A PUBLIC HEALTH APPROACH TO DECREASING MENTAL ILLNESS

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Health

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Three Topics

1. EARLY program for youth with early signs of serious mental illness

2. Youth suicide, with a focus on Native American youth suicide

3. Behavioral telehealth programs

The Take Home Message

Finding Young People with Mental Health Issues Early and Treating Them is Also "Prevention"

It Works!

And ….It Saves Money!

Half of all lifetime cases of mental illness start by age 14

Three fourths start by age 24

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Many Adolescent Have a Mental Illness

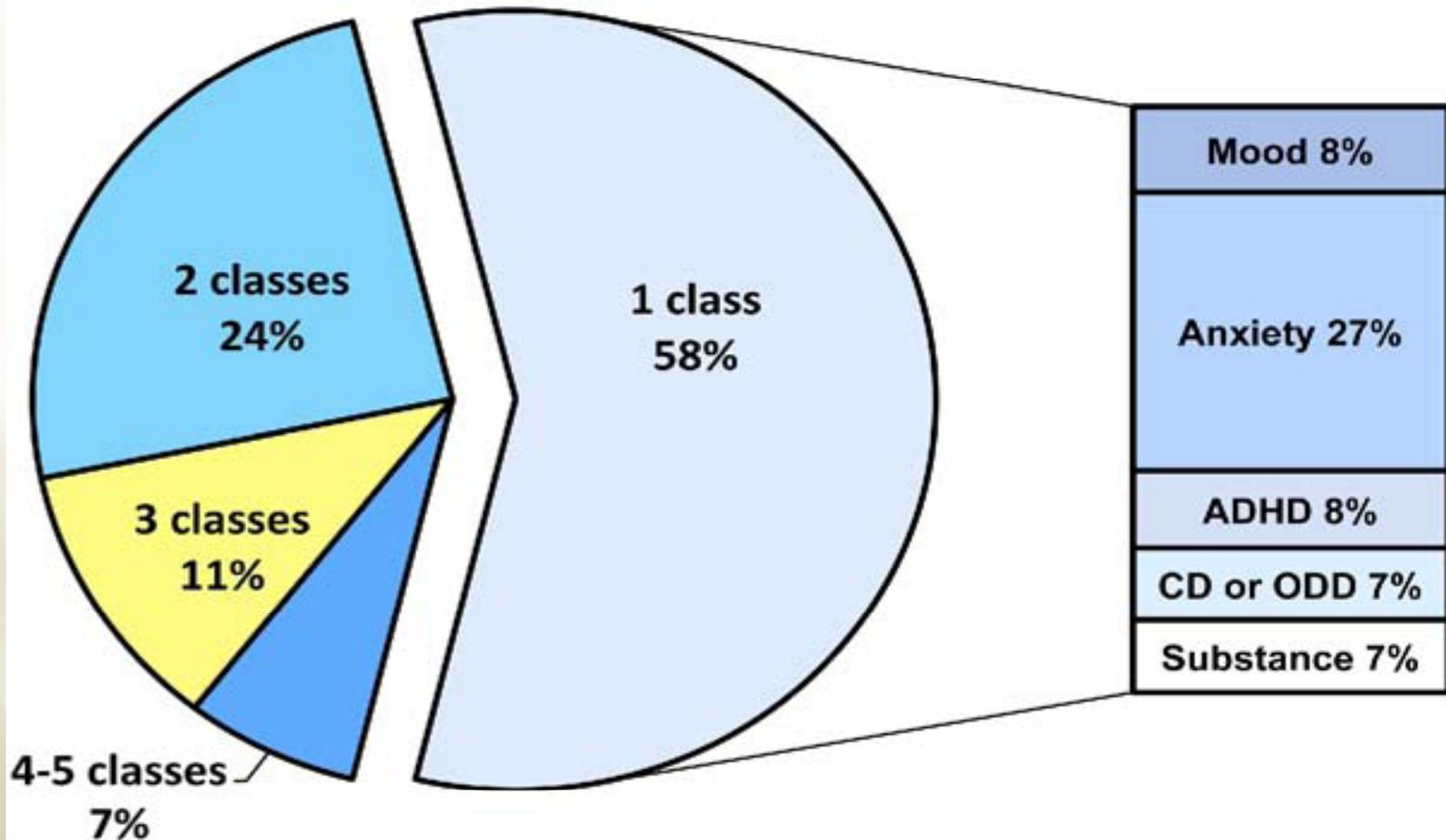# 22% of adolescents have a severe mental health problem at some point during their adolescence

Merikangas, K et al, JAACAP, 49:10, 980-989, Oct 2010

Mental Health Problems Start Early

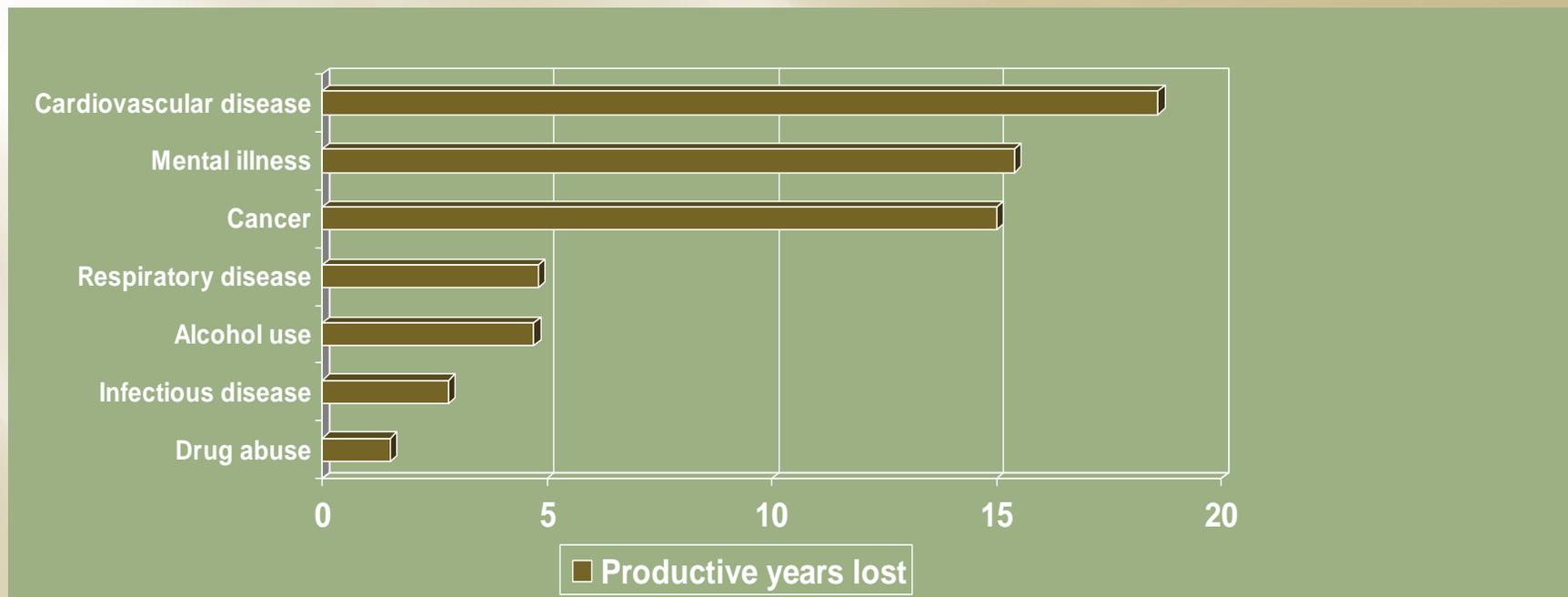|	
Anxiety Disorders	**6 years old**
Behavior Disorders	**11 years old**
Mood Disorders	**13 years old**
Substance Use Disorders	**15 years old**

Many Kids Have More Than One at a Time

The Cost of Child/Adolescent Mental Disorders

$247 billion is the annual cost of mental disorders on the well-being of American youth and their families

Mental Health is a Major Public Health Issue

The World Health Organization says mental disorders will be the leading cause of disability in the world by 2020

Bar chart — Productive years lost:
- Cardiovascular disease: ~18.5
- Mental illness: ~15.5
- Cancer: ~15
- Respiratory disease: ~5
- Alcohol use: ~5
- Infectious disease: ~3
- Drug abuse: ~1.5

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Early Identification and Intervention for Mental Health Issues: A National Policy Priority

President's New Freedom Commission 2003

Goal 4: Early Mental Health Screening, Assessment, and Referral to Services Are Common Practice

4.1 Promote the mental health of young children.

4.2 Improve and expand school mental health programs.

4.3 Screen for co-occurring mental and substance use disorders and link with integrated treatment strategies.

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A New Report on Prevention in Youth

"Preventing Mental, Emotional and Behavioral Disorders Among Young People: Progress and Possibilities."

