The Crisis of Children's Mental Health: Emerging Needs

National Academies: *Sciences, Engineering, Medicine*

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Defining Pediatric Mental Health

"The things that go right in our lives do predict future successes and the things that go wrong do not damn us forever."

J. Kirk Felsman and George E. Vaillant (1987)

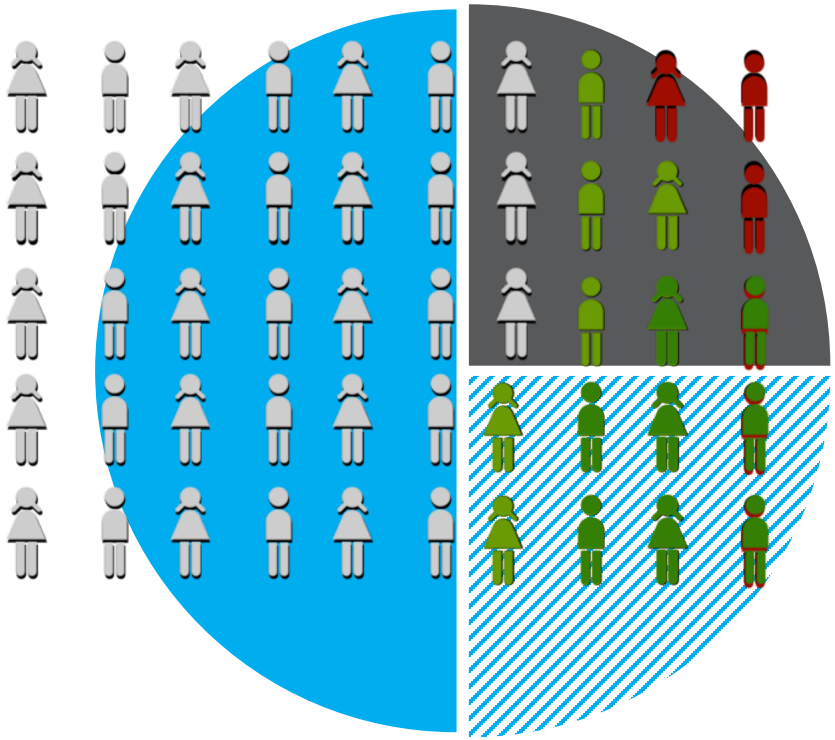
"Wellbeing and flourishing are not simply the absence of ill being, but something more"

Huppert and so, 2013; Seligman 2000

The spectrum of mental health ranges from severe psychological disorder to fully thriving in life.

Mental Illness starts early
1:5 children and youth have a mental health/behavioral disorder

50% of all lifetime mental illness start by **age 14**



75% of all lifetime mental illness start by **age 24**

National Health & Nutrition Examination Survey , 2010; National Comorbidity Survey Replication-Adolescent Supplement, 2010; NIMH, Mental Illness Exacts Heavy Toll: Beginning in Youth, 2005

How Common are Pediatric Mental Health Conditions

13-20% of children experience a mental health disorder in any given year

Lifetime prevalence rates:

- Anxiety 31.9% (onset by 6 years)
- Behavior Disorders 9.6%. (onset by 11 years)
- Mood disorders 14.3% (onset by 13 years)
- Substance Use 11.4% (onset by 15 years)

Merikangas KR, Je JP, Burstein M et al. J Am Acad Child Adolesc Psychiatry 2010

Mental Health Crisis before COVID-19

Estimated 7.7 million children had a treatable mental illness

1 in 4 children meet criteria for a disorder causing severe impairment across their lifespan

Higher prevalence than most common medical conditions and higher prevalence among those with medical conditions

less than ½ received any care

11 years from illness onset of MH condition to treatment initiation

About 22% of children with mental, emotional, or behavioral disorders receive care from a specialized mental health care provider and only about 21% in need of mental health evaluation ever receive one

