# Children's Mental Health "It Takes A Village"

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## What is going on?

Rising rates of depression, anxiety, eating disorders, substance use (cannabis)

Younger Ages (Childhood Trauma)

More reports of self-harm and/or suicidal ideation

More at Risk: Minority Youth, LGBTQ youth


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## Why?

Pandemic (crisis existed before Covid 19, but has significantly worsened)

Life is more stressful

Social Media (2012-2013 saw a huge spike

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## Elementary School

Behavior Outbursts

Emotional Dysregulation

Inability to concentrate

Anxiety

Sadness

Poor Social Skills

Home Environment/Stressors

Common Diagnoses: ADHD, Depression, Autism, Conduct Disorder–Very challenging as there is overlap of symptoms

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## Medical Evaluation

Immediately Refer to PCP for a medical work up (may or may not be indicated)

Hearing, Vision

Sleep, Nutrition

Rule out Developmental Disorders (exam, labs)

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## Neuropsychological Evaluation

Comprehensive neuropsychological evaluation can provide valuable information: learning challenges, mental health diagnoses, review child's strengths and areas needing improvement with concrete recommendations for IEP/504 plans

Challenging due to waitlists and insurance coverage

Difficult for parents to navigate

Families with MassHealth can be assigned a Care Coordinator through their PCP

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## Case #1

6 year old first grader is struggling in school. Reports from his Kindergarten teacher did not raise any concerns. He is now having significant trouble paying attention in school–he is talking and is disruptive to the class. When he is sat down and given 1:1 help with things explained slowly can complete tasks. He gets upset very easily when he is told to stop a certain behavior. Teachers have noticed him not playing with other kids at recess and when he does interact it appears that he also gets quite frustrated and walks away.

Then one day, he starts school on the wrong foot, and escalates very quickly in the classroom, throwing things and telling everyone he wants to die.

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## Case #1

Parent called and mobile crisis activated

Mobile Crisis Team intervened; no ER visit; follow-up with family to offer services, including in home therapy

PCP involved to begin evaluation.-- screening for ADHD, review options for neuropsychological evaluation to help with diagnosis; refer to Child Psychiatry

IEP developed at school for social/emotional and academic support

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## Depression

Depression in children and adolescents often presents differently than it does in adults. Feelings of sadness and loneliness are common, but moodiness or irritability may be more predominant expressions of these underlying feelings.

- Loss of appetite or overeating
- Sleep disturbances (e.g., excessive sleeping, insomnia, or day-night reversal)
- Social withdrawal
- School Absences
- Decline in Grades
- Suicidal ideations, attempts and completion
- Substance use
- Cutting
- Risky sexual behaviors

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## Barriers

Lack of Awareness and Education about Mental Health (Parents and Children)

Lack of Mental Health Providers

Clinicians' Practices Closed, Long Wait Lists

Insurance Coverage

Child Psychiatry Very Limited

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## Mental Health Promotion and Illness Prevention in the School Setting–Connectedness

Help students feel connected to school and family through building strong relationships and bonds.

Being connected to a community can help a child or teen feel cared for and valued.

Sense of connectedness can promote mental health as well as prevent other outcomes such as substance use and suicide.

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## Mental Health Promotion and Illness Prevention in the School Setting

• Identify one teacher or other staff member to act as the student's advocate, a check in person, and as a point person for communicating with parents

• Provide built-in opportunities for the student to talk with a supportive adult who has the time and ability to listen attentively

• Validate the student's experience and feelings ("I know that things are really hard for you right now")

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## Mental Health Promotion and Illness Prevention in the School Setting

- Model that it is okay to make mistakes; point out and make light of your own mistakes
- Model how to reframe mistakes into opportunities
- Provide the student with additional, meaningful responsibilities
- Discourage student from participating in activities that result in increased negative feelings about themselves
- Demonstrate unconditional acceptance of the student (though not his or her behavior if it is inappropriate)
- Separate student from peers who are negative or who frequently point out the failings of others

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## Mental Health Promotion and Illness Prevention in the School Setting

• Provide the student with opportunities for "self time out" to regroup when they are feelings excessively sad or irritable

• Teach the student to identify their mood patterns and appropriate ways to communicate anger, frustration, sadness, etc.

