Healthy People 2020 Goal

Improve mental health through prevention and by ensuring access to appropriate, quality mental health services.
Healthy People 2020 Objectives

• Increase the proportion of children with mental health problems who receive treatment
• Increase the proportion of primary care physician office visits where youth aged 12 to 18 years are screened for depression
Learning Objectives

- Understand the current state of mental health services for children and youth
- Review best practices for providing services to children and youth
- Identify strategies to increase services for children and youth
Part 1:

Historical context and definitions of mental health and illness
Historical Context of MH Services

- Colonial America
  - 1600 – 1776
- 19th Century
  - 1776 – 1900
- War Years
  - 1914 – 1945
- Modern Era
  - 1945 – Present
Colonial America
Colonial America

• Adopted the Elizabethan Poor Laws: society had a responsibility to care for the poor.
• Mental illness and economic dependency were so closely related that codes and laws primarily intended for the poor included references to the mentally ill.
• Care of “distracted persons” and “idiots” in the community is called outdoor relief.
• Treatment = prayer, blood letting.
19th Century America

- **Enlightenment Era**
  - Mental illness is environmental and can be treated
  - Treatments need to demonstrate effectiveness

- **Indoor relief**
  - Urbanization, immigration, mobility challenged outdoor relief
  - Rise of poorhouses, orphanages, and “insane asylums.”

- Efforts to have mental health treatment codified at the federal level failed
War Years
War Years

- 1910: 100 child guidance clinics established aimed at prevention, early intervention and treatment
- 1930: First International Congress on Mental Hygiene in Washington D.C., bringing together more than 3,000 individuals from 41 countries.
- 1930s: New Deal federalized public assistance
- Soldiers returned from war with significant mental illness
  - Public familiarity with psychiatric disorders such as “Shell shock.”
Modern Era
Modern Era

- 1946: National Mental Health Act
- 1949: Created NIMH
- 1952: DSM-I
- 1963: Mental Retardation Facilities and Community Health Centers Construction Act (aka Community Mental Health Act)
- 1972: Deinstitutionalization
- 1979: NAMI founded
- 1996: Mental Health Parity Act
- 2014: Mental Health Parity Equity Act (in effect July 1)
Where are we now?

• The current mental health system is a fragmented patchwork of indoor and outdoor relief.

• The passage of the Affordable Care Act has established a formal integration of mental and physical health care.
Definitions

What is mental health? How do we define mental illness/disorders
Mental Health

World Health Organization definition:

- A state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.
Mental Illness


• Health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress and/or impaired functioning.

  • Symptoms, distress and / or functional impairment are the foundation of our current system of psychiatric diagnosis (DSM).
Brief History of the DSM

- DSM – I (1952)
- DSM – II (1968)
- DSM – III (1980)
- DSM – IV (1994)
- DSM – 5 (2013)
Developed out of the International Classification of Disease (ICD)
- 1900: First ICD
- 1948: ICD-6 included 6 mental illness

DSM-I (1952)
- Mental illness a reaction (biology)

DSM-II (1968)
- Mental illness as neurosis or psychosis (Freud)

Atheoretical
- Criteria for disorder rather than reasons

Introduced multiaxial system

First DSM to rely on research
- Not entirely empirically-based
- Symptoms determined by committee vote
- Many disorders had poor inter-rater reliability

DSM-III-R substantive revision

Criteria determined by empirical data, rather than committee vote.

- Twelve field trials conducted to establish the inter-rater reliability and validity of different sets of criteria, and in some cases to establish a new diagnosis.

Eliminated distinction between “organically-based” and “psychologically-based” disorders

DSM-IV-TR not a substantive revision ($$$)
DSM - 5 (2013)

- Most disorders are same as DSM-IV
- Notable changes: removed asperger’s syndrome, bereavement exclusion for depression, added new criterion for PTSD, eliminated multi-axial system, and organized book by life course
- Head of DSM-IV task force, Allen Francis, highly critical, but a recent survey found that approximately 80% of MH providers who used DSM-5 were positive about changes.
- Codes will go into effect in 2015