

**Innovate, Collaborate, Motivate:
Charting the future of mental
health.**



Monday, May 22, 2023

3:45 PM - 5:15 PM PDT

**APA PRESEIDENTIAL SESSION:
ZOOMERS IN MIND:
ENGAGING THE YOUTH
MENTAL HEALTH CRISIS**

Room 160, Moscone South

Level: Upper Mezzanine





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Chair:
Aaron Krasner,
M.D.



Presenter:
Stephan
Carlson, M.D.,
MBA, FAPA



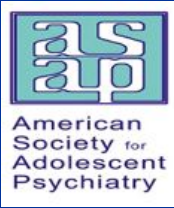
Presenter:
Mayank
Gupta, M.D.



Discussant:
Daniel Becker,
M.D.



- 1. Introduction and Disclosures**
 - 2. Presentation by Dr. Krasner**
 - 3. Presentation by Dr. Gupta**
 - 4. Presentation by Dr. Carlson**
 - 5. Discussant and Facilitated by Dr. Becker**
- Q&A**



ZOOMERS IN MIND: ENGAGING THE YOUTH MENTAL HEALTH CRISIS

Defining the crisis, its antecedents, and future
directions

Aaron Krasner MD Monday May 22, 2023



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CHAIR INTRODUCTION

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Aaron Krasner, M.D.,

ASAP President

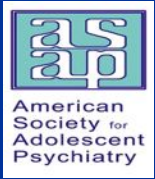


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DISCLOSURES



No conflicts of interest to report.



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ADOLESCENCE

- **Hypothesis:** Rapid brain maturation is fertile ground for variability and error.
 - “moving parts get broken” (Giedd 2008)
- .. A symphony **of developmentally sensitive neurological changes..**
 - Neural pruning
 - Neural connectivity
 - Neurochemistry
 - Peak onset for any mental health disorder – age 14
- Experimentation with **drugs and alcohol** (e.g. cannabis exposure and psychosis for high novelty seeking boys with low harm avoidance)
- Synchronous with **endocrine changes** (e.g. only after Tanner Stage III females exceed males in depression rates)



1. Phases of adolescence:

1. early (11-14)
2. middle (15-17)
3. late (18 -)

2. Risk and Resilience



PHYSICAL
hormonal changes
and development



COGNITIVE
changes in the way
the brain functions



EMOTIONAL
how adolescents process
emotions and stress



SOCIAL
changes in familial, social,
and romantic relationships



MORALS AND VALUES
how adolescents regard
their place in the world



....It appears, therefore, that the pandemic not only has adversely affected mental health of adolescents, but also has accelerated their brain maturation.

(Gottlib et al)

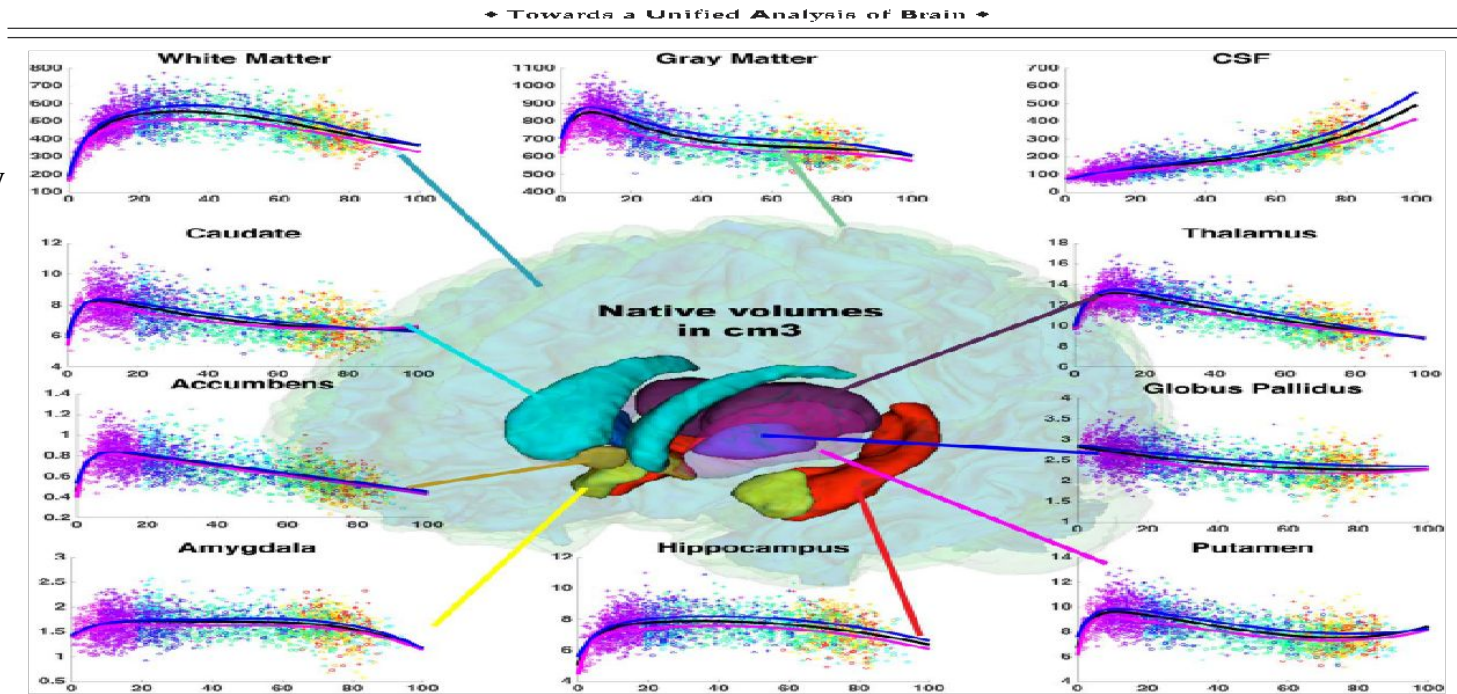
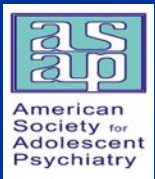


Figure 2. Volume trajectories based on absolute volume in cm³ for brain tissues and subcortical structures across the entire lifespan. These volume trajectories are estimated according to the age on 2,944 subjects from 9 months to 94 y. General model is in black, female model is in magenta and male model is in blue. Dots color represents the different datasets used in this study (see Fig. 1 for dataset color legend). [Color figure can be viewed at wileyonlinelibrary.com]

- **Common** - one in four children/teens
- **Persistent** - persistent into adulthood
- **Costly** – psychiatric illness, depression in particular
- **Deadly** - Psychopathology is associated with risk for despair deaths
- **Increasing** – even when controlling for broadened phenotypes, greater societal recognition of mental illness



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PRE-PANDEMIC TRENDS – THE ZOOMERS

ZOOMERS – AN AT-RISK GENERATION

Zoomers grew up with the following:

9/11

Katrina

Afghanistan/Gulf war

Intensification of domestic terrorism

White nationalism and escalations in hate crimes

Financial crisis

Opioid epidemic

Mass shootings

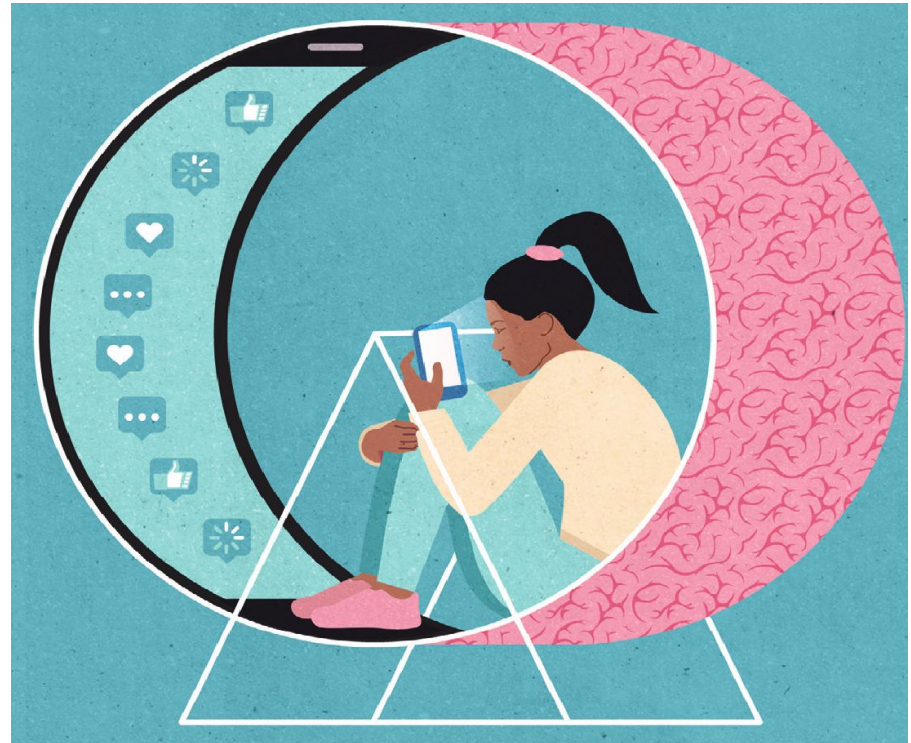
Climate change

Police brutality and civil unrest

Social media and Commodification of humans






Economic and health disparities

(Fight, Della Volpe and iGen, Twenge)



- As part of his call to arms, Dr. Murthy offered a pithy summary of significant pre-pandemic shifts in adolescent psychopathology
 - From 2009 to 2019 adolescent depression increased by 40%
 - Rates of suicidal ideation increased by 36%
 - Those that have made a suicide plan increased by 44%.
 - Behavioral health care utilization up by 28%.
 - Between 2007 and 2018, suicide rates among youth ages 10-24 in the US increased by 57%
- there were tragically more than 6,600 deaths by suicide among the 10-24 age group in 2020



The Percentage of High School Students Who:	2011 Total	2013 Total	2015 Total	2017 Total	2019 Total	2021 Total	Trend
Experienced persistent feelings of sadness or hopelessness	28	30	30	31	37	42	
Experienced poor mental health [†]	-	-	-	-	-	29	-
Seriously considered attempting suicide	16	17	18	17	19	22	
Made a suicide plan	13	14	15	14	16	18	
Attempted suicide	8	8	9	7	9	10	
Were injured in a suicide attempt that had to be treated by a doctor or nurse	2	3	3	2	3	3	

State of the art

Epidemiology of mental disorders in children and adolescents

*Kathleen Ries Merikangas, PhD; Erin F. Nakamura, BA;
Ronald C. Kessler, PhD*

- Goal of epidemiologic studies is to identify the *etiology* of a disease
- The two major estimates of rates in epidemiology are prevalence (lifetime, 12-month, point) and incidence.
- Case control studies compare the association between a particular risk factor or disease correlate and the presence or absence of a given disease, after controlling for relevant confounding variables

TRENDS IN MOOD DISORDER INDICATORS

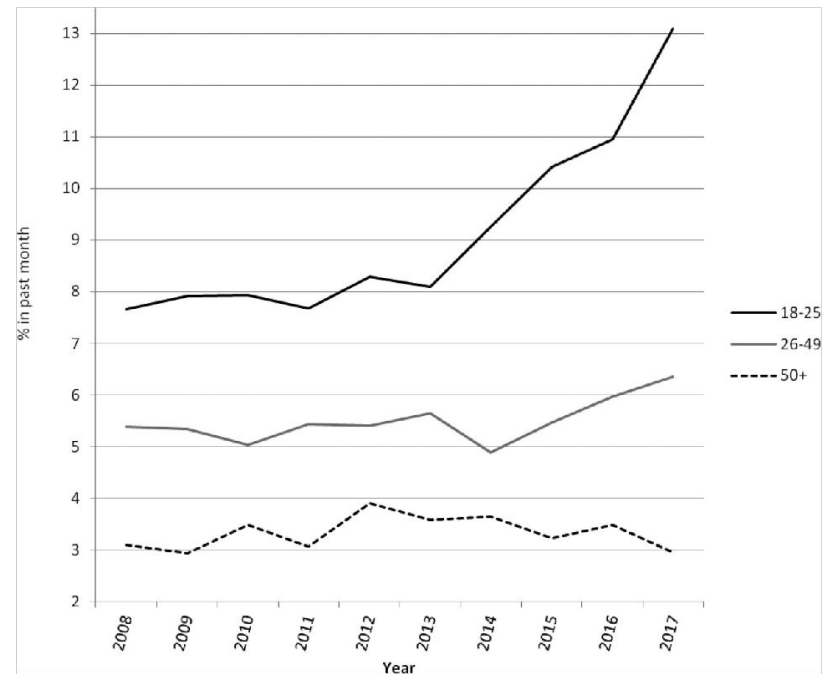
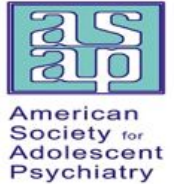


Figure 1. Percent with serious psychological distress in the last month by age group, 2008–2017.

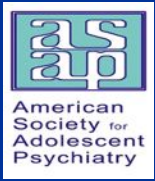
- **Females** (at a Tanner stage III) acquire depression risk factors much faster than boys and are more often diagnosed and treated for depression, self harm, and suicidal ideation.
- **LGBTQI+ BIPOC** (Black, Indigenous, and People of Color) endure higher rates of adversity and relatedly, psychiatric disorders, typically with less care and poorer outcomes
- **Parents** were already burning out relating to adversity with their children.