Released by the Institute of Medicine 2009

Prevention And Promotion (IOM)
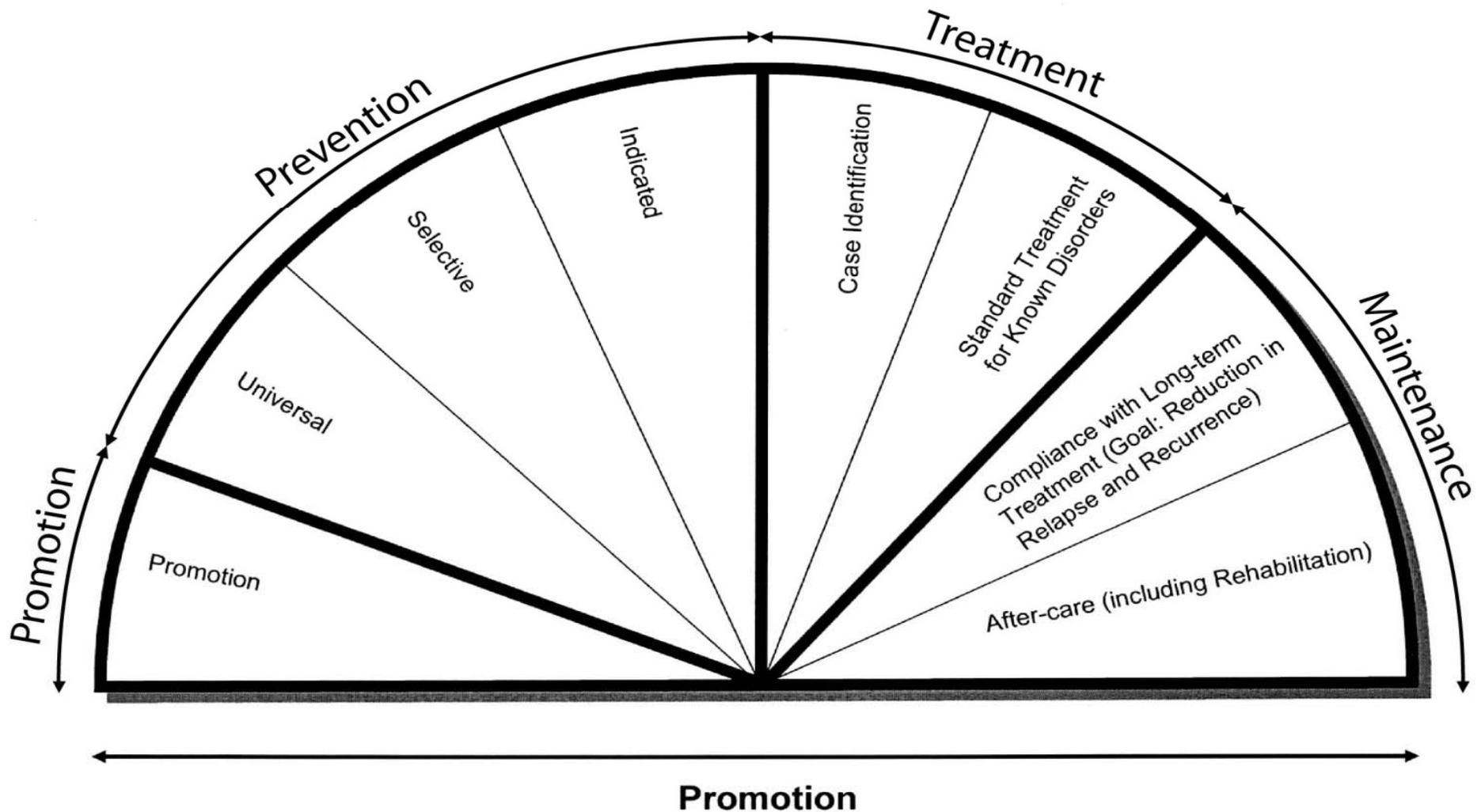
"Interventions before the disorder occurs offer the greatest opportunity to avoid the substantial costs to individuals, families and societies that MEB disorders entail."

"The promise and potential lifetime benefits of preventing MEB disorders are greatest by focusing on young people..."

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Institute of Medicine Report 2009

Fewer than 1 in 4 children with a Mental Disorder has ever received treatment

September 2010: Federal Requirement for Screening for Mental Health Issues

- The Affordable Care Act's New Rules on Preventive Care:
  - Requires health plans to cover wellness and preventive services without co-payment or cost to families
  - Includes screening and assessment of children and youth for behavioral health issues
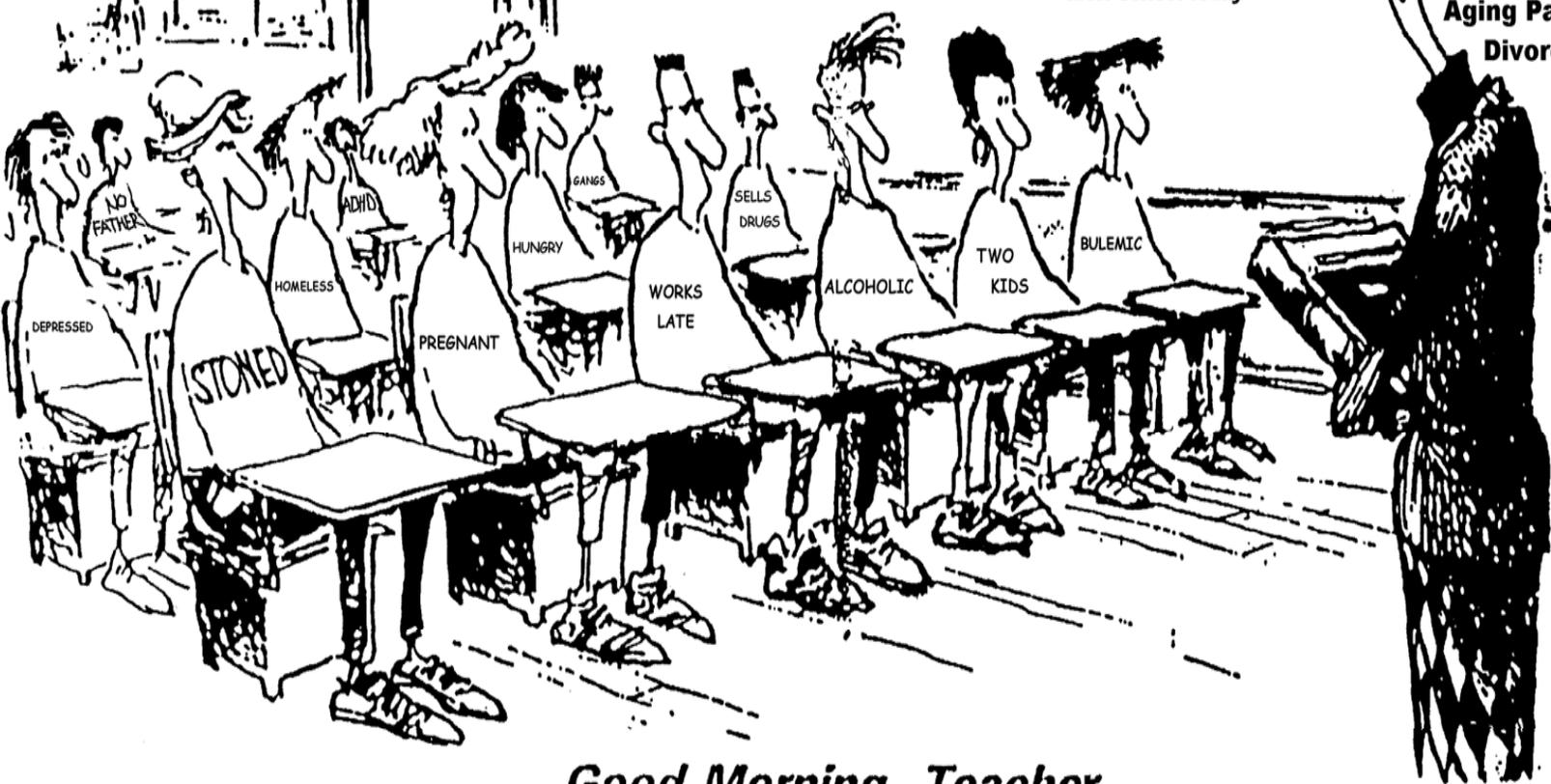
2010 SAMHSA Strategic Priority # 1.1

"Goal 1.1: Build emotional health, prevent or delay onset of, and mitigate symptoms and complications from substance abuse and mental illness."

EARLY PROGRAM

EARLY treatment-research program goals:

- Build the evidence to stop the progression of severe mental illness.

- Engage communities in long-term, sustainable mental health improvement.

- Transform the way we address severe mental illness.