Merikangas KR, Je JP, Burstein M et al. J Am Acad Child Adolesc Psychiatry 2010

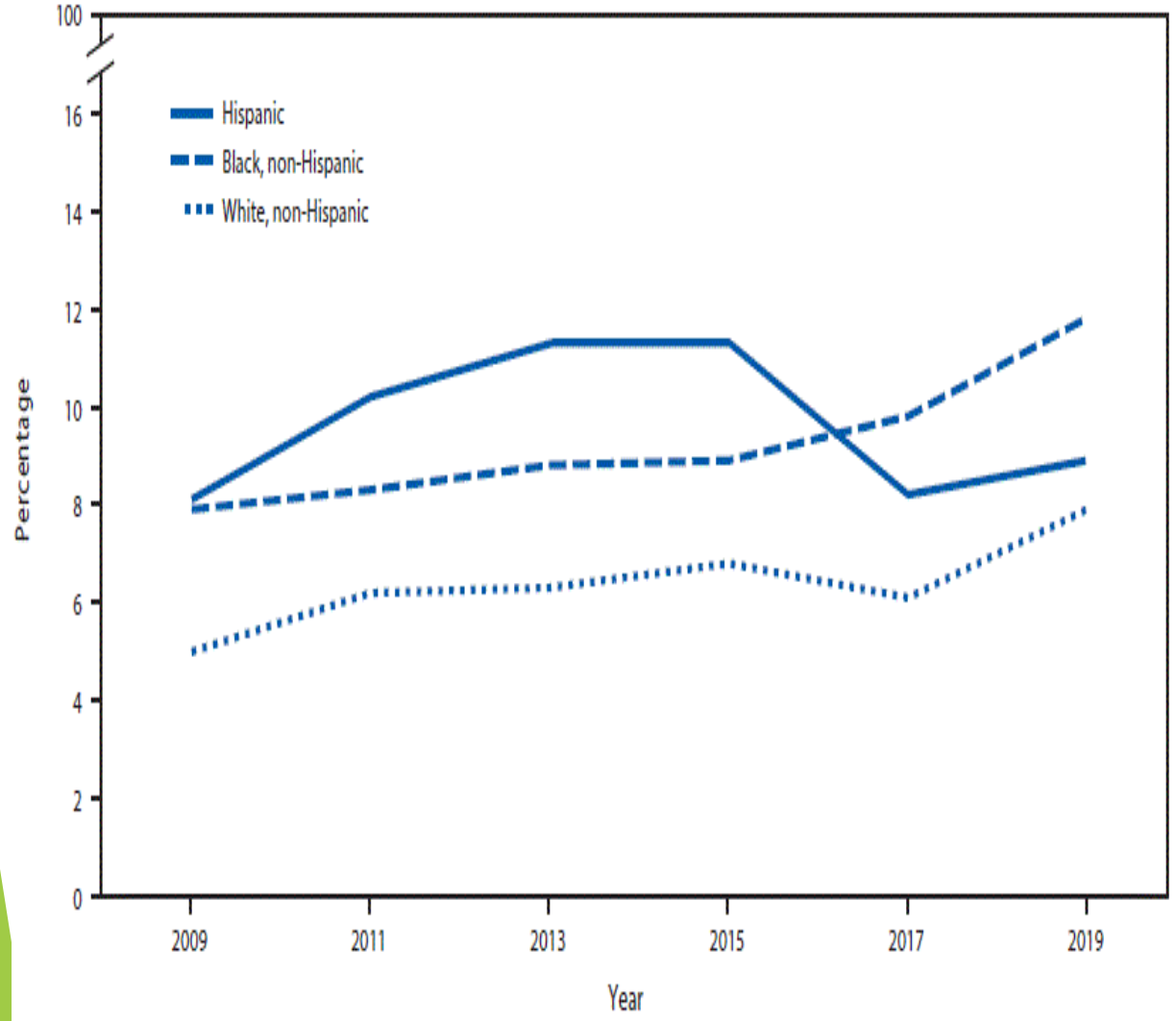


FIGURE 2. Percentage of high school students who attempted suicide during the 12 months before the survey, by race/ethnicity — Youth Risk Behavior Survey, United States, 2009–2019

