Maternal and Child Health Bureau

Seminars in Adolescent Health: Adolescent Mental Health

May 28, 2003

Health Resources and Services Administration
Maternal and Child Health Bureau

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Overview of Adolescent Mental Health and Access to Care

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Introduction

- Adolescent mental health problems
- Barriers to mental health care access
- Potential solutions to access problems

Adolescent mental health problems

Anorexia & Bulimia

- Lifetime prevalence for female high school students
  - Full syndrome: 4.7%
  - Partial syndrome: 5.9%
- Comorbidity
  - Full syndrome
    - Any comorbidity: 89.5%
    - Depression: 84.2%
  - Partial syndrome
    - Any comorbidity: 82.6%
    - Depression: 56.5%

Anorexia & Bulimia

- Characterized by complex interplay of medical, psychological, and nutritional issues
- Often a chronic condition requiring longer-term treatment
- Ideal approach to treatment, therefore, is a team approach
  - Health care provider
  - Mental health care provider
  - Dietician

Depression

- Lifetime prevalence among adolescents
  - Major depression: 14%
  - Minor depression: 11%
- Point prevalence
  - Moderate to Severe: 9.4%
  - Reports of depressive symptoms: 28.6%
- Adverse outcomes
  - Recurrence throughout adulthood
  - Suicide

Depression

- Characterized by short- and long-term adverse effects
- Relatively common among adolescents
- Ideal approach to treatment involves psychotherapy & medication
  - Health care provider
  - Mental health care provider

Mental Health Problems in Primary Care

- Prevalence among children in primary care
  - Estimates range from 12% to 17%
- Prevalence among adolescents in primary care
  - 2% presented with psychiatric complaints
  - 38% had a psychiatric disorder, with moderate impairment in functioning in over half of these adolescents
  - Depressive & anxiety disorders were most common

Mental Health Problems in Primary Care

- Most children and adolescents with psychosocial/behavioral problems are seen at some point by primary care providers
- The psychological problems, however, are under-identified

Mental Health Problems in Primary Care

- Most primary care visits involve problems that have a substantial behavioral/emotional component
- Mental health problems can exacerbate medical conditions
- Many physical conditions may play a role in the development of depression and other emotional problems
- Mental health and physical health in most cases are inextricably intertwined

Barriers to access

- Few adolescents in need of mental health services receive adequate services
- What are the barriers to care?
  - Parent based
  - Provider based
  - Insurance based

Parent Barriers

- 35% of parents of 7th graders in need of mental health service reported a barrier
- Types of barriers
  - Structural
  - Perceptions of mental health problems
  - Perceptions of mental health services

Parent/Patient Barriers

Structural Barriers:

- Help too expensive
- Services too inconvenient
- Services too far away
- Don’t know where to go
- Don’t have a way to get there
- Long wait for appointment

Parent/Patient Barriers

Perceptions of Mental Health Problems:

- Saw problems as not serious
- Chose to handle problems on their own

Parent/Patient Barriers

Perceptions of Mental Health Services:

- Lack of confidence in referral source
- Negative experience with professionals
- Afraid of what others would say (stigma)
- Lacked confidence in treatment success
- Most trusted people did not recommend help
- Did not know whom to trust
- Child did not want to go

Provider Barriers

- Highly interrelated
- Failure to identify psychological/behavioral problems
- Lack of evaluation skills
- Lack of strategies for referral/treatment
- Brevity of visit

Provider Barriers

Failure to Identify

- 50% of children with significant behavior problems identified by primary care provider
- Parental disclosure of concerns important in provider identification
- Continuity of care important in recognition of psychosocial problems
- Fee-for-Service vs Managed Care made no difference in recognition rates

Provider Barriers

Lack of Evaluation Skills

- Lack of knowledge about how to ask the right screening questions
- Failure to use potentially useful screening questionnaires

Provider Barriers

Lack of Strategies for Treatment

- Poor access to mental health provider networks for referral
- Lack of availability of timely mental health consultation
- Limited knowledge of behavioral interventions
- Potential over-reliance on medication

Provider Barriers

Limited Time

- Typical pediatric visit – 10 min.
- Typical adolescent visit – 20 to 30 min.
  - Limits breadth of questions that can be asked
  - Limits depth of questions that can be asked
  - Limits ability & desire to recognize psychological/behavioral problems
  - Limits ability to effectively intervene around psychological/behavioral problems