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Kristin

- Failing high school
- Worries someone in the class wants to kill her
- Thinks trees might be talking to her
- Doesn't want parents to know what's going on
- Cousin with schizophrenia

Intervention for Kristin

- Thorough assessment of situation and problem

- Bring parents into situation

- Multi-family group process

- Support around school problems

- Low dose medication

- Outcome: Never in hospital, success in community college…transfers to UNM

EARLY Outcomes

Only 1 hospitalization for all patients in program over the past 2 years

Every patient in EARLY is back in school, has GED, in community college or UNM

Over 100 presentations to 2500 people about early signs of mental illness and ways to intervene

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Early Detection and Intervention is Cost-Effective!

Patients in early detection program were treated at 1/3rd the cost over an 8 year period:

- Fewer symptoms
- Twice as many with jobs

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EARLY Program Needs

When we think of "prevention", we now need to include programs like EARLY in our state planning

Our SAMHSA "Prevention Prepared Communities" grant needs to allow us to expand this model around the state

YOUTH SUICIDE ISSUES

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U.S. Preventive Services Task Force: Depression Screening for Adolescents (2009):

Screen adolescents 12-18 for depression in multiple settings, including primary care and schools.

Mental Illness and Suicide

90% of teens who die by suicide suffer from a diagnosable mental illness at their time of death

Psychiatric symptoms developed <u>more than a year</u> prior to death in 63% of completed suicides

Suicide is <u>not</u> the unpredictable event we once thought it was

Shaffer et al. 1996 (N=121)

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NM Suicide Data Take Home Points

- Our state suicide rates for young people are still higher than the rest of the US

- For youth, Native Americans have a higher rate of suicide

- For adults, Whites have the highest rate of suicides

- Our state youth risk factor data for depression and suicide attempts are improving

Native American Youth Suicide Issues

Many Contributing Factors Just Like Any Other Community:

- Stigma and other cultural barriers

- Awareness of warning signs

- Access to mental health supports/services

- Substance abuse issues

- Potential unique aspects related to historical trauma, cultural/community identity, or isolation

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Native American Youth Suicide Prevention Models

We have models that might prove helpful:

- Project Venture plus Mental Health
- Native Hope
- Natural Helpers

We need to engage family, school, tribe, and community in all solutions

Youth Suicide Prevention Continuum in NM Communities

- School-Based Prevention Specialist and programs

- Screening and early intervention linked to schools and SBHC

- Telehealth backup by child psychiatrist provides, training, support, consultation, and direct service

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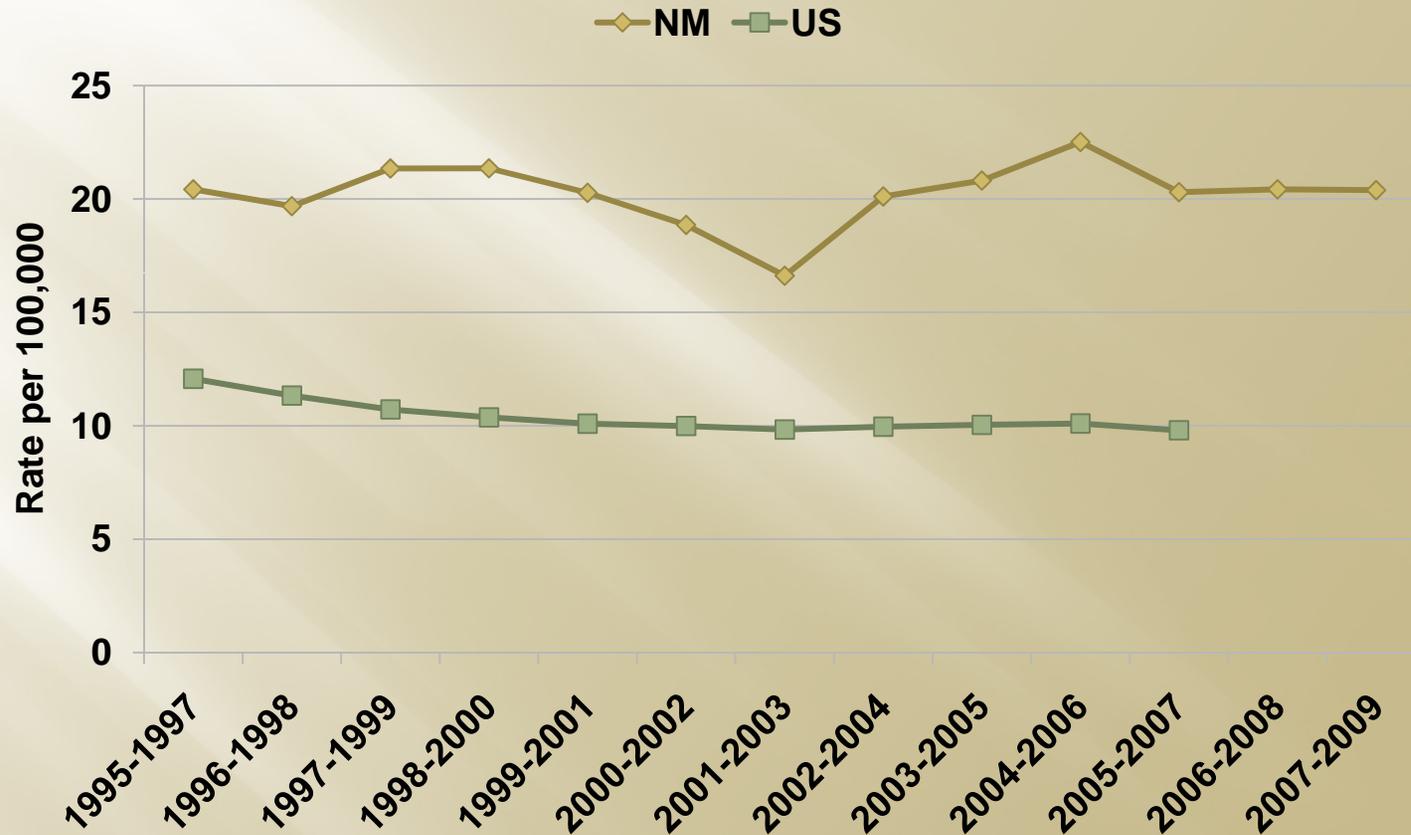# NA Youth Suicide Prevention Needs

1. **Expand prevention and intervention programs to more communities and evaluate**

