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COMBATTING THE PEDIATRIC MENTAL HEALTH CRISIS- STEPS FOR SUCCESS

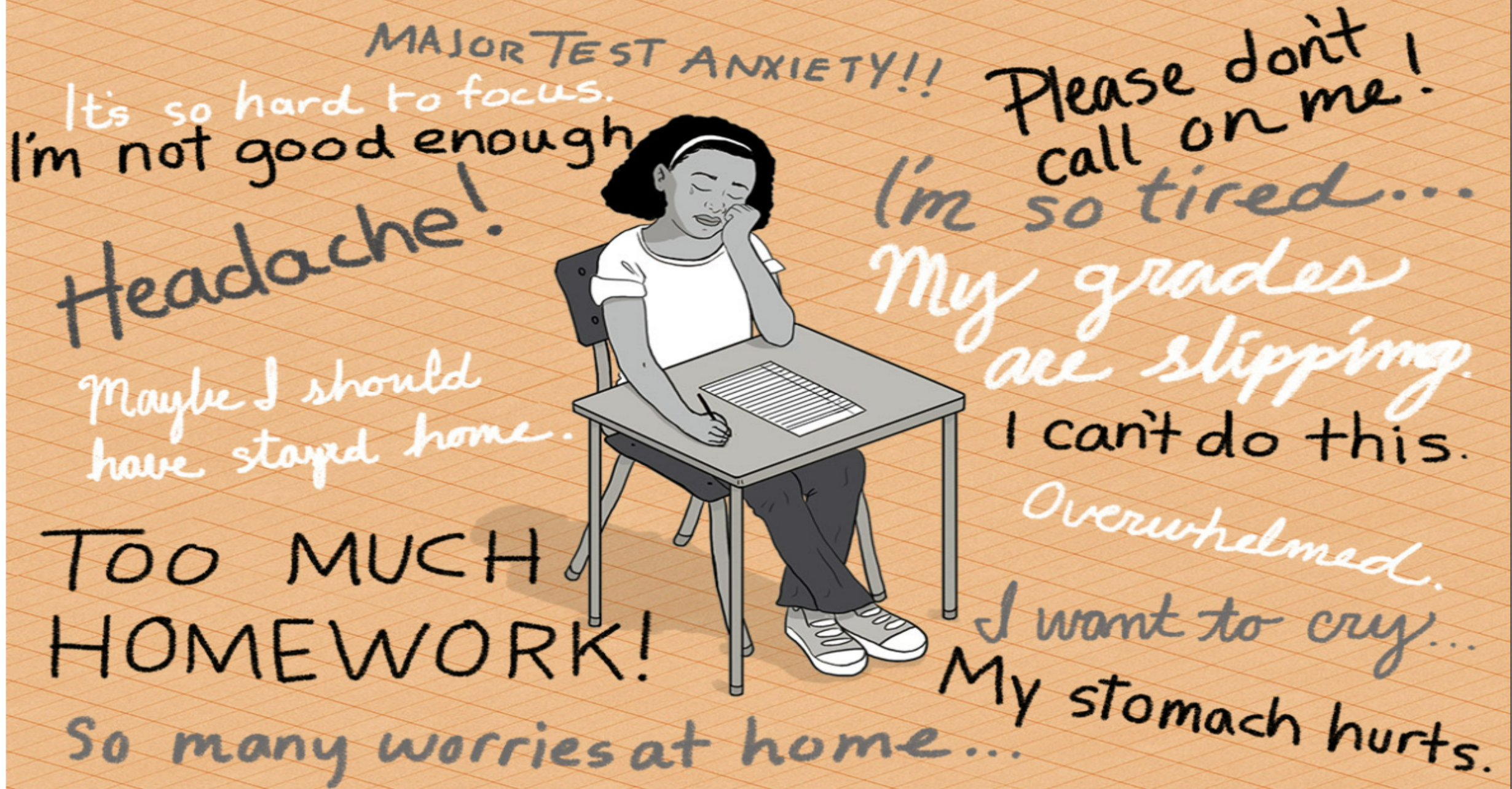


**I HAVE NO
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TO DISCLOSE**

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)



Kids' mental health is getting worse. But that predated the pandemic.



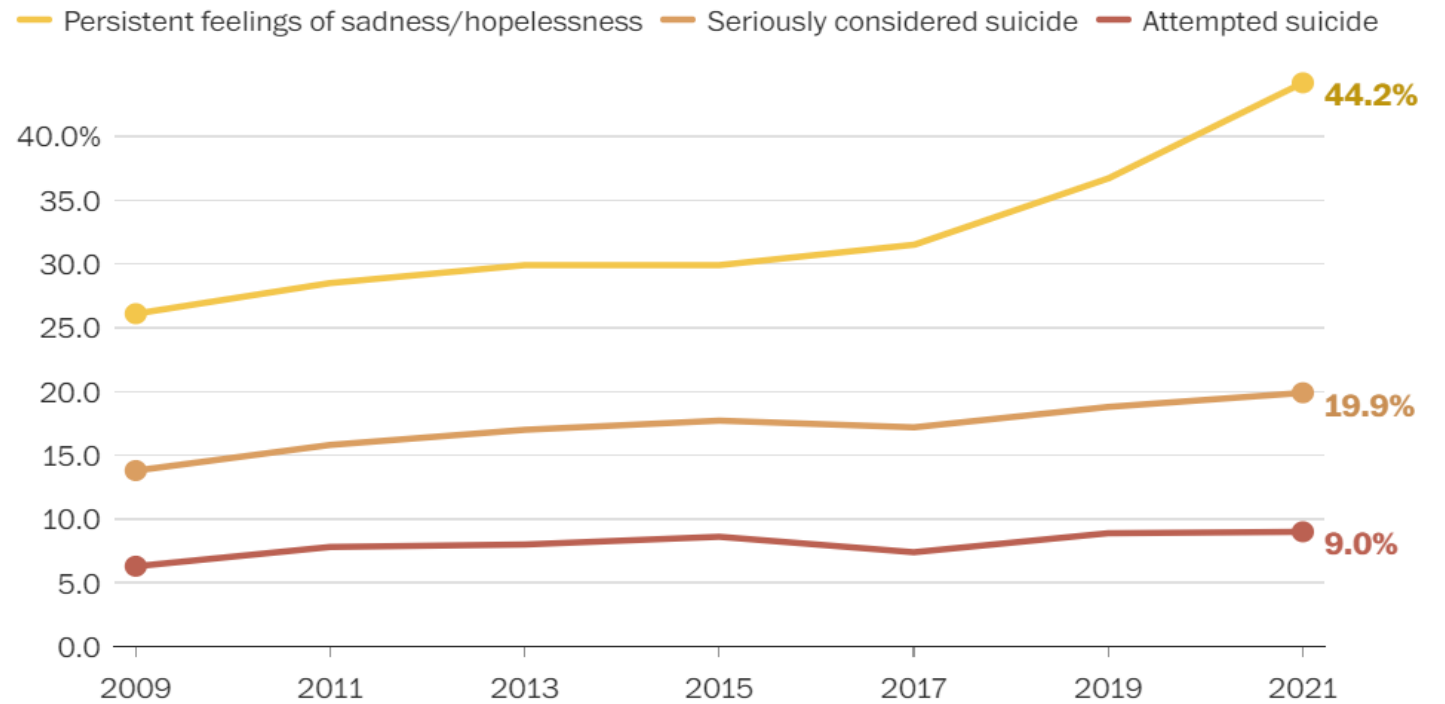
By [Aaron Blake](#)