• Help the student to identify automatic negative thoughts and strategies for reframing these negative thoughts; encourage positive self talk

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## Screening Tools

PHQ 9 for Depression (12 and above)

GAD 7 for Anxiety (12 and above)

SCARED for Anxiety (8 to 11)

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PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (Use "✔" to indicate your answer)

| | Not at all | Several days | More than half the days | Nearly every day |
|---|---|---|---|---|
| 1. Little interest or pleasure in doing things | 0 | 1 | 2 | 3 |
| 2. Feeling down, depressed, or hopeless | 0 | 1 | 2 | 3 |
| 3. Trouble falling or staying asleep, or sleeping too much | 0 | 1 | 2 | 3 |
| 4. Feeling tired or having little energy | 0 | 1 | 2 | 3 |
| 5. Poor appetite or overeating | 0 | 1 | 2 | 3 |
| 6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down | 0 | 1 | 2 | 3 |
| 7. Trouble concentrating on things, such as reading the newspaper or watching television | 0 | 1 | 2 | 3 |
| 8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual | 0 | 1 | 2 | 3 |
| 9. Thoughts that you would be better off dead or of hurting yourself in some way | 0 | 1 | 2 | 3 |

For office coding: ___0___ + _____ + _____ + _____ =Total Score: _____

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all ☐ | Somewhat difficult ☐ | Very difficult ☐ | Extremely difficult ☐

Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc. No permission required to reproduce, translate, display or distribute.

A score of greater than 9 is considered positive

Number of positive screens has increased

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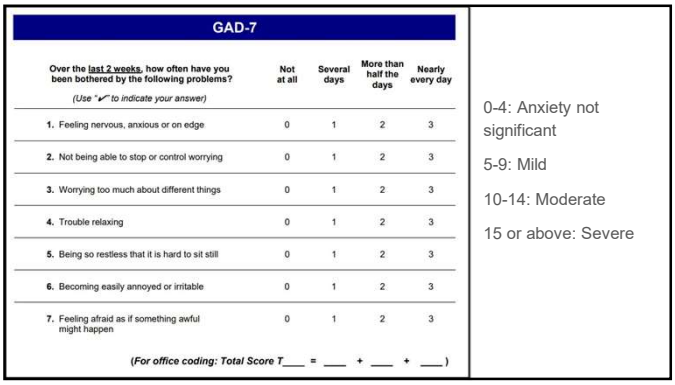

GAD-7

| Over the last 2 weeks, how often have you been bothered by the following problems? (Use "✔" to indicate your answer) | Not at all | Several days | More than half the days | Nearly every day |
|---|---|---|---|---|
| 1. Feeling nervous, anxious or on edge | 0 | 1 | 2 | 3 |
| 2. Not being able to stop or control worrying | 0 | 1 | 2 | 3 |
| 3. Worrying too much about different things | 0 | 1 | 2 | 3 |
| 4. Trouble relaxing | 0 | 1 | 2 | 3 |
| 5. Being so restless that it is hard to sit still | 0 | 1 | 2 | 3 |
| 6. Becoming easily annoyed or irritable | 0 | 1 | 2 | 3 |
| 7. Feeling afraid as if something awful might happen | 0 | 1 | 2 | 3 |

(For office coding: Total Score T___ = ___ + ___ + ___ + ___)

0-4: Anxiety not significant

5-9: Mild

10-14: Moderate

15 or above: Severe

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## Refer to PCP

Established relationship with family

Can offer guidance and lifestyle counseling

Many clinics/offices have integrated mental health services for bridge therapy until a community clinician is found

Medication if indicated

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## Emergency Numbers

988 – (call or text)

Call or Text 833-773-2445–Mobile Crisis (Home, PCP office, school)--Can initiate referrals after evaluation

Avoid emergency room

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## Getting Help

Community Behavioral Health Centers

Same Day Mental Health/Substance Use Evaluations (Walk-Ins)

https://www.mass.gov/files/documents/2023/04/18/MA%20Community%20Behavioral%20Health%20_Centers.pdf

www.psychologytoday.com (insurance, diagnosis, age)

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## Medication

Standard: SSRIs effective for Anxiety, OCD, and Depression

Choice depends on prior history and family history (success for failure of SSRI in a parent/sibling)

Studies show children and teens did better than placebo

All do come in a liquid form

Prozac (Fluoxetine)has FDA approval for **Depression** ages 8 and above

Lexapro (Escitalopram) has FDA approval for **Depression** ages 12 and above

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## Medication

**OCD/Anxiety**

Prozac is approved for ages 8 and above (OCD)

