Maternal and Child Health (MCH) Fellows Program
National Conference of State Legislatures
Child & Adolescent Mental Health: or “Social and emotional health”/“SE Competence”/“Psychological health”

• Many aspects:
  • Meeting milestones (i.e., emotional, learning, language)
  • Self-awareness
  • Self-management, can identify and regulate emotions
  • Social awareness
  • Relationship skills –with caregivers, peers, cooperation, play/socialize (i.e., not rejected by peers)
  • Responsible decision-making
  • Positive mood
  • Can listen and follow directions
  • Can cope with transitions and challenges
  • Engages in learning activities/school
  • Functions at home, at school, in the community
  • NOT – just absence of a mental illness, i.e., just because a child does not have a diagnosis of a disorder doesn’t necessarily mean they are “mentally healthy”

National Center on Birth Defects and Developmental Disabilities, CDC (2021); NAEYC (2018); National Academies of Sciences. (2019) Fostering Healthy Mental, Emotional, and Behavioral Development in Children and Youth: A National Agenda
Mental Disorder

- a “syndrome”
- “clinically significant disturbance”
- cognition, emotion regulation, or behavior
- “reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning”
- “usually associated with significant distress or disability in social, occupational, or other important activities”
- Can vary in course – i.e., one or a few episodes, or chronic
Adult, Adolescent, Child
“Mental Illness”

• In U.S., *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) used to make diagnoses of mental disorder in adults, adolescents and children based on symptoms and duration

• Uses a “menu” approach, e.g. for depression
  • 5 or more of 9 symptoms in same 2-week period
  • One either (1) depressed mood or (2) loss of interest or pleasure
  • Children may present as irritable
  • Needs to cause distress and/or impairment in home, work, community

• Many assessments built on DSM-5 criteria
• Mental illness = typically meeting criteria for 1 or more mental disorders

American Psychiatric Assoc., 2013
“Problems,” “Issues,” “Concerns,” “Signs”

• Terms used differently – no consensus
• Sometimes used
  • to refer to situation when some has symptoms but do not meet all the DSM criteria for a mental disorder
  • when there is uncertainty about a person's mental health status
• Researchers also use these terms as many people do not receive an evaluation that assesses the DSM criteria for mental disorders
• Many more people have “problems,” “issues,” or “concerns” than disorders
• Autism Spectrum Disorder (ASD), Attention-Deficit/Hyperactivity Disorder (ADHD) [*Sometimes referred to as a “neurodevelopmental” or “developmental disorders”*]

• Anxiety and Depression [*Sometimes referred to as “emotional disorders, “internalizing disorders”*]

• Oppositional Defiant Disorder (ODD) & Conduct Disorder (CD) [*Sometimes referred to as “behavioral disorders, “externalizing disorders”*]

• Obsessive-Compulsive Disorder (OCD)

• Post-traumatic Stress Disorder (PTSD)

• Eating disorders

• Other (e.g., Tourette Syndrome, learning, speech, communication disorders)

National Center on Birth Defects and Developmental Disabilities, CDC (2021)
• In many cases “challenging” moods or behaviors are typical

• Those who met DSM criteria for one or more mental disorders in their lifetime -
  • 50% had these disorders by age 14 and 75% by age 24

• KEY QUESTIONS
  • PERSISTENCE: How long is the behavior going on? Are they acting different than usual?
  • DISTRESS: Are moods/behavior causing distress for the child/adolescent, family?
  • FUNCTIONING: Are they getting along at home? With friends? How is their academic performance? Acting out at school?
  • UNSAFE BEHAVIOR, TALK OF HURTING THEMSELVES OR OTHERS – GET HELP IMMEDIATELY

• Environment and biology interact throughout life-span
• Complex biological processes
• Family, social and physical environment affect child at a biological level
• Caregiver-child - critical foundation for good mental health: “serve and return”
  • Infant – moves, babbles, cries, laughs (serve)
  • Caregiver consistently responds (return)
  • Repetition supports development of neuronal connections in the brain

• Early infancy and adolescent: sensitive periods
Responsive caregiving by a parent with good mental health is the prime predictor of child mental health and healthy development

Parent and child mental health closely connected

1 in 14 children may have a caregiver with a mental illness/mental health problems

Bi-directional

Research on maternal depression and possible effects on the child from prenatal to adolescence:

- low birth weight, lower cognitive skills, behavior problems, depression, anxiety and substance abuse and dependence

Fathers are important too!

