



COMMONWEALTH OF VIRGINIA

Commission on Youth

# **Evidence-based Practices for Children and Adolescents with Mental Health Treatment Needs – Update**

May 5, 2015

Leah Mills

# Background



- **HJR 119 (2000)** directed COY to study children and youth with serious emotional disturbance requiring out-of-home placement (SED-OH).
  - Finding: The need for improved data collection, evaluation, and information sharing about child mental health services.
- **SJR 99 (2002)** directed COY to:
  - Coordinate the collection of effective practices for children with mental health treatment needs, including juvenile offenders; and
  - Seek the assistance from an Advisory Group of experts.
- **SJR 358 (2003)** directed COY to:
  - Biennially update the collection of effective practices for children with mental health treatment needs, including juvenile offenders; and
  - Make it available through web technologies.

# Background (cont.)



- The *Collection of Evidence-based Practices for Children and Adolescents with Mental Health Treatment Needs (Collection)* was first published in 2002.
- *Collection 5<sup>th</sup> Edition* completed in 2013
  - Receives a monthly average of 30,000 web hits
  - Website: <http://vcoy.virginia.gov/>
- *Collection 6<sup>th</sup> Edition* is being updated in 2015
  - COY adopted a work plan to update the *Collection* to reflect the changes to the American Psychiatric Association's *Diagnostic & Statistical Manual of Mental Disorders Forth Edition Text Revision (DSM-IV-TR)* due to the revised *Diagnostic & Statistical Manual of Mental Disorders Fifth Edition (DSM-5)*.
  - *DSM-5* was published in May 2013.



## *Collection* highlights

- Updated listing of evidence-based practices for treating youth with mental health disorders
  - Psychosocial & pharmacological treatments
  - Co-occurring disorders
- Promising practices & contraindicated treatments
- Drafted for diverse audiences (e.g., providers and families)
- Glossary/acronyms/licensed providers in Virginia
- Maladaptive behaviors included (e.g., fire setting & non-suicidal self-injury)
- Antidepressants & the Risk of Suicidal Behavior Chapter (since 2<sup>nd</sup> Edition)
- Suggested assessment tools (since 3<sup>rd</sup> Edition)
- Developmental disabilities & co-occurring mental health disorders (since 5<sup>th</sup> Edition)
- Facts for families (coming in 6<sup>th</sup> Edition)
- Differences between the DSM-IV-TR and DSM-5 (coming in 6<sup>th</sup> Edition)

# Current State of Child Mental Health



- Mental health disorders affect 1 in 5 children.
- More children suffer from mental health disorders than leukemia, diabetes, and AIDS combined.
- 1 in 4 high school students were found to have at least mild symptoms of depression and 1 in 12 with symptoms of major depressive disorder.
- The rate of parent-reported ADHD among children 4-17 years of age increased by 22% between 2003 to 2007, from 7.8% to 9.5%.
- The rate of ADHD diagnosis increased by 42% among older teens.
- Children with untreated ADHD drop out of high school 10 times more often than other children.
- 1 in every 68 children [1 in every 42 boys] has Autism Spectrum Disorder.
- Half of all adults with a mental health disorder reported that the disorder started before age 14.
- Only 1 in 4 of children diagnosed with a mental health disorder receive treatments which are based on scientific evidence.

# Evidence-based Practices Defined



- The term evidence-based practices is defined as:
  - Treatment interventions, services and supports that have consistently shown positive outcomes for children and families through research studies.
  - The integration of best research evidence with clinical experience and consumer values.

# Benefits of Evidence-based Practices



- Improve the quality of care provided to youth and their families;
- Increases provider and systems' accountability;
- Better treatment outcomes (improved school performance, improved family and peer relationships, less involvement with law enforcement and more);
- Reduce service and treatment costs because fewer days are spent in more costly and restrictive settings and services are received in the community; and
- Significant reduction in juvenile detention through the broader implementation of home and community-based evidence-based services.

Source: Burns, 2006.

# Challenges with Evidence-based Practices



- Difficulty accessing information about evidence-based practices
- Research constantly evolving
- No easy way for service providers/families to access information
- Evolving field of study
- Availability/cost

# Upcoming Changes to the *Collection 6<sup>th</sup> Edition*



- **DSM-5** published May 2013
- Significant changes to categorization of disorders
- No longer separates diagnostic criteria between youth and adults
- Other changes to diagnostic criteria
  - A single Autism Spectrum Disorder
  - New – Hoarding Disorder
  - Revised criteria for Eating Disorders
  - Substance Use Disorder criteria combined and strengthened (previously substance abuse and substance dependence)

# Upcoming Changes to the *Collection 6<sup>th</sup> Edition*



## DSM-IV-TR

### Pervasive Developmental Disorder

- Autistic Disorder
- Asperger's Disorder
- Pervasive developmental Disorder, Not Otherwise Specified (NOS)
- Childhood Disintegrative Disorder
- Rett's Disorder