- #Sleepyteens – social media use at night associated with poor sleep quality, anxiety, depression, and low self esteem among girls
- Nighttime-specific social media use predicted poorer sleep quality after controlling for anxiety, depression and self-esteem.
- 86% of adolescents sleep with their phone in the bedroom often under their pillow or in their hand



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COVID STRIKES

COVID 19 – A UNIVERSAL STRESSOR



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<https://youtu.be/9qRBHg9n8B4>

- 90% (1.5 billion young people) students worldwide lost in-person education.
- ... families have experienced enormous stress due to seclusion within households, social isolation, concern about the health of family and friends, disruptions to school and child-care, and the need to make new health-related decisions in a context of uncertainty.
- ... such stressors have the potential to disrupt basic processes within the family by overloading the lives of caregivers, who are faced with the challenges of both providing for and taking care of the family

- Pierce and colleagues (2020) reported increases in prevalence of psychological distress among teens from **18.9% in 2018 to 27.3% in late April 2020**
- JAMA PEDS review:
 - 80879 youth globally, the pooled prevalence estimates of clinically elevated child and adolescent depression and anxiety were **25.2% and 20.5%, respectively.**
 - The prevalence of depression and anxiety symptoms during COVID-19 have doubled, compared with pre-pandemic estimates
 - moderator analyses revealed that prevalence rates were higher when collected later in the pandemic, in older adolescents, and in girls.

RISK FACTORS CONTRIBUTING TO YOUTH MENTAL HEALTH SYMPTOMS DURING THE PANDEMIC *Note: Not a comprehensive list of risk factors*

Having **mental health challenges** before the pandemic^{61, 64}

Living in an **urban area** or an **area with more severe COVID-19 outbreaks**⁶⁵

Having parents or caregivers who were **frontline workers**⁶⁶

Having parents or caregivers at elevated risk of **burnout** (for example, due to parenting demands)^{67, 68}

Being **worried about COVID-19**⁶⁴

Experiencing **disruptions in routine**, such as not seeing friends or going to school in person^{69, 70, 71}

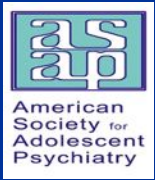
Experiencing more **adverse childhood experiences (ACEs)** such as abuse, neglect, community violence, and discrimination^{72, 73, 74}

Experiencing more **financial instability, food shortages, or housing instability**^{75, 76}

Experiencing **trauma**, such as losing a family member or caregiver to COVID-19⁷⁷

- Based on 49 studies the *prevalence of youth alcohol, cannabis, tobacco, and e-cigarette/vaping use has declined during the pandemic.*
- .. “In short, young people confined to their homes with parents had fewer opportunities for accessing and using substances.”
- Finally, in addition, youth living under the stress of parental substance use, family dysfunction, and domestic violence could predispose the later onset of substance use and violent behavior.

Layman, 2022



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COVID AND ADULT PSYCHOPATHOLOGY

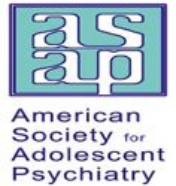
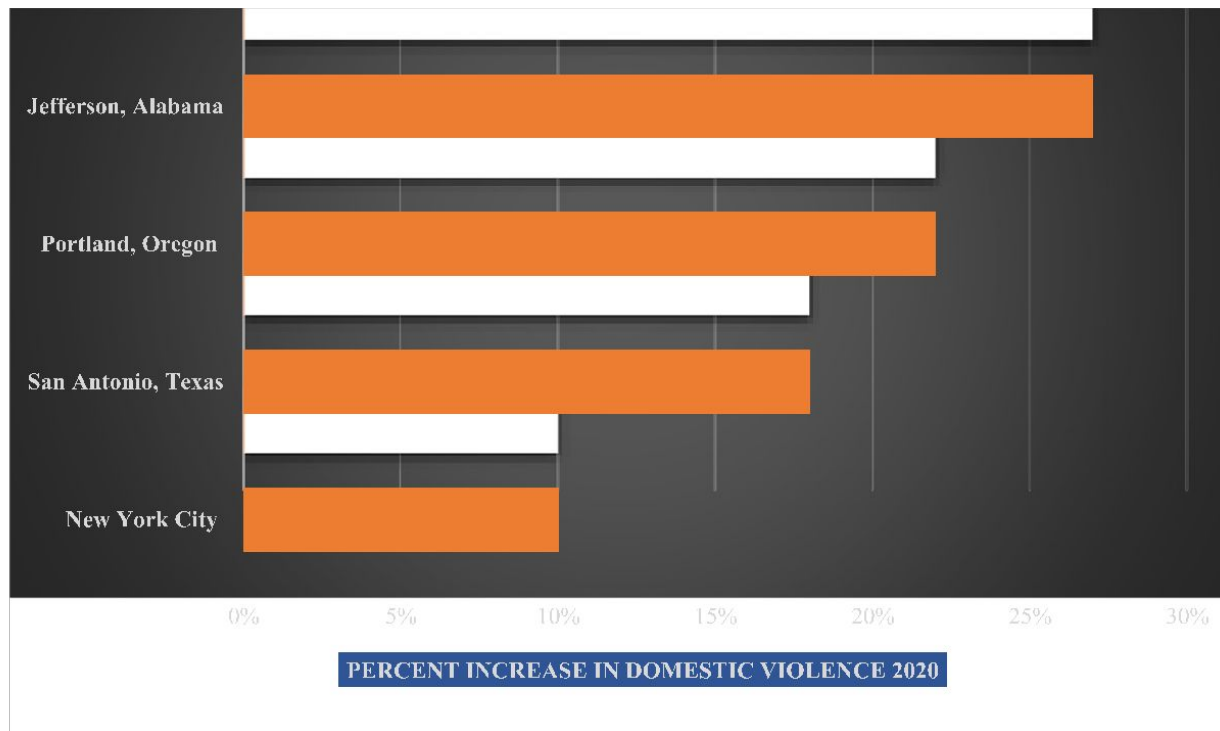
- 1 in 4 parents worsening mental health
- 1 in 7 parents reported worsening behavioral health for their children
- 1 in 10 families reporting worsening of both.
- From a PTSD study: Among adult respondents who met the clinical cutoff score for PTSD, nearly 86% had children who also met the clinical cutoff score.
- families with children reported high rates of parental stress (Griffith, [2020](#); Spinelli et al., [2020](#)), parenting-related exhaustion (Marchetti et al., [2020](#)) and higher than normal levels of depression and anxiety among parents and children (Wang et al., [2020](#)).



- Elevated levels of adverse mental health conditions, substance use, and suicidal ideation were reported by adults in the United States in June 2020
- The prevalence of symptoms of
 - **anxiety disorder** was approximately three times those reported in the second quarter of 2019 (25.5% versus 8.1%)
 - **depressive disorders** were approximately four times that reported in the second quarter of 2019 (24.3% versus 6.5%)
 - **Suicidal ideation** 10.7% (now) versus 4.3% (2019) respondents reported serious consideration of suicide in the previous 30 days
- Mental health conditions disproportionately affect specific populations, especially young adults, Hispanic persons, black persons, essential workers, unpaid caregivers for adults, and those receiving treatment for preexisting psychiatric conditions

IMPACT OF COVID 19 ON RELATIONSHIPS AND PARENTING

A



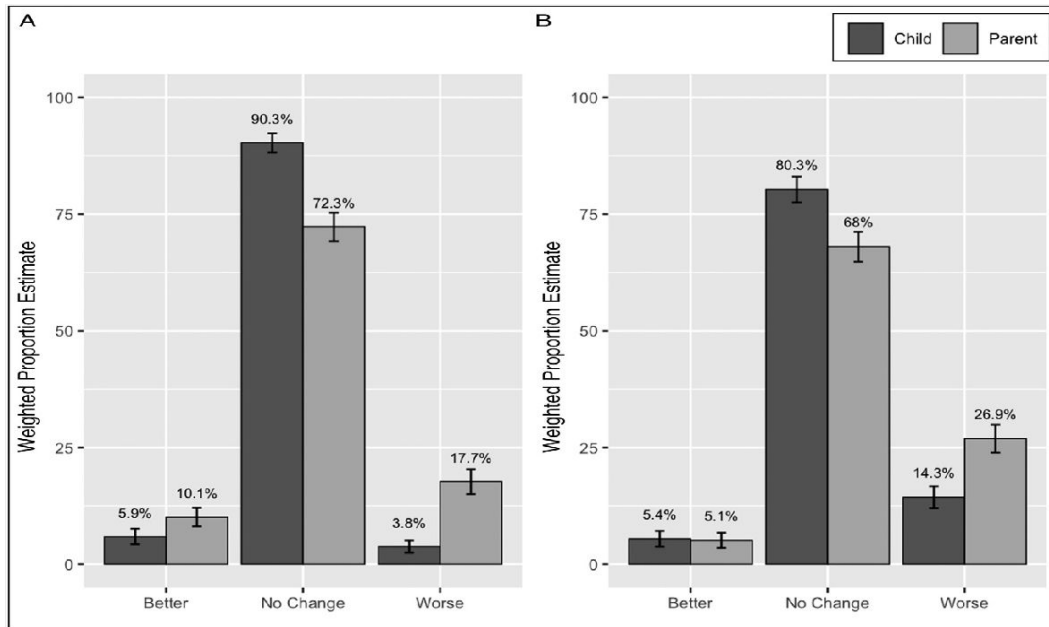
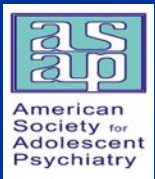


FIGURE 1 Parental physical and mental health and child physical and behavioral health changes since March 2020. A, Parental and child physical health changes. B, parental mental health and child behavioral health changes. Differences in health status between parents and children $P < .001$ by Rao Scott corrected χ^2 test.

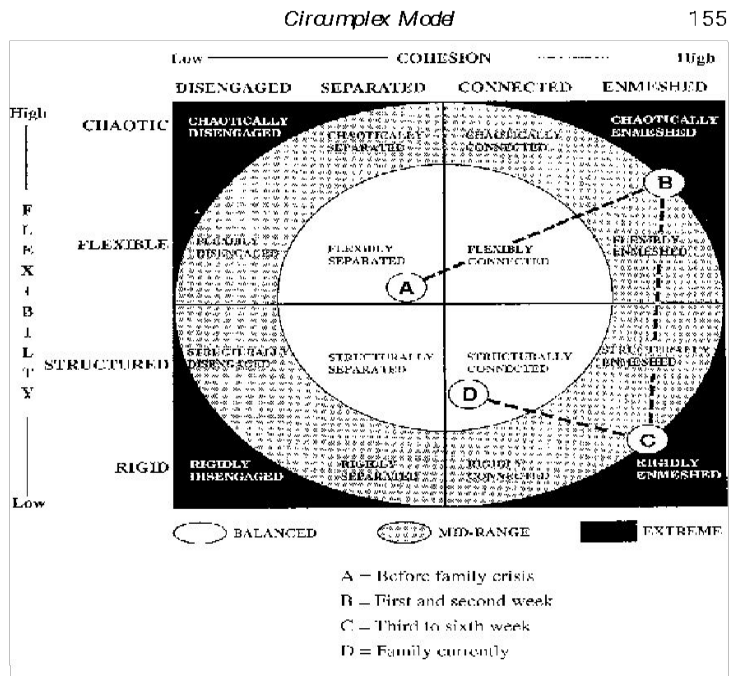
Note the divergences
Between child and parent
In the Worse category



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TEEN X PARENT INTERACTION – THE FAMILY

FAMILY MODELS: CIRCUMPLEX AND ECOLOGICAL



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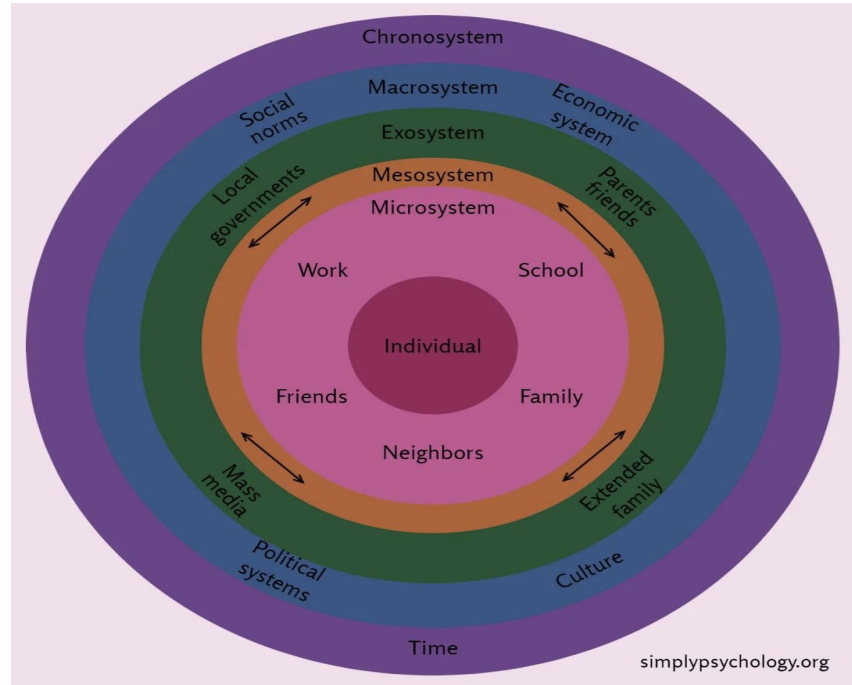