- 7% of new fathers had symptoms of depression and these men were as likely to sing to their infants, but more likely to spank their 1 yo children and less likely to read to them

Maternal depression and child development, 2004; Davis et al., 2011
Possible risk factors for child and adolescent mental disorders

No one cause, varies by disorder

- **Pre-natal**
  - e.g., prematurity; maternal stress; exposure to viruses, alcohol, tobacco, substances

- **Child**
  - e.g., birth complications, traumatic brain injury, alcohol or recreational drug abuse; comorbid medical conditions, ACEs

- **Family**
  - e.g., genes; maternal depression; parental mental health; parent-child attachment; exposure to substances, stress, neglect, abuse, trauma, harsh and inconsistent discipline

- **Neighborhood/School/Peers**
  - e.g., violence; deviant peers, bullying; internalizing negative societal attitudes and beliefs re: identity; positive school climate; poor teacher mental health; lack of social support

- **Society**
  - e.g., foster care; discrimination; media-too much exposure/inappropriate content; poverty; inequality; racism

## Prevalence: Common Child Mental Health Problems and Disorders and Autism Spectrum Disorder

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<th>Disorder</th>
<th>Prevalence</th>
<th>Notes</th>
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<tbody>
<tr>
<td><strong>Any mental, behavioral, and develop. disorders</strong></td>
<td>17.4%, aged 2–8 years</td>
<td>Doctor or other health care provider ever told you child has: anxiety problems, depression, attention-deficit/hyperactivity disorder, behavioral or conduct problems, Tourette syndrome, autism spectrum disorder, learning disability, intellectual dis., developmental delay, or speech or other language disorder.</td>
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<td><strong>ADHD</strong></td>
<td>9.4%, aged 2-17 years (approx. 6.1 M)</td>
<td>(1) Danielson et al., 2018. Possible related to ODD, CD. Comorbidity common: (over 30% also have anxiety, one in 5 have depression)</td>
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<td><strong>Behavior problems</strong></td>
<td>7.4%, aged 3-17 years (approx. 4.5 M)</td>
<td>Possible related to ODD, CD. Comorbidity common: (over 30% also have anxiety, one in 5 have depression)</td>
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<td><strong>Anxiety</strong></td>
<td>7.1%, aged 3-17 years (approx. 4.4 M)</td>
<td>Comorbidity (&gt; 30% also have depression or behavior probs.)</td>
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<td><strong>Depression</strong></td>
<td>3.2%, aged 3-17 years (approx. 1.9 M)</td>
<td>Comorbidity (73.8% also have anxiety; 47.2% also have behavioral probs).</td>
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<td><strong>Autism Spectrum Disorder (ASD)</strong></td>
<td>23/100,000; 1 in 44</td>
<td>A Parent or caregiver reported that a doctor or healthcare provider had ever told them the child had depression, anxiety problems, or behavioral or conduct problems (for these teacher also asked)</td>
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Prevalence: Adolescent and Adult Depression

- **Prevalence of past-year major depressive episode: adults 18-25**
  
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<th>2009</th>
<th>2019</th>
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  All increased: | 5.2% | 10.3% | 12.1% |

- **Prevalence of past-year major depressive episode: youth 12-17**
  
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<th>2009</th>
<th>2019</th>
<th>2020</th>
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  All increased: | 8.1% | 15.8% | 17% |
  Girls: MDE increased: | 11.4% | 23.4% | ---- |

- **Prevalence of recent/current depression: females, pregnant and post-partum**
  
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<th>2016</th>
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  3 mo. before pregnancy | 12.3% | 12.7% |
  During pregnancy | 11.6% | 12.0% |
  Post-partum | 12.8% | 12.5% |

• Direct and indirect effects on child/adolescent mental health
  • Trends for depression among youth increasing BEFORE the pandemic
  • ER visits for suicide attempts among youth 12-17 in Feb-March 2021 increased over 50% for girls and almost 4% for boys compared to same time in 2019 (Yard et al., 2021)
  • Elevated levels of depression, anxiety, stress, suicide attempts during pandemic (National Academies/School-based strat., 2021)
  • Studies of Chinese youth found elevated levels of depression, anxiety, fatigue and distress (Elharake et al., 2022)
  • One study found 71% of parents said pandemic affects their child’s mental health (Abramson, 2022)
Poor Child and Adolescent Mental Health Has Consequences

- Academic
- Occupation
- Economic/earnings
- Poorer housing /homelessness
- Juvenile and criminal justice system-involvement
- Substance-use
- Next generation

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- Positive child mental health strongly linked to improved school performance and later health and well-being

