

Pediatric Mental Health: Frontline Provider Essentials

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Disclosures

No disclosures for Dr. Esque or Dr. McWhinnie

Objectives

- Describe the current state of children's mental health in the US and in Arizona
- Learn strategies for screening for and diagnosing mental health conditions in children and adolescents
- Recognize ways to communicate effectively with young patients around mental health concerns
- Identify strategies for collaboration with parents and guardians



Pediatric Mental Health Crisis in the US

- 20% of young people ages 3-17 in the US have diagnosable mental, emotional, developmental or behavioral disorder
- Youth Risk Behavior Survey (2021)
 - All indicators of poor mental health (including suicidal thoughts and behaviors) increasing over last 10 years
- Suicide is 2nd leading cause of death in ages 10-14, 3rd leading cause of death in youth ages 15-24
- Only ½ of children and adolescent receive treatment they need



Practicing Child and Adolescent Psychiatrists

Use the filter menu to the right to interact with this dashboard

State

All

* Hover for Data Source

* Hover for Tips & Definitions

AMERICAN ACADEMY OF
CHILD & ADOLESCENT
PSYCHIATRY

WWW.AACAP.ORG

Number of Children < 18

73,918,230

Total CAPs

11,422

Number of CAPs/100k Children

15

Average CAP Age

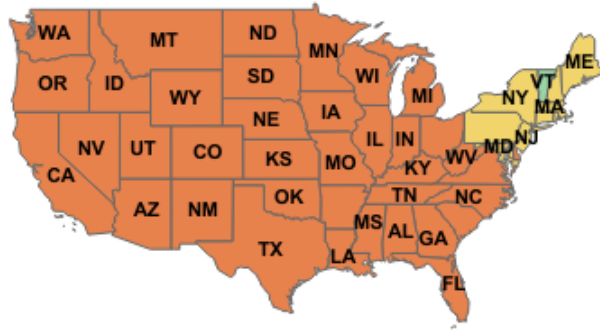
52

% of No CAP Counties

72%

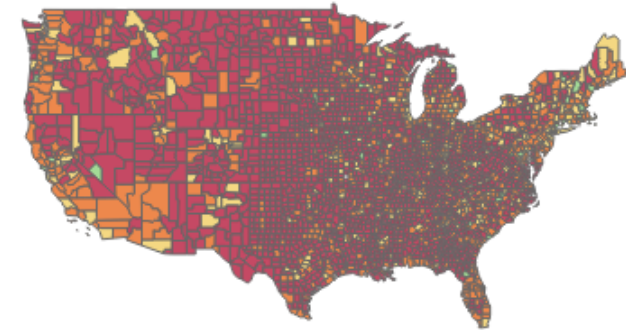
State Map

Mostly Sufficient Supply (>=47) | High Shortage (18-46)* | Severe Shortage (1-17)* | No CAPs



County Map

Mostly Sufficient Supply (>=47) | High Shortage (18-46)* | Severe Shortage (1-17)* | No CAPs



Pediatric Mental Health Crisis in AZ

- Arizona Youth Risk Behavior Survey (2021)
 - 4 in 10 AZ teens report poor mental health
 - Suicidal thoughts increased from 19% of teens (2011) to 24% of teens (2021)
 - Over 3500 teens hospitalized for suicidal ideation/attempts in 2021
- Over 50% of Arizona youth ages 12-17 who have depression didn't receive any care in the last year



Practicing Child and Adolescent Psychiatrists

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State

Arizona

* Hover for Data Source

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Number of Children < 18

1,593,463

Total CAPs

176

Number of CAPs/100k Children

11

Average CAP Age

53

% of No CAP Counties

53%

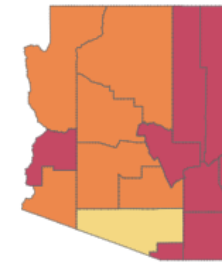
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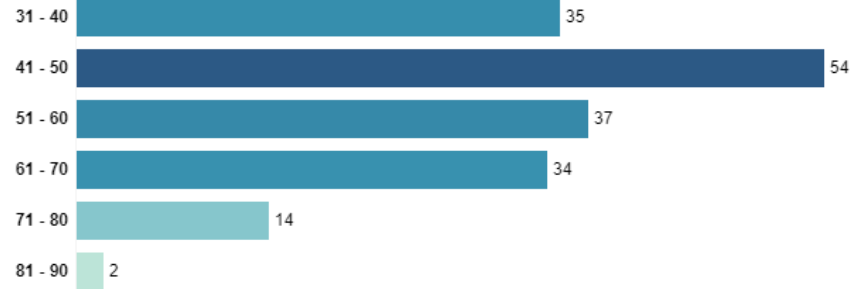


County Map

Mostly Sufficient Supply (≥ 47) | High Shortage (18-46)* | Severe Shortage (1-17)* | No CAPs



