

Addressing the Mental Health Care Crisis in Children and Adolescents

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Goals for Today's Discussion

- Review the ***scope of the mental health crisis*** for children and adolescents and challenges with accessing care
- Use American Academy of Pediatrics response as ***example of framework*** for addressing these challenges
- Discuss ***unique considerations*** for military families
- Propose ***potential solutions*** to additionally support military families

The Youth Mental Health Crisis



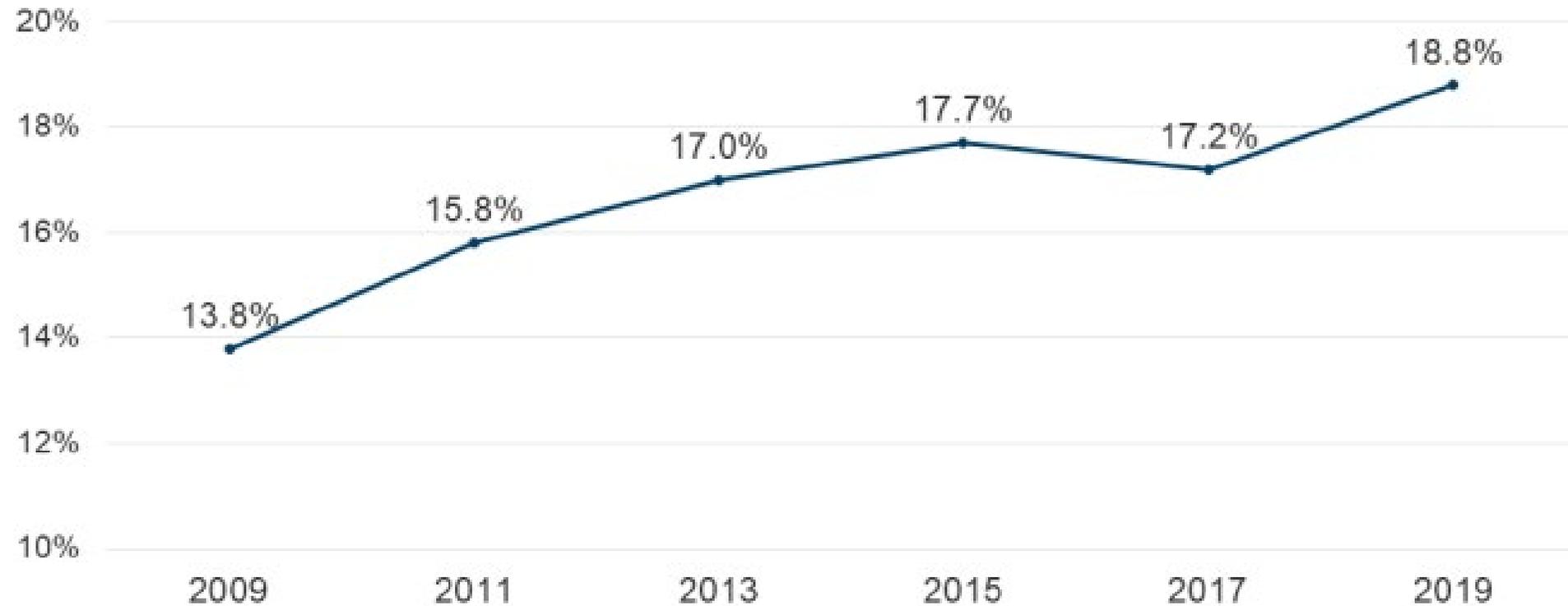
Nearly **1 in 5** U.S. children are diagnosed with a mental disorder. **20%** of those with a mental disorder receive care from a specialized care provider for mental health.

Barriers to pediatric mental health specialty care

- Parents may be reluctant to seek professional help
- Cost
- Not enough mental health providers to meet demand
- Lack of access to specialized providers
- Long waiting lists
- Lack of insurance coverage



Percent of High School Students Who Seriously Considered Attempting Suicide in the Past Year 2009-2019



SOURCE: Youth Risk Behavior Survey, 2009-2019.