Ivey-Stephenson AZ, Demissie Z, Crosby AE, et al. MMWR Suppl 2020;69(Suppl-1):47–55. DOI: http://dx.doi.org/10.15585/mmwr.su6901a6

Key facts

Suicide is the second leading cause of death for youth ages 10-14 years

1999-2018 Suicide rates increased 76% for youth 10-17 years old

Not evenly distributed: Black youth- 87% increase;
White- 85%, Hispanic- 63%, Asian Pacific Islander- 140% * American Indian/AN -133% *

Suicide is the leading cause of death for Asian American youth ages 15-24

Suicide rates increasing at most rapid rates for black boys ages 5-11 years

LGBTQ youth attempt suicide 5X higher than heterosexual youth

Intersectionality increases risk: higher risk for LGBTQ youth of color

https://www.cdc.gov/injury/wisqars

Mental Health Conditions Are Treatable and Often Preventable

- Several Effective Evidence Based Interventions Exist for Children and Adolescents
  - Psychotherapies to obtain remission are available for all mental health disorders impacting children
  - Pharmacotherapies are available for pediatric mental health disorders impacting children although not as many as for adults
  - Parenting interventions are available to prevent onset and/or relapse of many mental health conditions
  - Prevention occurring in primary care, schools and other community settings has demonstrated effectiveness
  - Left untreated, mental health conditions are often disabling.

Access to Care

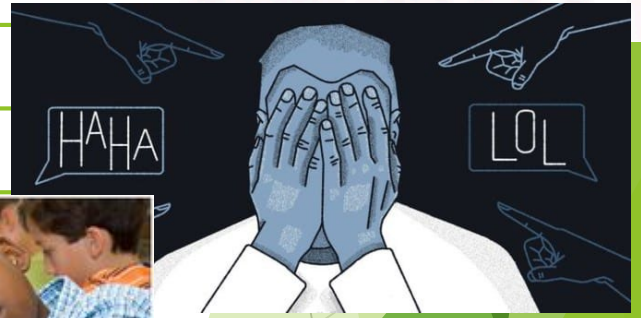
- Most receive care in settings with few MH clinicians
  - School (23.6%)
  - Specialty mental health (22.8%), general medical setting (10.1%).
  - Juvenile justice (4.5%). *Up to 70% of youth in the juvenile justice system suffer from mental health disorders*
  - Complementary and alternative medicine (5.3%),
  - Human services settings (7.9%).
- Youth with disruptive disorders were more likely to receive treatment (71-73%)
- Youth with anxiety disorders were Least likely to receive treatment (41%)
- $247 billion is spent each year on treatment and management of childhood mental disorders

PSYCHIATRIC SERVICES March 2014 Vol. 65 No. 3

Barriers To Care

Children ≠ Care

- Long wait times for appointments with specialists and multiple appointments
- Not enough clinicians
- Geography-Rural Areas with limited local clinicians and long -distance travel
- Insurance “Carve-outs” and payor fragmentation
- Lack of insurance coverage
- Clinic hours
- Continuum of care not available
- Poverty-limits availability for multiple appointments and transportation
- Stigma of Mental Health-parents may be reluctant to seek treatment
- Systemic and interpersonal bias and racism in health care
- Information not available about MH
- Pediatric Practices can expand access but are limited by lack of training and time, reimbursement



Hodkinson S, Godoy L, Beers L, et al. Pediatrics 2017; Katoaka SH, Zhang, Wells. Am J Psychiatry 2002

Clinicians

BH Clinicians - National Shortages

Estimated 15 million need treatment by MH professionals

8,000 child & adolescent psychiatrists (80% of counties have no CAP's)

25,000 clinical child psychologists

800 developmental behavioral pediatricians

Severe geographic disparities

It is easier to schedule appointments with pediatricians than with child psychiatrists - 40% of pediatricians were able to accommodate the patient, while only 17% of child psychiatrists were.

