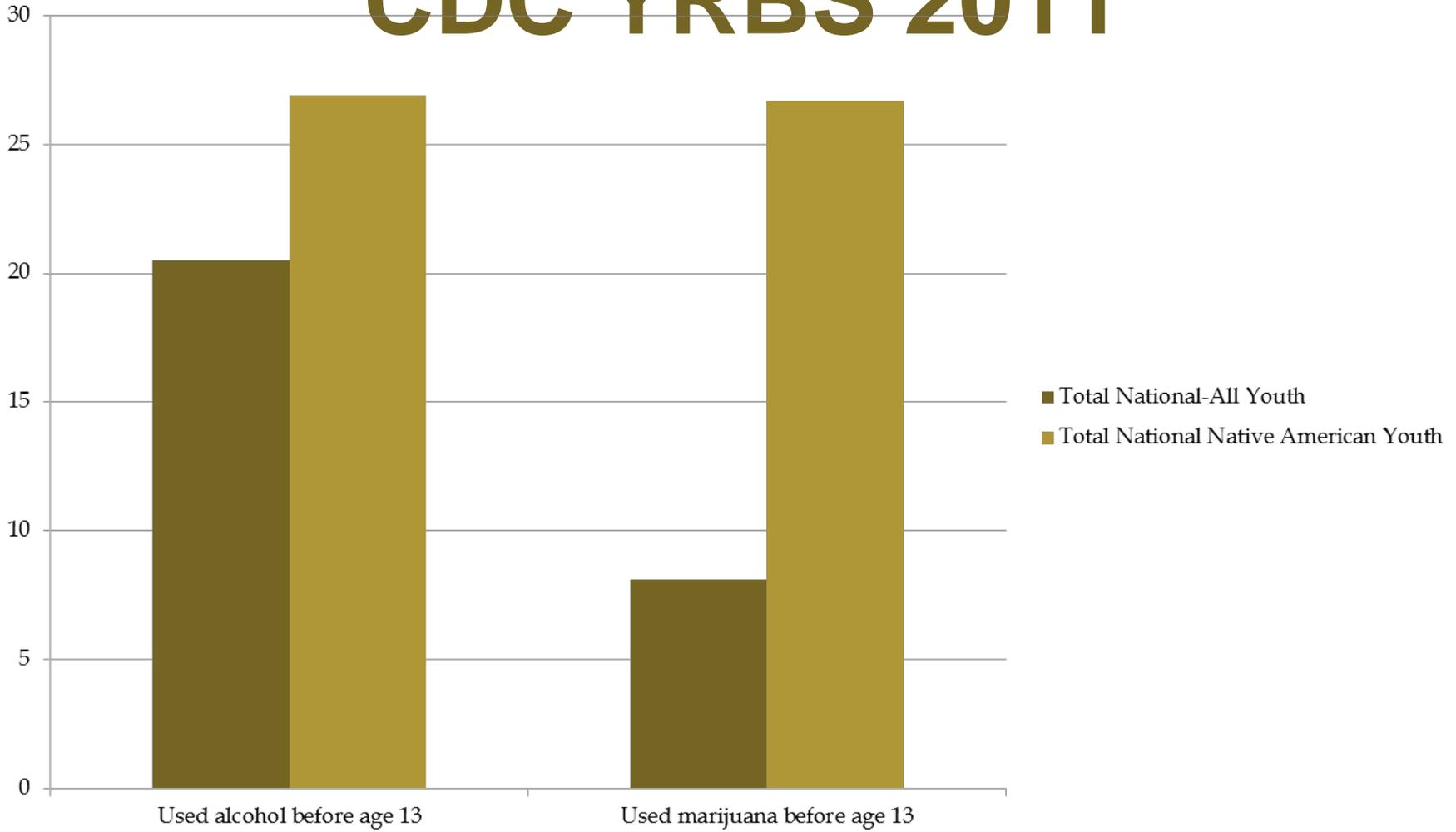


CDC YRBS 2011

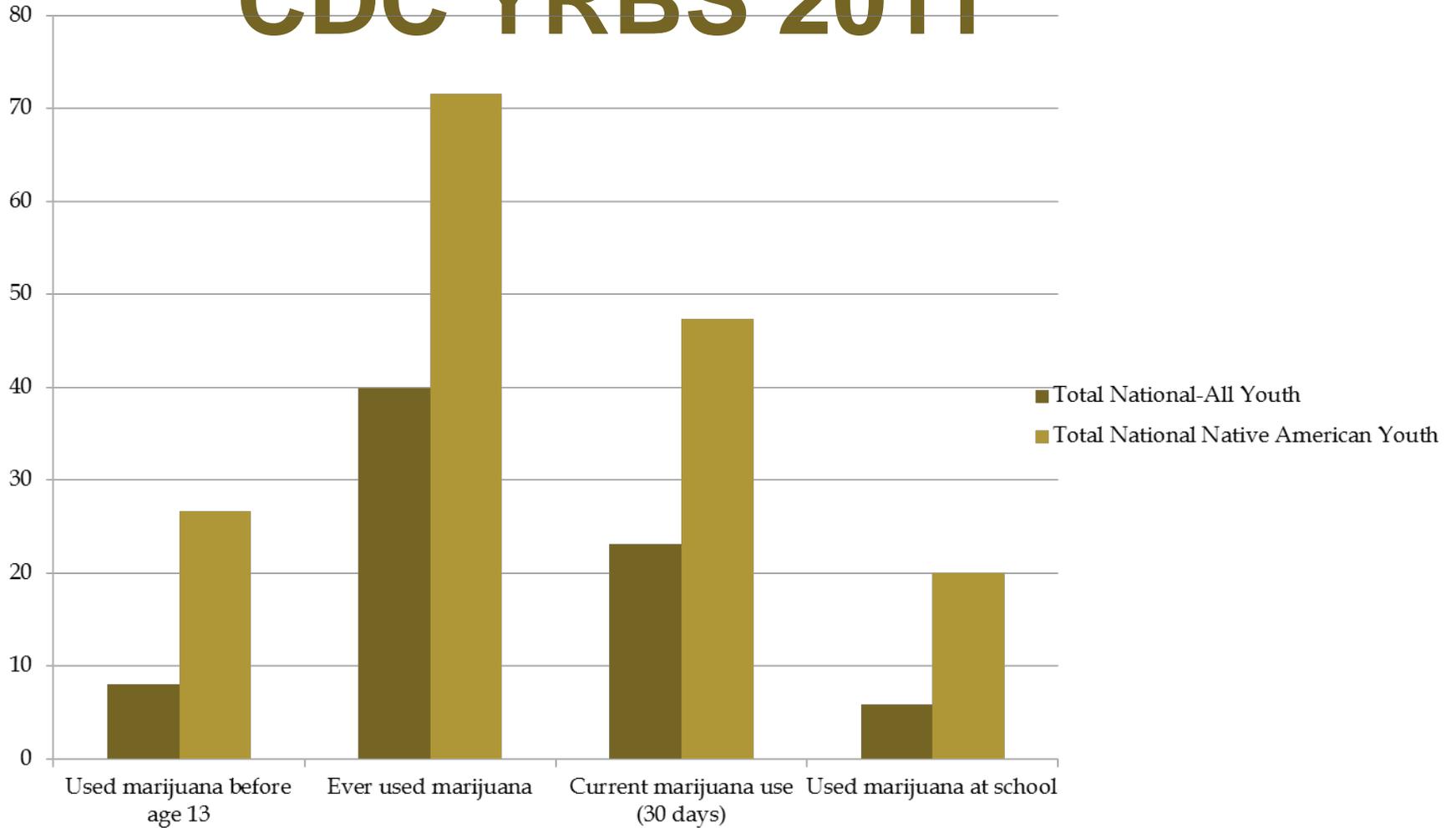


<http://www.cdc.gov/mmwr/pdf/ss/ss6104.pdf>

CDC YRBS 2011

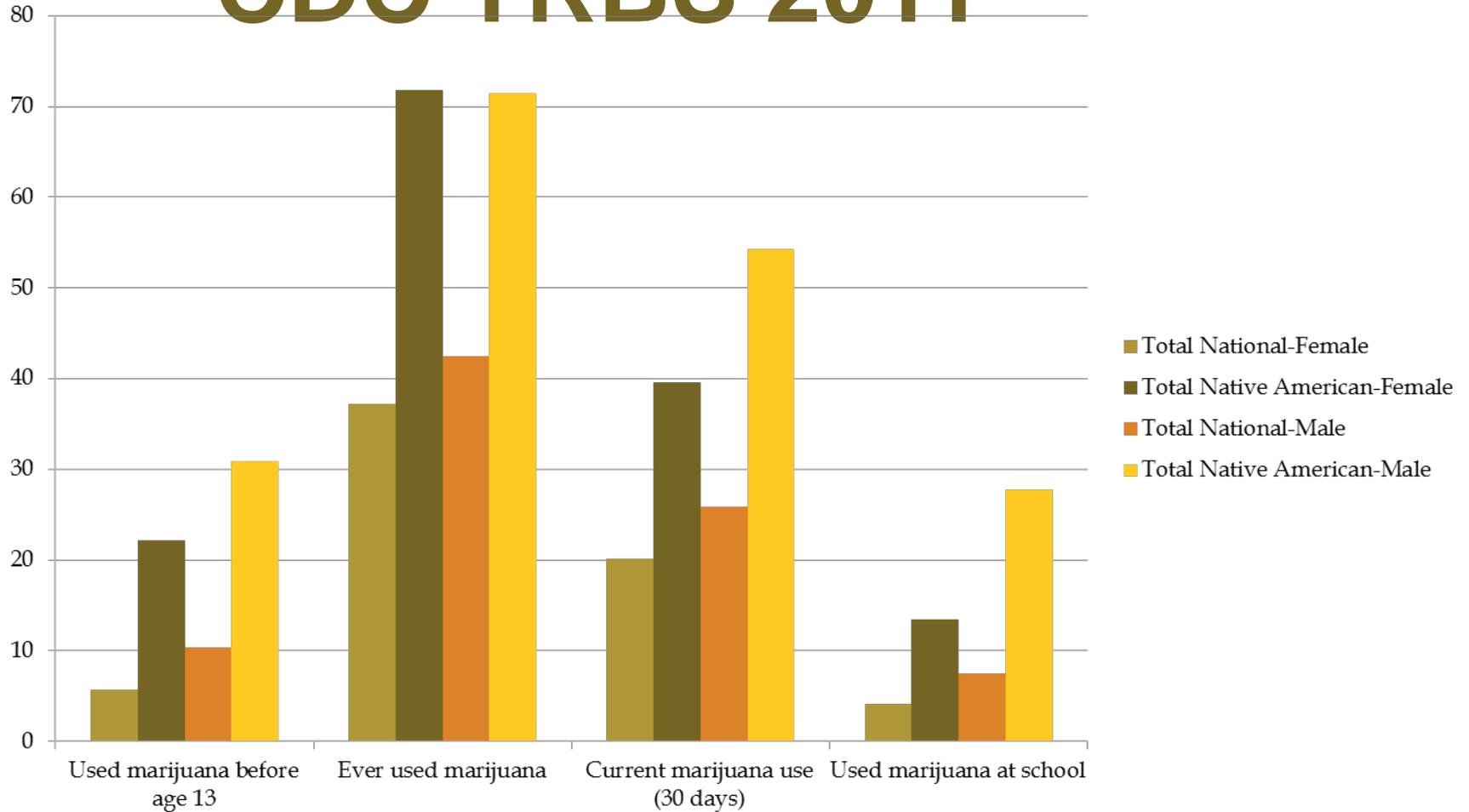