2. **Statewide tribal suicide prevention clearinghouse**

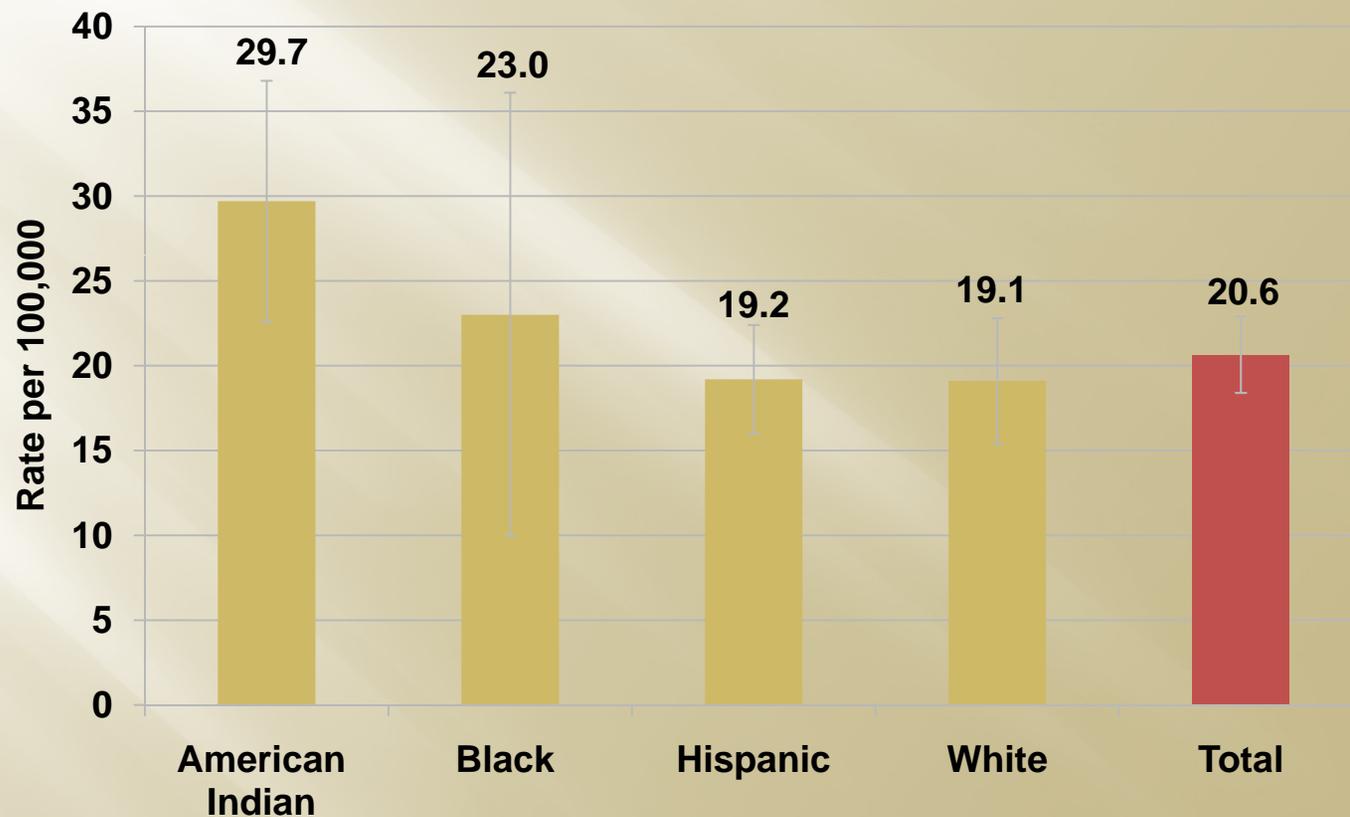# Suicide rates by race/ethnicity and age group, New Mexico, 2005-2009
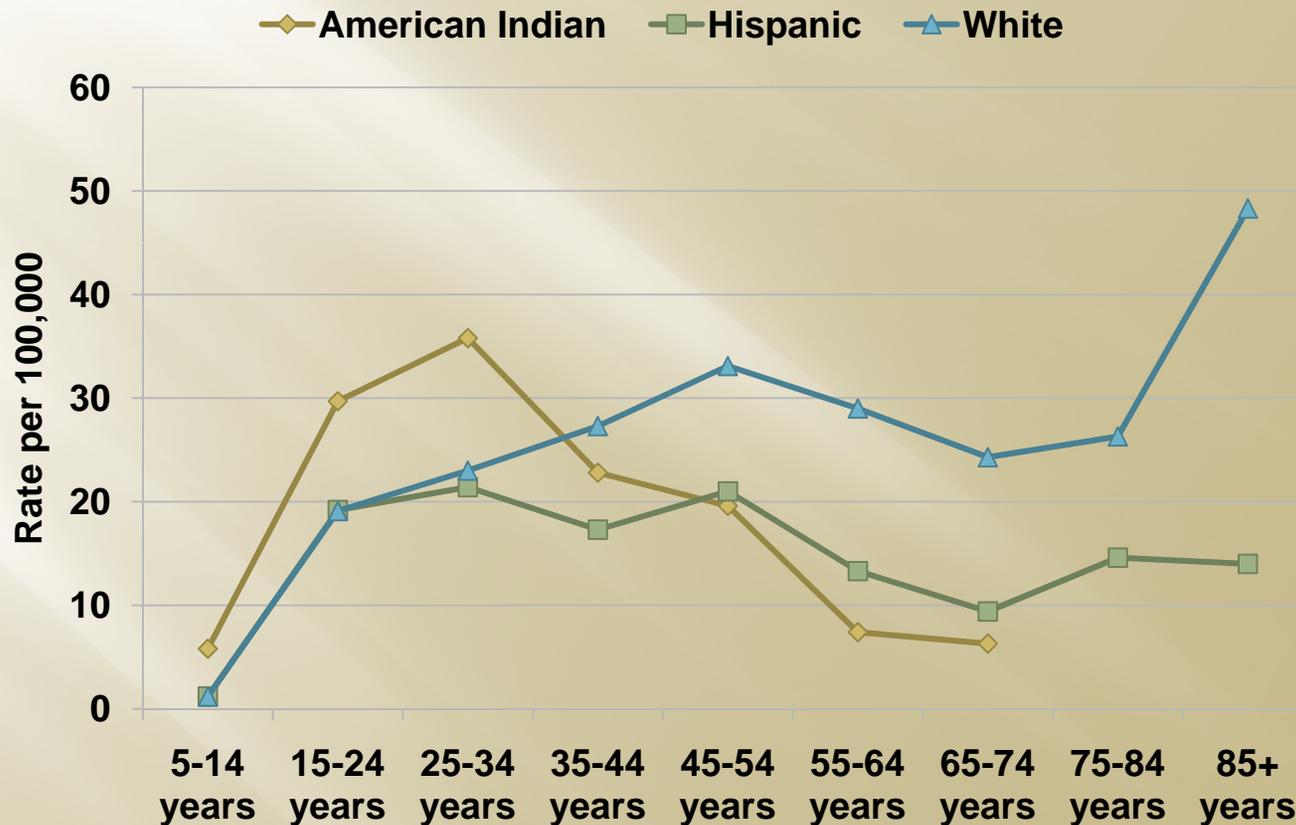
Sources: NMBVRHS, NMDOH; BBER, UNM.
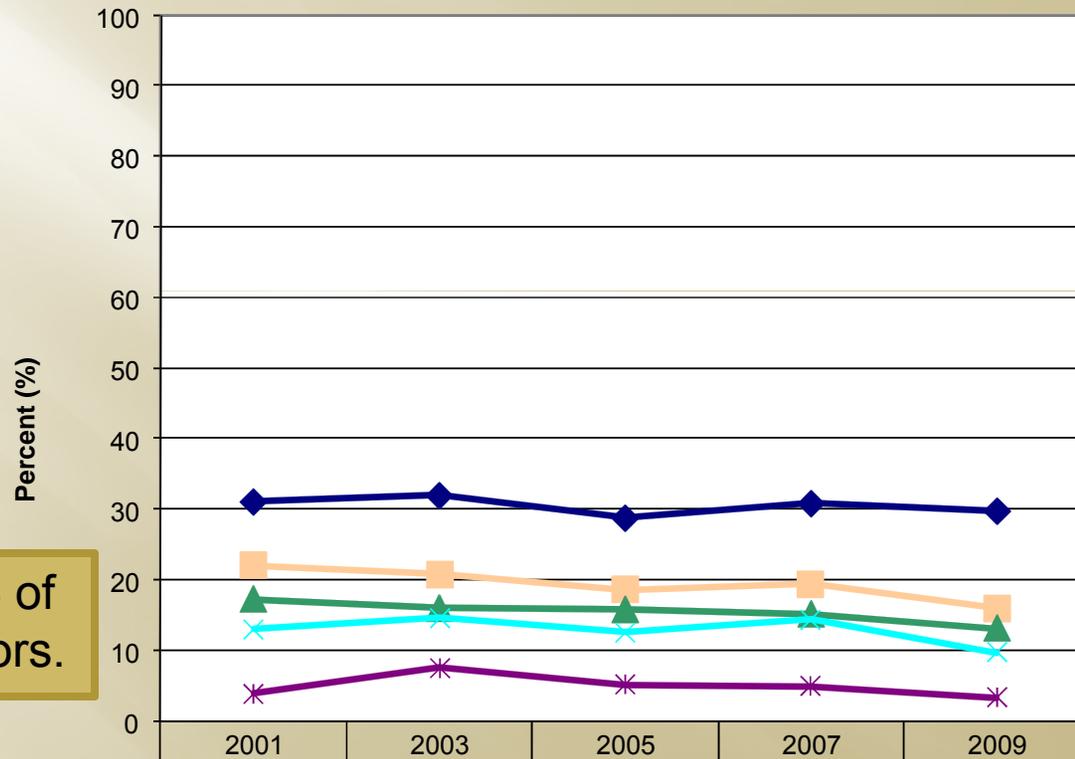
Suicide rates among NM youth 15-24 years by race/ethnicity, 2005-2009

Source: NMBRVHS, NMDOH; BBER, UNM.

Mental Health, NM and US
Grades 9 – 12, 2001 – 2009, NM YRRS

Positive movement in 4 of 5 mental health indicators.

Percent (%)

	2001	2003	2005	2007	2009
Persistent sadness/hopelessness	31.0	31.9	28.7	30.8	29.7
Seriously considered suicide	22.0	20.7	18.5	19.3	15.9
Planned suicide	17.2	15.9	15.7	15.1	13.1
Attempted suicide	12.9	14.5	12.5	14.3	9.7
Injured in suicide attempt	3.8	7.5	5.1	4.8	3.2

† In the past 12 months

NM YRRS
YOUTH RISK & RESILIENCY SURVEY

Mental Health, NM and US Grades 9 – 12, 2009, NM YRRS

Measure	US	NM	Compared to US, NM rate is…†	NM rank compared to other states ‡
Mental Health				
Persistent feelings of sadness or hopelessness *	26.1%	29.7%	Higher	5
Seriously considered attempting suicide	13.8%	15.9%	- ns -	12
Planned suicide	10.9%	13.1%	- ns -	11
Attempted suicide	6.3%	9.7%	Higher	10
Injured in suicide attempt**	1.9%	3.2%	Higher	14

