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COMBATTING THE PEDIATRIC MENTAL HEALTH CRISIS - STEPS FOR SUCCESS
I, Michelle Dalal, MD have been asked to disclose any significant relationships with commercial entities that are either providing financial support for this program or whose products or services are mentioned during our presentations.
OBJECTIVES-APPROACH AND ADVOCACY

• List Five **KEY ACTION STEPS** To Address An Urgent Mental Health Concern

• Outline A **FRAMEWORK** To Approach Mental Health In The Clinical Setting

• Review Six Evidence-based **LIFESTYLE INTERVENTIONS TO MANAGE** Mental Health

• Summarize Mental Health **ADVOCACY OPPORTUNITIES** (School, Community, MMS And MCAAP)
MAJOR TEST ANXIETY!!

It's so hard to focus.

I'm not good enough.

Headache!

Maybe I should have stayed home.

Too MUCH HOMEWORK!

So many worries at home...

Please don't call on me!

I'm so tired...

My grades are slipping.

I can't do this.

Overwhelmed.

I want to cry...

My stomach hurts.
Kids’ mental health is getting worse. But that predated the pandemic.

High school students' reports of poor mental health
Self-reported incidents in Youth Risk Behavior Survey and Adolescent Behaviors and Experiences Survey

- Persistent feelings of sadness/hopelessness
- Seriously considered suicide
- Attempted suicide

Source: Centers for Disease Control and Prevention
Youth Who Were Disproportionately Affected:

- Developmental Or Intellectual Disabilities
- LQBTQ Youth
- Racial And Ethnic Minority Youth
- Low SES
- Rural
- Homeless, In Foster Care
- Immigrant
- Preexisting Mental Health Issues
- Families stricken by COVID

(from Protecting Youth Mental Health, Murthy, 2021)
Of all mental illness
50% begins by Age 14
75% begins by Age 24
Protecting Youth Mental Health

The U.S. Surgeon General's Advisory

Factors that Can Shape the Mental Health of Young People

Source: Adapted from WHO's Determinants of Adolescent Health Development: An Ecological Model, 2008 and Brazil/Ministerio de Ciência (2004)

- Social and economic inequalities, discrimination, racism, migration, media and technology, popular culture, government policies
- Neighborhood safety, access to green spaces, healthy food, housing, health care, pollution, natural disasters, climate change
- Relationships with peers, teachers, and mentors; faith community; school climate; academic pressure; community support
- Relationships with parents, caregivers, and siblings; family mental health, financial stability; domestic violence; trauma
- Age, genetics, race, ethnicity, gender, sexual orientation, disability, beliefs, knowledge, attitudes, coping skills

These are examples and not a comprehensive list of factors.
“Most people do not listen with the intent to understand; they listen with the intent to reply.”

Stephen R. Covey
(1932-2012)

LISTEN WITH EMPATHY
TAKE NOTICE
BE ATTENTIVE
ACTIVELY LISTEN
MENTAL HEALTH FOR CHILDREN
What Parents Can Do

NATIONAL FEDERATION OF FAMILIES FOR CHILDREN'S MENTAL HEALTH, FFCMH.ORG • THE YOUTH MENTAL HEALTH PROJECT, YMHPROJECT.ORG

- **TALK**
  Talk with your children about their mental health. Make topics around mental health, stress, anxiety, fear and feelings common in your home and in your child’s life.
  #weALLhavementalhealth

- **TRUST**
  Trust your gut; you know your child best! If you believe your child is struggling or needs help, trust that feeling.
  #NoHealthWithoutMentalHealth

- **ROLE MODEL**
  Show your children it is ok to talk about and care for their mental health by taking care of yourself.
  #ChildrensMentalHealthMatters

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- **ASK FOR HELP**
  Get a referral to a mental health specialist, if needed. Provide your child with every opportunity to receive treatment and support – just as you would for a broken arm or a fever.

- **CONNECT**
  You are not alone: 1 in 5 children experiences a mental health condition. Connect with other families who can offer support, help and resources.

- **TEAM UP**
  Build a team with the professionals and child-serving systems involved in your child’s life. An open and honest dialogue with teachers, coaches, doctors and others will give them the information they need to support your child.
### Warning signs of a mental health issue?

