Phoenix Programs

“Mental Health Issues in Children and Youth:
What Do I Need to Know?”

NAMI Missouri Provider Workshop
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Learning Objectives

• **What?** Overview of human brain development.

• **Who?** Who (among children/youth) is most at risk for mental illness and why.

• **When?** To be concerned/to intervene.

• **How?** How and where to get help.
Overview of human brain development
Scientists in 1997 were surprised! Dr. Jay Geidd, Neuroscientist, with NIH saw something he didn’t expect to see.
Human brains—still growing

Human physical body growth during teen years

• Dramatic
• Well-documented

Most thought little else happening besides . . .
... hair, hormones, and pimples.

Didn’t connect astounding (irritating) changes in behavior, appetite, attention span, poor judgment, risky behaviors, and sleep patterns to their brains.
Duh!
Pruning/cutting back neuropathways Enables human brain to specialize.

Use it or lose it!
Human brain growing well in the mid-20’s

Ages 5

Blue represents maturing portion of the brain.

Blue represents maturing portion of the brain.
Human Brain Matures

• Inside out
• Back to front

Last to mature—front
Pre-frontal cortex—right behind your forehead
SO WHAT?
Pre-frontal cortex in humans

• Reasoning
• Motivation
• Judgment
• Resist impulses
Pre-frontal cortex in humans

• Serves as “policeman”
• Chief executive

Helps us plan ahead.

Asks, “What might happen IF . . . . ?
Have you ever known (or BEEN)
a teen who experienced difficulties in these areas of function?
Inhibitors demonstration
Who among our children are most at risk for mental illness?
First, let’s be clear . . .
... All our children are at risk.
We’ll explore more risk factors,

But no one is immune. Mental illness is no respecter of

- Income
- Intelligence
- Social status
- Education
- Race
- Nationality
When are people more vulnerable?
Most disabling diseases begin later in life.
Half of all lifetime cases... of mental illness begin by age... (can you guess)
Half of all lifetime cases . . . of mental illness begin by age . . . 14.
Three quarters have... 
...began by age...
Three quarters have... 

... begun by age...

24.

--National Institute of Mental Health (NIMH), 2005

Remember age at which human brain matures?
Human brain growing well in the mid-20’s

Ages 5 to 20

Blue represents maturing portion of the brain.

Blue represents maturing portion of the brain.
Unlike heart disease or most cancers, young people with mental disorders suffer disability when they are in the prime of life, when they would normally be the most productive.
Thus, mental disorders are really the chronic diseases of the young.
Long delays to receive help.

The median delay across disorders is nearly . . .
Long delays to receive help.
The median delay across disorders is nearly . . .
A decade-10 years.
Imagine . . .
What opportunities to learn, prepare for and experience life a young person will miss

*in 10 years.*
In addition, early-onset mental disorders that are left untreated are associated with school failure, teenage childbearing, unstable employment, early marriage, and marital instability and violence.
ACE scores and Life Long Health

- https://acestoohigh.com/got-your-ace-score/
ACE scores and Life Long Health

• **Adverse Childhood Experiences** (ACEs) is the term used to describe all types of abuse, neglect, and other potentially traumatic experiences that occur to people under the age of 18.

• Adverse Childhood Experiences have been linked to
  • risky health behaviors,
  • chronic health conditions,
  • low life potential, and
  • early death.
• **Prior to your 18th birthday:**
  • Did a parent or other adult in the household often or very often... Swear at you, insult you, put you down, or humiliate you? or Act in a way that made you afraid that you might be physically hurt?
    No___If Yes, enter 1__
  • Did a parent or other adult in the household often or very often... Push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured?
    No___If Yes, enter 1__
  • Did an adult or person at least 5 years older than you ever... Touch or fondle you or have you touch their body in a sexual way? or Attempt or actually have oral, anal, or vaginal intercourse with you?
    No___If Yes, enter 1__
  • Did you often or very often feel that ... No one in your family loved you or thought you were important or special? or Your family didn’t look out for each other, feel close to each other, or support each other?
    No___If Yes, enter 1__
  • Did you often or very often feel that ... You didn’t have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
    No___If Yes, enter 1__
• Were your parents ever separated or divorced?  
  No___If Yes, enter 1__
• Was your mother or stepmother:  
  Often or very often pushed, grabbed, slapped, or had something thrown at her? or Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? or Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?  
  No___If Yes, enter 1__
• Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?  
  No___If Yes, enter 1__
• Was a household member depressed or mentally ill, or did a household member attempt suicide?  
  No___If Yes, enter 1__
• Did a household member go to prison?  
  No___If Yes, enter 1__
• Now add up your “Yes” answers: __ This is your ACE Score
Health Risks

Childhood Experiences vs. Adult Alcoholism

% Alcoholic

ACE Score

0 1 2 3 4+

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Childhood Experiences Underlie Chronic Depression

% With a Lifetime History of Depression

ACE Score

0 1 2 3 >=4

Women Men
ACE Score and Rates of Antidepressant Prescriptions
approximately 50 years later
ACE Scores

Mental and physical impact for life.
According to the World Health Organization . . .

