



MHSA-PEI

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Mental Health Services Act
Prevention and Early Intervention

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Overview

- ◉ Purpose and Methods
- ◉ Theories of Development
- ◉ Results: Risk and Protective Factors
- ◉ State Identified Priority Populations
- ◉ Research Identified Populations
- ◉ Conclusions & Next Steps



Purpose

- Present comprehensive research
 - Evidence from studies
 - National and state trends
 - Local data (when available)
- Obtain stakeholder input to prioritize:
 - Local mental health needs
 - Populations at Risk

UCSB Methods

Identified serious mental health conditions amenable to early intervention



Identified prevalence rates (national, state, local)



Identified risks associated with mental illness



Identified who is at-risk for mental illness



Categorized at-risk groups within state-identified priority populations



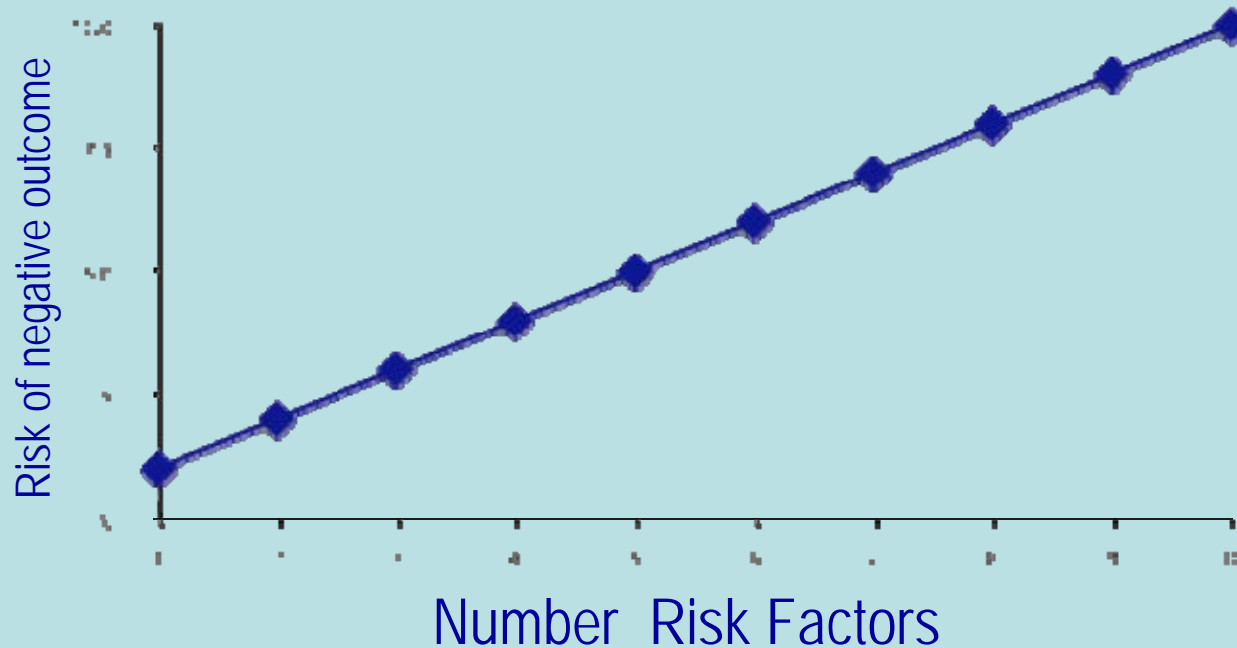
Results: Identified serious mental health conditions among all ages

- ADHD
- Conduct/Oppositional Defiant Disorder
- Anxiety Disorders
- Depression
- Schizophrenia
- Post-Traumatic Stress Disorder

Theories of Development: Risk & Protective Factors

Models: **The Additive Model**

- Number is more important than type
- Individuals with more risks assigned more intense services



Continuum Model



- ⊙ Specific influences are more important than number of influences
- ⊙ Different influences are important for different outcomes
- ⊙ Individuals experiencing specific risk and protective influences are assigned specific treatment services

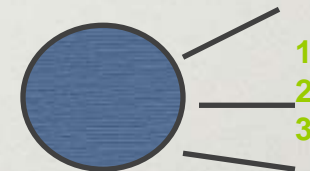
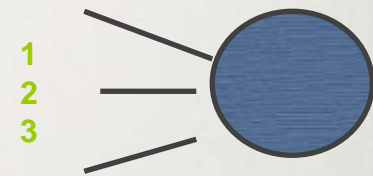
Transactional-Ecological Developmental Model



- ⊙ All periods of development build upon previous developmental periods (transactional)... and
- ⊙ At each stage of development, we must get a comprehensive picture by looking at different factors in the individual's life (ecological)

Equifinality–Multifinality Developmental Model (Sroufe, 1997)

- ⊙ **Equifinality:** Individuals with very different backgrounds may manifest similar outcomes later in life.
- ⊙ **Multifinality:** Individuals with similar backgrounds may have different experiences later in life that lead to very different outcomes.





