Mental Health Council of Australia

# WEEKLY BULLETIN

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# BULLETIN NO. 22, 2012

Hi all,

Please provide any feedback/comments on the Bulletin to me at kim.harris@mhca.org.au

Kind regards
Kim

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## 1. Infection in young linked to health of brain: study

**Publication: Sydney Morning Herald**
**Author: Julie Robotham**
16 July 2012

Gut and chest infections in early childhood appear to raise the risk of developing schizophrenia later in life even if they do not spread to the brain, Australian scientists have discovered in a world-first finding that radically expands links between the psychiatric disorder and physical illness.

Boys who were admitted to hospital at least twice before age three with respiratory or intestinal infections were 80 per cent more likely than others to develop the disabling mental disorder by the time they were in their mid to late 20s, according to the study of the birth and hospital records of more than 40,000 young adults in Western Australia.

Previous research has shown an association between brain infections such as meningitis and schizophrenia, but the Curtin University study is the first to demonstrate a link with illnesses that rarely involve the central nervous system - suggesting widespread inflammation and the body's response to it may be sufficient to disrupt brain development.

Study leader Wenbin Liang, from the university's National Drug Research Institute, said young children's immature immune systems meant viruses could more readily affect the brain, and such infections did not always show symptoms.

The blood-brain barrier, which prevents bacteria and other foreign bodies from passing from the blood into the fluid surrounding the brain, developed more slowly in some children, Dr Liang wrote in the journal Psychiatry Research, and these individuals' brains might be more susceptible to inflammation caused by infection elsewhere in the body.

The same exercise in linking health records should now be repeated for girls, said Dr Liang, to see whether the association between infection and schizophrenia held true for them also.

Colin Binns, a professor of public health at the university, said the findings added to a growing body of evidence linking adult disease with development before birth and in the early years of life.

Professor Binns, who was not involved with the study, said the results emphasised the importance of breastfeeding. "Early infections are more common in non-breastfed infants," he said. "Breastmilk contains ... compounds essential for brain development."

Vaughan Carr, CEO of the Schizophrenia Research Institute and professor of psychiatry at the University of NSW, said "it could be the [gut and lung] infections may reflect some compromise in the immune status of the individual."

Professor Carr said immune disorders had been linked to schizophrenia, which affects one in 200 people, and evidence was emerging for a common genetic origin of both.

He urged parents not to worry excessively if their children developed a viral or bacterial illness. "It's important to point out that the risk is at most twofold," Professor Carr said. "We know [the rate of schizophrenia] in the general population is very low, and if you double it it's still low."

Particular infections during pregnancy, such as rubella, were linked to higher schizophrenia risk in offspring, Cambridge University scientists wrote in a separate study published last month in the journal Schizophrenia Research. It was possible, they concluded, that some viruses, or viral strains, might similarly have a disproportionate effect on brain development during early childhood.

http://www.smh.com.au/national/health/infection-in-young-linked-to-health-of-brain-study-20120715-224ah.html

## 2. R U OK? carries out survey of Australian workplace relationships

**Source: mumbrella.com.au**
16 July 2012

R U OK?, the Australian charity created to help combat suicide, is conducting the Australian Workplace Relationships Survey, one of the most comprehensive pieces of research into how people feel and interact at work.

The results of the survey will be published on August 14, a month before the fourth annual R U OK? Day on 13 September 2012.

Gavin Larkin was CEO at STW's The Brand Shop when he created the initiative. Larkin died last year and was awarded GQ magazine's man of inspiration posthumously.

Jo Cooper, program director at R U OK?, told Mumbrella: "It's not intended to be a beat-up of any one industry, but to see what the key positives are and benchmark to see if media and communications are having an impact on organisations promoting mental wellbeing practices."

The media and marketing industry will be one of those surveyed.

The survey should take around 10 minutes to complete. The results will be anonymous, but will help to understand key Australian trends in order to better shape future communications from the organisation.

Last year R U OK? Day achieved awareness levels of 58% and one in five people took part. The objective for 2012 is to increase participation in the day.