Insurance Barriers

- Carve-outs
- Excluded diagnoses
- Excluded procedures
- Limited number of sessions
- Onerous requirements for approval of additional sessions

Insurance Barriers

Carve-outs

- Cost/corporate structure for mental health care separated from medical care
- Undermines comprehensive, integrated approach to health care
- Ignores possible cost-offset effects of mental health treatment

Insurance Barriers

Excluded Diagnoses & Procedures

- Oppositional Defiant Disorder & Adjustment Disorders often excluded from reimbursement
- Parent guidance & family therapy often not reimbursed procedures

Insurance Barriers

Limited Sessions & Onerous Requirements for Approval of More Sessions

- Presumption that adolescents voluntarily seek treatment
  - Sometimes yes, often no
  - Ignores chronicity of some conditions, such as anorexia

Potential solutions

to access problems

Insurance Barriers

Possible Solutions

Problems	Solutions
• Carve-outs	➢ Eliminate
• Excluded diagnoses	➢ Don't exclude
• Excluded procedures	➢ Include parents
• Limited sessions	➢ Greater flexibility

ALSO:

- Integrated primary care: New model for delivery of mental health services within the context of primary health care
- Emphasizes an interdisciplinary team approach, consultation, brief evaluation, & brief treatment

Provider Barriers
Possible Solutions

Problems	Solutions
• Failure to identify psychological problems	➢ Integrated primary care
• Lack of evaluation skills	➢ Additional training and use of screening tools
• Lack of strategies for referral/treatment	➢ Integrated primary care
• Brevity of visit	➢ Integrated primary care

Parent Barriers
Possible Solutions

Problems	Solutions
• Structural	➢ School-base, school-linked, & community-based clinics
• Perceptions of mental health problems	➢ Integrated primary care
• Perceptions of mental health services	➢ School-based clinics & integrated primary care

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Mental health issues

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Parent Barriers

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Provider Barriers

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Integrated Primary Care

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PREVENTION OF MENTAL DISORDERS IN SCHOOL AGED CHILDREN: MAKING THE CONNECTIONS

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- First we must seek out the causes of mental illness … and eradicate them. Here, more than in any other area, "an ounce of prevention is worth more than a pound of cure." For prevention is far more desirable for all concerned. It is far more economical and it is far more likely to be successful. Prevention will require both selected specific programs directed especially at known causes, and the general strengthening of our fundamental community, social welfare, and educational programs which can do much to eliminate or correct the harsh environmental conditions which are often associated with …mental illness.
- (Pres. Kennedy, 1963)

Why is School-Based Prevention Critical to Community Mental Health with Children?

- Treatment (even when effective) will not have a substantial impact on new cases
- Treating disorders at their outset leads to better prognosis
- Schools are the primary setting in which problems arise and can be prevented
- Building protective factors to promote good mental health is an essential role of the mental health system

IEY1SUM

The Prevention Challenge

Systems Integration Across

- Levels of Care
- Developmental Stages
- Institutional Structures

Interconnected Systems for Meeting the Needs of All Children

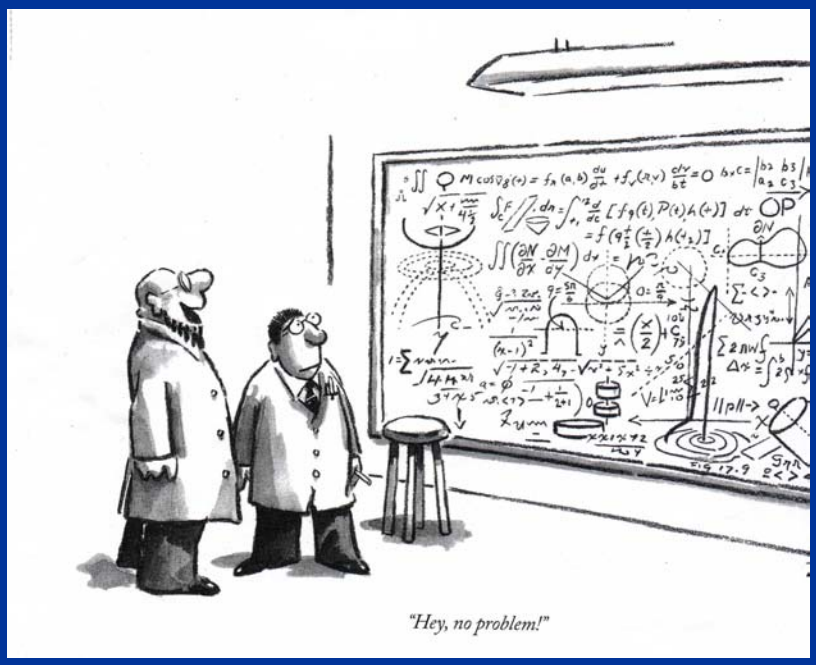
Prevention and Positive Youth Development
Universal and Selective Prevention
(low end need/low cost per child)

