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

NAMI Missouri Provider Workshop--Online
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Looking Up Productions
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Looking Up Productions

Heather Harlan

- Storytelling
- Music
- Inspirational and retreat speaking

Looking Up Productions
Learning Objectives

• **What?** Overview of human brain development.
• **Who?** Who (among children/youth) is most at risk for behavioral health/mental illness issues and why.
• **When?** To be concerned/to intervene.
• **How?** How and where to get help.
WHAT?
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 & pimples.
. . . hair, 
Hormones & pimples.

Didn’t connect astounding (irritating) changes in behavior, 
• appetite, 
• attention span, 
• poor judgment, 
• risky behaviors, and 
• sleep patterns 

**to their brains.**
Duh!
Use it or lose it!

Pruning/cutting back neuropathways Enables human brain to specialize.
Human brain growing well in the mid-20’s

Ages 5 — 20

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
Oh yeah? So what?
If the brain matures inside out back to front, what’s the LAST portion to mature?
Pre-frontal cortex in humans
Pre-frontal cortex in humans

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

Serves as the “teacher” bringing order to your brain

• Chief executive
• Helps us plan ahead.

• Asks, “What might happen IF . . . .?"
• Learns to wait longer for rewards.
• Reduces impulsiveness.
Have you ever known (or BEEN) a teen who experienced difficulties in these areas of function?
Inhibitors demonstration
WHO? Who among our children are most at risk for mental illness?
... All our children are at risk.
We’ll explore more risk factors,

But no one is immune. Behavioral/mental health problems are no respecter of

- Income
- Intelligence
- Social status
- Education
- Race
- Nationality
Many risk factors . . .

. . . associated with the WHEN.
When are people more vulnerable?
Most disabling, chronic 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... 

... begun by age...
Three quarters have . . . 

. . . begun by age . . . 

24. 

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

Remember age at which human brain matures?
Blue represents maturing portion of the brain.

Blue represents maturing of brain areas.

Human brain growing well in the mid-20’s

Ages 5 → 20
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, behavioral/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,
- lower income levels,
- violence.
ACE scores and Life Long Health

• https://acessoohigh.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 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___
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.
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. . .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?
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](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.

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

66-80% of youth who meet criteria for Substance Use Disorder, also have a diagnosed mental illness.

--Substance Abuse Mental Health Services Administration (SAMHSA)
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? When to be concerned?
List out challenging characteristics of adolescents?
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.L.? (you heard it here first)

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

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

3. **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 beware 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 beware of older siblings, extended family

• **Students under stress**—transitions are especially problematic. Divorce, new school?
COVID-19?
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.
Where do youth get alcohol, tobacco and other drugs?
Where do youth get alcohol, tobacco and other drugs?
It always passes through the hands of an adult who

- Didn’t card
- Didn’t care if they sold/gave it to a youth
- Didn’t understand vulnerability of young brains
- Didn’t lock it up
- Wanted to make $$$$$.
Risk factors (continued)

• Students who are not bonded to school.
• Students who have difficulty regulating their emotions and controlling 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 Behavioral/mental challenges 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.
One reason it’s so difficult to find help and what Missouri is doing about it?
The Need for Youth BH Services

• **1 in 5** children have behavioral health problems at any point in time. ¹

• **Only one third** of youth ages 12-18 with depressive symptoms receive treatment. ²

• **Nearly 50 percent** of children identified as having a mental health disorder did not receive care. ³

• **Suicide is now the 2nd leading cause of death** for children ages 10-14 and youth 15-24, after intentional injury. ⁵

• **Severe shortage** of child psychiatry resources. ⁴

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¹ National Alliance on Mental Illness (NAMI), Mental Health Facts: Children & Teens, 2016.
² Menta
Missouri at a Glance