FIGURE 1

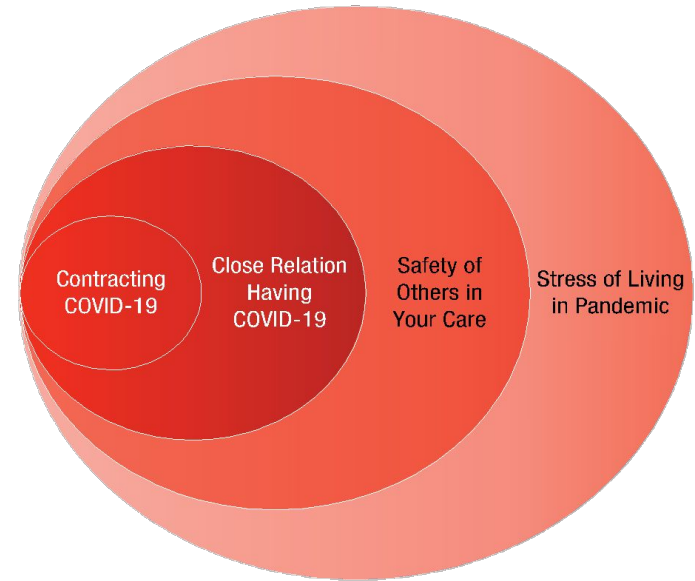
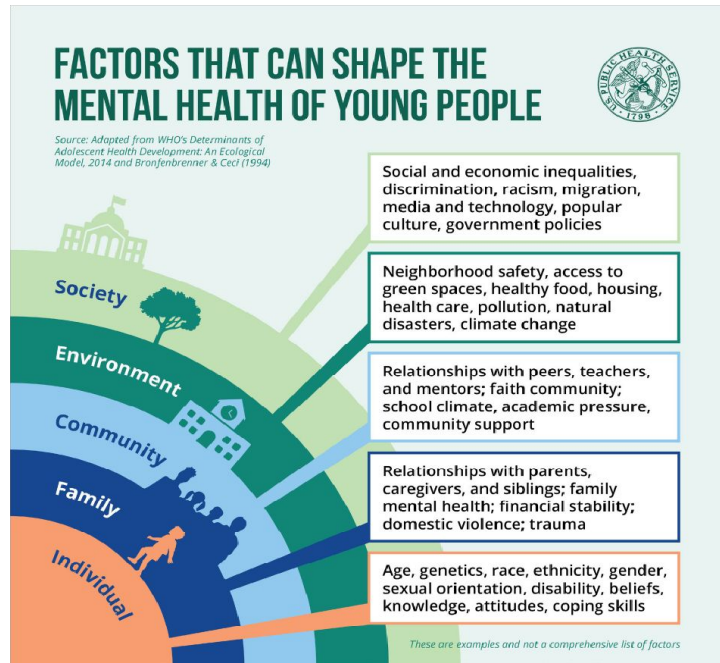
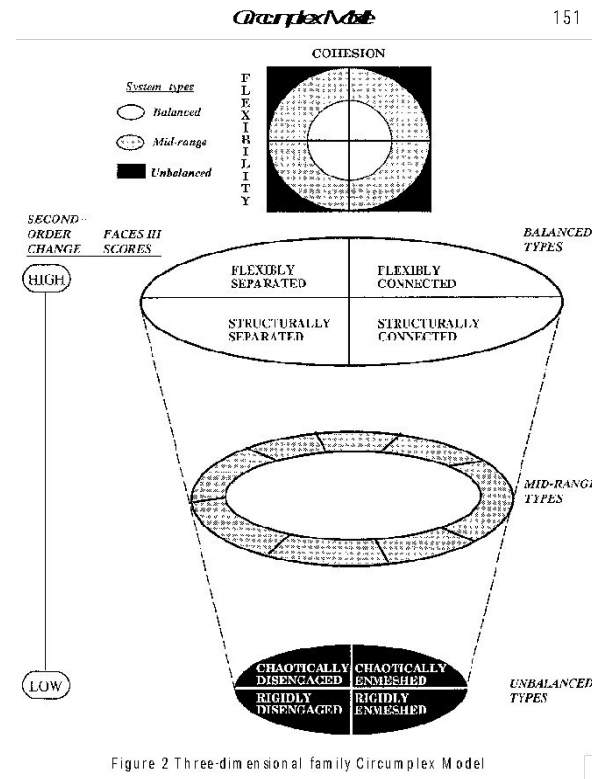


Fig. 1. Stressors imposed on individuals by the COVID-19 pandemic. Each circle represents a layer of potential stress during the COVID-19 pandemic that may accumulate to undermine mental health.

- Co-parental conflict mediated the impact of the stress of parenting/work demands and financial stress on family cohesion.
- At the within-family, dynamic process level, weekly spikes in health-related stress were associated with corresponding spikes in co-parental conflict, which, in turn, were associated with drops in family cohesion.
- The most basic hypothesis derived from the Circumplex Model is that *balanced types of couples and families will generally function more adequately than unbalanced types.*



the Circumplex Model (Olson, 1991), an idea suggested by Lee (1988).

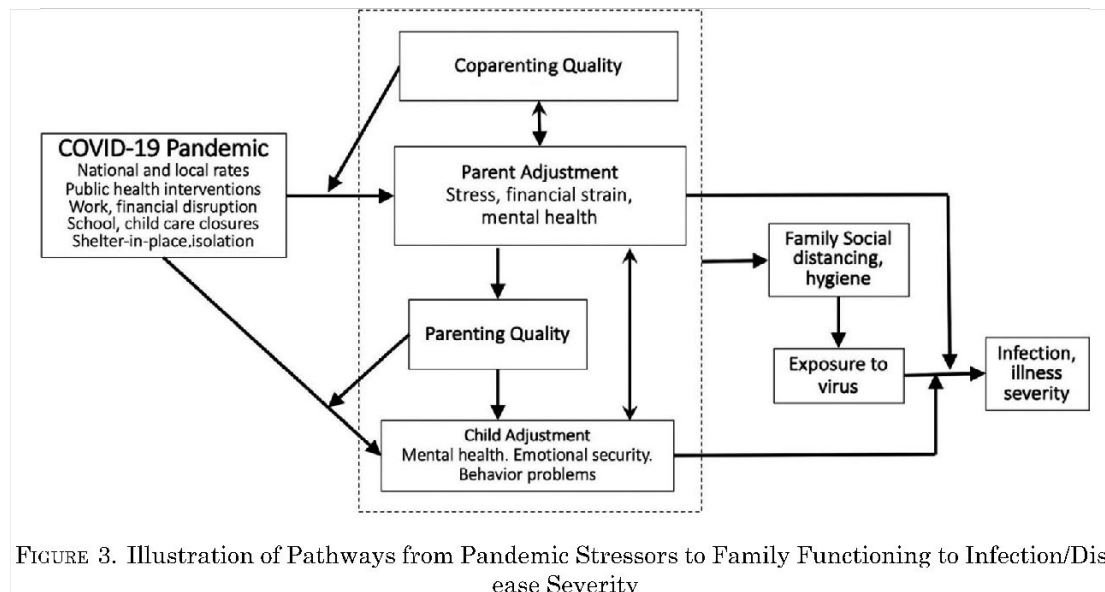
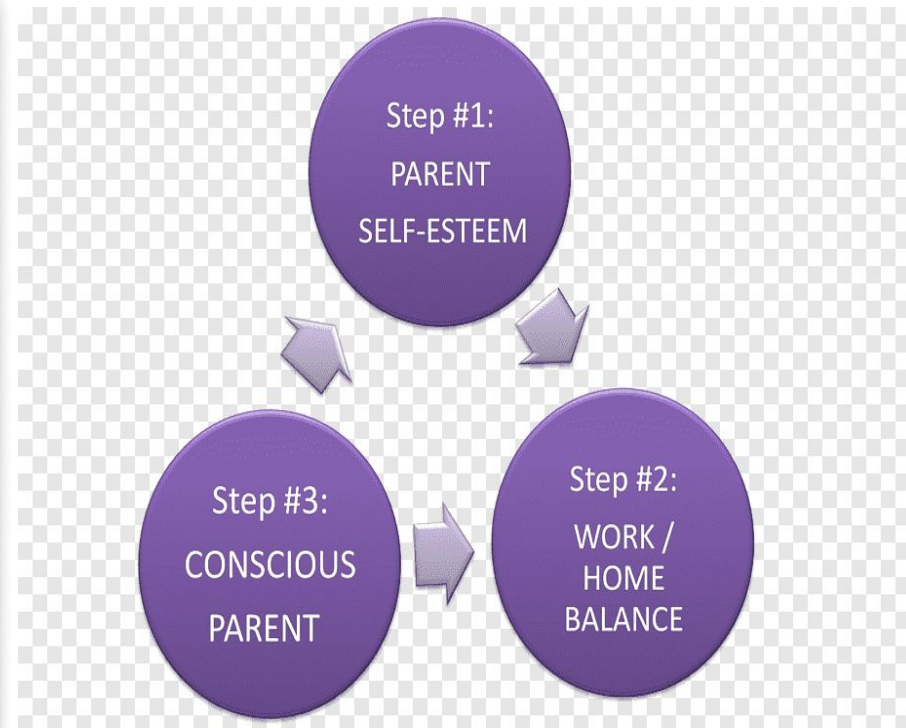


FIGURE 3. Illustration of Pathways from Pandemic Stressors to Family Functioning to Infection/Disease Severity

		Demandingness	
		High	Low
Responsiveness	High	Authoritative parenting	Permissive parenting
	Low	Authoritarian parenting	Rejecting-neglecting parenting



.. THE ROLE OF LONELINESS AND SUBJECTIVE WELL BEING

- Loneliness is a common, universal human experience (Djeste, 2023) involving feelings and cognitions that reflect emotionally from perceived deficiencies in social relationships
- Loneliness is associated with physical health problems, depression, social anxiety, low self-esteem, low social status, peer rejection, victimization, aggression and social withdrawal, and problems with attention.
- Subjective well being incorporates a balance of hedonic and eudemonic sources of happiness; when loneliness, familial rigidity and incoherence, and psychopathology preside, there is a problematic shift toward the pursuit of hedonic pleasure that paradoxically limits subjective well being.

SUMMARY

- Simply put:
- Pre-pandemic trends + Pandemic stress (RISK) - Available treatment + family resilience (RESILIENCE) =
- Youth mental health crisis



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Interactive Video Teleconference has helped with access to care.

- well suited for providing pharmacotherapy in accordance with evidence-based treatment protocols
- Ideal for rapid assessment of suicidality, depression, and anxiety
- Many clinicians continue to practice remotely with studies currently designed to test efficacy

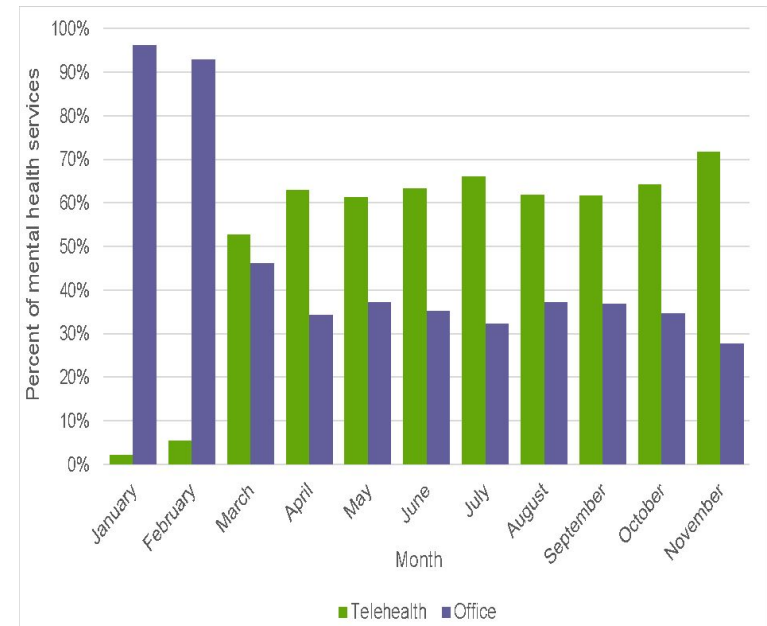
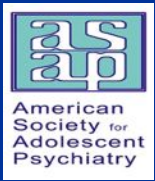


Figure 16. Telehealth versus the office as percent of mental health services, age group 19-22 years, January-November 2020



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FUTURE DIRECTIONS

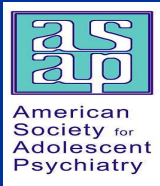
- The adolescent mental health care system was fragile, fragmented, and underfunded to begin with and it is worse now
 - Monitoring/Screening: variable, sometimes primary care sometimes teachers
 - Outpatient treatment: limited quality for assessment, limited availability
 - Inpatient treatment: shortened lengths of stay preclude meaningful work, limited collaboration between inpatient and outpatient teams
 - Residential treatment: expensive, not covered by insurance, limited evidence base
 - Treatment: psychosocial treatments divorced from medical treatments; over-reliance on psychopharmacology and polypharmacy relating to cost.
 - Treatment monitoring: limited implementation of measurement based care
 - Limited case management for complex cases
 - Limited dialogue between systems of care (eg, schools and hospitals) with parochial balkanization of social/emotional and cognitive dimensions of teen mental function
 - Limited access to family-based treatments or support for parents
 - Workforce shortages (~8400 CAPs to treat ~13 million cases)

- **Robust investments** in the clinical, research, and advocacy mission for teens and families are required to attenuate the proliferation of family and adolescent psychopathology
- **By focusing on systems** – models consistently demonstrate interrelationships that must be maintained; these are complex problems so the solutions will be, too
- **Adolescent psychiatrists specialize in systems** and that expertise matters
- **By training adult psychiatrists**, pediatric sub-specialists, and allied adolescent mental health care workers, adolescent psychiatrists can increase the numbers of competent clinicians capable of thinking systemically about manifestations of adolescent psychiatric impairment
- **Engagement** of self (mindfulness), colleagues (prosocial collaboration), patients (relational driven practice), and society (advocacy) portends greater cohesion for the system



THANK YOU

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A CRISIS RESPONSE SYSTEM TO MEET THE NEEDS OF ADOLESCENTS, YOUNG ADULTS, AND THEIR FAMILIES

NAVIGATING IN CHOPPY WATERS AND THE WINDOWS OF OPPORTUNITIES



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DISCLOSURES

No conflicts of interest to report.