Results

- ◎ Individual Influences
- ◎ Family Influences
- ◎ Maternal Influences
- ◎ Social & Community Influences
- ◎ Stressful Events

State-Identified
Priority Populations
&
Research-Identified
At-risk Groups



State Requirements: Priority Populations

- ◉ Underserved cultural populations
- ◉ Individuals experiencing onset of psychiatric illness
- ◉ Children/youth in stressed families
- ◉ Trauma-exposed
- ◉ Children/youth at risk for school failure
- ◉ Children/youth at risk for or experiencing juvenile justice involvement



Locally-Identified Groups with Elevated Levels of Associated Risks

- Postpartum women
- Early childhood
- School-age children
- Child welfare/
domestic violence
- Persons involved
with the criminal
justice system
- Veterans
- Homeless
- LGBT Population
- Elders
- Latino Populations
 - Oaxacan Community
- Co-Occurring
Populations
- Individuals in Crisis



Results: Postpartum Women

- ◉ **Rationale:** Approximately 10-15% of 6,000 babies born annually in SBC to a mother that experiences postpartum depression; at least 600 moms annually experience this condition
- ◉ **Priority Populations**
 - **Trauma-exposed:** poor social support; replacement for breastfeeding; complications during pregnancy
 - **Underserved cultural populations:** 34% of SBC residents live below 200% poverty level and are at higher risk; immigrant status is a risk factor for this group
 - **Children/Youth** in families experiencing stress
- ◉ **Age Groups:** child; transition age; adults



Results: Early Childhood

- **Rationale:** With 30-50,000 children (0-5) in SBC and an estimated 10-15% with a MH condition that warrants care, approximately 3-5,000 children and their families may need support interventions; SBC serves 250 but lacks the resources to see all young children experiencing emotional disorders
- **Priority Populations**
 - **Trauma-exposed:** 25% of preschoolers referred for mental health victims of abuse or neglect
 - **Underserved cultural populations:** Poorest age group: 42% 0-5 are in low-income families
 - **Children/Youth** in stressed families: Preschoolers are 2x more likely as other children in MH to be in a kinship (16%) or foster care situation (13%)
 - **Children/Youth** at-risk for school failure
 - **Children/Youth** at-risk of juvenile justice
- **Age Group:** child



Results: School-Age

- **Rationale:** Approximately 20% children in USA have symptoms of a psychiatric disorder and these children are underserved; approximately 30% of 9th and 11th graders reported feelings related to depression on the California Healthy Kids Survey.
- **Priority Populations**
 - **Trauma-exposed**
 - **Underserved** cultural populations
 - Individuals with onset of **serious psychiatric illness**
 - **Children/Youth** in families experiencing stress
 - **Children/Youth** at-risk for school failure
 - **Children/Youth** at-risk of juvenile justice : 10% SBC youth in 9th and 11th grades report gang membership
- **Age Group:** child; transition age



Results: Criminal Justice System

- **Rationale:** More than 57% of SBC probation youth require mental health referral upon initial screening; Within SB County Jail 18% are homeless, 29% use MH meds, 85% have substance abuse conditions, and 38% are involved in gangs
- **Priority Populations**
 - **Trauma-exposed**
 - **Underserved cultural populations**
 - Individuals experiencing onset of **serious psychiatric illness**: rates of mental illness very high e.g., for juveniles 30-58% have anxiety disorders
 - **Children/Youth** in stressed families
 - **Children/Youth** at-risk for school failure
 - **Children/Youth** at-risk of juvenile justice
- **Age Group:** child; transition age; adults: elderly



Results: Child Welfare Services & Domestic Violence Victims

◉ **Rationale:** Abused girls 10.2x and boys 5.3x more likely to have PtSD; 7.2x more likely to have conduct disorder, 3.2x more likely to have anxiety and acute stress; Elderly are another vulnerable population for being abused; 18-42% of youth in foster care exhibit symptoms of depression

◉ **Priority Populations**

- **Trauma-exposed**
- **Underserved** cultural populations
- Individuals experiencing onset of **serious psychiatric illness**
- **Children/Youth** in stressed families
- **Children/Youth** at-risk for school failure
- **Children/Youth** at-risk of juvenile justice

◉ **Age Group:** child; transition age; adult; elderly



Results: Veterans

- **Rationale:** Veterans experience mental health problems at much higher rates than the general population; e.g., of deployed military war veterans, 15-17% experience anxiety disorder, and of those, 23-40% sought mental health care; 1 in 8 Iraq vets from first year of war were diagnosed with a MH disorder
- **Priority Populations**
 - **Trauma-exposed:** PTSD is most prevalent
 - Individuals experiencing onset of **serious psychiatric illness:** Depression is another prevalent mental health disorder for this population
- **Age Group:** transition age; adult; elderly



Results: Homeless

- ◉ **Rationale:** Prevalence of one or more disorder (lifetime) is 72-88%; Based on the 1.5% national homelessness rate there are estimated to be 6,500 homeless in SBC.
- ◉ **Priority Populations:**
 - **Trauma-exposed:** PTSD is prevalent
 - Individuals experiencing onset of **serious psychiatric illness:** Depression is another prevalent mental health disorder for this population; up to 20% of homeless have schizophrenia (compared to 1% in population)
- ◉ **Age Group:** child; transition age; adult; elderly