Staff writer

April 1, 2022 | Updated April 1, 2022 at 11:22 a.m. EDT

High school students' reports of poor mental health

Self-reported incidents in Youth Risk Behavior Survey and Adolescent Behaviors and Experiences Survey



Source: [Centers for Disease Control and Prevention](#)

AARON BLAKE / THE WASHINGTON POST

Youth Who Were Disproportionately Affected:

- Developmental Or Intellectual Disabilities
- LGBTQ 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)



AAP-AACAP-CHA Declaration of a National Emergency in Child and Adolescent Mental Health

Of all mental
illness
50% begins by
Age 14
75% begins by
Age 24



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PROTECTING YOUTH MENTAL HEALTH

The U.S. Surgeon General's Advisory

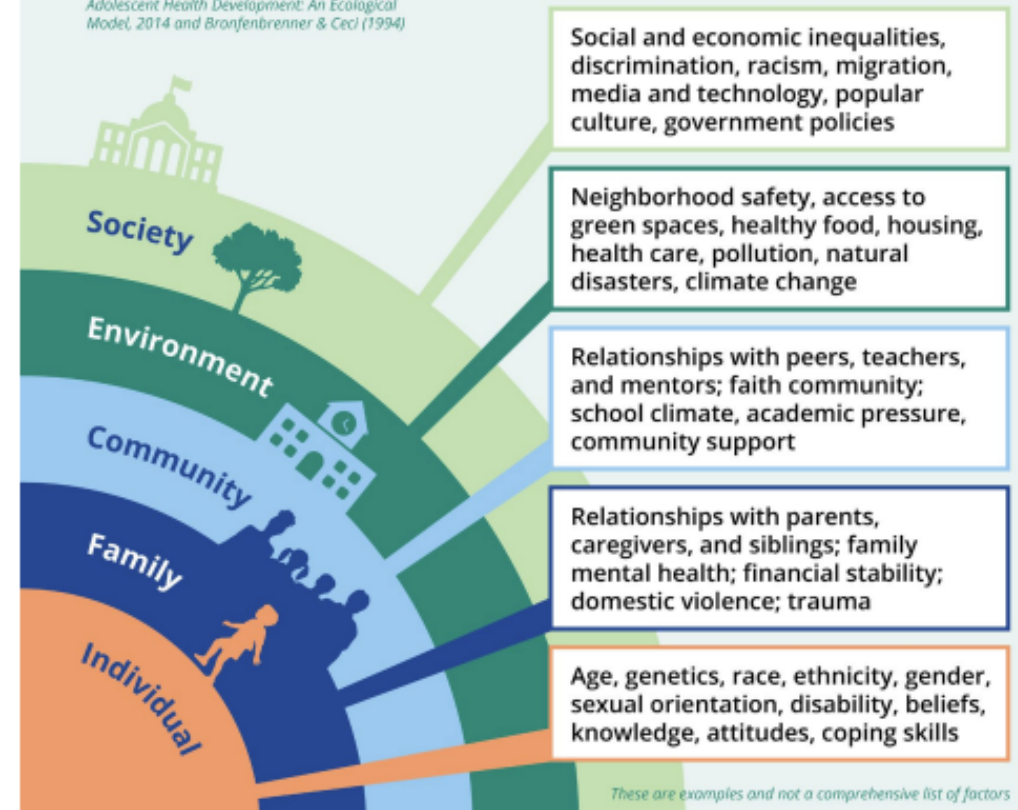
2021

FIGURE 1

FACTORS THAT CAN SHAPE THE MENTAL HEALTH OF YOUNG PEOPLE



Source: Adapted from WHO's Determinants of Adolescent Health Development: An Ecological Model, 2014 and Bronfenbrenner & Ceci (1994)



“Most people do not listen with the intent to understand; they listen with the intent to reply.”

Stephen R. Covey
(1932-2012)
InspirationProject.com

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LISTEN WITH EMPATHY

TAKE NOTICE

BE ATTENTIVE

ACTIVELY LISTEN



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

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



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

Frequent comments about being worried or anxious 65%

Moodiness 64%

Decreased interaction with family 63%

Drop in grades 61%

Change in sleep 53%

Change in eating patterns 49%



**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**):

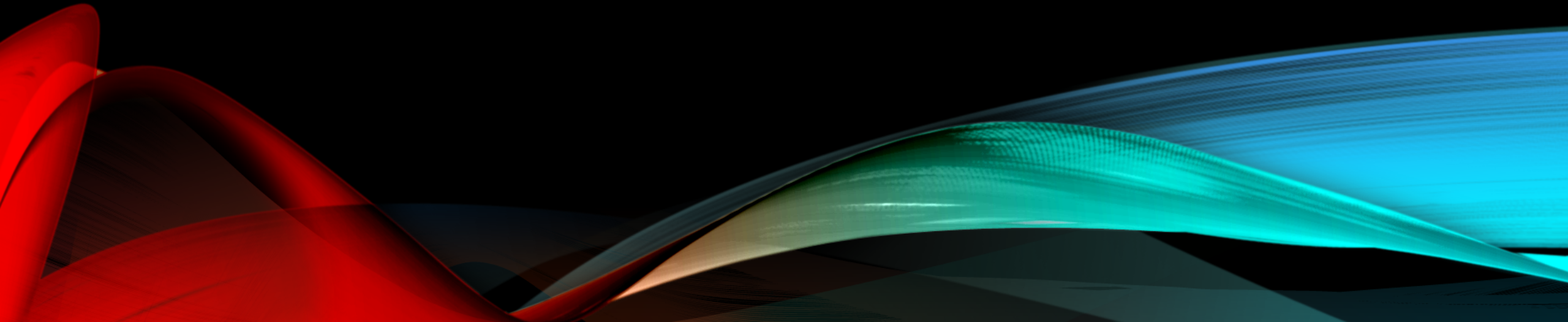
- A**ssess for risk of suicide or harm.
- L**isten nonjudgmentally.
- G**ive reassurance and information.
- E**ncourage appropriate professional help.
- E**ncourage self-help and other support strategies.

