Children's Mental Health:

Prevalence, Illness Burden, and Efforts at Prevention and Early Intervention

FORUM SESSION ANNOUNCEMENT

A DISCUSSION FEATURING:

Richard G. Frank, PhD
Deputy Assistant Secretary for Planning and Evaluation
U.S. Department of Health and Human Services

Irwin Sandler, PhD
Director
Prevention Research Center
Regents' Professor
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University of Vermont
Director
Center for Psychiatric Research
Maine Medical Center (Portland, Maine)

FRIDAY, NOVEMBER 20, 2009

8:30AM–9:00AM—Breakfast

9:00AM–11:00AM—Discussion

LOCATION

Reserve Officers Association
One Constitution Avenue, NE
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Fifth Floor
(*Across from the Dirksen Senate Office Building*)

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OVERVIEW

Current trends in child and adolescent mental health have raised concerns among leaders in the field about shortcomings in the delivery of children's mental health services. Mental, emotional, and behavioral problems are believed to affect nearly one of every five young people. The median age at which symptoms of long-lasting disorders begin to appear is 14, but the average time at which treatment begins is nine years later, at age 23. Left untreated, some of these conditions can lead to a lifetime of costly and debilitating problems, including increased rates of physical illness and premature mortality. Promising strategies are emerging for prevention, screening, and early intervention to resolve moderate conditions and mitigate the effects of the most serious illnesses, such as schizophrenia and bipolar disorder. Policies and resources for bringing these strategies to scale remain to be developed. This Forum session will provide an overview of the prevalence of mental, emotional, and behavioral problems in children; highlight prevention and early intervention approaches; and, in the context of health reform, identify what might be needed to improve mental health services for children.

SESSION

Childhood mental, emotional, and behavioral (MEB) disorders are the most costly and prevalent of all chronic childhood illnesses, according to epidemiological studies. While precise estimates of the prevalence of these conditions are difficult to make, the 1999 Surgeon General's report on mental health found that nearly 20 percent of children and adolescents probably have diagnosable MEB disorders.[1] The annual financial costs of these illnesses was estimated at $247 billion in a recent report by the National Research Council and the Institute of Medicine.[2] The nonfinancial costs include the distress and suffering of young people; the disruption of their education and development; disruption of families and schools; and burdens on the social welfare, education, health care, and justice systems. The most serious of these is arguably the cumulative effect of disorders that are not treated appropriately in their early stages and persist over a lifetime, with negative effects on productivity, quality of life, and physical health. People with serious mental illnesses have much higher than average rates of chronic disease, and they die an average of 25 years earlier than those without such illnesses.

Accordingly, the U.S. Preventive Services Task Force recommends behavioral screening as a routine component of primary care for children and adolescents. Behavioral screening is nominally required as part of Medicaid's Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program. But screening programs are often complicated by reimbursement problems and the availability of adequate provider networks.[3] The American Academy of Pediatrics and the American Academy of Family Physicians, among others, have acknowledged the need to improve the training and capacity of the primary care workforce for recognition, management, and referral of childhood MEB disorders. Some school health programs have developed effective linkages with community behavioral health providers, and initiatives sponsored by private foundations and others using a wide variety of approaches have sprung up across the country.

Gaps in reimbursement for behavioral care in both Medicaid and private insurance discourage provision of services and investments in capacity. And the widely prevalent practice of subcontracting with managed behavioral health organizations, also common to Medicaid and private insurance, affects reimbursement to community mental health providers and integration of behavioral health with primary care.

Methods for treating moderate MEB disorders in children and adolescents have been demonstrated to have positive effects when these conditions are detected early and treated with evidence-based approaches; some of these involve use of prescription drugs, and some do not. However, widespread shortfalls in the use of evidence-based treatment have been reported.[4] Pioneering research in risk mitigation and early intervention in serious disorders continues, and some promising results have been achieved. But definitive evidence of clinical effectiveness is difficult to obtain, and researchers agree that further work is needed.[5] As in the medical sector, diffusion of best practices may await a variety of changes in the health and mental health systems, such as more research, more widespread adoption of electronic health records, more sophisticated payment systems, and better organization and coordination of community-based care.

The recent report from the National Research Council and the Institute of Medicine, *Preventing Mental, Emotional, and Behavioral Disorders Among Young People*, also examines environmental risk factors to consider in developing strategies for primary prevention of these disorders. The report emphasizes addressing stressors on families,

including financial pressures, unemployment, family conflicts, and parental problems such as depression and substance abuse. Perinatal medical care may be another important factor. Some preventive interventions may be targeted toward families, while others involve mobilization of community-wide resources. Many early interventions in serious illnesses like schizophrenia and bipolar disorder focus on beginning treatment quickly after an initial episode. Sponsors of treatment innovations and research on these approaches include the National Institute of Mental Health and several private foundations.[6]

Health care reform legislation now pending in Congress could have important consequences for children's mental health. Some children with MEB conditions would gain from coverage expansions. Workforce challenges, issues related to payment methodologies and adequacy, quality measurement requirements, and new innovation and demonstration programs will affect how these and other children's mental health needs are addressed. Regardless, a greater understanding of issues related to children's mental and behavioral health problems and treatment is a timely and important subject for policymakers.

