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

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Director – UNM Psychiatry Center for Rural and Community Behavioral Health (CRCBH)
### Disclosures of Potential Conflicts

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<th>Source</th>
<th>Consultant</th>
<th>Advisory Board</th>
<th>Stock or Equity &gt;$10,000</th>
<th>Speakers’ Bureau</th>
<th>Research Support</th>
<th>Honorarium for this talk or meeting</th>
<th>Expenses related to this talk or meeting</th>
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<td>Robert Wood Johnson Foundation (RWJ)</td>
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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.
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

The graph shows the incidence rate of various diseases per 1,000 population across different age groups. The diseases are categorized as:

- Other
- Musculoskeletal
- Injuries
- Chronic respiratory
- Neurological & sense
- Mental disorders
- Cancer
- Cardiovascular

The graph indicates a significant increase in incidence rates with age, particularly for cardiovascular diseases.
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>
<thead>
<tr>
<th>Quadrant II</th>
<th>Quadrant IV</th>
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</thead>
<tbody>
<tr>
<td>Patients with high behavioral health and low physical health needs</td>
<td>Patients with high behavioral health and high physical health needs</td>
</tr>
<tr>
<td><strong>Served in primary care and specialty mental health settings</strong></td>
<td><strong>Served in primary care and specialty mental health settings</strong></td>
</tr>
<tr>
<td>(Example: patients with bipolar disorder and chronic pain)</td>
<td>(Example: patients with schizophrenia and metabolic syndrome or hepatitis C)</td>
</tr>
<tr>
<td>Note: when mental health needs are stable, often mental health care can be transitioned back to primary care.</td>
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</table>

<table>
<thead>
<tr>
<th>Quadrant I</th>
<th>Quadrant III</th>
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<tbody>
<tr>
<td>Patients with low behavioral health and low physical health needs</td>
<td>Patients with low behavioral health and high physical health needs</td>
</tr>
<tr>
<td><strong>Served in primary care setting</strong></td>
<td><strong>Served in primary care setting</strong></td>
</tr>
<tr>
<td>(Example: patients with moderate alcohol abuse and fibromyalgia)</td>
<td>(Example: patients with moderate depression and uncontrolled diabetes)</td>
</tr>
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</table>

Source: Adapted from Mauer 2006.
Screening Recommended and Reimbursed

- [www.teenscreen.org](http://www.teenscreen.org) “mental health checkup”
- Pediatric Symptom Checklist
- PHQ-9 for Teens
- CRAFFT for substance abuse
- [www.schoolpsychiatry.org](http://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.
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

**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?

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Little interest or pleasure in doing things?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Feeling down, depressed, or hopeless?</td>
<td></td>
<td></td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Trouble falling or staying asleep or sleeping too much?</td>
<td></td>
<td></td>
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<tr>
<td>4. Feeling tired or having little energy?</td>
<td></td>
<td></td>
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<td>5. Poor appetite or overeating?</td>
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<td></td>
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<tr>
<td>6. Feeling bad about yourself or that you are a failure, or have let yourself or your family down?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>7. Trouble concentrating on things, such as reading the newspaper or watching television?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>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?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>9. In the last 2 weeks, have you had thoughts that you would be better off dead, or of hurting yourself in some way?</td>
<td>YES</td>
<td>NO</td>
</tr>
</tbody>
</table>

All Respondents Should Answer Questions 10 and 11.

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
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<tbody>
<tr>
<td>10. During the past three months, have you thought of killing yourself?</td>
<td></td>
<td></td>
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<tr>
<td>11. Have you ever tried to kill yourself?</td>
<td>YES</td>
<td>NO</td>
</tr>
</tbody>
</table>

For Office Use Only

\[ Q1: Q2 = Y \quad \text{OR} \quad Q1: Q2 = Y \text{ to 5 or more} \text{ OR } Q10: Q11 = Y \]
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.
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
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.
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
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
Honoring Native Life

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

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”??
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
- Some believe during this phase prevention is possible
“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

[Graph showing the relationship between number of psychotic episodes and functioning (GAF) score]
Why Focus on Psychosis

Effects of Multiple Relapses

Days to Remission

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

Adapted from Lieberman, J., et al., J Clin Psychiatry, 1996; 57: 5-9
Initial Research Results:
Psychosis prevention studies:
1 year rates for conversion to psychosis

Controls
Experimental

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

<table>
<thead>
<tr>
<th></th>
<th>One-year costs (EI)</th>
<th>One-year costs (Standard care)</th>
<th>Three-year costs (undiscounted)</th>
<th>Three-year costs (discounted at 3%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expected costs (£s)</td>
<td>13760</td>
<td>20000</td>
<td>88106</td>
<td>77724</td>
</tr>
</tbody>
</table>
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)

- 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**

<table>
<thead>
<tr>
<th>Question</th>
<th>Definitely Disagree</th>
<th>Somewhat Disagree</th>
<th>Slightly Disagree</th>
<th>Not Sure</th>
<th>Slightly Agree</th>
<th>Somewhat Agree</th>
<th>Definitely Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  I think that I have felt that there are odd or unusual things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
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<tr>
<td>going on that I can’t explain.</td>
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<td></td>
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<td></td>
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<tr>
<td>2  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>
<td>6</td>
</tr>
<tr>
<td>3  I may have felt that there could possibly be something</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
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<tr>
<td>interrupting or controlling my thoughts, feelings, or actions.</td>
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<td>4  I have had the experience of doing something differently</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>because of my superstitions.</td>
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<tr>
<td>5  I think that I may get confused at times whether</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
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<td>something I experience or perceive may be real or may be</td>
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<td>just part of my imagination or dreams.</td>
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<td>6  I have thought that it might be possible that other people</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
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<tr>
<td>can read my mind, or that I can read others’ minds.</td>
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<tr>
<td>7  I wonder if people may be planning to hurt me or even</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
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<tr>
<td>may be about to hurt me.</td>
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<td>8  I believe that I have special natural or supernatural gifts</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
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<td>beyond my talents and natural strengths.</td>
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<td>9  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>
<td>6</td>
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<tr>
<td>10 I have had the experience of hearing faint or clear</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
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<td>sounds of people or a person mumbling or talking when</td>
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<td>there is no one near me.</td>
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<tr>
<td>11 I think that I may hear my own thoughts being said out</td>
<td>0</td>
<td>1</td>
<td>2</td>
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<td>4</td>
<td>5</td>
<td>6</td>
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<tr>
<td>loud.</td>
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<tr>
<td>12 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>
<td>6</td>
</tr>
</tbody>
</table>
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
The NIMH RAISE Early Treatment Program (ETP)

Recovery After an Initial Schizophrenia Episode
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

[Bar chart showing the number of IEPA members per year from 1998 to 2012. The numbers of members are as follows: 395, 1127, 1540, 1828, 1856, 2090, 2133, 2636, 2645, 2889, 3100, 3437, and 3679.]
Early Assessment and Support Alliance counties, 2008

New program

RAISE

Salem
Vocational and Hospital Outcomes Prior to Service Enhancements

In school or working

Hospitalized in last 3 months

Percentage vs 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

- No symptoms
- Drop in functioning and/or Withdrawal
- Attenuated positive symptoms
- Full psychosis - First Episode

Increase in Risk and Potential Long-Term Disability

EARLY Consultation Clinic

RAISE Early Treatment Program
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
• Other websites:
  • www.schizophrenia.com/prev1.htm
  • www.iepa.org.au