WHAT MENTAL HEALTH FIRST AID COVERS

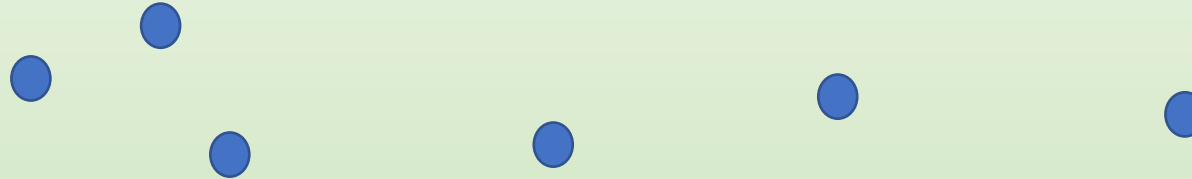
- Common signs and symptoms of mental health challenges in this age group, including anxiety, depression, eating disorders and attention deficit hyperactive disorder (ADHD).
- Common signs and symptoms of substance use challenges.
- How to interact with a child or adolescent in crisis.
- How to connect 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



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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.

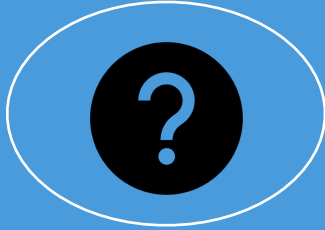
Mental disorders can begin in childhood. Examples include anxiety disorders, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, depression and other mood disorders, eating disorders, and post-traumatic stress disorder (PTSD). Without treatment, these mental health conditions can 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

BE PRESENT



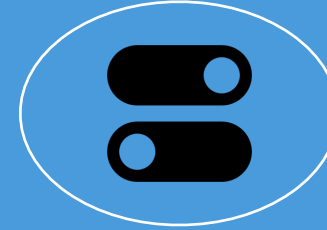
Ask /Gather Information

- 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

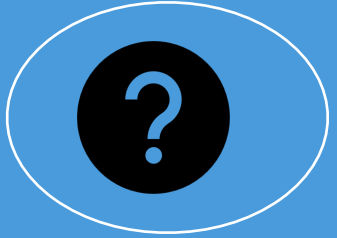


Ask /Gather Information

- ✓ Screenings
- Suicide Screenings
- ✓ History
- ✓ Clinical Interview
- ✓ Observe/ Examine

Screens For:	Tools
Overall	PSC-17/Y-PSC 17
Depression	PHQ-9/PHQ-2/PHQ-A
Anxiety	SCARED/GAD-7
ADHD	Vanderbilt/Connor
Trauma	ACES/ Pediatric Traumatic Stress Screening Tools

ASK/ GATHER INFORMATION- OARS



Ask /Gather Information

- ✓ Screenings
- ✓ History
- ✓ Clinical Interview
- ✓ Observe/ Examine

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

OARS

O=Open Ended

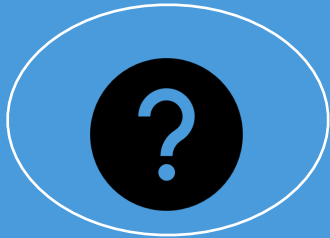
A=Affirmations- *"I am so glad you came into the clinic today – it isn't always easy the first time."*

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



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

Call 1-877-382-1609

Learn more at
masspartnership.com/ESP

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

I called.

They were there.



DETERMINE IF URGENT VS NON-URGENT



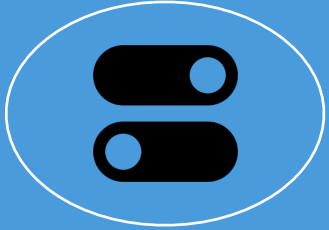
Decide and Discuss

- Determine Urgency
- Develop Action Plan

If Non-Urgent

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

OFFER INTERVENTIONS



Act

- Offer Interventions
 - Medication (MCPAP, AAP)
 - Lifestyle Interventions
- Referrals
 - Counseling
 - Psychiatry
- Care Coordination

STEPPED CARE APPROACH

Mild

Lifestyle

PCP F/U

Moderate

Lifestyle

Engage BH

Care Coordination

Medications

PCP F/U

Severe

Emergency Services

Engage BH (E-consult)

Care Coordination

Medications

Lifestyle Interventions

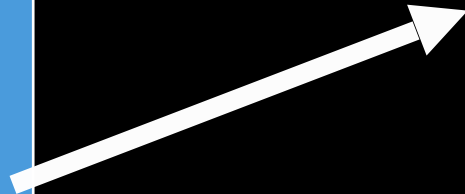
PCP F/U

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



Document/Follow-Up

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



In person or Telehealth
Visit with PCP




Nurse



BH Clinician



School

A close-up photograph of two hands, one from a darker-skinned person and one from a lighter-skinned person, holding a lit torch. The torch is held horizontally between the two hands, with the flame visible at the tip. The background is a soft, out-of-focus sky. The word "EMPOWER" is written in large, black, sans-serif capital letters at the top of the image.