Zoloft (Sertraline) is approved for ages 6 and above (OCD)

Luvox (Fluvoxamine) is approved for ages 8 and above (OCD)

Cymbalta (SNRI, Duloxetine) is approved for ages for ages 7 and above (Anxiety)

However, pediatricians and psychiatrists will use other SSRIs as needed

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## Black Box Warning

Increase risk of suicidal ideation vs placebo

Start at a low dose

Close follow-up as we titrate up (first visit in 1-2 weeks)

May need to try a different SSRI–have to wean (risk of serotonin syndrome)

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## Case #2

16 year old, always a “quiet kid”.

Parents and teachers notice a decline in grades.

Decides to quit soccer team

Starts coming to school late, reporting that he feels sick every morning.

His physical is scheduled–screening tools reveal depression, cannabis use, cutting (thighs) and suicidal ideation; he reports that he’s been feeling this way for a number of months but never disclosed to anyone. It all started after a break up and a social media incident.

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Case #2

Reluctant to start any kind of therapy (he had seen someone when he was younger).

He is willing to follow-up with me frequently, start medication (Lexapro) and work on reducing and eventually stopping use of cannabis.

He checks in with his guidance counselor and school nurse and a 504 plan was developed for him

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**Cannabis Use–Patterns and Perceptions**

- Cannabis Use by Teens is more likely to be self-medicating when compared to alcohol (alcohol is usually social)
- Teens use marijuana for mood, anxiety, sleep
- While they agree that tobacco smoking or vaping is harmful to the lungs, they don't share the same concern for cannabis
- Harmful effects of tobacco and alcohol are well known, but not of marijuana
- Parental Perceptions/Attitudes

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## "Not As Bad"

But it is bad for you.

What's better: smoking weed or not smoking weed?

Would you rather jump off of a 4 story building or a 8 story building?

Lowering of IQ, respiratory, GI, and endocrine effects, psychological effects.

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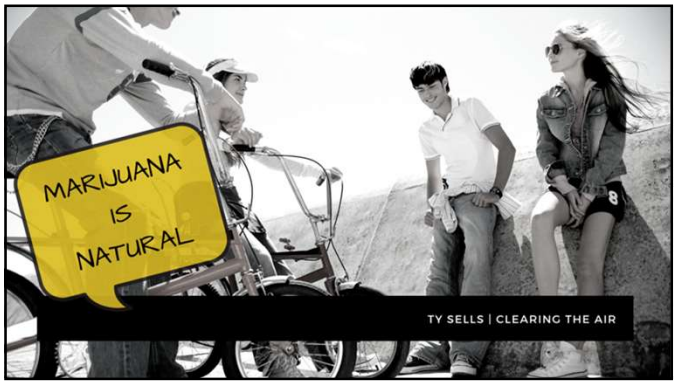


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## Natural Does Not Mean Safe

Some examples of other natural dangerous plants:

Cocaine, Heroin, Tobacco,

Poison Ivy, Poisonous Berries

Remember: The marijuana of the 60s was 1-3% THC; marijuana of today: 12%; The plant did not do this itself--genetically modified

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**It is Addictive!**

**1 in every 6** adolescents who use marijuana will develop an addiction

National Institute of Drug Abuse, 2021

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## While you can't overdose…

Psychosis can be caused by heavy marijuana ingestion (dabbing, vaping, edibles)

Psychotic Events can lead to adverse outcomes

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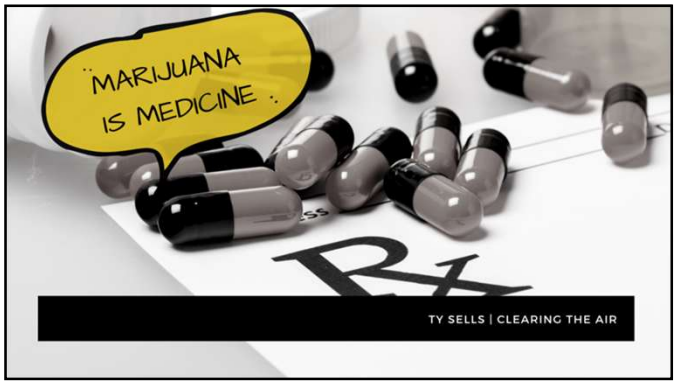


