

OAHP Key Adolescent Health Issue



Behavioral Health (Mental Health & Substance Abuse)



Introduction

In Ohio, the promotion of positive mental health and the prevention of substance abuse and mental illness are crucial components in advancing and promoting the safety, health and wellness of Ohio's adolescents. This key adolescent health issue area combines the subjects of mental health and substance abuse under the umbrella of behavioral health due to their interconnectivity. An adolescent's ability to cope with stressors, be resilient, and practice sound judgment is imperative to supporting good mental health. The development of these skills and attributes can be affected by brain development as well as pre-existing mental health problems and substance abuse disorders.

Most behavioral health disorders begin during childhood and adolescence. The science in this area continues to grow and was compiled and released in the 2009 Institute of Medicine (IOM) report, *Prevention Mental, Emotional, and Behavior disorders Among Young People*. According to the 2009 IOM report, among adults reporting a behavioral health disorder during their lifetime, more than half report the onset as occurring in childhood or adolescence. Mental, emotional, and behavioral (MEB) issues among young people include both diagnosable disorders and other problem behaviors such as early drug or alcohol use; antisocial or aggressive behavior; and

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violence. The percentage of young people with MEB is estimated to be between 14 and 20 percent.¹ Adolescents with substance abuse disorders are more likely to have a co-occurring psychiatric disorder resulting in poorer treatment outcomes, both physical and psychological, if both the substance abuse and psychiatric components are not addressed.² Youth in the juvenile justice system have among the highest rates of mental health and substance abuse problems, with approximately two-thirds being diagnosed with a psychiatric or substance use disorder when conduct disorder is excluded.³

Adolescence is a critical time in cognitive and psychosocial development and the shift in social influences heavily impacts adolescent behaviors particularly heightening the risk for substance abuse. Research on adolescent brain development indicates that exposure to alcohol and drugs may interrupt the natural course and process of development creating cognitive deficits.⁴ Most recently, abuse of prescription drugs has become a particular concern. The 2012 Partnership Attitude Tracking Study confirmed that one in four teens has misused or abused a prescription (Rx) drug at least once in their lifetime – a dramatic 33 percent increase over the previous five years.⁶ Contributing to prescription drug abuse is the belief by adolescents that their parents don't care as much if they use prescription drugs without a doctor's prescription (23%) versus being caught using illegal drugs. Further, 27% believe misusing or abusing prescription drugs is safer than illegal drugs.⁶

MEB's in young people have enormous personal, family, and societal costs – interfering with their ability to accomplish normal developmental tasks such as establishing healthy interpersonal relationships, succeeding in school, and transitioning to the workforce. The National Alliance on Mental Illness reports that approximately 50% of students, age 14 and older, who are living with a mental illness drop out of high school. This is the highest dropout rate of any disability group.⁷ Early and effective mental health treatment can significantly improve the lives of many of the children and adolescents with MEB and reduce the economic burden on society.

Prevention, treatment, and recovery support services are critical parts of health service systems and community wide strategies that work to improve health status. Even though the prevalence of adolescents with mental health disorders is high, less than 21% of children and adolescents receive the mental health care that they need.⁸ Some of the reasons negatively impacting treatment include: stigma; shortages and inaccessibility of specialists; lack of adequate insurance coverage; and lack of transportation.⁹ Low income and minority adolescents are disproportionately affected by these issues.⁹ In addition to a having widely available support services, it is equally important that the services provided are of high quality and evidence-based.¹⁰ Integration of trauma-informed care approaches throughout all health services are an important element of quality services.¹¹ Trauma-informed care is rooted in a basic understanding about that impact of trauma on the individual. Health care providers must be aware of the vulnerabilities created by trauma in order to tailor interventions and avoid re-traumatization.

Because of the high prevalence and treatment challenges associated with co-occurring psychiatric and substance abuse disorders, the OAHPP also recognizes the need for increasing awareness of and treatment options for these youth. This is particularly important since they are at a higher risk for experiencing difficulties within their families, social networks, school, the workforce, and the community.² An underlying challenge in treating adolescents with co-occurring disorders is the different philosophies between mental health and substance abuse professionals which are rooted in differing funding streams, mandates, and treatment protocols.^{12, 13}

Preventive interventions can modify risk and promote protective factors that are linked to important determinants of mental, emotional, and behavioral health, especially in such areas as family functioning, early childhood experiences, and social skills.¹⁴ Interventions are available to reduce the incidence of common disorders and problem behaviors such as depression, substance use, and conduct disorder with some interventions reducing multiple disorders and problem behaviors. National recommendations include mental health screening of young children and

adolescents with emphasis on starting in the younger years; improving and/or expanding of school mental health programs; screening for co-occurring disorders with linkage to integrated treatment strategies; and screening for mental health disorders in primary health care to facilitate the connection to treatment and support options.¹⁵ In 2011, the American Academy of Pediatrics published a policy statement outlining specific recommendations for pediatricians for screening, brief intervention, and referral for adolescents with potential substance abuse problems.¹⁶