EMPOWER

**LIFESTYLE INTERVENTIONS CAN HELP
EMPOWER FAMILIES WITHOUT WAITING FOR
EXTERNAL RESOURCES TO BE MADE
AVAILABLE**

Lifestyle Medicine Toolkit



Adolescent Mental Health

stances

connections

t- Develop Resilience

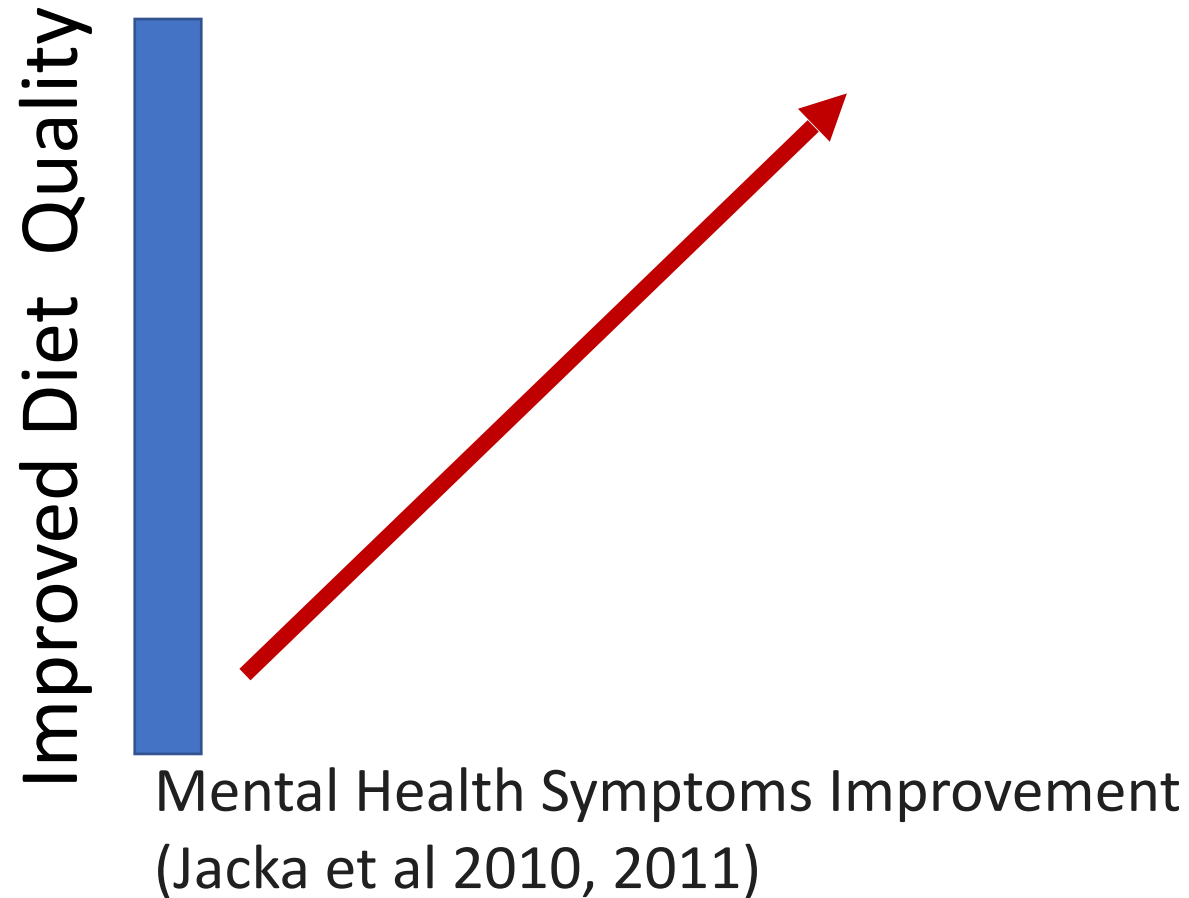


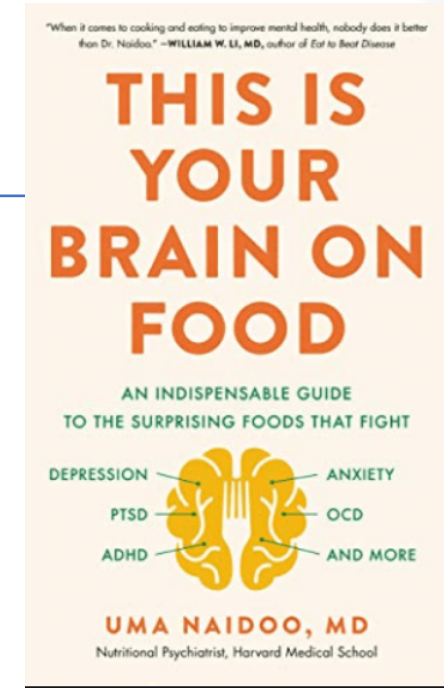
1-Nutrition Healthy Eating- Associated with Decreased Depression

Healthy dietary patterns are associated with a decreased risk of depression, and it may be protective for mental health (Oddy et, al 2018)

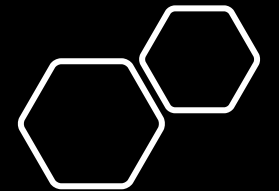


Better Diet Quality Linked to Better Mental Health



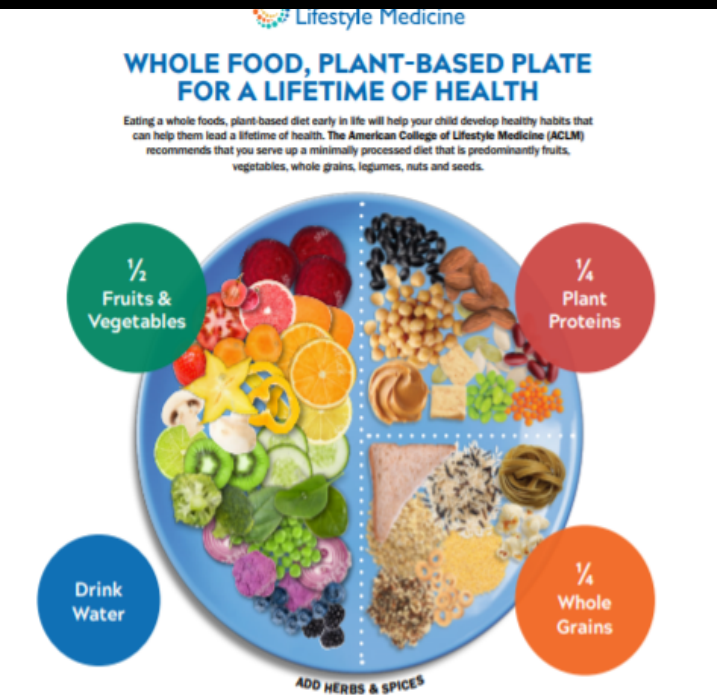


Nutritional Psychiatry: Nutrition Influences Mood and Behavior



HEALTHY EATING FOR GOOD MENTAL HEALTH - HOME & SCHOOLS

Whole Foods, Plant Based



Hydration



Mindful Eating-

NO DISTRACTION/WITH AWARENESS & FOCUS





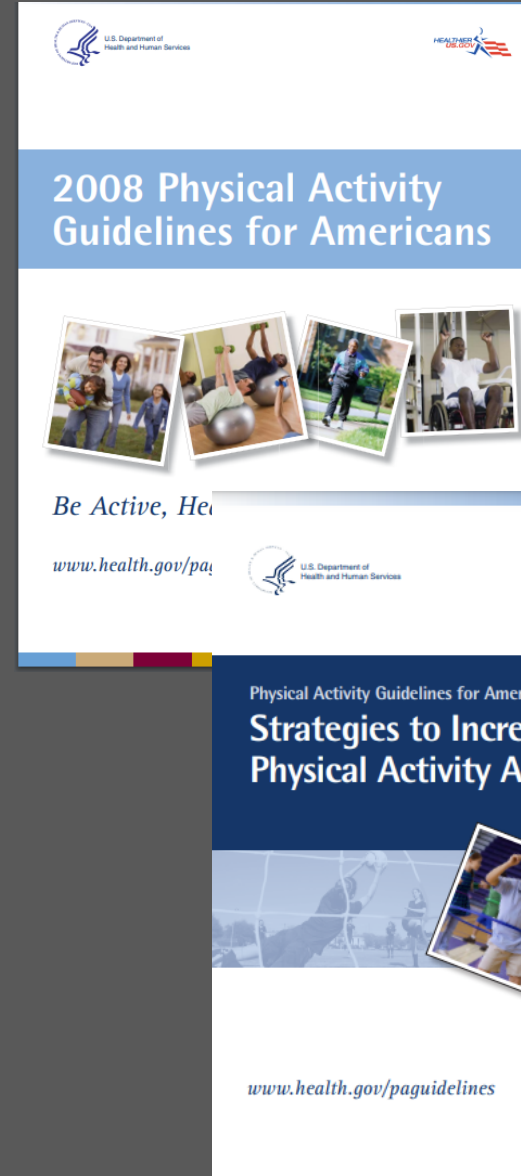
2-Increase Physical Activity |

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.