Joe Talcott wrote an opinion piece on Mumbrella about the need for the communications industry to get behind the initiative, saying: "We all move at an incredible pace, working hard in a broad area called "communications". We devote endless hours to understanding how people think and behave. Yet we can be oblivious to those people around us. Working side-by-side and yet unaware of how they are handling the pressures, criticisms, fatigue and stress that is common in our line of work…As Gavin explained to me…research shows that talking about suicide with someone at risk actually reduces the chance of them taking their own life."

http://mumbrella.com.au/ru-ok-carries-out-survey-of-australian-workplace-relationships-103729

## 3. Police lockups overflowing with mentally ill

**Source: Sydney Morning Herald**
**Author: Anne-Louise Brown**
11 July 2012

Almost half of detainees in Australian police watch houses have a mental disorder, a new study has found.

The Australian Institute of Criminology report released yesterday highlights the alarming rate of mental disorders among detainees in contrast with the general population.

It was compiled using data collected from 778 detainees in five major Australian watch houses, including the East Perth watch house.

Altogether, 49 per cent of the detainees screened were experiencing a mental disorder.

However, report author Lubica Forsythe said the figure could be an underestimate as in some jurisdictions police take the mentally unwell directly to mental health facilities.

Ms Forsythe said detainees were asked whether they had ever been diagnosed with a mental health problem by a doctor, psychiatrist, psychologist or nurse.

Of the 668 detainees who answered this question, 41 per cent reported having been previously diagnosed. A small proportion recorded multiple diagnoses.

"Understanding the extent of mental illness among those who come into contact with the criminal justice system is extremely important for policing and government policy development and resourcing," Ms Forsythe said.

The AIC estimates that from about 360,000 police responses per year, approximately 148,000 incidents involve a mentally ill person.

Mood disorders such as depression and bipolar were high among detainees, affecting 28 per cent of males and 44 per cent of females, while in the general population anxiety was the most common mental illness.

Of detainees who had used drugs during the previous month, 51 per cent reported having been diagnosed with a mental disorder compared to 37 per cent of detainees who had not used drugs.

The study found the link between drug use and diagnosis of mental disorder was strongest in women, with 66 per cent of those who used drugs in the previous month having been diagnosed with a mental illness.

http://www.watoday.com.au/wa-news/police-lockups-overflowing-with-mentally-ill-20120710-21tni.html#ixzz20MExkxyG

## 4. Mental health group disbanded

**Source: Stock & Land**
**Author: Kate Hagan, The Age**
11 July 2012

The Australian Institute of Health and Welfare says almost one-third of prisoners entering jail are already mentally ill.

Jail authorities say that is consistent with what they are seeing in custody, and some are calling for greater interaction with family members to help with the problem.

The institute collated statistics from its National Prisoner Health Census in 2010.

It finds about one in every three prisoners reported, when entering prison, that they had been told by a doctor, a nurse, psychiatrist or psychologist that they had a mental health disorder.

The report's author Tim Beard says that is two-and-a-half times the rate of the general population.

"I think the overall mental health of prisoners is fairly poor, particularly when they first come into custody, because they've either been experiencing untreated mental illness in the community or experiencing drug and alcohol problems," he said.

"And so when they first arrive, there's a lot of depression, a lot of anxiety and also untreated psychotic illnesses."

The report also found other issues.

"The medication rate was quite high compared to the population. So we found that 16 per cent of this population were actually on medication for a mental health disorder," Mr Beard said.

"We also found that on a scale of levels of distress, the very highest levels of distress were reported by 14 per cent of prison entrants."

"And that's very much related to mental health issues as well."

Forensic psychiatrist Craig Raeside works in the South Australian prison system.

"One of the concerns I have is that there tends to be a medicalising of their problems," he said.

A group charged with overseeing mental health reform in Victoria has been disbanded, prompting concerns the state government does not have a plan to fix what experts say is a crisis-driven system.

The previous Labor government formed the Victorian Mental Health Reform Council in 2009 to provide high-level advice on implementing its 10-year reform strategy, ''Because Mental Health Matters''.

Mental Health Minister Mary Wooldridge did not seek to extend the appointments of council members including psychiatrist Pat McGorry at the end of their three-year terms on June 30.

A spokeswoman for Ms Wooldridge said the government was planning a replacement body and a new framework for mental health reform.

But council members said they were concerned that no body had been immediately established to replace the council and that key reforms needed to improve the system had stalled.

