Nature of the Problem

Behavioral Health, Suicide and Young People

• 10% of U.S. children and adolescents suffer from a serious behavioral health disorder that causes significant functional impairment at home, at school and with peers\(^1\)

• In any given year, only 20% of children with behavioral health disorders are identified and receive mental health services\(^2\)

• Suicide is the 3\(^{rd}\) leading cause of death for 11-18 year-olds\(^3\)

• 63% of teens who die by suicide suffer from a treatable behavioral health disorder at their time of death\(^4\)

• Half of all mood, anxiety, impulse-control and substance-use disorders start by age 14\(^5\)

Children’s Behavioral Health and Suicide in Nevada

• 10% of Nevada youth ages 12 to 17 suffer an episode of Major Depression over the course of a year\(^6\)

• Nevada has the 6\(^{th}\) highest suicide rate in the nation for youth ages 11 to 18\(^6\)

• In Nevada, suicide is the 2\(^{nd}\) leading cause of death for 15-19 year olds\(^6\)

• For Nevada high school students, within a 12-month period:\(^7\)
  • 26% feel sad and hopeless enough over a two-week period to half usual activity
  • 14% think seriously about suicide
  • 9% attempt suicide
  • 3% make a suicide attempt serious enough that it requires medical attention.

Children’s Behavioral Health in Clark County and Washoe County

\(^3\) CDC 2008 (WISQARS) (reviewed 4/2/2008)
\(^4\) Shaffer et al., 1996
\(^5\) Kessler et al., 2005
\(^6\) National Survey on Drug Use and Health Promotion (2007)
\(^7\) National Center for Chronic Disease Prevention and Health Promotion, Youth Risk Behavior Surveillance (2007)
\(^8\) Seventh Annual Plan Clark County Children’s Mental Health Consortium and Washoe County Children’s Mental Health Consortium (2007-08)
• It is estimated that 1 in 5 public school children in Clark and Washoe Counties are in need of some level of behavioral health services

• 10% of school-aged children are estimated to have a serious behavioral health problem needing immediate, intensive intervention

• Over 1100 children were seen in Clark County emergency rooms in 2007 for behavioral health problems, primarily related to suicide and depression

• In emergency rooms and other crisis programs, there is an increase in the number of younger children with suicidal thoughts and gestures

• 92% of middle and high school students screened for behavioral health problems (through the Columbia University TeenScreen Program) were successfully linked to treatment

**Rationale for Behavioral Health Screening**

• Screening tools that effectively identify at-risk youth are available

• Behavioral health problems are treatable

• Most youth with behavioral health problems and suicidality are not already being helped

• There is ample time to intervene before a youth dies by suicide

• No one else is asking youth these questions, but they will give us the answers if we ask the questions

• Federal regulations required the Early Periodic Screening Diagnosis and Treatment (EPSDT) benefit to include screening services for all Medicaid eligible individuals age 21 and under

• Behavioral health screening must be performed at distinct intervals that meet the standards of pediatric and adolescent medical practice
Behavioral Health and Primary Care

- One-third of behavioral health visits by privately insured children are to a primary care provider rather than to a specialist.

- Pediatricians under identify children with behavioral health problems, with detection being particularly low for mood and anxiety related symptoms.

- As many as 2 in 3 depressed youth are not identified by their primary care provider and do not receive any kind of care.

- Only a minority of children identified as having a behavioral health problem by their primary care provider will be referred to a behavioral health provider.