National Academies of Sciences. (2019) Fostering Healthy Mental, Emotional, and Behavioral Development in Children and Youth: A National Agenda
Many youth that have a disorder or problems do not get services
2016 National Survey of Children’s Health

- **Depression**: 78% received treatment in the previous year
- **Anxiety**: 59.3% received treatment in the previous year
- **Behavioral/conduct problems**: 53.5% of those received treatment in the previous year
- **ADHD**: 62.0% were taking medication, 46.7% had received behavioral treatment, 23.0% had received neither treatment in past year
- Main factors predicting receipt of treatment: condition severity, having more than one diagnosis and higher household income
- **Barriers to access to care**

Ghandour et al. 2018, Danielson et al. 2018
Potential Strategies, Programs and Policy Options

- Children need safety, stability, consistency to reach potential
- Multi-sector engagement
- Public health approach: Promote, Prevent, Treat, Recovery/Maintain
  - Health care settings
    - Preconception care, prenatal care, postnatal care
    - Reimbursement rates for providers to assess and deliver care
  - Insurance coverage – private and Medicaid
    - Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program in Medicaid
    - Adequate reimbursement for assessments in health settings, parenting programs
    - Access to mental health care – or “behavioral health services”
  - Identification/screening
    - *CAUTION: are services and strong linkages to providers ready if screen is positive?
    - Schools, Early Intervention/Child Find

National Academies of Sciences. (2019) Fostering Healthy Mental, Emotional, and Behavioral Development in Children and Youth: A National Agenda
Potential Strategies, Programs and Policy Options

• Parent/Family/Home
  • Evidence-based home visitation (e.g., Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program)
  • Evidence-based parenting programs
  • Parent mental health assessment and treatment, including addressing depression before, during and post-partum
  • Parent substance abuse treatment
  • Two-generation programs

• Community-based prevention and treatment programs

• Nutrition
  • e.g., SNAP, WIC, School-breakfast and lunch

• Child welfare
  • Increased attention to prevention as well as foster care, reducing group home/congregate care

• Early Care and Education
  • High quality early care and education (potential)

National Academies of Sciences. (2019) Fostering Healthy Mental, Emotional, and Behavioral Development in Children and Youth: A National Agenda
Potential Strategies, Programs and Policy Options

- **Schools**
  - School-based services
  - Adequate case loads for school counselors
  - Social-emotional development programs (e.g., regulating emotions, taking turns, controlling impulses)
  - School-Wide Positive Behavioral Interventions and Supports
  - Evidence-based interventions in schools

- **Workforce development and quality improvement** for mental health service providers

- **Housing security and safety**
  - e.g., Affordable housing and rent assistance

- **Poverty/Income**
  - Income assistance, including TANF, Paid Family leave
  - Earned Income Tax Credit (State and federal)
  - Childcare subsidies

National Academies of Sciences. (2019) Fostering Healthy Mental, Emotional, and Behavioral Development in Children and Youth: A National Agenda
Strategies, Policy Options: COVID-19

- Parent support/education to support children, e.g., CDC COVID-19 Parental Resources Kit by age
- School-based screenings to identify mental health issues
- Identify and assist high-risk youth (e.g., those with pre-existing mental health problems or disorders)
- Create school-based health centers or partner with mental health and primary care providers
- Provide resources for mental health, including stress and anxiety management
- Improve school climate
- Integrate social and emotional learning into the core curriculum
- Engage parents and families
- Mental health support to teachers, administrators; professional development on mental health topics, trauma informed care
- Mental health days

Abramson, 2(National Academies/School-based strat., 2021)
Conclusion

- Child mental health foundational - later health and achievement rests on
- If the foundation is wobbly – can’t build
- Responsive and sensitive parenting critical
- Programs and policies can strengthen parents
- All sectors needed
- Public health approach
Resources

- American Academy of Pediatrics
- American Psychological Association
- Centers for Disease Control and Prevention: [https://www.cdc.gov/mentalhealth/tools-resources/children/index.htm](https://www.cdc.gov/mentalhealth/tools-resources/children/index.htm)
- Center on the Developing Child: [https://developingchild.harvard.edu/resources/](https://developingchild.harvard.edu/resources/)
- National Academies
- SAMSHA: [https://www.samhsa.gov/](https://www.samhsa.gov/)
References

- Abramson, A. (2022). Children’s mental health is in crisis: As pandemic stressors continue, kids’ mental health needs to be addressed in schools. Vol 53, 1, APA.
References