All measures refer to the past 12 months.
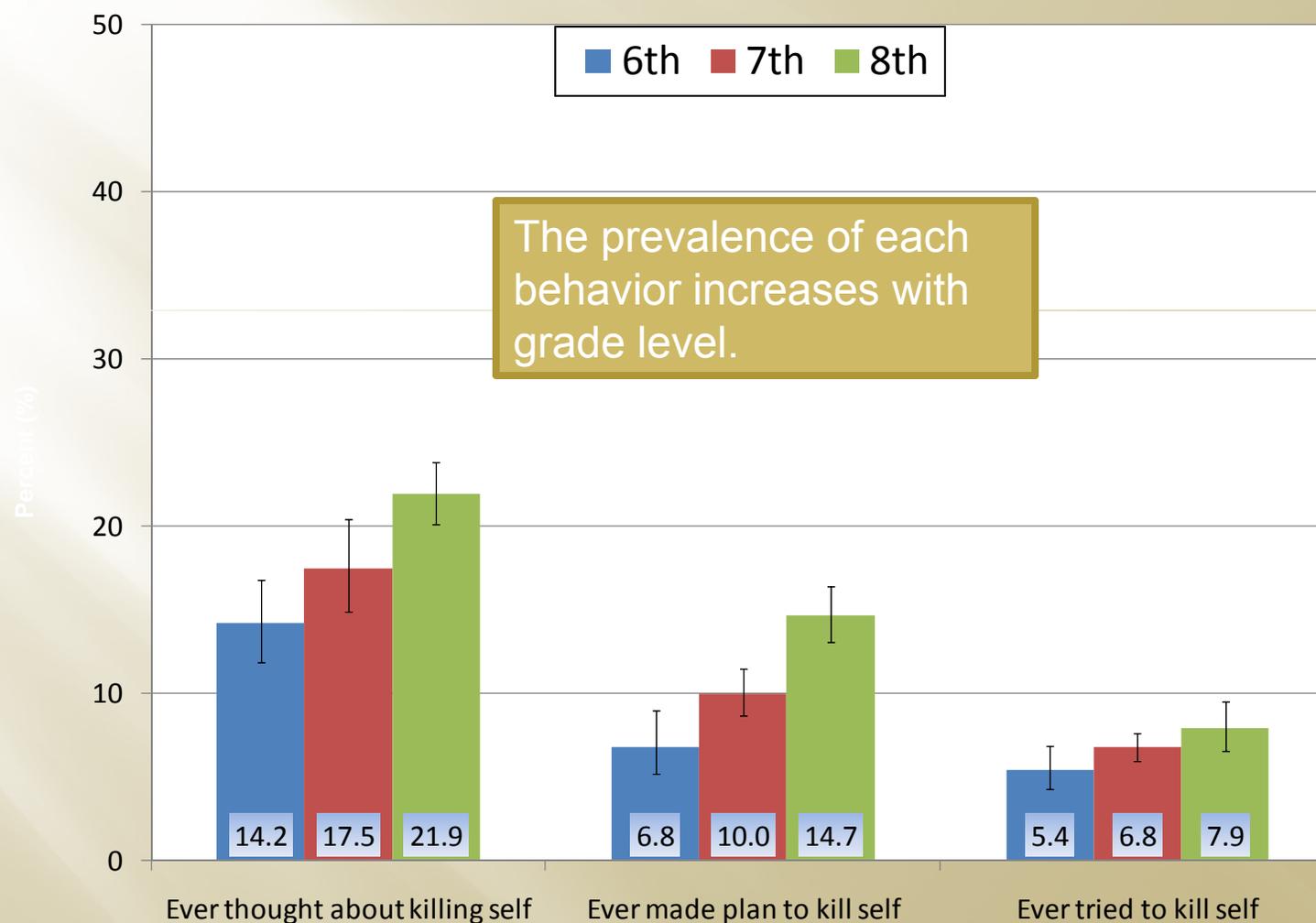*Almost every day for 2 or more weeks in a row so that they stopped doing some usual activities.
** Made suicide attempt resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse.

† Based on 95% confidence intervals (ns = No statistically significant difference)
‡ Of the 42 states that participated in the survey, 1 = Highest rate

Mental Health Indicators by Grade Level
Grades 6 – 8, 2009, NM YRRS

Legend: 6th, 7th, 8th

The prevalence of each behavior increases with grade level.

	6th	7th	8th
Ever thought about killing self	14.2	17.5	21.9
Ever made plan to kill self	6.8	10.0	14.7
Ever tried to kill self	5.4	6.8	7.9

NM YRRS
YOUTH RISK & RESILIENCY SURVEY

Telemental Health

It's All About Access!

1. **Increase direct mental health care link for families to statewide expertise**

2. **Support rural/frontier workforce training, consultation, and supervision for mental health and primary care providers in schools and clinics**

3. **Expand other community supports**

One Community Telemental Health Partnership: IHS–UNM

- First child psychiatrist for community
- 3 way UNM-IHS-school staff partnership
- Helping out in a crisis
- Grant partnership: 3 big grants for children's mental health

Telehealth Saves Money

- Decreases travel costs
- Less time off work for appointments
- Earlier treatment intervention
- Increases expertise of those in the community

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Telemental Health Needs

Cost-effective models for reimbursement, including ways to cover line costs

Behavioral health workforce expansion, with more supervision/training opportunities for rural providers to expand workforce

Telebehavioral Health with OptumHealth NM

Goal

- Improve access to behavioral health services in underserved areas of New Mexico

Strategies

- Increase clinical capacity
- Collaboration with NM telehealth community
- Increase telehealth infrastructure utilization
- Care coordination and primary care integration
- Expansion and support of NM Telebehavioral health networks
- Standardization management: Best Practices and Protocols
- Outcomes measures and quality assurance

SUMMARY

During the period April 1–June 30, 2010, 936 unique consumers residing in 25 New Mexico counties received Behavioral Health services via Telehealth resulting in claims paid by OptumHealth.

Consumers utilizing telehealth by consumer's county type, July 1, 2009-June 30, 2010
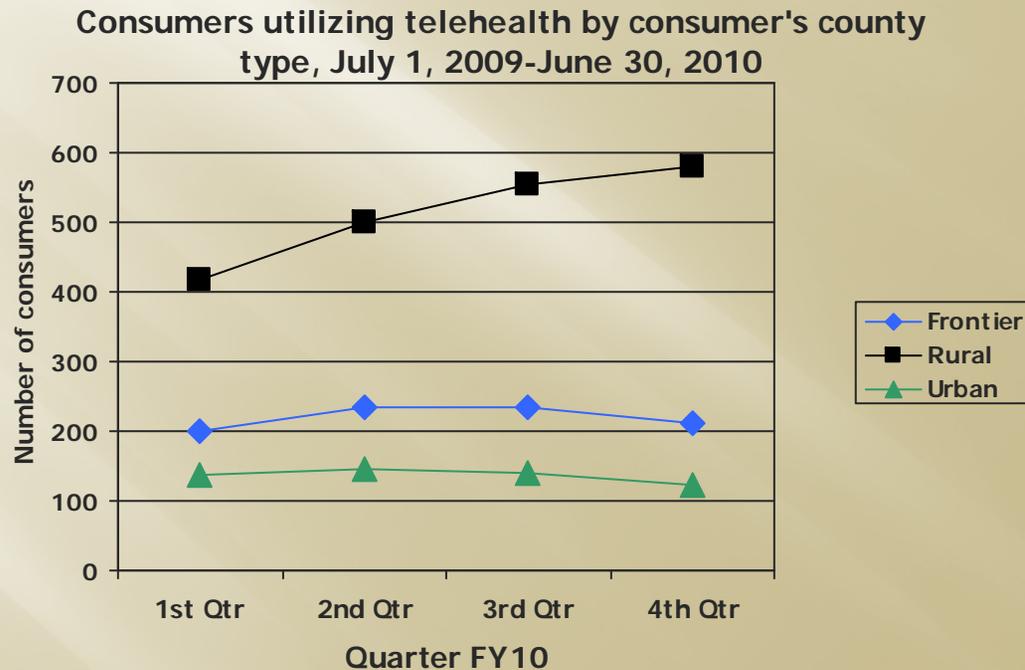
Clinical Services Billed by Code, April–June 2010

Clinical Service Type Received April 1 – June 30, 2010										
		Under 18			**18-64**			**65+**		
Services Billed	**Service Description**	**MH**	**SA**	**COO**	**MH**	**SA**	**COO**	**MH**	**SA**	**COO**
90801GT	Diagnostic services	111	0	0	39	0	0	0	0	0
90862GT	Pharmacologic Management	578	10	0	157	4	0	3	0	0
99215GT	Outpatient visit for evaluation and management of an established patient	25	1	0	20	0	0	1	0	0
Q3014	Facility fee	653	11	0	190	6	0	4	0	0

Consumer Utilization by and County (Non-Cumulative)

