Child & Adolescent Mental Disorders:
Best Practices for System Improvement

A Presentation to the Florida Substance Abuse & Mental Health Corporation

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Topics:

- Seriousness of a problem
- Relationship to substance abuse and other problems
- Compare what is needed with what is being done
- General recommendations for improvement
- Specific actions to be taken

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Seriousness of a Problem

- Prevalence – how many?
- Magnitude – what is its effect on quality of life and what is its fiscal impact?
- Primacy – to what extent does it lead to other problems?

Prevalence of Serious Mental Health Challenges

Population Proportions (9 to 17 year-olds)

5-9%   Youth with SED & extreme functional impairment

9-13%   Youth with SED, with substantial functional impairment

20%   Youth with any diagnosable disorder

5-9%

9-13%

20%
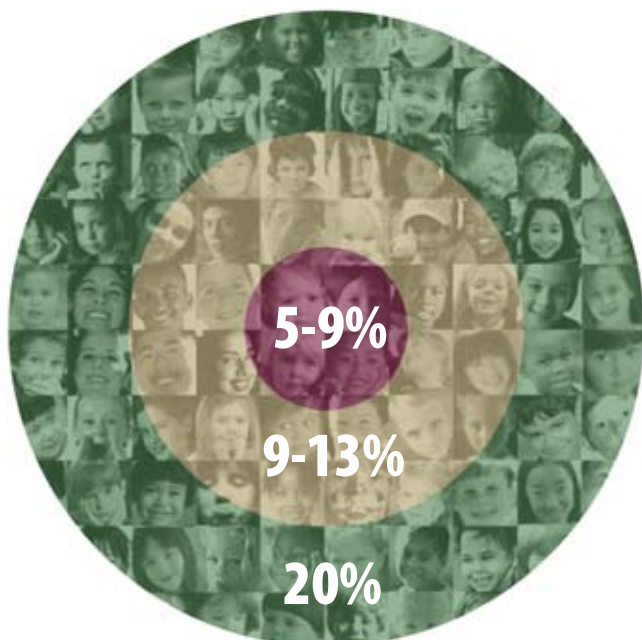
"Recent evidence compiled by the World Health Organization indicates that by the year 2020, childhood neuropsychiatric disorders will rise by over 50% internationally to become one of the five most common causes of morbidity, mortality, and disability among children...no other illnesses damage so many children so seriously."

—Report of the National Advisory Mental Health Council's Workgroup on Child and Adolescent Mental Health Intervention Development and Deployment

"Growing numbers of children are suffering needlessly because their emotional, behavioral, and developmental needs are not being met by those very institutions which were explicitly created to take care of them. It is time that we as a Nation took seriously the task of preventing mental health problems and treating mental illnesses in youth."

– Surgeon General David Satcher, 2000

Characteristics of Children with Serious Mental Health Challenges

- Frequently served in multiple systems
- Variety of diagnoses but most common are ADHD, Oppositional Disorder, and Conduct Disorder
- High rate of co-occurring disorders
- Deficits in intellectual and educational functioning
- Deficits in social and adaptive behavior
- Frequently from low income families
- Have often been exposed to violence, and to losses of major people in their life

Emotional disturbance is part of an inter-related set of problems that Lisbeth Schorr has called "rotten adolescent outcomes" – including poor school performance, delinquency, early pregnancy, substance abuse, and violence.

The National Comorbidity Study shows that "it's clear a substantial part of the drug problem, and the more severe and prolonged drug problem, is in people starting out with emotional problems." Median age of onset for mental health disorder was 11 years old and for substance abuse was five to 10 years later. Findings suggest "Early-onset psychiatric disorders have been associated with subsequent truncated educational attainment, higher risk of teenage childbearing, higher risk of early marriage, lower probability of later marriage, and lower family income."
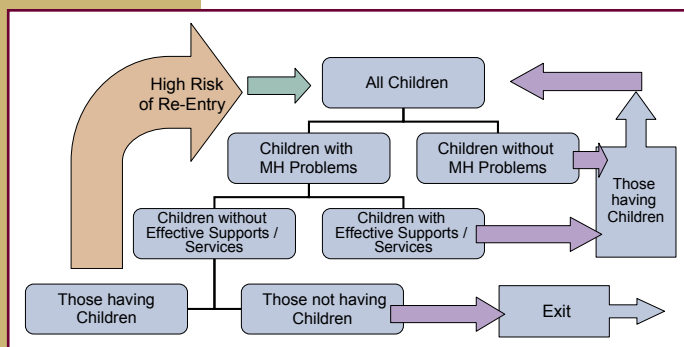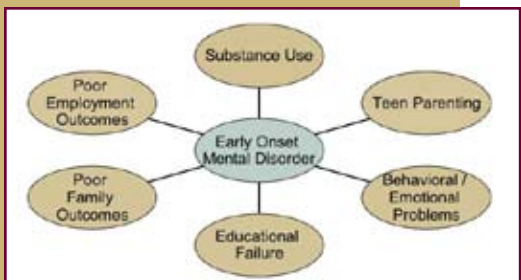
Issues in Adolescence

- Adolescents with behavior disorders are most likely to develop substance abuse disorders;
- Adolescents with depression are four times more likely to develop substance abuse disorders than adolescents without depression;
- Adolescents with anxiety disorders are two times more likely to develop substance abuse disorders than adolescents without anxiety disorders;
- Almost 90% of individuals with a lifetime co-occurring disorder had at least one mental disorder prior to the onset of a substance abuse disorder

— Report to Congress, U.S. Department of Health and Human Services, p. 6

Impact in Adulthood

60% of adult substance abuse dependence can be prevented by early and effective treatment of child and adolescent mental disorders. We know that "…child and adolescent mental disorders are much more powerful predictors of a wide array of later adverse outcomes than virtually any other potential target," e.g., more strongly related to early child-bearing than family poverty, and more strongly related to educational attainment than low parental education.