At the conclusion of this session

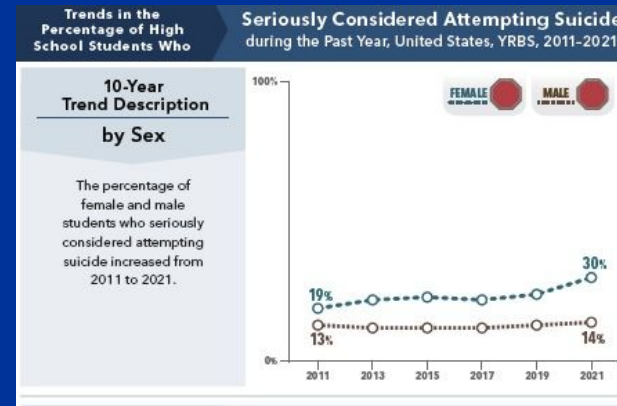
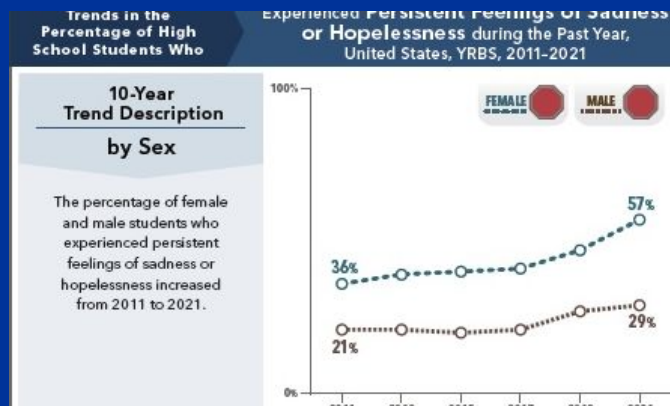
1. Identity complex and interacting variables in the context of adolescent development and its links with the mental health crisis.
2. Integrating some of the vast descriptive knowledge and empirical evidence in identifying opportunities to engage and intervene.
3. To understand a few underlying theoretical underpinnings of evidence-based strategies to engage adolescents and transitional-age youths.

TIMING, NATURE, AND INTENSITY



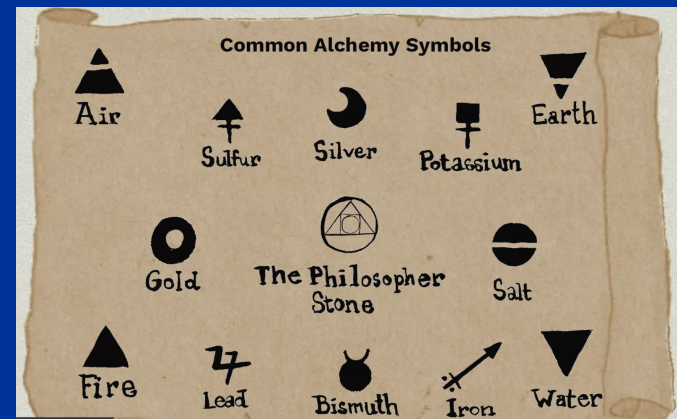
CDC'S YOUTH RISK BEHAVIOR SURVEILLANCE SYSTEM (YRBSS) 2021²

Felt sad or hopeless (almost every day for 2 or more weeks in a row so that they stopped doing some usual activities during the 12 months before the survey)	42.3 (41.0–43.7) 16,961	56.6 (54.6–58.5) 8,044	28.6 (27.1–30.0) 8,670
Seriously considered attempting suicide (during the 12 months before the survey)	22.2 (21.1–23.3) 16,927	30.0 (28.5–31.4) 8,010	14.3 (13.3–15.4) 8,674
Made a plan about how they would attempt suicide (during the 12 months before the survey)	17.6 (16.4–19.0) 16,321	23.6 (22.1–25.1) 7,729	11.6 (10.5–12.8) 8,350
Actually attempted suicide (one or more times during the 12 months before the survey)	10.2 (9.4–11.0) 15,573	13.3 (12.0–14.7) 7,462	6.6 (5.8–7.5) 7,885
Suicide attempt resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse (during the 12 months before the survey)	2.9 (2.5–3.4) 12,083	3.9 (3.1–4.8) 5,766	1.7 (1.4–2.0) 6,137



WHY NEED FOR COORDINATED EFFORTS?

- CAP is a unique alchemy of Developmental Psychology Anthropology, Sociology, Psychoanalytic Theories, Genetics, Law, Pediatrics, Empirical literature, Ethnology, etc.
- Besides individual factors, public policies, and legislation like antibullying laws, abortion laws, LGBTQ rights, etc. are also linked to environmental factors (epigenetic pathways) and population-level risks associated with mental illness.
- Examples: Access to lethal means, case fatality of all other means besides guns is much lower³.





- Mary is a 13-year-old female living with her mother and her grandparents. Her father passed away due to a lethal overdose of an unknown substance and for the last year, she has been struggling with a mental health crisis. She is refusing to go to school due to bullying, as she came out as non-binary and pansexual and spends most of her time on social media; has reported having explosive outbursts when her device is taken away. Her grades are dropping and admits to occasionally using cannabis which she reports helps her to deal with anxiety. She started to self-harm about six months ago, had been waiting for services for the last 4 months, and had been prescribed sertraline by her pediatrician for generalized anxiety disorder. She was admitted to an inpatient hospital after an overdose attempt and with diagnosed with DMDD. After discharge could not fill her prescriptions due to a lack of prior authorization and copay costs. She was seen by another provider in the community who diagnosed her with ADHD, but her mother disagrees and thinks it's BD. The family and patient were disengaged until she started to self-harm again, she was referred to the ER by the school psychologist and was then discharged back home against medical advice without any referrals. After two weeks, there was another suicide attempt, and was readmitted to the hospital.

WHAT ARE SOME STRIKING FEATURES IN THIS CASE?



Multiple
Interacting
Variables

Population,
Individual, and
Environmental
Risks

Modifiable and
Non-Modifiable
Risks

Age of presentation
Opioid Overdose
Single Parent Families
Truancy
LGBTQ related bias
Bullying
Social Media
Reliability of Diagnosis
Problematic Internet Use (PIU)
Perceptions about Cannabis
Response to Treatment
Prior Authorization
Who is Leading the coordinated efforts?

Heterogeneity and Polygenicity⁵

Plausible reasons for disengagement

There are a few critical neurophysiological and cognitive developmental stages during the toddler, school-age, and latency phases. Attachment, Bond with Caregivers, and then Autonomy (Separation Individuation, Mahler)⁵.

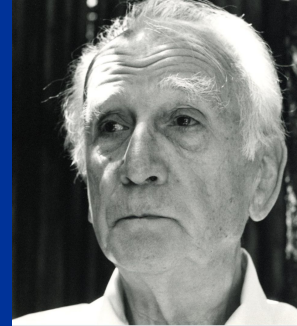
Chumship (Latency Stage and Social Cognition) Harry Stack Sullivan, the first high-stakes friendship is typically formed in pre-adolescence with a friend of the same sex, a “chum.” this is crucial to personality growth. The preadolescent who successfully enters a chumship finds someone with whom she can share her innermost thoughts and feelings (Acceptance).

Successful chumships offer an opportunity to work through disagreements and learn to compromise. It is a developmental stage that lays the groundwork for later relationships⁶.





Peter Blos (1979) expanded on Mahler's notions, suggesting that a "second individuation" process occurs during adolescence. A psychic restructuring takes place during this second individuation process, which exerts a decisive influence on the adult personality⁷.

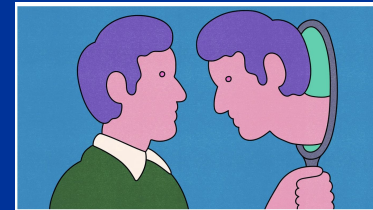


Acting Out is part of attempts by adolescents to develop a coherent identity in what he refers to as a second individuation process⁷.

The process involves disengagement from early parental figures and a higher value on peers' opinions. The resolution of this process is critical for a sense of inner coherence.

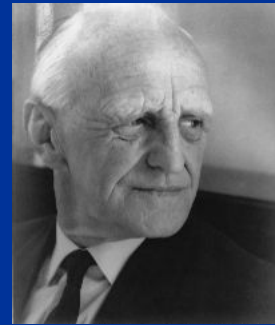


- Adolescence is characterized by the development of the Self and a consolidated identity which Winnicott argues is how the “*true self*” is developed by empathetic decoding of gestures by parents or caregivers⁸.

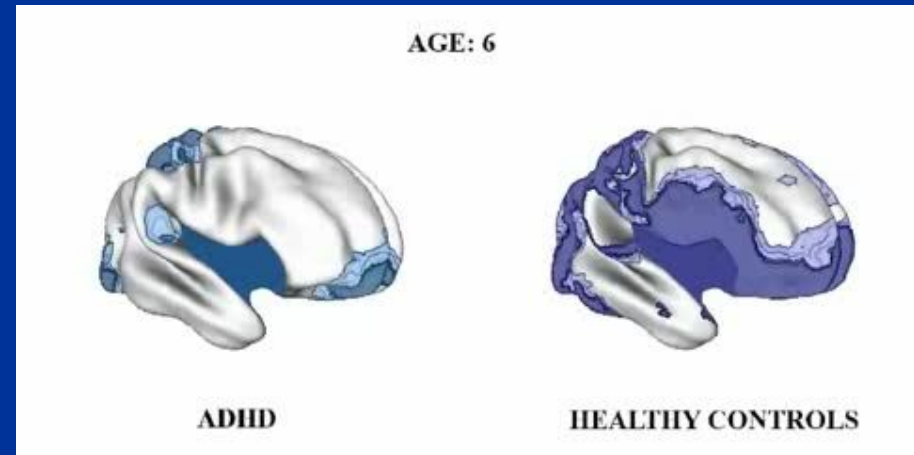
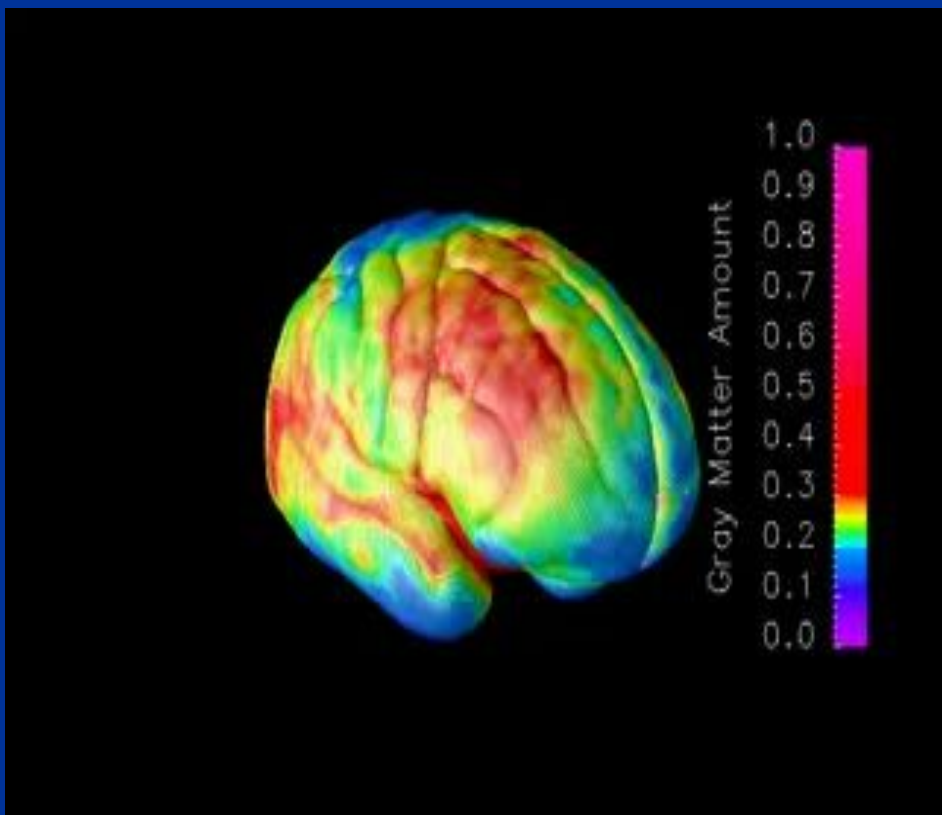


- According to Kohut, the self (viewed as a process or system that organizes subjective experience) is the essence of a person's psychological being and consists of sensations, feelings, thoughts, and attitudes toward oneself and the world⁹.
- Subjectivity matters and there are strong links with culture¹⁰.

- D. W. Winnicott, *The Capacity to be Alone* (1958) The capacity to be alone is essential in learning to tolerate separation, and without it, the development of autonomy is impeded. Moreover, the experience of being alone provides an essential emotional foundation for a sense of belonging with others¹¹.
- The interferences with the development of the unit self could be attributed to many factors, including the amount of screen time and unable to tolerate boredom.
- The significance of the ability to be alone cannot be overstated; it is an essential aspect of intimacy with the self.



ONTOGENESIS OF BRAIN



At different times in the development, skills, and capacities are turned online¹³. Pruning during adolescence is highly specific and can be pronounced, resulting in a loss of close to 50% of the synaptic connections in some regions.

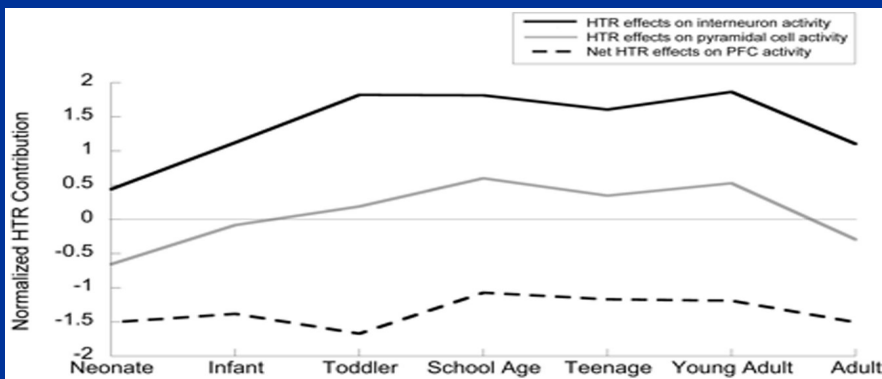
UNDERSTANDING DEVELOPMENT EMPIRICALLY

Question: Why do younger children have a higher likelihood of behavioral activation with SSRI medications?

