The Landscape for Mental Health in Children & Adolescents

Opportunity for
Promotion
Prevention &
Intervention
Unique Features of Pediatric Mental Health

- Mental health competencies include promotion, prevention, management, and co-management.

- The spectrum of mental health and behavioral problems presenting in pediatric patients extends from parents/youth with concerns, to a child/adolescent with functional issues but no diagnosis, to a child/adolescent with functional issues with a diagnosis.

- Severity of problems is predominantly from mild to moderate, but primary care practices still have to be prepared to recognize, and sometimes to treat or collaborate in the treatment of children with higher levels of severity.

- Focus is on prevention of adult morbidity.

- There is a substantial long-term ROI (return on investment).
Spectrum of Pediatric Mental Health Disorders, Problems, & Concerns

• 16% (++) of children and adolescents in the U.S. have impaired MH functioning and do not meet criteria for a disorder

• 13% of school-aged, 10% of preschool children with normal functioning have parents with “concerns”

• 21% of children and adolescents in the U.S. meet diagnostic criteria for MH disorder with impaired functioning

• 50% of adults in U.S. with MH disorders had symptoms by the age of 14 years
Service Gaps & Workforce Issues

• >20% of children/youth have mental disorder
  • 20%-25% receive treatment
  • 40%-50% terminate services prematurely
• Chronically under-funded public mental health (MH) system focuses on individuals with severe impairment
• Little support for prevention or services to children with emerging or mild/moderate conditions
• Insufficient #s of child MH specialists
• Administrative barriers in insurance plans
• Many forces leading families to seek help for MH problems in primary care (eg, trust vs. stigma & unfamiliarity...)
AAP Defines Medical Home

• Accessible
• Family-Centered
• Continuous
• Comprehensive
• Coordinated
• Compassionate
• Culturally competent
Medical Home also means...

• Caring for the whole child

• Considering physical, developmental and mental health together

• “not separating the head from the body”
Promoting Lifelong Health

New science tells us what we always knew:

- The environment in which children develop - family, extended family, neighborhood, community and culture - impact brain development, health and even genetics.

- The frontal lobe volume is measurably less in children raised in adverse conditions including lower SES.
Two Generational Approach to Health

• The individual and interpersonal development, health and well-being of children and their parents are linked

• Parents and children can learn together skills to adapt positively to risk and adversity and thrive (i.e., executive functioning and mindfulness)

• Additional components are needed to support a two generation approach which include early childhood through postsecondary education, employment pathways, economic assets, and social capital

See Two Generation Approach from the Aspen Institute:
www.ascend.aspeninstitute.org/pages/the-two-generation-approach
Interventions to Increase Child Protective Factors

• Use of strengths-based communication among parents, families and primary care providers to deliver family-centered care (e.g. use of motivational interviewing, Reach Out and Read)

• Identification of concerns, risks, stressors, strengths and assets with early screening/assessment and ongoing surveillance (e.g., tools)

• Model quality interactions with the parents and child to build healthy relationships and supports

• Education and provision of anticipatory guidance and parenting strategies for children of all ages
If we really want to achieve breakthrough outcomes for children experiencing toxic stress, then we have to transform the lives of the adults who care for them.
Maternal Depression: Long Term Impact

• Infants are at risk for insecure attachment. Children with insecure attachment are more likely to have behavior problems and conduct disorder.

• Maternal depression in infancy is predictive of cortisol levels in preschoolers, which is linked with anxiety, social wariness and withdrawal.

• When mothers experienced major depression, then attachment disorders, behavior problems, and depression and other mood disorders can occur in childhood and adolescence.
Early Childhood

• Development and behavior inextricably linked
  e.g. toddler with language/communication delay leading to acting out behavior at childcare

• Very unlikely to meet criteria for a DSM V diagnosis

• DC 0-5 (Diagnostic Classification, 0-5) has diagnostic description/criteria appropriate for this age group
Prevalence and Risk

13% of preschool children have mental health problems.