Early Intervention
Early-after-onset-Indicated
(moderate need/cost per child)

Systems of Care
Treatment of severe and chronic problems
(High end need/ cost per child)

Systemic collaboration is essential to establish inter-program connections within and across systems of prevention, early intervention, and treatment

Adapted from Adelman et al. (UCLA Center for Mental Health in the Schools)



"Hey, no problem!"

The Risk Factor/Protective Factor Theory

- Similar to Public Health/Medical model
- Mental Disorders share common risk factors
- Risk factors increase the chance of mental (behavioral and emotional) disorders
- Protective factors can help buffer the effects of risk factors

Individual Risk Factors

- Constitutional/Genetic Risk
- Early Trauma (Pre and post-natal)
- Early Behavior Problems and Poor Peer Relations

Family Risk Factors

- Family Management Problems
  Harsh and Chaotic Parenting
- Family and Marital Conflict
- Family Poverty
- Family Chaos and Instability

School Risk Factors

- Early and Persistent Anti-social Behavior
- Academic Failure beginning in Elementary School
- Poor student-teacher and student-school bonding

Community Risk Factors

- Persistent Poverty
- Transitions and Mobility
- Lack of coordination of services between schools, families and community

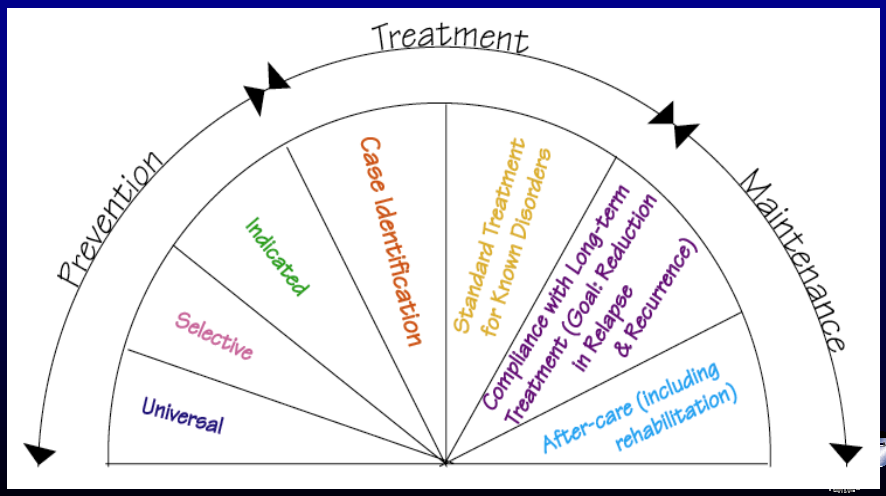
Protective Factors

- Individual characteristics
  - **Social-Emotional Competence**
- Healthy Relationships
  - **Parent-child**
  - **Teacher-child**
  - **Peer-peer**
- Context of Community Support

Key SEL Competencies

- **Knowledge of Self**
  - Identifying Emotions
  - Personal Responsibility
  - Recognizing Strengths
- **Responsible Decision-Making**
  - Managing Emotions
  - Analyzing Situations
  - Goal Setting
  - Problem-Solving
- **Caring for Others**
  - Perspective-taking
  - Appreciating Diversity
  - Respecting Others
- **Social Effectiveness**
  - Communication
  - Building Relationships
  - Negotiation
  - Refusal
  - Help Seeking

Institute of Medicine Continuum of Care



PREVENTING MENTAL DISORDERS IN SCHOOL-AGED CHILDREN:

A Review of the Effectiveness of Prevention Programs

http://journals.apa.org/prevention/volume4/toc-apr08-01.html

prepared for the Center for Mental Health Services
by
the Prevention Research Center - Penn State University

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Celene Domitrovich, Ph.D. - Assistant Director
Brian Bumbarger - Outreach and Training Coordinator

Effective Universal Programs

- **Violence Prevention**
  - Second Step
  - Richmond Youth Against Violence
  - Responding in Peaceful and Positive Ways
- **Social/Emotional Cognitive**
  - Interpersonal Cognitive Problem Solving
  - Promoting Alternative Thinking Strategies
  - Increased Social Awareness/Social Problem Solving
  - Positive Youth Development Program
- **Ecological**
  - School Transition Environment Project
  - Child Development Project
  - Good Behavior Game/Mastery Learning
  - Effective Black Parenting Program
  - Bully/Victim Intervention Campaign
- **Multi-Domain**
  - Linking the Interests of Families and Teachers
  - Seattle Social Development Project

Effective Externalizing Programs

- **Child-Focused**
  - Anger Coping Program
  - Brainpower Program
  - Peer Coping Skills Training
  - Social Relations Program
- **Parent/Family/Mentor**
  - Partners
  - Big Brothers/Big Sisters
- **Multi-Component**
  - Montreal Prevention Experiment
  - First Steps to Success
  - Earlscourt Social Skills Group
  - FAST Track

Effective Internalizing Programs

- **Indicated - Mood disorders**
  - Coping with Stress Program
  - Penn Prevention Program
- **Indicated - Anxiety disorders**
  - Queensland Early Intervention and Prevention of Anxiety Project
- **Indicated - Suicide**
  - C-CARE and CAST
- **Indicated - Stress**
  - Hains and Ellmann (1994)
- **Event-Triggered Programs**
  - Children of Divorce Intervention Program (CODIP)
  - Children of Divorce Parenting Program
  - Family Bereavement Program

Building Systems Integration Across Institutional Structures

- Develop Community Level Leadership across Schools and Agencies
- Educate Leadership regarding Impact of Prevention and need for Cross-Institution Cooperation
- Provide Training to Agency Staff, Teachers, and School Support Staff on Prevention Programming
- Develop and Showcase Model Communities

Comprehensive Models for Promoting Healthy Adaptation

Community Planning is Key

- Universal
  - Mass Media/Public Education
  - School/Workplace Interventions
  - Legislation and Policies
- Selective
  - Interventions for Risk Groups
- Indicated
  - Individual or Group Interventions

Advancing School Mental Health in the United States

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The Crisis of Youth Mental Health

- 3-5% severe impairment
- 12-22% diagnosable disorders
- 20-100% at risk or could otherwise benefit
- < 33% with serious problems receive care
- % at risk who receive care ???????
- % who receive effective care ???????

Schools: The Most Universal Natural Setting

- Over 52 million youth attend 114,000 schools
- Over 6 million adults work in schools
- Combining students and staff, one-fifth of the U.S. population can be found in schools

Major Approaches to Mental Health in Schools

- 1. Enabling Framework
- 2. Other Education-Based
- 3. School-Based Health Centers
- 4. Community Mental Health Center Outreach
- 5. Private Practitioner Outreach
- 6. Communities in Schools
- 7. Research supported (i.e., with all the associated resources of funded studies)

Expanded School Mental Health (ESMH)

- ESMH programs join staff and resources from education and other community systems
- to develop a full array of mental health promotion and intervention programs and services
- for youth in general and special education

(Weist, 1997)

Positive Outcomes of ESMH Programs are Being Shown

- Outreach to under-served youth
- Productivity of staff
- Cost-effectiveness
- Improved satisfaction
- Improved student outcomes
- Improved school- and system- level outcomes

But the movement toward ESMH is still in the early phases

- ESMH estimated to be in less than 10% of the nation's 114,000 schools
- A concerning trend toward clinics in schools
- Funding remains limited and illness-focused

Major Categories of Work to Advance Mental Health in Schools

- Raising awareness of unmet youth mental health needs and building advocacy
- Involving youth, families and other stakeholders
- Influencing policy and growing a diverse array of funding mechanisms
- Applying new resources strategically

Major Categories of Work II

- Enhancing methods of early identification and screening
- Broadening and improving training at all levels and for diverse disciplines
- Strengthening quality assessment and improvement approaches