Percent of parents who would be concerned about their adolescent if they noticed the following signs.

<table>
<thead>
<tr>
<th>Sign</th>
<th>Concerned Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequent comments about being worried or anxious</td>
<td>65%</td>
</tr>
<tr>
<td>Moodiness</td>
<td>64%</td>
</tr>
<tr>
<td>Decreased interaction with family</td>
<td>63%</td>
</tr>
<tr>
<td>Drop in grades</td>
<td>61%</td>
</tr>
<tr>
<td>Change in sleep</td>
<td>53%</td>
</tr>
<tr>
<td>Change in eating patterns</td>
<td>49%</td>
</tr>
</tbody>
</table>

Source: C.S. Mott Children's Hospital National Poll on Children's Health, 2022

**RED FLAG:** Change in function at home, at school, with peers or other settings.
Learn how to respond with the Mental Health First Aid Action Plan (ALGEE):

- Assess for risk of suicide or harm.
- Listen nonjudgmentally.
- Give reassurance and information.
- Encourage appropriate professional help.
- Encourage self-help and other support strategies.

WHAT MENTAL HEALTH FIRST AID COVERS

- Common signs and symptoms of mental health challenges in this age group, including anxiety, depression, eating disorders and attention deficit hyperactive disorder (ADHD).
- Common signs and symptoms of substance use challenges.
- How to interact with a child or adolescent in crisis.
- How to connect the youth with help.
- Expanded content on trauma, substance use, self-care and the impact of social media and bullying.
IN THE CLINICAL SETTING
Prevention & Optimizing Touchpoints

CHILD’S LIFE

Children and Mental Health
Is This Just a Stage?

From the NATIONAL INSTITUTE OF MENTAL HEALTH

Mental Health in Childhood
Raising a child can be challenging. Even under the best circumstances, their behaviors and emotions can change frequently and rapidly. All children are sad, anxious, irritable, or aggressive at times, or they occasionally find it challenging to sit still, pay attention, or interact with others. In most cases, these are just typical developmental phases. However, such behaviors may indicate a more serious problem in some children.

Mental disorders can begin in childhood. Examples include anxiety disorders, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, depression and other mood disorders, eating disorders, and post-traumatic stress disorder (PTSD). Without treatment, these mental health conditions can prevent children from reaching their full potential. Many adults who seek mental health treatment reflect on the impact of mental disorders on their childhood and wish they had received help sooner.

When to Seek Help
How can you tell the difference between challenging behaviors and emotions that are a normal part of growing up and those...
FRAMEWORK TO APPROACH MENTAL HEALTH CONCERNS

Ask /Gather Information
- History
  • Understand Concerns Parent, Patient
- Screenings
- Observe and Examine Patient

Decide and Discuss
- Determine Urgency
- Develop Action Plan

Act
- Offer Interventions
  • Medication
- Lifestyle Interventions
  • Referrals
  • Counseling
  • Psychiatry
  • Care Coordination

Document/Follow-Up
- Customize EMR
- Update Problem List
- Schedule a Follow Up

USE SCREENING TOOLS

Ask/Gather Information
- Screenings
- Suicide Screenings
- History
- Clinical Interview
- Observe/Examine

<table>
<thead>
<tr>
<th>Screens For:</th>
<th>Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>PSC-17/Y-PSC 17</td>
</tr>
<tr>
<td>Depression</td>
<td>PHQ-9/PHQ-2/PHQ-A</td>
</tr>
<tr>
<td>Anxiety</td>
<td>SCARED/GAD-7</td>
</tr>
<tr>
<td>ADHD</td>
<td>Vanderbilt/Connor</td>
</tr>
<tr>
<td>Trauma</td>
<td>ACES/ Pediatric Traumatic Stress</td>
</tr>
<tr>
<td></td>
<td>Screening Tools</td>
</tr>
</tbody>
</table>
ASK/ GATHER INFORMATION - OARS

Interview- DSM V Criteria + Patient/Family Interview (GLAD-PC Toolkit)

OARS
O=Open Ended
A=Affirmations- “I am so glad you came into the clinic today – it isn’t always easy the first time.”
R=Reflections
S= Summarizing