• [Redacted text]



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





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





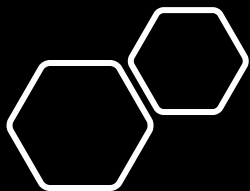
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4-AVOIDANCE OF RISKY SUBSTANCES

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.)

☐
Never

☐
Once or twice

☐
Monthly

☐
Weekly

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https://www.thenationalcouncil.org/wp-content/uploads/2020/08/032720_NCBH_SBIRT_ChangePackage_Final_v6.pdf?dof=375ateTbd56

Substance Use Treatments

5 A's": Ask, Advise,
Assess, Assist, and
Arrange.

Cessation
Medications

Recovery
Resources

Support Groups

ASAP– MCPAP

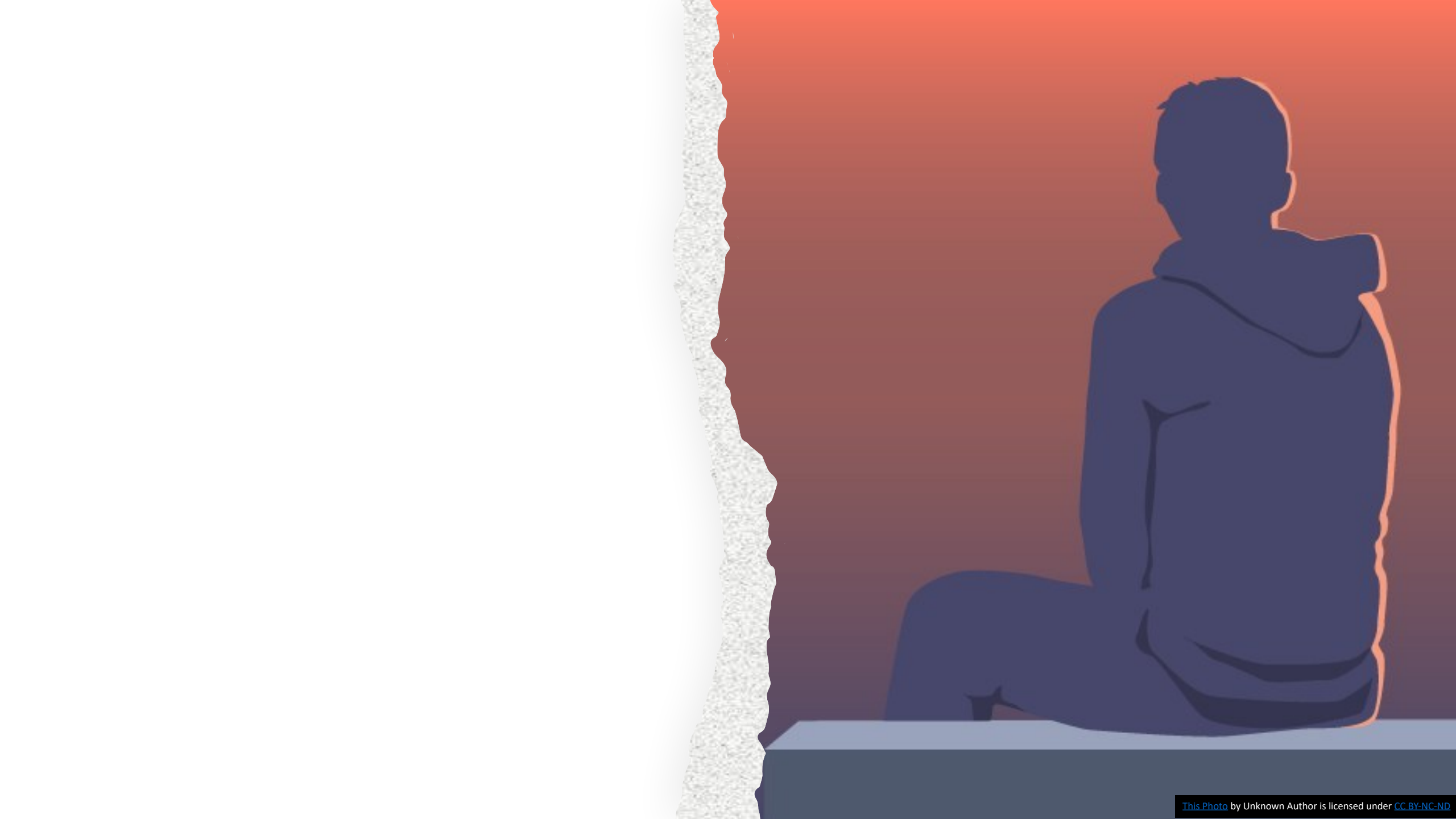
Intensive
Outpatient, Partial,
Residential and
Inpatient Programs

5-Improve Social Connections



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”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)



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



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.