Major Categories of Work III

- Coordinating services in schools and making progress toward true systems of care
- Addressing areas of special need
- Emphasizing prevention and broad efforts to promote youth mental health
- Supporting, using, and building the evidence base (Weist, Evans & Lever, 2003)

Effectiveness and School Mental Health

- Status and presenting issues are much different for approaches 1-6 (non research supported) than for approach 7 (research supported)

Research Supported Programs and Interventions in Schools

- Key reviews underscoring effectiveness in multiple domains
  - emotional and social development (Durlak & Wells, 1998; Rones & Hoagwood, 2000)
  - youth development (Catalano et al., 1998)
  - violence prevention (Elliot, 1998)
  - drug prevention (Tobler et al., 2000)
  - prevention of mental disorders (Greenberg, Domitrovich & Bumbarger, 2001)

Characteristics of Effective Programs
(Greenberg, Domitrovich, & Bumbarger, 2001)

- Theoretically based and developmentally appropriate
- Multiyear in duration and address a range of risk and protective factors vs. unitary problem behaviors
- Target multiple domains (e.g., school, family) with an emphasis on changing environments as well as individuals

Three Key Dimensions in Implementation (Graczyk et al., 2003)

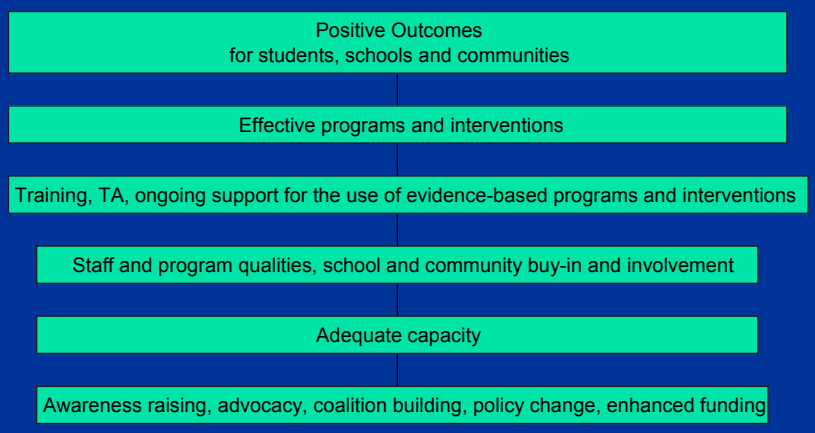
- Characteristics of the intervention
  - (program content, structure, timing, dosage; quality of service delivery)
- Training and technical support
  - (training and supervision models, implementer qualities)
- Environmental conditions
  - (classroom, school, district, community factors)

Moving Toward Evidence-Based Practice in the School Mental Health Movement

- Need to address realities:
  - Approaches 1-6 are characterized by significant variability in all dimensions
  - Effectiveness literature for school mental health *programs and staff* is very limited
  - Research and practice in the field remains largely separated
  - In programs and in schools there is very little support for evidence-based practice

Using the Evidence Base in Context

Building Blocks for the Promotion of Mental Health in Schools



A Critical Need to Advance the Quality Agenda

- Programs are doing very little
- Research literature is limited
- What exists is painful, boring or both

Enhancing Quality in Expanded School Mental Health

- Randomized controlled study to assess impacts of systematic quality improvement on clinician behavior, satisfaction with services, and student outcomes
- First experimental study of quality improvement in school mental health
- Will provide guidelines for best practice and will help to standardize practice

Example Quality Principle and Indicators

- Principle # 3
  - *Programs are implemented to address needs and strengthen assets for students, families, schools and communities*
- Example Indicators
  - *Have you conducted assessments on common risk and stress factors faced by students?*
  - *Are you developing programs to help students contend with common risk/stress factors?*

A Four-Pronged Approach to Evidence-Based Practice in School Mental Health

- Decrease stress/risk factors
- Increase protective factors
- Train in validated skills
- Implement manualized interventions
  - (see Schaeffer, 2002; Weist, 2003)

Examples of Modifiable Stress/Risk Factors

- Individual
  - low commitment to school, early school failure, association with acting out peers
- Family
  - marital discord, poor family management
- Community
  - poor housing, community disorganization (Hawkins et al., 1992; Mrazek & Haggerty, 1994)