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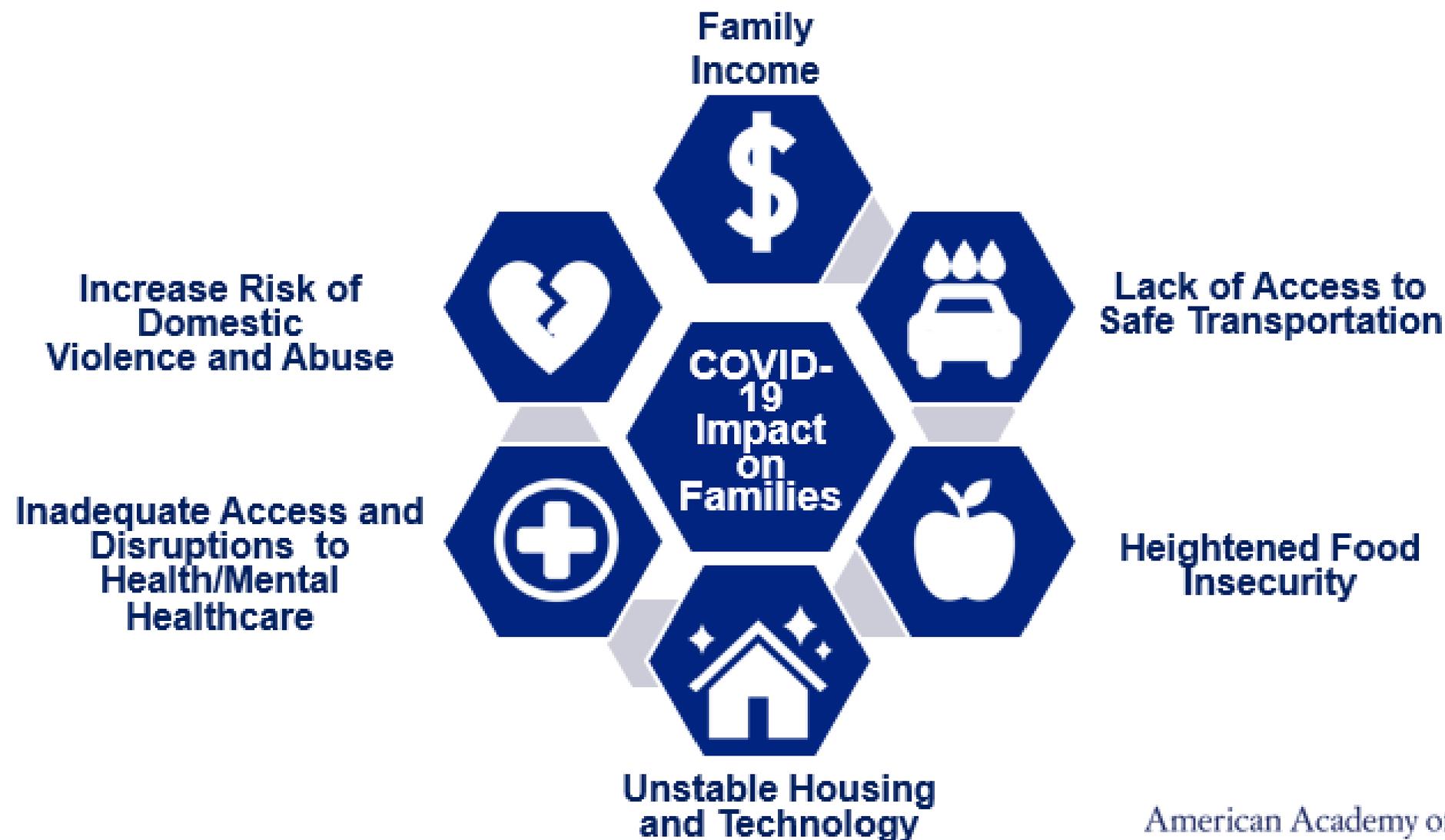


Barriers to Accessing Mental Behavioral Health Care

- Inadequate workforce
 - Number of providers
 - Specialized training (e.g. early childhood, trauma)
 - Cultural and linguistic competence
- Stigma and family reluctance
- Cost and insurance coverage
- Availability
 - Timely and accessible
 - Administrative barriers