CDC YRBS 2011



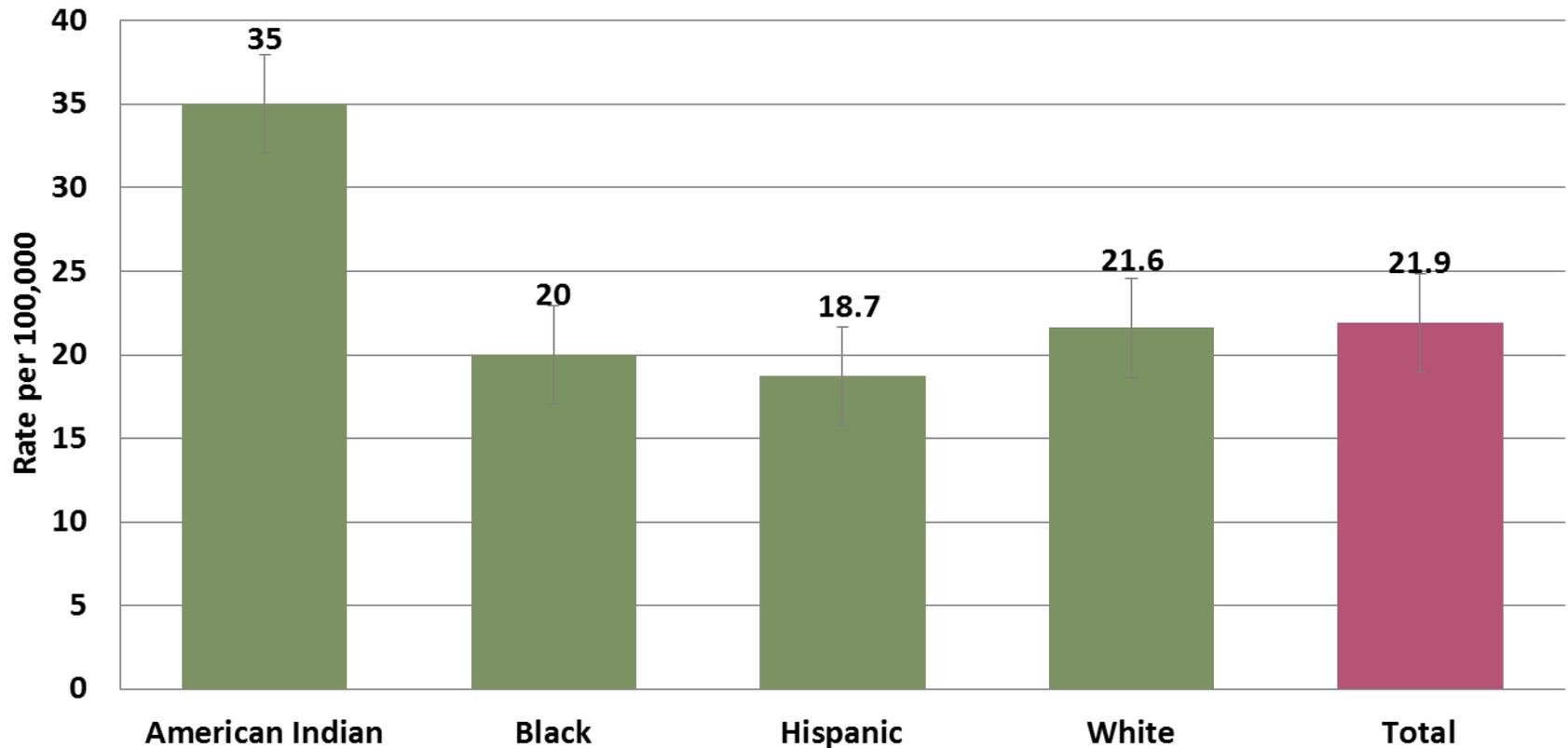
<http://www.cdc.gov/mmwr/pdf/ss/ss6104.pdf>

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 /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

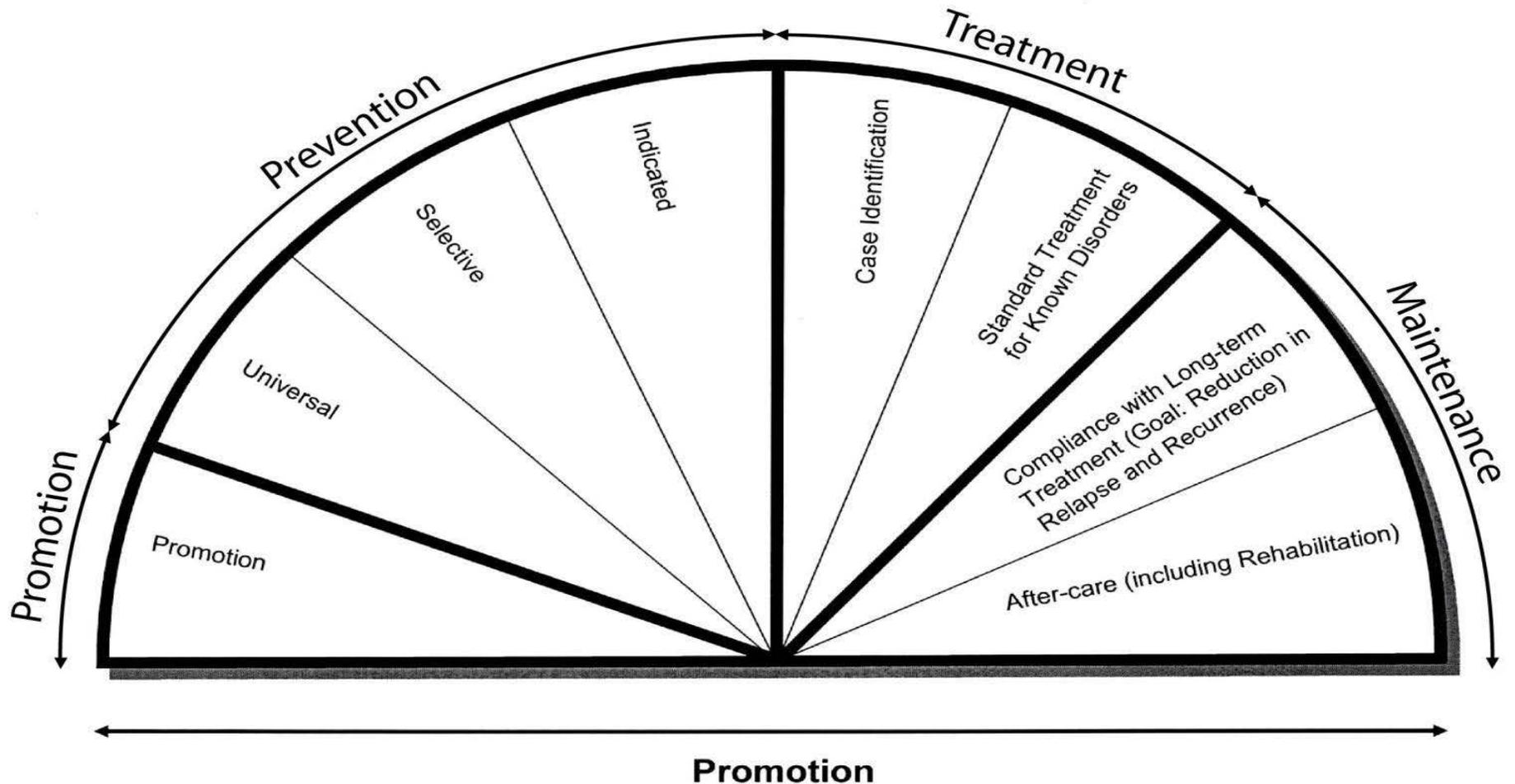
“Preventing Mental, Emotional and Behavioral Disorders Among Young People: Progress and Possibilities.”