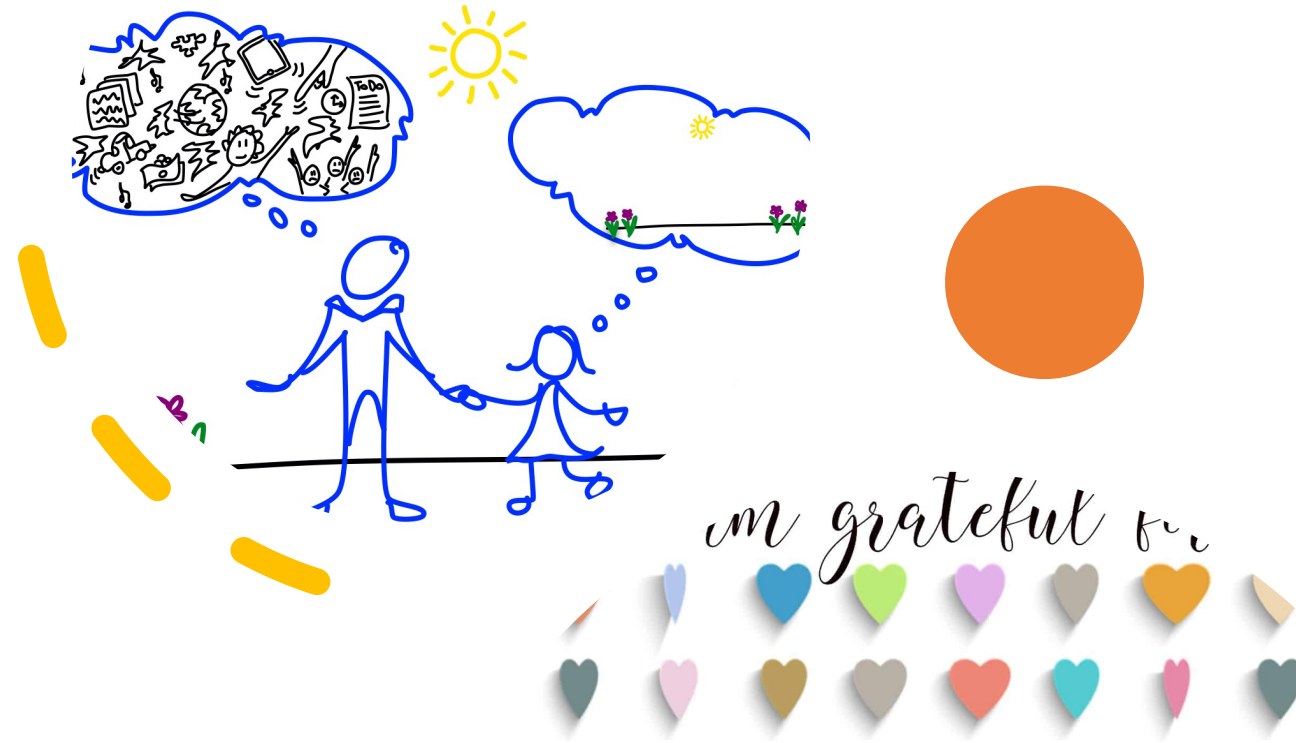


6-Stress Management / Building Resilience

Managing Stress can help manage mood

- Doing Enjoyable Activities
- Deep Breathing
- Taking a Mental 'Time Out'
- Meditation or Progressive Relaxation
- Gratitude Journal
- Mindfulness

Mind Full, or Mindful?



PEOPLE	1. _____
	2. _____
	3. _____
	4. _____

THINGS	1. _____
	2. _____
	3. _____
	4. _____

BOOKS	1. _____
	2. _____
	3. _____
	4. _____

MOVIES	1. _____
	2. _____
	3. _____
	4. _____



Build Resilience

COMPETENCE

CONFIDENCE

CONNECTION

CHARACTER

CONTRIBUTION

COPING

CONTROL

—Kenneth Ginsburg, Building Resilience in Children and Teens

IDENTIFY TRAUMA

CLINICAL REPORT Guidance for the Clinician in Rendering Pediatric Care

American Academy
of Pediatrics

DEDICATED TO THE HEALTH OF

Trauma-Informed Care

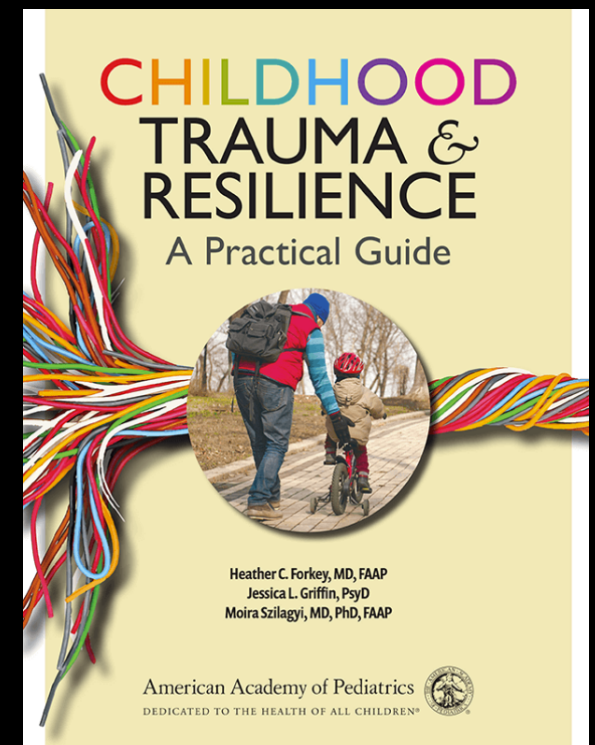
Heather Forkey, MD, FAAP^a Moira Szilagyi, MD, PhD, FAAP^b Erin T. Kelly, MD, FAAP, FACP^c James Duffee, MD
THE COUNCIL ON FOSTER CARE, ADOPTION, AND KINSHIP CARE, COUNCIL ON COMMUNITY PEDIATRICS, COUNCIL
AND NEGLECT, COMMITTEE ON PSYCHOSOCIAL ASPECTS OF CHILD AND FAMILY HEALTH

Children will experience some type of trauma during childhood, and children suffer from significant adversities. Research in neuroscience, and epidemiology all provide evidence that these experiences have effects at the molecular, cellular, and organ system levels, with consequences on physical, emotional, developmental, and mental health across the life span. Trauma-informed care translates this knowledge to inform and improve pediatric care and outcomes. To address trauma and promote resilience, pediatric clinicians should assess childhood trauma and adversity experiences as

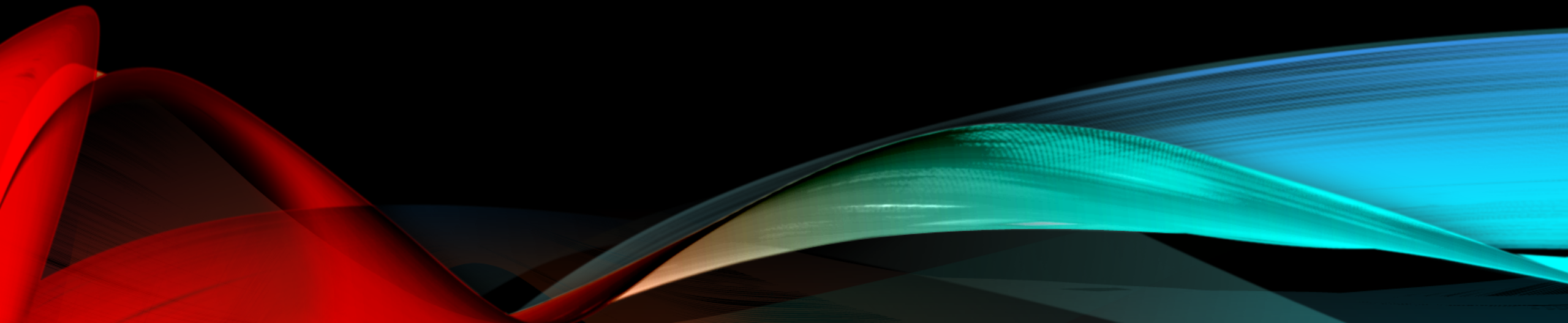
abstract

^aDepartment of Pediatrics, University of Massachusetts, Massachusetts; ^bDivisions of General and Developmental Pediatrics, Department of Pediatrics, University of California, Los Angeles, California; ^cAmbulatory Care, Philadelphia Department of Public Health, Philadelphia, Pennsylvania; and ^dDepartments of Pediatrics and Psychiatry, Pediatrics, Wright State University, Dayton, Ohio