Council member Margaret Leggatt, of the Victorian Mental Health Carers Network, said: ''We are so tired of things not happening in mental health. It just seems to go from one discussion paper to another and we don't talk much about implementation.

''There are good bits of reform happening but it's a bit piecemeal. I'm still hearing the same tragic stories I've heard for 35 years so I get a bit frustrated with it all.''

Opposition mental health spokesman Wade Noonan said shutting down the expert group indicated that the government had no policy program for mental health in Victoria. ''Ted Baillieu and Mary Wooldridge are apparently uninterested in having a group of experts provide them with advice and guidance.''

Professor McGorry said a major priority was to enhance community-based care, which had been neglected because hospitals were using all of their funds on treating the seriously ill. ''It is the ambulance at the bottom of the cliff, the system is only responding when there is acute need,'' he said.

Other council members who did not want to be named said workforce planning and improving treatment for people with chronic mental illness were among key issues.

They said work was urgently needed on a ''clear strategic framework'' to link services, particularly as the federal government rolled out new investments including expanding the number of headspace centres to treat young people aged 12 to 25.

''Integration is vital. The feds are spending huge amounts of money and we're just going to have more patches in the patchwork. Headspace finishes with you, and then where do you go?'' once council member said.

Professor McGorry said: ''Having spent my professional life in mental health reform, if this government is considering a new strategy I'd really like to be involved.''

The disbanding of the council followed the state government shutting down Victoria's only 24-hour mental health helpline in January. A leaked department email said ''the decision is based on a government commitment to consolidate investment in the front end of the mental health service system''.

http://sl.farmonline.com.au/news/state/agribusiness-and-general/political/mental-health-group-disbanded/2613276.aspx

## 5. One community group helps address a matrix of prisoner problems

**Publication: The Advertiser**
**Author: Ralph Bonig**
15 July 2012

With our prisons almost full to capacity and the number of offences for which imprisonment is a real option increasing, those in prison rely heavily on the support of their families, friends and organisations such as Offenders Aid and Rehabilitation Services.

OARS was established in 1886 as a voluntary association to help offenders and their families. It has operated under a number of names and some readers may remember it as the Prisoners Aid Association.

In its early days, the association was primarily concerned with the health and welfare of prisoners and their support upon release including, importantly, locating work for those released. Its current patron is the South Australian Governor.

Today, OARS' mission contains a focus on reducing social harm, strengthening communities and restorative justice, and it has a strong link with the Centre for Restorative Justice in South Australia. It also has a Community Transitions program.

Restorative justice has a primary focus on the impact that conflict and crime have on people and seeks to involve those affected in the healing process. It has been successful in tackling the sometimes depersonalised nature of crime and imprisonment, while providing victims with a chance to repair some of the harm crime creates.

OARS offers a range of services tackling the common social problems that underpin a large amount of crime. For instance, it offers gambling support, financial counselling, drug intervention and accommodation assistance. Help in obtaining and retaining employment is also provided.

There is a strong focus on assisting prisoners on their release so that the cause of or temptation for their previous criminal behaviour is mitigated.

Offending and imprisonment affect not only the offender and the victim but, as offenders have parents, partners, children and extended families, also affect them. OARS offers assistance to all of these, to deal with the issues that they need to confront when someone is imprisoned.

This includes a Christmas Toy Program for the benefit of the children of those who are in prison. A significant number of prisoners is held outside Adelaide in regional centres such as Port Augusta and Mt Gambier, which affects the logistics of delivering services to those in need. A bus service to Cadell, enabling family members to visit relatives, is run on a weekly basis.

Advocating on issues that are relevant to those who are imprisoned also forms part of the OARS agenda. In June 2009, it was already highlighting the issue of overcrowding that prisons in this State were going to face, and are now facing.

It called for attention to the sociological contributors to criminal behaviour, in an attempt to avoid the spiralling cost of imprisonment on society. The mental health of prisoners and the lack of adequate facilities and treatment have been the focus of recent attention.

As with many organisations of this nature, volunteers play an important part in allowing the Association to attempt to meet demand.

Money is raised through a number of "op shops" in suburban areas. They meet a range of needs, including clerical support, fundraising and counselling. Like many not-for-profit organisations, financial support is an ongoing issue.