## DSM-5

### Autism Spectrum Disorder

# Upcoming Changes to the *Collection 6<sup>th</sup> Edition*



## Other *DSM-5* Changes

### ADHD

- Additional considerations for lifespan diagnosing
- Onset changed from age 7 to 12
- Can be diagnosed concurrently with Autism Spectrum Disorder

### Obsessive Compulsive Disorders and Related Disorders

- Comprise a new category, not part of Anxiety Disorders
- Includes Body Dysmorphic Disorder and Hoarding Disorder

### Trauma and Stressor-Related Disorders

- Includes acute stress disorder, adjustment disorders, posttraumatic stress disorder and reactive attachment disorder

# Upcoming Changes to the *Collection 6<sup>th</sup> Edition*



## Other *DSM-5* Changes (cont.)

Fifteen new disorders

Approximately 9 to be included in the *Collection 6<sup>th</sup> Edition*

A major addition – Disruptive Mood Dysregulation Disorder

1. Frequent temper outbursts
2. Chronic, persistently irritable or angry mood persistent between severe temper outbursts

# Methodology



## Nationally recognized criteria used to select evidence-based practices

- **What Works** – Meet all of the following criteria:
  - Tested across two or more randomized controlled trials (RCTs);
  - At least two different investigators;
  - Use of a treatment manual in the case of psychological treatments; and
  - At least one study demonstrates that the treatment is superior to an active treatment or placebo.
- **What Seems to Work** – Meet all but one of the criteria for “What Works.”
- **What Does Not Work** – Meet none of the criteria above but also meets either of the following:
  - Found to be inferior to another treatment in an RCT; and/or
  - Demonstrated to cause harm in a clinical study.
- **Not Adequately Tested** – Meet none of the criteria for any of the above categories, but have been tested. It is possible that such treatments have demonstrated some effectiveness in non-RCT studies, but their potency compared with other treatments is unknown. These treatments may be helpful, but would not be currently recommended as a first-line treatment.
- **Untested** – Meets the criteria for none of the above categories because it is untested. The benefits and risks are unknown and caution is suggested.

# Methodology (cont.)



- Attend trainings/conferences/webinars
- Literature Review
  - American Psychiatric Association (APA) *DSM-5*
  - APA Practice Guidelines
  - American Academy of Child and Adolescent Psychiatry (AACAP) Practice Parameters
  - Society of Clinical Child and Adolescent Psychology (SCCPA, Division 53 of the American Psychological Association)
  - SAMSHA National Registry of Evidence-based Programs and Practices
  - National Institute of Mental Health
  - Child Welfare Information Gateway
  - American Psychiatric Association
  - National Alliance on Mental Illness
  - Centers for Disease Control
  - Peer-reviewed Journals
- Advisory Group of clinicians/experts

# Advisory Group for *Collection 6<sup>th</sup> Edition*



- DJJ
- DBHDS
- DSS
- DMAS
- DOE
- VDH
- Office of Comprehensive Services (CSA)
- Virginia Board for People with Disabilities
- CSBs
- COY Members
- Local CSA
- One Child Psychiatrist
- Two Clinical Psychologists
- School Psychologist
- Parent Representatives
- Virginia Tech University
- Virginia Commonwealth University
- Private Providers
- Area Health Education Centers (AHEC)
- Advocacy Representatives
- Parents/Family Members

# Collection Accomplishments



- Partnerships
  - Dissemination Grant with Department of Criminal Justice Services (DCJS) (2003)
  - Statewide Conference – *Systems of Care and Evidence-based Practices: Tools that Work for Youth and Families* (2007)
  - Advisory Group
- Referenced by
  - U.S. Department of Health and Human Services
  - Included in an online course for social workers, psychologists, nurses, and other clinicians.
  - Virginia’s Mental Health Law Reform Panel Task Force on Children and Adolescents Report
  - Other states
- Disseminated to
  - State/local agencies
  - University libraries
  - Area Health Education Centers (AHEC)
  - School Divisions/Parent Resource Centers
  - Virginia’s 91-library systems

# Lessons Learned



- Capacity issues impact delivery
  - Child psychiatrists/other mental health providers for youth in short supply
  - May influence use/overuse of medications
- Financing certain evidence-based treatments is challenging
  - Certain practices require staffing ratios and ongoing training that can be costly to localities
- Just because a child is receiving treatment that has not been recognized as evidence-based does not mean that the intervention will not be effective for the child.
  - Therapeutic relationship with service provider

# Lessons Learned (cont.)



- Desire for instant improvement not consistent with many evidence-based practices
- Impact of family/generational trauma
- Family education/support is critical to success
  - Future updates – one pagers for family education



# Questions/Comments?

Leah Mills, Senior Policy Analyst  
Virginia Commission on Youth  
lmills@vcoy.virginia.gov  
804-371-2481

***Collection 5<sup>th</sup> Edition***

**<http://vcoy.virginia.gov>**