+ FUNCTIONAL IMPAIRMENT
OBSERVE AND/OR COMPLETE AN EXAM

Ask /Gather Information
✓ Screenings
✓ History
✓ Clinical Interview
✓ Observe/ Examine

General-
Eye contact, Ability to engage in conversation, Tone,

Vitals- Significant Weight loss, Heart Rate

Skin- (Undress and Check)
Cutting, Scratching
Bruises
Carving Words/Writing Words
Pulling out hair (Scalp, Eyebrows)
DETERMINE IF URGENT VS NON-URGENT

Decide and Discuss
- Determine Urgency
- Develop Action Plan

If Urgent
- Crisis Intervention
- Integrated BH Clinician/Therapist
- Call 911 or Go to ED

Call 1-877-382-1609

If you or a family member is facing a mental health or substance use crisis, or you just need some help, we are here.

Don’t face a crisis alone
Call the Emergency Services Program if you’re facing a mental health or substance use crisis, or just don’t know where to go for help.

1-877-382-1609

Learn more at masspartnership.com/ESP

I called.
They were there.

National Suicide Prevention Lifeline
1-800-273-TALK (8255)
suicidepreventionlifeline.org
DETERMINE IF URGENT VS NON-URGENT

If Non-Urgent
• Develop a Collaborative Action Plan
• Offer:
  Reassurance and Information about
  Screening, Diagnosis, Treatment

Decide and Discuss
- Determine Urgency
- Develop Action Plan
# Offer Interventions

## Stepped Care Approach

<table>
<thead>
<tr>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lifestyle</td>
<td>Lifestyle</td>
<td>Emergency Services</td>
</tr>
<tr>
<td>PCP F/U</td>
<td>Engage BH</td>
<td>Engage BH (E-consult)</td>
</tr>
<tr>
<td></td>
<td>Care Coordination</td>
<td>Care Coordination</td>
</tr>
<tr>
<td></td>
<td>Medications</td>
<td>Medications</td>
</tr>
<tr>
<td></td>
<td>PCP F/U</td>
<td>Lifestyle Interventions</td>
</tr>
</tbody>
</table>

*Act*

- Offer Interventions
  - Medication (MCPAP, AAP)
  - Lifestyle Interventions
    - Referrals
  - Counseling
  - Psychiatry
  - Care Coordination
Document/Follow-Up
- Customize EMR
- Update Problem List
- Schedule a Follow Up

 DOCUMENT DIAGNOSIS & SEVERITY IN PROBLEM LIST AND ENSURE TIMELY FOLLOW UP

In person or Telehealth Visit with PCP
Nurse
BH Clinician
School
EMPOWER PATIENTS AND FAMILIES TO HELP MANAGE DEPRESSION

LIFESTYLE INTERVENTIONS CAN HELP EMPOWER FAMILIES WITHOUT WAITING FOR EXTERNAL RESOURCES TO BE MADE AVAILABLE
Lifestyle Medicine Toolkit

Adolescent Mental Health

1. Family Action
   - Family Action Plan
   - SMART Goals
   - Improving Mood
   - Improving Depression

2. Eat Plants
   - Plant-based Plate
   - Hydration
   - Mindful Eating

3. Keep Moving
   - Improve Mood
   - Increase Activity

4. Sleep Well
   - Ways to Sleep Well
   - Sleep Diary

5. Be Present
   - Foundation for a Drug-Free World

6. Keep Calm
   - Personal Stress Plan

7. Love People
   - Improve Social Connections

- Stress Management
  - Develop Resilience

- Avoiding Risky Substances
  - Increasing Social Connections
Healthy dietary patterns are associated with a decreased risk of depression, and it may be protective for mental health (Oddy et al. 2018)
Processed foods linked with depression

Processed foods are rich in sodium and this may be a predictor for increased depression in a study of urban adolescents (Mrug et al, 2019).
Better Diet Quality Linked to Better Mental Health

Mental Health Symptoms Improvement
(Jacka et al 2010, 2011)
Nutritional Psychiatry: Nutrition Influences Mood and Behavior
HEALTHY EATING FOR GOOD MENTAL HEALTH - HOME & SCHOOLS