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)



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.”

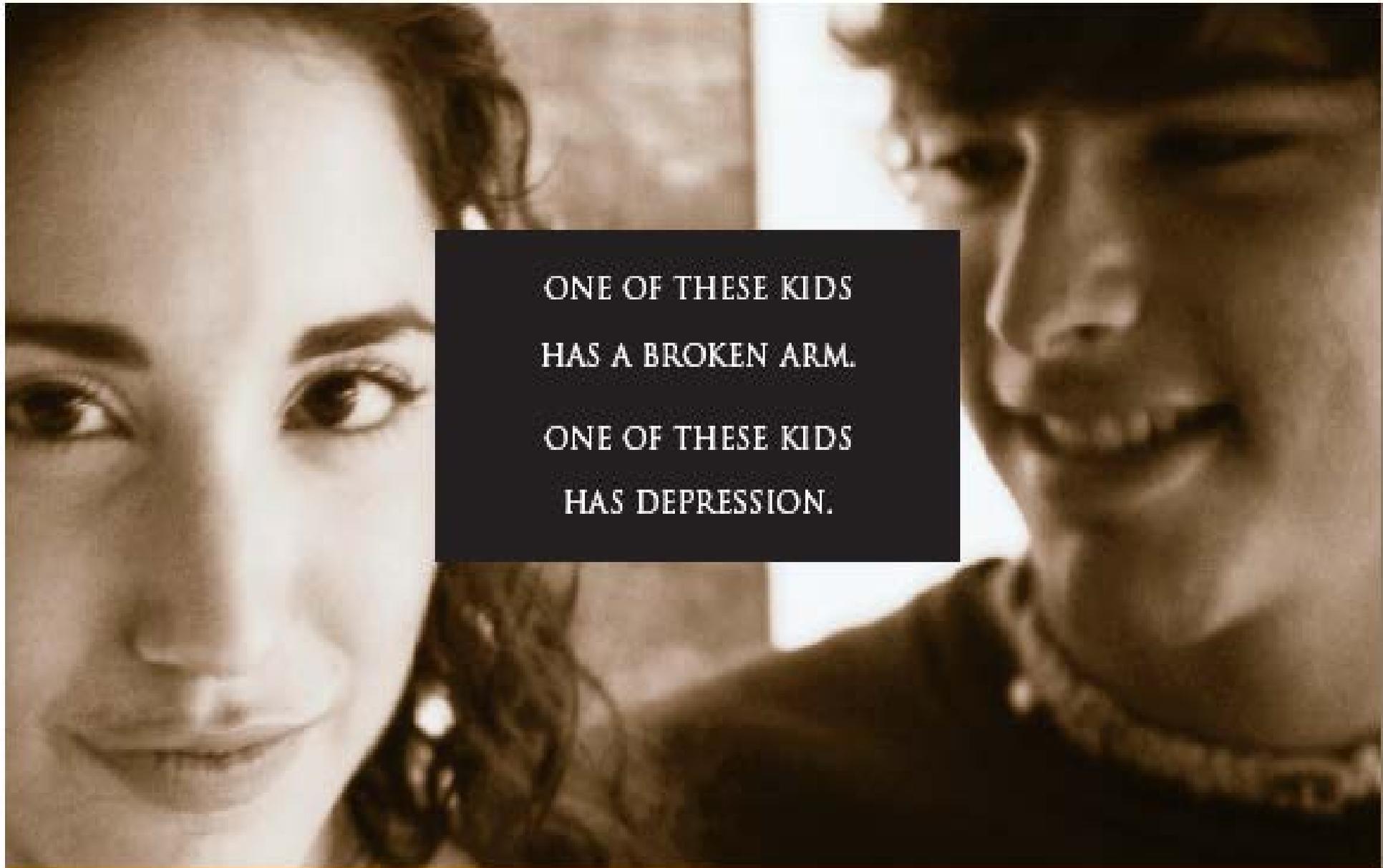
Mental Health Awareness and Education as Critical Promotion Steps



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

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

LOW ← BEHAVIORAL HEALTH RISK/COMPLEXITY → HIGH	QUADRANT II	QUADRANT IV
	Patients with high behavioral health and low physical health needs 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.	Patients with high behavioral health and high physical health needs Served in primary care and specialty mental health settings (Example: patients with schizophrenia and metabolic syndrome or hepatitis C)
	QUADRANT I	QUADRANT III
	Patients with low behavioral health and low physical health needs Served in primary care setting (Example: patients with moderate alcohol abuse and fibromyalgia)	Patients with low behavioral health and high physical health needs Served in primary care setting (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 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