OARS is about reducing crime and therefore imprisonment, and that can only benefit society as a whole. OARS seeks to be innovative and proactive in how it tackles the matrix of problems that prisoners face.

http://www.adelaidenow.com.au/news/opinion/one-community-group-helps-address-a-maxtrix-of-prisoner-problems/story-e6freai3-1226426590645

## 6. Israeli blockade takes its toll on mental health in Gaza

**Publication: The Guardian**
**Author: Angela Robson**
11 July 2012

Stress-related and mental health disorders are on the increase in the Gaza Strip, brought on by loss of jobs and dignity, and lack of freedom under Israel's blockade.

For as long as Farah can remember, her father has never worked. Nor, in recent years, has she particularly wanted to spend time with him. She and her three younger siblings love Abu Shawareb, insists their mother, Naima, but they have grown wary of him, particularly of his mood swings and violent outbursts.

"It was like a part of me had gone forever," says Shawareb, recalling the day five years ago when he suddenly lost his job. "I kept thinking, how am I going to feed my family? How will we live?"

Since the Israeli blockade of Gaza in June 2007, Shawareb has been unable to find another job. "We've been left to die slowly here," he says. "I am just 40 but I feel as if my working life is over."

He has been diagnosed with chronic depression and is on medication. The treatment is helping, but Shawareb still has days when he can barely pick himself up off the floor.

"Today is a good day," he says, trying to smile. "I managed to go outside." The family's housing situation compounds his anxieties, says Naima when her husband goes to make tea. Recently their small, windowless house in Shati refugee camp – home to 87,000 refugees who fled from Lydd, Jaffa, Be'er Sheva and other areas of Palestine – was infested with mice.

Stress-related and mental health disorders are on the increase in the Gaza Strip, according to a recent report by the UN Relief and Works Agency for Palestine refugees in the near east (UNRWA). A combination of internal and external influences – including forced displacement, dispossession and occupation – have exacerbated the already high rate of mental health problems.

Hasan Zeyada is a psychologist and manager of the Gaza Community Mental Health Programme. According to a study by the GCMHP, depression has increased by nearly 18% among Gazans since the blockade. Of those surveyed, 95% said they felt imprisoned. In 2010, another study by Médecins sans Frontières said more than 50% of children under 12 in Gaza needed mental health intervention.

"Feelings of powerlessness and helplessness are the main causes for depression among Gazans," says Zeyada. "Men, who in eastern culture are the powerful figures in the family, are particularly affected. After having been able to care for their families, overnight they become nothing. I come across many people looking for ways to finish their lives."

Naima Shawareb says her husband is a shadow of the man she married 10 years ago. "The children are scared of their father. If they are playing around him when he happens to be really depressed, he can't control himself and lashes out," she says. "When he cries, they sit in silence and cry like him."

As if on cue, her husband begins to weep uncontrollably. Farah, his eldest daughter, runs to the corner of the room to find him a tissue. She says nothing as she pats his arm to comfort him, but then notices that her mother has tears streaming down her face, too. The nine-year-old girl looks stricken and creeps out of the room.

"Naima's family is one of thousands who became poor overnight as a result of the blockade," says Karl Schembri, Oxfam spokesman in Gaza. "It makes it next to impossible for such families to recover their economic losses. Depression is rife. Oxfam offers temporary jobs for people like Naima in sewing workshops, but the crisis of dignity gripping her husband and so many other men we meet is hard to tackle."

"Poverty hurts and poverty makes you do wrong things," says Mumim, a 23-year-old woman who lives in a poor suburb of Gaza City. Mumim left school at 11 and married when she was 16. Her husband is a drug addict. "Before the blockade, my husband used to work in Israel," she says. "Now he has no job."

Her husband uses the painkiller tramadol, which is available on the black market. According to the GMHCP, more than 30% of males from as young as 14 use tramadol regularly as a way to alleviate trauma. Although illegal without a prescription, tramadol is relatively easy to find and tablets can be bought for as little as 17p. Many men think that it will help sexual performance, which often deteriorates under stress.

Zeyada from the GCMHP says few people seek help as Gazan society tends to stigmatise those with mental health problems. "This can isolate the sufferer – as well as their family," he says. "Women tend to bury mental health problems and avoid confrontation."

