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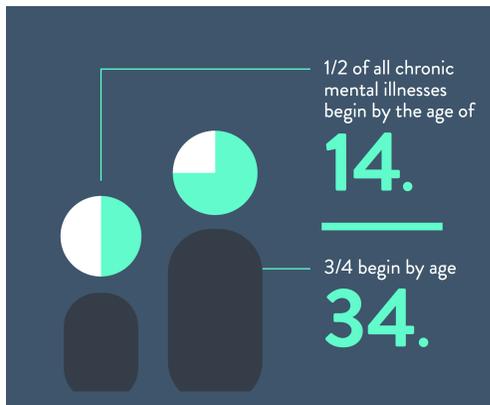
## Assessing Diagnosis and Treatment Access for Adolescents with Major Depressive Disorder

*Coping with Mental Illnesses, particularly Major Depressive Disorder, has become a harsh reality in the lives of over 100,000 NYS adolescents. Unfortunately, those suffering from this disease rarely receive any form of assistance, as Depression is often perceived to be another ‘phase’ in the development of a young person. Adolescents often remain undiagnosed, and those few who are diagnosed rarely have the funds or the resources to receive proper treatment. Policies such as the NY Safe Act and “Jerry’s Law” are helping to combat these issues, but there is still much more work to be done.*

### Scope of the Problem

Major Depressive Disorder is a serious mental illness, characterized by chronic feelings of sadness affecting how individuals reflect on their self-worth and their ability to enjoy life. Adolescents with this disorder are more likely to be absent from school, have difficulty socializing with their peers, lose interest in day-to-day activities, and in some extreme cases, have tendencies towards self-harm or suicide. (Child Mind Institute, 2015)

Depression is the main cause of illness and disability in adolescents worldwide. This condition, if left untreated, contributes to higher rates of youth suicide, which is the third leading cause of death for those aged 15-24 in the United States. Between 2009 and 2013, nearly 109,000 New York State adolescents suffered from at least one manic depressive episode per year, yet only 44,000 (41.3%) had received treatment in the year they were surveyed. (SAMHSA, 2014) There are a number of barriers to treatment for adolescents, including stigma from families or peers, and lack of proper screening for mental illness in schools.



### Past Policy

New York State mental illness policies have developed greatly over the last 50 years. Through a history of incredibly poor mental health treatment, and an even worse understanding of the causes of psychiatric illnesses, came the “Policy Reform Era” beginning in the 1940s.

The Mental Health Act of 1946 began the revolution by providing funding for research into the causes, prevention, and treatment of mental illness. Prior to this act, mental illness was often viewed as a product of the patient’s environment, which was preventable if the person was integrated into a state hospital and treated as primary care patients. In 1949, Mental Health Act act allowed for the founding of the National Institute of Mental Health (NIMH), which began to investigate these state mental hospitals. Of course, in these investigations, the NIMH found significant evidence of neglect, apathy, and lack of proper physical care within these state-hospitals.

From these findings, came a push for a deconstruction of the state-run mental health institutions, and the creation of a community based treatment system. In 1954, The New York State Community Mental Health Services Act was passed, which encouraged the establishment of local, community oriented mental health programs. If carried out, these programs could be reimbursed by the state up to fifty percent the cost of implementation. (IUPUI, 1996) A community-based approach allowed healthcare providers to address each patient's individual needs on a ground-level basis. Patients were now treated with care and respect.

## Current Policy

As the false understandings and the stigmas around mental illness slowly disappear with more research and practice, the definition of mental illness grows. It is now understood as a complex, incredibly important issue affecting a large number of our population. Fortunately, medical care professionals and healthcare policymakers now recognize mental illness as something that affects each individual differently, but is more prominent in certain populations. One of these populations is

adolescents. This had led to an increase in policies that include, or pertain specifically to, improving the mental health of youth.