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

Cutoff Scores for Interpretation: I ≥ 5 E ≥ 7 A ≥ 7 TS _____

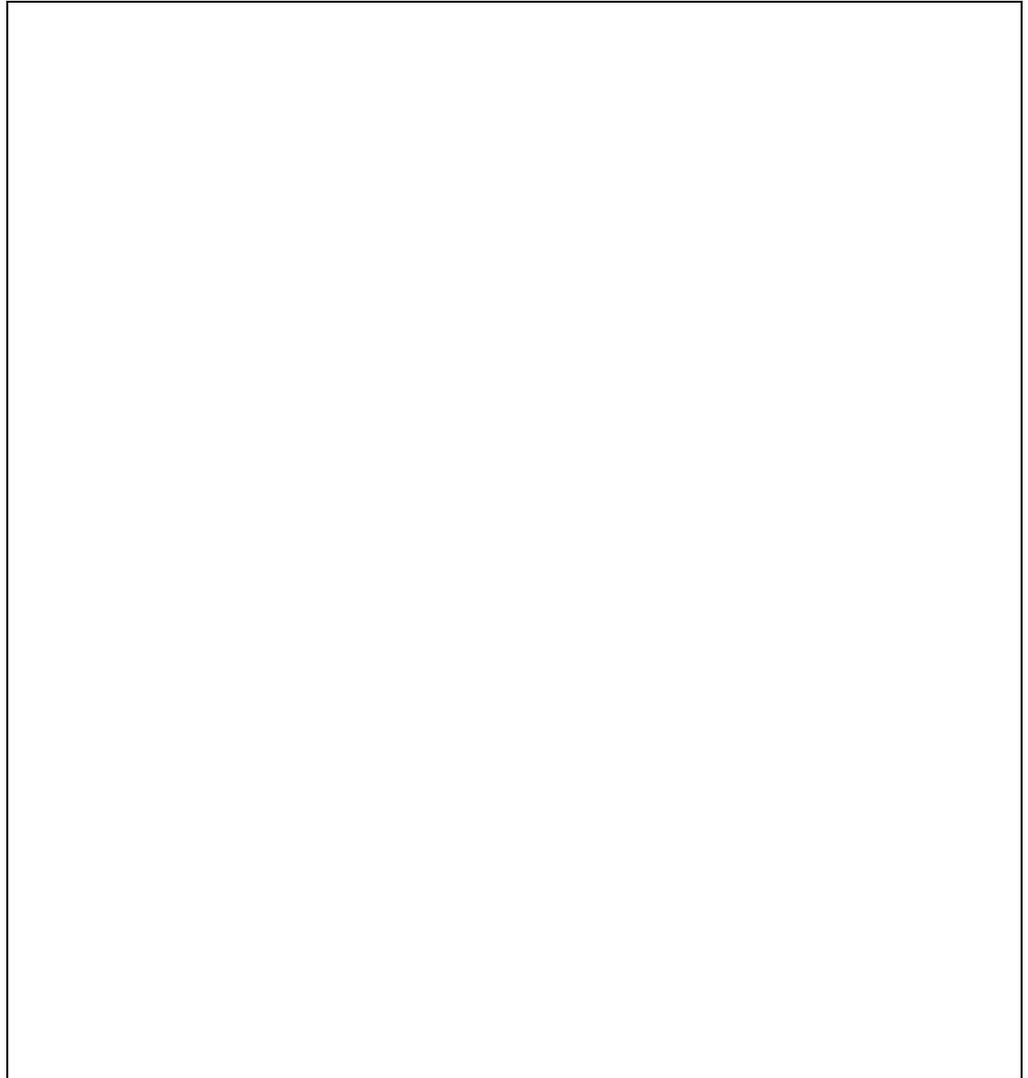
Plan for follow-up: Q 36 or Q 37=Y TS ≥ 30

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

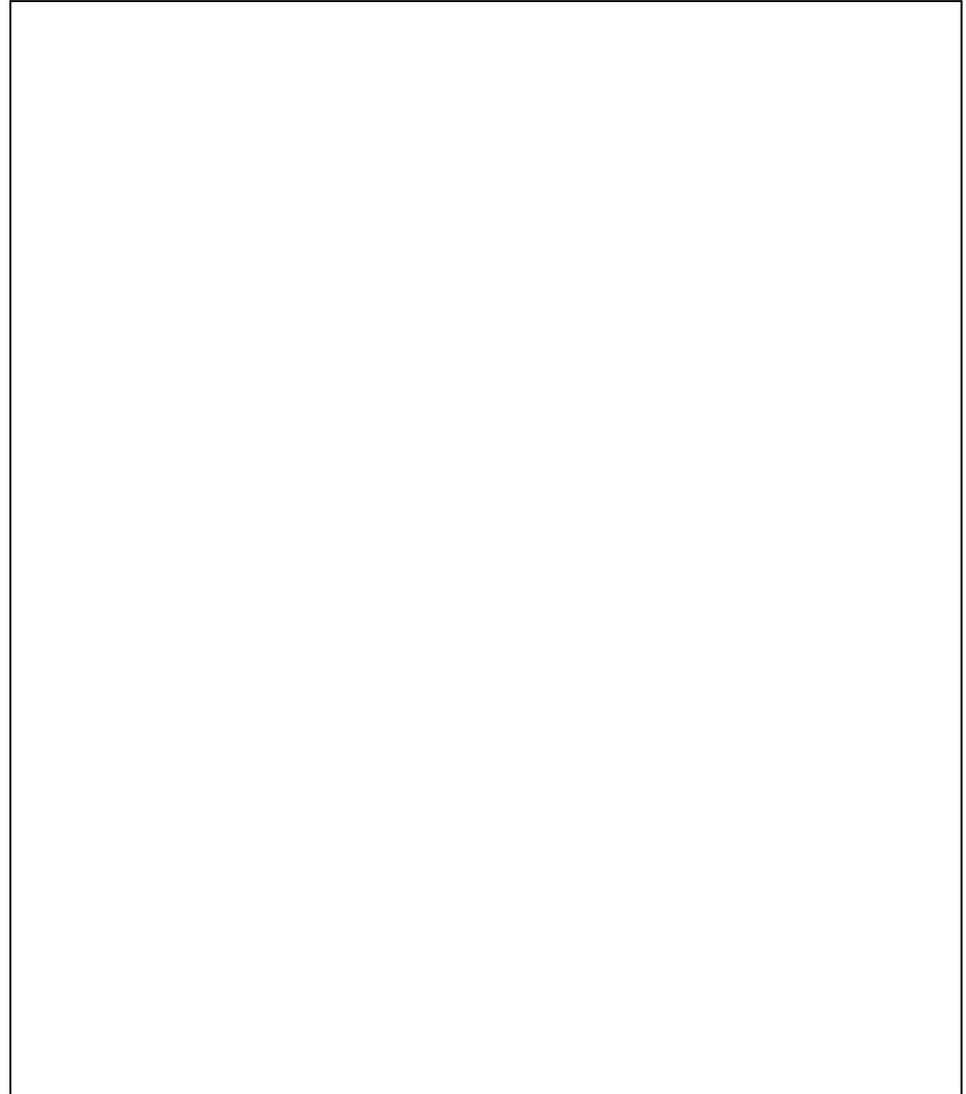


Post-Screening Interview

- 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



Orygen Youth Health
Research Centre



THE UNIVERSITY OF
MELBOURNE

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

www.honoringnative.org

10/14/12

Honoring Native Life



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

1/2

Early Psychosis Programs





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

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.

The **PIED** 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)**

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.”