According to a 2011 study by the Palestinian central bureau of statistics, 51% of married women had experienced violence from their husbands in the previous 12 months. Approximately 45% of children between 12 and 17 in Gaza have reported experiencing physical abuse at the hands of their parents.

Schembri believes the mental health crisis in Gaza will remain acute until the blockade is lifted and internal divisions between Palestinians are resolved.

"After the 2009 military operation against Gaza, the number of children who were clearly traumatised was so visible," he says. "Children are less attentive in school. Two-thirds fear more war and a high percentage want revenge. How can you talk about post-traumatic stress interventions in Gaza when people are still in a constant state of trauma?"

http://www.guardian.co.uk/global-development/2012/jul/11/israeli-blockade-mental-health-gaza

### 7. Good News for Mental Illness in Health Law

**Publication: New York Times**
**Author: Richard A. Friedman, M.D**
9 July 2012

Americans with mental illness had good reason to celebrate when the Supreme Court upheld President Obama's Affordable Care Act. The law promises to give them something they have never had before: near-universal health insurance, not just for their medical problems but for psychiatric disorders as well.

Until now, people with mental illness and substance disorders have faced stingy annual and lifetime caps on coverage, higher deductibles or simply no coverage at all.

This was supposed to be fixed in part by the Mental Health Parity and Addiction Equity Act of 2008, which mandated that psychiatric illness be covered just the same as other medical illnesses. But the law applied only to larger employers (50 or more workers) that offered a health plan with benefits for mental health and substance abuse. Since it did not mandate universal psychiatric benefits, it had a limited effect on the disparity between the treatment of psychiatric and non psychiatric medical diseases.

Now comes the Affordable Care Act combining parity with the individual mandate for health insurance. As Dr. Dilip V. Jeste, president of the American Psychiatric Association told me, "This law has the potential to change the course of life for psychiatric patients for the better, and in that sense it is both humane and right."

To get a sense of the magnitude of the potential benefit, consider that about half of Americans will experience a major psychiatric or substance disorder at some point, according to an authoritative 2005 survey. Yet because of the stigma surrounding mental illness, poor access to care and inadequate insurance coverage, only a fraction of those with mental illness receive treatment.

For example, surveys show that only about 50 percent of Americans with a mood disorder had psychiatric treatment in the past year — leaving the rest at high risk of suicide, to say nothing of the high cost to society in absenteeism and lost productivity. The World Health Organization ranks major depression as the world's leading cause of disability.

One of the health care act's pillars is to forbid the exclusion of people with pre-existing illness from medical coverage. By definition, a vast majority of adult Americans with a mental illness have a pre-existing disorder. Half of all serious psychiatric illnesses — including major depression, anxiety disorders and substance abuse — start by 14 years of age, and three-fourths are present by 25, according to the National Comorbidity Survey. These people have specifically been denied medical coverage by most commercial insurance companies — until now.

From an epidemiologic and public health perspective, the provision that young people can remain on their parents' insurance until they turn 26 is a no-brainer: By this age, the bulk of psychiatric illness has already developed, and there is solid evidence that we can positively change the course of psychiatric illness by early treatment.

Mental disorders are chronic lifelong diseases, characterized by remission and relapse for those who respond to treatment or persistent symptoms for those who do not. In schizophrenia, for example, relapse is common, even with the best treatment. It makes no sense to tell someone with this condition that his lifetime mental health benefit is just 60 days of inpatient hospitalization.

Psychiatric illness is treatable, but it is rarely curable; it may remit for a while, but it doesn't go away. That is why the current limits on treatment are as irrational as they are cruel — the discriminatory hallmark of commercial medical insurance.

No more. The Affordable Care Act treats psychiatric illness like any other and removes obstacles to fair and rational treatment.

Older people with mental illness will also benefit, because the law will eventually fill in the notorious gap in Medicare drug coverage known as the "doughnut hole." The law will immediately require drug companies to give a 50 percent discount on brand-name drugs and then gradually provide subsidies until the gap closes in 2020.