. . . Mental Illness Is As Much Of A Global Threat As Infectious Diseases.

Depression and anxiety cost the world economy $1 trillion every year.

What about substance use disorders?
WHO?

Drug abuse starts early and peaks in teen years

95% of addictions begin during adolescence.

Dr. Michael Dennis
Chestnut Health Systems

Illustration source: NIDA
In 2011 . . . National Center on Addiction and Substance Abuse (CASA) at Columbia University issued report:

**ADOLESCENT SUBSTANCE USE: #1 PUBLIC HEALTH PROBLEM IN US.**

HTTP://WWW.CENTERONADDICTION.ORG/ADDICTION-RESEARCH/REPORTS/ADOLESCENT-SUBSTANCE-USE

NOTE: NOT THE #1 PUBLIC HEALTH PROBLEM OF ADOLESCENTS.—JUST THE #1 PROBLEM.
Roads in your brain diagram.
Relapse rates for drug-addicted patients are compared with those suffering from diabetes, hypertension, and asthma. Relapse is common and similar across these illnesses (as is adherence to medication).

Thus, **drug addiction should be treated like any other chronic illness, with relapse serving as a trigger for renewed intervention.** Source: JAMA 284:1689–1695, 2000.

[Source of chart](https://www.drugabuse.gov/sites/default/files/sciofaddiction.pdf)
Youth attempting to self-medicate.

66-80% of youth who meet criteria for Substance Use Disorder, also have a diagnosed mental illness.
To the tune
“If You're Happy & You Know It”
PREVENTION

What’s rewarded gets repeated yes it’s true.
What’s rewarded gets repeated yes it’s true.
We reinforce and affirm so young brains can learn.
What’s rewarded gets repeated yes it’s true.
ADDICTION

What’s rewarded gets repeated yes it’s true. What’s rewarded gets repeated yes it’s true. But alcohol and drugs and change the neuropathways in our brains. What’s rewarded gets repeated yes it’s true.
RECOVERY

What’s rewarded gets repeated yes it’s true.
What’s rewarded gets repeated yes it’s true.
We reinforce and affirm so young brains can learn.
What’s rewarded gets repeated yes it’s true.

--Lyrics Heather Harlan
Primary prevention:

Do all we can to keep addictive substances out of the hands of underage youth.
When to be concerned?
List out challenging characteristics of adolescents?
List out early warning signs for mental illness?
WAIT, JIM! MANY OF THE CHARACTERISTICS OF NORMAL ADOLESCENT HUMAN DEVELOPMENT ARE THE SAME AS EARLY SIGNS OF MENTAL ILLNESS.
WHEN?

• When to be concerned?
• When to intervene?
Concerns About Behavior?

Observe ILL

Intensity - Low, Medium, High?

Length of Time - How Long?

Limiting - Is It Interfering With Routines - Job, School, Responsibilities?
Might this youth be **I.L.L.?** (you heard it here first)

I. **Intensity** of the behavior or symptom.
Mild, moderate, severe?
Might this youth be I.L.L.? (you heard it here first)

I. **Intensity** of the behavior or symptom.
Mild, moderate, severe?

L. **Length of time.**
How long has this persisted? 2 weeks?
 Might this youth be I.L.L.? (you heard it here first)

I. **Intensity** of the behavior or symptom. 
Would you say mild, moderate, severe?

L. **Length of time.**
How long has this persisted? 2 weeks?

L. **Limiting** to the person’s routine.
To what degree is it interfering with routines of school, work, hygiene?
Helps parents know what to notice.
Helps professionals know what to tell parents to notice.

Might this youth be I.L.L.?
Risk factors for substance use in youth:

• students who are children of substance abusing parents (statistically that’s one of every five students) Source: CDC. Also be ware of older siblings, extended family
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• **students who are children of substance abusing parents** (statistically that’s one of every five students) Source: CDC. Also be ware of older siblings, extended family

• **Students under stress**—transitions are especially problematic. Divorce, new school?
More Risk factors for substance use in youth:

- Students with drug using peers.

31% (nearly 1/3) reported they could obtain marijuana within one day.
Access is the mother of use.
Risk factors (continued)

• Students who are not bonded to school.
• Students who have difficulty regulating their behavior.
Risk Factors (continued)

• **LGBTQ**— A nationally representative study of adolescents in grades 7–12 found that lesbian, gay, and bisexual youth were *more than twice as likely to have attempted suicide as their heterosexual peers.*

Risk Factors (continued)

- Bullying

Victims and perpetrators of bullying

Researchers found that middle and high school students who bully their peers or are bully-victims (bully others and are also bullied) are more likely than students who aren’t involved in bullying to use alcohol, cigarettes, and marijuana. BOTH more at risk for substance use and suicide.

“Our findings suggest that one deviant behavior may be related to another,”

Kisha Radliff of Ohio State University
Risk Factors (continued)

• **Tobacco** + Youth = Red Flag for Mental Health
According to WHO (World Health Organization):

Teenage smokers are more likely to have seen a doctor or other health professionals for an emotional or psychological complaint.