KEY QUESTIONS

- How prevalent are mental, emotional, and behavioral disorders in children and adolescents, both treated and untreated illnesses? What are the trends in prevalence over time? What proportion of cases are moderate and resolvable with early and appropriate care, and what proportion are severe and likely to be persistent?

- What kinds of treatments have proven to be effective for the most frequently occurring conditions? What is the evidence on the relative effectiveness of pharmacological, psychosocial, and mixed approaches? What are examples of promising approaches to early intervention in severe illnesses such as schizophrenia and bipolar disorder? What is known about the effect of delays in receiving care?

- What efforts are needed to expand and improve the health system's capacity for prevention and early intervention in child and adolescent mental health? Do we have the workforce to support early intervention and prevention programs? What changes might be helpful, especially in linking primary and specialty services?

- What changes in public and private reimbursement systems may be needed to facilitate expansion of prevention and early intervention?

• Do currently pending health reform proposals have the potential to make significant differences in the scale and effectiveness of young people's mental health care? Is there evidence of increased public acceptance for investments in mental health?

SPEAKERS

Richard G. Frank, PhD, is the deputy assistant secretary for Planning and Evaluation at the Department of Health and Human Services, where he directs the Office on Disability, Aging and Long Term Care Policy. He will present an overview of trends in children's mental health and current issues for policymakers. **Irwin Sandler, PhD**, is Regents' Professor of psychology at Arizona State University and a member of the Institute of Medicine's (IOM's) Committee on the Prevention of Mental Disorders and Substance Abuse Among Children, Youth and Young Adults. He will discuss the findings of the IOM's recent report on prevention. **William McFarlane, MD,** is the director of the Center for Psychiatric Research at the Maine Medical Center in Portland, Maine, and director of the $12.4 million Early Detection and Intervention for the Prevention of Psychosis program of the Robert Wood Johnson Foundation. He will discuss his research and the multi-family group approach to prevention of psychosis.

ENDNOTES

1. U.S. Public Health Service, *Mental Health: A Report of the Surgeon General*, U.S. Department of Health and Human Services, 1999; available at www.surgeongeneral.gov/library/mentalhealth/home.html.

2. National Research Council and Institute of Medicine, *Preventing Mental, Emotional, and Behavioral Disorders Among Young People*, (Washington, D.C.: National Academies Press, 2009); excerpts available at www.nap.edu/catalog.php?record_id=12480.

3. See R.M. Semansky, C. Koyanagi, and R. Vandivort-Warren, "Behavioral Health Screening Policies in Medicaid Programs Nationwide," *Psychiatric Services*, 54, no. 5 (May 2003): pp. 736–739, available at http://psychservices.psychiatryonline.org/cgi/reprint/54/5/736.pdf; and P.J. Cunningham, "Beyond Parity: Primary Care Physicians' Perspectives On Access To Mental Health Care," *Health Affairs*, 28, no. 3 (April 14, 2009): pp. w490–w501, available with subscription at http://content.healthaffairs.org/cgi/content/abstract/28/3/w490. See also D. Mauch, C. Kautz, and S. Smith, "Reimbursement of Mental Health Services in Primary Care Settings," Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, February 2008, available at http://download.ncadi.samhsa.gov/ken/pdf/SMA08-4324/SMA08-4324.pdf; and "Improving Mental Health Services in Primary Care: Reducing Administrative and Financial Barriers to Access and Collaboration," American Academy of

Pediatrics and American Academy of Child and Adolescent Psychiatry, Background Paper (undated), available at www.aacap.org/galleries/LegislativeAction/Final%20Background%20paper%203-09.pdf.

4. See R.G. Frank and S.A. Glied, "The Evolving Technology of Mental Health Care," chap. 3 in *Better But Not Well: Mental Health Policy in the United States Since 1950*, (Baltimore: The Johns Hopkins University Press, 2006); and J. Knitzer and J. Cooper, "Beyond Integration: Challenges For Children's Mental Health," *Health Affairs*, 25, no. 3 (May/June 2006): pp. 670–679, available with subscription at http://content.healthaffairs.org/cgi/content/full/25/3/670.

5. W.R. McFarlane, "Prevention of Schizophrenia: Report to the Institute of Medicine," unpublished monograph, 2007.

6. See, for example, "Major NIMH Research Project to Test Approaches to Altering the Course of Schizophrenia," press release, National Institute of Mental Health, July 21, 2009; available at www.nimh.nih.gov/science-news/2009/major-nimh-research-project-to-test-approaches-to-altering-the-course-of-schizophrenia.shtml.