Schools can provide a venue to increase access to the diagnosis of and treatment of MEB disorders. Both

schools and adolescents jointly benefit when Supportive Learning Environments (SLE) are created that incorporate systems of prevention, early intervention, and care. According to Adelman and Taylor, the leading experts on SLE, districts can realize an improvement in academic performance, decreased discipline reports, and increase in graduation rates.¹⁷ School-based health clinics (SBHC) have demonstrated that they are an excellent way to incorporate MEB services into the school setting and increase access to care. The National School Based Health Care Alliance reports that students are 10-20 times more likely to come to SBHC for mental health services than a community health center, which in turn significantly decreases rates of tardiness and absences.¹⁸

The following examples highlight some of the state and local level efforts addressing Behavioral Health issues for adolescents and young adults:

The ***Ohio Chapter of the American Academy of Pediatrics*** has created the Building Mental Wellness Learning Collaborative to assist primary care practices in: developing a culture that supports the delivery of family centered mental health services; developing skills to support the promotion, early identification, and management of mental health concerns; and implementing integrated models of family centered mental health care. The program includes a focus on screening, office-based interventions, linkages to community resources, and using evidence-based practices for prescribing psychotropic medications.

The ***Ohio Youth Led Prevention Network***, supported by the Ohio Department of Mental Health and Addiction Services, focuses on peer prevention, positive youth development and community service.

Drug Free Action Alliance conducts campaigns aimed at decreasing underage access to alcohol and increasing awareness of and compliance with Ohio's underage drinking laws.

The ***Interagency Task Force on Mental Health and Juvenile Justice*** is a joint initiative between OMHAS and the Ohio Department of Youth Services to improve, enhance, and expand the local systems' options for providing services to juvenile offenders with serious behavioral healthcare needs.

The ***ENGAGE*** process (Engaging the New Generation to Achieve their Goals through Empowerment) is a collaboration of Ohio agencies utilizing the Systems of Care framework and philosophy to focus on meeting the needs of youth and young adults, ages 14-21, with mental health conditions, co-occurring disorders, and multi-system needs as they transition into adulthood.

Ohio Medicaid teamed up with the ***Ohio Department of Mental Health & Addiction Services*** to focus on creating health homes for individuals on Medicaid who have serious and persistent mental illness (SPMI). Health homes aim to integrate physical and behavioral health care by offering and facilitating access to medical, behavioral and social services that are timely, of high quality and coordinated by an individualized care team.

The ***Pediatric Psychiatry Network***, a clinical decision support service for Ohio physicians, is a technologically supported system of consultation, communication, quality improvement, and direct services designed to both increase access to child psychiatry consultation and triage for patient-centered medical homes, primary care, and community mental health provider organizations; and to break down barriers to integrated care through system-linking technology used by a coordinated and competent decision support network.

Ohio SNAPSHOT

- From 2009 to 2010, 10% of adolescent ages 12-17 years old and 20% of young adults ages 18-25 reported illicit drug use in the past month.¹⁹
- In 2011, 23.6% of 9th-12th graders reported using marijuana one or more times during the past 30 days.²⁰
- In 2011, over 18% of 9th-12th graders drank alcohol for the first time before the age of 13.²⁰
- From 2009 to 2010, 8% of adolescents ages 12-17 years old and 44% of young adults ages 18-25 reported binge drinking during the past month.¹⁹
- In 2011, 21.3% of 9th-12th graders have used prescription pain relievers/painkillers without a doctor's prescription in their lifetime.²⁰
- From 2009 to 2010, 8% of adolescents ages 12 to 17 years old experienced a major depressive episode and 30% of young adults ages 18 to 25 years old experienced mental illness.¹⁹

Goals and Objectives

Goal 1: Rates of substance use and abuse will decrease among adolescents.

Objective 1.1: Adolescents will delay the onset of first use of alcohol.

Objective 1.2: Increase the number of educational activities and media campaigns directed towards adolescents, their families, and support networks addressing the signs of substance abuse and mental health disorders.

Objective 1.3: Decrease the number of adolescents who misuse and abuse prescription and over-the-counter medications.

Goal 2: Behavioral and physical health services for adolescents will be more fully integrated to improve access and quality of care.

Objective 2.1: Increase behavioral health prevention services, screening, and treatment referral options.

Objective 2.2: Increase the number of adolescents who have health care through their Patient Centered Medical Home.

Objective 2.3: Increase parity in insurance coverage and reimbursement for behavioral health and supportive services for adolescents.

Objective 2.4: Increase the utilization of evidence based trauma-informed care for adolescents.

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