There are laws currently in place in New York State, such as the Mental Hygiene Law, that address many

different aspects of mental illness. Under this law, there are stipulations that may affect youth, such as the 2013 SAFE Act, which requires psychiatric care professionals to report patients they may feel are of danger to themselves or others if unsupervised. Policies also address conditions of patient

confidentiality, which ensure minors the right to mental health treatment without parental consent (if receiving this consent would contribute negatively to their well-being or their ability to undergo treatment). (NYCLU, 2004)

In this same vein of combating barriers to treatment, is the NY State "Kendra's Law," enacted in 1999, which provides for court-ordered involuntary psychiatric treatment for those with a history of mental illness, that are believed to be dangerous to themselves or the community if unsupervised. (NYS OMH, 2006) There is also the NY State "Timothy's Law," passed in 2006, which aims to provide parity in insurance coverage for mental health ailments as well as physical ailments, including coverage of a range of illnesses and conditions relating to youth, specifically. This helped to increase access to treatment among those who did not have comprehensive insurance coverage. (NY Senate, 2006)



Another law relating to youth in New York State is "Jerry's Law" signed in 2014, which requires all public schools in New York to alert student's families of their rights identified in State Education Law and the Regulations of the NYS Education Commissioner ([jerryslaw.org](http://jerryslaw.org), 2014). In other words, their right to insist on having their children evaluated for a need of special education services. Sadly, each of these laws were enacted after a tragic incident of adolescent or adult death, related to undiagnosed or misunderstood mental illness. The very title of these laws proves their importance.



## Policy Options and Model Programs

### Mandatory Primary Care Screening

In 2009 and 2015, the U.S. Preventative Task Force made a research supported recommendation to require all primary care physicians to screen their adolescent patients (Ages 12-18) for Manic Depressive Disorder, if proper systems of treatment were in place in their community. (U.S. Preventative Task Force, 2015)

### Senate Bill S3561

In 2014, a Bill was proposed, by Senator Espaillat, to the NYS Senate that would require the NYS Office of Mental Health in collaboration with the NYS Department of Education to develop educational materials for public educators, that address topics such as mental illness, particularly relating to suicide prevention. (NYS Senate, 2015)

### Mental Health First Aid Bill

As of 2014, 21 states passed legislation or initiated executive programs related to Mental Health First Aid. The goal is to implement an 8-hour in-person training designed for anyone to learn about mental illnesses and addictions, including risk factors and warning signs. This initiative continues to receive broad support from policymakers, and participants in the trainings. (Mental Health First Aid, 2014)

### Leading Capital District Organizations

There are entities such as the Department of Mental Health of Albany County and Rensselaer County, and the New York State Office of Mental Health, that work to combat barriers to mental health treatment for adolescents. There are also several non-profit organizations that have specific programs for teen mental health, such as Parsons Child and Family Center, Equinox inc., and Unity House of Troy, as well as local medical care facilities such as St. Peter's Hospital, and the Capital District Psychiatric Center.

- **Department of Mental Health of Albany County:** The Department of Mental Health offers a wide range of services to Albany County citizens, including treatment for mental illness and substance abuse. It is their mission to ensure that persons with mental illness, substance problems, or developmental disabilities are provided a full range of services that promote stabilization, rehabilitation and recovery for the purpose of enhancing or improving their lives.
- **Capital District Psychiatric Center:** This organization provides inpatient psychiatric treatment and rehabilitation to patients who have been diagnosed with serious and persistent mental illnesses, and for whom short-term treatment in a community hospital mental health unit has been unable to provide symptom stability. CDPC has outpatient treatment services for children, adolescents, and adults. CDPC also operates three adult community residences.

## Glossary of Terms

**Major Depressive Disorder:** a mood disorder having a clinical course involving one or more episodes of serious psychological depression lasting two or more weeks each with no intervening episodes of mania

**Mental Illness:** a wide range of mental health conditions — disorders that affect your mood, thinking and behavior. Examples of mental illness include depression, anxiety disorders, schizophrenia, eating disorders and addictive behaviors.

**Youth:** the time of life when one is young; the early period of existence, growth, or development.

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Department of Mental Health of Albany County: <http://www.albanycounty.com/Government/Departments/DepartmentofMentalHealth.aspx>

### Community Policy Institute

The Community Policy Institute builds capacity surrounding policy within the Capital Region. We provide researched-based policy information to our community partners who use the information to modify best practices and advocate for policies that will further the development and effectiveness of direct community engagement.

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