American Mental Health Counselors Association
Emerging Clinical Practice Brief

The Need for Early Mental Health Screening and Intervention Across the Lifespan

Introduction: Disease Burden

An estimated four million young people will develop a severe mental disorder, such as schizophrenia or bipolar affective disorder. In addition to its enormous economic costs, serious mental illness has devastating effects on young people and their families. Over 75 percent of people with schizophrenia go on to develop a disability and fewer than 25 percent are gainfully employed. Nearly 25 percent of U.S. hospital admissions and disability payments are for people with severe mental health disorders.

Over 70 percent of youth in the juvenile justice system have mental health disorders; 27 percent of cases are so severe that functional ability is seriously impaired. People with serious mental illness die 25 years earlier than the general population, and an estimated 10 percent to 15 percent of people who suffer from severe mental illness die from suicide.

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Mental illness has been viewed as a disease of early adulthood. But the onset of bipolar disorder or schizophrenia typically occurs in teens and young adults. In fact, about half of all lifetime cases of mental illnesses start at age 14 (16.5 years is the average). Symptoms in three-quarters of mental illness cases appear by age 24. About one in 10 children and teens suffer from mental illness severe enough to cause some level of impairment.

It's hard to overestimate the impact that severe, untreated mental illness has on an individual, a family, and society. According to the World Health Organization, the impact of neuropsychiatric disorders is greater than the burden caused by any other medical disease. Many people a mental illness don't finish high school. They also struggle to maintain steady employment. Some become permanently disabled and are unable to work; some live on the streets or wind up in jail; and most spend their lives dependent on family support or public assistance.

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Under our health care system, we often wait until young people with severe mental illness are very sick and have suffered serious consequences before treating them. Young people who show early signs of mental health disorders often do not receive treatment because of stigma due to lack information about where to go. Yet delayed treatment is associated with incomplete and prolonged recovery.

Early Assessment and Treatment Are Critical Across the Lifespan

Screening is a preliminary procedure used to determine the likelihood that an individual has a particular disease or condition or is at increased risk of developing health or social problems. Screening assesses risk factors, which can be genetic, behavioral, or environmental. Screening also helps distinguish between those who could benefit from a minimal intervention and others who may require further diagnostic assessment or possible treatment.

Emerging research indicates that intervening early can interrupt the negative course of some mental illnesses and may, in some cases, lessen long-term disability. New understanding of the brain science indicates that early identification and intervention can sharply improve outcomes and that longer periods of abnormal thoughts and behavior have cumulative effects and can limit capacity for recovery.

If Untreated, Childhood Disorders Can Lead to a Downward Spiral

Early childhood is a critical period for the onset of emotional and behavioral impairments. Each year, young children are expelled from preschools and childcare facilities for severely disruptive behaviors and emotional disorders.

Since children develop rapidly, delivering mental health services and supports early and swiftly is necessary to avoid permanent consequences and to ensure that children are ready for school. Emerging neuroscience highlights the ability of environmental factors to shape brain development and related behavior. Consequently, early detection, assessment, and links with treatment and supports can prevent mental health problems from worsening.

Without intervention, child and adolescent disorders frequently continue into adulthood. For example, research shows that when children with co-existing depression and conduct disorders become adults, they tend to use more health care services and have higher health care costs than other adults. If the system does not appropriately screen and treat them early, these childhood disorders may persist and lead to a downward spiral of school failure, poor employment opportunities, and poverty in adulthood. No other illnesses damage so many children so seriously.

One of the many factors that can affect the emotional health of young children is the mental health status of their parents. For example, depression among young mothers has been shown to influence the mental health of their young children. These findings are significant because mental disorders that occur before the age of six can interfere with critical emotional, cognitive, and physical development, and can predict a lifetime of problems in school, at home, and in the community.

People with Co-occurring Disorders Are Inadequately Served

Early intervention and appropriate treatment can also reduce pain and suffering for children and adults who have or who are at risk for co-occurring mental and addictive disorders. Seven to ten million people in the United States have at least one mental health disorder in addition to an alcohol or drug abuse disorder. Too often, these individuals are treated for only one of the two disorders - if they are treated at all.

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Co-occurring substance use and mental disorders can occur at any age. Research suggests that as many as half of the adults who have a diagnosable mental disorder will also have a substance use disorder at some point during their lifetime. A substantial number of children and adolescents also have co-occurring mental illnesses and substance use disorders. If one co-occurring disorder remains untreated, both usually get worse. Additional complications often arise, including the risk for other medical problems, unemployment, homelessness, incarceration, suicide, and separation from families and friends.