Number of CAPs by Age Group



Breakdown by County

County	CAPs	Number of CAPs/100k Children	Pop. < 18
Apache County, AZ	0	0	17,525
Cochise County, AZ	0	0	26,498
Coconino County, AZ	2	7	28,779
Gila County, AZ	0	0	10,347
Graham County, AZ	0	0	10,108
Greenlee County, AZ	0	0	2,589
La Paz County, AZ	0	0	2,708
Maricopa County, AZ	127	12	1,024,140
Mohave County, AZ	1	3	35,434

Case

Emily is a 14 y/o 8th grader who presents to your office for concerns about self-harm. Emily's parents recently noticed several healing cuts on Emily's legs and arms. When they asked Emily about the cuts this week, she became tearful and shared that she had cut herself with a razor when feeling down.

Emily has no prior history of mental health concerns or treatment. She has typically done well in school but her grades have declined this semester due to missing assignments. She used to love dance class but parents have been having a hard time getting her to go recently. They notice she is spending more time staying in bed on the weekends and is more difficult to get up in the morning for school. They are worried and seeking your help.

How can we help?



THOROUGH
ASSESSMENT



SCREENING FIRST
CAN SAVE TIME



EXPLORE SCREENING
RESULTS IN MORE
DETAIL



ASSESS FOR
COMORBID
CONCERNS



ASSESS SAFETY AND
MAKE A TREATMENT
PLAN

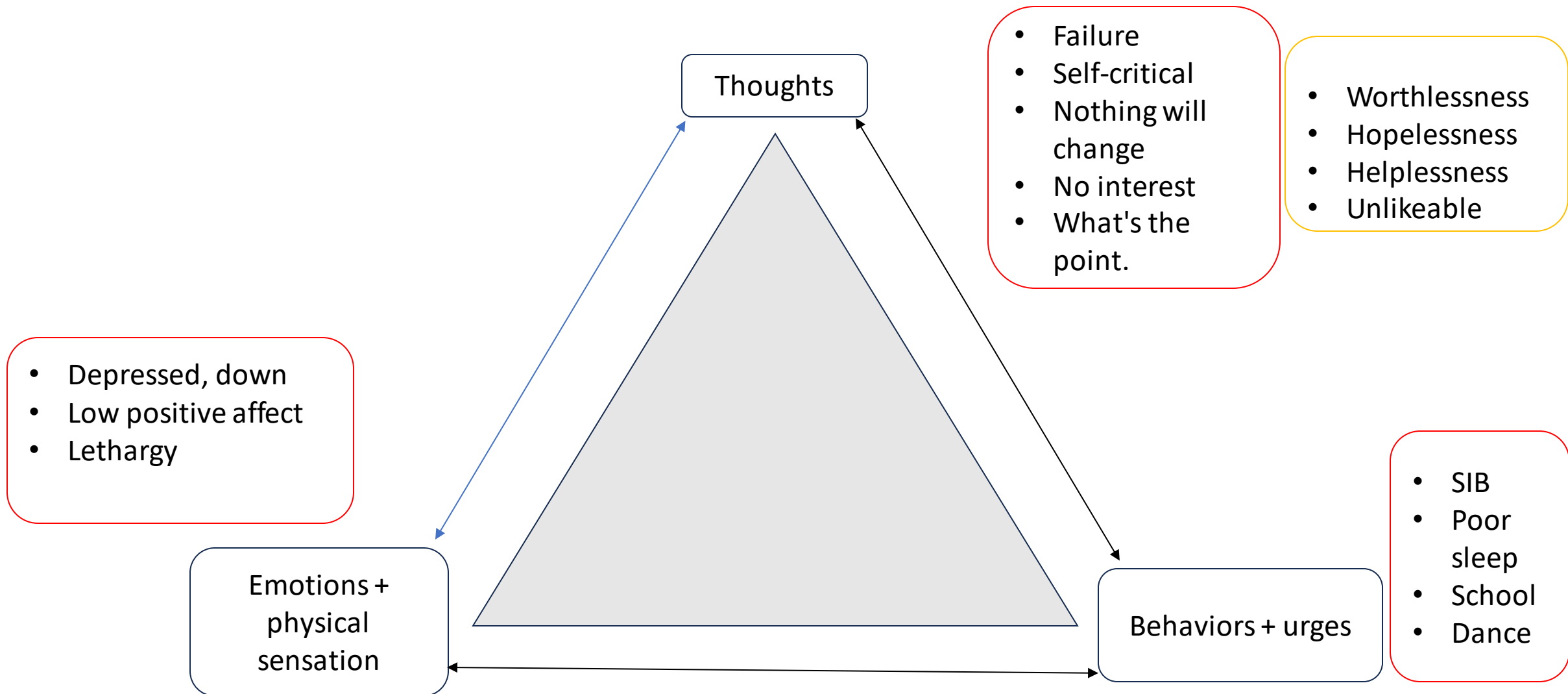
Screening tools for depression

- Use for initial assessment as well as follow up
- USPSTF and AAP recommend universal screening annually for 12+
- Additionally consider for any patients with depression risk factors
- Tools:
 - PHQ-2, PHQ-9, PHQ-9A
 - Beck Depression Inventory (BDI)
 - Center for Epidemiological Studies Depression Scale for Children (CES-DC)
 - Short Mood and Feelings Questionnaire (SMFQ)