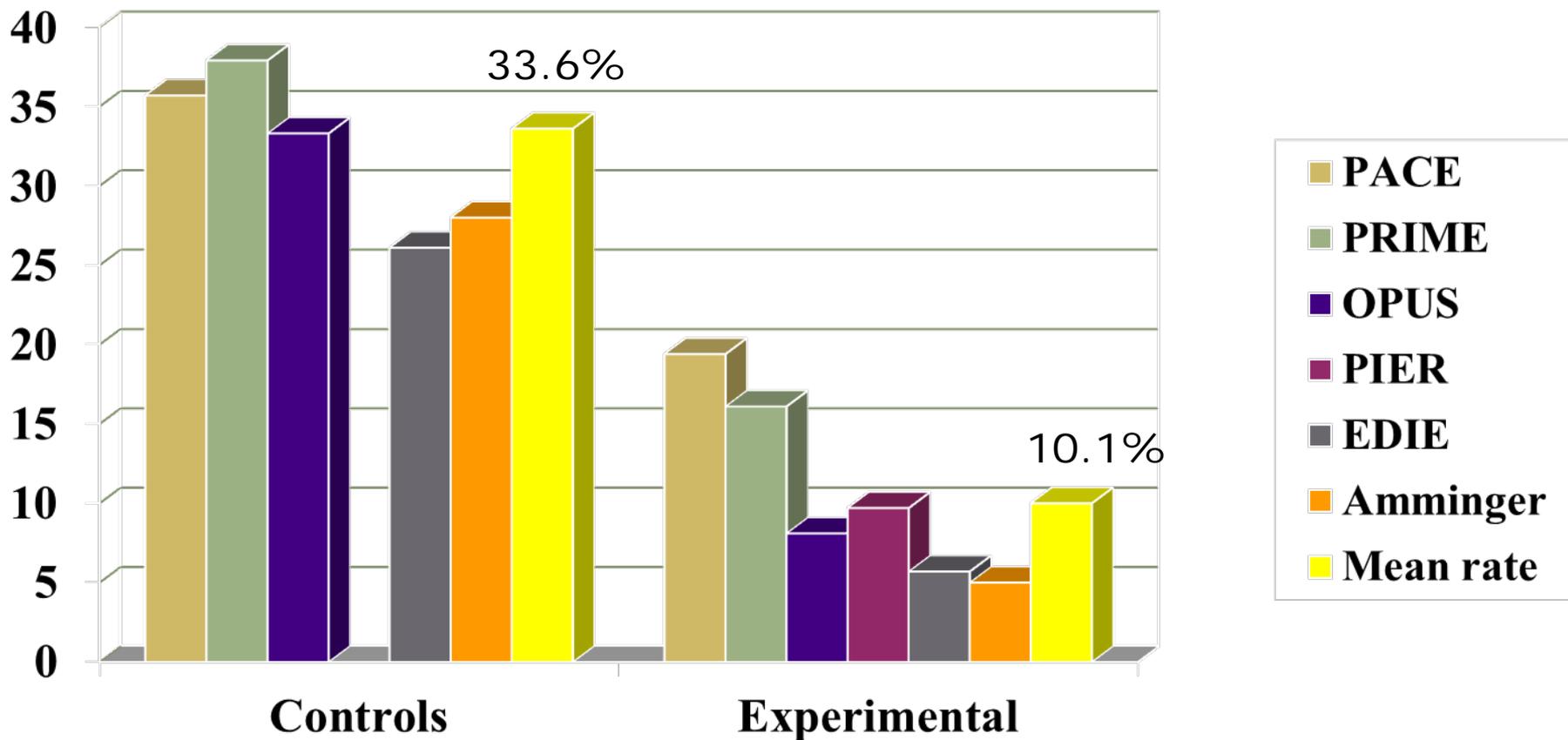
Boydell et al, Psych Rehab J, 2006;30:54-60

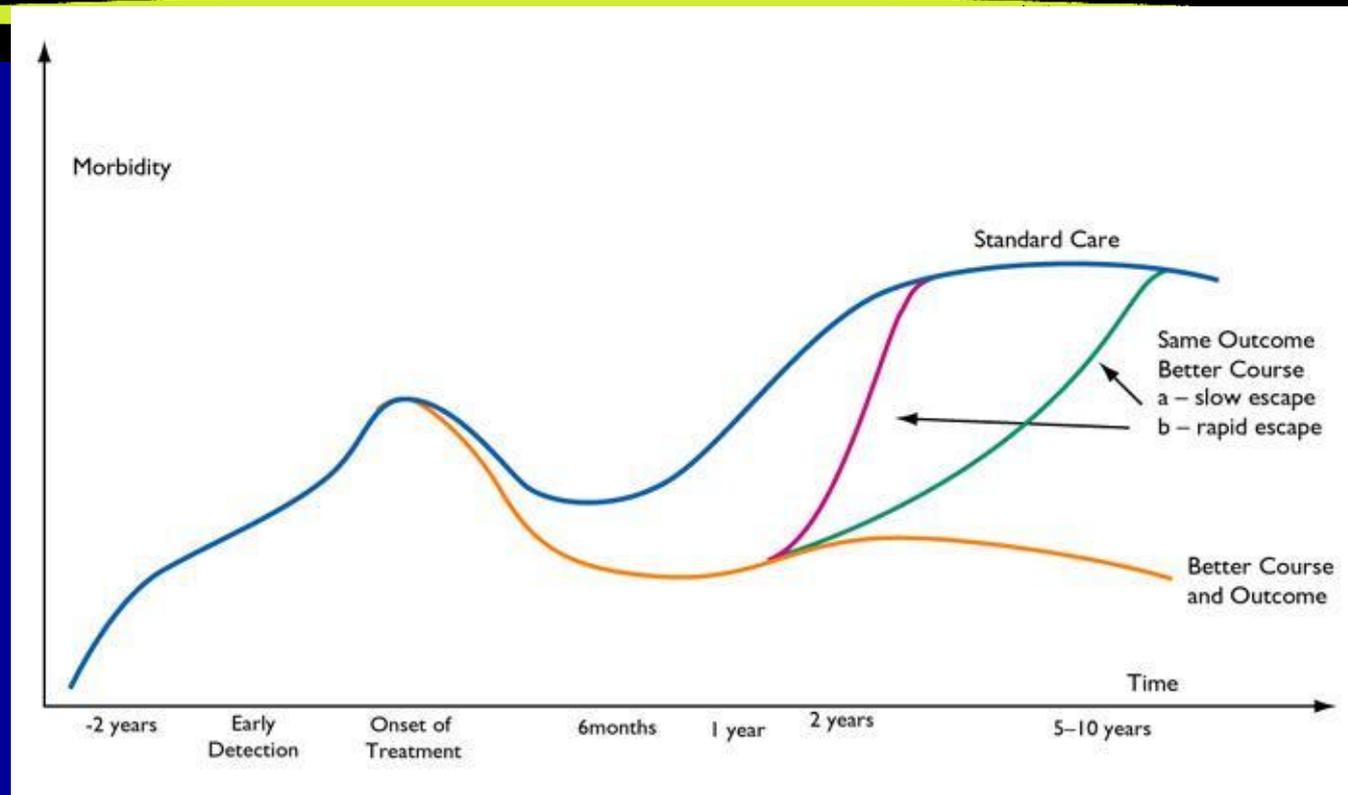
Duration of Untreated Psychosis (DUP) and Outcome