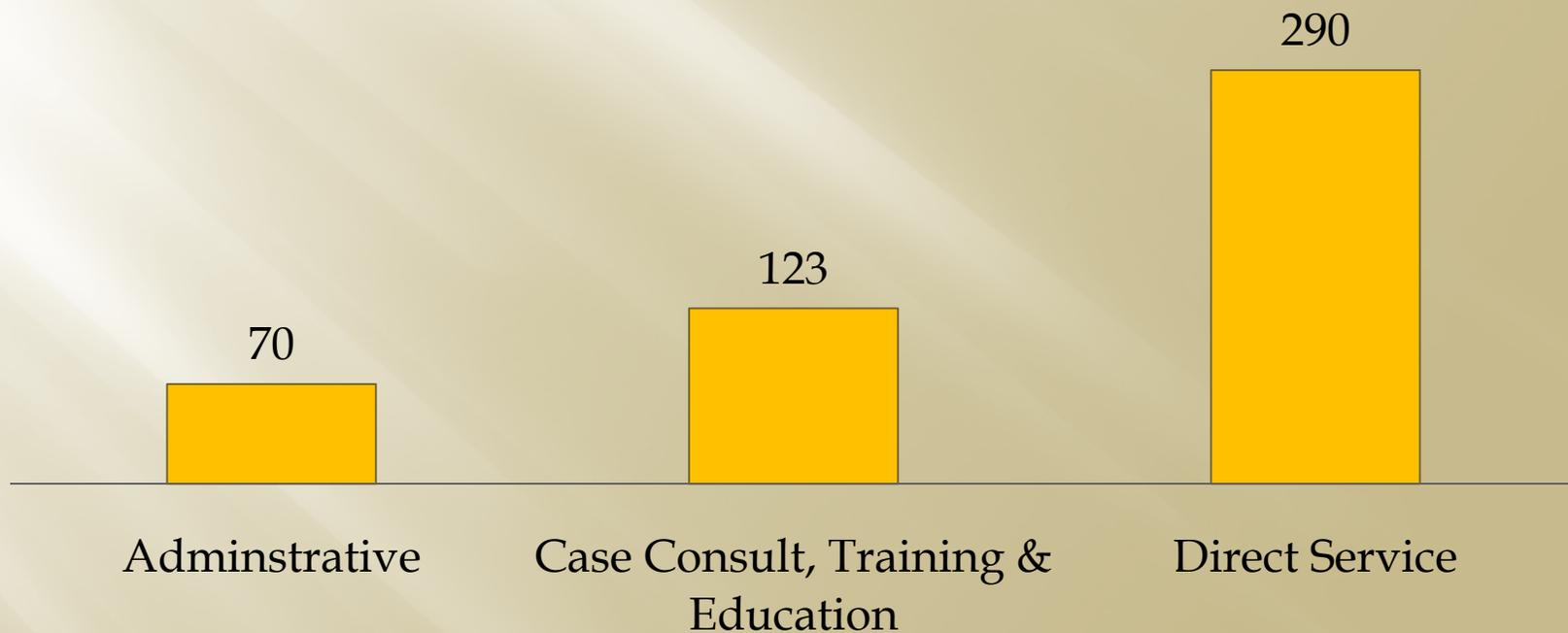|	Consumer Residence	Number of Unduplicated Consumers Receiving Telehealth Services			
		July 1–Sept. 30, 2009	Oct. 1–Dec. 31, 2009	Jan. 1–March 31, 2010	April 1–June 30, 2010
FRONTIER	CIBOLA	11	10	10	9
	COLFAX	17	13	23	23
	DE BACA	14	23	26	10
	GUADALUPE	8	12	9	12
	LINCOLN	20	25	34	24
	MORA	2	1	2	4
	QUAY	45	45	48	40
	SAN MIGUEL	59	75	67	64
	SOCORRO	2	2	0	0
	TORRANCE	24	25	23	21
	UNION	1	2	2	4
RURAL	CHAVES	18	53	84	75
	CURRY	199	218	225	234
	EDDY	34	40	59	47
	LEA	4	2	3	3
	MCKINLEY	41	45	49	44
	OTERO	39	45	55	57
	RIO ARRIBA	7	7	7	8
	ROOSEVELT	25	27	34	34
	SAN JUAN	3	3	4	4
	SANDOVAL	32	31	40	41
	TAOS	7	16	12	21
	VALENCIA	14	21	25	11
URBAN	BERNALILLO	114	110	106	102
	DONA ANA	4	12	11	4
	SANTA FE	21	23	23	16
UNKNOWN (insufficient data)	UNKNOWN	25	21	28	24

Provider Agencies, June 2010

County Status	Provider County (location of office)	Name of Distant Site Agency	# of Practitioners Providing Telehealth Services at the Distant Site Agency*	Practitioner Types*
Frontier	Cibola	Presbyterian Medical Services	0.1	Staff M.D./psychiatrist serving multiple locations
	Torrance	Presbyterian Medical Services	0.1	Staff M.D./psychiatrist serving multiple locations
Rural	Chaves	Counseling Associates, Inc.	2	Contract with Families and Youth Inc. and private practice for services of M.D./ psychiatrists
	Eddy	Mental Health Center Inc	2	Contract with UNM for services of M.D./psychiatrists
	Eddy	Presbyterian Medical Services	0.1	Staff M.D./psychiatrist serving multiple locations
	Lea	of Lea County Inc.	0.5	Staff M.D./psychiatrist
	McKinley	Namaste Inc	0.5	Contract with Teambuilders/Zia Behavioral for services of M.D./psychiatrist
	McKinley	Presbyterian Medical Services	0.1	Staff M.D./psychiatrist serving multiple locations
	McKinley	Rehoboth McKinley Christian HC	1	M.D./psychiatrist
	Otero	TeamBuilders Counseling Services Inc	1	Staff M.D. psychiatrist serving multiple locations
	San Juan	Presbyterian Medical Services	0.1	Staff M.D./psychiatrist serving multiple locations
	Sandoval	Presbyterian Medical Services	0.1	Staff M.D./psychiatrist serving multiple locations
	Taos	Presbyterian Medical Services	0.1	Staff M.D./psychiatrist serving multiple locations
	Valencia	Namaste Inc	0.5	Contract with Teambuilders/Zia Behavioral for services of M.D./psychiatrist
Urban	Bernalillo	Hogares Inc	2	Contract with Teambuilders/Zia Behavioral for services of M.D./psychiatrists
	Bernalillo	Presbyterian Medical Services	0.1	Staff M.D./psychiatrist serving multiple locations
	Dona Ana	Presbyterian Medical Services	0.1	Staff M.D./psychiatrist serving multiple locations
	Santa Fe	Presbyterian Medical Services	0.1	Staff M.D./psychiatrist serving multiple locations
	Santa Fe	TeamBuilders Counseling Services Inc	8	Staff M.D./psychiatrists serving multiple locations

•Table 3 data above reflects numbers provided via phone by business contacts at each agency rather than system-derived data, due to lack of Telehealth practitioner-level system data.
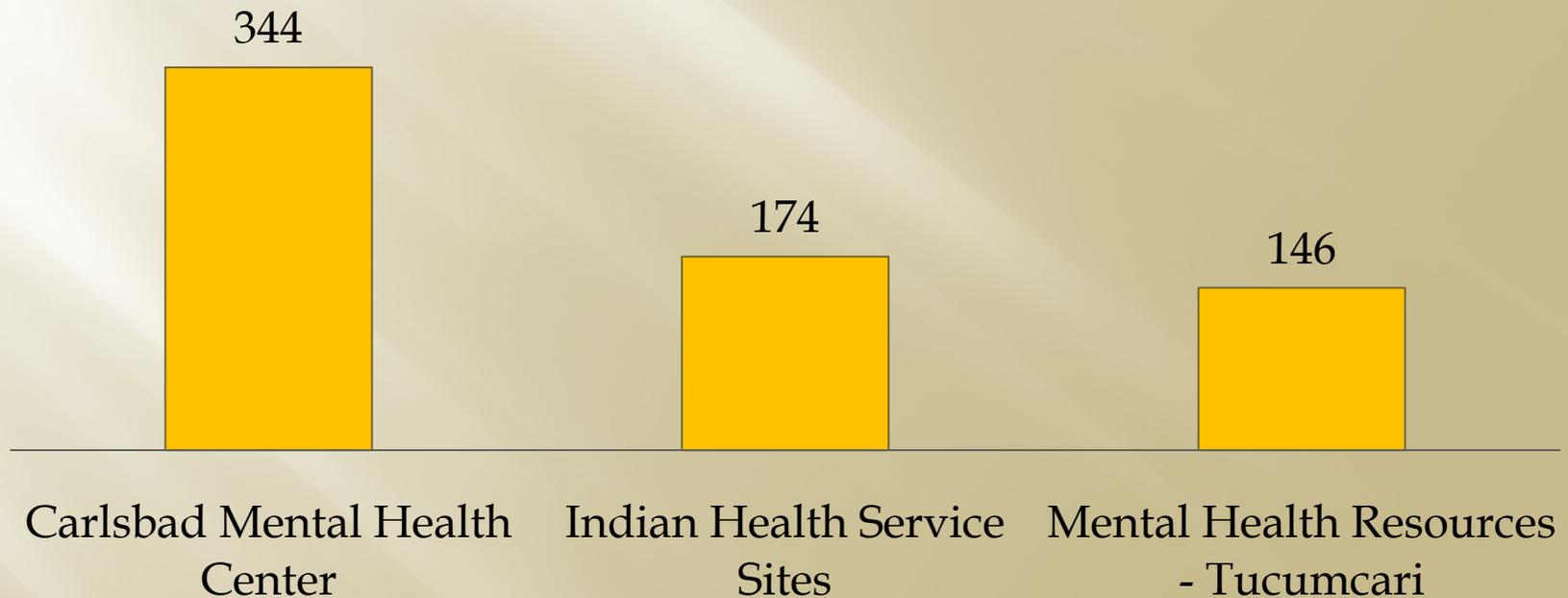
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FY10 UNM Telemental Health Activities