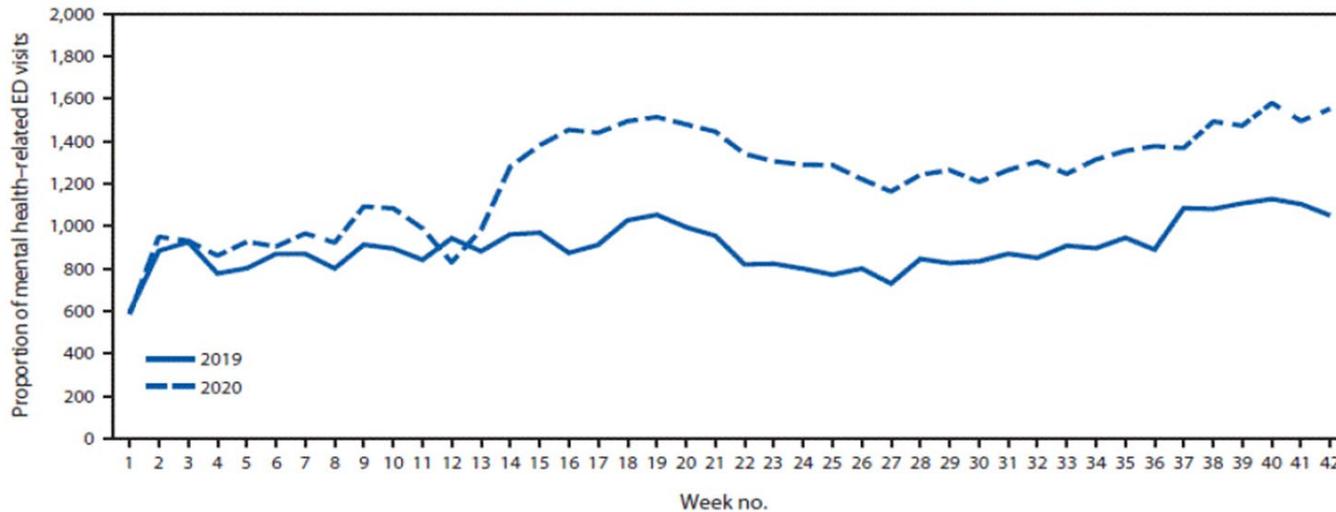


Mental Health Crisis Exacerbated by Pandemic

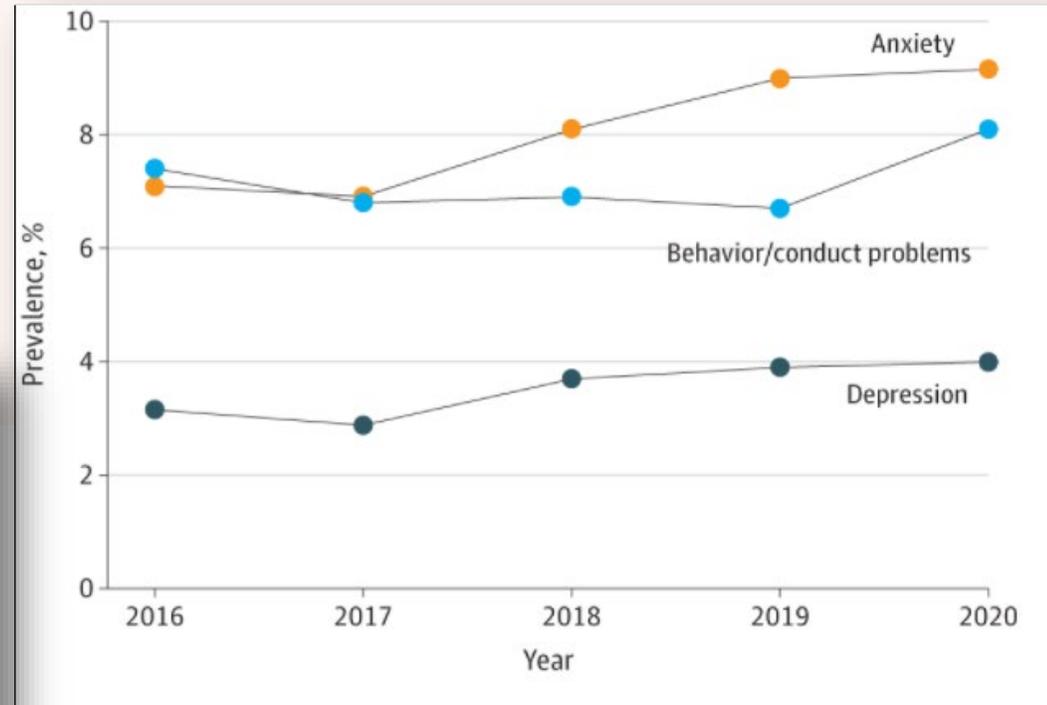


The Impact of COVID

Proportion of Pediatric Emergency Visits for Mental Health Reasons Increased in 2020



Source: CDC MMWR November 13, 2020



Source: Lebrun-Harris LA, Ghandour RM, Kogan MD, Warren MD. Five-Year Trends in US Children's Health and Well-being, 2016-2020. *JAMA Pediatr*. Published online March 14, 2022. doi:10.1001/jamapediatrics.2022.0056

