



Improving Lives, Avoiding Tragedies

The recent tragedy in Arizona reminds us all of the importance of the early identification of mental illness and the critical need for intervention with effective services and supports. Serious mental illness impacts large numbers of our nation's youth. Mental illness is treatable and the best outcomes occur with early identification and intervention. We can avoid the tragic and costly consequences of unidentified and untreated mental illness in youth by taking action. We can and should do far better for our nation's youth.

The Facts

- 13% of youth aged 8-15 live with mental illness severe enough to cause significant impairment in their day-to-day lives.ⁱ This figure jumps to 21 percent in youth aged 13-18.ⁱⁱ
- Half of all lifetime cases of mental illness begin by age 14 and three quarters by age 24. Early identification and intervention improve outcomes for children, before these conditions become far more serious, more costly and difficult to treat.ⁱⁱⁱ
- Despite the availability of effective treatment, there are average delays of 8 to 10 years between the onset of symptoms and intervention—critical developmental years in the life of a child.^{iv} In our nation, only about 20% of youth with mental illness receive treatment.^v
- Unidentified and untreated mental illness is associated with serious consequences for children, families and communities:^{vi}
 - Approximately 50% of students aged 14 and older with mental illness drop out of high school—the highest dropout rate of any disability group.^{vii}
 - 90% of those who die by suicide have a mental illness.^{viii} Suicide is the third leading cause of death for youth aged 15-24; more youth and young adults die from suicide than from all natural causes combined.^{ix}
 - 70% of youth in state and local juvenile justice systems have mental illness, with at least 20% experiencing severe symptoms. At the same time, juvenile facilities fail to adequately address the mental health needs of youth in their custody.^x

We Need Action

There have been repeated calls by major non-partisan institutions for a national commitment to the early identification of mental health conditions and intervention with effective services and supports.

- In June 2010, the American Academy of Pediatrics called for all pediatricians to screen children and adolescents for mental illness and substance use.
- In April 2009, the U.S. Preventive Services Task Force called for physicians across the country to screen for depression in adolescents aged 12-18 because of the failure to identify this serious condition in youth.^{xi}

- In 2009, the Institute of Medicine (IOM) called for schools, primary care, community-based organizations, child welfare and juvenile justice systems and political leaders to make prevention of mental illness and the promotion of mental health in youth a national priority.
- In July 2003, the President’s New Freedom Commission on Mental Health called for early mental health screening, assessment and referral to services to be common practice.

It is time to turn these calls to action into reality. By identifying children and youth struggling with serious mental illness and providing treatment, we can improve the lives of the next generation and avoid unnecessary tragedies.

Coalition Partners

American Academy of Child and Adolescent Psychiatry (AACAP)

American School Counselor Association (ASCA)

Child and Adolescent Bipolar Foundation (CABF)

Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD)

Mental Health America (MHA)

National Alliance on Mental Illness (NAMI)

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ⁱ National Health and Nutrition Examination Survey, 2010.

ⁱⁱ National Comorbidity Survey Replication—Adolescent Supplement, 2010.

ⁱⁱⁱ NIMH, Mental Illness Exacts Heavy Toll: Beginning in Youth, 2005.

^{iv} NIMH, 2005.

^v Mental Health: A Report of the Surgeon General, 1999.

^{vi} NIMH, 2005.

^{vii} U.S. Department of Education, 2006.

^{viii} Surgeon General, 1999.

^{ix} CDC, 2007.

^x National Center for Mental Health and Juvenile Justice, 2006.