- Teens who smoke are 3 times more likely than nonsmokers to use alcohol,
- 8 times more likely to use marijuana, and
- 22 times more likely to use cocaine.

http://www.who.int/tobacco/research/youth/health_effects/en/
Results suggest that while it is common during adolescence to drink but not smoke, it is very unusual to smoke and not drink.


Aren’t we all. . .

. . . Searching for ways to identify mental illness in youth sooner?
WHERE THERE'S SMOKE...
There might be a mental health issue for a youth who is using tobacco. We don’t have to determine whether it’s cause or correlation.
A youth who is smoking tobacco merits a second look.
Risk factors (continued)

Co-Occurring mental health issues

- Depression
- Anxiety
- PTSD
- ADHD/ADD
- Bipolar disorder
How and where to find help.
Phone Screen with parents/caregivers.
Our ongoing question?
Why do they wait so long?
Parents/caregivers

• Think it’s just “normal” adolescent behavior
  “I tried it. I went through that stage, Right?”
• In denial
  “Not my kid.
• Don’t know when/how to take the next step.
  Who would I ask? They’ll just say, “Be glad you kid’s not shooting up heroin.”
Our ongoing question?

Why do **WE** – health professionals wait so long?
Health Care Providers believe these myths:

- Can’t help until the youth wants help.
- Rite of passage.
- Will outgrow it.
- Have to wait until the person “hits bottom.”
- Nothing parents can do. Just have to wait.
Health Care Providers

• May not know resources to refer
• May not routinely screen
• May not have experience helping families with substance use issues
Screening

If a parent reports, “I don’t know. Something’s ‘not right’ with my teen.”

To whom would you send that parent/caregiver?
School counselor couldn’t answer.
When to intervene?

ASAP

Early interventions = better results
Cavities, cancer, noise in my car

Stage 4 cancer?
Diabetes:

Chronic health disorder
Early detection & intervention = better outcomes
Can prevent damage from SPREADING to every part of your body
Substance use disorder:

Chronic health disorder
Early detection & intervention = better outcomes
Can prevent damage from SPREADING to every part of your life.
Mental health issue +
Suicidal ideation +
Suicidal plan +
Substance use +
Access to means to die by suicide
Medical Emergency
California Research:

Access to guns increases risk of death by suicide by 3x
Local resources:

- Emergency Room
- CIT (Crisis Intervention Training)
  1/3 of law enforcement in Boone County—trained for better outcomes with MH and SUD situations.
- Encourage your community to train officers for CIT
Policy RE: Suicidal Ideation/Threats?

Where YOU work?

Do you know

• The policy?
• Sources of immediate help?
• Forms to document your response?
What next?

Mental Health Screening

• Pediatrician
• Mental Health Provider in your community?
• Where in YOUR community?

Suggestion: School nurse refer to pediatrician and with parent’s consent REQUESTS mental health screening
Missouri Dept. of Mental Health

On home page,
Service areas across Missouri listed.

https://dmh.mo.gov/
Click on “Treatment Locator” tile on home page for mental health and SUD services in any state.

https://www.samhsa.gov/
I can’t MAKE my child get help.

Start with check-up.

Parent/guardian can request mental health screening as part of visit.

Reframe as HEALTH AND SAFETY ISSUE.

“If you were limping badly, or squinting to see, I’d want doctors to be sure you were OK.”

PARENTS BEGIN TO GET HELP EVEN IF YOUTH UNWILLING.
Identify for parents and/or youth

Next small step:
- Look at website
- Make a phone call
- Make an appointment
- “Go chat with them”
Referral by handing over the phone

“I know someone at ___________[Name the agency] who might be able to give you some information and options. Let’s call right now. . . . .This is ___________I have client/patient who is interested in knowing more about your services for youth. Here [hand the phone to the parent] could you give them your name and phone number.”
Former Congressman Patrick Kennedy (son of US Senator Edward Kennedy)

“Everybody needs a check up from the neck up.”

• Has had personal struggles with mental illness and addiction

• Didn’t run for re-election but because co-founder of One Mind for Research

http://1mind4research.org/about-one-mind
Alcohol Screening & Brief Intervention for Youth

National Institute on Alcohol Abuse and Alcoholism NIAAA


FREE—download and/or order copies online
Treatment options—better outcomes

• What gives better outcomes:
• Longer engaged in treatment.
• Quitting smoking
• Treating co-occurring simultaneously
• Family support/involvement and treatment
• Medication assisted treatment
• *Earlier interventions*
Principles of Adolescent Substance Use Disorder Treatment: A Research-Based Guide

Whether youth does or does not want help...

Resource for adult caregivers and families.

*Beyond Addiction: How Science And Kindness Help People Change* by Foote
Signature Program: NAMI BASICS

- free
- 6-week education program
- for parents and family caregivers of children and teens who are experiencing symptoms of a mental illness or whom have already been diagnosed.
- learn the facts about mental health conditions and how best to support your child
- NAMI Basics is offered in a group setting so you can connect with other people face-to-face.
Please consider LIKING Phoenix Programs on FACEBOOK.
Thank you!

Questions
Presented by Heather Harlan, CRPS, MAADC II; Phoenix Programs, Columbia

Please contact for a copy of this PowerPoint or with questions;

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