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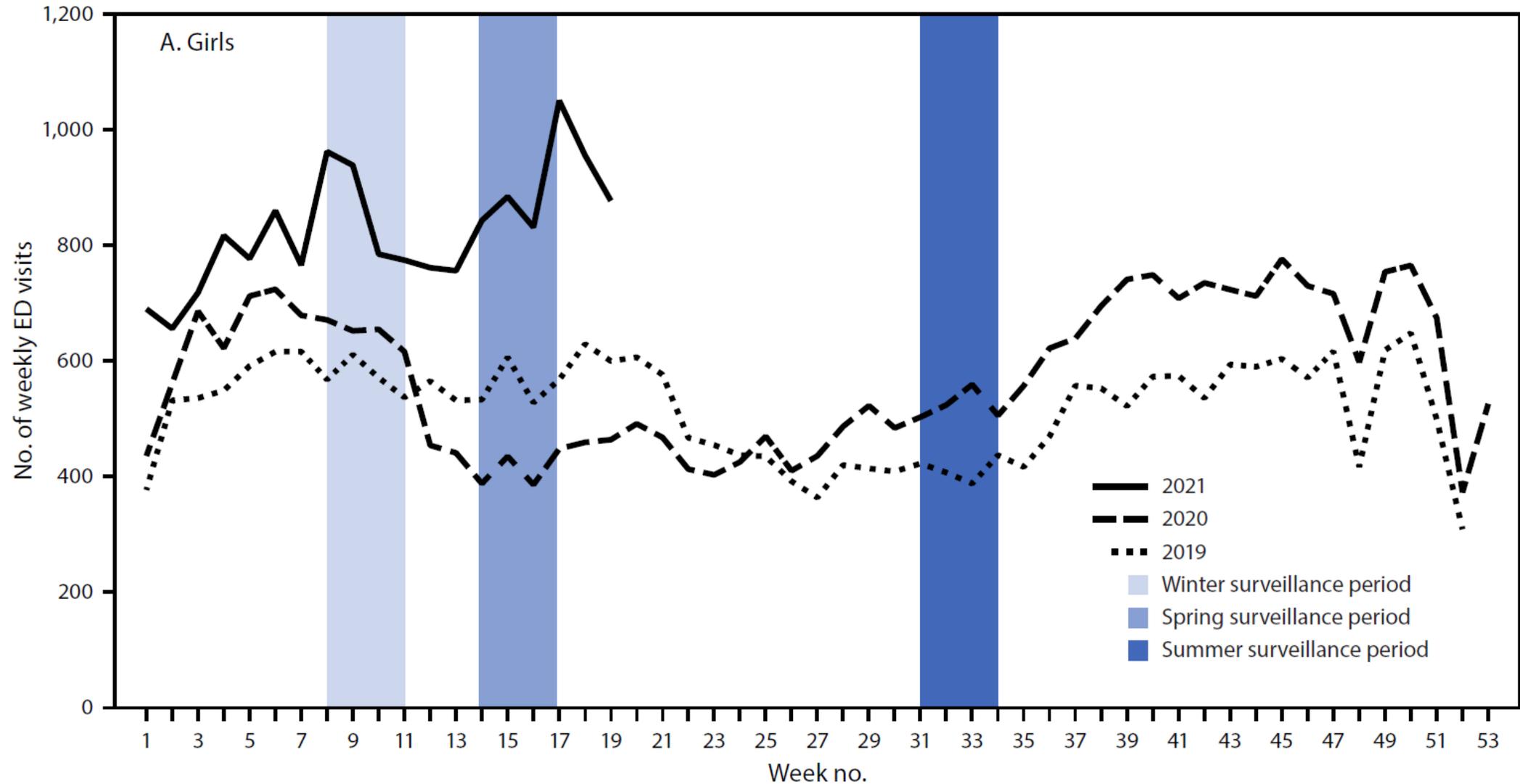
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Pediatric Depression and Anxiety Doubled During the Pandemic

Anita Slomski

JAMA. 2021;326(13):1246. doi:10.1001/jama.2021.16374

Numbers of Weekly Emergency Department Visits* for Suspected Suicide Attempts Among Girls 12–17 Years



Some Sub-populations May Be More Vulnerable to Mental Health Stressors from the COVID-19 Pandemic

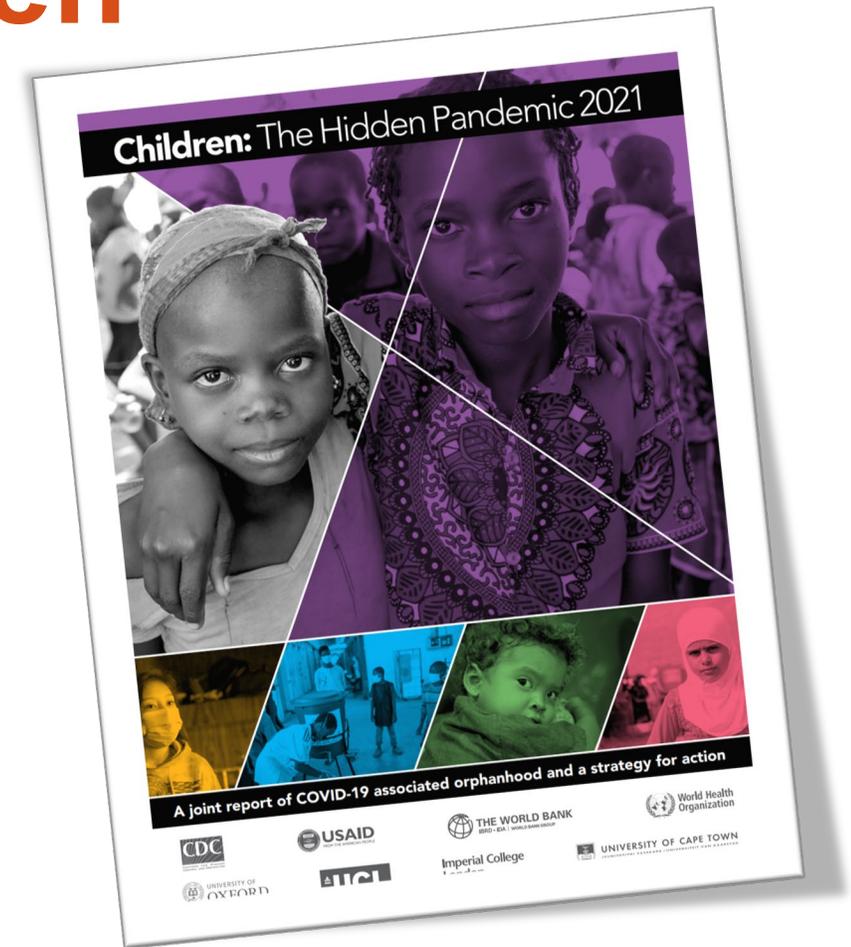
Groups with a higher baseline risk may be especially vulnerable to the pandemic increasing mental health stressors, including:

- Children and families of color
- Communities and families living in poverty
- Historically under resourced communities
- Children who are refugees and seeking asylum
- Children and youth with special health care needs
- Children involved with the child welfare and juvenile justice systems
- Children living in military and veteran families
- LGBTQ youth who may be living in homes where they are not supported by their family



Parents Health Affects Mental Health Status of Children

- As of March 13, 2022, nearly 207,600 children in the U.S. lost a primary caregiver to COVID-19 and nearly 243,600 children lost a primary and/or secondary caregiver, with Black youth experiencing the highest rates of loss.
- Children's emotional and behavioral health is also greatly impacted by that of their parents and caregivers.



Additional Disparities in Care for CYSHCN and Communities of Color



- Services interrupted for children and youth with special health care needs
- Structural racism adding stress to communities of color

Declaring a Mental Health Emergency

On October 19, 2021, the American Academy of Pediatrics (AAP), the American Academy of Child and Adolescent Psychiatry (AACAP) and the Children's Hospital Association (CHA) declared a national emergency in child and adolescent mental health



Pediatricians and psychiatrists declare a national emergency in youth mental health.

Medical groups said the coronavirus pandemic had worsened mental health crisis among children and teenagers.





Our kids and
teens face a
**MENTAL HEALTH
CRISIS.**
We must act.

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Framework for Action and Impact- American Academy of Pediatrics

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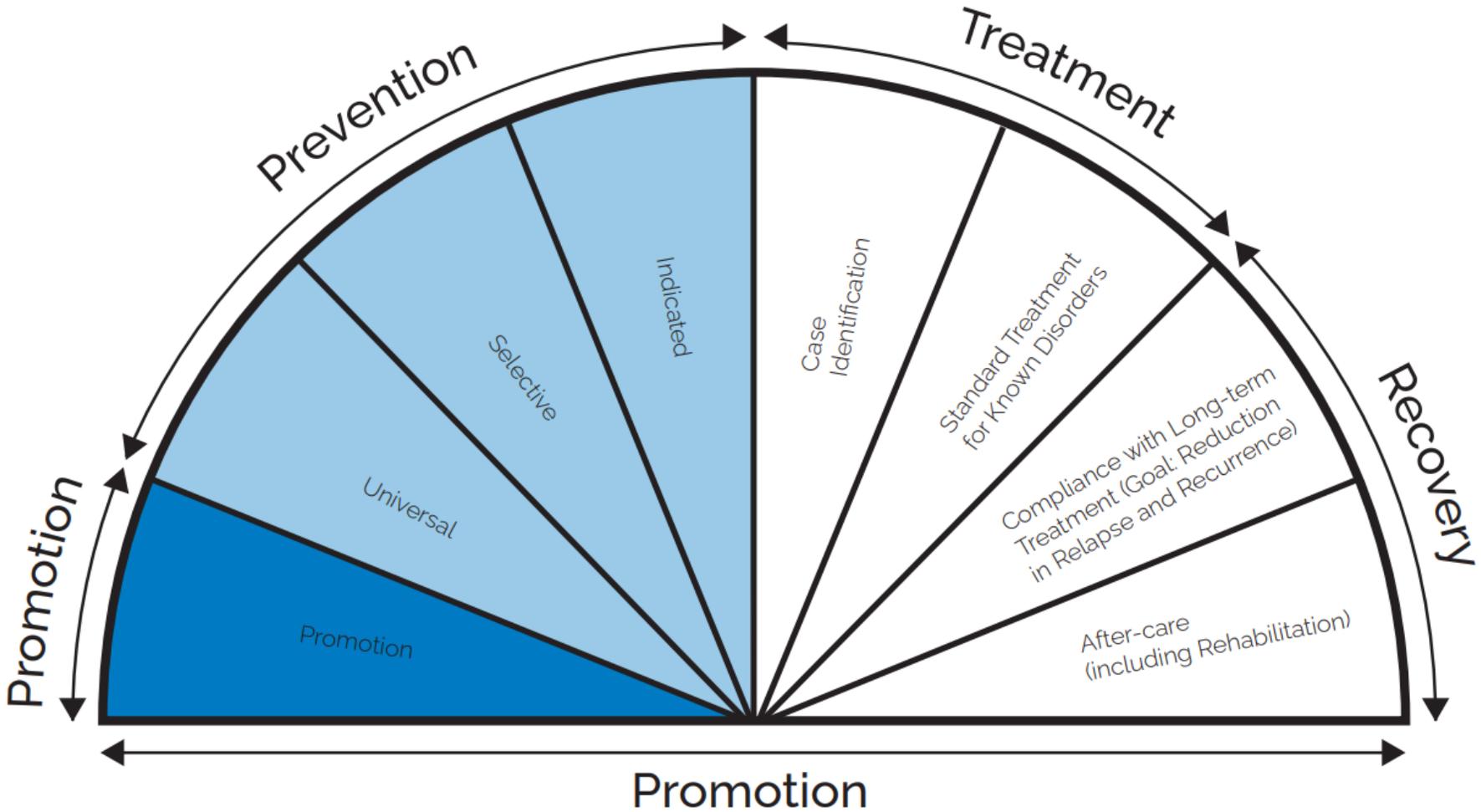