—Kendall & Kessler, 2002

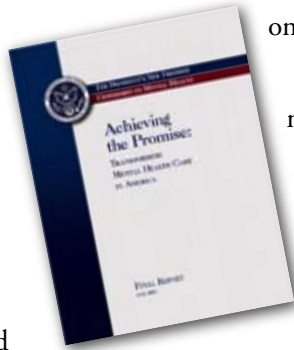### Risk of Adult SA Disorder
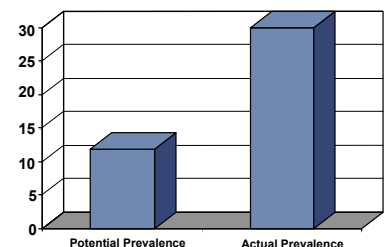
Summary of Seriousness of Problem

- High prevalence and tremendous impact;
- Very strong relationship to later substance abuse and a range of other adverse outcomes

Key Principles/Values of a System of Care

Based on needs of child and family

- Promotes partnerships between families and professionals
- Involves collaboration between multiple agencies and service sectors
- Involves provision of individualized supports and services based on strengths and needs in multiple domains
- Promotes culturally responsive supports and services
- Includes system of ongoing evaluation and accountability

What Should a System of Care be Based Upon?

- A vision, and set of values, and principles developed and agreed upon by community stakeholders;
- A clear definition of the population to be served and a thorough understanding of the population to be served;
- A set of goals and desired outcomes, also developed and agreed upon by community stakeholders;
- Best available evidence on effectiveness of system mechanisms, and services;
- A theory of change that makes explicit the link between interventions (at the system, organization, program, provider, and child/family levels) and desired outcomes.

Findings and recommendations from the President's Commission

Successfully transforming the mental health service delivery system rests on two principles:

First, services and treatments must be consumer and family centered, geared to give consumers real and meaningful choices about treatment options and providers—not oriented to the requirements of bureaucracies.

Second, care must focus on increasing consumers' ability to successfully cope with life's challenges, on facilitating recovery, and on building resilience, not just on managing symptoms.

Consumers and family members will have access to timely and accurate information that promotes learning, self-monitoring and accountability…when a serious mental illness or a serious emotional disturbance is first diagnosed, the health care provider–in full partnership with consumers and families–will develop an individualized plan of care for managing the illness. This partnership of personalized care means basically choosing who, what, and how appropriate health care will be provided

- Choosing which mental health care professionals are on the team,
- Sharing in decision making, and
- Having the option to agree or disagree with the treatment plan.

Vision for Children's Mental Health Services

- Comprehensive home- and community-based services and supports
- Family partnerships and support
- Culturally competent care
- Individualized care
- Evidence-based practices
- Coordination of services, responsibility, and funding
- Prevention, early identification, and early intervention
- Early childhood intervention
- Mental health services in schools
- Accountability

A partnership of personalized care means basically choosing who, what, and how appropriate health care will be provided.

Florida's Situation

- "An estimated 95% of services are traditional, current laws and rules limit creativity and flexibility in service interventions…" (from Florida's application for Transformation Grant);

- Most of the mental health money is spent on a limited number of individuals (e.g., 41% is spent in mental health treatment facilities – from Florida's application for Transformation Grant);

- Despite some promising efforts, very little money is spent on prevention, early identification, and early intervention;

- Despite some pockets of excellence, services that are least accessible are those that are more consistent with system of care values and principles and more designed to keep children in their home and community (from report to AHCA, 2005);

- Need for improvement in performance measurement, implementation overall and implementation of evidence-based practices, and system capacity for innovation, leadership, and change (from report to AHCA, 2005);

- Some positive cross-sector collaborative activity and family involvement but much more needed;

- Strong recognition of need for transformation overall (Florida's transformation grant proposal and subsequent activity)

- As in most states, children seen as special population rather than as the key to long-term success

- Need for improvement in performance measurement, implementation overall and implementation of evidence-based practices, and system capacity for innovation, leadership, and change (from report to AHCA, 2005);

General Recommendations

- Separate the short-term from the long-term – recognize that long-term progress requires strong focus on children and families, and on prevention, early identification, and early intervention;

- Choose a meaningful and ambitious goal to strive for, e.g., access to effective care for all children with mental health challenges and their families, or reduce prevalence of mental disorders;

- Recognize that we are all in this together and that significant progress requires multi-sector and multi-level response;

- Change basic paradigm to more individualized, holistic, ecological, family-driven and strength-based approach – think systemically and longitudinally;

- Build local and state capacity to innovate, collaborate, implement, and continuously improve;

What Not to Do!

- Believe that through more of the same we will be able to make a significant difference, or that we can simply push people to work harder;

- Believe that through modest improvements or investments in programs, large change will come about

Where to Start!

- Create a special focus on children and families as strategy to achieve long-term benefits;

- Bring all the relevant parties/partners together and make a compelling case for the importance of this for the future of the state;

- Select meaningful goal and develop plan to achieve it!