

Mental Health in Adolescence: A Critical Time for Prevention & Early Intervention

As many mental illnesses emerge during adolescence and young adulthood (ages 10-24), it is a critical time for prevention and early intervention. Recent research has shown that adolescents are particularly susceptible to developing mental illness due to rapid development, brain growth, and newly manifesting genetic risk factors.^I Over three fourths of lifetime diagnosable mental health disorders start by age twenty-four.^{II} Untreated, mental illness can interfere with education, social interactions, and keep youth from realizing their full potential as adults.^{III} In response, national and state initiatives, including the *Healthy People 2010*, 21 Critical Health Objectives for Adolescents and Young Adults^{IV} and the California Mental Health Services Act (Proposition 63),^V have highlighted the importance of prevention and early intervention for mental illness.

The earlier mental health issues are recognized and treated, the better the outcome. Prevention and early intervention can result in faster, more complete recovery; a decrease in frequency of relapses; and a decrease in severity of relapses.^{VI} Prevention and early intervention programs are also generally less costly and require fewer resources than intensive treatment and hospitalization.^{VII} Given the significance of adolescence in the development of lifelong mental health, providing prevention and intervention services during this phase can result in considerable economic and social benefits.

Adolescents with positive mental health are physically healthier, demonstrate more socially positive behavior, and engage in fewer risky behaviors. Evidence suggests that certain mental health problems are preventable, while in others, onset may be delayed and severity of symptoms decreased, when early intervention strategies are applied.^{VIII}

The health and well-being of California adolescents has a major impact on the overall social and economic health of our state. Today's adolescents are tomorrow's workforce, parents, and leaders, and their future is shaped by the opportunities we create for them. Providing adequate and appropriate mental health services will help ensure that all of California's adolescents have the support they need for healthy development and a smooth transition to adulthood.

Prevalence of Mental Illness Among Adolescents

- The U.S. Department of Health and Human Services reports that approximately 20% of youth ages 9 to 17 have a "diagnosable [mental health] disorder," and that 9% to 13% are afflicted with a "serious emotional disturbance, with substantial functional impairment."^{IX}
- In a 2005 survey of California middle and high school students, when asked "Have you ever felt so sad or hopeless almost every day, for two weeks in a row, that you could not do some of your usual activities, one-third of the youth responded "yes".^X

- Major depression strikes about 1 in 12 adolescents. Among those adolescents that develop major depression, 1 in 14 will commit suicide as a young adult.^{XI}
- In California and throughout the United States, suicide is the third leading cause of death for 15-to-24-year-olds, and the fourth leading cause of death for 10-to-14-year-olds.^{XII}
- More than half of U.S. high school graduates will have tried an illegal drug by the end of 12th grade.^{XIII} Substance use in adolescents is associated with psychiatric conditions, such as mood disorders, conduct disorder, ADHD, eating disorders, and psychosis, as well as motor vehicle accidents, homicides, suicides, fights, unsafe sexual activities, and blood-borne infections (hepatitis B, C, and HIV).^{XIV}
- Data from a 2006 National Survey on Drug Use and Health reveals that 8% of adolescents 12-17 are dependent on/abused alcohol or illicit drugs.^{XV}
- The average age of onset for schizophrenia in men is 18. Early diagnosis and treatment improve outcomes.^{XVI}
- A recent research study funded by National Institute of Mental Health (NIMH), found that early identification of mental health risk factors can predict up to 80% of adolescents who are going to develop psychosis.^{XVII}

Mental Health Treatment for Youth in California

- Almost 1 in ten of California adolescents ages 12-17 (11%), received psychological counseling in the last year.^{XVIII} However, research suggests that nearly half a million young people in California have unmet mental health needs.^{XIX} In California, mental illness is the most common cause of hospitalization for persons between the ages of 10 and 24, with the exception of childbirth, and is the second leading cause of disability for young adults.^{XX}
- Research has shown that unrecognized or untreated mental and emotional health disorders increase adolescents' risk of school failure and dropout, alcohol and drug use, HIV transmission, somatic ailments, and an array of other difficulties.^{XXI}
- Publicly funded county mental health programs reach only 2% of the 13 to 17 year old population.^{XXII}
- When adolescents do receive care, the services they receive are often inappropriate.^{XXIII} Mental health services are too often crisis-driven, leaving many adolescents without timely preventive care.



