

Our Youth's Mental Health in Challenging Times

Michael A. Scharf, M.D.

Associate Professor of Psychiatry and Pediatrics
Chief, Division of Child and Adolescent Psychiatry
Director, Psychiatry Graduate Medical Education



UR
MEDICINE

GOLISANO
CHILDREN'S HOSPITAL

MEDICINE *of* THE HIGHEST ORDER

Pediatric Behavioral Health Crisis

- 1 in every 5 children and adolescents (14 million) in the United States suffer from mental illness severe enough to cause some level of impairment.
- Top 5 causes of disability in youth.
- 1/2 of all chronic mental illness begin by age 14.
- Youth suicide rates are on the rise: now the 2nd leading cause of death for age 10-24year olds.
- <20% of these children ever receive treatment from a mental health professional!

Leading Causes of Death (2017)

| Rank | Age Groups | | | | | |
|------|-----------------------------------|-------------------------------|-----------------------------|-----------------------------|--------------------------------|--------------------------------|
| | <1 | 1-4 | 5-9 | 10-14 | 15-24 | 25-34 |
| 1 | Congenital Anomalies 4,580 | Unintentional Injury 1,267 | Unintentional Injury 718 | Unintentional Injury 860 | Unintentional Injury 13,441 | Unintentional Injury 25,669 |
| 2 | Short Gestation 3,749 | Congenital Anomalies 424 | Malignant Neoplasms 418 | Suicide 517 | Suicide 6,252 | Suicide 7,948 |
| 3 | Maternal Pregnancy Comp. 1,432 | Malignant Neoplasms 325 | Congenital Anomalies 188 | Malignant Neoplasms 437 | Homicide 4,905 | Homicide 5,488 |
| 4 | SIDS 1,363 | Homicide 303 | Homicide 154 | Congenital Anomalies 191 | Malignant Neoplasms 1,374 | Heart Disease 3,681 |

Adverse Childhood Experiences (ACEs)

- ACE study was published in 1998.
- Clearly demonstrated correlation of ACEs with negative adult physical and mental health outcomes.
- Continued to be re-affirmed with more recent studies.
- Mechanism is not 100% clear, but we are continuing to learn more...

When is Stress “Toxic”?

Stress—and emotional distress—is a normal and necessary part of development.

Stress can be categorized as:

- Positive: promoting growth.
- Tolerable: not helpful, but not damaging.
- Toxic: overwhelming a child’s coping mechanisms and leading to long term impairment.

Responding to the Crisis: URMC/GCH Division of Child and Adolescent Psychiatry

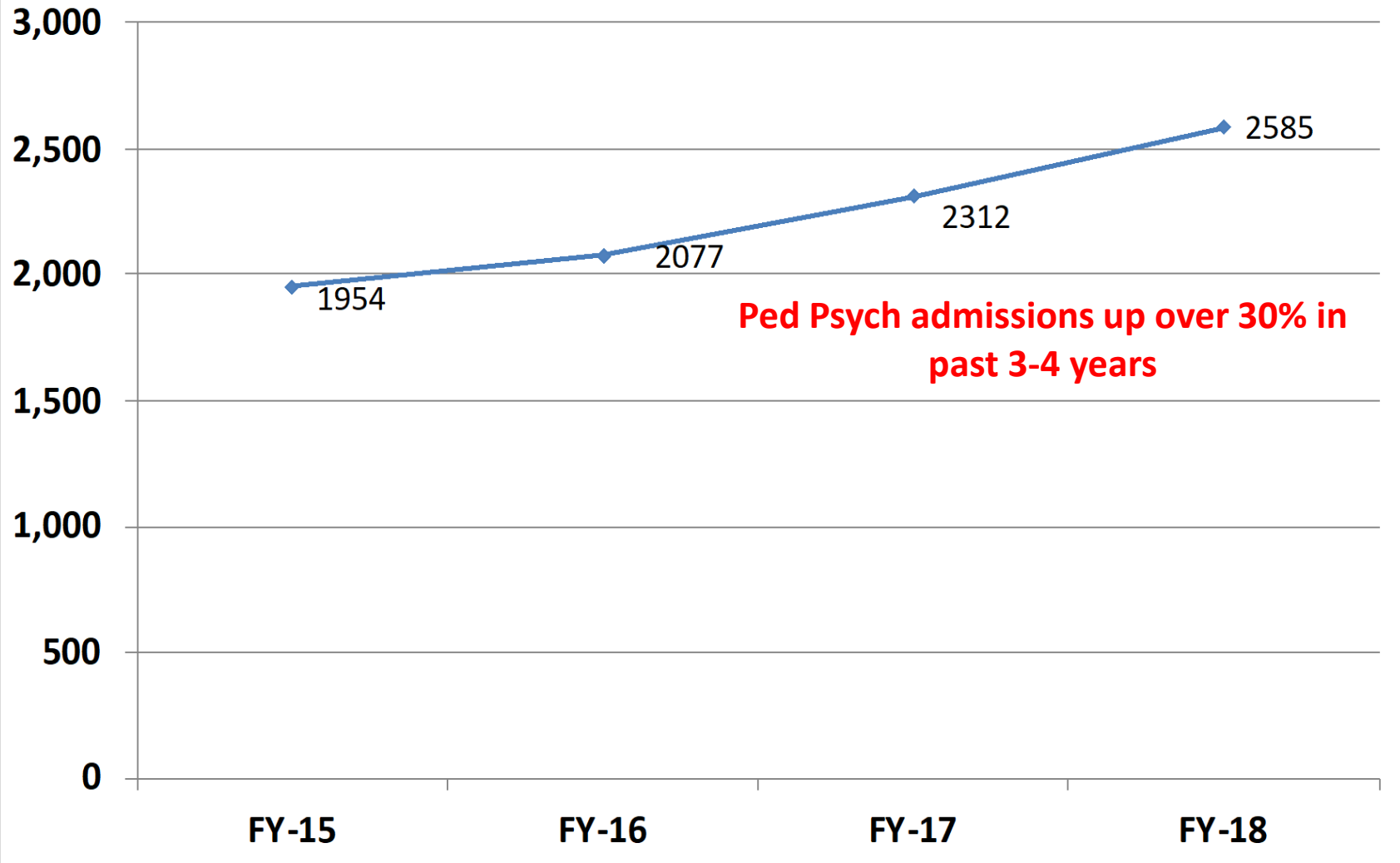
- Largest outpatient MH provider in Region with >40K visits/yr and the only clinic seeing patients under 5y/o.
- Only inpatient unit in region (27 beds)
- Only partial hospital provider (22 spots)
- Consultative and collaborative care in multiple pediatric practice settings at and outside of URMC.
- School based programs.
- Preventative programs
- Education
- Research
- And more...

