



Effective Health Care

Serious Mental Illness (SMI) in Children and Adolescents Nomination Summary Document

Results of Topic Selection Process & Next Steps

- *Serious Mental Illness (SMI) in Children and Adolescents (Screening, Diagnosis and Treatment of Mood Disorders)* was found to be addressed by several reports. Given that the existing reports cover this nomination, no further activity will be undertaken on this topic.
 - Williams SB, O'Connor, E, Eder M, Whitlock E. Screening for Child and Adolescent Depression in Primary Care Settings: A Systematic Evidence Review for the U.S. Preventive Services Task Force. Evidence Synthesis No. 69. AHRQ Publication No. 09-05130-EF-1. Rockville, Maryland: Agency for Healthcare Research and Quality, April 2009. Available at <http://www.uspreventiveservicestaskforce.org/uspstf09/depression/chdepres.pdf>
 - Screening for Major Depressive Disorder in Children and Adolescents, Topic Page. U.S. Preventive Services Task Force. This topic is in the process of being updated. To sign up for notification when this and other USPSTF topics are posted, please go to: <http://www.ahrq.gov/clinic/prevenix.htm>.”
 - McDermott B, Baigent M, Chanen A, Graetz B, Hayman N, Newman N, Parikh N, Peirce B, Proimos J, Smalley T, Spence S. Clinical practice guidelines: depression in adolescents and young adults. Melbourne (Australia): beyond blue: the national depression initiative; 2011 Feb. 143 p. Available at <http://www.guideline.gov/content.aspx?id=43863>
 - Cox GR, Fisher CA, De Silva S, Phelan M, Akinwale OP, Simmons MB, Hetrick SE. Interventions for preventing relapse and recurrence of a depressive disorder in children and adolescents. Cochrane Database Syst Rev. 2012 Nov 14;11:CD007504.
- *Serious Mental Illness (SMI) in Children and Adolescents (Screening, Diagnosis and Treatment of Anxiety Disorders)* was found to be addressed by several reports. Given that the existing reports cover this nomination, no further activity will be undertaken on this topic.
 - National Collaborating Centre for Mental Health. Social anxiety disorder: recognition, assessment and treatment. London (UK): National Institute for Health and Care Excellence (NICE); 2013 May. 44 p. (Clinical guideline; no. 159). Available at <http://www.guideline.gov/content.aspx?id=46234>
 - Medical Services Commission. Anxiety and depression in children and youth -- diagnosis and treatment. Victoria (BC): British Columbia Medical Services Commission; 2010 Jan 1. Available at <http://www.guideline.gov/content.aspx?id=38904>
 - James AC, James G, Cowdrey FA, Soler A, Choke A. Cognitive behavioural therapy for anxiety disorders in children and adolescents. Cochrane Database of Systematic Reviews 2013, Issue 6. Art. No.: CD004690.
 - Practice parameter for the assessment and treatment of children and adolescents with obsessive-compulsive disorder. J Am Acad Child Adolesc Psychiatry. 2012 Jan;51(1):98-113.

- *Serious Mental Illness (SMI) in Children and Adolescents (Diagnosis and Treatment of Behavior Disorders)* was found to be addressed by several reports. Given that the existing reports cover this nomination, no further activity will be undertaken on this topic.
 - National Collaborating Centre for Mental Health. Antisocial behaviour and conduct disorders in children and young people: recognition, intervention and management. London (UK): National Institute for Health and Clinical Excellence (NICE); 2013 Mar. 47 p. (Clinical guideline; no. 158).
 - Disruptive Behavior Disorder, Topic Page. AHRQ Effective Health Care Program. <http://effectivehealthcare.ahrq.gov/index.cfm/search-for-guides-reviews-and-reports/?pageaction=displaytopic&topicid=555>. To sign up for notification when this and other EPC Program topics are posted, please go to: https://subscriptions.ahrq.gov/service/multi_subscribe.html?code=USAHRQ ”
 - Loy JH, Merry SN, Hetrick SE, Stasiak K. Atypical antipsychotics for disruptive behaviour disorders in children and youths. Cochrane Database of Systematic Reviews 2012, Issue 9.

- *Serious Mental Illness (SMI) in Children and Adolescents (Screening for Behavior Disorders)* is not feasible for a full systematic review due to the limited data available for a review at this time.

Topic Description

Nominator(s): Individual

Nomination Summary: The nominator is interested in the comparative effectiveness of screening and diagnostic techniques as well as interventions or treatments for serious mental illness in children and adolescents.

Staff-Generated PICO

Population(s): Children and adolescents with symptoms of serious mental illness (SMI)

Intervention(s): Approaches that screen for and diagnose SMI early in the course of the illness (e.g., strategies to identify individual characteristics that are associated with the occurrence of SMI and the subsequent course of the illness); approaches that treat and/or modify the severity or chronicity of ongoing symptoms; approaches that improve function and quality of life for individuals with SMI, including pharmacological treatment and psychosocial treatment

Comparator(s): Usual care, no treatment, and all other screening, diagnostic, and treatment options

Outcome(s): Better illness identification; decreased illness progression and burden; improved patient functioning and quality of life

Key Questions from Nominator:

1. What is the comparative effectiveness of approaches to screen for and diagnose occurrences of SMI in children and adolescents?
2. What is the comparative effectiveness of approaches to treat SMI early in the course of the illness among children and adolescents, and thereby modify the severity or duration of ongoing symptoms?