Improving Mental Health Services For Youth Through the Mental Health Services Act's Prevention & Early Intervention Component

Currently, there is a lack of mental health services for adolescents. However, we have the opportunity to dramatically improve mental health services for youth. The California Mental Health Services Act's (MHSA) Prevention and Early Intervention (PEI) programs will transform how community mental health care addresses mental illness. PEI funding is available for programs that reduce contributing factors to mental health disorders, provide early identification and treatment, and decrease the stigma surrounding mental

illness. A minimum of 51% of PEI funds—over \$156 million for 2008-2009— must be dedicated to providing services to individuals who are between the ages of 0 through 25. Presently, many mental health programs focus on early childhood with little attention or resources directed to teenagers and young adults. Research has shown that prevention and early intervention strategies applied during adolescence are successful in preventing, delaying and decreasing the severity of mental illness. Given the prevalence and devastating long-term effects of mental illness in youth, it is critical that prevention and early intervention funds are awarded to mental health programs that serve adolescents.

For more information about Adolescent Mental Health:

State of California Department of Mental Health MHSA webpage: www.dmh.cahwnet.gov/Prop_63/MHSA/
Adolescent Health Working Group Behavioral Health Toolkit: ahwg.net/

California Institute for Mental Health: www.cimh.org

Mental Health Association in California: www.mhac.org/

National Adolescent Health Information Center: nahic.ucsf.edu/

(Specifically see: Knopf, D., Park, MJ, and Mulye, TP, Mental Health of Adolescents: A National Profile, 2008.

Available at: nahic.ucsf.edu/index.php/publications/article/the_mental_health_of_adolescents_a_national_profile_2008)

National Institute of Mental Health: www.nimh.nih.gov/

US Department of Health & Human Services Substance Abuse & Mental Health Services Administration:
mentalhealth.samhsa.gov/child/childhealth.asp

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- iii Healthy People 2010: Objectives for Improving Health. Available at: www.healthypeople.gov/Document/Word/volume2/18Mental.doc
- iv Healthy People 2010: Understanding and Improving Health. (2006). 21 Critical Health Objectives for Adolescent and Young Adults. Available at: <http://nahic.ucsf.edu/downloads/niah/21CritHthObj0306.pdf>
- v Mental Health Services Act. (2004). Available at: http://www.dmh.ca.gov/prop_63/MHSA/docs/Mental_Health_Services_Act_Full_Text.pdf
- vi "Early Intervention Fact Sheet" Available at http://www.mentalhealthshop.org/products/rethink_publications/early_intervention.html/
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- x WestEd. (2006). *California Healthy Kids Survey: Aggregated California Data Technical Report 2004-05 & 2005-06* (San Francisco: Author).
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- xii Hamilton B. E., et al. (2007). Annual Summary of Vital Statistics: 2005. *Pediatrics*, 119(2): 336-337.
- xiii Monitoring the Future. Trends in Lifetime Prevalence of Use of Various Drugs for Eighth, Tenth, and Twelfth Graders. Available at: <http://www.monitoringthefuture.org/data/05data/pr05t1.pdf>
- xiv Shrier L. A., et al. (2003). Substance Use Problems and Associated Psychiatric Symptoms Among Adolescents in Primary Care. *Pediatrics*, 111(6): 699-705.
- xv National Adolescent Health Information Center. (2007b). National Survey on Drug Use and Health, 2006 [Private Data Run]. Available at: <http://www.icpsr.umich.edu/cocoon/ICPSR/SERIES/00064.xml>
- xvi Melle, I., et al. (2006). Early Detection of the First Episode of Schizophrenia and Suicidal Behavior. *Am J Psychiatry* 163:800-804.
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- xx Hospital discharge data. (1998). Available from the Office of Statewide Health Planning and Development, California Department of Health Services, Sacramento, CA.
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- xxii California Department of Mental Health. (2000). Statistics and data analysis: Local mental health programs unduplicated number of clients by county and age group, 1995-1998. Unpublished data available from the California Department of Mental Health, Sacramento, CA.
- xxiii Center for Mental Health Services. Available at <http://www.mentalhealth.org>