

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 peers¹
- In any given year, only 20% of children with behavioral health disorders are identified and receive mental health services²
- Suicide is the 3rd leading cause of death for 11-18 year-olds³
- 63% of teens who die by suicide suffer from a treatable behavioral health disorder at their time of death⁴
- Half of all mood, anxiety, impulse-control and substance-use disorders start by at age 14⁵

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 year⁶
- Nevada has the 6th highest suicide rate in the nation for youth ages 11 to 18⁶
- In Nevada, suicide is the 2nd leading cause of death for 15-19 year olds⁶
- 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

¹ US Surgeon General National Action for Children's Mental Health. Washington DC Government Printing Office (2001)

² Report of the Surgeon General's Conference on Children's Mental Health: A National Action Agenda (2000)

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