Serotonin Receptor Expression in Human Prefrontal Cortex: Balancing Excitation and Inhibition across Postnatal Development¹⁵

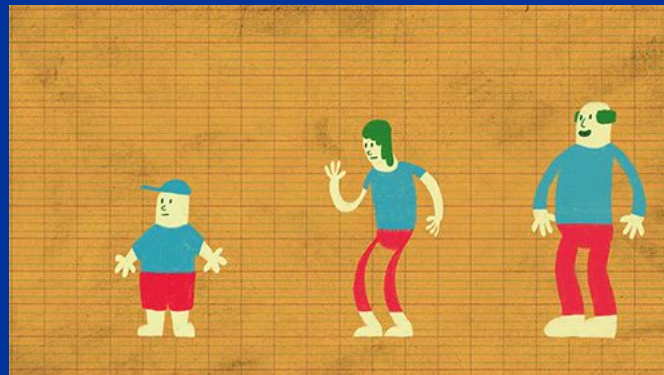
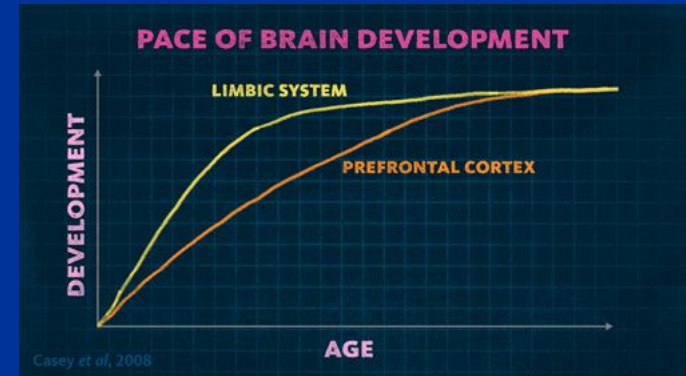
Receptor subtype	G-protein	Ion channel mediator	Physiological response in neuron
<i>Htr1A, Htr5A</i>	$G\alpha_i$ ^(96,97,98)	Increase potassium GIRK/Kir3 currents	Inhibition
<i>Htr2A, Htr2C</i>	$G\alpha_q$ ⁽⁹⁸⁾	Decrease potassium currents Increase nonselective cation current	Excitation
<i>Htr4, Htr6</i>	$G\alpha_s$ ⁽⁹⁸⁾	Decrease potassium current Increase nonselective cation current	Excitation

Information sourced from [96,97,98].
doi:10.1371/journal.pone.0022799.t002



While the mRNAs for two $G\alpha_i$ -coupled inhibitory *HTRs* have a relatively constant expression level across the life span, the mRNAs encoding two excitatory $G\alpha_q$ -coupled and two $G\alpha_s$ coupled *HTRs* increase to higher levels during childhood and teenage years before declining to adult levels¹⁵.

BRAIN STRUCTURES ONLINE AT DIFF STAGES



- Adolescents reported a mean (SD) of 7.70 (5.74) h/d of screen use ¹⁶.
- Behind social media is targeted advertising and creating a “distorted perception of edited lives”.
- Fear of missing out (FoMO) is a unique term introduced in 2004 to describe a phenomenon observed on social networking sites. FoMO includes two processes: the perception of missing out and compulsive behavior to maintain these social connections.
- Capitalism and Desire: The Psychic Cost of Free Markets (Todd McGowan)
The promise of a better future is the promise of a future (full) satisfaction that drives our desire. “No matter how attractive it appears, no commodity holds the appeal of a lasting dissatisfaction.
- Perfectionism Is Increasing Over Time: Self-oriented perfectionism, socially prescribed perfectionism, and other-oriented perfectionism have increased over the last 27 years.



- As cultures have become more individualistic, materialistic, and socially antagonistic over this period, with young people now facing more competitive environments, more unrealistic expectations, and more anxious parents than generations before ²⁰.
- It's characterized by creating and working toward excessively high, unrealistic standards that are often impossible to meet.
- Examples. Orthorexia Nervosa ²¹; Braces won't always bring happiness ²².

Relational Disorders or the V61.20 (Z62.820) Parent-Child Relational Problem

Pick and choose your battles with the teenagers²³

What fires together, wires together²⁴

Ignore (Pick and Choose)

Power Struggles

Reinforce (Catch when your youth is good)



Motivational Interviewing and Social Dominance [William R. Miller]

- “Adaptively significant, signaling to the individual that he/she is social-hierarchically and physically safe, allowing the human cortex to process information and engage in cognitive reasoning and decision making without strong influence from these unconscious instinctual subcortical processes that ruled behavior prior to cortical evolution.”²⁵
- “You are in charge. You are the decision maker.”. Central practices of MI also involve taking the lower place: respectful listening, asking questions with curiosity, nonjudgmental acceptance, affirmation, and autonomy support. These tend to diminish subcortical defenses so that the human cortex can process information and engage in cognitive reasoning, allowing clients to “make rational autonomous decisions in a supportive and caring atmosphere.” (Authenticity and Free Will)

- Controversies about childhood bipolar disorder?
- Do stimulants are going to make one dependent?
- Reliability of diagnosis?
- Off Label use of medications.
- Since Cannabis is a natural herb, it's harmless?
- Black Box warnings SSRI and suicidality.
- Attribution Bias.
- Pharmacogenetic Testing.
- Suicide Risk Assessment Doesn't Work.



In response to 13 Reasons Why ²⁸?

Successfully parenting today's teens requires close supervision, effective limit-setting, and SM monitoring. Identifying symptoms of anxiety, depression, post-traumatic stress disorder, and suicidal thoughts is imperative for early intervention and improved outcomes. But what is most important for parents — and lacking in 13 Reasons Why — is curiosity.

Curiosity about teens' friends, hobbies, homework, or hairstyle choices. Parents too often dismiss their teens' emotions as entitled, or their school-related struggles as trite, which leads to a feeling among teens that they are misunderstood and alone. But adolescence isn't trite. High school experiences and the decisions made during those formative years shape teens' mental and emotional development for life.

SUBJECTIVITY AND CONTEXT

- Shared decision
- Transparency (Trauma Informed Care)
- Free Will
- Monitor
- Peers
- Culture
- Assent (and Consent)
- Hard Thinking on soft skills ²⁹

WHO IS IN-CHARGE OF THE SHIP?

Collaborative Care Model (APA)³⁰

A perception of a highly reductionistic model of psychiatry is being created with many providers without a leader.

SUMMARY FOR ENGAGEMENT

- Understanding reasons for disengagement.
- Knowledge of Developmental Psychiatry.
- Timing of the interventions.
- Applying Principles of Motivational Interviewing MI
- Countering Misinformation
- Empathetic response to Subjectivity
- Resilience
- Contextual

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THANKS



Any questions



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DISCLOSURES

No conflicts of interest to report.

I am a paid speaker for Janssen Neuroscience and Alkermes.

OBJECTIVES

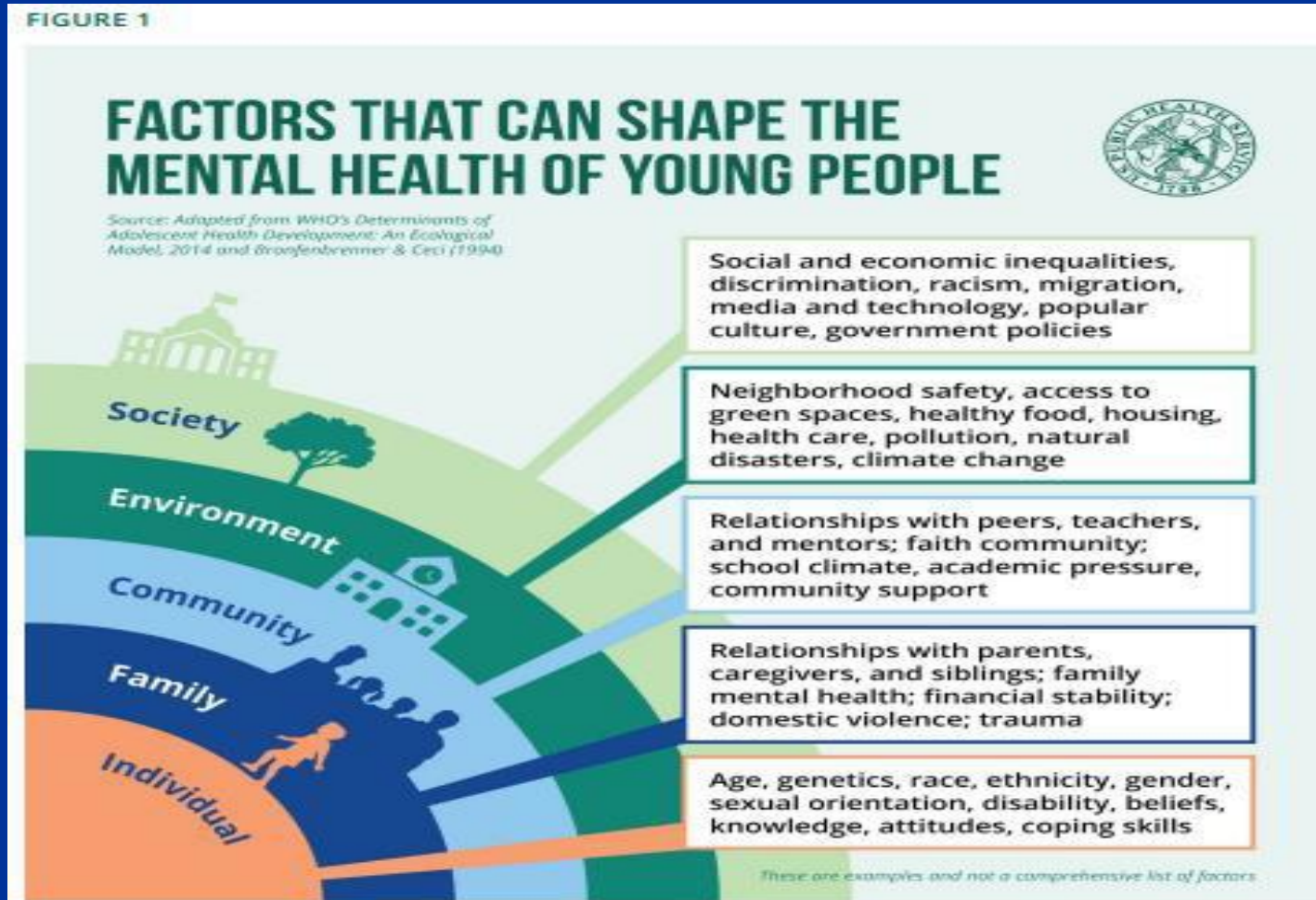


- At the conclusion of this session, the participant will be aware of the SAMHSA National Guidelines for Youth Behavioral Health Crises.
- At the conclusion of this session, the participant will be able to describe some of the key tenants of the guidelines.
- At the conclusion of this session, the participant will be able to mention Key Difference from Adult Guidelines.
- At the conclusion of this session, the participant will be able to describe some of the surprising demographics of youth that will require an equity and SDH approach if we want this crisis system to work.

THE SYSTEM IS FRAGMENTED AND GETTING ACUTE CARE IS HARD



Getting help can be hard and confusing...





- The transition to the 988 Suicide and Crisis Lifeline in July 2022
- Unprecedented opportunity expand behavioral health crisis systems nationwide
- Youth suicidal, mental health, or substance use crisis can call, text 988, or chat via 988lifeline.org
- Connected to the Suicide and Crisis Lifeline (formerly the National Suicide Prevention Lifeline)
- Currently consists of 200 + crisis centers that operate 24/7

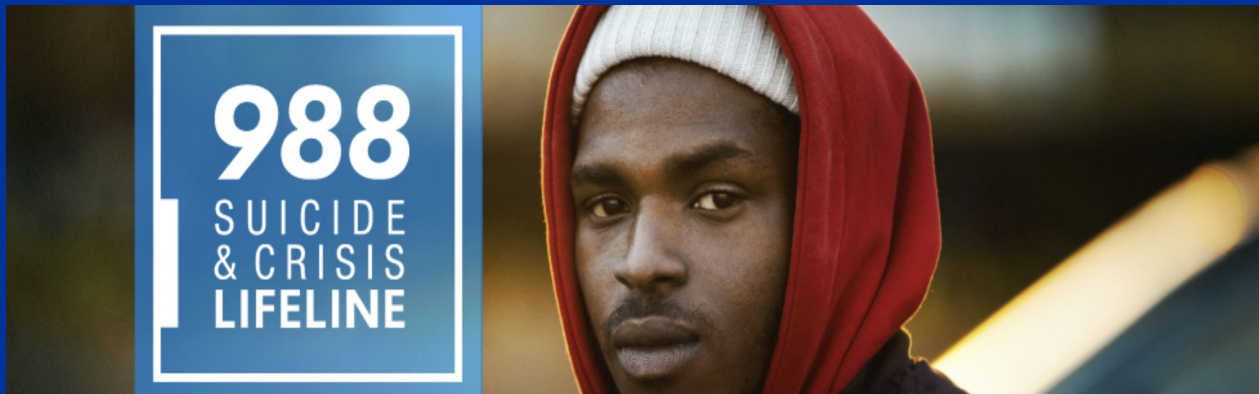
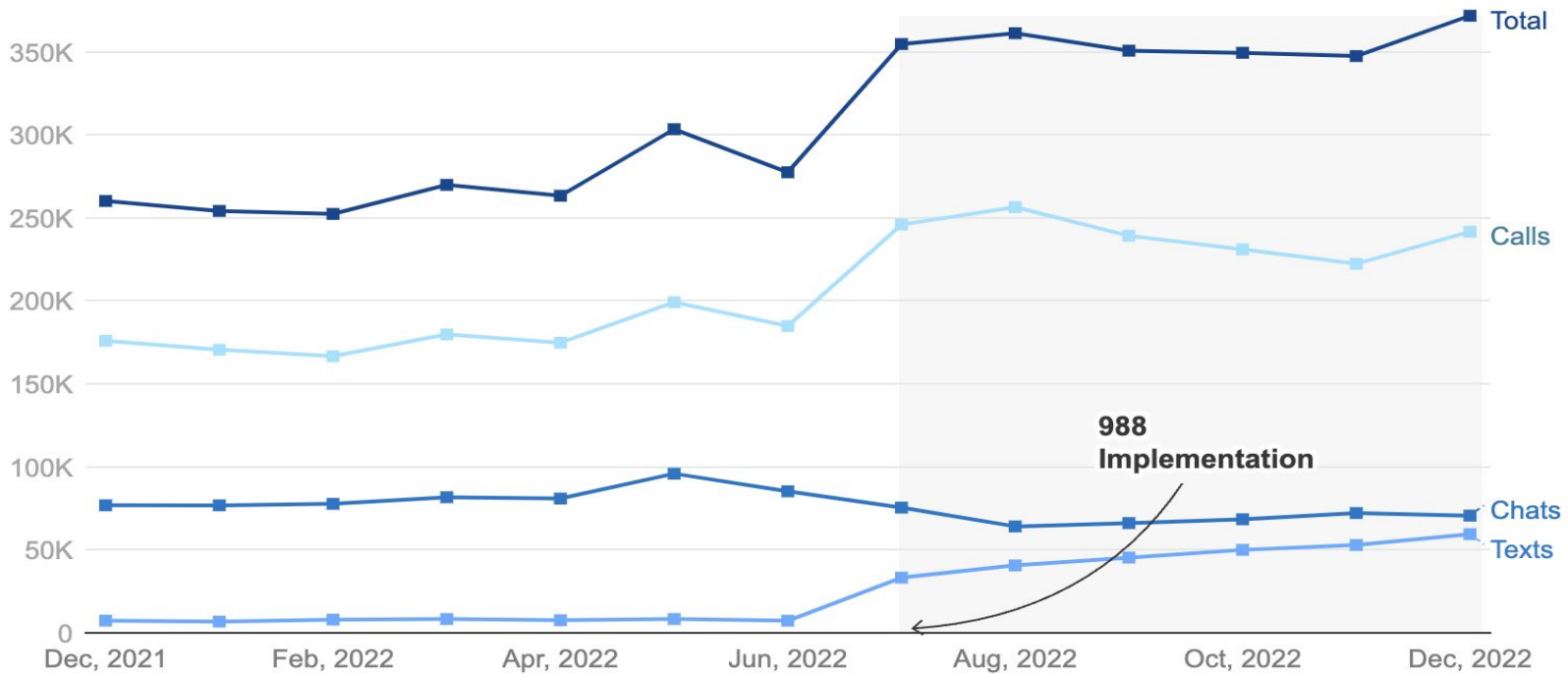