This rate increases with the co-occurrence of other risk factors:

- Poverty
- Maternal depression
- Substance abuse
- Domestic Violence
- Foster care
Social Determinants of Health and Early Childhood

Health Care, Family, and Community Factors Associated with Mental, Behavioral, and Developmental Disorders (MBDD) in Early Childhood-United States, 2011-2012, March 11, 2016, 65(9); 221-226.

Factors associated with MBDD –
• inadequate insurance,
• lacking a medical home,
• fair/poor parental mental health,
• difficulty getting by on family income,
• employment difficulties due to child care issues,
• neighborhood without support/amenities/in poor condition.
School Age (and adolescence)

• Common issues
  • Learning differences (that may impact behavior, and/or cause anxiety or depression)
  • Anxiety (e.g. school phobia, separation anxiety)
  • Depression
  • ADHD

• Remember – PTSD can underlie symptoms of the above
## Bright Futures: Developmental Tasks of Adolescence

<table>
<thead>
<tr>
<th>Number</th>
<th>Task Description</th>
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<tr>
<td>1.</td>
<td>Engages in a positive way in the life of the community</td>
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<tr>
<td>2.</td>
<td>Demonstrates increasingly responsible and independent decision-making</td>
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<td>3.</td>
<td>Demonstrates physical, cognitive, emotional, social and moral competencies</td>
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<tr>
<td>4.</td>
<td>Engages in behaviors that provide well-being and contribute to a healthy lifestyle</td>
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<tr>
<td>5.</td>
<td>Demonstrates resiliency when confronted with life stressors</td>
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<tr>
<td>6.</td>
<td>Displays a sense of self-confidence, hopefulness and well being</td>
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<tr>
<td>7.</td>
<td>Forms a caring, supportive relationship with family, other adults, and peers</td>
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Adolescence

- Like infancy, another period of brain development, which increases risk associated with alcohol and other substance use.

- This age range associated with increased risk-taking behavior, but also a time for building mastery and goal orientation.
Adolescent Depression

- 26.2% of 12-17 year olds suffer from depression, anxiety, and other emotional disorders.

- Up to 6% of adolescents suffer from depression.

- 20% of youth will have at least 1 episode of major depression before they reach 18 years of age.

- People who live with depression do not always “look sad”.
Adolescents & Depression

• Associated with risk of recurrence, suicide attempts, and suicide

• Associated problems:
  • Poor school performance
  • Early pregnancy
  • Social, work, and family environment issues
Suicide and Adolescents

• 2\textsuperscript{nd} leading cause of death for US adolescents 15-19 years old.

• 17% of high school students seriously considered suicide, 13% developed a suicide plan, 8.4% reported attempting suicide, and 2.3% made a serious attempt that required medical intervention.

• Although female adolescents are more likely to attempt suicide, males are 4-5 times more likely to commit suicide.
Evidence-based Therapies

- Child Parent Psychotherapy (CPP), 0-5
- Circle of Security (COS), 0-5
- Attachment Biobehavioral Catch-up (ABC), 0-5
- Parent-child Interactive Therapy (PCIT), 3-7
- CBT (Cognitive Behavioral Therapy)
- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), 3-18
Evidence-based Interventions

• Mental health for the infant and mother dyad [i.e., Child Parent Psychotherapy, CPP (0-5 yrs), Parent Child Interaction Therapy (3-7 yrs)]

• With known abuse/neglect [i.e., above plus also consider Attachment Biobehavioral Catch Up (0-36 months), TF-CBT (3-18 yrs)]

• For Depression (CBT)

• Evidence based parenting programs (i.e., Incredible Years, Strengthening Families, Triple P)

• Evidence based home visiting programs (i.e., NFP, Healthy Families America)
Resources

• Maternal Depression
  • CCNC Algorithm and Guidelines: Maternal Depression - Screening for Postpartum Depression at Infant Well-Visits, Screening, Follow-up and Referral
  • CCNC Pediatrics “one-pager”
  • AAP Statement: PEDIATRICS. 2010; 126(5): 1032-1039. (update in process)

• Adolescent Depression
  • CCNC Algorithm and Guidelines: Adolescent Depression – Screening, Follow-up, and Co-management Guidelines