Whole Foods, Plant Based

Hydration

Mindful Eating-
NO DISTRACTION/WITH AWARENESS & FOCUS
2-Increase Physical Activity
Physical activity recommendations for adolescents

Key Guidelines for Children and Adolescents

- Children and adolescents should do 60 minutes (1 hour) or more of physical activity daily.
  - Aerobic: Most of the 60 or more minutes a day should be either moderate- or vigorous-intensity aerobic physical activity, and should include vigorous-intensity physical activity at least 3 days a week.
  - Muscle-strengthening: As part of their 60 or more minutes of daily physical activity, children and adolescents should include muscle-strengthening physical activity on at least 3 days of the week.
  - Bone-strengthening: As part of their 60 or more minutes of daily physical activity, children and adolescents should include bone-strengthening physical activity on at least 3 days of the week.
Physical exercise appears to improve depressive symptoms in adolescents.

“Each 50-minute increment increase in exercise per week was associated with a 50% decrease in the odds of being classified as depressed.” (Babyak et al, 2000)

In 11 trials, exercise showed moderate effect on depression symptoms reduction (Carter et al, 2016)
Yoga helps to decrease depression symptoms (Felver et al, 2015)
DATE trial showed exercise as treatment for depression

Group 1 - Vigorous Activity/ 12 weeks

Group 2 - Stretching/ 12 weeks

Hughes et al, 2013
Replacing sedentary activity with light activity can improve mood.
3-Improve Sleep
Sleep and Depression

Predictors of Anxiety and Depression

- Sleep Onset Latency
- Total time of Sleep on School Nights
- Late Sleep Chronotype
Sleep Interventions: Teens Ages 12-17

National Sleep Foundation and AAP Recommendations:

• Sleep 8-10 hours each night
• Keep a consistent schedule (Sleep, Wake)
• Practice calming and mindfulness
• Keep room quiet, dark, and cool
• Keep screens off
• Avoid caffeine
• No to Melatonin use
Treating Insomnia Improves Depression
Sleep Interventions

**Clinical**
- Goal Setting
- Screening/ Sleep Journals
- CBT for Insomnia- Apps
- Sleep Specialists

**School/Community**
- Later School Times Policies
4-AVOIDANCE OF RISKY SUBSTANCES

Treatment of both Substance Use and Depression improves outcomes
Nicotine, alcohol and cannabis use increases risk of depression and anxiety
**SBIRT Screening, Brief Intervention and Referral to Treatment**

**S2BI: Screening to Brief Intervention**

In the past year, how many times have you used:

- **Tobacco?** (Cigarettes, e-cigarettes, vapes, etc.)
- **Alcohol?**
- **Marijuana?** (Smoked, vaped, edibles, etc.)

STOP if all “Never.” Otherwise **CONTINUE**.

- **Prescription drugs that were not prescribed for you** (Pain medication, Adderall, etc.)
- **Illegal drugs?** (Cocaine, Ecstasy, etc.)
- **Inhalants?** (Nitrous oxide, etc.)
- **Herbs/synthetic drugs?** (Salvia, K2, bath salts, etc.)

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Substance Use Treatments

5 A's": Ask, Advise, Assess, Assist, and Arrange.
5-Improve Social Connections

"just as we need vitamin C each day, we also need a dose of the human moment—positive contact with other people." - (Martino et al, 2015)
Loneliness increases risk of depression and anxiety in adolescents.
SCHOOL CONNECTEDNESS

YOUTH WHO FELT CONNECTED TO ADULTS AND PEERS AT SCHOOL WERE SIGNIFICANTLY LESS LIKELY TO:

1) REPORT PERSISTENT FEELINGS OF SADNESS OR HOPELESSNESS (35% VS. 53%);

2) THAT THEY SERIOUSLY CONSIDERED ATTEMPTING SUICIDE (14% VS. 26%);

3) OR ATTEMPTED SUICIDE (6% VS. 12%)..

CDC's Division of Adolescent and School Health Survey 2022
What should be encouraged?