Figure 1

Calls, Texts, and Chats to the 988 Suicide & Crisis Lifeline

December 2021 to December 2022



NOTE: Number of calls, texts and chats. Total includes all calls, texts, and chats

SOURCE: KFF analysis of Lifeline Performance Metrics (Vibrant Emotional Health's 988 Lifeline Data) • PNG

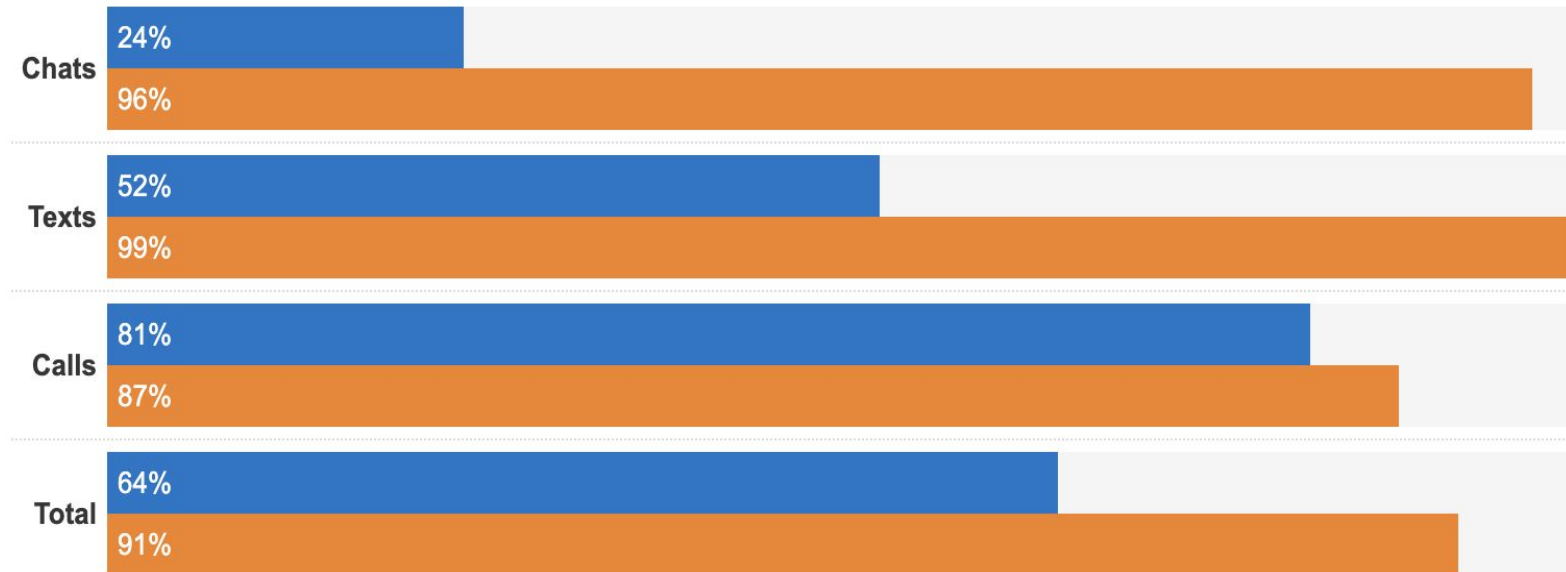




Figure 2

National Answer Rates for 988 Calls, Texts, and Chats

December, 2021 December, 2022



NOTE: Total is the national average for all calls, texts, and chats.

SOURCE: KFF analysis of Lifeline Performance Metrics (Vibrant Emotional Health's 988 Lifeline Data) • PNG

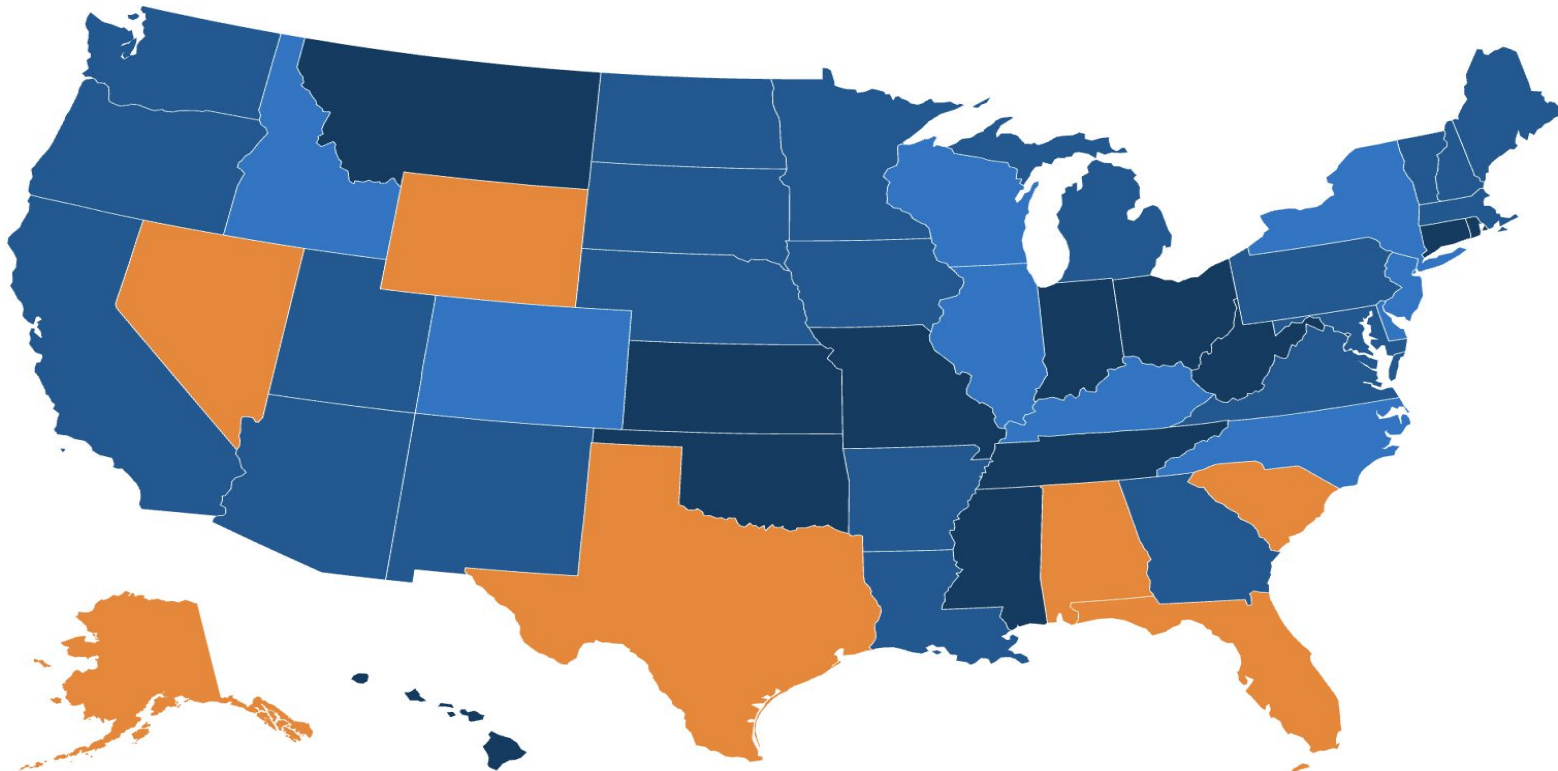




Figure 3

Variation in 988 In-State Answer Rates, December 2022

90-98% (12 states + D.C.)
 80-89% (22 states)
 70-79% (9 states)
 51-69% (7 states)



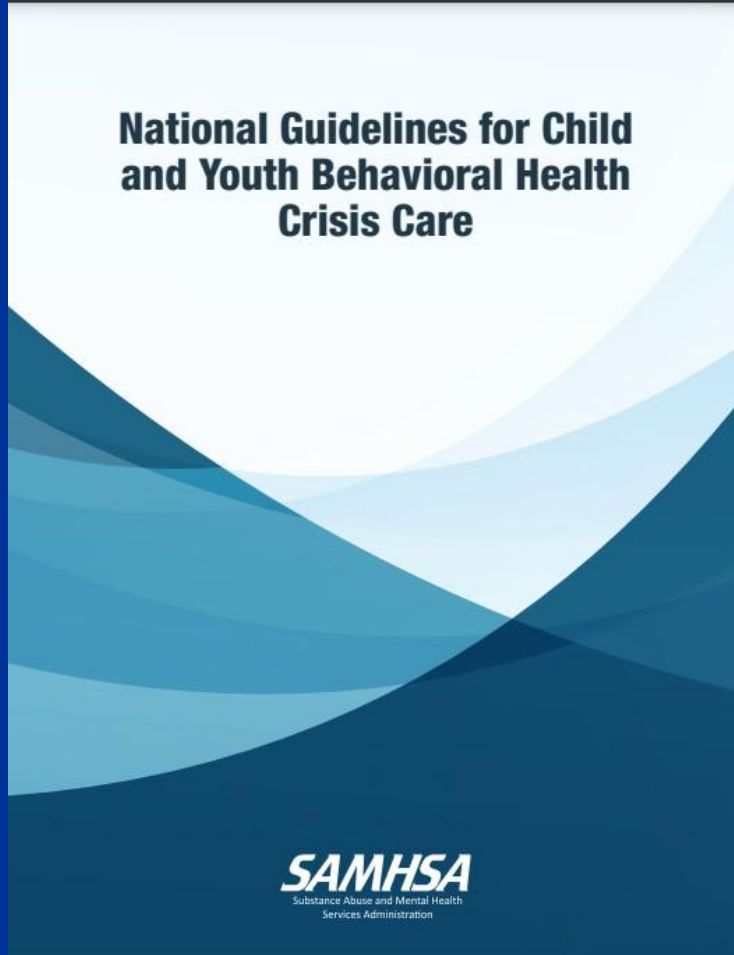
NOTE: Lifeline defines an in-state answer rate as "all 'answered in-state' calls divided by all calls 'received' to the state"
 SOURCE: KFF analysis of Lifeline Performance Metrics (Vibrant Emotional Health's 988 Lifeline Data) • PNG