Older adults are at risk of developing both depression and alcohol dependence for perhaps the first time in their lives. This phase of the life cycle has new risk factors for both of these disorders. The number of older adults with mental illnesses is expected to double to 15 million in the next 25 years. Mental illnesses have a significant impact on the health and functioning of older people and are associated with increased health care use and higher costs. The

current mental health service system is inadequate and unprepared to address the needs associated with the anticipated growth in the number of older people requiring treatment for late-life mental disorders.

Individuals with co-occurring disorders challenge both clinicians and the treatment delivery system. They most frequently use the costliest services (emergency rooms, inpatient facilities, and outreach intensive services), and often have poor clinical outcomes. The combination of problems increases the severity of their psychiatric symptoms and the likelihood for suicide attempts, violent behaviors, legal problems, medical problems, and periods of homelessness.

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Mental Health Problems Are Not Adequately Addressed in Primary Care Settings

Several studies have found that while people with common mental illnesses have had some contact with primary care services, few received specialty mental health care. About half of the care for common mental disorders is delivered in general medical settings. Primary care providers actually prescribe the majority of psychotropic drugs for both children and adults. While primary care providers appear positioned to play a fundamental role in addressing mental illnesses, there are persistent problems in the areas of identification, treatment, and referral.

Despite their prevalence, mental disorders often go undiagnosed, untreated, or under-treated in primary care. Primary care providers' rates of recognition of mental health problems are still low, although the number identified is increasing. When mental illnesses are identified, they are not always adequately treated in the primary care setting, and referrals from primary care to specialty mental health treatment are often never completed.

While effective treatments exist for most common mental disorders, studies have shown that many consumers seen in primary care settings do not receive them. Even in the 1990s, most adults with depression, anxiety, and other common mental disorders did not receive appropriate care in primary care settings. Older adults, children and adolescents, individuals from ethnic minority groups, and uninsured or low-income patients seen in the public sector are particularly unlikely to receive care for mental disorders.

Of individuals who die by suicide, approximately 90 percent had a mental health disorder, and 40 percent of these individuals had visited their primary care doctor within the month before their suicide. During visits in the primary care setting, the question of suicide was seldom raised.A significant percentage of patients in primary care shows signs of depression, yet up to half go undetected and untreated.

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Of all the children they see, primary care physicians identify about 19 percent with behavioral and emotional problems. While these providers frequently refer children for mental health treatment, significant barriers exist to referral, including lack of available specialists, insurance restrictions, appointment delays, and stigma. In one study, 59 percent of youth who were referred to specialty mental health care never made it to the specialist.

Finally, it is noteworthy that there is a parallel problem in specialty mental health care. Specialty mental health providers often have difficulty providing adequate medical care to consumers with co-existing mental and physical illnesses. Given that individuals with serious mental illnesses, such as schizophrenia, have high levels of non-psychiatric medical illnesses and excess medical mortality, this is also a troubling situation.

Treatment for Co-occurring Disorders Must Be Integrated

Integrated treatment is a means of coordinating both substance abuse and mental health interventions to treat the whole person more effectively. From studies and first-hand experiences, many researchers and clinicians in these fields believe that both disorders must be addressed as primary illnesses and treated as such. Integrated treatment can improve client engagement, reduce substance abuse, improve mental health status, and reduce relapses for all age groups.

Integrated services should appear seamless to the individual who seeks and receives care. Mental health and substance abuse treatment can be integrated by one clinician, two or more clinicians working together, one program, or a network of services.

Studies of efforts to integrate mental health and primary care have shown that State and local regulatory issues and impediments to multiple State and local funding streams continue as major barriers to changing the systems.

Implementing systematic screening procedures to identify mental health and substance use problems and treatment needs in all settings in which children, youth, adults, or older adults are at high risk for mental illnesses or in settings in which a high occurrence of co-occurring mental and substance use disorders exists are critical.

Screening for co-occurring disorders should be implemented when an individual enters the juvenile or criminal justice systems, child welfare system, homeless shelters, hospitals, senior housing, long-term care facilities, nursing homes, and other settings where populations are at high risk. Screening should also occur periodically after an individual enters any of these facilities.

Expand Screening and Integrated Care in Primary Care Settings

The foundation of integrated care is a holistic view of the individual and personal health as complex, integrated system, rather than a simple sum of independent body systems. It follows that integrated care begins with an assessment of patients for conditions and/or the risk of developing conditions in addition to those they present for.