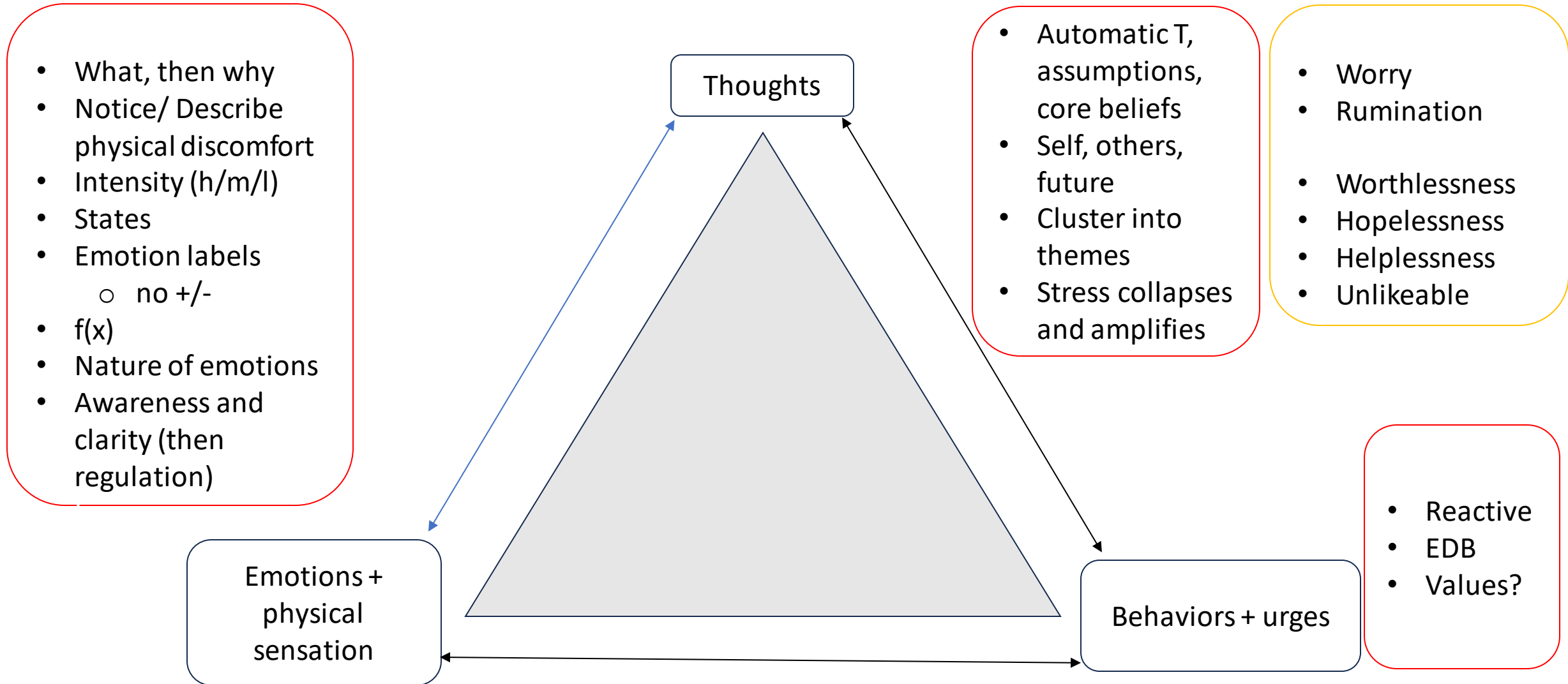
Emily's screening results

	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	0	1	2	3

Making sense of Emily's experience to improve care



Making sense of Emily's experience to improve care



Next steps: learn more about Emily's concerns



What's going on with sleep?



Are there any new stressors/trauma?