On the other hand, poor people with mental illness still have cause for concern. The new law would have expanded Medicaid to insure 17 million more Americans, but the Supreme Court ruled that states could decline to accept this expansion without losing their existing Medicaid funds. In states that opt out of the Medicaid expansion, poor people with mental illness may find themselves in a terrible predicament: They earn too much to qualify for Medicaid, yet not enough to get the federal subsidy to pay for insurance.

But on the whole, the Affordable Care Act is reason to cheer. Americans with mental illness finally have the prize that has eluded patients and clinicians for decades: the recognition that psychiatric illness should be on a par with all other medical disorders, and the near-universal mandate to make that happen.

http://www.nytimes.com/2012/07/10/health/policy/health-care-law-offers-wider-benefits-for-treating-mental-illness.html?_r=2&adxnnl=1&ref=health&adxnnlx=1341925425-zOoZTmn5AOFUrFz1Hoc6qg

## 8. Aging boomers to face hard time finding mental health care; report urges geriatric training

**Publication: The Washington Post**
**By Associated Press**
11 July 2012

Getting older doesn't just mean a risk for physical ailments like heart disease and bum knees: A new report finds as many as 1 in 5 seniors has a mental health or substance abuse problem.

And as the population rapidly ages over the next two decades, millions of baby boomers may have a hard time finding care and services for mental health problems such as

depression — because the nation is woefully lacking in doctors, nurses and other health workers trained for their special needs, the Institute of Medicine said Tuesday.

Instead, the country is focused mostly on preparing for the physical health needs of what's been called the silver tsunami.

"The burden of mental illness and substance abuse disorders in older adults in the United States borders on a crisis," wrote Dr. Dan Blazer of Duke University, who chaired the Institute of Medicine panel that investigated the issue. "Yet this crisis is largely hidden from the public and many of those who develop policy and programs to care for older people."

Already, at least 5.6 million to 8 million Americans age 65 and older have a mental health condition or substance abuse disorder, the report found — calling that a conservative estimate that doesn't include a number of disorders. Depressive disorders and psychiatric symptoms related to dementia are the most common.

While the panel couldn't make precise projections, those numbers are sure to grow as the number of seniors nearly doubles by 2030, said report co-author Dr. Peter Rabins, a psychiatrist at Johns Hopkins University. How much substance abuse treatment for seniors will be needed is a particular question, as rates of illegal drug use are higher in boomers currently in their 50s than in previous generations.

Mental health experts welcomed the report.

"This is a wake-up call for many reasons," said Dr. Ken Duckworth of the National Alliance on Mental Illness. The coming need for geriatric mental health care "is quite profound for us as a nation, and something we need to attend to urgently," he said.

Merely getting older doesn't make mental health problems more likely to occur, Rabins said, noting that middle age is the most common time for onset of depression.

But when they do occur in older adults, the report found that they're too often overlooked and tend to be more complex. Among the reasons:

—People over 65 almost always have physical health problems at the same time that can mask or distract from the mental health needs. The physical illnesses, and medications used

for them, also can complicate treatment. For example, up to a third of people who require long-term steroid treatment develop mood problems that may require someone knowledgeable about both the medical and mental health issues to determine whether it's best to cut back the steroids or add an antidepressant, Rabins said.

On the other side, older adults with untreated depression are less likely to have their diabetes, high blood pressure and other physical conditions under control — and consequently wind up costing a lot more to treat.

—Age alters how people's bodies metabolize alcohol and drugs, including prescription drugs. That can increase the risk of dangerous overdoses, and worsen or even trigger substance abuse problems.

—Grief is common in old age as spouses, other relatives and friends die. It may be difficult to distinguish between grief and major depression.

That also means a loss of the support systems that earlier in life could have helped people better recover from a mental health problem, said Dr. Paul D.S. Kirwin, president of the American Association for Geriatric Psychiatry. Adding stress may be loss of a professional identity with retirement, and the role reversal that happens when children start taking care of older parents.

"There'll never be enough geriatric psychiatrists or geriatric medicine specialists to take care of this huge wave of people that are aging," Kirwin said.