Pediatricians also were able to accommodate the patient sooner; on average, patients had to wait 12.7 days for an appointment with a pediatrician, compared with 50 days for a child psychiatrist

Steinman KJ, Shoben AB, et al 2005; APA;AACAP

Pediatric Workforce Readiness

- 25% of primary care visits involve a mental health or behavioral concern
- AAP survey of primary care and specialist physicians
  - 65% lacked training in the treatment of mental health conditions
  - 40% lacked confidence in ability to recognize mental health conditions
  - Resident survey found Less than half of residents rated their competence in this area as good to excellent

Survey of Pediatric Program Directors in 2021

- Only 25% had a longitudinal mental health curriculum
- 64% cited a lack of experienced faculty as a significant barrier to improving Behavioral Health Education.

Whats Coming

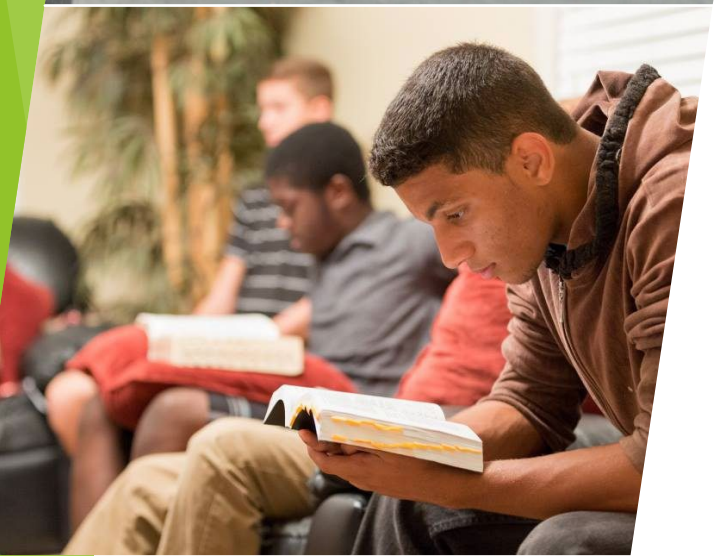
- ACGME, ABP are revising content specifications and training requirements
- New pilot programs in psychiatry(4 year adult-child) are being proposed in addition to peds- portals and triple board programs

McMillan JA, Land M, Leslie LK. Pediatrics. 2017;139(1):e20162141; Horwitz SM, Storfer-Isser A, Kerker BD, et al. Acad Pediatr. 2015;15(6):613-620

MH Education in Pedatrics

- AAP survey of primary care and specialist physicians (2015)
  - 65% lacked training in the treatment of mental health problems
  - 40% lacked confidence in recognizing the problem
- Resident survey (2010)
  - Less than half of residents rated their competence in this area as good to excellent
  - **Learning opportunities exist:**
    - ECHO's using HUB and Spoke Model
    - Learning Collaborative
    - Peer to Peer Consultation
    - Access Programs (HRSA)

- *Horwitz SM, Storfer-Isser A, Kerker BD, et al. Acad Pediatr. 2015;15(6):613-620; Horwitz SM, Caspary G, StorferIsser A, et al. Acad Pediatr. 2010;10(4):252-259*



Access to Care: Systemic disparities for minoritized youth facing more trauma show access to fewer services than peers