Session Types
Over 20 Sites Served

Sites Connecting to UNM for Telemental Health FY 10

Legend:
- mental health clinic
- SBHC
- IHS
- primary care site

N = 201 (mental health clinic)
N = 102 (SBHC)
N = 82 (IHS)
N = 10 (primary care site)
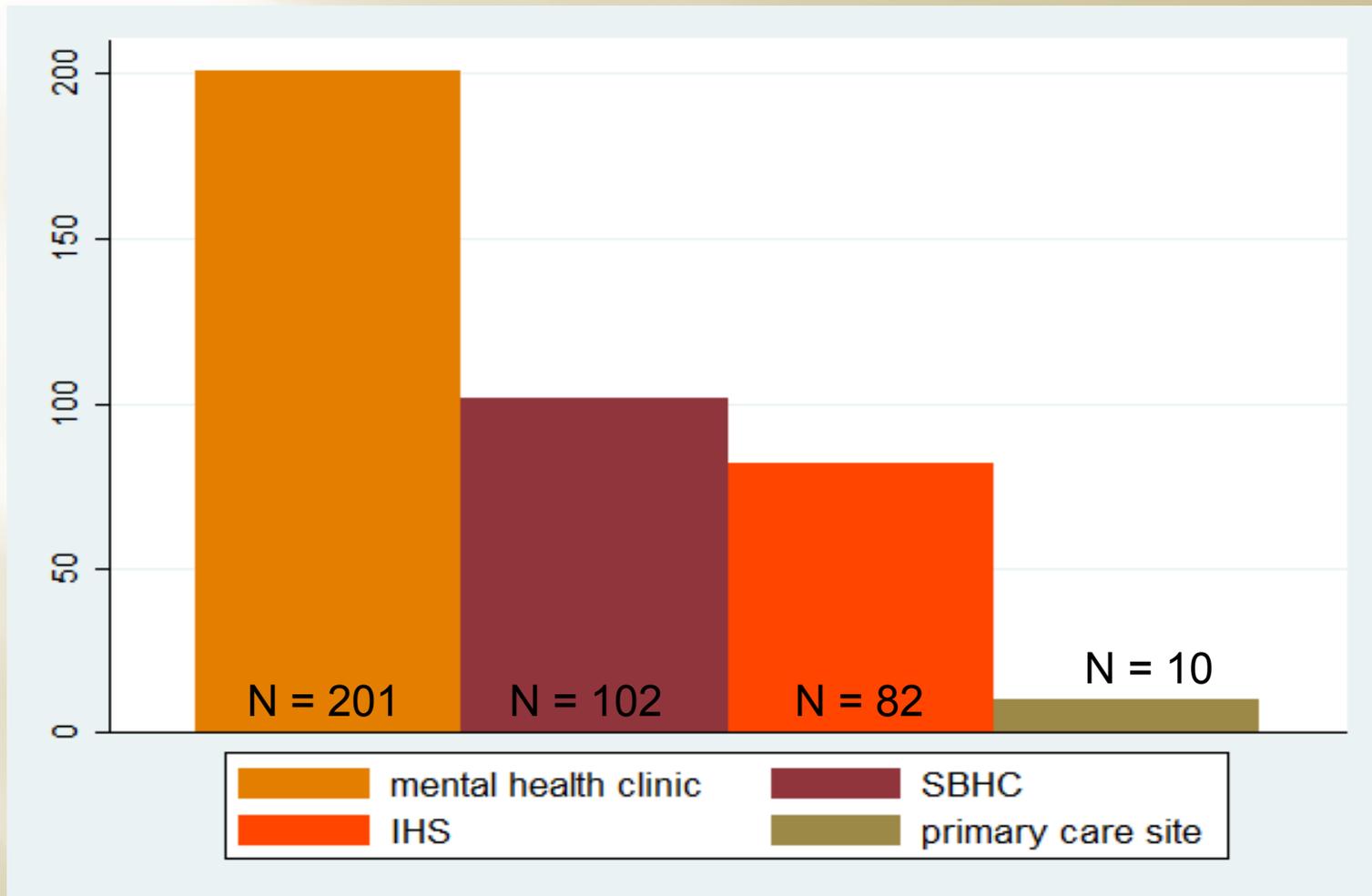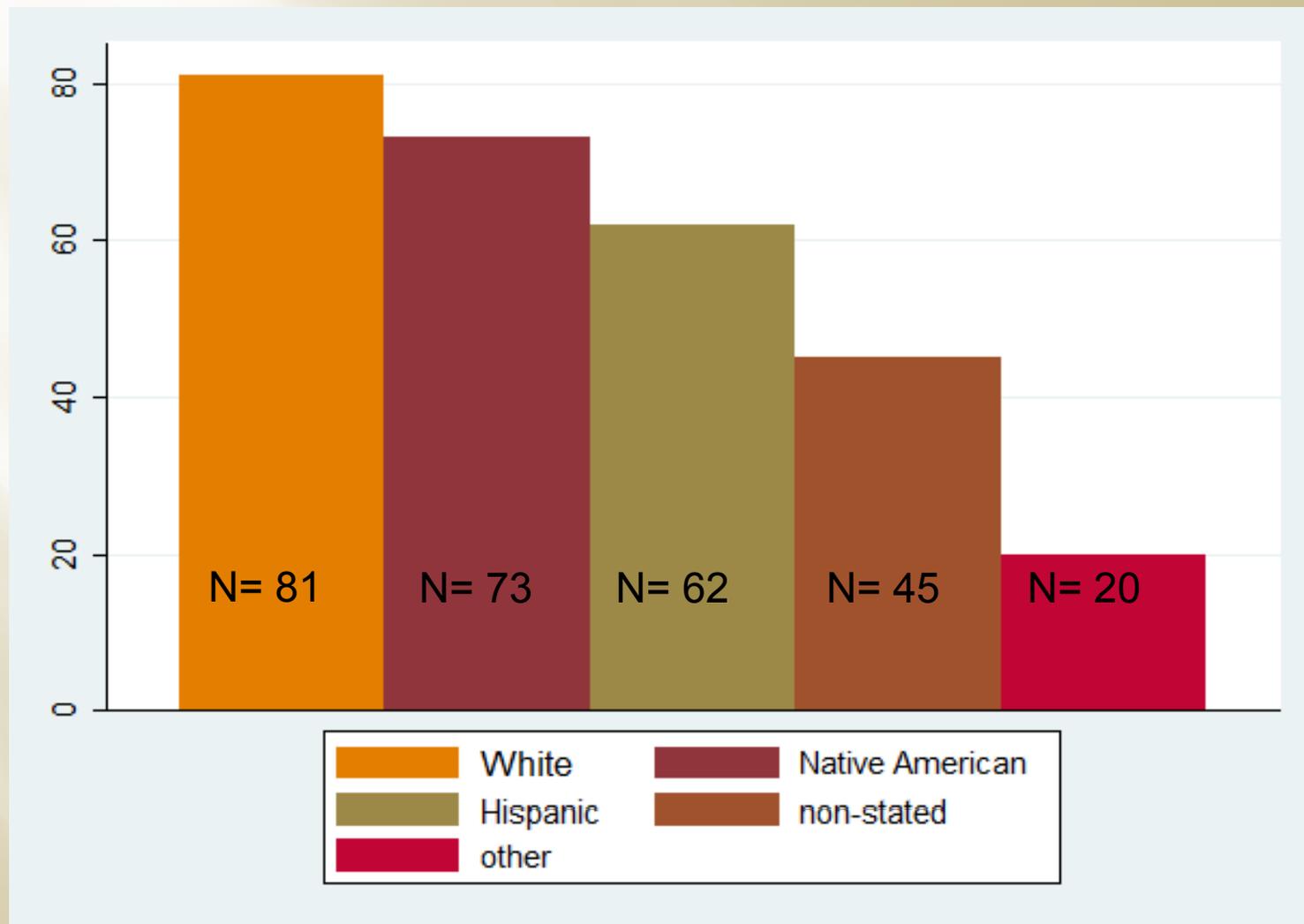
Additional Participants– UNM Telemental Health