Principles of Developing a Comprehensive and Equitable System of Care

- Address mental health needs across the entire continuum of care, from promotion to recovery
- Ensure care is high quality, accessible and patient-centered
 - Additional training and supports may be needed for more specialized care (e.g. trauma focused, early childhood)
 - Family and 2-generation care is essential
- Recipients of care should be involved in designing solutions
- Integrate mental health supports and care across a wide range of natural settings
- Increased investments may be needed for groups or geographic areas who have been historically under-resourced



Institute of Medicine Behavioral Health Continuum of Care



Source: SAMHSA

Healthy Mental & Emotional Development Initiative

Partnership

S Build partnerships for solutions to advance child and adolescent mental health.

Education

Equip members with knowledge, skills, and resources to support the healthy mental development of infants, children, adolescents, and families in clinical practice.



Leadership

Create a culture of pediatric leadership in child, adolescent, and family mental health nationally and globally.

Policy & Advocacy

Advance mental health of children and adolescents through advocacy and policy development.



AAP Pediatric Mental Health Education

2022 Diagnosis and Treatment
of Common Pediatric
Mental Health Disorders

ALL-ACCESS REGISTRATION



JOIN US IN ROSEMONT, IL
APRIL 8-10, 2022

- Creating a center to aggregate and align AAP mental health efforts
- Cover the spectrum from prenatal health/brain development through adolescence and young adulthood
- Programs available now/upcoming
 - Pediatric Mental Health Minute Series 1 & 2
 - <https://www.aap.org/en/patient-care/mental-health-minute/>
 - Pediatric Mental Health Live Hybrid Course (April 8-10, 2022)
 - Pediatric Mental Health EQIPP course

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Pediatric Mental Health Minute Series

Series #1 Topics

- Adolescent Depression
- Suicide
- Antidepressants
- Antidepressant Side Effects
- Mental Health in Infants and Young Children
- ADHD
- Mental Health Promotion and Problem Prevention
- Screening Tools
- Psychosocial Treatment
- Deprescribing in Children
- Maladaptive Aggression

Series #2 Topics

- Grief in Pediatric Patients
- Healthy Adolescent Partner Relationships
- Parenting and Boundary Setting
- School-based Mental Health
- Mental Health in Newcomer Children
- Mental Health in 2nd Generation Immigrants
- Mental Health in LGBTQ+ Children
- Impact of Racism on Mental Health
- Effect of Social Media on Adolescent Mental Health
- Assessment of Substance Use in Behavioral Health
- Healthy Ways Adolescents Can Control Their Lives

Pediatric Mental Health Minute Series

[Home](#) / [Patient Care](#) / Pediatric Mental Health Minute Series

New Video Series on Mental Health

Designed to provide real-time education to support you as you care for children and youth with mental health disorders. These quick yet in-depth videos aim to improve your knowledge and skills, both during the current national crisis and in the future.



Suicide: Blueprint for Youth Suicide Prevention

[Home](#) / [Patient Care](#) / Suicide: Blueprint for Youth Suicide Prevention



Blueprint for Youth Suicide Prevention Launched March 2

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CENTER | The National Grief Center
for Children & Families

EDC
Education
Development
Center

ZERO
Suicide
INSTITUTE

HEALTHTrust



The Jed Foundation

NATIONAL
ACTION
ALLIANCE
FOR SUICIDE PREVENTION

nami
National Alliance on Mental Illness

National Association of
Pediatric Nurse Practitioners™

NASN
National
Association of
School Nurses

NASP
NATIONAL ASSOCIATION OF
School Psychologists

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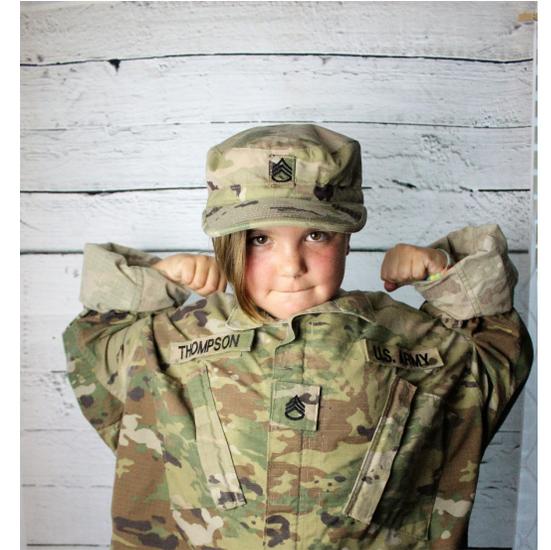
Blueprint for Youth Suicide Prevention

