

The Horizon for Family Mental Health Screening, Intervention, Referral, Monitoring, Research and Community Needs Assessments

- Bringing Intelligence to the Internet

By: Michael G. Conner, PsyD

In the 1990s, we let our fingers do the “walking” through yellow pages. In 1995, we let a mouse and a computer do the “walking.” In 2004 we searched the internet and answered our email with a cell phone. But in 2008, consumers were making phone calls, leaving messages and waiting for a psychologist to call back.

Nearly one and a half billion people in the world have access to the internet (Internet World Stats). The population of the United States in 2006 was 299 million (U.S. Census Bureau). The number of Americans who could access the Internet rose from 66% to 73% (Horrihan, 2006). Approximately 250 million Americans now have access the internet and 40% of these people have high speed access. There is an upward trend.

There are some trends suggested by the Internet and American Life Project (Fox & Rainie, 2006). America’s use of the internet is growing and we are learning a great deal about how people are using the internet. But the future of the internet is constantly evolving with no clear agreement among our visionaries. Text messages are replacing voice mail. People are accessing the internet from a cell and watch videos, accessing email and scheduling appointments in the palm of their hand.

People look to the internet for information, entertainment, goods and services (Madden, 2006). People also look to the internet for guidance. But the popular strategy is to rely on a favorite search engine hoping to save time.

The dissemination of information over the internet is dominated by digital-titans such as Google, MSN and Yahoo. But, as more and more ‘data’ is posted on the internet, are

Americans finding increasingly less information? People who search the internet for answers can become lost and overwhelmed with data and information.

The future of the information we will receive on the internet may be dictated by a new breed of digital media titans’ who are creating connections across media, entertainment, advertising, and commerce. The internet may be in the hands of well branded innovators such as WebMD, Google, Starbucks and Nike who are in a position to build ‘all-new’ new distribution models that will tie ad revenue to retail sales.

For the vast majority of the people, internet applications in health care may be as much as 10 years behind the technology. Education and social services appear to be no farther advanced than health care. Health care, education and social services on the internet will most likely and hopefully experience a boom over the next 10 years. New applications are being developed where patients can store and access their personal health information online.

The internet is clearly an inexpensive and effective means to distribute health promoting, even life saving information, and to distribute information to remote and underserved populations. Nearly 23% of Americans (68 million) currently use the internet for health purposes. At least 8% of Americans (24 million) are searching the internet for information about mental health and well-being. On a typical day, 5% of Americans (15 million) go online seeking health care information. Each day, as many as 38% of these “health seekers” (5.7 million) are looking for information and guidance for a friend or family member.

Consumers who seek health information and guidance are drawn to credible web sites (Fox & Rainie, 2002). Credibility “killers” are websites that are too commercial, unprofessional, lack some visible “seal of approval”, or omit the date and source of information provided. WebMD, the dominant health web site, creates connections between health information seekers and health care products. WebMD is driven by ad revenue.

The Need for New Avenues to Connect Families with Mental Health Services

Research over the last 30 years indicates that Americans are now twice as rich but no happier than they used to be (Luthar & Becker, 2002). Divorce rates have doubled, the suicide rate among teens has tripled and depression rates have soared. Life is definitely more stressful for today’s youth. The average onset of depression may be as low as 13 instead of 29 years old. Children from affluent families, more so than children from poor inner cities, are at-risk for depression, anxiety and substance abuse problems.

According to the U.S. Health Department (1999), approximately 1 out of 5 children age 11 to 17 will have a diagnosable mental, emotional or behavioral problem. Approximately 4 out of 5 children who need help will never be identified or get help. Nearly 1 out of 10 will be severely impaired. As many as 1 out of 16 will attempt suicide. Many of these “at-risk” children are finding comfort and making friends by using alcohol, drugs and becoming involved in high risk behavior to escape boredom, anxiety and depression.