Considerations

- The topic meets EHC Program appropriateness and importance criteria. (For more information, see [http://effectivehealthcare.ahrq.gov/index.cfm/submit-a-suggestion-for-research/how-are-research-topics-chosen/.](http://effectivehealthcare.ahrq.gov/index.cfm/submit-a-suggestion-for-research/how-are-research-topics-chosen/))
- The prevalence and characteristics of severe or serious mental illness (SMI) among children and adolescents are sensitive to the definition used. Because the definition of SMI is different in children and adolescents and both schizophrenia and schizoaffective disorder are less common among children, a modified version of the definition of SMI used by AHRQ to describe adults was used and included three broad categories that are important for children and adolescents:
 - Mood disorders, including depression and bipolar disorder;
 - Anxiety disorders, including panic disorder, social anxiety disorder and obsessive-compulsive disorder (OCD), and;
 - Behavioral disorders, including conduct disorder (CD) and oppositional defiant disorder (ODD).
- An estimated 4 million children and adolescents in the US suffer from a serious mental disorder (SMI) that causes significant functional impairments. However, only about 20% of children with mental disorders are identified and receive mental health services each year. An untreated mental illness can lead to a more severe and difficult-to-treat illness, and to the development of co-occurring mental illnesses. Therefore, early identification, evaluation and treatment are essential.

Screening, Diagnosis, and Treatment of *Mood Disorders*

Among other reviews and evidence-based guidelines identified in a scan of the literature, the topic was found to be addressed by a 2009 AHRQ systematic evidence review for the US Preventive Services Task Force (USPSTF), titled “Screening for Child and Adolescent Depression In Primary Care Settings: A Systematic Evidence Review for the US Preventive Services Task Force.”

- The USPSTF is in the process of updating recommendations from 2009 on the screening for depression in children and adolescents and the final research plan for this update includes the following key questions that will be systematically reviewed:
 - KQ1: Does screening for major depressive disorder (MDD) in children and adolescents in the primary care (or comparable) setting lead to improved health and other related outcomes overall and in subgroups defined by age, sex, or race/ethnicity?
 - KQ2: Are depression screening instruments for children and adolescents accurate in identifying MDD in primary care settings overall and in subgroups defined by age, sex, or race/ethnicity?
 - KQ3: Does screening increase the proportion of patients identified with MDD overall and in subgroups defined by age, sex, or race/ethnicity?
 - KQ4: What are the harms of screening for MDD in children and adolescents overall and in subgroups defined by age, sex, or race/ethnicity?
 - KQ5: Does treatment of MDD in children and adolescents identified in primary care improve health and other related outcomes overall and in subgroups defined by age, sex, or race/ethnicity?
 - KQ6: What are the harms of treatment of MDD in children and adolescents overall and in subgroups defined by age, sex, or race/ethnicity?

Screening, Diagnosis, and Treatment of *Anxiety Disorders*

- The topic was addressed by a number of evidence-based guidelines and systematic reviews identified in a scan of the literature, including a 2013 guideline titled *Social Anxiety Disorder: Recognition, Assessment and Treatment*. Interventions and practices considered that are relevant to the nominator's key questions are:
 - Identification and assessment of children and young people with possible social anxiety disorder (e.g., comprehensive assessment, including assessment for coexisting conditions, use of formal assessment instruments such as the Revised Child Anxiety and Depression Scale [RCADS])
 - Interventions for children and young people with social anxiety disorder (e.g., individual or group cognitive behavioral therapy)

Diagnosis and Treatment of *Behavior Disorders*

- The topic was addressed a number of reviews identified in scan of the literature, including an ongoing AHRQ report that focuses on disruptive behavior disorders (including ODD, CD, and disruptive behavior disorder not otherwise specified [DBD NOS]) in children under the age of 18 years. The following draft key questions will be addressed:
 - KQ1: In pediatric patients treated for disruptive behavior disorders, what are the benefits and harms of specific psychosocial interventions compared with other psychosocial interventions for reducing disruptive behaviors and improving short and long term psychosocial outcomes?
 - KQ2: In pediatric patients treated for disruptive behavior disorders, what are the benefits and harms of individual pharmacologic interventions, including alpha-agonists, anticonvulsants, beta-blockers, central nervous system stimulants, first-generation antipsychotics, second-generation (atypical) antipsychotics, and selective serotonin reuptake inhibitors compared with other pharmacologic interventions for reducing disruptive behaviors and improving short and long term psychosocial outcomes?
 - KQ3: In pediatric patients treated for disruptive behavior disorders, what are the benefits and harms of specific psychosocial interventions compared with individual pharmacologic interventions, including alpha-agonists, anticonvulsants, beta-blockers, central nervous system stimulants, first-generation antipsychotics, second-generation (atypical) antipsychotics, and selective serotonin reuptake inhibitors for reducing disruptive behaviors and improving short and long term psychosocial outcomes?
 - KQ4: In pediatric patients treated for disruptive behavior disorders, what are the benefits and harms of any combined psychosocial and pharmacologic intervention compared with other combined psychosocial and pharmacologic interventions, individual psychosocial interventions, or individual pharmacologic interventions for reducing disruptive behaviors and improving short and long term psychosocial outcomes?
 - KQ5: Do interventions intended to address disruptive behavior disorders and identified in Key Questions 1-4 vary in effectiveness based on: patient characteristics, characteristics of the disorder, treatment history of the patient, and/or characteristics of the treatment?

Screening for Behavior Disorders

- A scan of the literature yielded a limited amount of research regarding screening for behavioral disorders in children and adolescents. Therefore, this topic is not feasible for a full systematic review due to the limited data available for a review at this time.