In Case of Emergency, Dial A-A-P:
An Overview of AAP Mental Health Initiatives

Amy Shriver, MD FAAP
General Pediatrician, Blank Children's Hospital
Assistant Professor of Specialty Medicine, DMU
Vice President, Iowa Chapter AAP

Disclosure Statement

• I have no personal or professional financial conflicts of interest or affiliation with material discussed in this presentation
• I will not discuss any non-FDA approved or investigational medications or devices
Disclosures
• I am the (unpaid) Medical Director for Reach Out and Read Iowa
• I am a (paid) contracted writer for Sesame Street in Communities
• Iowa AAP Mental Health Committee Co-Chair (unpaid)

Objectives
After this lecture, you should be able to...

• Increase awareness of statistics regarding the U.S. child/teen mental health emergency
• Describe the AAP Mental health competencies
• Become familiar with aap.org/Mental Health
• Understand the algorithm for addressing mental health in primary care
• Identify mental health tools to be used in practice, partnership, training, or policy
• Select at least 2 AAP MH resources you plan on accessing in the future
Introduction

- 14 million U.S. youth have a diagnosable mental health disorder
- 20% of U.S. children and adolescents experience a mental health concern each year
- Suicide is the 2nd leading cause of death ages 10-24 yrs as of 2020
- Adults reporting a childhood mental health disorder had 6X likelihood of poor life/health outcomes

Disruptions and Adversities

- 2 out of 3 students reported difficulty completing schoolwork
- 1 out of 4 students experienced hunger
- 1 out of 4 students experienced parental job loss
- 1 out of 10 students experienced physical abuse by a parent

Mental Health & Suicidality

- 1 out of 3 students had poor mental health during the pandemic
- 2 out of 5 students felt emotionally distressed during the past year
- 1 out of 10 students attempted suicide during the past year

Poor mental health and suicide attempts were less common among students who felt close to people at school
• The COVID-19 Pandemic exacerbated the already increasing rates of mental health challenges among children and adolescents in the U.S.
• The inequities that result from structural racism have contributed to disproportionate impacts on children from communities of color.
• We must identify strategies to meet these challenges through innovation and action, using state, local and national approaches to improve the access to and quality of care across the continuum of mental health promotion, prevention, and treatment.

• Increase federal funding for screening, diagnosis, and treatment
• Improve telehealth
• Increase implementation of school-based mental health care
• Accelerate adoption of integrated mental health care in primary care pediatrics
• Strengthen prevention efforts to reduce the risk of suicide in children and adolescents
• Address the ongoing challenges of the acute care mental health needs of children and adolescents
• Fund systems of care that connect families with community behavioral health interventions
• Promote and pay for trauma-informed care services that support relational health and family resilience
• Address mental health workforce challenges
• Advance mental health parity policies

Great....
But what about right now? Can the AAP rescue us?

• AAP Task Force on Mental Health (2004–2010)
• AAP Mental Health Leadership Work Group (2011–present)
I'm struggling to meet the MH needs of my patients. What's my next step?

I'd like to help educate/support my members in MH resources. What's my next step?

I work in medical education. I'd like to teach future pediatricians about MH. What's my next step?

Best Use of Website:
- Come with Qs:
  - Provider Ed
  - Future Ed
  - Student Ed
  - AAP Chapter Ed
  - Practice Improvement/QI
  - Community Partnerships

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I'm the head of my AAP Chapter's Mental Health Committee.
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Recommendations:
1. PCPs should seek more training in depression assessment, identification, diagnosis, and treatment.
2. PCPs should establish relevant referral and collaborations with mental health resources.
3. Adolescent patients ages 12 years and older should be screened annually for depression.
4. Patients with depression risk factors should be identified, monitored, and screened.
5. PCPs should evaluate for depression in those who screen positive on the formal screening tool (think: DSM-V).
6. PCPs should educate and counsel families and patients about depression and options for management.
7. PCPs should develop a treatment plan with patients and families.
8. All management should include the establishment of a safety plan and an emergency plan.
Recommendations:
1. PCP practice should include integrated behavioral health model
2. For mild depression, consider a period of active support and monitoring before treatment
3. For moderate or severe depression, consider consultation with a mental health specialist
4. PCPs should recommend scientifically tested and proven treatments
5. PCPs should regularly track goals/outcomes and functioning in all settings
6. PCPs should reassess diagnosis and treatment if no improvement after 6–8 weeks of treatment
7. Consult a MH specialist if only partially improved after all therapeutic approaches have been tried
8. PCPs should actively support depressed adolescents referred to MH to ensure adequate management
“Primary Care Advantage”

- Mental health care/payment systems traditionally build on the assumption of diagnosis \( \rightarrow \) treatment
- Pediatric mental health competencies are UNIQUE!
- The “primary care advantage”
  - Longitudinal mindset
  - Trusting, therapeutic relationship
  - Promote S/E health and prevent disease
  - Early screening/identification/referral

AHA!
A great idea for my chapter:
- Reviewing the Guidelines for adolescent depression in primary care or Mental health competencies for pediatric practice!
I don't feel comfortable with my mental/behavioral health management skills. But there is such a need! I wonder how I can get more training?
My practice needs to improve its use of MH screening tools. How do I know which ones to use or how to get started? What other MH tools are out there for my practice?
AHA! A great idea for my practice: Reviewing MH integration into pediatric workflow

- Think of it like "acute fever without localizing signs/symptoms"
- Problem is brought up
- Screening/psychosocial assessment*
- Normal: Normal variant vs abnormal
  - Normal: Promote healthy development/resilience
  - Abnormal: Complete another visit

*next slide
How about follow up?

AHA!
A great idea for my chapter: Reviewing MH screening tools!
Emergency or not?

- Engage using “Common Factors”*
- Review primary screening, consider secondary screening
- If not emergent: do a brief therapeutic intervention and follow up
- If emergent, employ efficient referral for emergency services w follow up

"we’ll get to this…"

Common Factors

A whole other lecture!

Brief Therapeutic Intervention: Common Elements Approaches
AHA!
A great idea for myself or my chapter:
Learning Brief Therapeutic Interventions, Common Factors, Common elements!

AHA!
A great idea for my chapter or practice:
A Quality Improvement Project
Aim: Improve provider MH practices
Measurement: Readiness survey
Intervention: New MH screening tool
Intervention: train on Brief Therapeutic Intervention

Algorithm: Assessment/Treatment
I'd love to provide my families with more support for mental health. What family resources are there?
Aha! I can help my patients address depression at home while they await therapy.
A great idea for my practice! Incorporate patient care handouts into my EHR.

I'd love to work on community resources with partners. Who can I partner with?
I can partner with my state’s NAMI organization and get an AAP CATCH grant to promote good child mental health!
This is all overwhelming. Are there any supports for pediatric provider mental health?
AHA! I can partner with my organization to survey provider burnout and work toward systemic change.

Now I'm just curious…. What ELSE is out there for child mental health?
Summary

- The U.S. is currently experiencing a child and adolescent mental health emergency.
- More resources are needed for providers, patients, families, practices, health systems, AAP chapters, communities, and policies.
- The AAP website has open access (and for purchase) resources to promote best practices in diagnosis, treatment, and crisis care for patients.
- The AAP website can support providers, patients, residents, and Chapters with mental health resources.

Thank you!

- Amy Shriver, MD FAAP
- Amy.shriver@gmail.com
- @shriver_amy
- @dramyshriver

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References


• https://mhanational.org/issues/2023/mental-health-america-youth-data