Adolescent Health in an Evolving Health Care Landscape: Part Three

Behavioral Health

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Editor's Note: When we first started this adolescent health blog post series, we couldn't have anticipated how many policies and proposals would arise at the federal level that would affect this population. Since our first post, which focused on sexual and reproductive health, we have seen federal proposals that restrict adolescents' access to contraception and defund national teen pregnancy prevention programs. Our second post outlined the unique health needs of special populations of adolescents, which have been threatened by proposals such as banning transgender individuals from entering the military and drastic cuts to Medicaid. To close out this series, we discuss another critical issue facing adolescents, the growing crisis in emotional and behavioral health in young people. The PolicyLab researchers you'll hear from in this post are investigating these issues and developing policy solutions that address them to ensure that all teens can transition into healthy, productive adults.

Over the past several years, we have seen a dramatic increase in the number of teens seeking help for behavioral health conditions such as depression, anxiety, eating disorders and suicide. TV shows like 13 Reasons Why have brought these conditions into the national spotlight, and celebrities like Demi Lovato and Emma Stone have opened up about their own struggles. Policymakers from both sides of the aisle have talked about the importance of addressing mental health in the context of a variety of public health concerns, ranging from the opioid epidemic to gun violence to toxic stress in undocumented families fearing deportation. These conversations are important to helping our country begin to tackle a wide and deep behavioral health crisis felt by communities nationwide and represented in the following statistics:

- Approximately one in five children and adolescents report experiencing a serious mental health condition, such as depression, anxiety and suicide ideation.
- In 2015, the country reached a 40-year high in suicide deaths among teen girls.
- Depression is the third-leading cause of illness and disability among adolescents.
- Rates of emergency department visits for treatment of self-harm in adolescent girls rose 18.8 percent yearly between 2009 and 2015.

Prevalence of Behavioral Health Conditions

As researchers, we're investigating high rates of mental health conditions across a variety of settings, including in school districts, the child welfare system and the health care system. Here's a look at some of the research on the prevalence of these conditions:

- Twenty-nine percent of hospitalized children reported a known mental health diagnosis, much higher than the general population.
- Twenty-five percent of youth with lupus have a mental health diagnosis, and 14 percent have suicidal ideation, higher than their peers.

- Teens presenting with mood disorders in an outpatient behavioral health clinic frequently report suicidality and self-harm.
- 37 percent of urban, low-income mothers known to the child welfare system report a mental health condition.

Despite this prevalence and the severity of these conditions, many youth with mental health concerns are not receiving care to meet their needs. Having a mental health condition can increase a young person's risk of not taking beneficial medications, needing to be hospitalized and staying in the hospital longer than other children. All of these factors negatively impact their ability to achieve optimal health and well-being, and it also can drive up costs for youth who experience these conditions, their families, and the health care system as a whole. In a recent qualitative study, teens who were in behavioral health treatment indicated that they wanted more access to treatment, such as seeing their providers more often.

Supporting Integration of Behavioral Health Care

Fortunately, there are steps that policymakers, health systems and communities can take to better support the behavioral health needs of adolescents. We're taking our expertise as physicians and researchers and applying it in the following ways:

Preventing and Detecting Cases of Behavioral Health Conditions Early

The old adage that "prevention is better than a cure" is just as true for behavioral health conditions as it is for medical conditions like polio and HPV. While there isn't a vaccine that adolescents can take to prevent depression and anxiety, certain strategies can dramatically scale back and sometimes even prevent the progression of these conditions.

One of our key undertakings is in developing and studying adolescent depression prevention programs in schools. We are currently looking at how these programs can be tailored to provide adolescents with targeted interventions that address their specific risk factors. Ultimately, we hope these individualized programs can be integrated into clinical and community settings.

Through Children's Hospital of Philadelphia's Child and Adolescent Mood Program, we are building up research on teen suicide risk with the goal of identifying risk early so that we can intervene early. Specifically, we are beginning to examine biological, genetic and psychosocial markers for adolescent suicide attempts. In another project, we're collaborating with researchers at Penn Medicine to examine the disconnect between parents' and youth's report of teen suicide ideation.

Integrating Treatment with Medical Care

Young people who need medical treatment for a physical health problem are more likely to also experience a mental health condition than the general population. Offering high-quality behavioral health care in all medical settings could substantially help close the gap in untreated conditions.

In Primary Care

Screening for behavioral health conditions during pediatric well-visits offers an important opportunity for providers to identify patients in need of services and to connect them with care. This reduces important barriers to identification and treatment, which is critical as many adolescents with behavioral health issues go unidentified and untreated. We're helping to evaluate adolescent depression screening efforts in primary care at CHOP, as well as different models for ensuring ongoing management of behavioral conditions once they've been identified.

In Sub-specialty Care

Many youth who have chronic health conditions primarily visit their sub-specialist and forego visits to primary care providers. We want to understand the best ways to connect these youth to mental health care by, for example, identifying best practices for mental health education, routine screening and referral of high-risk youth with chronic illness, and learning how to leverage mental health resources and supports already embedded in these practices (i.e., social workers).

In Hospital Settings

Adolescents with chronic health conditions that sometimes require hospital care are at higher risk of having behavioral health conditions. To help adolescents get physically and emotionally well in the hospital, we conduct research focused on integrating behavioral health care into hospital care. Our goal is to develop and implement services that improve the mental and emotional well-being of adolescents and their family members during hospitalization. We also investigate how behavioral health services affect other important facets of health care, like risk of hospital readmission, length of hospital stay, ongoing engagement in mental and physical health care and overall costs of care.

These approaches to addressing the behavioral health crisis, of course, cannot be done in a vacuum. Without the support of policymakers who can expand adolescents' access to behavioral health care, as well as funding for this type of research, our hope of reducing this crisis will never crystalize into a reality. We will continue to do our part and look to other key stakeholders to join us in promoting optimal behavioral health for all adolescents.

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