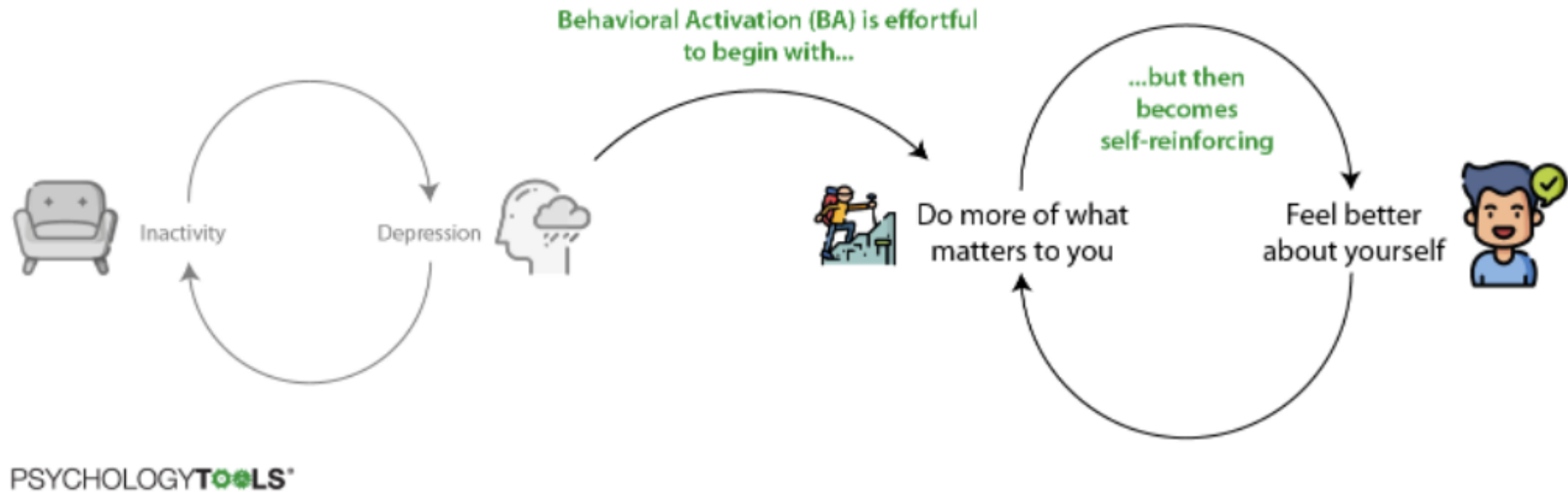
Drs Forkey, Szilagyi, Kelly, and Duffee were equal contributors to the conceptualizing, writing, and revising the manuscript, considering input from all reviewers and the Board of Directors.



STRATEGIES



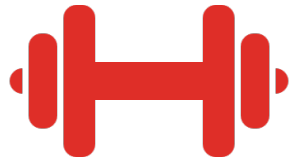
Principles of Behavioral Activation



Motivational Interviewing



Collaborative, Teen
Centered



Increases Intrinsic
Motivation

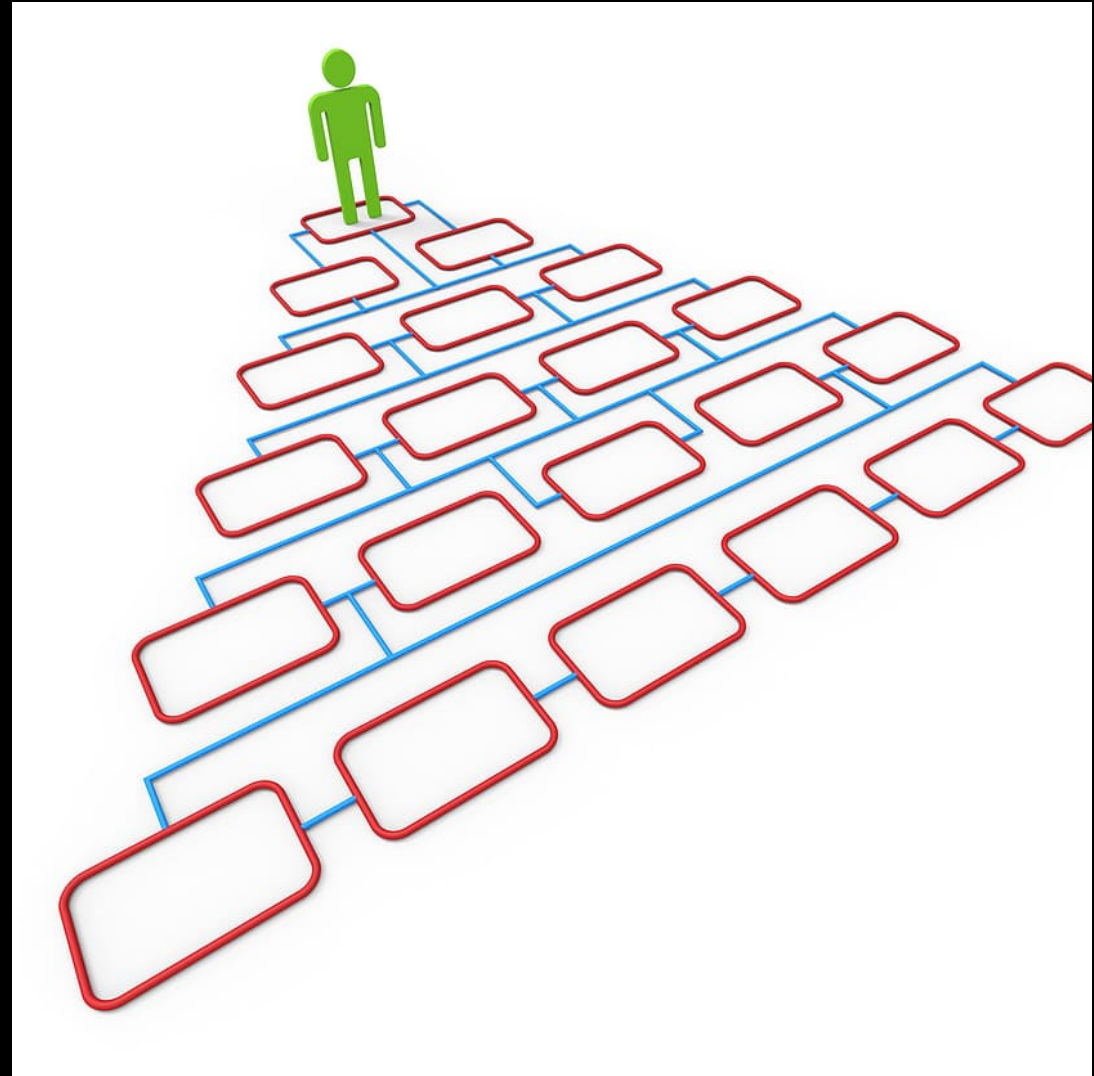


Exploring Person's Own
Reasons for Change

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**

James, M., Todd, C., Scott, S. *et al.* Teenage recommendations to improve physical activity for their age group: a qualitative study. *BMC Public Health* 18, 372 (2018). <https://doi.org/10.1186/s12889-018-5274-3>



A red abstract graphic consisting of several overlapping, curved, ribbon-like shapes that sweep across the bottom left corner of the slide.