- Supports pediatric health clinicians in promoting suicide prevention in clinical settings, community/school settings, and advocacy/policy priorities
- Informed by 90+ subject matter experts
- Published on AAP.org and disseminated to medical and public health communities as well as the public

www.aap.org/suicideprevention



Military Connected Children and Mental Health



Demographics of Military Families and Children

- Approximately 58% of the 2.2 million members serving on active duty and the National Guard and Reserve have families, and 40% have at least two children.
- There are an estimated 1.7 million children of active duty and reserve military personnel, with the following breakdown in age:
 - 0 to 5 years – 37.8%
 - 6 to 11 years – 31.6%
 - 12 to 18 years – 23.8%
- When including active-duty personnel, reserve personnel and veterans, it is estimated that there are 4 million children who are military connected

Unique Experiences of Military Connected Children

- Frequent moves
- Prolonged separations
- Deployments of family members
- Caring for wounded family members
- Heightened pressure to conform, behave and wear their parent's military rank
- Socio-economic challenges including financial stressors among junior personnel and rates of food insecurity similar to the national average



Frequent Moves



- Military families move at a rate 2.4 times more frequent than their civilian counterparts
- Military children may experience a move every 2 to 4 years and can transition between schools up to 9 times by the age of 18 years
- In a large population study of military youth, there were increased mental health encounters if a geographic move occurred in the past year (Weber EG, Weber DK)

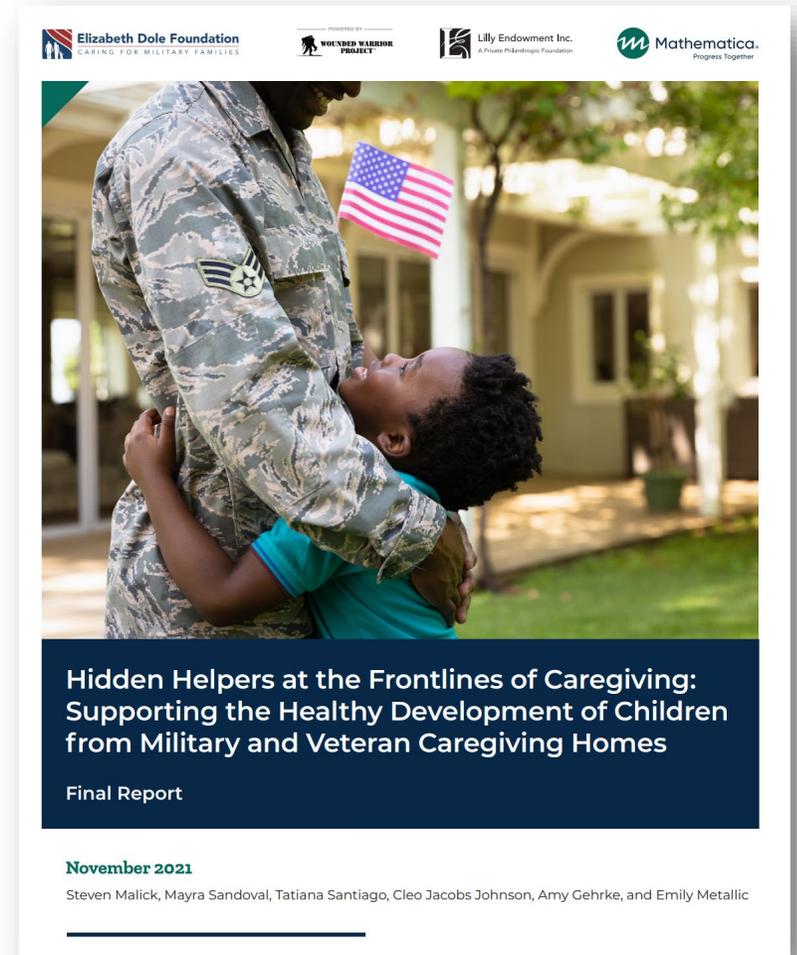
Deployments

- More than 2 million children have had a parent deployed since 2001. (Rossiter AG, et al)
- One study found that 1 in 4 military children have an emotional-behavioral challenge associated with deployment. (Aranda et al)
- A systematic review of 26 studies found an association between increased deployment-related stress and mental health problems in parents and young children as well as increased use of mental health services. (Trautman J, et al)



Caring for Wounded Family Members

- A Mathematica study released in November 2021 showed that there are approximately 2.3 million children under the age of 18 living with a disabled veteran.
- Military and veteran families experiencing high levels of disruption because of injury were more likely to report high levels of child distress.
- Hidden Helpers were more likely to experience isolation and have fewer opportunities to interact with peers; have difficulties expressing emotion and learning in school; and have more health problems such as stress, burnout, and fatigue.



HIDDEN HELPERS



Elizabeth Dole Foundation
CARING FOR MILITARY FAMILIES



**WOUNDED WARRIOR
PROJECT®**

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Health Care Needs for Children in Military Families

- **Children in military families are more likely to have special health care needs and more likely to have a behavioral health diagnosis than their civilian peers. (Seshadri et al)**
 - 28.5% of TRICARE-insured children had at least one special health care need, compared to 20.2% of children overall.
 - 15.7% of children covered by TRICARE had a behavioral health diagnosis compared to 11.6% overall.