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

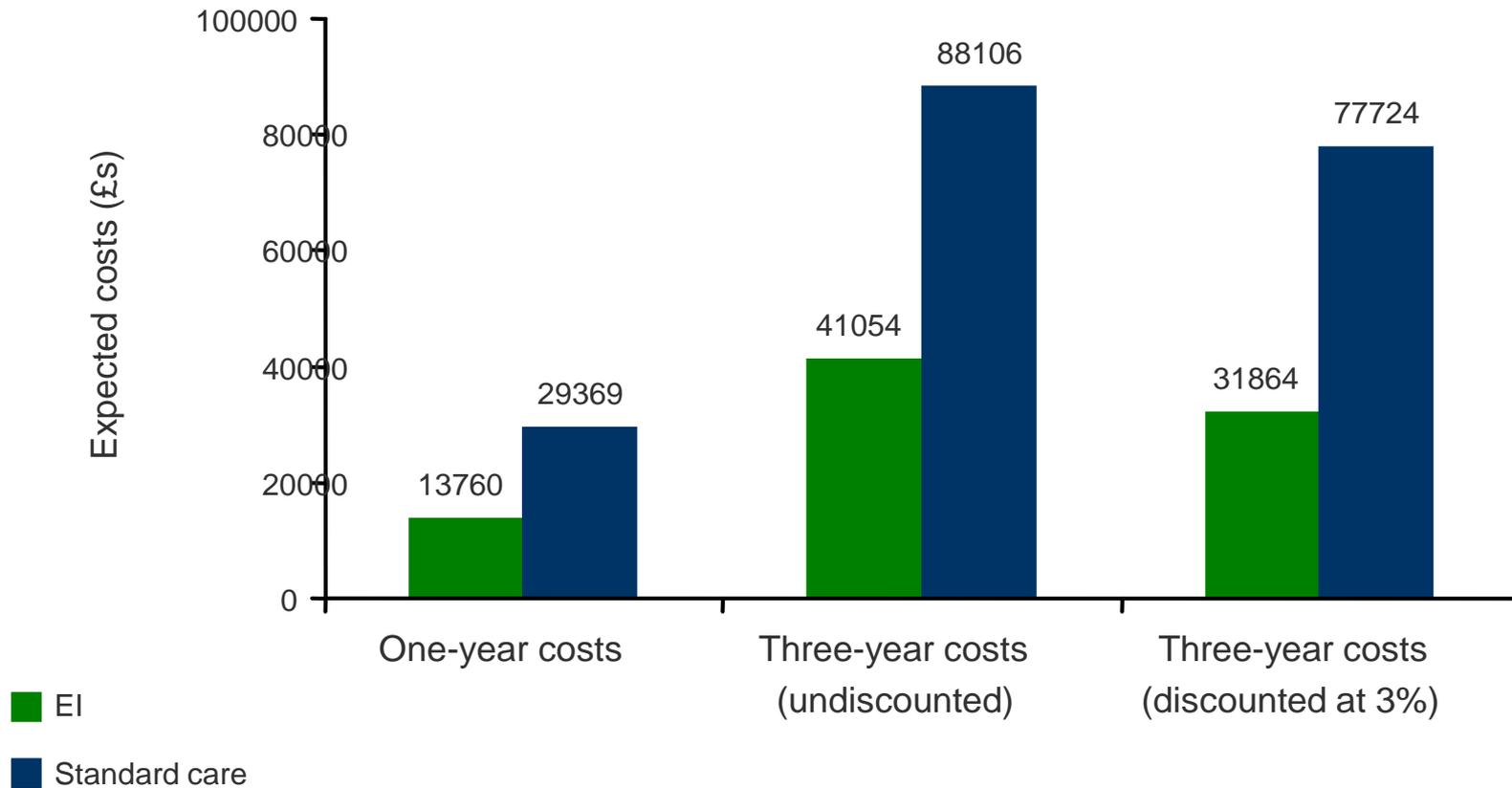
Initial Research Results: Psychosis prevention studies: 1 year rates for conversion to psychosis





Potential Impact of Early Intervention Strategies

LEO Study: Base-case results



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 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

The PRIME Screen

		Definit- ely Dis-agree	Some- what Dis- agree	Slight-ly Dis- agree	Not Sure	Slight- ly Agree	Somewh at Agree	Definit- ely Agree
Please answer all questions for past year.								
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			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