The Institute of Medicine report recognizes that. It says all health workers who see older patients — including primary care physicians, nurses, physicians' assistants and social workers — need some training to recognize the signs of geriatric mental health problems and provide at least basic care. To get there, it called for changes in how Medicare and Medicaid pay for mental health services, stricter licensing requirements for health workers, and for the government to fund appropriate training programs.

http://www.washingtonpost.com/national/health-science/aging-boomers-to-face-hard-time-finding-mental-health-care-report-urges-geriatric-training/2012/07/10/gJQAcxesaW_story.html

## 9. Mental Illness in Teens: The Latest Stats & Why They Matter

**Source: EI Balance**
**Author: Parizad Bilimoria**
9 July 2012

Many adult psychiatric illnesses originate in childhood or adolescence. Researchers have known about this for some time, and over the years they have conducted several regional, national, and cross-national surveys on youth mental health. Yet, it was only two years ago that data from a large-scale U.S. survey of adolescents—assessing a broad range of mental disorders with in-depth diagnostic interviews—became available. This 2010 data revealed that more than one in five U.S. youth aged 13 to 18 is likely to have experienced a mental disorder with severe impairment at some point.

This year, two studies published in the *Archives of General Psychiatry* have expanded upon the analysis of that survey, known as the National Comorbidity Survey Replication Adolescent Supplement (NCS-A). A major finding, adding to the evidence that mental health problems often start in youth, was that within a 12-month time period, 8% of U.S. teens experienced serious emotional disturbances (SEDs), and just over 40% experienced some sort of mental disorder. Anxiety disorders were most common, followed by behavior, mood, and substance disorders.

Mental disorders were defined as disorders appearing in the current Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), developed by the American Psychiatric Association. SEDs were defined as mental disorders producing significant impairment in family, school, or community activities—as described by the federal government.

Overall, the *number* of mental health diagnoses a teen had was more important than *which* diagnoses he or she had, in terms of risk of falling into the SED category.

I interviewed Ronald Kessler, PhD, McNeil Family Professor of Health Care Policy at Harvard Medical School, lead author on both recent studies, to find out what the goals of surveys like the NCS-A are, and how the latest statistics might guide the design of interventions. Here's what I learned:

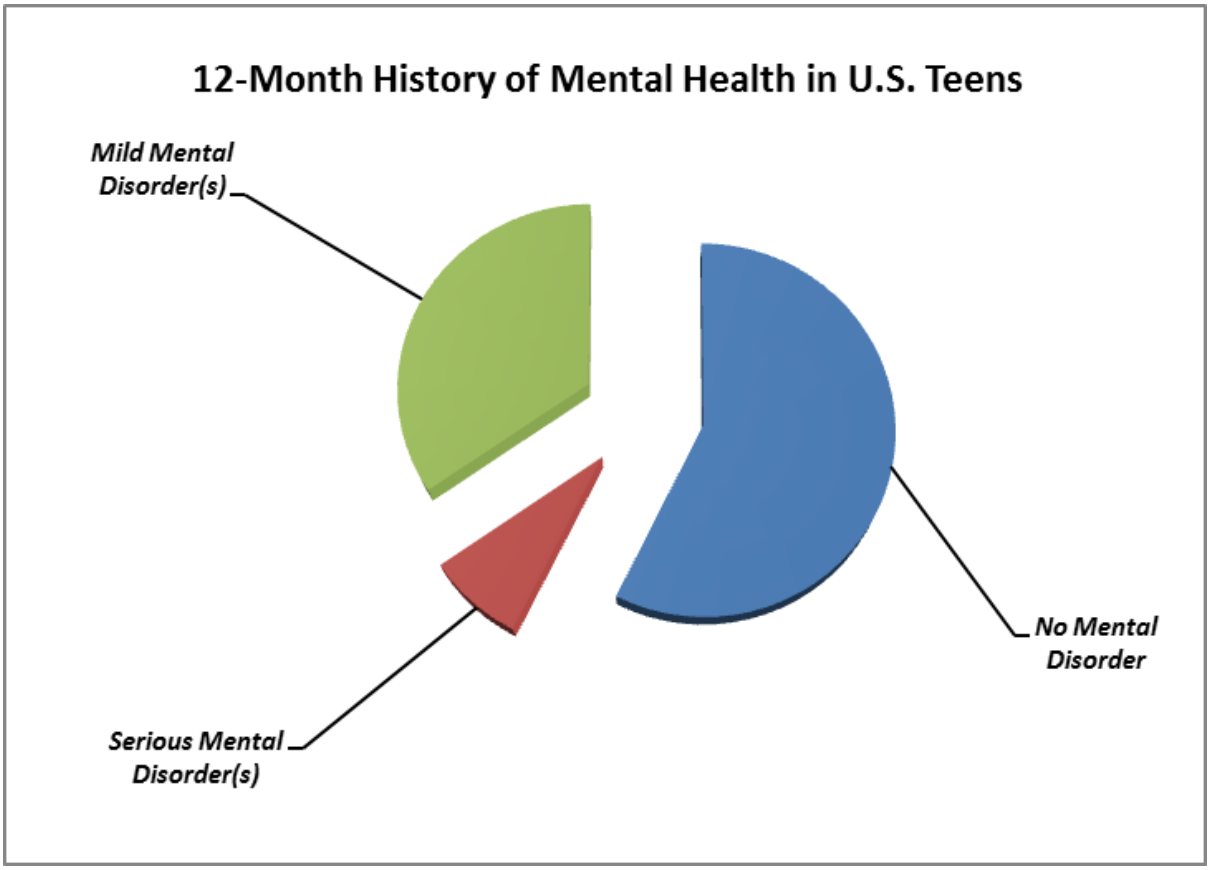
### *The goals of surveys on mental health*

