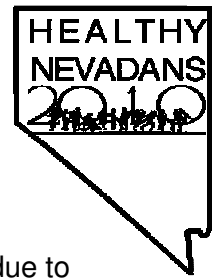


Nevada Maternal and Child Health Issue Brief Access to Behavioral/Mental Health Services

February 2009



Children’s Behavioral Health and Suicide in Nevada

- A growing number of elementary and middle school students are being referred due to suicide ideation
- 10% of Nevada youth, ages 12 to 17, suffer an episode of Major Depression over the course of a year¹
- Nevada has the 6th highest suicide rate in the nation for youth ages 11 to 18¹
- In Nevada, suicide is the 2nd leading cause of death for 15-19 year olds¹
- For Nevada high school students, within a 12-month period²:
 - 26% feel sad and hopeless enough over a two-week period to affect their usual activity
 - 14% think seriously about suicide
 - 9% attempt suicide
 - 3% make a suicide attempt serious enough that it requires medical attention

Problem Statement:

In Nevada, rates for completing behavioral/mental health screens during primary care visits are low. Across the nation, primary care providers 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 or do not receive relevant 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.

Downloadable Resources	
Pediatric Symptom Checklist	http://psc.partners.org/psc_order.htm
Ages & Stages	http://www.agesandstages.com/
NV Office of Suicide Prevention	http://dhhs.nv.gov/SuicidePrevention.htm
Well Child Curriculum for NV	http://www.brightfutures.org/wellchildnevada/

To increase the number of behavioral health screenings, Medical Providers need easy access to assessment forms, support to administer these assessments, and knowledge of mental health providers for referral. Suicide rates, risk behaviors, unhealthy life choices, and substance abuse could be reduced with early detection of behavioral conditions. Behavioral health issues are treatable and can be resolved long before reaching stages of suicidal tendencies or substance abuse. Few are asking youth these important questions.

Recommendations:

- Assure that evidenced based screening tools that effectively identify at-risk youth are available and supported for use in well child visits and Early Periodic Screening Diagnosis and Treatment (EPSDT) exams
- Disseminate the Nevada pilot results of the use of the Pediatric Symptom Check List (PSC) in seven pediatric primary care settings throughout the state.
- Increase providers’ knowledge that Nevada’s EPSDT includes behavioral health screening services for Medicaid eligible youth age 21 and under.
- Ensure that behavioral health screening is performed at distinct intervals that meet the standards of pediatric and adolescent medical practice (the American Academy of Pediatrics calls for annual confidential screening and referral for behavioral health problems for adolescents).
- Encourage local SAPTA (Substance Abuse Prevention and Treatment Agency) Coalitions and school districts to work together to bring policy, practice, and resources for School Health and Mental Health.

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¹ National Survey on Drug Use and Health Promotion (2007)

² National Center for Chronic Disease Prevention and Health Promotion, Youth Risk Behavior Surveillance (2007)