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## THC is not a medicine

Only FDA approved uses for CBD for under 18: Lennox Gastaut Syndrome and Dravet Syndrome (two types of seizure disorders)

For medications, you need a dosing regimen and protocols for managing side effects

No evidence for treatment of anxiety, depression or chronic pain

Nicotine was promoted as healthy by Big Tobacco

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## It is legal…

**Legal does not mean safe.**

There are plenty of legal products that are not safe:

- Tobacco
- Alcohol
- Energy Drinks

For your health, I advise against using them as well

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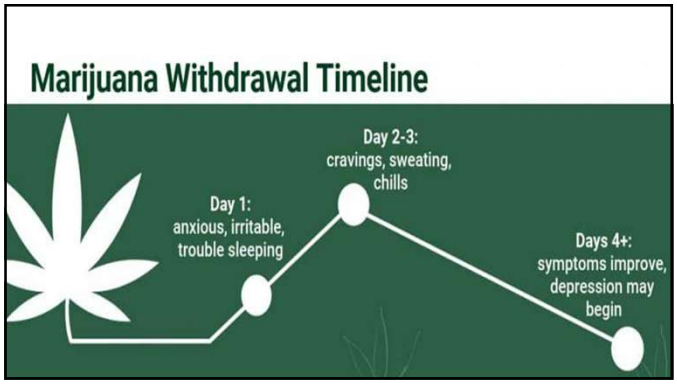


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## The Road to Treatment

- Motivational Interviewing (Can be done in Primary Care Setting)
- ACRA--Adolescent Community Reinforcement Approach--Mental Health Clinician (Schools)
- **Treating underlying Depression and Anxiety**
- Inpatient: Motivating Youth Recovery, Worcester. Turnbdrige in CT

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## Talking About Cannabis Use

Open and Honest Discussion With Factual Information; Meet the teen where they are No Judgement, Empathy;

Multiple Visits (first visit may lead to no change and they will not accept any referrals– we can say that is okay, but ask to follow-up with to continue the discussion)--suggesting one change–"don't drive".

Find a side effect that might be present–they likely don't associate it with their cannabis use.

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## Talking About Cannabis Use

Ask: "Is your life better with or without marijuana use?"

Ask them what motivates them: academics, sports, saving money

Drug Testing: Limited Use–Quantitative Urine Screening can help those are motivated to make a change, especially if done over time; Trust versus Accountability

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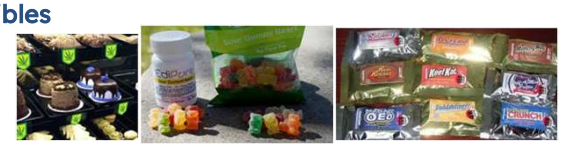
## Edibles



- Products marketed to teens
- Cookies, Brownies, Candy
- Delayed onset of action--Because the "high" is not immediate, teens will consume larger amounts
- Very Potent: Ingestion can cause acute psychosis
- Emergency Department Visits Increasing due to Ingestion by teens and young children, at home and school (vomiting, syncope)

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## Eating Disorders–Signs

- Sudden weight loss or gain.
- Dizziness, abdominal pain, fatigue.
- Extreme focus on food and/or exercise.
- Perfectionist Personality
- Amenorrhea in Girls (often be first sign)
- Boys: Use of exercise supplements

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## Eating Disorders–In School

- Create a school environment where all students of all body sizes feel safe and welcome.
- Address healthy habits, not weight. (BMI counseling)
- **Discuss media literacy, use of enhanced images.**
- Incorporate eating disorder education into health education classes.
- Ensure nutrition education uses sensitive, non-stigmatizing language.

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## Avoidant/Restrictive Food Intake Disorder (ARFID)

- Younger children
- Food avoidance due to sensory issues
- Avoidance due perceived aversive consequence of eating (vomiting)
- Restriction/Avoidance is not due to body image or low self esteem
- Symptoms are the same (Weight loss, fatigue, dizziness, headaches)

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## Eating Disorders

Refer to PCP for medical evaluation

Labs, EKG

Rule out other medical conditions

Referrals as needed

Specialty Centers are very difficult to access–collaborate with PCP

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## Best Models

**Collaboration**

- Pediatrician
- School
- Mental Health Provider

Frequent visits and Communication

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