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Numerous studies have documented the effectiveness of screening for behavioral health disorders in primary care settings, and a number of evidence-based tools to screen for depression, anxiety, post-traumatic stress disorder, and substance use disorders are quick and easy to administer and are available in the public domain.

Screening, Brief Intervention, Referral to Treatment (SBIRT), a method of screening for substance use disorders, represents one such evidenced-based practice that is reimbursable under many state Medicaid programs (see Box 1). Oregon is including an SBIRT benchmark and improvement target among the measures for which its ACO-like Medicaid Coordinated Care Organizations (CCOs) will be accountable. The CCOs will be eligible for incentive funds based on their performance on the SBIRT metric (see last section of the report for more information on

SBIRT).
As with adults, physical health screens for children and adolescents with a behavioral health disorder or condition are as important as behavioral health screens for those who present for physical health reasons.

For example, a child taking medication for Attention Deficit Hyperactivity Disorder (ADHD) may develop tachycardia and high blood pressure, and a child in active treatment for a behavioral health disorder may begin to experience symptoms of an emerging medical condition such as asthma.

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Collaborative and integrated care models should be widely implemented in primary health care settings and reimbursed by public and private insurers. Numerous studies have documented the effectiveness of collaborative care models. Additionally, the Federal government could better coordinate the funding and the clinical care provided by publicly funded community health clinics to consumers with multiple conditions, including physical, mental, and co-occurring substance use disorders.

Overarching Recommendations

Agency Level

- Promote public and private collaboration between public agencies at all levels and the community as a way to create social and physical environments that enable good health through prevention for all age groups. This includes placing an emphasis on the training of professionals in all settings to be able to identify and screen for mental health and substance use conditions.

- Support collaboration across state and local mental health and human service agencies to identify where investments can be made that can prevent the social, emotional, and cognitive impairments that, in turn, contribute to at-risk behaviors leading to disease, disability, social problems, and early morbidity.

- Promote utilization of integrated service delivery options (e.g., health homes) that blend new payment methodologies like value-based purchasing with holistic care coordination for all populations with chronic conditions.

- Support public and private research to examine the systematic return on investment (ROI) received through holistic preventive services as well as the ROI on more costly forms of care (e.g., increased utilization of emergency rooms for primary and behavioral health treatment).

- Support efforts to enable information to be shared across agencies and programs that will more effectively coordinate care, and achieve better outcomes among those serving the same individuals and families.

Community Outreach Level

- Identify and target outreach efforts to priority populations likely to come into contact with those in need of prevention or treatment services;

- Develop and disseminate consistent core messages that referrers need to know, e.g., how to identify a person at risk, how to make a referral;

- Ensure appropriate and ongoing training involved in outreach to maintain the most up-to-date knowledge;

- Enhance or assure organizational capacity to deliver outreach activities with enough time to cover the core messages.

- Establish benchmarks to monitor and promote progress.

Integration and Screening

- Implement systematic screening procedures to identify mental health and substance use problems and treatment needs in all settings in which children, youth, adults, or older adults are at high risk for mental illnesses or in settings in which a high occurrence of co-occurring mental and substance use disorders exists are critical.

- Implement screening and re-screening for co-occurring disorders when an individual enters the juvenile or criminal justice systems, child welfare system, homeless shelters, hospitals, senior housing, long-term care facilities, nursing homes, and other settings where populations are at high risk. Screening should also occur periodically after an individual enters any of these facilities. Screening should not be limited to only specialty mental health and substance abuse treatment settings.

- Link children, youth, adults, and older adults with appropriate services, supports, or diversion programs early when mental health problems manifest. Additionally, given the high incidence of substance use disorders among parents of children in the child welfare system, where indicated, these parents should be screened for co-occurring disorders and linked with appropriate treatment and supports.

- Involve other systems in integrated treatment as well, so that individuals with co-occurring disorders and who also typically have a wide range of health and social service needs can be served holistically. For example, children in the juvenile justice system are at high risk for co-occurring mental and substance abuse disorders. Similarly research strongly demonstrates that children in foster care at a high-risk for maladaptive outcomes, including socio-emotional, behavioral, and psychiatric problems warranting mental health treatment and supports.

Conclusion

Early detection and treatment of mental disorders can result in a substantially shorter and less disabling course of illness. As the mental health field becomes increasingly able to identify the early antecedents of mental illnesses at any age, interventions must be implemented, provided in multiple settings, and connected to treatment and supports.

Early interventions and educational efforts can help a greater number of parents, the public, and providers learn about the importance of the first years of a child's life and how to establish a foundation for healthy social and emotional development.

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