MENTAL HEALTH ISSUES A HIGHER RISK THAN DRUGS AND ALCOHOL FOR TEENS

RAAPS Survey Uncovers Rising Set of Risks

ANN ARBOR, MICH. – February 13, 2013 – Anger management, depression and bullying are more prevalent health risks for youth age 11-20 than drug use, alcohol consumption and unprotected sex, according to results of an online risk assessment.

Data from the Rapid Assessment for Adolescent Preventive Services (RAAPS) survey completed by 23,000 American youth in medical practices and school-based health centers across the country show a significant and rising new set of risks facing teens today.

Recently released 2012 data shows:

• More than one quarter of teens surveyed – a surprising 28% – say they have trouble managing anger and admit to doing things that get them “in trouble” when they are angry.

• 24% report depression, responding that they have feelings of sadness or that they have nothing to look forward to.

• Bullying continues to rise in prevalence, with just over 15% of teens surveyed reporting they have been threatened, teased or made to feel afraid.

All three of these mental health issues affected a higher percentage of youth than the risks more commonly associated with teen populations. Illicit drug and alcohol use was reported by 14% of respondents (20% for high school-aged youth). Having unprotected sex was reported by 13% of respondents (32% of youth having sex).
The difference between actual and perceived levels of risk can be correlated with the manner in which data is accumulated, says Dr. Jennifer Salerno, the founder of Possibilities for Change, which created the online RAAPS system.

“With so much attention being paid to the usual suspects of drugs, alcohol, pregnancy and STD prevention, these much more common risks are being overlooked,” said Salerno. “The real value of a standardized approach to risk assessment with teens is the ability to uncover these hidden dangers that they aren’t likely to bring up – and we, as adults, might not even think to ask.”

As a nurse practitioner and director of several school-based health centers, Salerno witnessed first-hand the number of teens who were uncomfortable sharing information about their health behaviors and watched them struggle to complete long, paper-based surveys because of low literacy and engagement issues. She developed the RAAPS health risk assessment as a short, teen-friendly alternative to be completed on a tablet or any mobile device with internet access.

“Research shows that teens share more honest data with technology than they do with ‘live’ counselors,” Salerno said. “This data further supports that research.”

“Teens don’t bring up issues of risk on their own,” said Michelle McCormick, manager of the Center for Family Health, which operates three federally-qualified, school-based health centers in Jackson, Mich. “RAAPS helps us identify risks that they may not have been able to share verbally.”

And the RAAPS data show that once these mental health issues are identified, healthcare providers are able to make significant improvements in risk reduction through evidence-based counseling and, in some cases, referrals to additional resources.

Initial data, comparing annual screenings of the same group of teens, show a 60% decrease in depression and a 65% decrease in bullying in follow-up survey responses. The anger management question was new to RAAPS in 2012, so 2013 will provide the first opportunity to measure annual improvement in that category.

Lisa Meyer, a nurse practitioner with Medical Associates Clinic in Dubuque, Iowa, initiated RAAPS assessment with teens because of a need to address risky behaviors that often went undiagnosed and unknown.

“RAAPS is given annually to teens receiving physical or GYN exams and to youth for whom providers have mental health concerns,” she said. “The kids are very honest with the computer system” and many teens have commented that she discovered a lot about them — including information they often don’t share when they are “just talked to.”
Jennifer Behnke, a psychiatric mental health nurse practitioner at the federally funded Chemawa Indian Health Center in Salem, Ore., says the RAAPS evaluation has flagged teens at her clinic that have never been in trouble nor been red-flagged in previous assessments.

“RAAPS made a powerful difference in those cases by identifying those teens that were flying under the radar,” Behnke said. “RAAPS helps us help more kids more effectively.”

About RAAPS
The Rapid Assessment for Adolescent Preventive Services is a validated, 21-question health risk assessment tool, which can be completed by adolescents in 5-7 minutes using any device with internet access, including mobile devices. After completing the survey, teens receive specific health resources pertinent to their risk behavior, and clinicians can utilize RAAPS evidence-based messages to provide counseling on identified risks. With this secure online system, clinicians can electronically document the counseling they provide and receive individual and aggregated reports on their patient population by age, risk factor, demographics, and over time. In addition, results can be compared to a “benchmark” population of adolescents who have completed the online survey. For more information about RAAPS, contact Jennifer Salerno, DNP, CPNP, FAANP at jsalerno@raaps.org or visit www.raaps.org.