Mental health care for children in America represents a health care crisis for which our mental health professionals can respond to only 10% of children in need (Gosling, et al, 2004). The problems that children struggle with are not well matched to services available and the problems extend beyond diagnosable disorders.

According to the American Youth Policy Forum (2004), our educational system is facing a crisis of national proportions. One out of 5 children will drop out of high school. In 2004, more than 6,277,000 of 18 to 24 year olds

(22%) had not yet completed high school. In 2003, annual earnings of male dropouts fell to \$21,447. High school graduates earned an average of \$32,266; those with associate’s degrees earned \$43,462; bachelor’s degree holders earned \$63,084 - about triple that of dropouts. Dropouts cost our nation more than \$260 billion dollar in lost wages, lost taxes, and lost productivity over their lifetimes. Federal investments in second-chance education and training programs fell from \$15 billion in the late 1970s to \$3 billion (inflation-adjusted) in 2005. There should be no surprise that 75% of state prison inmates are dropouts.

The benefits of screening and early intervention for behavioral, mental health and substance abuse are extensive. Failure to do so results in significant health care costs. For example, depression is the world's fourth most prevalent health problem (Schulberg, et. al, 1999) costing the United States \$30 to \$50 billion in lost productivity and direct medical costs each year (Greenberg, et. al. 1995;) (Rice & Miller, 1998). Persons who are depressed miss work because of illness at twice the rate of the general population (Von Korff, et. al, 2001). Health service costs are 50% to 100% greater for depressed patients than for comparable patients without depression. These increased costs are caused by higher medical utilization, not by specialty mental health care (Henk H, et al, 1996; Simon & VonKorff, 1996). Additional costs associated with depression include impaired concentration, failure to advance in educational and vocational endeavors, increased substance abuse, impaired or lost relationships, and suicide (Pincus & Pettit, 2001)(Greden, 2001).

Access to appropriate and effective mental health services are critical and must emphasize prevention, early identification and early intervention (Kraut, 2004). According to the U.S. Health Department (1999), the current system for delivery of mental health care services is so inadequate and fragmented that patients, parents and families must become involved and advocate for their own care as well as care for their family and children. For this to happen, people must become involved,

educated and empowered to seek appropriate and necessary care.

The future of mental health research and the delivery of services are moving toward evidence-based prevention and treatment. Intervention settings and interventions must be developed and delivered based on research that demonstrates what programs and practices do and do not work. In order to do this, programs, practitioners, youth and parents must provide data that would allow researchers to determine effect sizes, the mechanism of change, as well as cultural factors in relation to intervention options.

Americans are faced with a challenge of self-care and the responsibility to care for their families and children. The internet is a growing and dominant resource that should be responsive to this challenge.

References

U.S. Census Bureau. Population Clock. Retrieved from the World Wide Web on May 30, 2006 <http://www.census.gov/>

Horrigan, J. (2006). Home Broadband Project 2006. Retrieved from the World Wide at http://www.pewinternet.org/pdfs/PIP_Broadband_trends2006.pdf

Internet World Stats: Usage and Population Statistics. Retrieved from the World Wide Web on May 30, 2006 at <http://www.internetworldstats.com/stats.htm>

Madden, M. (April, 2006). Internet Penetration Impact (Data Memo). Retrieved from the World Wide Web at http://www.pewinternet.org/pdfs/PIP_Internet_Impact.pdf

Choy, A., Hudson, Z., Pritts, J. and Goldman, J. (November, 2001) Institute for Health Care Research and Policy, Georgetown University. Exposed Online: Why the new federal health privacy regulation doesn't offer much protection to Internet users. Retrieved from the World Wide Web at

http://www.healthprivacy.org/usr_doc/PIP_HP_P_HealthPriv_report.pdf

Institute for Health Care Research and Policy, Georgetown University. (November, 2006) Myths and Facts about the HIPAA Privacy Rule. Retrieved from the World Wide Web at http://www.healthprivacy.org/newsletter-url2306/newsletter-url_show.htm?doc_id=180257