Unprecedented and Unrelenting Demand for Child Mental Health Services

URMC Lens:

- Waitlist for Child and Adolescent Ambulatory Services over 300.
 - Even as size of services doubled over past 2 years.
- Waitlist for Adolescent Partial Hospital Service routinely over 80 (sometimes over 90).
- Inpatient unit full with 10% increase in available beds and still often up to 6 patients boarding for admission at a time (has been as high as 12).

Annual Ped ED Psych Visits



* Annualized thru 9 mo.

The Golisano Pediatric Health and Wellness Building



MEDICINE *of* THE HIGHEST ORDER



UR
MEDICINE

GOLISANO
CHILDREN'S HOSPITAL

The Golisano Pediatric Health and Wellness Building

Outpatient Services

- Expand crisis services for children and families
- Additional individual & group therapy
- Develop Intensive Outpatient Program
- Expand Outpatient Services by 25% (to 50K visits/year)

Child and Adolescent Partial Hospital Service

- Expanded 50% (22 spots to 33) to address wait list, and need for inpatient care & emergency services

Home for mental health education for clinicians, families, and the community.

And now...a pandemic



UR
MEDICINE

GOLISANO
CHILDREN'S HOSPITAL

MEDICINE *of* THE HIGHEST ORDER

COVID 19: Unprecedented Changes and Challenges for Youth and Families

- Schools “closed” / converted to online platforms.
- Isolation of youth and parents.
- Role strain for parents.
- Financial uncertainty.
- Resource uncertainty (i.e. toilet paper)
- Health uncertainty (risk of COVID and chronic health conditions)
- All of these are challenges that are not hitting us equally—populations already under-resourced and underserved are hit the hardest.
- Increase in stress and distress
 - With increases in Intimate Partner Violence, Community Violence, and Child abuse.

Impact on Parents and Caregivers

- Parent/caregiver stress can negatively impact usual parenting.
- **Parental stress contributes to:**
 - Increase in domestic violence and child abuse following disasters.
 - Increase in use of alcohol and substances in teens and adults following disasters.

Impact on Children and Teens

What children experience is impacted by:

- Developmental status
- Temperament
- Psychological make-up
- Premorbid functioning
- Family functioning
- Family resources
- Recent and past experiences of loss

Impact on Children and Teens

Child and Teen responses are therefore varied in type and intensity:

- Irritability and mood symptoms
- Emotional and behavioral dysregulation
- Pushing back on limits (such as not being allowed to spend time with friends)
- Difficulty falling asleep and staying asleep; nightmares
- Anxiety; difficulty separating; fear of being alone
- Repetitive play
- Aggression, anger
- Withdrawal

COVID 19: Community and URMC Response

- People have truly come together across services and traditional silos in a manner that is heartwarming and inspiring.
- UR/GCH Child and Adolescent Psychiatry Services have undergone significant changes with some noted trends:
 - Initial decrease in presentations and seeming demand for Acute/hospital-based services.
 - An increase in intentional ingestions.
- Demand for ambulatory services (including PHP) remains very high.
- Conversion of how we provide care at each site and service to minimize infection risk and still meet patient needs—while also participating in institution level response to the crisis.