- Population: 1.4 million children under age 18

- 146 child psychiatrists

- **11 child psychiatrists per 100,000 children (severe shortage)**

- compared to a mostly sufficient supply = or greater than 47/100,000 children

**Child & Adolescent Psychiatrists (CAPs) Per 100,000 Children in selected Missouri Counties**

<table>
<thead>
<tr>
<th>County</th>
<th>Child Psychiatrists</th>
</tr>
</thead>
<tbody>
<tr>
<td>City of St. Louis</td>
<td>24</td>
</tr>
<tr>
<td>St. Louis County</td>
<td>39</td>
</tr>
<tr>
<td>St. Charles</td>
<td>6</td>
</tr>
<tr>
<td>Jefferson</td>
<td>1</td>
</tr>
<tr>
<td>Franklin</td>
<td>0</td>
</tr>
<tr>
<td>Lincoln</td>
<td>0</td>
</tr>
<tr>
<td>Warren</td>
<td>0</td>
</tr>
<tr>
<td>Audrain</td>
<td>1</td>
</tr>
<tr>
<td>Boone</td>
<td>30</td>
</tr>
<tr>
<td>Callaway</td>
<td>0</td>
</tr>
<tr>
<td>Cole</td>
<td>3</td>
</tr>
<tr>
<td>Cooper</td>
<td>0</td>
</tr>
<tr>
<td>Howard</td>
<td>0</td>
</tr>
<tr>
<td>Moniteau</td>
<td>0</td>
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<tr>
<td>Randolph</td>
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Suitability of Primary Care Providers for Behavioral Health

• Patients and families often feel more comfortable and trusting of primary care providers.

• Primary care providers have the opportunity for prevention and screening.

• Addressing psychiatric issues in primary care setting can reduce stigma.

• According to American Academy of Pediatrics, 75% of children’s behavioral health care is already being addressed under the care of pediatric primary care providers.

Our Vision: To increase mental health care access and to support primary care providers as they address mild to moderate behavioral health concerns within their practices.
Services for Pediatric Primary Care Providers Enrolled in Missouri Child Psychiatry Access Project – MO-CPAP

- **Timely telephonic consultations** with Child Psychiatrists – call w/n 30 minutes or scheduled time
- **Follow-up Coordination** to appropriate behavioral health providers
- **Ongoing training and education** for Primary Care providers & staff
History of MO-CPAP

• Access to child psychiatry has been a significant problem nationwide for years, as documented in the Surgeon General's report of 2000.

• Increasing prevalence of child behavioral health issues coupled with a stagnant workforce has only exacerbated the situation. Children's primary care providers end up meeting this need even though they are not prepared to do so.

• In 2003 a pilot program was developed at the University of Massachusetts Medical School in Worcester to provide psychiatric consultation to pediatricians. Enthusiastically supported by the Massachusetts Chapter of the American Academy of Pediatrics Mental Health Task Force, in 2004 the Department of Mental Health and Massachusetts Behavioral Health Partnership adapted the model to be implemented statewide.
NOW?
NOW?

SEVENTEEN years later

• Programs based on the Massachusetts model can be found in 34 states.
NOW?

SEVENTEEN years later

• Programs based on the Massachusetts model can be found in 34 states.

• Mild and moderate behavioral health issues can be addressed in the pediatric primary care office.
NOW?

SEVENTEEN years later

• Programs based on the Massachusetts model can be found in 34 states.

• Mild and moderate behavioral health issues can be addressed in the pediatric primary care office.

• Refer only most severe cases to child psychiatrists
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
• May not have experience identifying behavioral health challenges at an mild/moderate stage
• *Not enough mental health resources accessible*
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
Behavioral Health and/or Substance use disorder:

Chronic health disorder
Early detection & intervention = better outcomes
Can prevent damage from SPREADING to every part of your life.
• For families with private health insurance:
  • Check to see who is in network.

• For families without health insurance:
  • Missouri Department of Mental Health
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
• Crisis Intervention Team—NAMI
• Crisis phone numbers
• [https://dmh.mo.gov/mental-illness/program-services/behavioral-health-crisis-hotline](https://dmh.mo.gov/mental-illness/program-services/behavioral-health-crisis-hotline)

By calling the ACI hotline, individuals have access to behavioral health crisis services that are free and available to both youth and adults.
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
Systems change needed:

Many insurance companies won’t pay for mental health screening for children.

Doctors can’t bill for this procedure.

Results: many primary care doctors avoid 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"
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.
Thank you!

Questions
Heather Harlan

- Storytelling
- Music
- Inspirational and retreat speaking
LOOKING UP PRODUCTION

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