Institute for Health Care Research and Policy, Georgetown University. (September, 2002) Summary of HIPAA Privacy Rule. Retrieved from the World Wide Web at http://www.healthprivacy.org/usr_doc/RegSummary02.pdf

Fox, S., Anderson, J. & Rainie, L. (January, 2005) The Future of the Internet. Retrieved from the World Wide Web at http://www.pewinternet.org/pdfs/PIP_Future_of_Internet.pdf

Fox, S. & Rainie, L. (May, 2002) The Vital Decision: . Retrieved from the World Wide Web at http://www.pewinternet.org/pdfs/PIP_Vital_Decisions_May2002.pdf

American Youth Policy Forum (2006) Whatever it takes: How twelve communities are reconnecting out-of-school youth. Retrieved from the World Wide Web at <http://www.aypf.org/publications/WhateverItTakes/WITfull.pdf>

Luthar, S. S., & Becker, B. E. (2002). Privileged but pressured: A study of affluent youth. *Child Development*, 73, 1593-1610.

Mental Health: A Report of the Surgeon General. Rockville, MD.: U.S. Department of health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institute of Mental Health, 1999. Retrieved from the World Wide Web at <http://www.surgeongeneral.gov/library/mentalhealth/home.html>

Naglieri, J.; Drasgow, F.; Schmit, M.; Handler, L.; Prifitera, A.; Margolis, A.; Velasquez, R. (2004) Psychological Testing on the Internet: New Problems, Old Issues. *American Psychologist*. 59(3), Apr 2004, 150-162. Can be retrieved from the World Wide Web at <http://www.apa.org/journals/amp.html>.

Gosling, S.; Vazire, S.; Srivastava, S.; John, O. (2004) Should We Trust Web-Based Studies? A Comparative Analysis of Six Preconceptions About Internet Questionnaires. *American Psychologist*. 59(2), 93-104. Can be retrieved from the World Wide Web at <http://www.apa.org/journals/amp.html>.

Kraut, R.; Olson, J.; Banaji, M.; Bruckman, A.; Cohen, J.; Couper, M. (2004) Psychological Research Online: Report of Board of Scientific Affairs' Advisory Group on the Conduct of Research on the Internet. *American Psychologist*. 59(2), Feb-Mar 2004, 105-117. Can be retrieved from the World Wide Web at <http://www.apa.org/journals/amp.html>

Potential Impacts of StepOne Online. (2005) Can be retrieved from the World Wide Web at <http://www.incrisis.org/Articles/InCrisisImpacts.htm>

Greenberg P., Finkelstein S., Berndt E. Calculating the workshop cost of chronic disease. *Business Health* 1995; 13: 27-28, 30.

Rice D., Miller L. Health, economics, and cost implications of anxiety and other mental disorders in the United States. *British Journal Psychiatry Supplement* 1998; 34: 4-9.

Von Korff M., Katon W., Unutzer J., Wells K., Wagner E.. Improving depression care: barriers, solutions, and research needs. *Journal Family Practice* 2001; 50: E1.

Henk H, Katzelnick DJ, Kobak KA, Greist JH, Jefferson JW. Medical costs attribution to depression among patients with a history of high medical expenses in a health maintenance organization. *Arch Gen Psychiat* 1996; 53: 899-906.

Simon G., VonKorff M. Recognition, management, and outcomes of depression in primary care. *Archives Family Medicine* 1995; 4: 99-105.

Pincus H. & Pettit A. The societal costs of chronic major depression. *Journal Clinical Psychiatry* 2001; 62 Suppl 6: 5-9.

Greden J. The burden of recurrent depression: causes, consequences, and future prospects. *Journal Clinical Psychiatry* 2001; 62 Suppl 22: 5-9.

Description of StepOne Online and the Adolescent Clinical Screening Questionnaire (ACSQ). (2006) Can be retrieved from the World Wide Web at <http://www.incrisis.org/Articles/BriefDescriptionStepOne.htm>