ADVOCACY : MCAAP AND MMS AND MORE

- MCAAP MENTAL HEALTH TASK FORCE
- MMS COMMITTEE ON MENTAL HEALTH AND SUBSTANCE USE
- MANY MORE ORGANIZATIONS- NETWORK TODAY!

MENTAL HEALTH FORUMS- OPEN MIC

ADVOCACY:
MCAAP NEW
INITIATIVES
2022
ONWARDS...

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

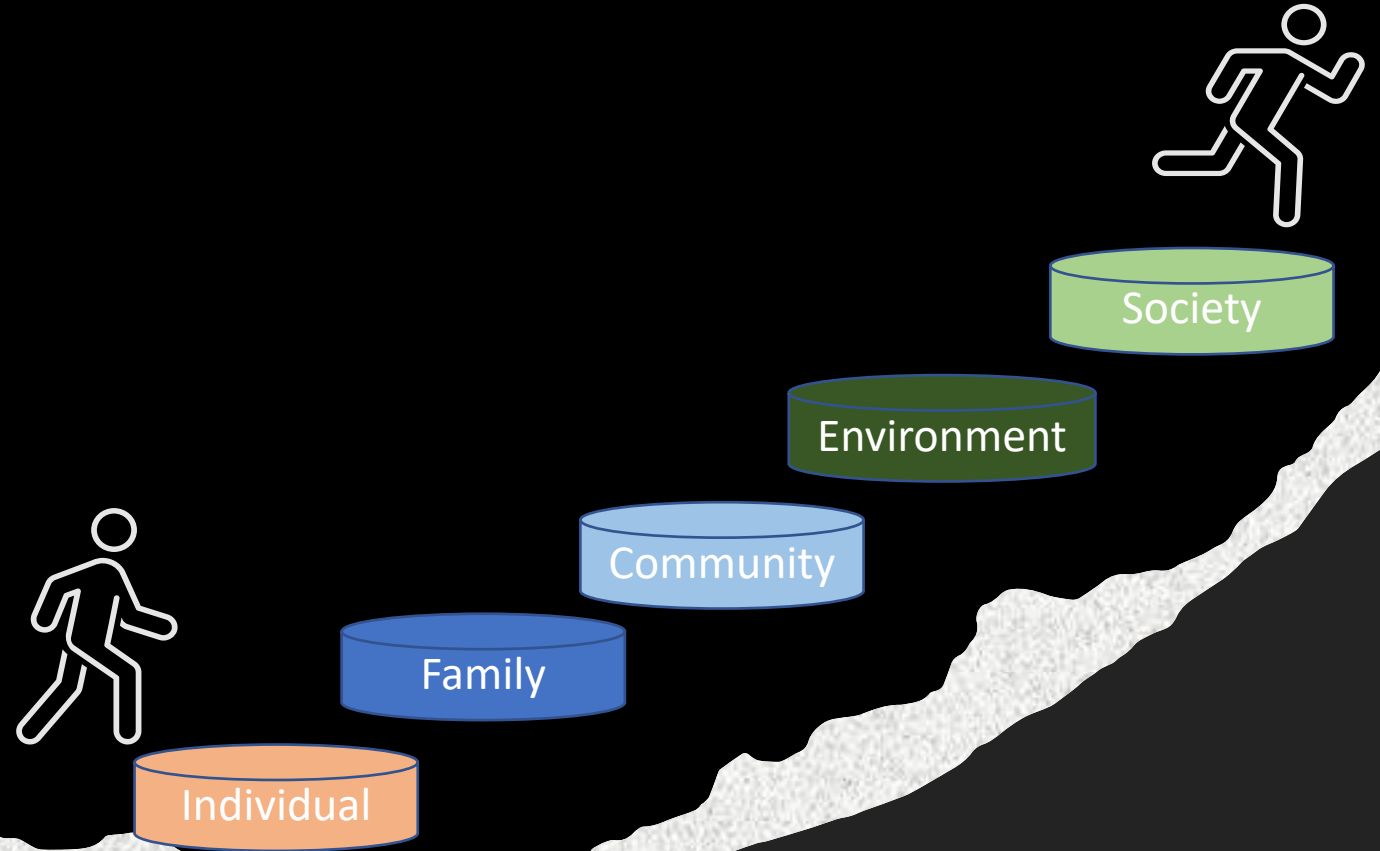
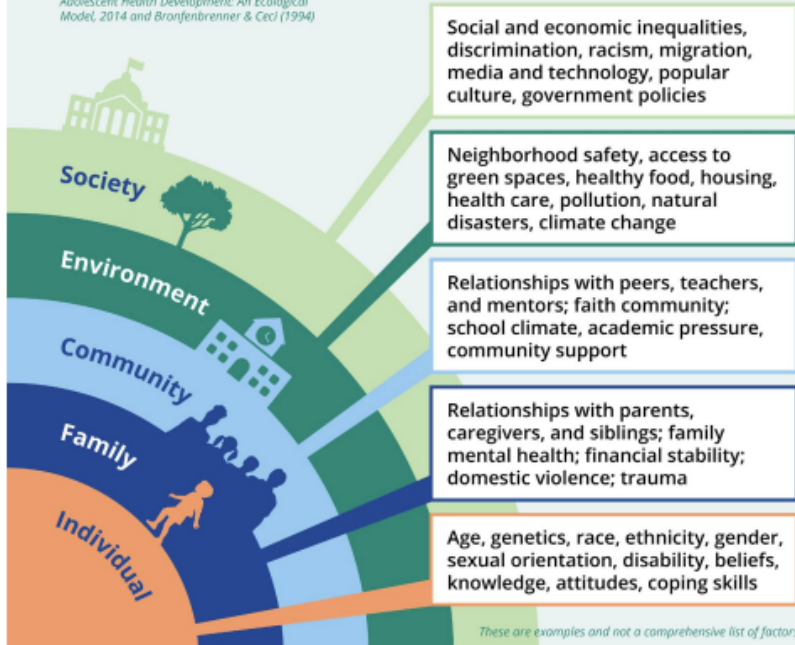
- **LEGISLATIVE COMMITTEES**
- **BE IN THE KNOW**
 - BEHAVIORAL HEALTH ROADMAP (find at mass.gov)
 - ALLOCATION OF ARPA FUNDS
- **TELL YOUR STORIES**
 - WRITE TO SENATORS AND REPRESENTATIVES WHEN MH CHALLENGES ARE SEEN

FIGURE 1

FACTORS THAT CAN SHAPE THE MENTAL HEALTH OF YOUNG PEOPLE



Source: Adapted from WHO's Determinants of Adolescent Health Development: An Ecological Model, 2014 and Bronfenbrenner & Ceci (1994)



Focus on what
you can do, not
what you can't.
Small steps turn
into miles.....

.....
.....

WWW.LIVELIFEHAPPY.COM

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