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Panel: Government Must Work Harder to Prevent Mental Illness in Young People

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or rheumatic disorders, this emerging evidence creates new challenges. Calabrese noted that many physicians are not familiar with PML and how to identify it and that those who do choose to use these drugs must learn how to monitor their patients for signs of PML. According to the NINDS, such symptoms may include clumsiness and progressive weakness, as well as changes in vision, speech, and, sometimes, personality.

In addition, Smith noted that PML can be particularly difficult to diagnose in patients with multiple sclerosis or some other neurological diseases because physicians may attribute

the symptoms to a worsening of the patient's existing illness.

The potential risk of PML also profoundly changes the risk-benefit analysis for these drugs, Calabrese said.

But it can be difficult for severely ill patients to objectively weigh the risks of a treatment that they hope will help them, noted Smith, who dissented with the FDA panel's decision to allow marketing of natalizumab for Crohn disease. She explained that even though these disorders may be devastating to the individuals affected by them, it is important to question whether the benefit that a patient might derive from the drug is worth the risk of PML, which

results in death for the majority of patients, often within months.

It is not yet clear which patients may be at greater risk of developing PML when taking these drugs, although Calabrese and colleagues suspect patients with systemic lupus erythematosus may be particularly vulnerable. Treatment primarily involves immune-boosting therapies. In patients with HIV, such treatment consists of highly active antiretroviral therapies; however, only about 50% survive. The prognosis for patients without HIV is even worse: 80% die within 6 months, while survivors may have severe neurological problems. □

Panel: Government Must Work Harder to Prevent Mental Illness in Young People

Bridget M. Kuehn

THE US GOVERNMENT SHOULD TAKE stronger action to prevent mental, emotional, and behavioral disorders in children and youths, according to a report by the Institute of Medicine (IOM) and the National Research Council.

In 1994, the IOM outlined the need for more research on preventing mental disorders. Since then, a strong body of evidence has emerged suggesting that interventions in childhood or adolescence can be very effective at preventing mental disorders or reducing their negative consequences throughout life, according to the new report (http://www.nap.edu/catalog.php?record_id=12480). Based on such evidence, the report's authors called on the White House to create an entity that would coordinate multiagency efforts to implement such programs more widely.

Each year an estimated 14% to 20% of young people have mental, emotional, or behavioral disorders, with consequences that cost the United States an estimated \$247 billion, according to the

report. Kenneth E. Warner, PhD, chair of the panel that drafted the report and dean of the School of Public Health at



School-based interventions that promote good mental health can help prevent the development of mental, emotional, and behavioral problems in children.

the University of Michigan in Ann Arbor, explained that not only do such conditions take a tremendous emotional toll on the affected children and their families, but they also have wider societal effects on schools, the criminal justice system, and social welfare programs.

Yet there are well-validated programs targeting children that have been shown to reduce the incidence or burden of mental illness among individuals at risk, said David A. Brent, MD, a professor of psychiatry at the University of Pittsburgh Medical Center in an interview. Many of these programs have also proven to be cost-effective. For example, one meta-analysis examined 25 programs in which nurses or other professionals visited the homes of infants and young children to provide support and advice to parents. The analysis found that such programs cost about \$5000 per child but produced benefits of about \$11 000 per child, according to a report by the Washington State Institute for Public Policy (<http://www.wsipp.wa.gov/pub.asp?docid=04-07-3901>). Certain programs have demonstrated an even higher benefit-to-cost ratio. For example, the Nurse-Family Partnership program costs about \$7000 per child, but yielded benefits of about \$41 000 for a child at high risk of poor outcomes and \$9000 for a child at lower risk, according to a 2005 report by the RAND Cor-



poration (http://www.rand.org/pubs/monographs/2005/RAND_MG341.pdf). Brent noted that the Nurse-Family Partnership has shown positive effects on targeted children well into their adult years.

School-based programs have also demonstrated the ability to reduce problematic behaviors and improve student well-being and academic performance. One example is the Good Behavior Game, which groups first-grade students into teams that can earn rewards or privileges for good behavior. According to the IOM report, the program has been shown to reduce aggression and disruptive behavior among participating students, and in the long term, participants were less likely to abuse drugs and alcohol and had lower rates of suicidal thoughts or behaviors. Additionally, boys who participated in the program reduced their risk of being diagnosed with an antisocial personality disorder as adults.

Brent noted that effective interventions do not necessarily have to target

individuals or at-risk groups but rather should be aimed at producing environments that are conducive to good mental and physical health.

“We can do prevention by strengthening the institutions we have,” he said.

In addition to calling for wider implementation of such proven interventions, the report called for more research on the underlying neurobiology of psychiatric conditions. It also said the Department of Health and Human Services should collect annual data on the prevalence of mental, emotional, and behavioral disorders in young people in order to track trends over time and identify key risk and protective factors in this group.

Warner emphasized the need to assess the effectiveness of previously validated programs after they are put into wider use in a variety of real-world settings. He explained, for example, that some programs may have been initially tested in schools where teachers were highly motivated to participate, were trained by experts, and had ample resources to implement the

program. When such a program is scaled up to an entire school system, teachers may have competing demands for their time or less training. Results may also vary among different cultures or communities, and research will be necessary to identify such differences, according to the report. To ensure that such research is performed, the report recommends that the government agencies bundle together funding for program implementation and program effectiveness research.

Warner emphasized that mental disorders can be prevented, and that even primary care physicians can play a role by helping to identify patients who are at risk and suggesting to families or children that they participate in preventive interventions.

“The burden of mental, emotional, and behavioral disorders in children is enormous, and much of it is preventable,” said Warner. “Primary care physicians have an important role to play in identifying children at risk before problems arise and reducing the damage when problems do occur.” □

IOM: Harm From US Uninsured Crisis Has Impact on Those Without Coverage

Mike Mitka

WITH PRESIDENT BARACK Obama and Congressional leadership attempting to overhaul the health care system, the Institute of Medicine (IOM) hopes the seventh time is the charm in its call for resolving the uninsured predicament.

On February 24, the IOM released *America's Uninsured Crisis: Consequences for Health and Health Care*, a report designed to inform the health reform policy debate with current evidence of how lack of medical insurance harms the health of individuals, their communities, and the overall economy (http://www.nap.edu/catalog.php?record_id=12511).

This report follows 6 previous IOM reports on the topic written from 2000 to 2004 that presented evidence highlighting the harmful effects of the health insurance coverage gap. These reports culminated with the IOM's 2004 recommendations that then President George W. Bush and Congress develop a strategy to achieve universal coverage by 2010 and that in the interim, federal and state governments should sufficiently fund Medicaid and the State Children's Health Insurance Program (SCHIP). But the federal government did not address the challenge of reducing the number of people without health insurance and Medicaid and SCHIP stayed underfunded.

“It's been 5 years since the Institute of Medicine took a careful look at

whether, and in what ways, it mattered if you had health insurance,” said IOM President Harvey V. Fineberg, MD, PhD, at a press conference for the report's release. The aim of the new report “is to ensure that the debate, discussion, and decisions about health insurance in our country will be informed by the most up-to-date and accurate information about how it does matter,” he said.

WORSENING NUMBERS

The numbers have only worsened in the ensuing years. The IOM said that by 2007, 45.7 million persons, 17.2% of the nonelderly population, were without health insurance and more than 1 in 10 children lacked coverage.