KFF

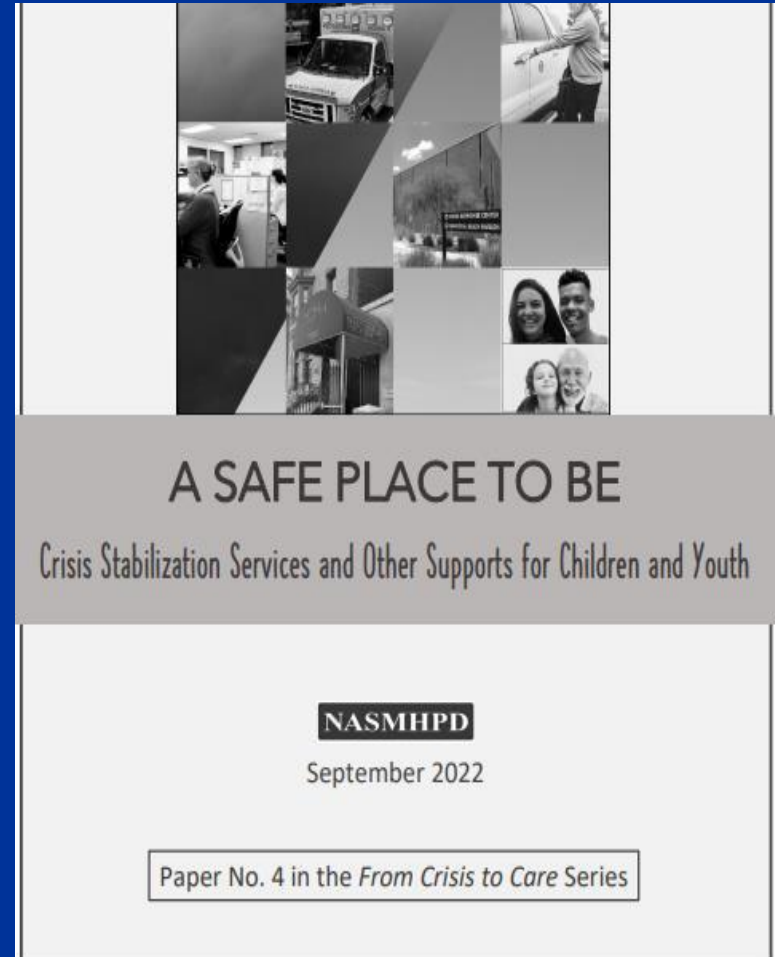


Metrics That Could Be Helpful to Understand 988 Implementation

Category	Examples of Metrics	Is the Category Available in Public Lifeline Metrics?
Accessibility: How easy it is for 988 users to reach counselors?	<ul style="list-style-type: none"> ● Volume ● Answer rates ● Abandonment rates ● Conversation time ● Answer speed 	Yes
Referral Source: What is the source of the referral?	<ul style="list-style-type: none"> ● Self-referral ● Family/friends ● 911 or EMT ● Health care provider ● Other 	No
Reason: What is the reason for the outreach and is the user in imminent risk?	<ul style="list-style-type: none"> ● Imminent suicide risk ● Suicidal thoughts ● Situational stress ● Psychosis ● Substance use disorder ● Other 	No
Outcome: What was the outcome or how was it resolved?	<ul style="list-style-type: none"> ● Resolved during conversation (referral, etc.) ● Mobile crisis ● Police dispatch ● ED referral ● Post-crisis follow-up ● Other 	No
Quality and User Experience: Understanding the user's 988 experience.	<ul style="list-style-type: none"> ● User experience or satisfaction ● Experiences by race and ethnicity, other characteristics ● Other 	No



Publication Date: Nov 2022

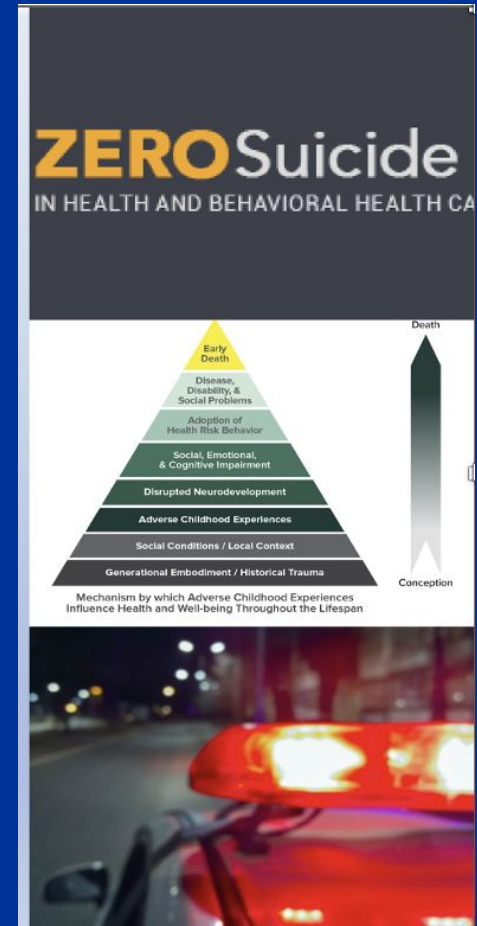


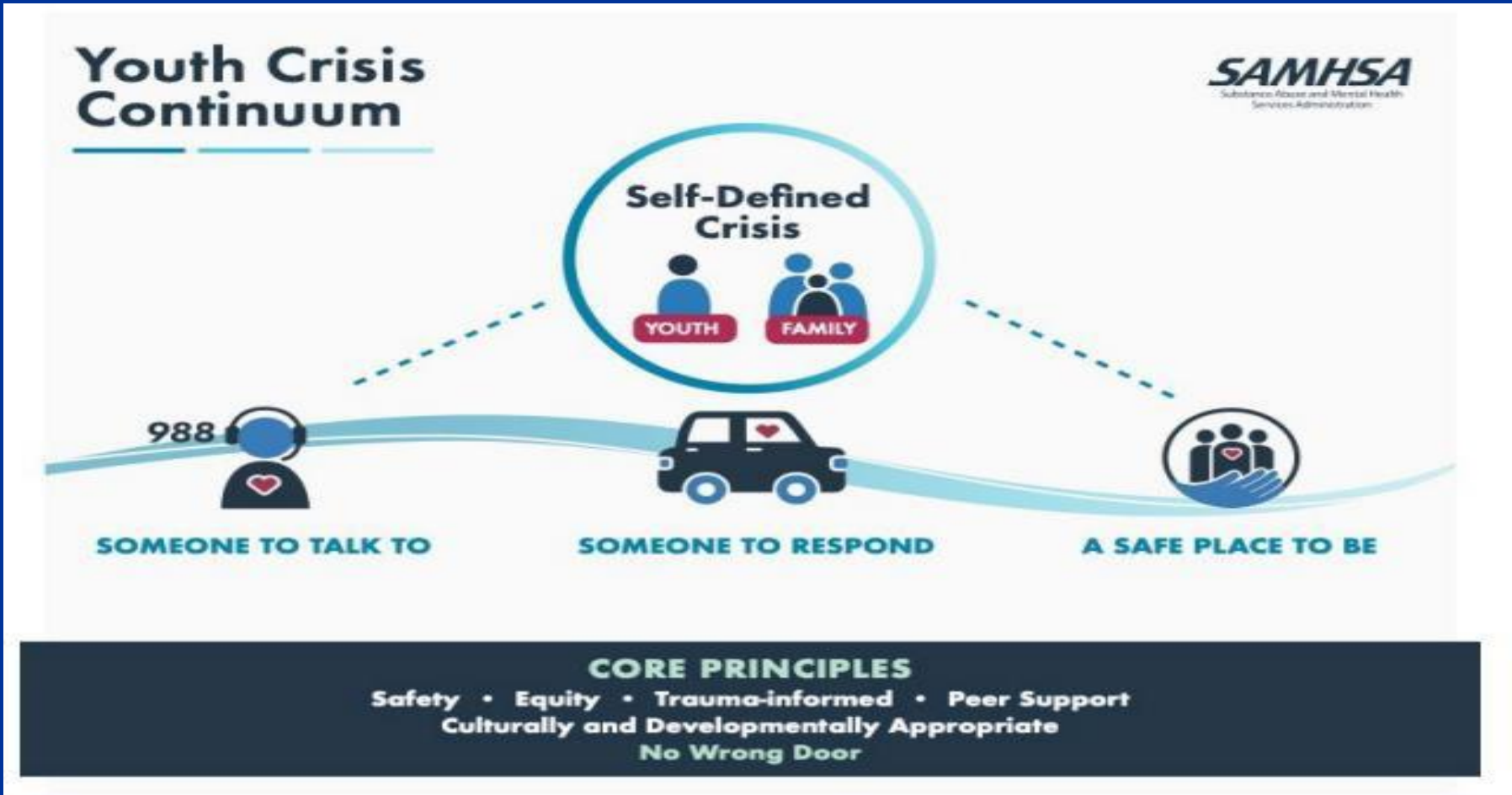
SAMHSA strongly encourages youth crisis systems to:

- **Keep youth in their home** and avoid out-of-home placements, as much as possible (least-restrictive environment).
- **Provide developmentally appropriate services** and supports that treat youth *as* youth, rather than expecting them to have the same needs as adults.
- **Integrate family and youth peer support providers** and people with lived experience in planning, implementing, and evaluating services.
- **Meet the needs of *all* families** by providing culturally and linguistically appropriate, equity-driven services.



- 1.Addressing Recovery Needs
- 2.Trauma-Informed Care
- 3.Significant Role for Peers
- 4.Zero Suicide/Suicide Safer Care
- 5.Safety/Security for Staff and People in Crisis
- 6.Crisis Response Partnerships with Law Enforcement, Dispatch, and Emergency Medical Services





Family-driven

Individualized, strengths based, and evidence informed

Youth-guided

Culturally and linguistically competent

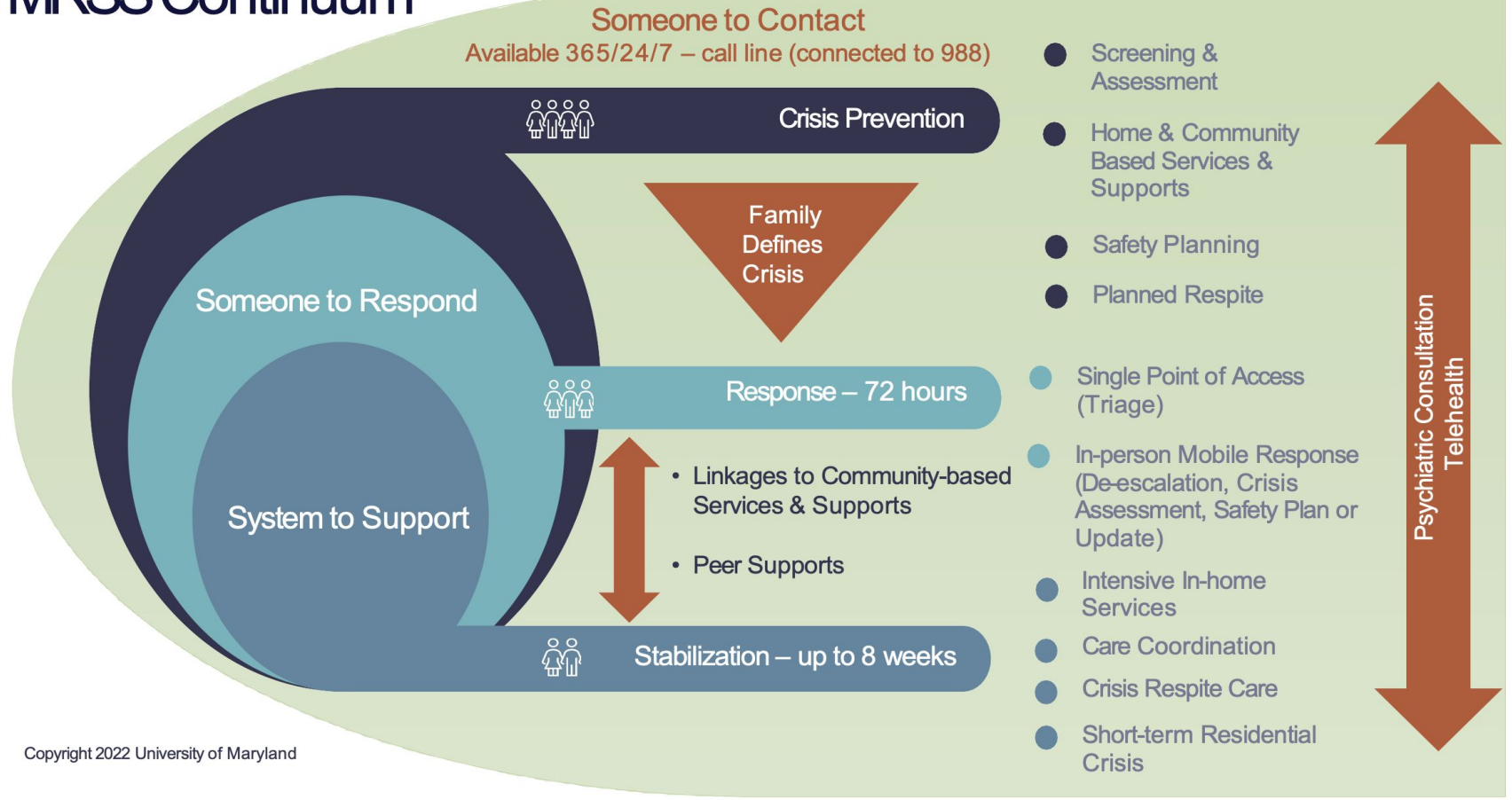
Provided in the least restrictive environment