Examples of Modifiable Protective Factors

- Individual
  - social competence, internal locus of control, reading for pleasure
- Family
  - routines and rituals, parenting skills, parental responsiveness
- Community
  - good schools, positive relationships with other adults (Hawkins et al., 1992; Mrazek & Haggerty, 1994)

Validated Skills

- Relaxation training
- Problem solving
- Cognitive restructuring
- Self-control training
- Anger management training
- Social competence and resistance training
  - (see Christophersen & Mortweet, 2001)

Promoting the Use of Manualized Interventions

- Choose a program that matches the needs of the school and can be implemented
- Promote and maintain school and staff buy-in
- Ensure environmental receptiveness, adequate infrastructure, and training and technical assistance

Examples of Universal Interventions
(from Schaeffer, 2002)

- Promotion of Social and Emotional Competence
  - I Can Problem Solve (Spivak & Shure)
  - Promoting Alternative Thinking Strategies (Greenberg)
  - Skillstreaming (Goldstein)
- High Risk Behaviors
  - Life Skills Training (Botvin)
  - Project ALERT (Ellickson)

Examples of Selected Interventions
(from Schaeffer, 2002)

- Depression
  - Adolescent Coping with Stress Course (Lewinsohn)
  - Penn Optimism Program (Reivich)
- Anxiety
  - Friends (Bartlett)
- Aggressive Behavior
  - Coping Power (Lochman)
  - Reconnecting Youth (Herting & Eggert)

Examples of Indicated Interventions
(from Schaeffer, 2002)

- Anxiety
  - Coping Cat (Kendall)
- Depression
  - Adolescent Coping with Depression Course (Lewinsohn)
- ADHD
  - CBT for Impulsive Children (Kendall & Braswell)
- Oppositional and Conduct Disorders
  - Defiant Children (Barkley)

The Optimal School Mental Health Continuum?

- 10-20% Broad Environmental Improvement and Mental Health Promotion
- 50-60% Prevention and Early Intervention
- 20-30% Intensive Assessment and Treatment

Youth Mental Health Services in Most Communities

	Primary	Secondary	Tertiary
Education			- - - - - - - -
M. Health			- - - - - - - -
Pub. Health			

The Vision

	Primary	Secondary	Tertiary
Education	----------	----------	----------
M. Health	---	----------	----------
Pub. Health	----------		

Deciding on Roles in a School

(no stereotyping intended)

	Primary	Secondary	Tertiary
Sch. Psy.	XOXOXO	XXXXXX	XX
Sch. SW.		XOXOXO	XXXXXX
Sch. Co.	XOX0	OOO	
Com. St.	XO	OOOOOO	OOOOOO
	REG.ED=O	SPEC.ED=X	

To Move Toward This Continuum We Need To Address The Over-Reliance On Fee-For-Service

- Need to diagnose
- Significant bureaucracy
- Limits on productivity
- Contingencies to hold on to youth and families who show up and can pay

Toward Funding for a Full Continuum of Programs and Services

- Maximizing all potential sources of revenue:
  - allocations from schools and departments of education
  - state and local grants and contracts
  - federal and foundation grants and contracts
  - innovative prevention funding
  - fee-for-service

Centers for Mental Health in Schools

- Supported by the Office of Adolescent Health, Maternal and Child Health Bureau, Health Resources and Services Administration;
- With co-funding from the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

UCLA Center for Mental Health in Schools

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University of Maryland Center for School Mental Health Assistance

- Provide technical assistance and consultation
- Provide national training and education
- Disseminate and develop knowledge
- Promote communication and networking
  - phone: 410-706-0980 (888-706-0980 toll free)
  - email: csmha@psych.umaryland.edu
  - web: http://csmha.umaryland.edu

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Question and Answer Session

Maternal and Child Health Bureau

RESOURCES

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U.S. Department of Health and Human Services. Mental Health: A Report of the Surgeon General. Rockville, MD, 1999

RESOURCES

WEBSITES

Center for School Mental Health Assistance, University of Maryland
http://csmha.umaryland.edu

Prevention Research Center for the Promotion of Human Development, Penn State University
http://www.prevention.psu.edu

School Mental Health Project/Center for Mental Health in Schools, UCLA
http://smhp.psych.ucla.edu

Substance Abuse and Mental Health Services Administration (SAMHSA)
http://www.samhsa.gov