• Friends
• Family
• Community - Volunteering
• Peer Support Groups - i.e. LGBTQ youth
• Schools - Classroom Interactions/ Clubs and Activities

Have meals together as a family. Ask about your teen’s day — and tell them about yours.

Do things together that you both enjoy. Sharing interests can help you feel connected.

Talk with your teen — in the car, during walks, anytime! Acknowledge their feelings and listen to their opinions.
6-Stress Management / Building Resilience

What is stress?
The body’s reaction to any change that requires an adjustment or response. Stress can be good or bad.

What is resilience?
The ability to bounce back
Managing Stress can help manage mood

- Doing Enjoyable Activities
- Deep Breathing
- Taking a Mental ‘Time Out’
- Meditation or Progressive Relaxation
- Gratitude Journal
- Mindfulness
Build Resilience

COMPETENCE
CONFIDENCE
CONNECTION
CHARACTER
CONTRIBUTION
COPING
CONTROL

~Kenneth Ginsburg, Building Resilience in Children and Teens
IDENTIFY TRAUMA
Principles of Behavioral Activation

Motivational Interviewing

Collaborative, Teen Centered
Increases Intrinsic Motivation
Exploring Person's Own Reasons for Change
Individualize recommendations
EVERY CHILD IS UNIQUE—CONSIDER A MENU OF OPTIONS
ADVOCACY: HEALTH SYSTEMS

• PRACTICE CHANGES
  • INCREASED CLINICAL TIME TO SEE PATIENTS
  • LIMIT PANEL SIZES
  • TIME FOR CARE COORDINATION

• SYSTEM CHANGES
  • BEHAVIORAL HEALTH INTEGRATION
  • MENTAL HEALTH PARITY AND ADEQUATE REIMBURSEMENT
  • ELIMINATE CARVE OUTS
  • ENSURE TELEHEALTH SERVICES ACROSS STATES LINES FOR ESTABLISHED PATIENTS
ADVOCACY: SCHOOLS & COMMUNITY

1. Improve existing facilities
2. Make activities more specific to teenagers
3. Give teenagers choice and increase variety of offerings
4. Provide enjoyable activities (e.g., fun, sociable and not competitive sport)
5. Lower/remove the cost of activities-maintain quality
6. Make physical activity opportunities more locally accessible


https://www.cdc.gov/physicalactivity/everyday/index.html
ADVOCACY: MCAAP AND MMS AND MORE

• MCAAP MENTAL HEALTH TASK FORCE

• MMS COMMITTEE ON MENTAL HEALTH AND SUBSTANCE USE

• MANY MORE ORGANIZATIONS- NETWORK TODAY!
ADVOCACY: MCAAP NEW INITIATIVES 2022 ONWARDS...

MENTAL HEALTH FORUMS - OPEN MIC

MENTAL HEALTH WEBINAR SERIES WITH TOPICS INCLUDING:
• SCHOOL HEALTH
• ACCESSING MENTAL HEALTH AND SUBSTANCE USE RESOURCES
• MARIJUANA CESSATION
• AND MORE….

MENTAL HEALTH FIRST AID TRAINING
ADVOCACY: LEGISLATIVE

• LEGISLATIVE COMMITTEES
• BE IN THE KNOW
  • BEHAVIORAL HEALTH ROADMAP (find at mass.gov)
  • ALLOCATION OF ARPA FUNDS
• TELL YOUR STORIES
  • WRITE TO SENATORS AND REPRESENTATIVES WHEN MH CHALLENGES ARE SEEN
FACTORS THAT CAN SHAPE THE MENTAL HEALTH OF YOUNG PEOPLE

Social and economic inequalities, discrimination, racism, migration, media and technology, popular culture, government policies

Neighborhood safety, access to green spaces, healthy food, housing, health care, pollution, natural disasters, climate change

Relationships with peers, teachers, and mentors; faith community; school climate, academic pressure, community support

Relationships with parents, caregivers, and siblings; family mental health; financial stability; domestic violence; trauma

Age, genetics, race, ethnicity, gender, sexual orientation, disability, beliefs, knowledge, attitudes, coping skills

These are just a few and not a comprehensive list of factors.
Focus on what you can do, not what you can't. Small steps turn into miles......
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