Objectives

• Brief update on “state of the union” of child and adolescent behavioral and mental health in light of events of the past year or so
• Review the current barriers to obtaining behavioral and mental health care
• Stimulate discussion of potential solutions and relevant areas of focus for the Children’s TAC
Effects of COVID-19 on Child and Adolescent Behavioral and Mental Health

• In March and April of 2020, mental health claims doubled for 13-18 year olds in comparison to the same months in 2019
• For 13-18 year olds, there were increases in intentional self-harm (approx 90%), substance overdoses (approx 95%), and substance use disorders (approx 63%)
• For 6-12 year olds, there were increases in OCD and tic disorders
• For 13-18 year olds, there were increases in GAD, Major Depressive Disorder, and Adjustment Disorders
• 24% increase in ED visits for mental health needs for 5-7 yo, 31% for 12-17 yo
• Anecdotally, at NCH, we have and are seeing a significant increase in suicide attempts, eating disorders, and functional (conversion) disorders
Effects of COVID-19 on Child and Adolescent Behavioral and Mental Health

- Unique combination of the public health crisis, social isolation, and economic recession
- Nationally, 13.2% (3 million) adolescents receive mental health services within the school setting; of adolescents who use mental health services within a given year, 57% receive school-based services
- Particular impact on young people of color and LGBTQ youth
- Parents with higher stress levels
- Overall increased risk for family adversity (i.e. child abuse, domestic violence, poverty, food scarcity, death of family members to COVID-19)
Effects of Racism and Social Justice Issues on Child and Adolescent Behavioral and Mental Health

• Children and adolescents who are targeted by and who witness racism are at a higher risk for PTSD, anxiety, depression, and grief.

• Intense and persistent stress influences how the brain develops, intensifying negative emotions and impacting learning and memory.

• Racism has direct effects on physical health, such as lower cardiovascular health and increased insulin resistance, yet mental health effects (i.e. depression and anxiety) show up much sooner.
Barriers/Access to Care

• Locating providers who accept Medicaid/Passport/insurance, and are accepting new patients
• Actually making it to the first appointment (cancel/no show rate: 40% initial; 15% f/up)
• Transportation
• Stigma
Barriers/Access to Care

• Telehealth
  ❖ Positives:
    o 96% Americans own a cell phone, with equal distribution across White, Black, and Hispanic/Latinx populations in urban/suburban/rural environments
    o Enables/d families to shelter-in-place as needed; eliminates/d transportation barrier
    o Reimbursed at same rate as in-person visits
    o Certain restrictions (i.e. working across state lines) are/were temporarily lifted
  ❖ Limitations:
    o Adequate technology still an issue for many
    o Not all children/adolescents respond well or are capable of engaging in telehealth
    o Increased liability for treating high-risk children/adolescents
Potential Solutions and Relevant Areas of Focus for the Children’s TAC

- Return to school in general, and Jefferson County Public School system’s response
- Input from Seven Counties Services
- Results of calling regional community mental health centers
- Increase in vaccination rates and opening up of in-person services
- Mental Health America of Kentucky – great resource list updated daily at https://www.mhaky.org/covid-19-resources.html
Potential Solutions and Relevant Areas of Focus for the Children’s TAC

- Locating providers who accept Medicaid/Passport/insurance, and are accepting new patients
- Address structural barriers (consider clinic hours that accommodate caregivers who work lower-wage jobs, assess need for an increase in providers in rural areas, consider transportation barriers, continue to consider how technology/telehealth may be useful even as in-person services resume, etc)
- Need for communication and care coordination (making it to the first appointment—cancel/no show rates: 40% initial; 15% f/up)
- Address stigma (public health campaigns that normalize distress, destigmatize mental health concerns, promote mental wellness/prevent mental illness, promote self-care, communicate effective prevention and treatment strategies, etc)
- Need for increase in racial and ethnic diversity among behavioral healthcare providers – a major factor in youth feeling comfortable (literature also notes a lack of interpretive services for bilingual families)
- Integrated care/mental health screening (pediatrician’s offices, rural health clinics, community centers, schools, vaccination sites, early intervention, etc)
- Mental health screenings upon return to work/school
- Collect mental health surveillance data for the state so that resources can be disseminated to best mitigate effects to target areas/populations
- Continue to build a mental health system that addresses social determinants of health (the social, economic, and physical conditions that affect individual health and well-being)