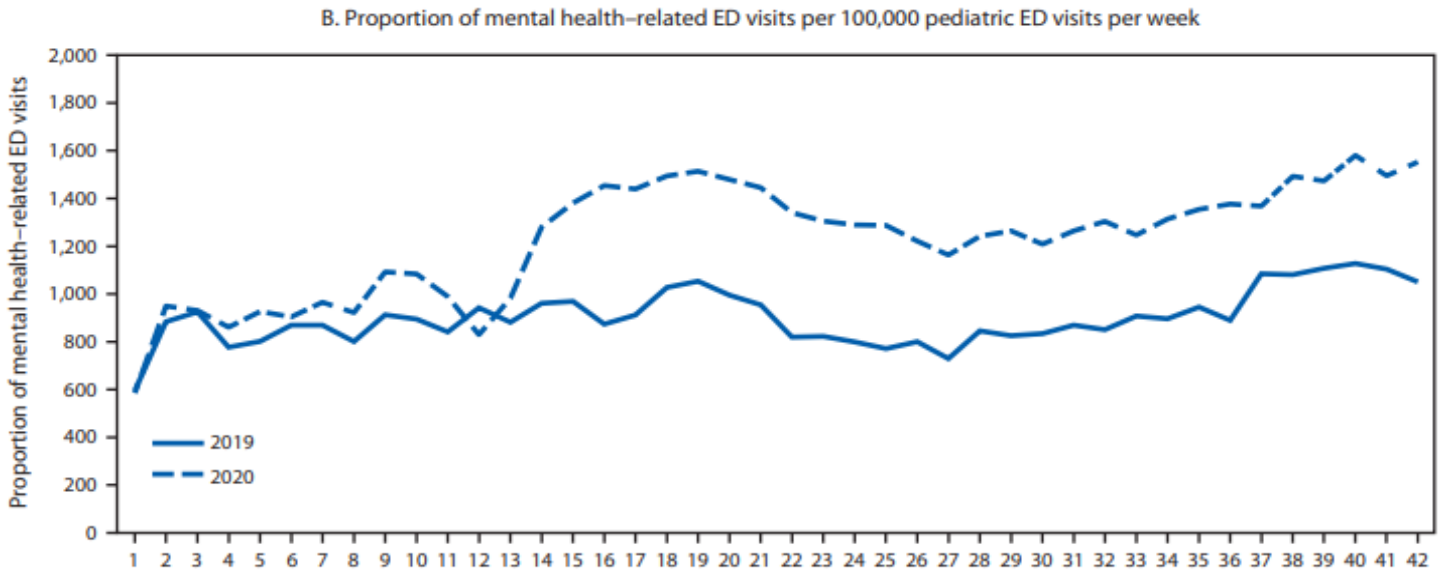
- Black, Latino, Native American/AAPI youths were significantly less likely than white youths to receive specialty mental health or general medical services for mental disorders. Minoritized youth are more likely to be poor, insured by Medicaid or uninsured
- Racial and ethnic minority groups experienced disparities in mental health and substance misuse related to access to care, psychosocial stress, and social determinants of health.
- Minoritized youth are more likely to experience trauma and traumatic loss due to COVID19; More likely to receive mental health care in the ED, and less likely to receive care by a mental health professional in the community
- Disparities in care have resulted in worse outcomes for minoritized youth

McKnight-Eily LR, Okoro CA, Strine TW, et al. MMWR 2021.Mitchell, T. O., & Li, L. (2021)Psychiatry Reseach.

Pandemic's Impact on Youth Mental Health

Where are we now?

Mental Health related emergency department visits

- Proportion of MH related ED visits increased in mid March-Oct 2020
- Increased 24% among children aged 5-11 years compared to 2019
- Increased 31% among adolescents aged 12-17 years compared to 2019
- 

Leeb et al 2020; Radhakrishnan et al 2022 MHC Peds ED 2020/2021/2022

Mental Health Conditions in ED Increased complexity

Pandemic phases(3)

Increased for female adolescents

2020- 2 conditions Eating D/O and tics

2021- 4 conditions plus Depression/OCD

2022- 5 conditions plus Anxiety, Traumatic Stress

203,649 children lost a parent or caregiver/ 1:360

70% were for children under 13 years old with 50% were 5-13 years old

- Grief more likely to be traumatic ⇨ depression, poor educational outcomes, suicide and unintentional death