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

RA1SE

A Research Project of the NIMH

Early Treatment Program

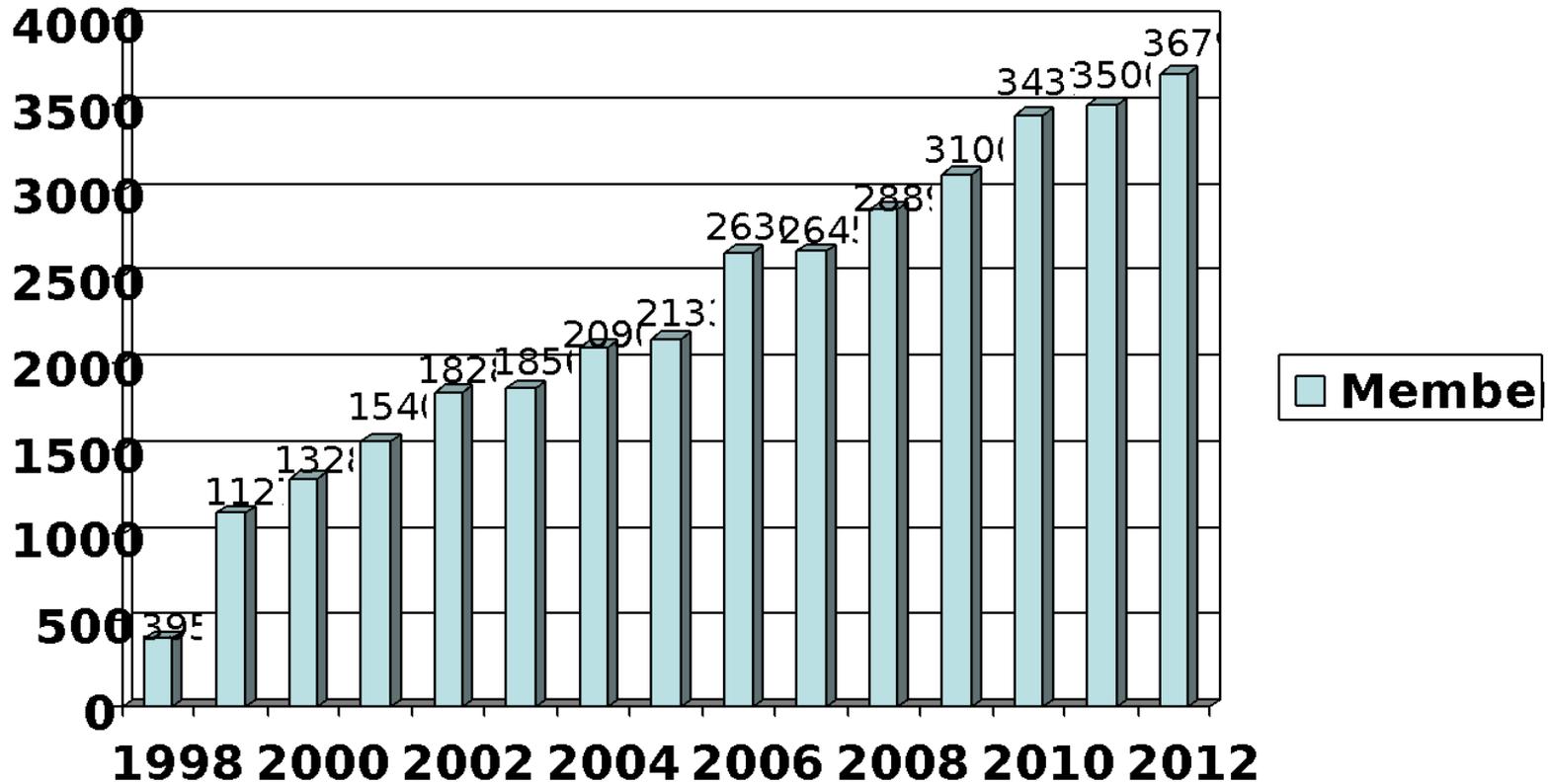
The NIMH RAISE Early Treatment Program (ETP)

Recovery After an Initial Schizophrenia Episode

RAISE Early Treatment Program Sites



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.

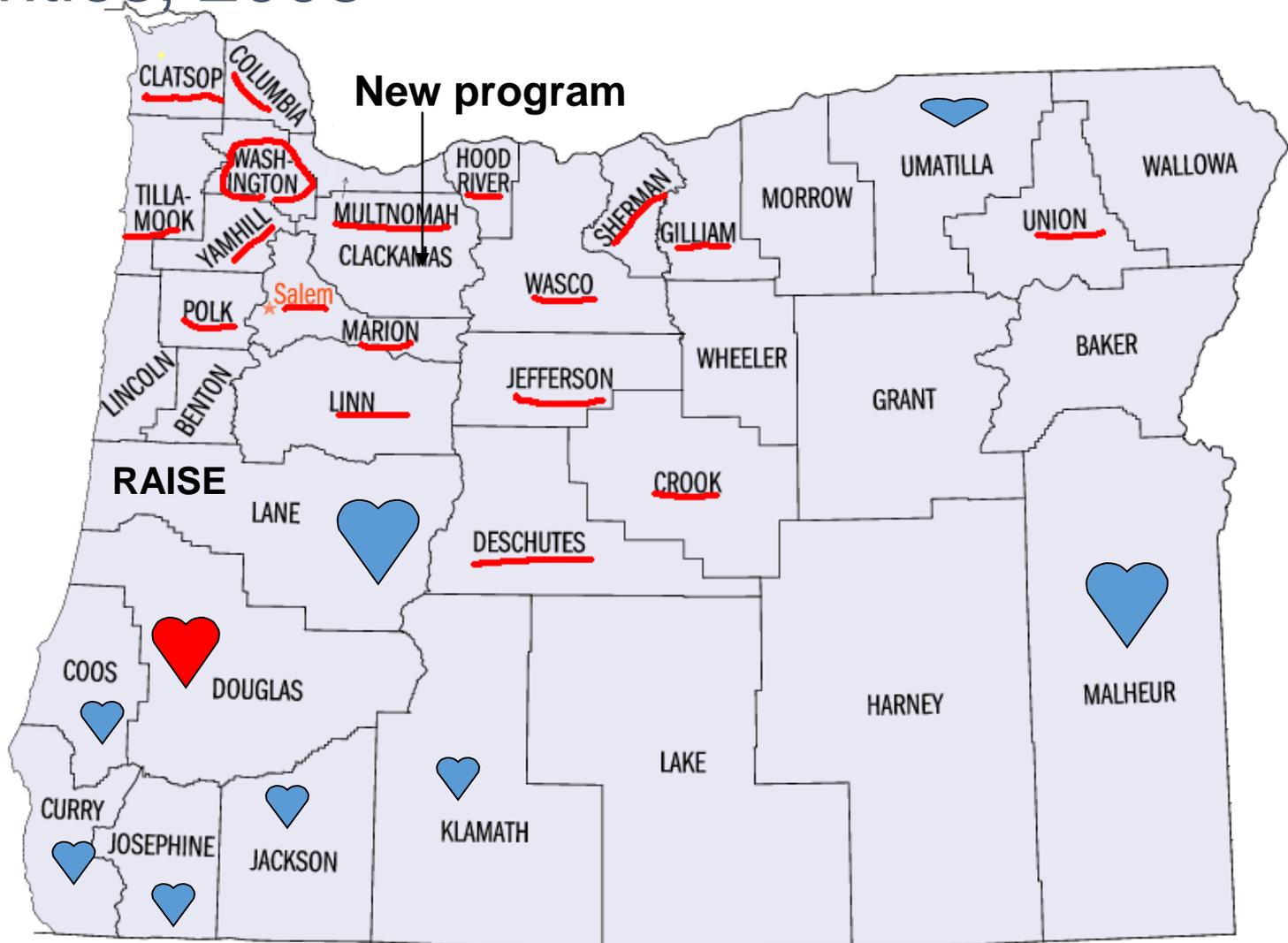




HEADSTRONG and JIGSAW GALWAY



Early Assessment and Support Alliance counties, 2008



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

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