Community-based

Accessible

Collaborative and coordinated across an interagency network

MRSS Continuum

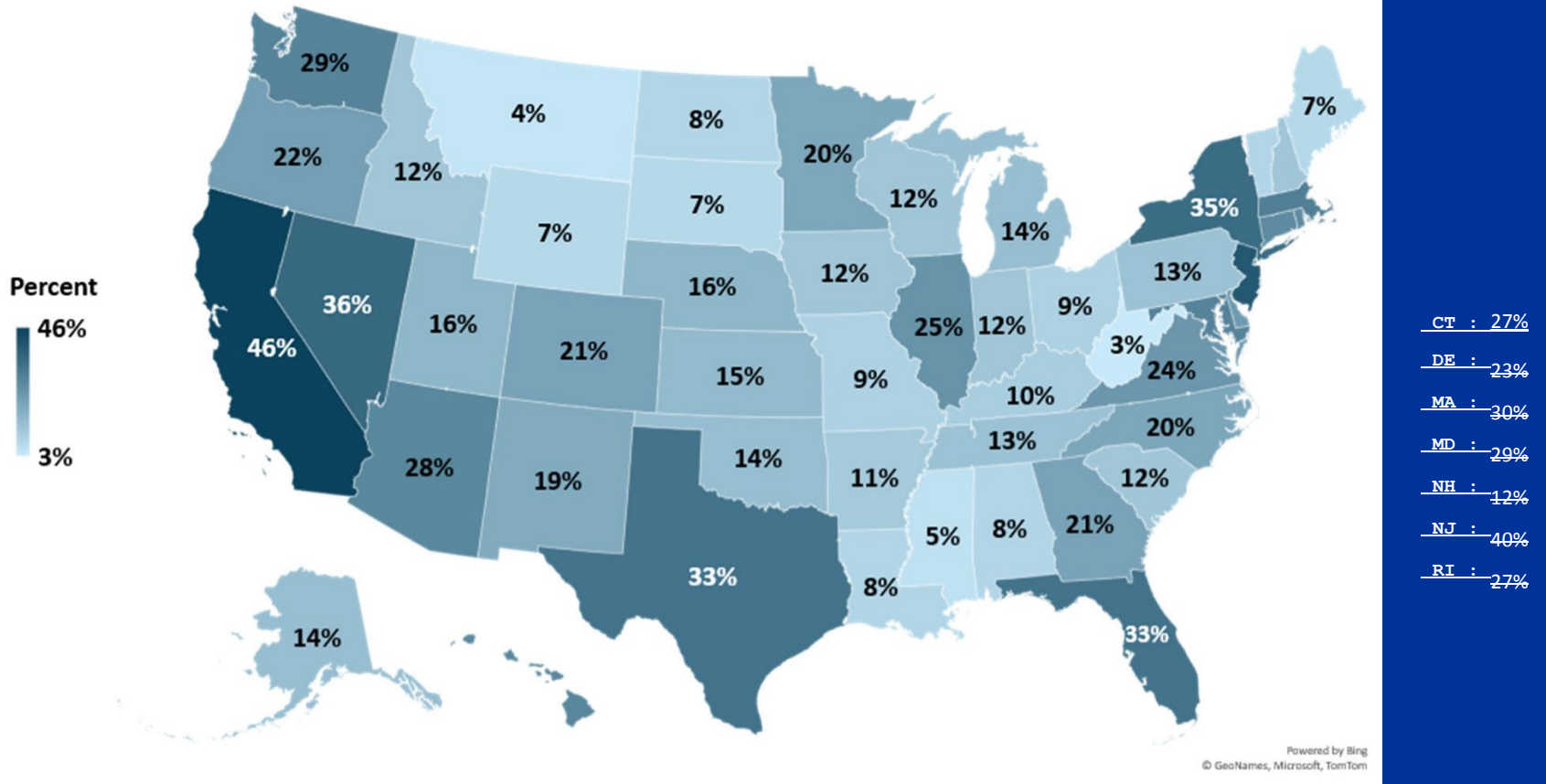


notes

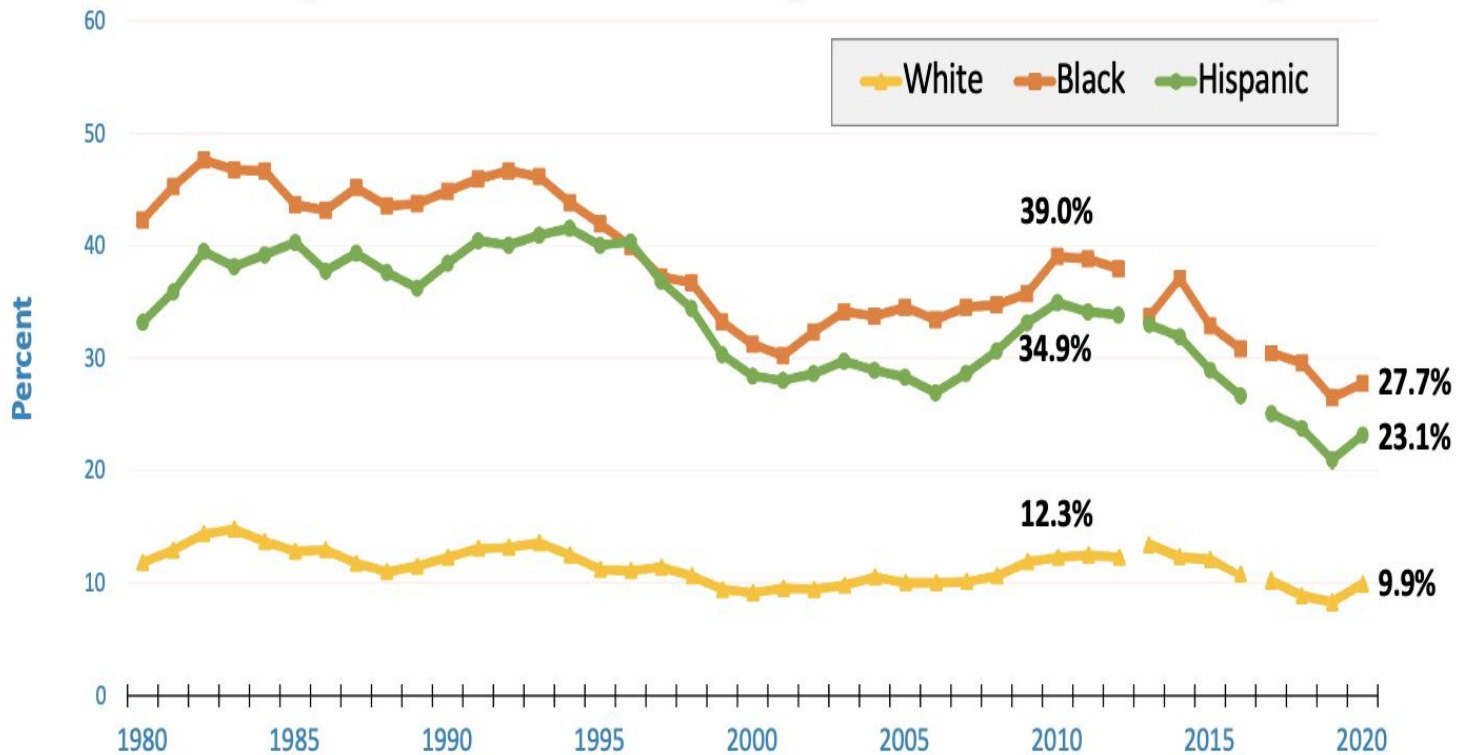
WHAT RELEVANCE DO IMMIGRANT ADOLESCENTS HAVE TO THIS DISCUSSION?



Percent of US Children (under 18) in Immigrant* Families by State, 2019



WHAT ARE RACIAL % LIVING BELOW THE POVERTY LEVEL 1980-2020?



**Estimates for 2013 and beyond are not directly comparable to previous years due to a re-design of the income questions. Estimates for 2017 and beyond are not directly comparable to previous years due to the implementation of an updated CPS ASEC processing system.*

Poverty Level in 2020: \$26,246
(family of 4 with 2 children)

PEW

TOPICS PROJECTS FEATURES ABOUT GET INVOLVED SEARCH

Child and Maternal Health in Rural Areas Lags the Nation, Highlighting Barriers to Access Share Read More

Child and Maternal Health in Rural Areas Lags the Nation, Highlighting Barriers to Access

Cross-sector solutions needed to address complex challenges

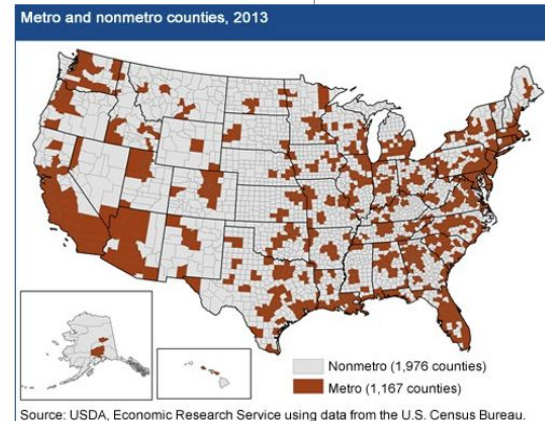
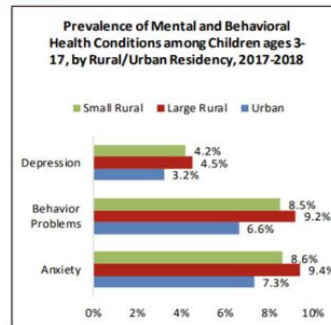
ARTICLE February 25, 2020 By: Stacey Millett Read time: 2 min

HRSA Rural/Urban Differences in Children's Health
Maternal & Child Health NSCH Data Brief | October 2020

2017-2018 RURAL/URBAN DATA SNAPSHOT

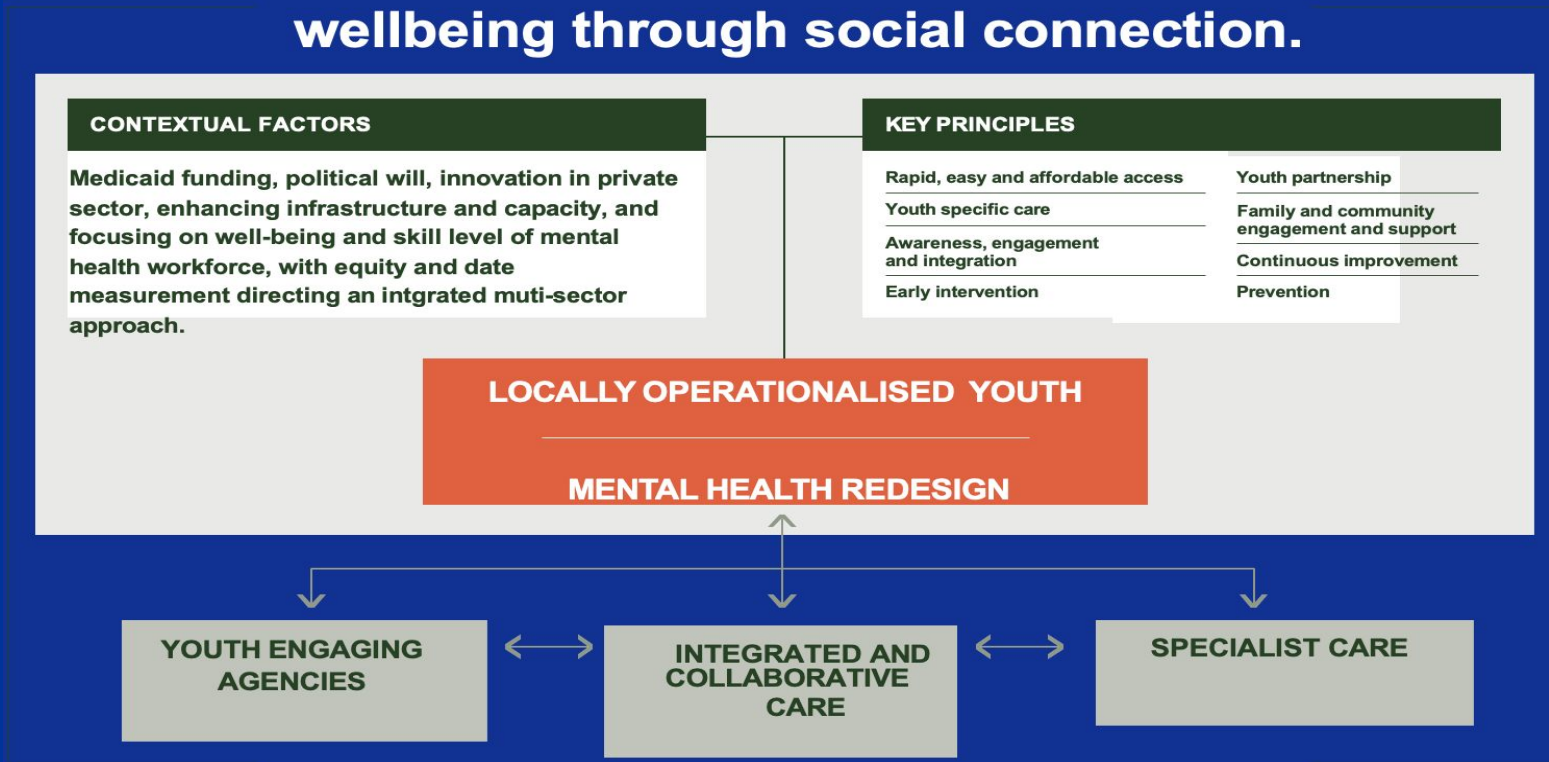
Mental and Behavioral Health Conditions

- Mental and behavioral health conditions can begin in childhood and affect lifelong health and well-being. In 2017-2018, depression, anxiety, and behavioral conditions were more prevalent among rural children ages 3-17 compared to urban children.
- Among children with mental and behavioral health conditions, there were no differences in the receipt of mental health treatment by residency (urban=50.6%, large rural=47.3%, small rural=50.9%).





The youth mental health ecosystem needs to promote resilience from a socio-ecological framework in mental wellbeing through social connection.



THANK YOU



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American
Society for
Adolescent
Psychiatry

**Innovate, Collaborate, Motivate:
Charting the future of mental
health.**

AMERICAN
PSYCHIATRIC
ASSOCIATION



Medical leadership for mind, brain and body.

FACILITATED Q&A

Submit your questions or comments
now or please find a microphone to
make a comment or question!

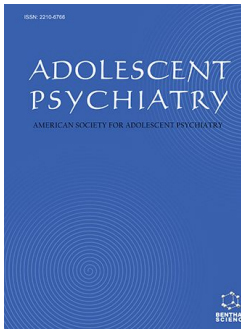


ASAP's mission

ASAP is dedicated to preventing and treating mental health disorders in adolescents and young adults and providing optimal health care for these patients.

ASAP sponsors a peer-reviewed journal, Adolescent Psychiatry, published by Bentham Science.

ASAP provides in-person and on-demand continuing medical education (CME) programs for mental health professionals to achieve these goals.



American
Society for
Adolescent
Psychiatry

American Society of Adolescent Psychiatry

Problem worth solving

For decades there have been an insufficient number of psychiatrists and other health care professionals with expertise in adolescent and young adult mental health to manage the youth mental health crisis. The COVID-19 pandemic has put a spotlight on this issue.



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Psychiatry

American Society of Adolescent Psychiatry

ASAP's solution

We are developing CME on-demand learning modules for all healthcare providers interested in gaining knowledge and skills in this area. If you are interested in helping develop these and/or interested in obtaining certification in Adolescent Psychiatry, visit our website to learn about ASAP and the American Board of Adolescent Psychiatry (ABAP).



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Psychiatry

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