Results: Lesbian Gay Bisexual Transgender

- ◉ **Rationale:** Experience depression, anxiety, and suicide (among other MH disorders) at a higher rate than the general population.
- ◉ **Priority Populations:**
 - **Trauma-exposed:** victims of verbal, physical, and sexual assaults; peer victimization and bullying
 - Individuals experiencing onset of **serious psychiatric illness:** depression, which can lead to suicide
- ◉ **Age Group:** child; transition age; adult; elderly



Results: Persons in Crisis for non-Serious Mental Illness

- **Rationale:** Approximately 24% of adults presenting to the SBC CARES centers fall outside of the target population for ADMHS; these generally include depression and anxiety disorders that are best treated in other therapeutic environments
- **Priority Populations:**
 - Trauma-exposed: un/under-treated trauma increases risk for development of more serious conditions
 - Underserved cultural populations: tendency to self treat or receive support from family members until crisis stage reached
 - Persons involved with the criminal justice system: need assistance with coping skills to avoid criminality
 - Elderly: aging or loss of significant others contributes to isolation

Age Group: Children; transition age; adults; older adults



Result: Co-Occurring Conditions (Mental Illness, Substance Use and Physical Health)

- **Rationale:** Approximately 52-60% of 5,430 adults in the SBC system are assessed with co-occurring conditions (Serious Mental Illness and Substance Use), requiring that risk management strategies be included in treatment and support models for clients. Within the general population who are hospitalized, 10-14% are estimated to experience clinical depression.
- **Priority Populations:**
 - Trauma-exposed: un/under-treated trauma increases risk for co-occurring conditions
 - Underserved cultural populations: most unlikely to seek out assistance due to lack of culturally specific engagement strategies
 - Persons involved with the criminal justice system: highest prevalence of co-occurring conditions
 - Elderly: at risk of untreated depression related to declining physical health

Age Group: Transition age; adults; older adults



Results: Spanish Speaking/Latino Population

- **Rationale:** Community experiencing multiple risk factors and high rates of undiagnosed individuals due to access barriers (major barrier may be residential status, culture, language) ; this population currently represents 30 percent of MH clients being served, who are 200% below the poverty level. Thus, the Latino population is currently underserved.
- **Priority Populations:**
 - **Underserved** cultural populations
 - **Children/Youth** in stressed families
 - **Children/Youth** at-risk for school failure
 - **Children/Youth** at-risk of juvenile justice
 - Individuals experiencing onset of **serious psychiatric illness:** depression, which can lead to suicide
 - **Trauma-exposed:** victims of verbal, physical, and sexual assaults; peer victimization and bullying
- **Age Group:** child; transition age; adult; elderly



Results: Oaxacan Population

- **Rationale:** Subset of the Latino Community experiencing multiple risk factors and high rates of undiagnosed individuals due to access barriers (major barrier may be residential status, culture, and language – group has 16 different languages)
- **Priority Populations:**
 - **Underserved** cultural populations
 - **Children/Youth** in stressed families
 - **Children/Youth** at-risk for school failure
 - **Children/Youth** at-risk of juvenile justice
 - Individuals experiencing onset of **serious psychiatric illness:** depression, which can lead to suicide
 - **Trauma-exposed:** victims of verbal, physical, and sexual assaults; peer victimization and bullying
- **Age Group:** child; transition age; adult; elderly



Results: Elderly

- ◉ Disorders manifest differently than in general adult population
 - Identification of disorders more difficult; disorders often confused with dementia or considered a normative development in aging
- ◉ Most common disorders are:
 - Depression, Dysthymia, Anxiety (especially phobias), Alcohol abuse and dependence
 - Risk Factors exacerbating substance abuse problems
 - Financial status, caregivers who allow the substance abuse to continue, and not viewing the substance abuse as problematic

Conclusions & Next Steps

The Earlier the Better...

- ◉ The longer behavioral and emotional problems go unidentified and untreated, the greater the risk of long term impact
- ◉ Half of all lifetime cases start by age 14 years and three-fourths by age 24 years
 - Lifetime prevalence estimates are higher in recent cohorts than in earlier cohorts
- ◉ Median lag between the onset of a mental disorder and the start of treatment is about 10 years, with the longest delays in treatment for disorders emerging in childhood

Positive Effects of Prevention & Early Intervention

- ◉ Minimizing long-term detriment of mental disorders
- ◉ Positively impacting future success (academic, employment, life functioning) = Flourishing
- ◉ Deter individuals from substance abuse and delinquency
- ◉ Benefit individuals, children, and families
- ◉ Reduce overall healthcare burden and costs
- ◉ Accrue long-term cost savings to society

Supporting Documents

Literature Synthesis
References
Prevalence & Incidence Data



Supporting documents posted on SB County Website



Acknowledgements

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