At a fundamental level, surveys like these help researchers determine how widespread a health problem is, and which populations are most susceptible. This, as well as other patterns in the data, may provide hints on causes or aggravating factors and suggest where, when, or how to intervene. Clinicians, public health officials, and policymakers are some of the major audiences for such research.

“Policymakers need to know the number of people in the population suffering from specific mental disorders in order to plan treatment outreach programs,” Kessler explains. “There are many people with these disorders who do not seek treatment on their own, making outreach especially important for detecting mental disorders.” He emphasizes that this need for outreach is greater for mental disorders than for physical disorders, as the psychological barriers to seeking treatment are greater for mental disorders.

Also, epidemiological data on mental health are important to policymakers making financial decisions. Correlations between mental illness and societal problems such as teen pregnancy, unemployment, domestic violence, or crime can reveal the long-term societal costs of failing to provide effective treatments.

Indeed, the policy implications of certain disorder definitions or measures of prevalence may shape the design of epidemiological studies before they even begin. For instance, in the latest analyses of the NCS-A, SED prevalence was examined, because SED is a legally recognized term identifying mental disorders that the government is willing to treat in youth on Medicaid. Also, 12-month prevalence statistics were gathered in part because most health care policy planning is done on an annual basis, with insurance companies frequently imposing per-year limits on doctor’s visits or medication expenses.




**The distribution of U.S. teens aged 13 to 18 in the National Comorbidity Survey Replication Adolescent Supplement who had no mental disorders, one or more mild mental disorders (DSM-IV disorders not fulfilling criteria for serious emotional disturbance), or one or more serious mental disorders (DSM-IV disorders fulfilling criteria for serious emotional disturbance).**

### *What the current stats mean for intervention*

Beyond revealing just how common mental illness is, the latest studies also provide hints on targeting interventions. Kessler believes one of the most interesting findings is that the teens suffering most from mental illness—those in the SED category—tend to have multiple diagnoses ("high comorbidity"). Specifically, 63.5% of the teens with SEDs had 3 or more disorders.

"This kind of high comorbidity is much more common with mental than physical disorders," Kessler says, "and one of the most important aspects of this pattern is that the impairments associated with child-adolescent mental disorders are much more pronounced for highly comorbid cases. An important implication of this fact it that interventions aimed at treating

child-adolescent mental disorders need to address the entire set of conditions in order reduce impairment."

"Another important implication," Kessler concludes, "is that it makes sense from the public health perspective to intervene with youth who have only one or two diagnoses to prevent the subsequent onset of later comorbid disorders—in an effort to prevent the impairment that is associated largely with highly comorbid disorder clusters."

In other words, best practices for minimizing the impact of mental illness may be similar to those for fighting forest fires, lessening discord in workplaces, or dealing with international conflicts: Step in early and prevent escalation.

http://eibalance.com/2012/07/09/mental-illness-in-teens-the-latest-stats-why-they-matter/