Hope: Resilience

- Adversity does not equal destiny at an individual level!
- ACEs can be counterbalanced with protective factors to foster resilience.
- Increasing numbers of evidence-based prevention and treatment strategies are available.

Protective Factors

- Healthy attachment relationships
- Ability to regulate emotions and behaviors
- Supportive environmental systems
 - Faith-based communities
 - Education system
 - Cultural beliefs
- Cognitive factors (i.e. motivation)

There is HOPE: RESILIENCE trumps ACEs

Many assets reduce risk for one or more behavioral concerns. However, when any of these assets are present:

I matter to my community

I have at least one non-parental adult support

or

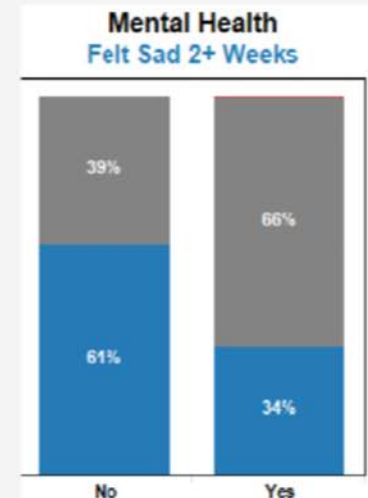
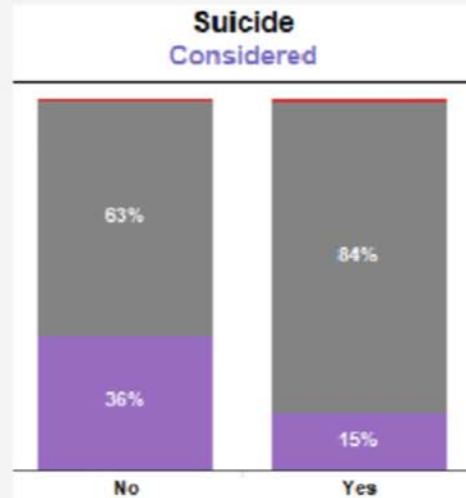
I receive encouragement at school

We reduce the risk for both feeling sad for 2+ weeks in a year and consideration of suicide.

There is a role for every adult to play in increasing health and well-being in youth.



When youth feel they matter to their community, risk for suicide ideation and depression decline.



*Youth with 2 or More ACEs

What is Helpful to Address the Needs of Children in Our Current Situation?

1. Establishing and maintaining new routines.
2. Being emotionally available to the child/teen and fostering social bonds at a distance.
3. Modeling and encouraging healthy coping skills.
4. Providing age-appropriate information and explanations.

**This is especially true for children with special needs—
emotional, behavioral, developmental, and/or medical challenges.**

**Special thanks to Linda Alpert Gillis, PhD., for development of content on this and the following slides.*

Establishing and Maintaining New Routines

- All people, especially children, benefit from routines!
- Routines may include mealtimes, bedtime, schoolwork, playtime/relaxing, time with parents/caregivers, reading, screen time.
- Premack Principal (high probability behaviors can reinforce low probability behaviors): Time for schoolwork followed by time for relaxation/entertainment/play.
- In stressful uncertain times, youth look for control, one way of giving control is collaborating with them on the new routine.
- Not looking for military precision, looking for creating expectations of what will happen in a time when there are so many unknowns.

Being Emotionally Available and Fostering Social Bonds

- Children need a secure relationship where they can feel safe and express feelings – anxiety, frustration, disappointment.
- It is important to “listen” to children, including very young children, and be “present.”
- At a time when parents are often preoccupied with other demands, this is a challenging task.
- Aiming for physical distancing not emotional distancing, we want to enable contact by phone or screens with significant others, including extended family members and peers (teen screen time)

Modelling and Encouraging Healthy Coping Skills

Coping Statements:

Talk back to worries – *“I’m feeling scared and I can handle it.”*

Coping Ahead:

Anticipate that you might have some discomfort, and plan what you can do to counteract it, knowing that if you can push through it, it will get easier.

Mindfulness: Tune into our emotions and experience them w/o judgment

Acceptance of Feelings: Acknowledging the discomfort without fighting it.

“Instead of trying to push the feeling away and get rid of it, hold onto it and tolerate it and get through it.”

Physical Exercise: Walking, running, dancing, exercising—be creative.

Sleeping and Eating: Consistent sleep schedules and mealtimes.

Explanations

- Make time to explain what is happening and answer questions of younger children; make time to have discussions with older children and teens.
- Limit exposure to media exposure—for you and them; even very young children will feel the tension you feel in response to news reports and react to the dramatized style of news anchors.
- Inform about coronavirus in language they can understand; reassure them that few children have developed coronavirus and it's usually mild if they do.
- Explain why they can't go to childcare, preschool, or school— as a way to keep everybody healthy.

**It is easier to
build strong
children than
to repair
broken men.**

- Frederick Douglass