N = 208   N = 120   N = 84   N = 33

behavioral health staff
family or friends
educators
primary care providers
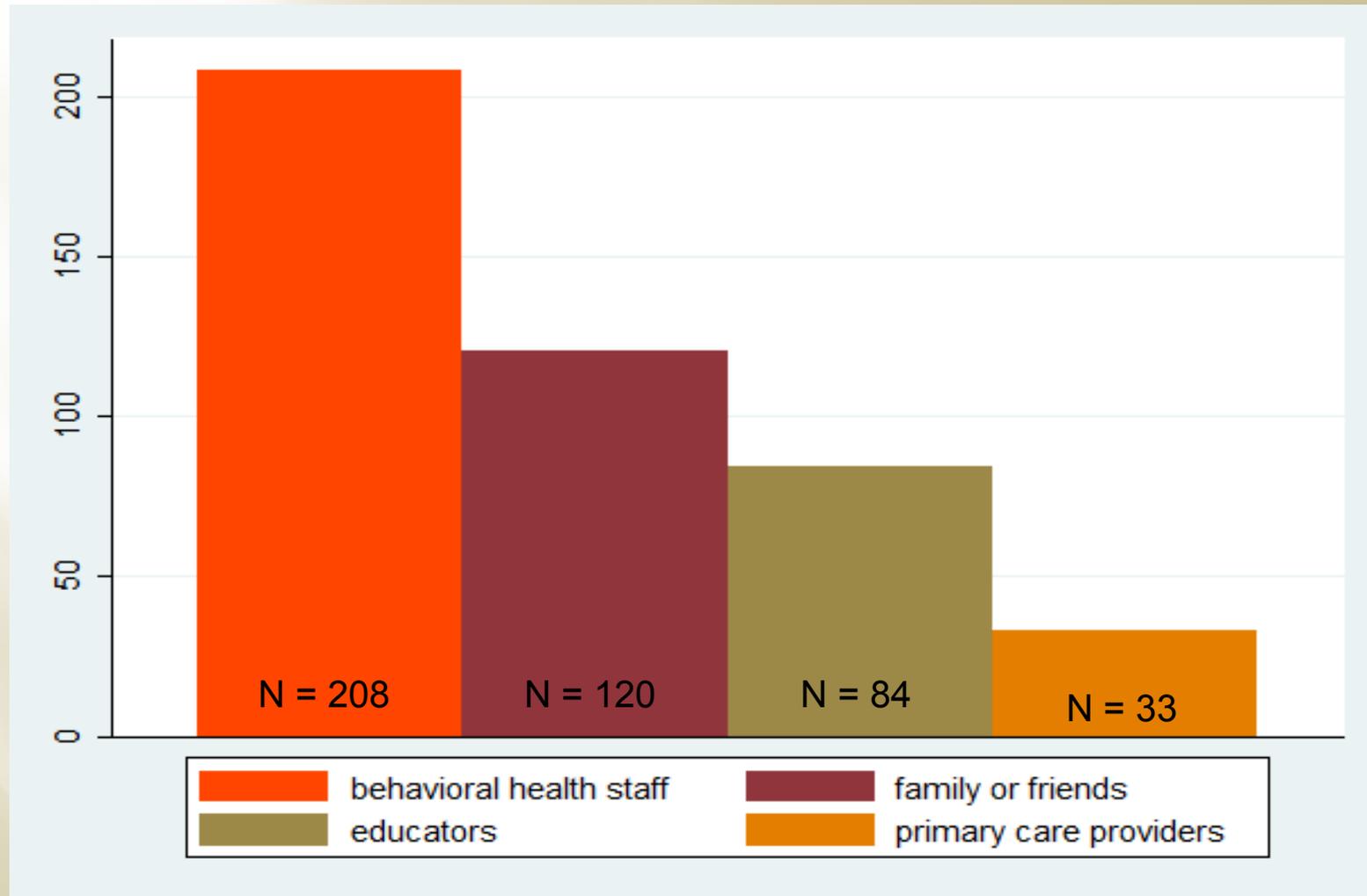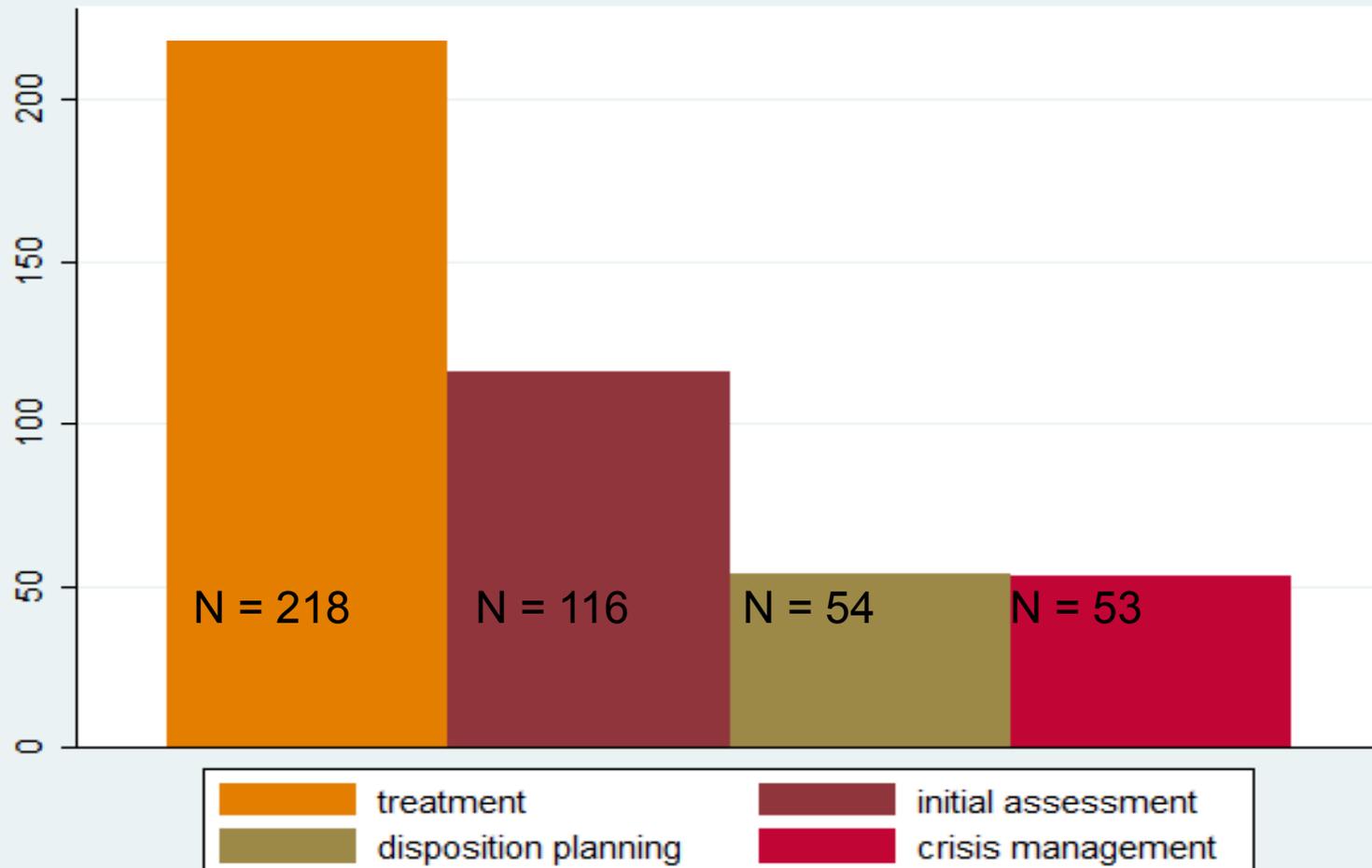
ECHO Model Child & Adolescent Behavioral Health Teleconference Series

- Diverse group of presenters (psychiatrists, psychologists, social workers, counselors, nurses, anthropologists, and consumer advocates)

- Each session involves a concise presentation of the topic at hand with ample opportunities for case discussion and consultation.

- In FY10 a total of **38** sites connected (series started in January 2010).

- Review a variety of topics related to behavioral health issues of children, adolescents and their families.
  - Psychopharmacology
  - Psychotherapeutic intervention
  - Assessment and diagnosis
  - Substance abuse
  - Classroom management
  - Development of community resources.

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FY10 UNM Telemental Health Education Activities

Case Consultation, Training & Education

Continuing Medical Education (CME) and Continuing Education Units (CEU) awarded for participation.

- 90 Providers awarded credits in FY10

- 436 Total Education Credits awarded in FY10

UNM Center for Rural and Community Behavioral Health (CRCBH) Mission

- To address health care disparities through:
- Capacity building
- Training and workforce development
- Health services research and evaluation
- Increasing access to quality behavioral health services that are
  - holistic,
  - cost-effective and
  - provided with respect to the unique cultures within the communities of New Mexico

CRCBH Five Core areas

- Rural Psychiatry and Behavioral Health Training

- Telebehavioral Health programs

- Native American Behavioral Health Systems Support

- Services Research and Evaluation

- School Community Behavioral Health Systems Support

Thank You!

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