Screen for substance use



Tell me more about your answer to question #9

Safety Assessment

- Will help guide next steps in treatment plan
- Special consideration for question 9 on PHQ9
- Consider use of screening instrument for suicidality
- Make a safety plan



Additional information from family

- Family history:
 - Dad with diagnosis of MDD, doing well on escitalopram 20mg daily
 - No family history of bipolar disorder
- No new stressors that family is aware of



Treatment Planning



THERAPY



MEDICATIONS



SUPPORTS

Pearls for SSRI Use

- Discussion about risks, benefits, and side effects
 - What's common?
 - Gastrointestinal upset
 - Headaches
 - Sexual side effects
 - Sleep changes
 - What's rare but important to watch for?
 - Mania
 - Increased suicidal thoughts or behaviors (black box warning)
 - Serotonin Syndrome

SSRI Pearls

Start low, go slow,
but go all the way

Consider comorbid
disorders

4-6 weeks at
effective dose to
see full results

Consider family
history

SSRIs are both first
and second line in
pediatric depression
and anxiety

Treatment Plan for Emily

- Therapy referral
- Review tips for improving sleep
- Start escitalopram 5mg at bedtime
- Collaborate with school
- Make a safety plan and review with Emily and her parents



My Safety Plan

Home What can I do to make my environment safe?
Examples: Remove access to firearms, lock up medications

Thought What are my signs that I am not doing well?
Examples: Isolating, not completing my homework

Music Things I can do on my own to distract myself:
Examples: Listen to my favorite band, walk my dog

People People who can help distract me:
Examples: My brother, my best friend

Adults Adults I can ask for help:
Examples: Parent, neighbor, teacher

Smiley Future goals/things I am looking forward to:
Examples: Spring break, graduating high school, an upcoming concert

Speech Professionals I can ask for help:
My doctor: _____ Phone #: _____
My therapist: _____ Phone #: _____

988 If my healthcare provider is not available, and I need more urgent help, I will call:
Call or text 988 for Suicide & Crisis Lifeline, open 24/7
Chat 988lifeline.org/chat/

If I feel that I can't control my suicidal behavior, I will go to the nearest Emergency Dept or call 911.

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Arizona Pediatric
Psychiatry Access Line

Pearls for Safety Planning

- Contracts don't work; crisis and safety planning does
- Collaborative
- Emphasis on what to do versus what not to do
 - Use 3 components to guide steps in plan
 - Internal and external strategies
 - Skills and activities list
- Self-Rescue Kit
 - Sensory aids
 - Cognitive aids



Tips for talking with kids and teens about mental health concerns

- Meet 1:1 if possible
- Discuss confidentiality
- Build rapport

Motivational Interviewing



Pearls for working with Emily: Change and sustain talk

Query
extremes

Change rulers

Values

Come
alongside

Emphasize
personal
control/ choice

Shift focus

Reframe

Ask-tell-ask

Pearls for working with Emily: TIPP skill



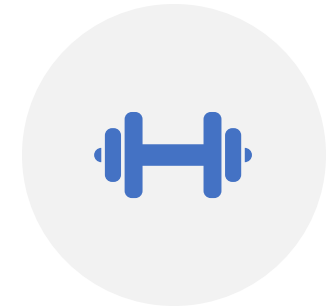
TEMPERATURE



INTENSE EXERCISE



PACED
BREATHING



PAIRED MUSCLE
RELAXATION



Working with families around mental health concerns

- Psychoeducation
- Joint safety planning
- Don't be afraid to ask about safety and suicidal thoughts

Tips for Emily's family

Parents may experience:

- Shock / Fear
 - Label feelings
 - Validate
 - Reduce self-blame
- Denial
 - Move from denying risk to acknowledging
 - Emphasize points of agreement
 - Move sideways ("attention")
- Disagreement
 - Sympathize
 - Play to strengths
 - Give them an out
- Basic Interpersonal Effectiveness (IPE)
 - Model GIVE and FAST in conversations about safety and next steps
 - Gentle, interested, validate, easy manner
 - Fair, no apologies, stick to values, truthful

Resources for family and provider

- General
 - Childmind.org
 - List of best books for kids' mental health
- Stress
 - Full Catastrophe Living (Jon Kabat-Zinn)
 - The Growth Mindset Workbook for Teens (J. Schleider, et al.)
- Suicidal thoughts and behavior
 - Dialectical Behavior Therapy with Suicidal Adolescents (Alec Miller, et al.)
- Anxiety
 - Helping Your Anxious Child (Ronald Rapee, et al.)
 - Breaking Free of Child Anxiety and OCD (Eli Lebowitz)
 - Things Might Go Terribly, Horribly Wrong (Kelly Wilson)
- Reactive Behavior
 - SIB - Helping Teens Who Cut (Mike Hollander)
 - SUD – Mindfulness-Based Relapse Prevention (Sarah Bowen, et al.)
- Mindfulness
 - A Child's Mind (Christopher Willard)
 - Zenhabits.net
- Apps
 - Onemind.org/psyberguide/



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Arizona Pediatric Psychiatry Access Line

Call us at 888-290-1336

Let us support you in caring for your pediatric patients with mental health concerns.