Access to Care for Children with Mental Health Concerns

- **While children covered by TRICARE are more likely to have a usual source of health care than their civilian counterparts, children with special health care needs and behavioral health problems have less access to care than their civilian peers. (Seshadri et al)**
 - Children with a behavioral health diagnosis had difficulty in getting necessary care compared to those without such a diagnosis (60.0 percent versus 71.4 percent).
 - Difficulty in obtaining a referral to a specialist was also experienced by families with children with a behavioral health diagnosis, compared to those without such a diagnosis.



Barriers to Receiving Mental and Behavioral Health Care through TRICARE and the Military Health System

- Mental and behavioral health care provider shortage
- Long distance to travel for care (sometimes out of state for inpatient services)
- Provider directories not up to date with accurate information on provider specialties, what ages they treat, length of wait times and other information.
- Increased copays for TRICARE mental health services
- Stigma of receiving mental health care and worries about confidentiality of care
- Continuity of care for mobile military families
- Cultural competence of contracted care providers



Challenge and Opportunity

Mental illness and behavioral health concerns are *alarmingly common* in childhood and have increased over the past two years

Supports and services for families are *often siloed, inaccessible, and do not meet military family needs*

Through education, early identification and intervention, particularly in natural settings, we can prevent more serious illness and better support families

Culturally sensitive interventions which support strong relationships and social-emotional health *have lifelong impacts*



Recommendations – Workforce

- **Build and support the uniformed primary care workforce to play an increased role in the continuum of mental health care for children, adolescents and beneficiaries**
 - Both pediatric and adult primary care are taking on increasing importance as a part of the mental health care continuum for children, adolescents and families.
 - Primary care providers who are familiar and comfortable with military culture will be most effective, and uniformed health care providers play an essential role.
 - Family health and mental health is closely tied to child and adolescent health and well being
- **Support embedded behavioral health specialists and integrated care in the medical home within the MHS and evaluate impact of these initiatives.**
 - Natural settings such as primary care and schools are highly effective models for delivering culturally responsive and accessible mental health care and decreasing stigma



Recommendations: Training and Technical Assistance

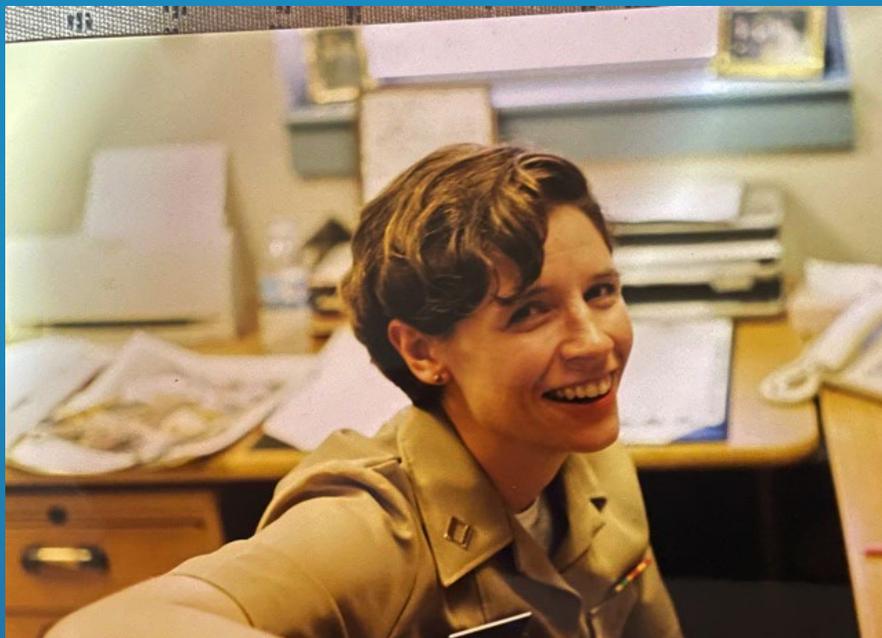
- **Ensure behavioral and emotional screening, including screening for perinatal mood disorders, is incorporated as a routine component in pediatric practice.**
 - Ensure Bright Futures guidelines are being implemented appropriately to ensure children are receiving the recommended behavioral and emotional periodic screenings and consider further alignment with behavioral health specific recommendations.
- **Build cultural competency in civilian providers who treat military connected children, so they are aware of the unique needs of these children, particularly mental health stressors.**
- **Encourage and support partnerships with family support programs, both within the Department of Defense and local communities.**



Recommendations – Payment and Network Adequacy

- **Reduce TRICARE mental health copays to address the financial barrier to access military families may face.**
- **Increase reimbursement for TRICARE providers, particularly for behavioral and mental health services.**
- **Continue telehealth flexibilities implemented during the COVID-19 pandemic for mental health services, including permitting waivers for providers to serve TRICARE patients across state lines to ensure access to critical mental, emotional and behavioral health care services to cover military children stationed anywhere in the world.**
- **Institute T-5 requirement for appointment availability as part of network adequacy, as well as enhanced provider directory accuracy requirements specific to behavioral health care to include target populations and conditions, ages served, and clearly identifying both in-network and out-of-network authorized providers.**





Thank You

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