Race and Ethnicity:

- AI/NH 3.5 X higher
- Black/Hispanic 2 X higher
- Asian 1.4 X higher

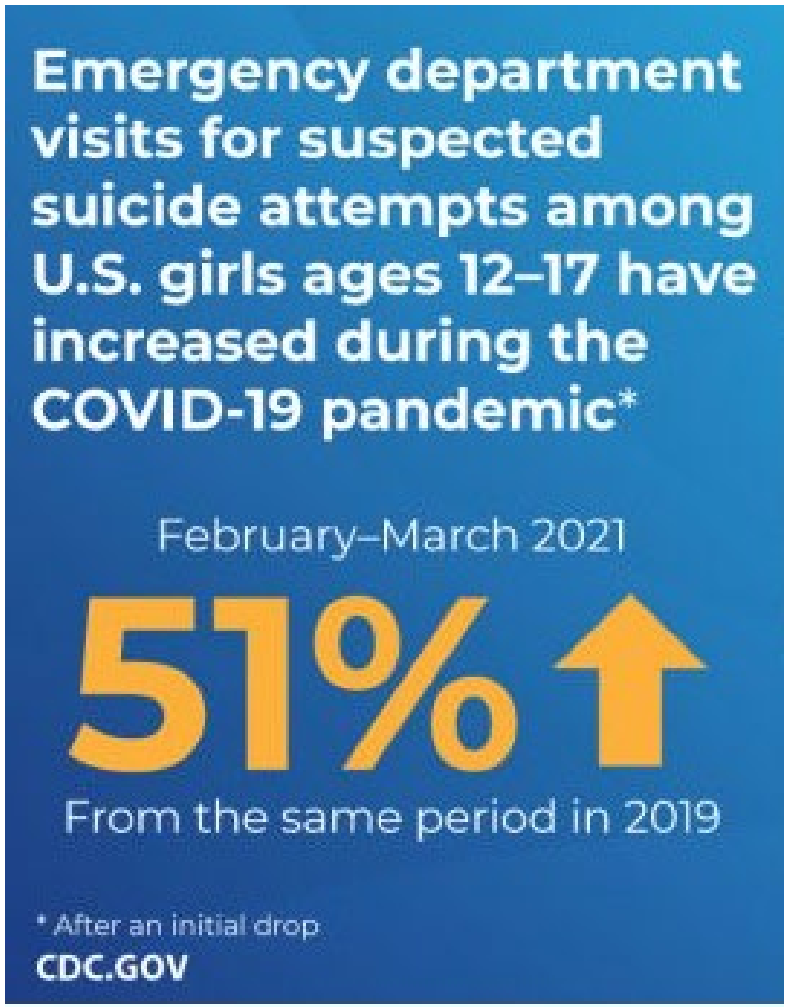
Age Matters

Brief evidence- based interventions and support could prevent the development of severe outcomes and foster resilience

Kidman R, Margolis R, Smith-Greenway et al. JAMA Pediatr 2021; Nelson C, et al Pediatrics 2022.

Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

Morbidity and Mortality Weekly Report (*MMWR*)



- 44.2% reported persistent hopelessness/Sadness
- 37% reported symptoms of poor mental health
- 55% emotional abuse
- 11% physical abuse
- 36% racism Asian>Black=multiple races
- 19.9% considered suicide attempt
- 9% attempted suicide

*LGBTQ+ youth higher across all categories; Intersectional youth at highest risk

“It takes a village to raise a child” - an entire community of people must provide for and interact positively with children for those children to experience and grow in a safe and healthy environment

African Proverb

Joint Declaration 2021

1. Prevention, early Identification and early Intervention
2. School based mental health
3. Integrated BH in Pediatric primary care
4. Child and Adolescent Behavioral Health workforce *Diversity
5. Insurance coverage and payment
6. Mental health parity
7. Telehealth
8. Infants, children and adolescents in crisis
9. Justice involved youth